DATA LABEL: Public

West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

25 January 2017

A meeting of West Lothian Integration Joint Board will be held within the **Strathbrock Partnership Centre, 189 (a) West Main Street, Broxburn EH52 5LH** on **Tue 31 January 2017** at **2:00pm**.

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. Minutes -

   (a) Confirm Draft Minute of Meeting of West Lothian Integration Joint Board held on Tuesday 29 November 2016 (herewith)

   (b) Correspondence Arising from Previous Decisions (herewith)

   (c) Note Minute of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 06 October 2016 (herewith)

   (d) Note Minute of Meeting of West Lothian Integration Joint Board Audit Risk and Governance Committee held on Friday 23 September 2016 (herewith)

5. IJB Finance Update - Report by Finance Officer (herewith)

6. Participation and Engagement Strategy Consultative Draft - Report by Director (herewith)

7. Adult Support and Protection Biennial Report - Report by Director (herewith)

8. Consultation Response to New National Health and Social Care Standards - Report by Head of Social Policy (herewith)

9. Scottish Government Health and Social Care Delivery Plan - Report by Director (herewith)

10. Scheme of Delegation for IJB Officers - Report by Standards Officer (herewith)

11. Ethical Standards in Public Life - Report by Standards Officer (herewith)

12. Workplan (herewith)

NOTE **For further information contact Anne Higgins, Tel: 01506 281601 or email: anne.higgins@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 29 NOVEMBER 2016.

Present
Voting Members – Danny Logue (Chair) Susan Goldsmith, Alex Joyce, Alison McCallum (substitute for Martin Hill), John McGinty, Anne McMillan, Frank Toner, Lynsay Williams.

Non-Voting Members – Ian Buchanan (Stakeholder Representative),Elaine Duncan (Professional Advisor), Jane Houston (Staff Representative), Mairead Hughes (Professional Advisor), Jane Kellock (Chief Social Work Officer), Mary-Denise McKernan (Stakeholder Representative), Martin Murray (Staff Representative), Patrick Welsh (Chief Finance Officer).

Apologies – Martin Hill (Vice-Chair), Jim Forrest (Director) and Marion Barton (Head of Health Services).

In Attendance – Carol Bebbington (Senior Manager Primary Care and Business Support), Alan Bell (Senior Manager, Communities and Information, WLC), James Millar (Standards Officer)

1. DECLARATIONS OF INTEREST

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

Alison McCallum declared a non-financial interest as Director of Public Health and Health Policy, NHS Lothian.

2. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD HELD ON TUESDAY 18 OCTOBER 2016

The West Lothian Integration Joint Board approved the minute of its meeting held on 18 October 2016.

3. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP HELD ON 30 JUNE 2016

The West Lothian Integration Joint Board noted the minute of meeting of the Strategic Planning Group held on 30 June 2016.

4. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP HELD ON 11 AUGUST 2016

The West Lothian Integration Joint Board noted the minute of meeting of the Strategic Planning Group held on 11 August 2016.

5. AUDIT, RISK AND GOVERNANCE COMMITTEE - MEMBERSHIP

The Board considered a report (copies of which had been circulated) by the Standards Officer concerning changes to the appointment of the Chair and members of the Audit Risk and Governance Committee.

The Standards Officer recalled that the Board had established its Audit, Risk and Governance Committee on 5 April 2016. It had agreed its remit and membership and had appointed its members at the same time.

The report went on to inform the Board of changes made to the health board's appointed members to the Board, and changes arising from the appointment of Danny Logue as Chair of the Board.

The Board was invited to:-

1. Note that Martin Hill had replaced Julie McDowell as the Chair of the Audit, Risk and Governance Committee.

2. Note that due to his appointment as Chair of the Board, Danny Logue could no longer be a member of the Committee.

3. Appoint a replacement for Danny Logue on the Committee, drawn from the voting members appointed by the Council.

Decision

To note the terms of the report; and

To appoint John McGinty as a replacement for Danny Logue on the Audit, Risk and Governance Committee.

6. ALCOHOL AND DRUGS PARTNERSHIP SERVICES AND FUNDING

The Board considered a report (copies of which had been circulated) by the Director advising of the £350k reduction in direct grant funding for Alcohol and Drugs Partnerships in 2016/17 and the proposed actions to bring commissioned service expenditure in line with available financial resources.

The current ADP Commissioning Plan 2015-2018 was attached as Appendix 1 to the report. It had been developed with the collaboration and support of all the partners. In line with the standard approach for strategic commissioning in the IJB, the plan was informed by an independent needs assessment.

The Board was informed that the Scottish Government draft budget published in December 2015 included a reduction in the combined drug and alcohol funding from £69.2 million in the current financial year to £53.8 million in 2016-17.

The Cabinet Secretary for Health wrote to Health Board Chief Executives in early January 2016 stating her expectation that existing services, resources

and outcomes would be maintained at 2015/16 levels and that increased Board baseline budgets were expected to go towards meeting the funding shortfall.

The Scottish Government had subsequently confirmed ADP funding allocations to NHS Boards for 2016-16 in a letter of 4 July, a copy of which was attached as Appendix 2. The result of that was that the ADP funding allocation for Lothian had reduced from £11.470 million to £8.887 million (23% reduction).

For West Lothian, the total budget reduction for commissioned services would be £350,000 in 2017/18.

The report explained that a series of stakeholder consultation events had been arranged to review the ADP commissioning plan with the objective of bringing investment in line with available resources from 1 April 2017. The process included engagement with service users.

The stakeholder consultations had focused on trying to establish a consensus around the mix of provision consistent with the strategic needs assessment and the revised budget. There had been a general agreement to the following changes in commissioned services:-

Therapeutic Support Service
Assertive Outreach and Criminal Justice Services
Services for Children and Young People Affected by Parental Substance Misuse
Recovery Service – Public Social Partnership
In-house provision

It was recommended that the Board:-

- Note the reduction of £350k from 2015/16 in the Scottish Government's direct grant funding to Alcohol and Drugs Partnerships in 2016/17.

- Note the consultation with stakeholders on the possible measures to achieve the budget reduction within the context of the current commissioning plan.

- Agree the following specific measures from 1 April 2017 in respect of commissioned services:-

    1. Renegotiate the current Therapeutic Support Service contract for a further year with a reduced budget saving of £11,533 on current expenditure

    2. Tender for the procurement of a service providing early intervention support for vulnerable adults using an assertive outreach model and treatment and recovery support for those involved in the criminal justice system, with a saving of £51,095 on current expenditure.

    3. Tender for the procurement of a service to focus on support for children and young people affected by parental substance misuse using a whole family holistic service model. It was proposed that the

service operated alongside in-house staff providing additional key working support to young people who were experiencing a wide range of problematic behaviours. The new service specification would be developed following a period of collaboration with stakeholders and service users with a saving of £42,865 on current expenditure.

4. Continue with the Recovery Service PSP but with a reduced budget, saving £42,426 on current expenditure.

5. Reduction of £102,081 on current budgets for in-house addictions services.

There followed a discussion concerning the potential impact of the proposed actions to bring commissioned service expenditure in line with available financial resources. It was acknowledged that the impact would be known at a later stage, but that work could start now to gather information with a view to writing to the Cabinet Secretary for Health and Sport. It was suggested that, by writing to the Cabinet Secretary, the IJB could seek clarity regarding her expectation that existing services, resources and outcomes could be maintained at 2015-16 levels. At the same time, the IJB would highlight concern for the risks associated with service users.

Decision

1. To note the terms of the report.

2. To agree the recommendations set out in Section B of the report; and

3. To agree to write to the Cabinet Secretary for Health and Sport, Shona Robison MSP seeking clarity regarding her expectation that existing services, resources and outcomes be maintained at 2015-16 levels, given that the Scottish Government funding allocation for 2016-17 had reduced by 23%.

7. OLDER PEOPLE COMMISSIONING PLAN

The Board considered a report (copies of which had been circulated) by the Director seeking approval for the strategic commissioning plan for Older People as presented in Appendix 1 to the report.

The Board was informed that a short life Working Group had been established to develop the three year commissioning plan for Older People

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

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

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

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

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

The Board was invited to approve the strategic commissioning plan for Older People as presented in Appendix 1 to the report.

Decision

To approve the strategic commissioning plan for Older People as presented in Appendix 1 to the report.

8. FINANCIAL REPORT - UPDATE

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

A table within the report showed the outturn forecast position, which was based on the 2016/17 monitoring exercise undertaken by NHS Lothian and West Lothian Council. Appendix 1 provided further detail on the forecast position shown. As shown in the table, an overspend of £2.428 million was forecast on the payment to the IJB and an overspend of £916,000 was forecast against the notional share of acute set aside resources attributed to West Lothian. This represented an increased overspend of £604,000 on NHS Lothian delegated functions compared to the position previously reported to the Board on 18 October 2016. A summary of key risks and service pressures had been identified and these were noted in the narrative against the relevant components of the delegated budget.

As part of the 2016/17 payment to the IJB from the council and NHS Lothian there were £3.895 million of budget savings identified. The monitoring undertaken estimated that £3.733 million of the target was achievable.

In addition, the share of acute set aside budget included a share of acute savings totalling £298,000 of which £199,000 was estimated to be achievable.

While in overall terms satisfactory progress was being made on the delivery of 2016/17 savings, it was vital that savings were fully achieved on a recurring basis.

The report provided a summarised budget position for 2016/17. An overspend of £3.344 million was projected, of which £2.428 million related to the NHS Lothian payment functions and £916,000 related to share of acute set aside.

It was recommended that the IJB:-

1. Note the forecast outturn for 2016/17 in respect of IJB delegated functions taking account of saving assumptions.

2. Note the action being undertaken by partner bodies in partnership with the IJB in respect of managing within available 2016/17 budget resources.

3. Note the position on 2017/18 budget planning.

Decision

To note the terms of the report.

9. PRIMARY CARE REPORT

The Board considered a report (copies of which had been circulated) by the Director providing an overview of the current challenges being experienced in Primary Care and the actions being taken to support and sustain service provision.

The paper outlined the current issues impacting on West Lothian practices and provided overview of the measures taken to support General Practice provision.

It was noted that were significant challenges in recruitment and retention to GP posts across the country for partner, salaried, locum, and out of hours' positions. Over £2 million of funding had been allocated to recruitment and retention projects across the country, as part of the Government's Primary Care Investment Fund.

The report then went on to provide commentary in relation to the following issues:-

- Scottish Government GP Recruitment and Retention Fund
- General Practice Education and Training
- NES Scotland Returner and NES Enhanced Induction Programmes
- Workforce
- Morale
- OOH Primary Medical Services
- Community Nursing
- Practice Nursing
- Changes to the GM Contract
- Practice Numbers
- List Expansion Grant Uplift Scheme
- Integrated Care Pharmacists
- DSkill Mix
- IT and eHealth
- Premises
- Risk Register
- Primary Care Summit

In relation to Primary Care Summit, it was proposed that West Lothian hold a local primary care summit to build on the emerging themes from the pan Lothian event and to look in more detail at the current issues affecting primary care in West Lothian. The main aims would be to identify local priorities and specific actions to support sustainability in general practice and to agree how these would be developed and delivered locally and to identify those priorities which would require wider engagement with NHS Lothian and the Scottish Government and how these would be taken forward. It was intended that the summit would be held on 22 February 2017 to enable the primary healthcare teams to fully participate.

The IJB was asked to:

- Note the contents of the report.
- Note the current challenges facing Primary Care.
- Support the management teams in their actions.
- Support the proposed Primary Care Summit event in February 2017.

Decision

1. To note the terms of the report.
2. To agree to support the management teams in their actions and to support the proposed Primary Care Summit event in February 2017.

10. RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Director providing an update on progress in relation to risk management.

The Board was informed that the Integration Scheme required that the IJB maintain a risk register and that the Director produced and agreed a list of the risks to be reported and monitored. As reported in May, a risk register had been set up using West Lothian Council's Covalent system, and the risks to be reported and monitored were listed in Appendix 1 to the report.

All of the risks had been scored for likelihood and impact. In report provided an explanation in relation to Appendix 1.

In terms of impact on objectives, the IJB risk had been mapped to the nine national health and wellbeing outcomes. Appendix 2 to the report outlined the results of that exercise.

The risks had been identified by the IJB Senior Management Team during a risk management session facilitated by West Lothian Council's risk manager. The methodology used was attached Appendix 3 to the Report.

The Panel was asked to:

1. note progress on risk management as set out in the report.

2. consider the risks identified, and the control measures in place to mitigate their impact.

Decision

To note the terms of the report.

11. CHIEF SOCIAL WORK OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Head of Social Policy attaching a copy of the Chief Social Work Officer's annual report for 2015-16.

The Chief Social Work Officer Report provided an overview of the role and responsibilities of the Chief Social Work Officer and outlined the governance arrangements that were in place in West Lothian. The report highlighted Council's statutory duties, the decisions that were delegated to the Chief Social Work Officer and gave a summary of service performance.

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

The Board was asked to:-

1. note the contents of the Chief Social Work Officer's annual report for 2015-2016 and

2. note the submission of the report to the Scottish Government Chief Social Work Advisor.

Decision

1. To note the terms of the report.

2. To note that the Chief Social Work Officer's annual report would be submitted to the Scottish Government Chief Social Work Advisor.

12. PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Director setting out the requirements for the Annual Performance Report and updating the Board on the current performance against the indicators

supporting the National Health and Wellbeing Outcomes.

The Board was informed that under the 2014 Public Bodies (Joint Working) (Scotland) Act, the IJB was required to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they were responsible. The 2014 Act obliged the IJB to publish their Performance Report covering the performance over the reporting year no later than four months after the end of the reporting year. Reporting years began on 1 April annually and therefore the Performance Report covering be period April 2016 to March 2017 was required to be published no later than end of July 2017.

It was noted that purpose of the performance report was to provide an overview of performance in planning and carrying out integrated functions and was produced for the benefit of the IJB and their communities.

Appendix 1 to the report set out the current West Lothian performance against the core integration indicators. Appendix 2 provided a time series for integration indicators and Appendix 3 provided benchmarking performance against other partnerships in Scotland.

Whilst the provisional data demonstrated that West Lothian was on par or better than Scottish average there were known challenges with regards to unscheduled care and reducing delayed discharge for which there was focussed improvement work in progress. Further analysis of the Health and Social Care Experience results was in progress to provide a better understanding of the issues and where interventions should be targeted to improve on these outcomes in particular in relation to the experience of care in general Practice, impact of services and support on improving or maintaining quality of life and support for carers to continue in their caring role.

It was proposed that officers commence preparation on the draft Annual Performance Report in order to build as full and accurate an assessment of how health and social care was being delivered for people and communities in West Lothian.

The Board was asked to:-

1. Note the contents of the report.

2. Note the requirements for the Annual Performance Report and agree the plan to development it.

3. Note the current performance report against the National Health and Wellbeing Outcomes.

Decision

To note the terms of the report.

13. HEALTH AND CARE GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Director outlining arrangements being put in place to meet Health and Care Governance requirements as outlined in the Integration Scheme.

The report advised that the Audit, Risk and Governance Committee had considered a report in September 2016 providing an update on progress with implementation of the Integration Scheme since its approval in June 2015 and providing information on the steps proposed to complete outstanding actions. It noted that additional work was required to establish a Health and Care Governance Group in accordance with the Integration Scheme Regulations 2014.

The report contained a proposal for the Health and Care Governance Group to be chaired by a Board Member of the IJB and take membership from the Health Board, the Council and others, including

- Members of Senior Management Team
- Chief Social Work Officer
- Clinical Director
- Chief Nurse
- Allied Health Professional Lead
- Public Health Consultant
- Associate Medical Director Acute Services
- Associate Nurse Director Acute Services
- Service user and carer representative
- Third sector and independent sector representatives

Appendix 1 to the report was the proposed Terms of Reference for the Group.

The role of the Health and care Governance Group would be to consider matters relating to strategic plan development, clinical and care governance, risk management, service user feedback and complaints, care standards, education, learning, continuous improvement and inspection activity. The Group would provide advice to the Strategic Planning Group and Locality Planning Groups within the partnership and would consider the potential health and care governance impact of any service redesign or development proposals prior to their approval by the IJB.

The Integration Joint Board was asked to:-

1. Note the contents of the report.

2. Note the IJB responsibility for governance and assurance and discuss the proposed arrangements for Health and Care Governance

3. Consider the draft Terms of Reference for the Health and Care Governance Group and agree the membership.

Decision

1. To note the terms of the report.

2. To agree the proposed Terms of Reference for the Health and Care Governance Group as set out in Appendix 1 to the report.

3. To agree that Anne McMillan be appointed as Chair of the Group.

14. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

West Lothian
Health & Social Care Partnership

NHS Lothian

West Lothian Council

Shona Robison MSP
Cabinet Minister for Health Wellbeing & Sport
Scottish Parliament
EDINBURGH
EH99 1SP

Our Ref: DL/KR
Date: 16 December 2016
Tel No: 01506 281977
E Mail. Jim.Forrest@westlothian.gov.uk

Dear Cabinet Secretary

ALCOHOL & DRUG PARTNERSHIP FUNDING

I write in respect of the position regarding Alcohol and Drug Partnership (ADP) funding for West Lothian Integration Joint Board taking account of the Scottish Government expectation that existing ADP services, resources and outcomes are maintained at 2015/16 levels.

As you will be aware there was a 23% reduction to ADP funding in 2016/17 compared to 2015/16 funding levels. For NHS Lothian overall, this resulted in 2015/16 ADP funding of £11.470 million being reduced to £8.887 million for 2016/17. In terms of West Lothian ADP commissioned services, via West Lothian Council, this was reflected in reduced funding of £350,000 for ADP services.

For 2016/17, NHS Lothian was unable to balance its overall budget position and following submission of the local delivery plan there remained a gap of £14 million. As part of its financial planning process for 2016/17, NHS Lothian passed on the relevant share of its baseline budget increase to all Lothian IJBs but given the significant overall budget gap was in no position to meet the shortfall in 2016/17 ADP funding which would have increased this gap further.

In terms of 2016/17 the West Lothian IJB agreed that the shortfall in ADP funding would be met on a one off basis through one off measures. However, it was agreed that ADP commissioned services should be reviewed and revised to bring 2017/18 planned expenditure in line with the reduced resources available and a report brought to the Board for consideration. This decision was taken in the context of significant budget pressures being faced by the West Lothian IJB in the current financial year and the increased financial challenges anticipated for 2017/18 which will result in further substantial savings required across IJB functions.

A report was presented to the West Lothian IJB on 29 November 2016 setting out measures that would allow expenditure on ADP commissioned services to be brought in line with reduced funding available. This report took account of a full review of commissioned ADP services and consultation with stakeholders. While every effort has been taken to minimise the impact on service users and outcomes, there was concern from the Board and officers around the increased risks that may result from the savings required to manage within budget resources available. A common theme of the discussions was that this client group are particularly vulnerable and that decisions taken by the Scottish Government around prioritising health and social care funds should take account of this.

Taking account of the reduced ADP funding available and an overall budget that is already under immense pressure, the Board reluctantly, but unanimously, accepted the recommendations in the report to make the savings in ADP commissioned services. In taking this decision, the Board agreed that I should write to you to highlight West Lothian IJB's concerns, especially in relation to the expectation that the same service and outcomes could be maintained when funding has been reduced by 23%, and there are significant pressures in other high priority health and social care services and ever increasing demands that exceed annual funding increases.

West Lothian IJB is committed to the delivery of improved outcomes for alcohol and drugs through a robust strategic commissioning approach. On behalf of the Board, I would request that existing and future ADP funding is considered in the context of growing needs in this area and to consider if there is scope to increase ADP funding as part of future year budget settlements.

I look forward to your response in due course.

Yours sincerely

Cllr Danny Logue
Chair
West Lothian Integration Joint Board

West Lothian Civic Centre
Livingston
West Lothian
EH54 6FF

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN, EH52 5LH, on 6 OCTOBER 2016.

Present – Jim Forrest (Chair, Director, West Lothian Council), Alan Bell (Social Care Professional), Ian Buchanan (User of Social Care), Carol Bebbington (Health Professional), Jacqui Campbell (Health Professional), Jane Houston (Union Health), Mairead Hughes (Health Professional), Jane Kellock (Health Professional), Mary-Denise McKernan (Carer of Users of Health Care), Charles Swan (Social Care Professional), Robert Telfer (Commercial Provider of Social Care) and Patrick Welsh (Chief Finance Officer)

Apologies – Marion Barton, Margaret Douglas, Elaine Duncan, Pamela Main, James McCallum, Carol Mitchell and Alistair Shaw

1. MINUTE

The Group confirmed the Minute of its meeting held on 11 August 2016 as being a correct record. The Minute was thereafter signed by the Chair.

Matters Arising

Page 41, item 6 – Participation and Engagement Strategy

The Panel was advised that the draft Participation and Engagement Strategy consultation process was still underway. It was proposed to submit the draft to the January 2017 meeting of the Integration Joint Board for approval.

2. ADULTS' MENTAL HEALTH COMISSIONING PLAN

A report had been circulated by the Director in respect of the Strategic Commissioning Plan for Adults' Mental Health.

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

The West Lothian Strategic Commissioning Plan for Adults' Mental Health set out strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for adults with mental health problems, their families and carers in West Lothian for the next three years. Attached to the report at Appendix 1, was the draft of the Plan. The Group was invited to comment on the commissioning plan for Adults' Mental Health before it was presented to the IJB on 18 October 2016 for approval.

During the course of the discussion the Senior Manager, Community Care Support & Services, suggested that some amendments be made to the

Plan prior to it being submitted to the IJB for approval to include more detailed information relating to the programme of changes and delivery of service.

In response to a question relating to the gap in specialist service provision for people aged 65+, it was suggested that this issue related more to the redesign programme and the role of specialist teams rather than the commissioning plan.

The following amendments were recommended to be made to the Plan:

Page 1 – Councillor Toner was no longer the Chair of the Integration Joint Board. To be amended to Councillor Danny Logue to reflect the change; and

P14 – Hosted Health Services – Provider should be NHS Lothian on behalf of West Lothian – not West Lothian IJB.

The Group agreed that the Plan be updated to reflect the recommended amendments and circulated to members of the SPG for consideration prior to it being submitted to the IJB for approval.

Decision

- To note the contents of the commissioning plan for Adults' Mental Health;

- To note that the plan would be presented to the IJB on 18 October 2016 for approval subject to the amendments outlined above.

3. LEARNING DISABILITY COMMISSIONING PLAN

A report had been circulated by the Director in respect of the strategic commissioning plan for adults with a learning disability.

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

The West Lothian Strategic Commissioning Plans for Adults with a Learning Disability set out the strategic ambitions, priorities and next steps required for delivering integrated health and social care support and services for people with a learning disability and autism, their families and carers in West Lothian for the next three years. Attached to the report at Appendix 1 was the draft Learning Disability Commissioning Plan.

The Group was advised that this particular commissioning plan was complex to produce. It was proposed to develop a Lothian-wide resource for people from West Lothian with very complex care needs. Providers of

local support services available for people with challenging behaviour would also be reviewed with cost comparisons carried out between local resources and out of area resources. It was also important to ensure that respite and short break opportunities were available to meet the needs of service users, families and carers.

During the course of the discussion a number of risks were highlighted, details of which were outlined in the report. The following amendments to the Plan were also recommended:

- Page 1, Councillor Toner was no longer the Chair of West Lothian Integration Joint Board. To be amended to Councillor Danny Logue to reflect the change; and

- Page 7, point 14, referred to West Lothian CHCP. This should read "West Lothian needs to continue….."

The Group was asked for comments on the details of the strategic commissioning plan for adults with a learning disability. A report on the strategic commissioning plan for adults with a learning disability would be presented to the IJB meeting on 18 October 2016 for approval.

Decision

1) To note the contents of the commissioning plan for adults with a learning disability;

2) To note that the plan would be presented to the IJB on 18 October 2016 for approval, subject to the amendments outlined above.

4. PERFORMANCE REPORT

The Group considered a report (copies of which had been circulated) by the Director providing details of the current performance report on the indicators supporting the National Health and Wellbeing Outcomes. The Group also considered details contained within the Balanced Scorecard (copies of which were tabled).

The report explained that each Integration Authority would be required to publish an annual performance report to set out how the national health and wellbeing outcomes were being improved based on a core suite of indicators and measures. The core suite of indicators, based on both administrative data and survey feedback, were developed to support integration of health and social care and designed to allow comparison between areas and to assess improvement over time.

The current West Lothian performance was summarised in Appendix 1 to the report. It was noted that this information was provisional at this time as some of the datasets were still being developed. As outlined in the Strategic Plan the framework for strategic measurement and management system would be based on a balanced scorecard approach. The scorecard would measure organisational performance across four balanced perspectives:

- Financial & Business;
- Customer – experiences and outcomes;
- Internal Processes; and
- Learning and Growth.

Consideration was also required in relation to the additional local measures which would form the basis of the scorecard. Improved data sharing across health and social care would play a key role in the integration agenda.

The Group then considered the Balanced Scorecard. During the course of the discussion the Group was invited to comment or to email Carol Bebbington directly once they had considered the Balanced Scorecard in more detail. The Head of Social Policy recommended that the "Services are safe" outcome in the Balance Scorecard should include adult protection data.

The Group agreed that the performance report was useful in reporting progress and identifying areas for improvement. Further analysis of the survey results was in progress to provide a better understanding of the issues. While the provisional data demonstrated that West Lothian was on par or better than the Scottish average there were known challenges with regards to unscheduled care and reducing delayed discharge for which there was focussed improvement work in progress.

The Group was asked to:

1. Note the contents of the report and discuss the usefulness of the Summary Performance National Health and Wellbeing Indicators to report progress and identify areas for improvement; and

2. Discuss the data requirements to support local performance and to provide a broader picture and context for West Lothian which would support the development of the Annual Report.

Decision

1. Noted the contents of the report and Balanced Scorecard;

2. Noted the recommendation to include adult protection data within the "Services are safe" outcome in the Balanced Scorecard; and

3. Agreed that comments relating to the Balanced Scorecard be forwarded to Carol Bebbington.

5. WORKPLAN

A workplan had been circulated which provided details of the work of the Strategic Planning Group over the coming months.

The following changes to the workplan were recommended:

- Lothian Hospital Plan Update – to be considered on 19.01.17;
- Risk Register Review – Lead Officer to be Carol Bebbington;
- Primary Care Update to be included for consideration at the meeting on 17.11.16 – Lead Officer Carol Bebbington;
- West Lothian Winter Plan – to be included for consideration at the meeting on 17.11.16 – Lead Officer Carol Bebbington;
- January 2017 meeting to include the following items:

– Technology Enhanced Programme Update (TEC) – Lead Officer Alan Bell;

– Health Improvement Health Intelligence (HIHI) Update – Lead Officer Carol Bebbington;

– West Lothian Frailty Programme Update – Provisionally to January meeting – to be confirmed.

Decision

To note the content of the workplan and the changes outlined above.

6. FINAL COMMENTS

In conclusion, Jacquie Campbell advised the Group that she had been appointed as Interim Chief Officer based at Waverley Gate. Aris Tyrothoulakis has been appointed as Hospital Director based at St John's Hospital and would attend future meetings of the SPG.

Decision

- To note the update from Ms Campbell; and
- To note that COINS be updated to reflect this change.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE held within CONFERENCE ROOM 2, WEST LOTHIAN CIVIC CENTRE, HOWDEN SOUTH ROAD, LIVINGSTON, on 23 SEPTEMBER 2016.

Present

Voting Members - Martin Hill (Chair), Anne McMillan and Lynsay Williams (by conference call)

Non-Voting Members
Martin Murray and Jane Houston

Apologies – Danny Logue (Voting Member) – The Committee was advised that Councillor Logue was appointed Chair of the Integration Joint Board (IJB) at the meeting of West Lothian Council Executive on 20 September 2016. The IJB will require to appoint a new voting member to replace Councillor Logue on the IJB Audit, Risk and Governance Committee at its next meeting.

In attendance – Jim Forrest (Director, WLC), Steve Field (Head of Service, WLC) James Millar (Governance Manager, WLC) Kenneth Ribbons (Audit, Risk and Counter Fraud Manager, WLC), Patrick Welsh (Chief Finance Officer, WL Integration Joint Board), Inire Evong and Dave McConnell (Audit Scotland).

1. ORDER OF BUSINESS

The Chair agreed that agenda item 10 (Audit of the 2015/16 Annual Accounts) be considered following agenda item 4 (Minute) as Audit Scotland staff were unable to attend the full meeting.

The Chair also agreed that the Audit Risk and Governance Committee workplan be tabled for consideration as the last item on the agenda as this had been omitted from the agenda.

2. DECLARATIONS OF INTEREST

No declarations of interest were made.

3. MINUTE

The Committee agreed the minute of the meeting held on 24 June 2016 as being a correct record.

Matters arising:

Page 4, item 6: Schedule of future meetings

1) Noted the update that the venue for the meeting scheduled to be held on 6 January 2017 was Conference Room 3, West Lothian Civic Centre. It was proposed that future meetings thereafter would be held

at Strathbrock Partnership Centre when it was hoped that conference call facilities would be available; and

2) Noted the update that consideration was being given by members to agree the dates for future meetings. Wednesday afternoons were the preferred day for the meetings. Proposed dates would be submitted to the next meeting for approval.

4. AUDIT OF THE 2015/16 ANNUAL ACCOUNTS

The Committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing details of the 2015/16 Audit which included a summary of the key points arising from the Auditor's Annual Report.

David McConnell, Assistant Director, Audit Scotland, advised that the report was a summary of Audit Scotland's findings arising from the 2015/16 audit of West Lothian Integration Joint Board. Appendix 1 to the Annual Audit report set out a range of risks identified during the course of the audit and the assurance procedures used to assess the risks. Taking account of this, no areas of concern were highlighted.

The Committee was advised that Ernst & Young (EY) had now been appointed as the council's auditors. Mr McConnell advised that there would be a formal handover from Audit Scotland to Ernst & Young.

The Committee recorded a note of thanks to Audit Scotland for the excellent work carried out and thanked them for attending the meeting.

It was recommended that the Committee note the Auditor's 2015/16 Annual Audit Report and agree the audited 2015/16 Annual Accounts for signature.

Decision

To approve the recommendations in the report.

5. IMPLEMENTATION OF INTEGRATION SCHEME - PROGRESS UPDATE

A report had been circulated by the Director providing details of the progress made in implementing the Integration Scheme since its approval on 16 June 2015.

The report provided details of the progress made on the implementation of the Integration Scheme. The table attached as appendix 1 to the report summarised the key actions required by the Integration Scheme and outlined in each case the progress made to date in implementing these actions. Where additional work was required the proposed steps to secure full implementation were noted with a proposed completion date and the organisations responsible for delivery.

The Head of Service advised the Committee that significant progress has been made in relation to the requirements outlined in appendix 1 to the report. Key areas of work which required to be addressed were listed under support services although work was well underway in relation to most requirements in this section.

The Committee then considered the progress update. The following points were noted and recommendations made:

Point:

2.1 WLC Governance Manager to progress the appointment of Director

3.1 and 3.2 - should be marked as being complete

3.11 - Target Date should be 21/11/16

3.8 - Oral Health Integration is marked as complete. This should be marked partially complete with a completion date as the end of 2016

5.2 - Agreed that the Governance Manager would provide an update to the next meeting regarding best arrangements for providing independent legal advice to the IJB

5.9 - Agreed that there was a need to agree a procedue to deal with complaint handling specific to the IJB.

5.11 - PSED - Public Sector Equality Duty
5.12 - FOISA - Freedom of Information Scotland Act
5.13 - PRSE - Public Records Scotland Act

Noted the recommendation from the Chair that terms of reference should not be abbreviated in future reports.

5.14 - Climate change - Agreed that the IJB should take account of environmental sustainability and utilise the resources available.

It was recommended that the Committee:

1. Notes the terms of the report and the progress update attached to the report as appendix 1; and

2. Notes that the Director would seek to ensure that outstanding actions were completed in accordance with the target dates indicated in appendix 1.

Decision

To note the recommendations in the report.

6. AUDIT SCOTLAND REPORT ON CHANGING MODELS OF HEALTH AND SOCIAL CARE

A report had been circulated by the Director which provided details of the Audit Scotland Report on changing models of health and social care.

Audit Scotland produced a report, details of which were attached as an appendix to the report, to help increase the pace of change and to support new integrated authorities to implement new ways of working and address the challenges facing health and social care services.

The Director advised that West Lothian was at the forefront of commissioning an approach to health and care provision, firstly through the Community Health and Care Partnership (CHCP) and now through the Integration Joint Board. As a consequence most of the recommendations in the Audit Scotland report were already being addressed through West Lothian's strategic commissioning approach.

The main recommendation which West Lothian has still to fully address was the use of data to inform planning and performance monitoring. Much of the data required to do this was not within the immediate control of the CHCP and indeed not within the scheme of integration. However, as noted within the Audit Scotland report, ISD Scotland was leading a programme of work, overseen by the Scottish Government, NHS Scotland and COSLA. In addition, ISD Scotland has allocated dedicated resources to the IJB to support this activity. These resources were significant in the development of the care group commissioning plans which were being developed.

During the course of the discussion the Chair recommended that given the importance of the changing models of health and social care the report should be shared with all members of the Integration Joint Board for their information. The Clerk agreed to circulate this to members of the IJB following the meeting.

It was recommended that the Committee notes the recommendations in the report by Audit Scotland and the progress of the West Lothian Integration Joint Board in respect of these recommendations.

Decision

- To note the recommendations in the report; and
- To agree that the Clerk circulates the report to members of the Integration Joint Board.

7. INTERNAL AUDIT PLAN 2016/17

The Committee considered a report (copies of which had been circulated) by the Internal Auditor informing members of the updated 2016/17 internal audit plan.

The report recalled that the internal audit plan for 2016/17 set out the planned internal audit work for the year to 31 March 2017 and was submitted to the Audit, Risk and Governance Committee on 24 June 2016. The Committee approved the plan subject to a request for further detail in relation to the timing of the internal audit work. Further detail was provided in the updated internal audit plan for 2016/17 which was attached as an appendix to the report.

The Internal Auditor recommended that the committee approve the updated 2016/17 internal audit plan.

Decision

To approve the recommendation in the report.

8. INTERNAL AUDIT OF WEST LOTHIAN INTEGRATION JOINT BOARD FINANCIAL ASSURANCE

The Committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of the Integration Joint Board's financial assurance processes.

The report advised that an audit of the IJB's integration financial assurance processes was carried out, details of which were attached as an appendix to the report, which included an agreed management action plan. The internal audit of West Lothian Integration Joint Board Financial Assurance involved reviewing the financial assurance processes undertaken by the IJB's Chief Finance Officer to determine whether the sums allocated to the IJB were adequate for its purposes. It was concluded that control was satisfactory.

During the course of the discussion the Chief Finance Officer highlighted that the NHS Lothian budget for 2016/17 was still not balanced with a funding gap of £1.249 million in respect of functions delegated via the payment to the West Lothian IJB. Further updates would be provided to ensure that members were kept updated regarding the situation.

It was recommended that the Committee notes that the internal audit carried out concluded that control was satisfactory.

Decision

To note the recommendation in the report.

9. NHS LOTHIAN INTERNAL AUDIT REPORTS

The Committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of NHS Lothian's internal audit reports on the IJB performance management framework and IJB financial assurance.

The report recalled that in February 2016 the NHS Lothian internal audit team issued a report entitled "Integration Joint Boards Performance Management Framework" and in April 2016 they issued a report entitled "IJB Financial Assurance". The Committee noted that these reports solely related to the internal audit of NHS Lothian systems and processes. As these reports were issued by NHS Lothian internal audit for the NHS Lothian Health Board, West Lothian IJB could not place formal reliance on them. However, it was recognised that they might be of interest to the Committee and were presented for information.

During the course of the discussion the question was raised about the processes that were in place to allow reports and supplementary information to be shared between NHS Lothian, West Lothian Council and the IJB to ensure that information was indeed being shared. The IJB Internal Auditor undertook to liaise with NHS Lothian to discuss the systems that were in place to report to the IJB.

The Committee was asked to note the findings of NHS Lothian's internal audit work and associated action plan.

Decision

1. To note the recommendation within the report; and

2. To agree that the IJB Internal Auditor would liaise with NHS Lothian to discuss the reporting systems in place.

10. WORKPLAN

The Committee noted the contents of the workplan (copies of which had been tabled).

The workplan was agreed, subject to including the following items:

- 06.01.17 - Independent Legal Advice Update – J Millar;

- 06.01.17 - Timetable of Meetings 2017/2018 – E Dow; and

- June 2017 – Implementation of Integration Scheme - Progress Update: S Field.

During the discussion the Chair asked if there was an expectation for IJB Audit Risk and Governance members to meet with external and internal auditors annually as part of the process of assurance.

The Governance Manager then provided legal advice stating that all meetings of the IJB Audit Risk and Governance Committee should be held in public to ensure openness and transparency.

It was recommended that the Committee note the contents of the workplan and additional items included.

Decision

Noted the contents of the workplan.

West Lothian Integration Joint Board

Date: 31 January 2017

Agenda Item: 5

IJB FINANCE UPDATE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide an update on the budget forecast position for 2016/17 and an update in relation to the 2017/18 Scottish Draft Budget, including an initial assessment of the implications for health and social care services.

B RECOMMENDATION

It is recommended the IJB:

1. Notes the updated forecast outturn for 2016/17 in respect of IJB Delegated functions taking account of saving assumptions

2. Notes the provisional impact assumed on NHS Lothian and West Lothian Council funding taking account of the 2017/18 Scottish Draft Budget

3. Notes the 2017/18 Health and Social Care funding included in the 2017/18 settlement and the breakdown of this funding

4. Notes the Scottish Government letter to Lothian IJBs in respect of expectations around the 2017/18 budget settlement

5. Notes that a report on the financial assurance of IJB 2017/18 budget contributions from NHS Lothian and West Lothian Council, along with proposed Directions, will be presented to the Board on 14 March 2017.

C TERMS OF REPORT

C.1 Background

This report provides a short update on the overall financial performance of the 2016/17 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services. As previously reported, it is anticipated by NHS Lothian and West Lothian Council that a break even position will be achieved for 2016/17. The report focuses on updating the Board on the 2017/18 Scottish Draft Budget. There remains a degree of uncertainty around a number of aspects of the 2017/18 budget but an initial estimate of high level implications for both partner bodies and health and social care functions is set out in the report. This will be subject to further work over the coming weeks and months

C.2 2016/17 Summary Budget Outturn Forecast for IJB Delegated Functions

The position below is based on the most recent 2016/17 monitoring exercise undertaken by NHS Lothian and West Lothian Council.

	2016/17 Budget £'000	2016/17 Forecast £'000	2016/17 Variance £'000
Core West Lothian Health Services	92,098	94,575	2,477
Share of Pan Lothian Hosted Services	18,869	18,487	(382)
Adult Social Care	66,758	66,758	0
Payment to IJB - Total	**177,725**	**179,820**	**2,095**
Notional Share of Acute Set Aside	30,441	31,354	913
Total Contribution	**208,166**	**211,174**	**3,008**

Appendix 1 provides further detail on the forecast position shown. As above, an overspend of £2.095 million is forecast on the payment to the IJB and an overspend of £913,000 is forecast against the notional share of acute set aside resources attributed to West Lothian. A breakeven position is forecast for Adult Social Care services.

The updated position represents an improved outturn position of £336,000 on NHS Lothian delegated functions compared to the position previously reported to the Board on 29 November 2016. The previously highlighted key pressure areas are largely unchanged, and the improved position is largely due to reduced spend forecast in prescribing, although this area remains the most significant IJB budget pressure.

Taking account of the overall breakeven position anticipated by NHS Lothian, the overspend on IJB functions will be managed and a breakeven position will effectively be achieved for 2016/17. However, it will be important that sustainable solutions are identified by NHS Lothian, in partnership with the IJB, to manage all 2016/17 pressures on a recurring basis.

C.3 Draft Scottish Budget 2017/18

The Cabinet Secretary for Finance and the Constitution announced the Scottish Draft Budget 2017/18 on 15 December 2016. Scotland's total proposed spending plans, as set out in the Draft Budget 2017/18, amount to £38,048 million, an increase of £923.8 million compared to the 2016/17 Scottish budget. In terms of IJB delegated services, the relevant portfolio movements are shown below.

Portfolio	2016/17 Budget £m	2017/18 Draft Budget £m	Movement £m
Health and Sport (Health)	12,900.7	13,168.2	267.5
Communities, Social Security & Equalities (Local Government	10,094.4	9,786.7	(307.7)
Total	22,995.1	22,954.9	(40.2)

As can be seen, the two Scottish Government portfolios which include funding for NHS Boards and Local Government make up £22,995 million (60.4%) of the £38,048 million total 2017/18 Draft Budget. Taking account of the movement in SG funding across both portfolios, there is a cash reduction compared to 2016/17 funding levels of over £40 million.

C.4 Initial NHS Lothian 2017/18 Funding Position

The draft budget settlement position for NHS Lothian provided a 1.5% funding uplift equivalent to £19.6 million. However, £14.2 million of this uplift relates to NHS Lothian's share of the additional Health and Social Care funding, leaving a £5.4 million base uplift to NHS Lothian.

Additional NRAC monies of £19 million have also been confirmed for NHS Lothian and it is also anticipated that NHS Lothian will receive a share of estimated additional in year allocations for NHS Boards totalling £74.2 million. Further information is still required on these in year allocations which include funding in relation to Primary Care, Mental Health and Transformational Change.

At this stage, taking account of baseline pressures, forecast additional 2017/18 costs and efficiency savings identified, there is an initial financial gap of £52 million assumed in the overall NHS Lothian 2017/18 budget. This is very much an initial position and various options are being considered to improve this position.

C.5 Initial West Lothian Council 2017/18 Funding Position

The provisional distributable revenue grant allocation for West Lothian Council in 2017/18 is £300.215 million. This is subject to confirmation of the share of a number of grant allocations for specific funding streams, and as noted earlier, the share of the additional Health and Social Care Fund.

Subject to the above clarifications, it is estimated that the cash reduction in revenue grant funding for West Lothian Council in 2017/18 is in the order of £10.6 million, which is £9.1 million worse than the level of grant assumed when agreeing the balanced council budget for 2017/18. It is estimated that the council will receive additional council tax income from the Scottish Government council tax rebanding in 2017/18, which leaves a net revenue budget gap of approximately £6.3 million. It is important to note that this remains an initial position with confirmation on various funding streams still required, including the Health and Social Care Fund

C.6 Health and Social Care Fund

The draft 2017/18 Scottish Budget included an additional £100 million to be transferred from NHS Boards to Integration Authorities in order to protect investment in social care. This £100 million has been allocated to support the continued delivery of the Living Wage, sleepovers and help ensure sustainability in the care sector. A further £7 million is being provided directly to Integration Authorities towards disregarding the value of war pensions from social care financial assessments, and for pre-implementation work in respect of the new carers legislation. A breakdown of the additional £107 million is shown below.

- **£50 million –** To provide for the full year effect of the 2016/17 Living Wage implemented from 1 September 2016
- **£20 million –** To provide for an increase in the Living Wage hourly rate to £8.45 for all social care staff supporting adults in care homes and care at home / housing support settings including adult day care workers and personal assistants
- **£10 million –** To meet the financial impact of delivering the living wage for sleepover care provision (this will be reviewed in year to consider its adequacy with a commitment to discuss and agree how any shortfall should be addressed)

- **£20 million –** To ensure the commitments made in relation to the Living Wage can be sustained going forward (takes account of limited provider contributions in 2016/17 and assuming no provider contribution to increased Living Wage staff costs in 2017/18)
- **£5 million –** To provide for the lost income to councils resulting from the removal of war veteran pensions from social care financial assessment calculations
- **£2 million –** Relates to additional funding to prepare for the implementation of the Carers' Bill

It should be noted that this £107 million is additional to the £250 million included in the 2016/17 Scottish Budget and the full £357 million has been baselined as recurring funding from 2017/18.

As part of the conditions of the 2017/18 Draft Scottish Budget NHS contributions to Integration Authorities are to be maintained at least at 2016/17 cash levels. To reflect the additional support provided through the Fund, local authorities will be able to adjust their allocations to Integration Authorities in 2017/18 up to their share of £80 million below the level of budget provided in 2016/17 (as adjusted for any one-off items of expenditure which should not feature in the 2016/17 baseline).

The Scottish Government have confirmed each individual IJBs share of the 2017/18 Health and Social Care Fund and West Lothian's share of the £107 million will be £3.060 million.

C.7 Scottish Government Priorities for IJBs – Draft Budget 2017/18

As part of the 2017/18 budget settlement, Lothian IJB Chief Officers received a joint letter from the Scottish Government and COSLA setting out how the financial arrangements contained in the draft budget relate to Integration Authorities. The letter, appended to this report, also sets out plans to ensure the Ministerial Strategic Group for Health and Social care, chaired by the Cabinet Secretary for Health and Sport, is well briefed to provide oversight on the implementation of integration.

The letter sets out nine priorities for Integration Authorities in terms of the planning and provision of health and social care and also notes that the Ministerial Strategic Group for Health and Community Care is looking to progress work on sharing objectives and progress on integration of health and social care and that this will be done in conjunction with the current review of health and social care targets and indicators.

C.8 IJB 2017/18 Budget – Next Steps

It is clear from the draft 2017/18 Scottish Budget that the 2017/18 budget process will be extremely challenging for NHS Boards, Local Authorities and Integration Authorities. Compared to the very significant growth in West Lothian expenditure demands evident in 2016/17 across areas such as elderly care at home (20%), elderly care homes (11%), learning disability care (24%) and prescribing (6%), the overall cash reduction highlighted in Section C.3 in Scottish Government revenue funding for portfolios including health and social care funding is clearly of concern.

At this stage there remain a number of uncertainties including confirmation still required on funding streams and work is currently progressing with NHS Lothian and the council to prepare a 2017/18 budget position for IJB delegated functions.

As noted at this stage the council's overall budget gap is £6.3 million while NHS Lothian have a budget gap of £52 million. These remain initial working figures and options to mitigate these gaps are being progressed. It is envisaged that the council will approve a balanced budget before 11 March 2017 in line with its statutory obligation. In terms of NHS Lothian, it is currently anticipated that the finalised 2017/18 Local Delivery Plan will be submitted to the Scottish Government in mid March 2017, and presented to NHSL Board on 5 April 2017 for formal approval.

It is anticipated that the 2017/18 budget contributions from the council (anticipated to have been approved by council) and NHS Lothian (will still be subject to formal approval by NHSL Board) will be reported to the IJB on 14 March and the IJB will be asked to approve directions to both Partners for them to deliver delegated functions within the overall budget resources they have made available. This will take account of the confirmed Health and Social Care Fund for 2017/18.

An important part of the financial arrangements for 2017/18 is the financial assurance assessment of the process for identifying the 2017/18 resources to be delegated to the IJB and the assumptions around these resources. Key financial risks associated with functions being delegated to the IJB should also be clearly explained as part of the financial assurance.

In terms of the financial assurance process in respect of 2017/18 budget resources delegated to the IJB, the proposed approach will take account of Scottish Government and Audit Scotland guidance and is set out below.

- An analysis of budget and forecast year end spend for 2016/17
- Information on assumptions regarding estimated budget to be delegated to the IJB for 2017/18 and comparison against previous year spend and anticipated 2017/18 demands
- Information on key budget risks associated with functions that will be delegated to the IJB
- Information on approved budget savings for 2017/18 that relate to IJB functions
- Details of any non recurring budget that have been included in the budget resources delegated to the IJB

Work continues to progress around financial assurance and the 2017/18 budget settlement and options to achieve financial balance in 2017/18.

C.9 Future Years

In terms of future year budgets, it is clear from Treasury public spending plans in place that future year funding will continue to be very constrained. Taken in conjunction with increasing demands within health and social care, it is considered important going forward that medium term financial strategy and planning is developed during 2017. Discussions are taking place with the council's Head of Finance and Property Services and the NHS Lothian Director of Finance to consider this for 2018/19 onwards.

The IJB has a statutory responsibility for the strategic planning of future health and social care delivery and its strategic plan and strategic commissioning plan should help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process around health and social care services.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

West Lothian Integration Scheme

2016/17 Budget Update Report to West Lothian Integration Joint Board on 18 October 2016

F APPENDICES

Appendix 1 – IJB 2016/17 Budget Update

Appendix 2 - Draft Budget 2017/18 – Scottish Government Letter to Lothian IJB Chief Officers

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, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	The budget resources delegated to the IJB will be used to support the delivery of outcomes.
Strategic Plan Outcomes	The budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	The budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
Impact on other Lothian IJBs	None.
Resource/Finance	The 2016/17 budget resources relevant to functions delegated to the IJB from 1 April 2016 have been quantified at over £208 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.

H CONTACT

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31 January 2017

Appendix 1

WEST LOTHIAN INTEGRATION JOINT BOARD - 2016/17 BUDGET UPDATE

	2016/17 Budget	2016/17 Forecast	2016/17 Variance
Core West Lothian Health Services	**£'000**	**£'000**	**£'000**
Community Hospitals	2,418	2,594	176
Mental Health	12,329	13,084	755
District Nursing	2,820	2,757	-63
Community AHPs	3,601	3,703	102
General Medical Services	22,628	22,628	0
Prescribing	33,544	36,722	3,178
Resource Transfer	6,782	6,782	0
Other Core	7,976	6,305	-1,671
Core West Lothian Health Services - Total	**92,098**	**94,575**	**2,477**
Share of Pan Lothian Hosted Services			
Sexual Health	1,070	1,054	-16
Hosted AHP Services	2,499	2,383	-116
Hosted Rehabilitation Medicine	906	888	-18
Learning Disabilities	3,717	3,585	-132
Mental Health	1,231	996	-235
Substance Misuse	1,461	1,618	157
Oral Health Services	3,454	3,401	-53
Hosted Psychology Service	1,285	1,197	-88
Hosted GMS	1,322	1,333	11
Public Health	281	265	-16
Lothian Unscheduled Care Service	1,956	2,204	248
Other Hosted Services	-313	-437	-124
Share of Pan Lothian Hosted Services - Total	**18,869**	**18,487**	**-382**
Adult Social Care			
Learning Disabilities	14,418	14,557	139
Physical Disabilities	6,005	6,060	55
Mental Health	3,149	3,088	-61
Older Peoples Assessment and Care Mangement	28,114	28,539	425
Care Homes and Housing with care	7,236	7,359	123
Contracts and Commissioning	5,359	4,607	-752
Other Social Care Services	2,477	2,548	71
Adult Social Care - Total	**66,758**	**66,758**	**0**
PAYMENT TO IJB - TOTAL	**177,725**	**179,820**	**2,095**
Notional Share of Acute Set Aside			
Accident and Emergency (Out Patients)	244	240	-4
Cardiology	6,117	6,050	-67
Diabetes	84	78	-6
Endocinology	195	197	2
Gastroenterology	2,135	2,100	-35
General Medicine	11,282	12,249	967
Geriatric Medicine	6,116	6,092	-24
Infectious Disease	3,053	3,045	-8
Rehabilitation medicine	421	463	42
Respiratory medicine	170	157	-13
Therapies / Management	624	683	59
Notional Share of Acute Set Aside - Total	**30,441**	**31,354**	**913**
TOTAL DELEGATED IJB FUNCTIONS	**208,166**	**211,174**	**3,008**

Health and Social Care Integration Directorate
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Mr Rob McCulloch-Graham – Chief Officer Edinburgh City Integration Authority
Ms Eibhlin McHugh – Chief Officer – Midlothian Integration Authority
Mr Jim Forrest – Chief Officer – West Lothian Integration Authority

15 December 2016

Draft Budget 2017/18

Dear Colleagues

We are writing to you regarding the Scottish Government's draft budget for 2017/18, as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today. Letters have also been sent today to Local Authorities and the NHS regarding the budget. This letter lays out how these financial arrangements relate to Integration Authorities. Please take account of all three letters to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

This letter also sets out our plans to ensure the Ministerial Strategic Group for Health and Community Care, which is chaired by the Cabinet Secretary for Health and Sport, is well-briefed to fulfil its remit to provide joint political oversight between COSLA and the Scottish Government on progress with implementation of integration.

Priorities

Integration Authorities are responsible for planning and provision of social care, primary and community healthcare, and unscheduled hospital care, for, at least, adults. Integration priorities are to:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.

3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.

4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.

5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.

7. Ensure provision of the living wage to adult care workers workers and plan for sustainability of social care provision.

8. Continue implementation of Self Directed Support.

9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

Ministerial Strategic Group for Health and Community Care

As you know, the Ministerial Strategic Group for Health and Community Care provides the forum for joint political oversight of progress with integration by Scottish Ministers and COSLA. The Group has recently considered its requirements in terms of understanding progress on integration. We will take forward work involving Scottish Government officials, COSLA, Chief Officers, and colleagues at NHS NSS leading on the Source and LIST data projects, to establish a suite of appropriate metrics for the Group's routine consideration. This will include agreeing data definitions and an appropriate methodology via which Integraton Authorities can share their objectives for progress in 17/18 and beyond; we will also ensure the work is tied in with Sir Harry Burns' review of health and social care targets and indicators.

You will see from Christine McLaughlin's letter to Health Boards on the budget that we also intend to give some consideration to the efficacy of current arrangements for delegating appropriate hospital budgets, including set aside budgets, to Integration Authorities. We will report on that to the Ministerial Strategic Group in due course as well.

I trust this letter is helpful to you, and look forward to continuing to work with you as we embed integration across health and social care in Scotland.

Yours faithfully

Geoff Huggins

Paula McLeay

GEOFF HUGGINS
Scottish Government

PAULA McLEAY
COSLA

West Lothian Integration Joint Board

Date: 31 January 2017

Agenda Item: 6

PARTICIPATION AND ENGAGEMENT STRATEGY CONSULTATIVE DRAFT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to advise the Integration Joint Board (IJB) of the comments received on the consultative draft of the Participation and Engagement Strategy and to recommend responses to comments received, including changes to the strategy, prior to adoption of the finalised strategy as IJB policy.

B RECOMMENDATION

It is recommended that the Integration Joint Board:

1. notes the comments received on the consultative draft;
2. agrees the proposed responses to the comments received;
3. agrees the resulting changes to the strategy and action plan for 2016/17;
4. approves the revised strategy as IJB policy; and
5. endorses the action plan for 2016/17.

C TERMS OF REPORT

C.1 Background

The Integration Scheme and Strategic Plan commit the IJB to develop and maintain a Participation and Engagement Strategy.

At its meeting on 11 August 2016, the IJB Strategic Planning Group noted the terms of a draft strategy and action plan for 2016/17 that had been prepared by officers and agreed to put these out to consultation prior to approval by the IJB.

C.2 Consultation Process

Consultation took place over a 26 day period extending from 16 September – 12 October.

The consultation was based on a Survey Monkey questionnaire. The questions and responses are attached as appendix 1.

The questionnaire was made available on the Health and Social Care Partnership website and sent to the following individuals and organisations:

- Members of the Strategic Planning Group
- West Lothian Public Partnership Forum (and a significant number of additional consultees suggested by the PPF chair)
- Members of the East and West Locality Groups
- Scottish Health Council
- West Lothian Council and NHS Lothian staff and unions
- Members of the Community Engagement Practitioners Network
- Edinburgh, East Lothian and Mid Lothian IJBs
- Voluntary Sector Gateway West Lothian, with an invitation to pass to voluntary organisations with an interest in Health and Social Care

C.3 Consultation Responses

Comments were received on Survey Monkey from 15 respondents.

85% of Survey Monkey responses were from individuals and 15% were from organisations. Three email responses were also received from organisations.

Question 1 asked if the respondents agreed or disagreed with the 17 core commitments in the strategy. There was a high level of endorsement for the proposed commitments with all receiving 80% - 100% strongly agree/agree responses except PES12 (development of the website) which received 79% strongly agree/agree responses.

Question 2 asked consultees to explain if they disagreed with any of the proposed commitments and why that was the case.

Question 3 invited additional comments on the proposed commitments.

Question 4 invited suggestions for any additional actions to be added to the action plan.

Question 5 invited any additional comments not covered by previous answers.

Responses received to questions 2-5 and the three sets of comments received by email are summarised in Appendix 2 to this report along with a recommended response.

C.4 Revisions to the Strategy

The majority of comments received are positive or seek clarification on various points. A small number have suggested revisions to the strategy, however. Principal amongst these are:

- PES1 - update to reflect the revised National Standards of Community Engagement
- PES8 – inclusion of carer representatives in the review of the Public Partnership Forum
- PES11 - reference to carers in the section on communications protocol and revision to make the content of this section clearer
- PES13 - revision to make the content of this section clearer
- PES16 - revision to make the wording more positive and to add a reference to the role of community equality forums
- PES17 – ensure that the annual report is presented to the wider public in an effective way.
- General - a plain English review of the document to ensure it is as accessible as possible

A finalised strategy document showing the recommended changes is attached as Appendix 3 to the report.

A finalised action plan showing recommended changes is attached as Appendix 4 to the report.

C.5 Integrated Impact Assessment

An integrated impact assessment of the strategy has been carried out. The assessment was carried out by a group chaired by the Consultant Public Health Medicine and comprising the chair of the Public Partnership Forum, the council's equalities and diversity adviser, a senior Social Policy officer and the strategy author. A summary report of the assessment is attached as Appendix 5 to the report.

D CONSULTATION

The draft strategy was subject to an extensive consultation exercise, as outlined in section C.2 of this report.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instruments and guidance.

West Lothian IJB Strategic Plan 2016-2026

F APPENDICES

1. Survey Monkey questionnaire and responses
2. Summary of comments received and recommended responses
3. Finalised West Lothian Integration Joint Board Participation and Engagement Strategy: 2016/26
4. Finalised West Lothian Integration Joint Board Participation and Engagement Strategy Action Plan 2016/17
5. Integrated Impact Assessment: summary report

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment has been conducted. The summary assessment is attached as Appendix 5 to this report.
National Health and Wellbeing Outcomes	The finalised strategy is consistent with National Health and Wellbeing outcomes.
Strategic Plan Outcomes	The strategy, when approved, will deliver the undertaking in the Strategic Plan to produce a participation and engagement strategy.
Single Outcome Agreement	The finalised strategy is consistent with the single outcome agreement.
Impact on other Lothian IJBs	The IJBs will continue to share best practice on participation and engagement.
Resource/Finance	The strategy will be implemented from existing resources.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory regulations and guidance.
Risk	None.

H CONTACT

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steve.field@westlothian.gov.uk
01506 282386

31 January 2017

Appendix 1

Text of Web Consultation

West Lothian Integration Joint Board - Public Consultation on the Draft Participation and Engagement Strategy

In April 2016, NHS Lothian and West Lothian Council formed a partnership to provide adult health and social care services on a joined-up basis.

The success of the partnership in increasing wellbeing and reducing health inequalities across all communities in West Lothian will depend on patients, carers, other service-users, interested groups, staff and partners being kept up-to-date on service developments and, crucially, being able to influence changes to services.

The draft participation and engagement strategy shows how the West Lothian Health and Social Care Partnership thinks effective participation and engagement could work.
You can read and download the Draft Participation and Engagement Strategy here.

The strategy is supported by an annual action plan. You can read and download the Draft Participation and Engagement Action Plan 2016/17 here.

Before the strategy and action plan are approved, I would like to be sure we have represented the views of people across West Lothian with an interest in health and social care services. If you have any comments on the draft strategy, please answer the Consultation Questions here.

The consultation lasts for 21 days and closes on 7 October 2016.

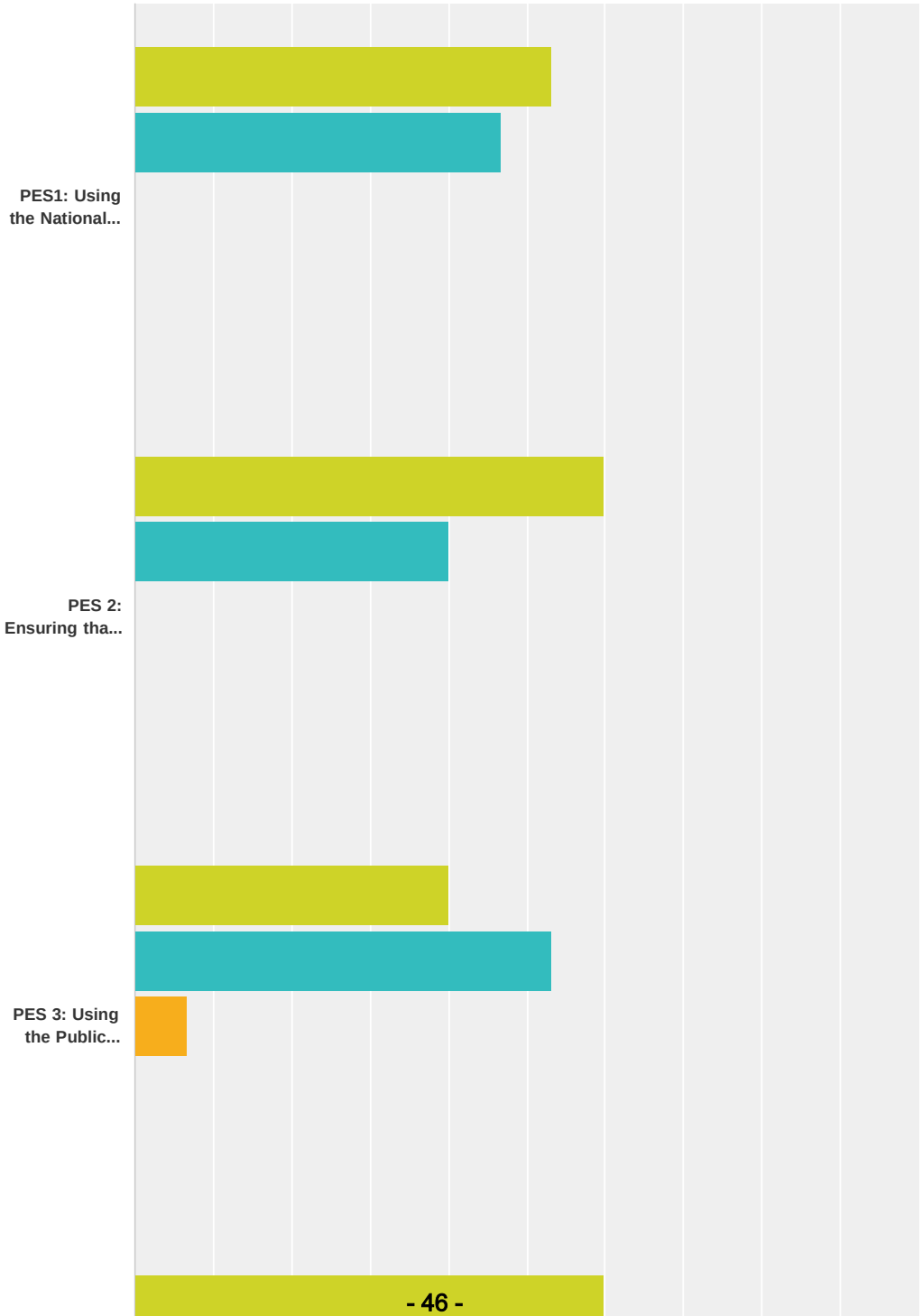
I look forward to reading your views which will be used to produce the final version of the Participation and Engagement Strategy and Action Plan. A summary of consultation responses and the finalised strategy and action plan will be available on the Integration Joint Board web site.

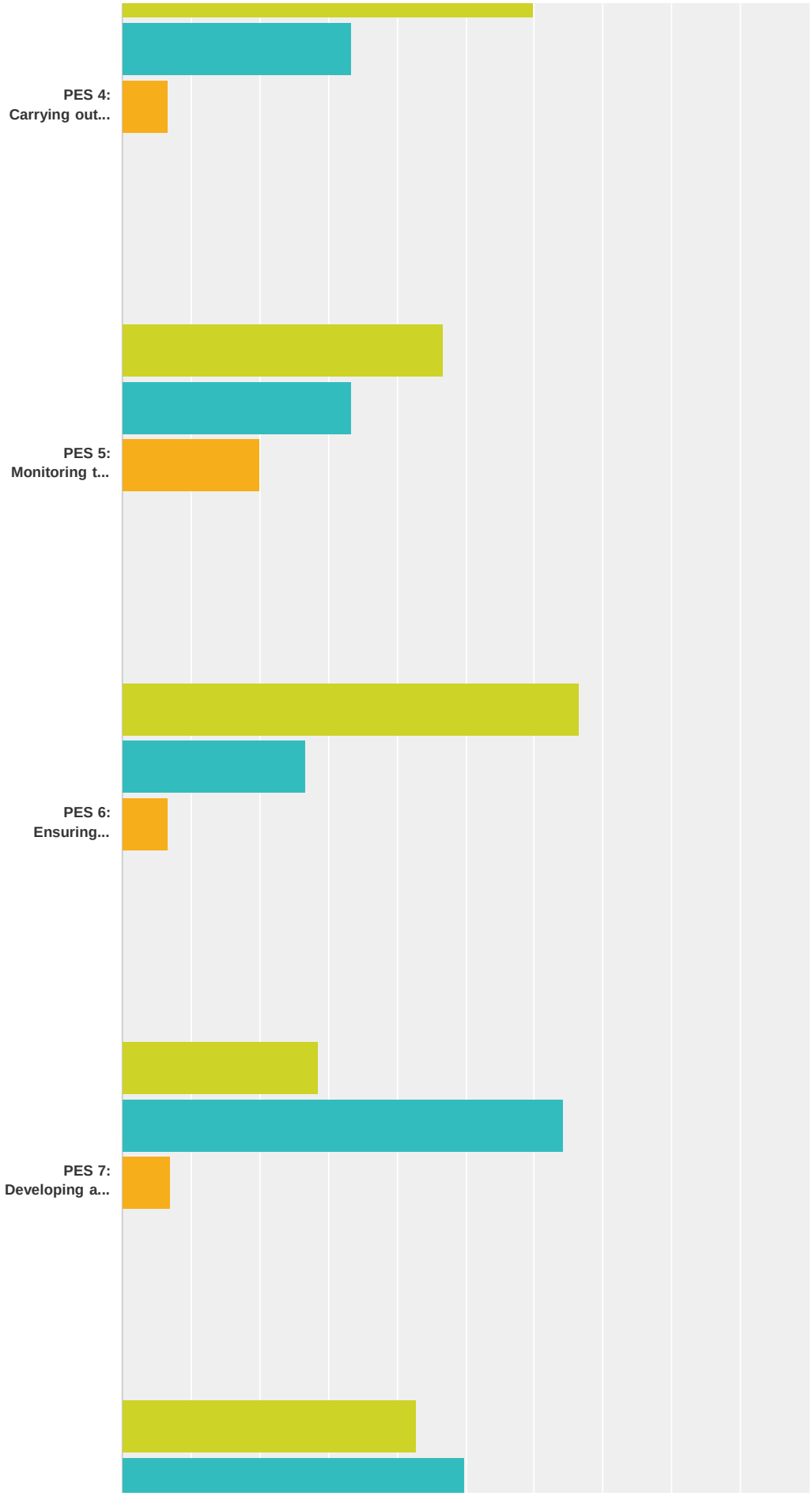
Jim Forrest
Director, West Lothian Integration Joint Board

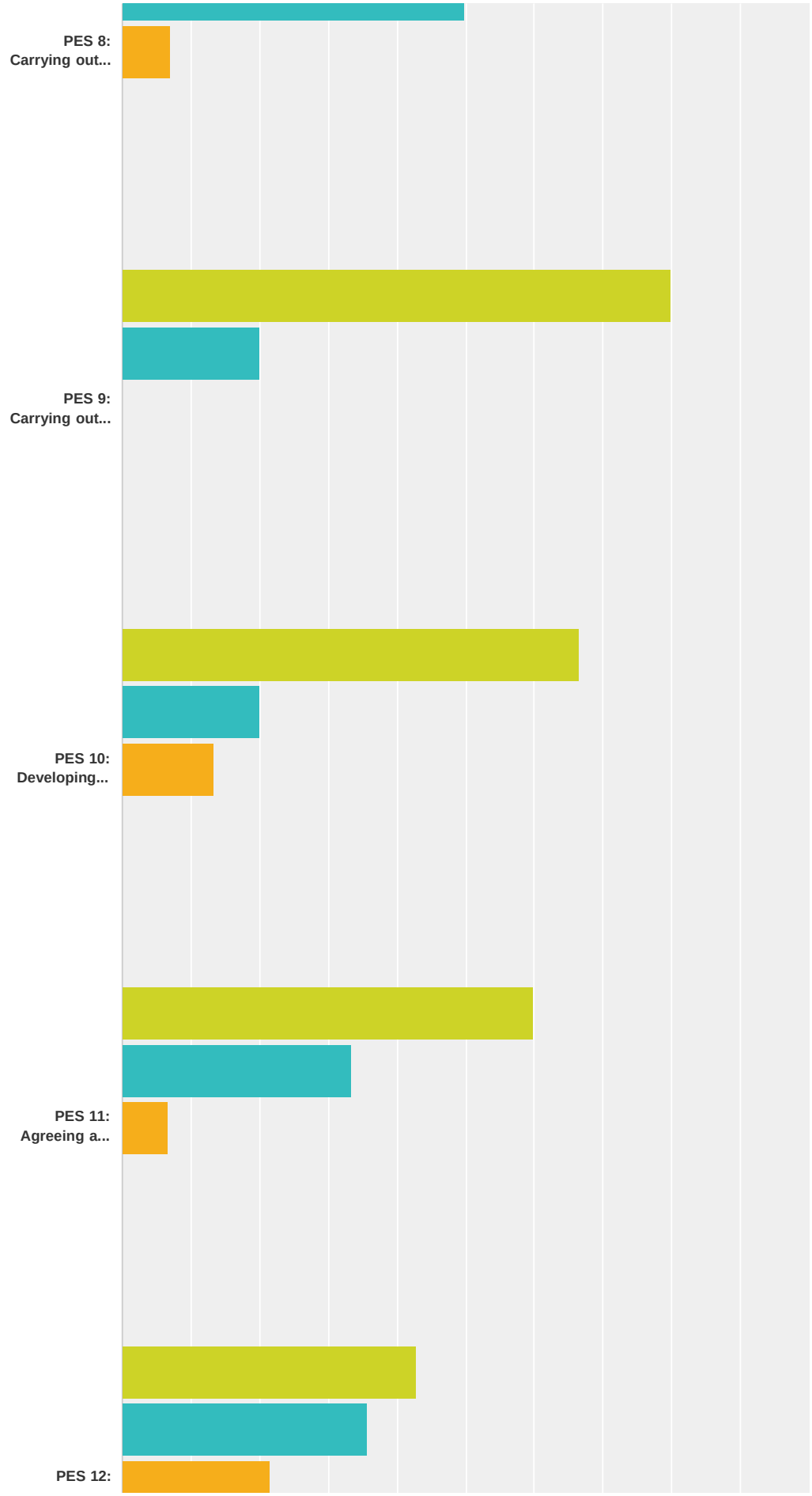
Survey Monkey Results

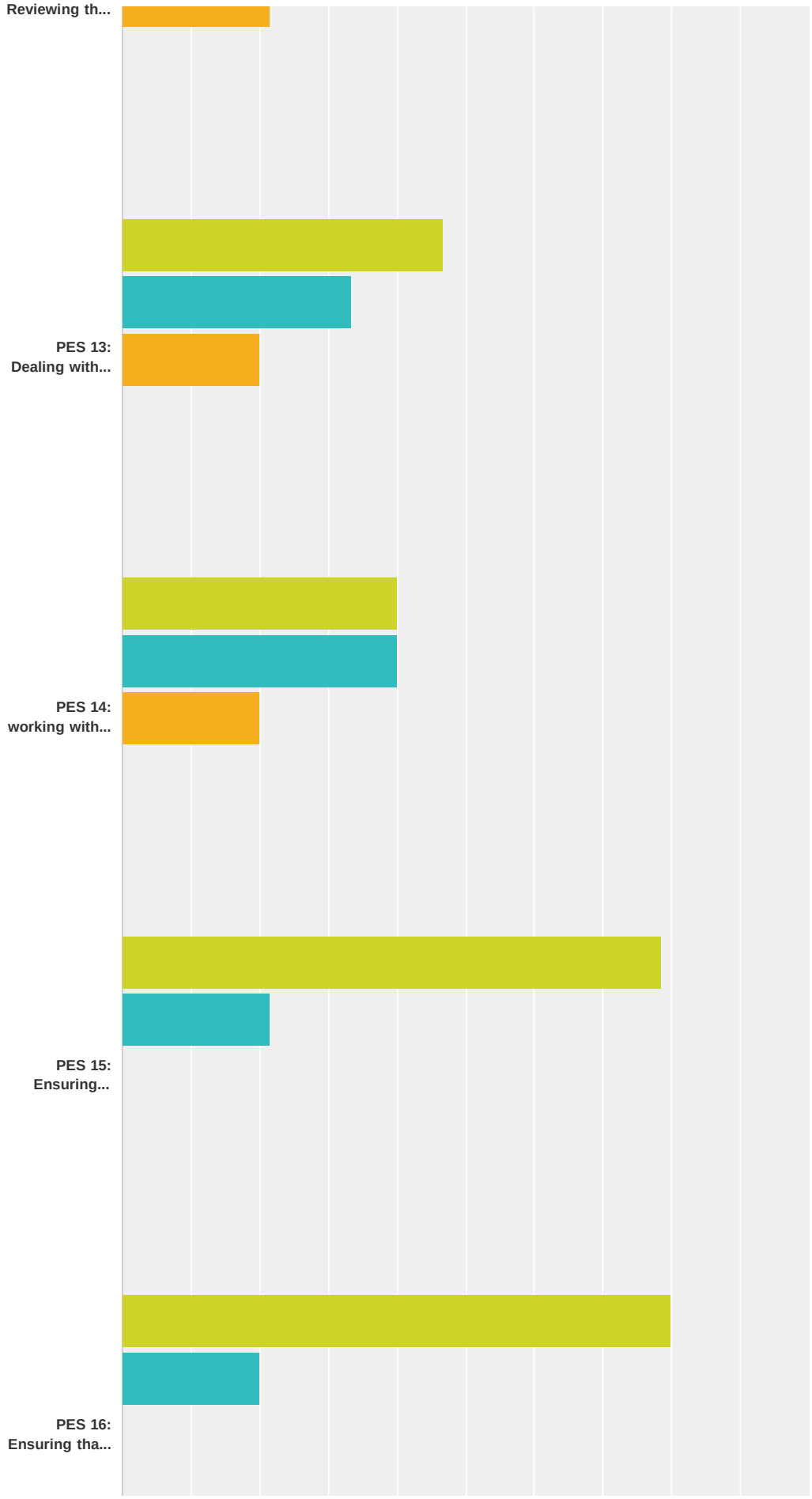
Q1 The draft Participation and Engagement Strategy contains 17 core commitments. These are highlighted throughout the strategy and form the basis of the action plan. For each commitment please indicate if you agree or disagree with its inclusion in the strategy

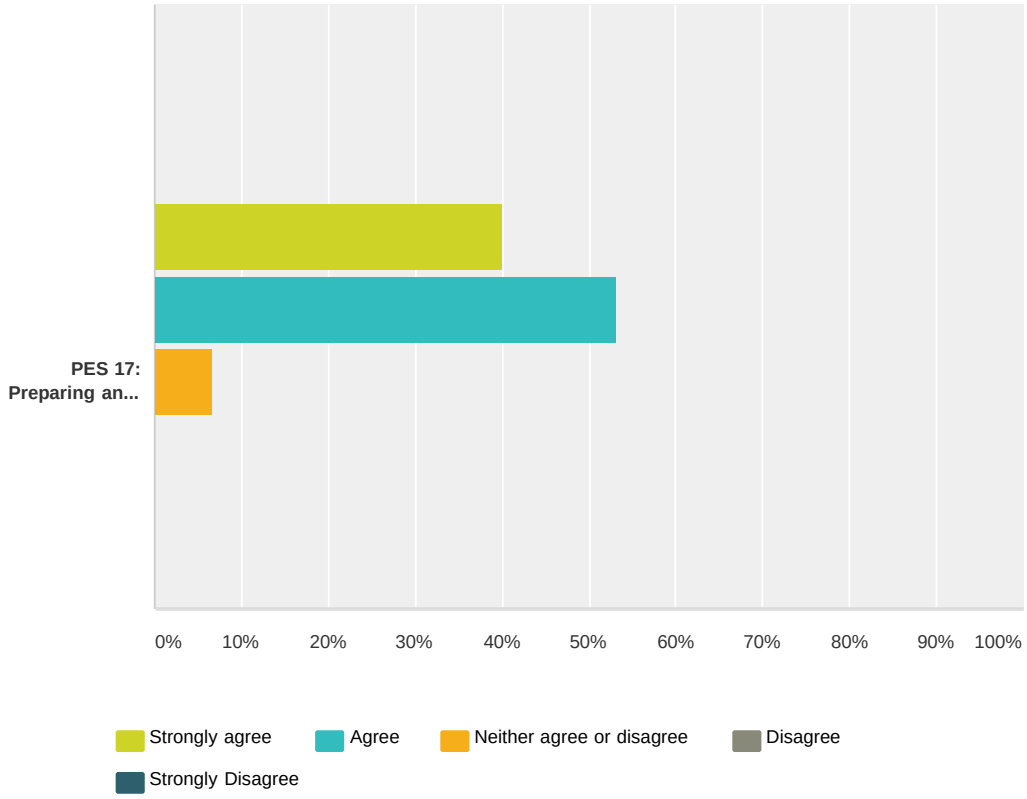
Answered: 15 Skipped: 0




PES 4:
Carrying out...
PES 5:
Monitoring t...
PES 6:
Ensuring...
PES 7:
Developing a...


PES 8:
Carrying out...
PES 9:
Carrying out...
PES 10:
Developing...
PES 11:
Agreeing a...
PES 12:


Reviewing th...
PES 13:
Dealing with...
PES 14:
working with...
PES 15:
Ensuring...
PES 16:
Ensuring tha...



	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Total
PES1: Using the National Standards of Community Engagement as the main basis for participation and engagement	**53.33%** 8	**46.67%** 7	**0.00%** 0	**0.00%** 0	**0.00%** 0	15
PES 2: Ensuring that participation and engagement with staff and unions will also be carried out in accordance with the Investors in People Standards and the NHS Scotland Staff Governance Standard	**60.00%** 9	**40.00%** 6	**0.00%** 0	**0.00%** 0	**0.00%** 0	15
PES 3: Using the Public Sector Improvement Framework to ensure continuous improvement	**40.00%** 6	**53.33%** 8	**6.67%** 1	**0.00%** 0	**0.00%** 0	15
PES 4: Carrying out participation and engagement in accordance with the Community Planning Partnership and Scottish Health Council Toolkits	**60.00%** 9	**33.33%** 5	**6.67%** 1	**0.00%** 0	**0.00%** 0	15
PES 5: Monitoring the "Our Voice" initiative to identify helpful new initiatives	**46.67%** 7	**33.33%** 5	**20.00%** 3	**0.00%** 0	**0.00%** 0	15
PES 6: Ensuring meetings and meeting papers are accessible and the arrangements are reviewed after one year	**66.67%** 10	**26.67%** 4	**6.67%** 1	**0.00%** 0	**0.00%** 0	15
PES 7: Developing a West Lothian Health and Social Care Network as a focus for communication and engagement	**28.57%** 4	**64.29%** 9	**7.14%** 1	**0.00%** 0	**0.00%** 0	14
PES 8: Carrying out an appraisal of the West Lothian Public Partnership Forum	**42.86%** 6	**50.00%** 7	**7.14%** 1	**0.00%** 0	**0.00%** 0	14
PES 9: Carrying out a review of participation and engagement with the voluntary sector and community councils	**80.00%** 12	**20.00%** 3	**0.00%** 0	**0.00%** 0	**0.00%** 0	15
PES 10: Developing Locality Plans through the East and West Locality Groups	**66.67%** 10	**20.00%** 3	**13.33%** 2	**0.00%** 0	**0.00%** 0	15
PES 11: Agreeing a communication protocol	**60.00%** 9	**33.33%** 5	**6.67%** 1	**0.00%** 0	**0.00%** 0	15

PES 12: Reviewing the website to encourage greater use	**42.86%** 6	**35.71%** 5	**21.43%** 3	**0.00%** 0	**0.00%** 0	14
PES 13: Dealing with Freedom of Information requests on a joined up basis and in accordance with performance targets	**46.67%** 7	**33.33%** 5	**20.00%** 3	**0.00%** 0	**0.00%** 0	15
PES 14: working with other Lothian IJBs to help maximise capacity and resources	**40.00%** 6	**40.00%** 6	**20.00%** 3	**0.00%** 0	**0.00%** 0	15
PES 15: Ensuring regular communication and engagement with staff and service users	**78.57%** 11	**21.43%** 3	**0.00%** 0	**0.00%** 0	**0.00%** 0	14
PES 16: Ensuring that arrangements for participation and engagement are accessible to all	**80.00%** 12	**20.00%** 3	**0.00%** 0	**0.00%** 0	**0.00%** 0	15
PES 17: Preparing an annual progress report on implementation of the action plan and a progress report on implementation of the strategy every three years	**40.00%** 6	**53.33%** 8	**6.67%** 1	**0.00%** 0	**0.00%** 0	15

Q2 If you disagree or strongly disagree with any of the proposed commitments, please explain why. Please make it clear which commitment (using PES number) each comment refers to.

Answered: 2 Skipped: 13

#	Responses	Date
1	PES16 - participation and engagement require resource. We shouldn't be surprised when the old 'put up a poster' for meetings fails to draw peoples attention and look for more innovative ways to engage the public, other than meetings, as important as they are.	9/27/2016 3:44 PM
2	N/A	9/21/2016 10:23 AM

Q3 If you think any additional commitments are required , please outline what these are and explain why you think they are important.

Answered: 3 Skipped: 12

#	Responses	Date
1	PES1 - the question here is how the will be Standards be implemented? What will the frameworks be for building this into planning stages, as well as reviewing? There is VOICE which builds on the Standards for Community Engagement and is a more practical tool but MUST be used at early stages of planning.	9/27/2016 3:44 PM
2	Less jargon	9/16/2016 5:10 PM
3	We need better engagement with people who do not normally have a voice, those marginalised from society	9/16/2016 12:40 PM

Q4 If you think any additional actions should be added to the action plan, please outline what these are and explain why they are important.

Answered: 3 Skipped: 12

#	Responses	Date
1	Engagement with the voluntary sector and allowing their involvement is essential.	9/27/2016 8:49 AM
2	Ensuring arrangements for participation and engagement are accessible needs to be strengthened with tangible actions and robust evaluation	9/21/2016 10:37 AM
3	I think it is crucial that community organisations and groups are involved in this process from an early stage and are made aware of the decision making processes and are given an understanding of the relevant committees and when they meet.	9/21/2016 10:23 AM

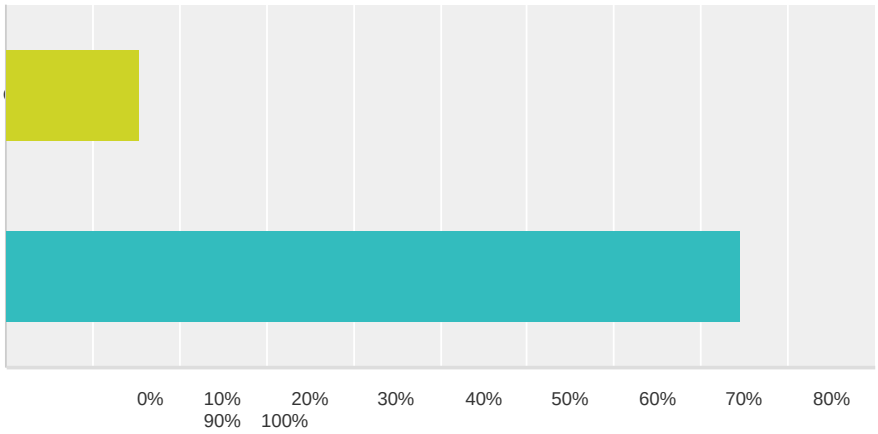
Q5 Please make any additional comments that you may have which have not been covered by your previous answers

Answered: 4 Skipped: 11

#	Responses	Date
1	The Participation and Engagement Strategy should be updated when the revised National Standards for Community Engagement are published (due by end of this year?). The web link to the Standards in the document doesn't seem to work? Strongly support the use of the Engaging Communities Toolkit to inform engagement. A link to the Health and Social Care Network could be provided on the Community Planning website and information could be circulated via the CPP to encourage participation. The CPP is also reviewing community involvement in Community Planning and is looking to develop an effective mechanism for involving community councils - there are therefore opportunities to link up any review of engagement with community councils. The close working between the IJB locality groups and the regeneration team should continue to ensure complementary locality planning processes are developed. The CPP's community equality forums should be used for engagement purposes (Race Forum, Faith Group, Disability Forum, Glitter Cannons LGBT Youth Group, Women's Forum, Youth Congress).	9/28/2016 1:56 PM
2	Engagement is not just about consultation, it should reflect how the wider relationship between services and the wider community works.	9/27/2016 3:44 PM
3	Whilst the intentions are good the strategy and action plan do not provide sufficient detail about what success looks like and how will progress will be evaluated. The language used is not clearly understandable. It makes heavy reference to other toolkits and strategies but does not describe clearly what the application of these will look like or the approach to be taken and reads like a compendium of other information rather than a meaningful engagement and participation strategy.	9/21/2016 10:37 AM
4	The way this survey is structured does not provide an appropriate structure for commenting on the proposed commitments and, therefore, all comments have had to be included here. a) There is an overall feeling when reading it that this document is mainly focused on staff and organisational engagement and not meaningful engagement with service users and carers. The National Standards for Community Engagement have been included as a list but there is no real sense or suggestion of how these might be actioned locally. b) PES7 - could users and carers be actively involved in developing this resource rather than just using it once it is developed? c) PES11 & PES13 - if this strategy is intended to be accessible to service users and carers, in some ways, these items read as rather technical issues - could these be given a context? d) PES16 - opening with the phrase 'wherever possible' under the Equalities section might come across as the IJB planning an 'opt out' - perhaps this could be reworded? e) Action Plan - there is no reference to monitoring and evaluation mechanisms for determining if the measures of success have been met.	9/20/2016 12:03 PM

Q6 Please let us know if you have responded on behalf of an organisation or as an individual

Answered: 13 Skipped: 2



Answer Choices	Responses	
Organisation	**15.38%**	2
Individual	**84.62%**	11
Total		**13**

Appendix 2: West Lothian Integration Joint Board
Participation and Engagement Strategy Consultative Draft
Summary of Comments Received and Recommended Responses

Reference	Comment	Response
PES1	Section 2.0 and PES1 should be updated to reflect the revised National Standards of Community Engagement. How will the National Standards of Community Engagement be implemented?	Strategy document updated. Recommended implementation will be through the application of best practice set out in the toolkits referred to in commitment PES4.
PES3	Is the Public Sector Improvement Framework (PSIF) being proposed instead of following the statutory guidance for NHS Lothian to involve people in service development and delivery?	No, the PSIF is an approach to performance improvement that has the potential to support the IJB in its participation and engagement activity.
PES4	Strongly support the use of the Engaging Communities toolkit. Engagement is not just about consultation; it should reflect the wider relationship between services and the community.	Comment welcome. The toolkits referred to in commitment PES4 are designed to facilitate meaningful engagement with local communities with a recognition that different types of engagement will be appropriate in different circumstances.
PES6	It is important that community organisations and groups are involved in the IJB decision making process.	Commitments PES6 (access to IJB meetings), PES7 (review of the Public Partnership Forum) PES9 (review of working relationship with the voluntary sector) and PES10 (preparation of locality plans by the east and west locality groups) are designed to ensure involvement of community organisations in decision making.
PES7	A link should be provided to the Health and Social Care Network on the Community Planning Partnership (CPP) web site and the CPP should encourage participation in the Network. Can carers be involved in developing the Network?	A link will be provided when the Network is launched and CPP officers have agreed to promote participation. The Network has now been built but feedback from carers and carer groups will be welcomed and will help shape future improvements to the Network.

Reference	Comment	Response
	Thought must be given to ensuring an effective launch of the Health and Social Care Network. Establishing the Health and Social Care Network should not mean that people with no computer access are treated as second-class citizens.	Agreed. The launch will be guided by NHS Lothian and West Lothian Council communication teams. Agreed. Effective implementation of PES4 (use of CPP and Scottish Health Council toolkits) and PES16 (equality of access) will ensure people without computers are not excluded.
PES7	Suggest use of the title 'Together we care: Lothian Health and Social Care Information Network' to reflect the partnership approach being taken. Revised wording suggested to provide more detailed summary of the opportunities provided by the Network.	Title and text of S.7.0 and wording of PES7 amended. Text at S.7.0 amended.
PES8	Can Carers of West Lothian be involved in the review of the Public Partnership Forum (PPF)? Welcome the commitment to the Public Partnership Forum, the recognition that it requires support and the review involving the Scottish Health Council. At some point, the future of the St John's Hospital Patient Forum should be addressed.	Commitment 8.0 of the strategy has been revised to include a reference to carers. Comment welcome. If the IJB considers it appropriate, this could be added to a future action plan at a time when it is possible to take on board experience from the review of the PPF.
PES9	Agree the need for review of engagement with the third sector, especially the Voluntary Sector Gateway. Some thought should be given as to what practical steps can be taken to engage with community councils. Engagement with the voluntary sector is essential. It is important to link in with the Community Planning Partnership's review of engagement with community councils.	Comment welcome. Given there are currently 35 community councils in West Lothian, it is difficult to know how this could be done without the establishment of a co-ordinating body. Any proposals that come forward will be given full consideration, however. This is addressed by commitment PES9. This review is likely to go to the CPP board in Summer 2017. HSCP officers will liaise with community

Reference	Comment	Response
		planning officers to ensure any new initiatives are shared with the IJB.
PES10	Support the proposal to interlink locality plans and regeneration plans. Close working between the IJB locality groups and the regeneration team will ensure that complementary plans are produced.	Comment welcome. Comment welcome.
PES11	Can carers be highlighted as a group in this section to ensure they receive appropriate communications? Agree that a communication protocol is key to the success of the engagement plan. This section on the communication protocol reads as a technical issue; can it be given a context?	Text revised at section 11.0 to include a reference to carers. Comment welcome. Text at section 11.0 has been amended to give more context.
PES13	This section on dealing with freedom of information requests reads as a technical issue; can it be given more context?	Text at section 13.0 has been amended to give more context.
PES14	It is suggested that a report on any best practice and joint projects with the other Lothians IJBs should be added to the work plan.	This would be premature for 2016/17 at this early stage of the partnership. This position will be reviewed when the 2017/18 plan is produced.
PES16	Use of the phrase 'whenever possible' sounds like an opt-out; can this be re-worded. The IJB should look for innovative ways to engage the public other than through meetings. Better engagement is required with people who do not normally have a voice. Ensuring arrangements to ensure participation and engagement are accessible needs to be strengthened with tangible actions and robust evaluation.	PES16 has been re-worded. Implementation of commitments PES4 (engagement toolkits) and PES7 (the Health and Social Care Network) will help to address this concern. Implementation of commitment PES16 (accessibility) will address this concern. It is expected that bespoke arrangements will be in place in each case and these should meet the standards set out in PES1 (National Standards for Community Engagement) and, in the case of staff

Reference	Comment	Response
		engagement, with Investor in People and NHS Scotland Staff Governance Standards.
	The Community Planning Partnership's community equality forums should be used for engagement purposes.	Agreed. The text at section 16.0 has been revised to highlight this and PES16 reflects this.
PES17	To ensure full accountability it will be important to ensure that the arrival report on implementation of the strategy is presented to the wider public in an effective way.	The text at section 17.0 has been revised to highlight this.
General	There should be less jargon in the strategy.	Prior to publication, the council's corporate communication team will subject the strategy to a plain English check to provide greater clarity.
	The action plan does not provide sufficient detail about how to evaluate progress.	This is addressed by revised action PES17.
	The strategy reads like a compendium of other information rather than a meaningful participation and engagement strategy	In the interests of efficiency and familiarity, a deliberate decision was taken to build on existing, good practice rather than create a wholly new approach. Further, the strategy is not in itself a consultation on service delivery; tailored participation and engagement will be required in each case.
	The main focus of the strategy is on staff and organisational engagement rather than engagement with service users and carers.	Only PES2 (standards for staff engagement) and PES15 (consultation with health and social care staff) relate specifically to internal engagement.
	The action plan makes no reference to monitoring and evaluation mechanisms to determine whether the actions are achieved.	This is addressed through PES17 (monitoring).
	The plan is a decent document on which to base future work but requires a commitment to implementation.	If the recommendation that the IJB approves the finalised strategy is endorsed, this will commit the partners to deliver participation and engagement in line with the strategy.
	Is a separate communication strategy being produced?	The Integration Scheme and Strategic Plan

Reference	Comment	Response
		commitment is to produce a participation and engagement strategy. The requirement for a separate communication strategy will be assessed when the strategy is reviewed.
	Make reference to the statutory duty on NHS Boards to involve people in designing, developing and delivering to health care services.	Text at S.1.0 amended and web link included to provide access to more information.

Appendix 3

West Lothian Health & Social Care Partnership
www.westlothianchcp.org.uk | NHS Lothian | West Lothian Council

West Lothian Integration Joint Board

Finalised Participation and Engagement Strategy 2016-2026

Foreword

In April 2016, NHS Lothian and West Lothian Council formed a partnership, the Integration Joint Board (IJB), to provide adult health and social care services on a joined-up basis.

The success of the IJB in increasing wellbeing and reducing health inequalities across all communities in West Lothian will depend on patients, carers, other service-users, interested groups, staff and partners being kept up-to-date on service developments and, crucially, being able to influence changes to services.

This strategy sets out the IJB's long-term commitment to effective participation and engagement. The strategy was the subject of an extensive consultation exercise and is stronger for the contributions received during that process from people across West Lothian with a personal and professional interest in health and social care services.

We look forward to hearing your views on health and social care issues in the future and believe that we will be better able to meet the demands of the next decade with your support.

Jim Forrest
Director
West Lothian Integration Joint Board

Councillor Danny Logue
Chair
West Lothian Integration Joint Board

Appendix 3

1.0 Introduction

The Integration Scheme, which sets out how NHS Lothian and West Lothian Council will work together to deliver health and social care services, requires the two partners to develop a Participation and Engagement Strategy.

The West Lothian IJB approved its Strategic Plan for the period 2016 – 2026 in March 2016. The Strategic Plan recognises that planning and delivery of services must take account of needs at local level and that this is critical to delivering the partnership's vision of better coordinated health and social care services. It also emphasises that a unified approach to participation and engagement is required by the partnership if outcomes for patients and other service-users are to be improved.

The Participation and Engagement strategy will ensure that the public and local interest groups have meaningful input to the way services are provided and will create the framework within which the vision for participation as set out in the Integration Scheme and IJB Strategic Plan can be delivered.

The strategy is built around 17 core commitments. These are highlighted throughout the document and form the basis of the associated action plan.

The action pan can be found at: TO DO

The strategy will also assist NHS Lothian to address its statutory duty to involve people in designing, developing and delivering its services. More information on the statutory duty can be found at:
http://www.scottishhealthcouncil.org/aboutus/whatwedo/servocecharge.aspx

You can read and download the Integration Scheme here:
http://www.westlothianchcp.org.uk/hsci and the Strategic Plan here:
http://www.westlothianchcp.org.uk/IJB-strategic-plan

2.0 National Standards for Community Engagement

The seven National Standards for Community Engagement, published in 2016, are widely accepted as best practice guidelines for engagement between communities and public agencies. These standards underpin the approach to community participation and engagement set out in this strategy.

The seven National Standards are:

- Planning – There is clear purpose for the engagement which is based on a shared understanding of community needs and ambitions.
- Working Together – We will work effectively together to achieve the aims of the engagement
- Methods – We will use methods of engagement that are fit for purpose.
- Communication – We will communicate clearly and regularly with the people, organisations and communities affected by the focus of the engagement.
- Inclusion – We will identify and involve the people and organisations that are affected by the focus of the engagement.

- Support – We will identify and overcome any barriers to participation.

- Impact – We will assess the impact of the engagement and use what has been learned to improve our future community engagement.

PES1: Participation and engagement with individuals, groups and communities will be carried out in accordance with the "National Standards for Community Engagement".

More information on the National Standards can be found at www.scdc.org.uk/nationalstandards/

3.0 Standards for Staff Engagement

NHS Lothian and West Lothian Council are both accredited Investors in People (IIP) employers. The IIP framework will continue to influence the standard for staff engagement.

The nine IIP standards are:

Leading

Creating purpose in a fast changing environment, whilst motivating through change, have become essential skills for many roles. Outperforming organisations foster leadership skills at every level of the organisation to deliver outstanding results.

1. Leading and inspiring people
   Leaders make the organisation's objectives clear. They inspire and motivate people to deliver against these objectives and are trusted by people in the organisation.

2. Living the organisation's values
   People and leaders act in line with the organisation's values at all times. They have the courage and support to challenge inconsistent behaviours.

3. Empowering and involving people
   There is a culture of trust and ownership in the organisation where people feel empowered to make decisions and act on them.

Supporting

For many, constant change is now normal. Successful organisations are moving towards flatter structures to enable faster decision-making, customer focus and agility. Reduced overheads, better service for customers and more successful organisations are the benefits of this approach.

4. Managing performance
   Objectives within the organisation are fully aligned, performance is measured and feedback is used.

5. Recognising and rewarding high performance
   Recognition and reward is clear and appropriate, creating a culture of appreciation where people are motivated to perform at their best.

6. Structuring work
   The organisation is structured to deliver the organisation's ambition. Roles are designed to deliver organisational objectives and create interesting work for people, whilst encouraging collaborative ways of working.

Improving

The best organisations are always looking for opportunities to improve by seeking every marginal gain. They know that every small change adds together to enable them to constantly outperform.

7. Building capability
   People's capabilities are actively managed and developed. This allows people to realise their full potential and ensures that the organisation has the right people at the right time for the right roles.

8. Delivering continuous improvement
   There is a focus on continuous improvement. People use internal and external sources to come up with new ideas and approaches, supported by a culture that encourages innovation.

9. Creating sustainable success
   The organisation has a focus on the future and is responsive to change. Leaders have a clear understanding of the external environment and the impact this has on the organisation.

More information on the Investors in People Standard can be found at www.investorsinpeople.com

The NHS Scotland "Staff Governance Standard", published in 2012, also provides helpful guidance on employer/staff engagement. Although aimed specifically at NHS organisations and employees, the principles which the standard embodies apply more widely and will help to guide the partnership's communication and engagement with staff.

In particular, employers are expected to ensure that staff regularly receive accessible, accurate, consistent and timely information, have access to a range of communication mechanisms and have the opportunity to give and receive feedback on organisational and service delivery issues, either directly or through trades unions and professional organisations.

Staff, for their part, are expected to keep up-to-date with developments affecting them, take time to engage and make full use of the communication systems available to them.

Employers are also expected to ensure that service development and organisational changes are planned and implemented with effective staff engagement. Staff are encouraged to engage and contribute constructively to issues affecting their job, the organisation and the quality of services they provide.

The NHS Staff Governance Standard can be found at www.staffgovernance.scot.nhs.uk

PES2: Participation and engagement with staff and unions will be carried out in accordance with the Investors in People Standard and the NHS Scotland "Staff Governance Standard", as well as the "National Standards for Community Engagement".

4.0 Continuous Improvement

The Public Sector Improvement Framework (PSIF) is established, or is becoming established, as the principal performance management framework for health and social care services in West Lothian.

The PSIF is based on the long-standing and widely respected European Foundation for Quality Management (EFQM) Excellence Model.

Amongst the benefits of the PSIF highlighted by Quality Scotland are that it:

- Improves the motivation of employees who value the opportunity to have their voices heard.
- Leads to a positive level of engagement with management.
- Contributes towards improved customer outcomes.

The PSIF is supported by the Improvement Service and Investors in People Scotland, as well as Quality Scotland, and is widely used by public service organisations and partnerships. It is a robust and systematic approach to managing change and improvement which provides a structured opportunity to share and learn from best practice. As such, it will have a key role in underpinning and developing the participation and engagement activity of the IJB.

PES3: The Integration Joint Board will use the Public Sector Improvement Framework to ensure continuous improvement in its participation and engagement activities with service users and staff.

5.0 Participation and Engagement Resources

The West Lothian Community Planning Partnership has published the "Engaging Communities Toolkit; a Practical Guide to Community Engagement".

The toolkit provides advice on:

- Planning community engagement
- Effective communication skills for engagement
- Feedback and evaluation
- Community engagement tools and methods

Local case-studies are provided throughout the document. The toolkit is supported by an engaging communities training programme.

The Scottish Health Council (SHC) has published "The Scottish Health Council Participation Toolkit".

This toolkit provides information on a wide range of participation tools, guidance on preparing a report of findings, feedback and evaluation and the use of a specific eparticipation toolkit.

The Integration Joint Board will draw on the advice in the West Lothian Community Planning Partnership and Scottish Health Council toolkits to ensure that engagement and participation with members of the public, community groups and staff is as effective as possible.

PES4: Participation and engagement will be carried out in accordance with the best practice guidelines set out in the Community Planning Partnership's "Engaging Communities Toolkit" and the "Scottish Health Council Participation Toolkit".

The West Lothian Community Planning Partnership toolkit can be found at www.westlothian.gov.uk/media/8652/Engaging-Communities-Toolkit

The Scottish Health Council Participation Toolkit can be found at www.scottishhealthcouncil.org/participation/participation_toolkit

Our Voice is a national partnership led by the Scottish Health Council. The project vision is that "everyone is given the power to influence how Scotland's health and social care is run".

By the end of 2017, the aim is to have systems and processes in place at local and national level for involving people and improving services and that receiving and responding to feedback is regarded as "business as usual".

The IJB will track progress on the Our Voice Initiative with a view to adopting initiatives emerging from the project, where practical.

PES5: The Our Voice Initiative will be monitored so that positive outcomes can be adopted by the IJB, where appropriate.

6.0 Involvement in Decision Making

There is no legal requirement for meetings of the Integration Joint Board (IJB), its committees and the supporting Strategic Planning Group(SPG) to be held in public. Nonetheless, to enable members of the public to have access to the decision-making process and to encourage members of the public to attend meetings, the board has undertaken to hold these meetings in accessible, public buildings, usually Strathbrock Partnership Centre, Broxburn or West Lothian Civic Centre, Livingston. Additionally, subject to narrow exceptions based on local government legislation, the board has agreed to make agenda papers for these meetings available to the public on the council web site at least five working days before each meeting. These commitments have been included in the standing orders that govern how the meetings are conducted.

The health and social care partnership has also been keen to ensure active participation of stakeholder groups in its decision making process. Therefore, IJB membership includes representatives of the voluntary sector, service users and health and social care staff. The SPG also includes representatives from these stakeholder groups, along with representatives of the east and west localities (see section 10.0 below). The localities are represented currently by the heads of health and social policy but, as the locality groups become established, the intention is to draw representation from outwith the professional services that support the partnership. The effectiveness of current arrangements will be reviewed once the IJB and SPG have been operational for twelve months.

PES6: The partnership will maintain its commitment to holding meetings of the Integration Joint Board, its committees and Strategic Planning Group in accessible public buildings and to making meeting papers available online five days before the meetings. The director will review arrangements for participation in the meetings at the end of the first year of operation and will submit a report of the review to the SPG and the IJB and its

committees with any recommendations for changes required to ensure continued, effective participation.

7.0 West Lothian Health and Social Care Network

In partnership with the IJBs in East Lothian, Edinburgh and Mid Lothian, the IJB proposes to introduce an online resource that will enable participants to be kept informed of developments in health and social care in general terms, about topics of particular interest or about issues in a specific geographical area.

This network will provide the following:

- information about NHS Lothian and health and social care;
- opportunity to give views and influence development in health and social care services;
- consultations and how people can respond;
- surveys and how people can contribute their views; and
- information on meetings, focus groups and events.

Prospective participants can join the network as individuals or organisations. The partners will use existing communication channels, existing stakeholder groups and health and social care staff to encourage participation. Members of the network will provide a pool of people who could be invited to take part in short life working groups

The objective will be to make the network as representative as possible across communities and subject areas. It is recognised, however, that this might take some time to build up.

Members will be able to keep their own information up to date. So, for example, a voluntary organisation could change its contact person online or an individual could add to the topics they have a particular interest in.
The business community potentially has a key role in supporting the IJB to develop and implement effective and efficient health and social care services. However, this is not a primary focus for most local businesses and, as a result, they may find it difficult to keep up to date with new issues and take part in engagement exercises. The Network also provides an opportunity for the IJB to work more closely in partnership with local business.

The network will be launched in 2017 and reviewed after one year.

PES7: A Health and Social Care Information Network will be developed in partnership with the other Lothian IJBs to create a focus for communication and engagement.

8.0 Review of West Lothian Public Partnership Forum

The main forum in West Lothian with an overarching interest in health and social care issues is the West Lothian Public Partnership Forum for Health and Care.

The forum has been established for a number of years and has made an invaluable contribution in ensuring that health and social care services appreciate and take on board the views and interests of patients, carers and customers. It is expected that the forum will continue in a similar role over the period covered by the strategic plan (2016-2026) notwithstanding the introduction of the Health and Social Care Network. However, the integration of health and social care and scope of the IJB presents new challenges for all involved, including the forum.

It is proposed, therefore, that an assessment of the forum be undertaken to establish the best mechanism for future engagement and to ensure that the forum is strongly placed to support the integration process in the years ahead. The scope of the review will include how representative the forum is; how effectively it communicates with the people and groups it represents; how it works with other groups; how it influences the partners; what support it requires; what requirements there are for capacity building and how its future operation will be influenced by the introduction of the Health and Social Care Information Network. It is proposed that the evaluation of the forum is facilitated by the Scottish Health Council.

PES8: An appraisal of the West Lothian Public Partnership Forum will be carried out to ensure that it remains effective in representing patients, carers and other service-users following health and social care integration, taking account of the scope and responsibilities of the IJB. The outcome of the appraisal will be presented to the Strategic Planning Group and IJB Board in autumn 2017 for consideration and approval of any changes.

9.0 Working with the Voluntary Sector

The voluntary sector plays an important and wide-ranging role in providing care and support services that directly complement the role of the IJB, including services commissioned by the board. The third sector also makes a less formal, but still important, contribution to community health and well-being through a wide range of activities and organisations such as sports clubs, community gardens and befriending. It is important that the relationship with the third sector is open, reflective and supportive. To ensure that this is the case, the IJB will work with Voluntary Sector Gateway West Lothian to review current arrangements for participation and engagement with the voluntary sector and work to adjust these, where required, to ensure a positive and productive working relationship in in place.

This review will consider how community capacity (individuals, associations and institutions and their resources working together) can be used most effectively to support the goals of health and social care integration.

The IJB will continue to work with carers' organisations to ensure that the views of unpaid carers are central to the redesign and delivery of new ways of working.

The board will also support the introduction of ALISS (A Local Information System for Scotland) to help direct people to useful community support.

You can find out more about ALISS here: www.alliance-scotland.org.uk

Currently, there is no recognised umbrella organisation representing the interests of community councils in West Lothian. An organisation of this nature can play a crucial role in providing an interface with the IJB, however. If an appropriate organisation is established to fulfil this role, the IJB would be keen to discuss how it can best ensure that community councils make a full and meaningful contribution to the work of the IJB on behalf of the communities they represent.

PES9: When practical, a review will be carried out of arrangements for participation and engagement with the voluntary sector and community councils to ensure effective

communication and engagement with these organisations following health and social care integration.

10.0 Localities

In order to ensure that service delivery is tailored as effectively as possible to local need, the Strategic Plan commits the IJB to the establishment of east and west localities with a locality plan to be put in place for each locality.

It is proposed that the locality plans are developed through the established locality groups. This process will begin in summer 2016.

The main communities in the west locality are Armadale, Bathgate, Blackburn, Fauldhouse, West Calder and Whitburn.

The main communities in the east locality are Broxburn, East Calder, Linlithgow, Livingston and Winchburgh.

The locality groups have been established with members representing service-users, carers, the voluntary sector, housing providers, GPs, independent sector providers and community regeneration officers.

The key purpose of the locality groups is to work alongside health and social care officers to improve community health and wellbeing by providing an insight into local issues and by helping to identify community assets that can be used to help develop effective local solutions.

At the same time, the wider West Lothian Community Planning Partnership has started the process of preparing regeneration plans for the eight communities in West Lothian that experience the greatest inequality. These are: Armadale, Blackburn, Boghall, Bridgend, Central Livingston, Craigshill, Fauldhouse and the Breich Valley and Whitburn.

The IJB will work closely with the regeneration team to ensure that locality plans and regeneration plans complement each other and, in particular, do not duplicate community engagement efforts.

To effect meaningful change, both locality plans and regeneration plans will be required to take a medium to long-term view and sustain meaningful participation and engagement over that period. This is consistent with the 10 year time horizon adopted by the Strategic Plan and 20 year time horizon adopted by the Regeneration Strategy.

PES10: The East and West Locality Groups will develop locality plans for the two West Lothian localities.

11.0 Communications Protocol

The council and NHS have a common desire to communicate clearly with service-users, carers, the wider public and staff in a way that is easily understood. To ensure this, the parties will, as far as possible, prepare a programme of issues which require proactive communication and engagement and will update this programme on a regular basis. The IJB will ensure communications, such as public health campaigns, reflect an integrated approach to service development and delivery.

If the main issue is one of social care, it will be for the council to take the lead. If the main issue is one of health, the NHS will take the lead. In either case, the draft communication will be shared to ensure that the final version reflects the views of both partners, in so far as this is practically possible.

This approach will also be developed when dealing with all reactive enquiries from the media and other external stakeholders.

Existing communication channels will be utilised fully to ensure there is a consistent and clear message given to customers. This includes both print and online communication channels. Partners will use established arrangements to communicate key messages concisely and promptly.

PES11: The council and NHS Lothian will agree a protocol so that communication represents an integrated approach to service delivery, regardless of which organisation it is issued by.

12.0 Online Communications

The IJB will continue to develop the use of online communications as core media for communication and engagement. Many users of health and social care services choose the internet as their first port of call in accessing service information. This is also an efficient use of resources for the services. The partners are, therefore, committed to ensuring that the content of the health and social care website is comprehensive, up-to-date and easy to access and understand.

Work will also take place to establish whether the web content can be expanded so that people can do more things online than at present.

The IJB will seek feedback from service-users prior to introducing any significant new web services.

Similarly, many people now connect with public services through social media. Both NHS Lothian and West Lothian Council have established social media channels which will be utilised.

PES12: A review of the Health and Social Care Partnership website will be carried out to ensure that users can carry out as much business online as possible.

13.0 Freedom of Information

The partnership will, from time to time, receive requests under Freedom of Information legislation for information about the IJB in the form of printed documents, computer files, letters, emails, photocopies or recordings. Because of the complex legal relationship amongst the IJB and the partners, a request may deal with information held by any one of them, or by more than one. The IJB and the partners will cooperate in dealing with requests it receives and will coordinate a response with a view to ensuring compliance within the statutory timescales.

If the request is primarily for social policy information, the council will take the lead; if it is primary a request for health information, NHS Lothian will take the lead. In either case, the lead authority will seek the input of its partner, as required, whilst the IJB will retain overall responsibility for the request.

PES13: The IJB will deal with Freedom of Information requests on a joined-up and cooperative basis in accordance with the performance targets it sets itself from time to time, and so far as possible in accordance with statutory timescales.

14.0 Partnership Working with Lothian IJBs

NHS Lothian chairs a regular communications and engagement meeting of the four Lothians IJBs. The West Lothian IJB will ensure regular participation in these meetings in order to share best practice and identify joint projects.

PES14: The West Lothian IJB will work closely with NHS Lothian and East Lothian, Edinburgh and Midlothian IJBs to help maximise capacity and resources.

15.0 Health and Social Care Staff

The success of health and social care integration relies, in equal measure, on harnessing local knowledge of customers and communities and the professional expertise and experience of council and health service staff.

The council and NHS Lothian, therefore, will ensure that staff and trades unions are updated regularly on service activity and consulted effectively and as soon as possible on proposed service change.

Engagement with staff will include activities such as roadshows, hosted by the heads of service, newsletters and web updates.

When possible, opportunities for joint training and development of council and NHS staff will be provided to help facilitate the process of integration.

The active support of health and social care staff will be essential to ensure successful implementation of this strategy. Appropriate training, development and support will, therefore, be provided to ensure staff are confident and effective in this role.

The training will highlight individuals and groups who may have difficulty engaging because of, for example, sensory impairment, low levels of health or general literacy or difficulty accessing venues and will show how these service users might be included in future engagement exercises.

The training will challenge any prejudices about stigmatised groups and link to the equality outcomes of the partners.

The IJB recognises the time commitment required to ensure effective engagement and will ensure these processes are adequately resourced.

PES15: Regular communication will take place with health and social care staff and unions to ensure they are kept up to date on service activity. Engagement will be carried out to ensure meaningful input at times of proposed service change and development.

Training and development will be provided for health and social care staff to ensure they are able to play an effective role in facilitating engagement on the future plans and proposals of the IJB.

16.0 Equalities

The IJB will work in accordance with the Scottish Accessible Information Forum (SAIF) - guidelines to provide information that takes account of the needs of disabled people and

carers, e.g. in large print, on audio tape or CD, in British Sign Language (BSL), in Braille, in easy to understand versions and in languages other than English.

The IJB will also ensure that a range of appropriate mechanisms for responding to engagement activity are available to people with different communication needs.

The web site already includes a number of equality features including the ability to increase font size, an Assist Dyslexia feature which changes page colour and Listen to This Page assistance which includes a translation facility, screen mask, text magnifier and a simplifier to remove potentially distracting features.

Ensuring engagement activity is inclusive may also involve working with intermediaries to access key groups, identifying accessible venues, providing a translator or signer and considering childcare and transport arrangements.

The IJB will consult and engage with equality groups/forums and individuals and use their views and opinions to inform decision making and shape service delivery to ensure that services bring people together and make the most of individual needs.

The IJB will have regard to the guide produced by the Equality and Human Rights Commission which explains how public authorities can meet the terms of the Equality Act 2010. The document 'Involvement and the Public Sector Equality Duty: A Guide for Public Authorities in Scotland' can be found on the commission's website at www.equalityhumanrights.com

PES16: Arrangements for communication, participation and engagement will be designed to ensure equal access for all. The partners will seek advice from equality groups/forums and individuals.

17.0 Monitoring

The director will submit an annual report to the Integration Joint Board on the implementation of the Participation and Engagement Strategy. This will outline progress over the preceding 12 months and set out specific actions for the next 12 month period.

The strategy will be reviewed three years after approval by the Integrated Joint Board. This is consistent with the timescale for the review of the Strategic Plan.

Awareness of the progress reports will be promoted amongst service users, carers, the wider public and staff.

PES17: A progress report on implementation of the strategy will be prepared for the Integrated Joint Board every year and the strategy will be reviewed three years after approval. The IJB will highlight the reports to the public and staff.

West Lothian Health & Social Care Partnership
www.westlothianchcp.org.uk
NHS Lothian
West Lothian Council

PARTICIPATION AND ENGAGEMENT STRATEGY

ACTION PLAN 2016 – 2017

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
PES1	Participation and engagement with individuals, groups and communities will be carried out in accordance with the "National Standards for Community Engagement".	1. Commissioning plans 2. Public Social Partnership 3. Service User Forums and Provider Forums 4. Having Your Say (Looked After Children) 5. Carer consultative forum(foster carers)	1. Sept 2016 2. Varies 3-5. Ongoing	Senior Manager Social Policy	Feedback forms
PES2	Participation and engagement with staff and unions will be carried out in accordance with the Investors in People Standard and the NHS Scotland "Staff Governance Standard", as well as the "National Standards for Community Engagement".	1. TU Liaison 2. Staff briefings (DBO etc.) 3. Management of Change (e.g. Model Office)	Ongoing	Senior Manager Social Policy	Staff Survey
PES4	Participation and engagement will be carried out in accordance with the best practice guidelines set out in the Community Planning	1. Commissioning plans 2. Public Social Partnership	1. Sept 2016 2. Varies	Senior Manager Social Policy	Feedback forms

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
	Partnership's "Engaging Communities Toolkit" and the "Scottish Health Council Participation Toolkit".	3. Service User Forums and Provider Forums 4. Having Your Say (Looked After Children) 5. Carer consultative forum (foster carers)	3-5. Ongoing		
PES5	The Our Voice Initiative will be monitored so that positive outcomes can be adopted by the IJB, where appropriate.	1. Commissioning plans 2. Public Social Partnership 3. Service User Forums and Provider Forums	1. Sept 2016 2. Varies 3. Ongoing	Senior Manager Social Policy	Feedback forms
PES6	The partnership will maintain its commitment to holding meetings of the Integration Joint Board, its committees and Strategic Planning Group in accessible public buildings and to making meeting papers available online five days before the meetings. The director will review arrangements for participation in the meetings at the end of the first year of operation and will submit a report of the review to the SPG and the IJB and its committees with any recommendations for changes required to ensure continued, effective participation.	Report to SPG and IJB on first year of operation including participation.	Autumn 2017	Director	The SPG and IJB are able to consider any proposals for adjusting participation arrangements based on the first year of operation.
PES7	A Health and Social Care	The West Lothian IJB to work	Start: Underway	Head of Social	Customers, partners and staff

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
	Information Network will be developed to create a focus for communication and engagement.	with NHSL to prepare the network for launch.	Finish: Spring 2017	Policy	feel better informed about IJB business and the IJB draws on the network for consultation and engagement.
PES8	An appraisal of the West Lothian Public Partnership Forum (PFF) will be carried out to ensure that it remains effective in representing patients, carers and other service-users following health and social care integration, taking account of the scope and responsibilities of the IJB. The outcome of the appraisal will be presented to the Strategic Planning Group and IJB Board in autumn 2017 for consideration and approval of any changes.	Work with the PFF, Scottish Health Council and stakeholders to carry out the appraisal.	Start: Autumn 2016 Finish: Autumn 2017	Head of Social Policy	All parties believe that the PPF continues to add value to participation and engagement between the IJB and its stakeholders.
PES9	When practical, a review will be carried out of arrangements for participation and engagement with the voluntary sector and community councils to ensure effective communication and engagement with these organisations following health and social care integration.	Work with Voluntary Sector Gateway West Lothian and stakeholders to carry out the review.	Start: Autumn 2016 Finish: Autumn 2017	Head of Social Policy	The VSG, voluntary organisations, IJB and stakeholders believe that the voluntary sector is well informed about IJB business and has the opportunity to influence service developments.
PES10	The East and West Locality Groups will develop locality plans for the two West Lothian localities.	Locality Groups carry out data gathering and engagement to create foundation for planned preparation.	Start: Summer 2016 Finish: Summer 2017	Head of Health & Head of Social Policy	Locality plans are effective in ensuring that service delivery is tailored to the needs of each locality.

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
PES11	The council and NHS Lothian will agree a protocol so that communication represents an integrated approach to service delivery, regardless of which organisation it is issued by.	Establish a joint commitment to IJB communication.	Start: Underway Finish: Summer 2016	Corporate Comms. Manager	Communication from the IJB is clear, consistent and effective.
PES12	A review of the Health and Social Care Partnership website will be carried out to ensure that users can carry out as much business online as possible.	Implementation of project to refresh web content.	Start: Underway Finish: Summer 2016	Senior Manager Social Policy	Web information is comprehensive, accessible and up to date.
PES13	The IJB will deal with Freedom of Information requests on a joined-up and cooperative basis in accordance with the performance targets it sets itself from time to time, and so far as possible in accordance with statutory timescales.	FOI performance reports		Senior Manager Social Policy	
PES14	The West Lothian IJB will work closely with NHS Lothian and East Lothian, Edinburgh and Midlothian IJBs to help maximise capacity and resources.	Attendance at quarterly meetings to ensure sharing of best practice and development of joint initiatives	Ongoing	Head of Social Policy	The Lothian's IJB's achieve more working in partnership than would be possible working individually.
PES15	Regular communication will take place with health and social care staff and unions to ensure they are kept up to date on service activity. Engagement will be carried out to ensure meaningful input at times of proposed service change and development.	1. TU Liaison 2. TU representation on IJB and SPG	Ongoing	Senior Manager Social Policy	

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
	Training and development will be provided for health and social care staff to ensure they are able to play an effective role in facilitating engagement on the future plans and proposals of the IJB.				
PES17	A progress report on implementation of the strategy will be prepared for the Integrated Joint Board every year and the strategy will be reviewed three years after approval. The IJB will highlight the reports to the public and staff.	Report to be prepared for future SPG and IJB on implementation of the 2016/17 action plan. Reports to be highlighted to all interested parties.	Spring 2017	Director	As far as possible, the activity planned for 2016/17 has been carried out and an updated plan is approved for 2017/18.

Section 4 Integrated Impact Assessment

Summary Report Template

Interim report		Final report	✓	(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

West Lothian Health and Social Care Partnership Participation and Engagement Strategy

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

The Strategy aims to encourage and enhance public and staff participation and engagement in development and delivery of health and social care services. It should lead to procedures designed to ensure all groups of people have the same information and equal opportunity to engage – particularly those who are seldom heard and have barriers to engagement. The Strategy provides the framework and indicates the IJB's intentions but its effectiveness will depend critically on how well it is implemented and in realising a cultural change in how engagement is viewed and approached. It should lead to actions within other strategies and policies to secure more effective engagement.

Effective public involvement and engagement is particularly important given the scale of change likely to be needed in public services in future years and need to ensure the public support these changes.

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

There has been a public consultation on the strategy. A summary of findings will be given in Section 6.

4. Date of IIA

15 December 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	Email
Margaret Douglas (facilitator)	Consultant in Public Health, NHS Lothian	Margaret.j.douglas@nhslothian.scot.nhs.uk
Steve Field	Head of Service, West Lothian Council	steve.field@westlothian.gov.uk
David Murray	Service Development Officer, Commissioning & Programmes Team, Social Policy	david.murray@westlothian.gov.uk
Maggie Archibald	HR Advisor - Equality and Diversity West Lothian Council	maggie.archibald@westlothian.gov.uk
Ian Buchanan	Chair of Public Partnership Forum	buchanan.ian@sky.com

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need		• 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 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

Evidence	Available?	Comments: what does the evidence tell you?
		Social Care Partnership to engage with other partners to address these. • 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 2037. This has potential implications for health and for the provision of care services. • Currently 44% of working people in West Lothian commute to work in

Evidence	Available?	Comments: what does the evidence tell you?
		other local authority areas.
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		Consultation on the Strategic Plan and draft Participation and Engagement Strategy and establishment of the locality plan development groups.
Evidence of unmet need		
Good practice guidelines		The strategy aims to apply good practice from National Standards for Community Engagement and Standards for Staff Engagement. It also shows how the Public Sector Improvement Framework will be used to ensure continuous improvement.
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?

Equality, Health and Wellbeing and Human Rights	**Affected populations**
Positive	
The Strategy has potential for very positive outcomes on equality and human rights if well implemented, as people will have greater opportunities to be involved in service development and delivery.	All residents of West Lothian Staff of West Lothian Health and Social Partnership
Groups of people who are stigmatised, who face physical or other barriers to participation, and/or who have low levels of health and general literacy, may gain the most benefit if the strategy is well implemented and includes actions to reach them (but also could lose out if it is not well implemented).	People who have a disability, minority ethnic people, refugees, Gypsy/Travellers, LGBTQ people, Transgender people, people in poverty, people with poor health or general literacy.
Negative	
People with low levels of access to online services, including those in rural areas with poor transport, may be disadvantaged if there is undue reliance on online methods of consultation and engagement.	People with low level of online access People in rural areas
The IJB provides services mainly for adults but these may also impact less directly on children – children and young people may be disadvantaged unless efforts are made to include them in participation.	Children and young people
Seldom heard groups such as young men who do not have readily identifiable groups to advocate for them may be disadvantaged if specific efforts are not made to engage them.	Young men
There will be a significant time and effort needed to support effective participation.	Staff
It may be challenging for some staff to change their ways of working to engage more effectively with people**.**	Staff

Environment and Sustainability	**Affected populations**
Positive There may be a small reduction in emissions due to higher use of online communication **Negative** None identified	Whole population

Economic	**Affected populations**
Positive Better public engagement should improve public protection through greater awareness of protection matters. Services provided by the Health and Social Care Partnership should be improved due to better engagement of users and the public to inform the way services are accessed, planned and delivered. **Negative** None identified	Whole population Users of HSP services

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?

Needs assessments may be completed by contracted agencies. They would be required to demonstrate these through the contracting 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.

Improving communication with a range of groups is the purpose of this Strategy. Issues relating to communication with different groups of people are identified above.

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.

None.

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

- There should be training, development and support for staff to effect the cultural change needed to ensure effective engagement of people.
- The training should highlight groups who may have difficulty engaging due to sensory impairment, low levels of health literacy or general literacy, difficulty accessing venues etc.
- The training and development should challenge any prejudices about stigmatised groups and link to the equality outcomes.
- The IJB should clarify the issues it wants to engage people on each year.
- Information and engagement activities should use a mix of modes and formats and use different ways to describe and explain the issues. The IJB should not rely solely on on-line methods.
- The IJB should use a wide range of venues to reach seldom heard groups – for example more, and different, people may be reached through work in pubs than in community centres.
- The IJB should recognise the time commitment required to ensure effective engagement and ensure it is adequately resourced.

- The IJB should take a whole system approach and use its own services to reach a wide range of groups of people.

- The IJB should consider how to engage with the business community.

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**
Text added at S15 and PES 15 to address recommendations on staff training and development.	Head of Health and Head of Social Policy	30 June 2017	31 March 2018
Text added at S7 to address recommendation on engagement with the business community.	Head of Health and Head of Social Policy	31 March 2017	31 March 2018
No change proposed in response to rec. on preparing an annual programme of engagement as this is covered by S11 and PES11.	N/A	N/A	N/A

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

This is documented in the strategy. The Director will submit an annual report to the IJB on its implementation.

15. Sign off by Head of Service

Name: Marion Barton, Head of Health.
Jane Kellock, Head of Social Policy.
Date: 11 January 2017.

16. Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.

West Lothian Integration Joint Board

Date: 31 January 2017
Agenda Item: **7**

WEST LOTHIAN, PUBLIC PROTECTION COMMITTEE 2014–2016 ADULT SUPPORT AND PROTECTION BIENNIAL REPORT

REPORT BY HEAD OF SOCIAL POLICY

A PURPOSE OF REPORT

The purpose of this report is to inform members about the submission of the West Lothian Public Protection Committee's 2014–2016 Adult Support and Protection Biennial report to the Scottish Government on 31st October 2016.

B RECOMMENDATION

Members are asked to note the submission of this report for information.

C TERMS OF REPORT

The Adult, Support and Protection (Scotland) Act 2007 states the Convenor of an Adult Protection Committee now a Public Protection Committee in West Lothian must prepare a general Adult Protection Biennial report on the exercise of the committee's functions. Jennifer Scott is the Independent Convenor of West Lothian's Public Protection Committee.
This is the third Biennial cycle and report submission.

The West Lothian Public Protection Committee's 2014–2016 Adult Support and Protection Biennial report addresses the two years of activity and of action on adult protection; confirming that the local Adult Support and Protection multi–agency practice arrangements are operating well.

The report outlines the strong practice links that have been developed by the Public Protection Committee with those agencies providing a service to members of the public. The Public Protection Committee's commitment to developing both Intra–agency and multi–agency practice enables it to continually strive to achieve the right support and protection for adults at risk within a public protection focus. This approach ensures it continues to routinely audit practice examples, its performance indicators and engages with service users and carers to enable it to respond flexibly to opportunities whilst strategically planning for the future.

D CONSULTATION

The West Lothian Public Protection Committee 2014–2016 Adult Support and Protection Biennial report was sent to committee members as part of a two week consultation exercise prior to it being approved by the meeting of the Chief Officers Group on 22/09/16 for submission to the Scottish Government on 31/10/2016.

E REFERENCES/BACKGROUND

West Lothian's former Adult Protection Committee submitted two Biennial Reports:

West Lothian Adult Protection Committee Biennial Report October 2010–October 2012;
West Lothian Adult Protection Committee Biennial Report October 2012–October 2014.

F APPENDICES

West Lothian's Public Protection Committee Adult Support and Protection Biennial Report 2014–2016.

G SUMMARY OF IMPLICATIONS

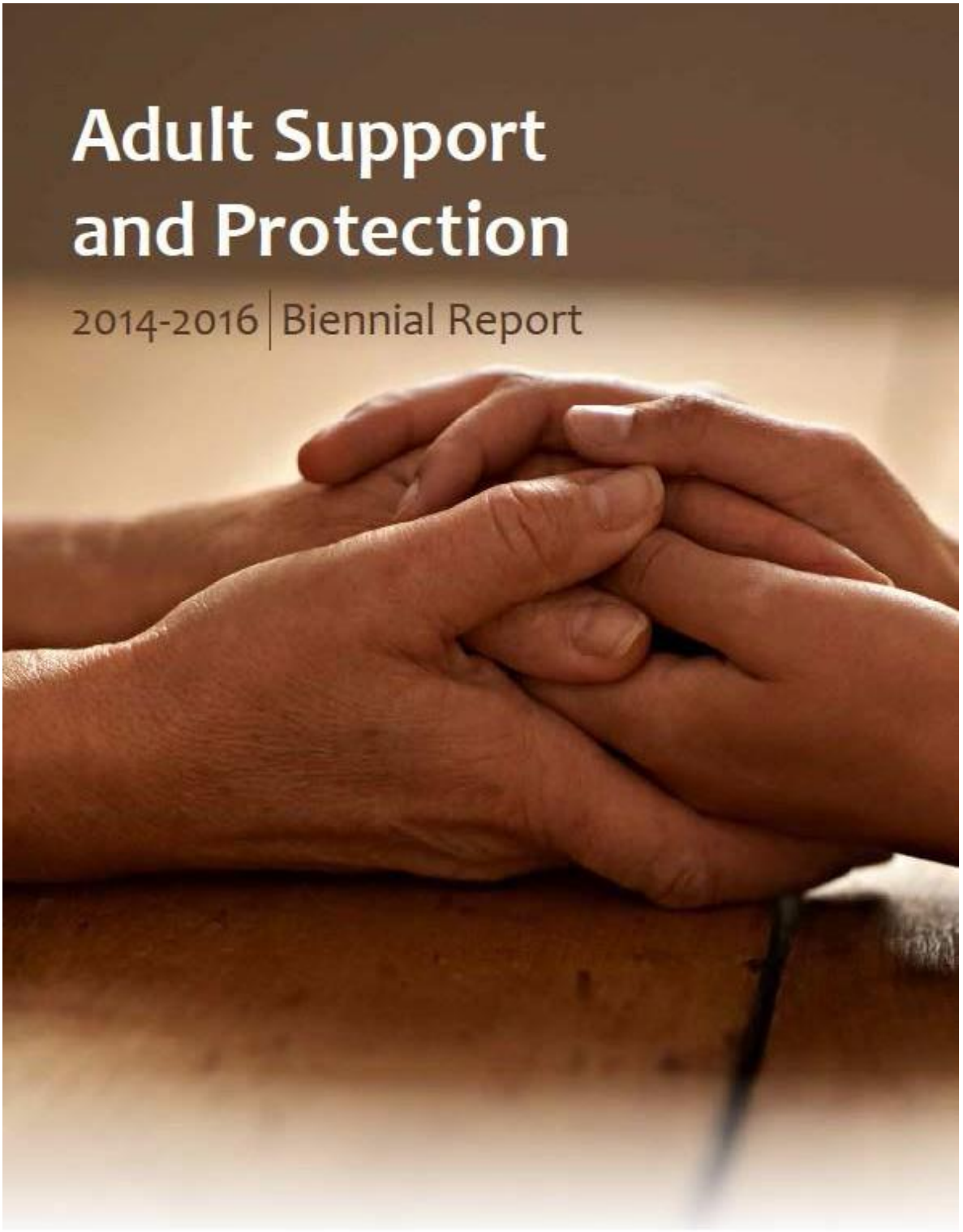
Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	
Strategic Plan Outcomes	
Single Outcome Agreement	We live in resilient, cohesive and safe communities.
Resource/finance	None
Policy/Legal	None

Risk None

H CONTACT

Wendy Ramsay, 01506 281847, Wendy.ramsay@westlothian.gcsx.gov.uk

31st January 2017.



West Lothian Public Protection Committee | POLICE SCOTLAND | NHS Lothian | West Lothian Council

Data label: Public

Preface

The Chief Officer's Group (COG) endorses this Adult Protection (AP) Biennial report which reflects the work of the former West Lothian Adult Protection Committee (WLAPC) now the West Lothian Public Protection Committee (WLPPC) during the period 1st November 2014 – 31st October 2016.

In this report the WLPPC has taken the opportunity to reflect on individual agency and joint AP work, all of which is aimed at providing better outcomes for vulnerable people and adults at risk.

It has identified what it considers to be West Lothian's strengths and areas for development. The WLPPC has also considered the impact and outcomes of its work: examined service delivery; management; leadership; and identified areas for continuous improvement in Adults and Older Peoples Services.

Whilst the WLPPC structure is new, the work undertaken by it is progressed by a well-established partnership which continues to oversee the development, implementation and evaluation of AP policy and practice.

West Lothian continues to emphasise the principles of the Adult Support and Protection (Scotland) Act 2007 in all areas of work with adults and older people to enable early identification of concerns and proportionate preventative intervention to ensure that people get the help, support and protection they need when it is needed.

Graham Hope
Chief Executive, West Lothian Council
Chair Chief Officer's Group

Jennifer Scott
Independent Chair West Lothian PPC

Context

West Lothian has a population of about 178,550, accounting for 3.3% of Scotland's total population.

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

West Lothian has been one of the fastest growing parts of Scotland and is predicted to continue this trend. By 2037 the population of West Lothian is projected to be 196,664, an increase of 11.7% compared to the 2012 population. The population of Scotland is projected to increase by 8.8% over the same period, comparatively slower growth than in West Lothian. The population aged under 16 in West Lothian is also projected to increase by 7.7% over the 25 year period. However the biggest area of growth is in the older population, it is projected that between 2012 and 2037 West Lothian will see an 89.9% increase in the over 65 population with an increase of 140.2% in the population aged over 75.

West Lothian Public Protection Committee

Work commenced in July 2015 to develop a WLPPC which would bring together the separate committee structures for Adult Protection, Child Protection and the subcommittees for Violence against Women and Girls and Reducing Re–offending into a single committee structure.

The first meeting of the WLPPC took place in April 2016. The new WLPPC arrangements provide an opportunity for efficiencies, improved interagency working resulting in improved outcomes for the people of West Lothian. The Committee also aims to provide strong and consistent leadership in Public Protection work.

The membership of the WLPPC was reviewed and extended to represent key service areas which work in partnership with one another to support, assist, help and protect children and adults. This has enabled the WLPPC to continue to progress cross cutting multi–agency matters swiftly whilst identifying future training opportunities and developments.

The West Lothian Alcohol and Drugs Partnership (WLADP) is now represented at the WLPPC. All people affected by alcohol and drug misuse are considered vulnerable due to the risks associated with misuse of substances and the associated harms for health, emotional wellbeing and social lifestyle. As such it is a requirement that all commissioned WLADP services including those provided by Social Policy and the NHS are aware of adult protection issues. This is monitored by the WLADP Policy Officer during the commissioning of services and during the life of the contractual agreements.

WLADP commissions and monitors the outcomes for the Specialist Alcohol Service within the Social Work Addiction Team. A significant number of individuals within this service are subject to adult protection procedures due to their vulnerability and possible lack of capacity.

Areas of good practice
The WLPPC is reviewing the policies and procedures from the previous separate committee and sub–committee structures to update them as necessary and to consider those that can become integrated WLPPC documents. This is in recognition of the cross–cutting issues between partners providing a public service and the importance of stream lining these processes to maximise a common understanding about their use amongst multi–agency practitioners.

The WLPPC recognises the importance of adults being able to express their views on their experience of being the subject of and participating at an adult protection meeting through the use of a service user questionnaire.

The WLPPC has developed an integrated complaints procedure setting out how complaints are dealt with in relation to multi–agency working. The document explains to members of the public and agencies how they can direct complaints to the WLPPC and the circumstances under which the WLPPC will take action and how it will conduct business in relation to these matters.

An area for development was the WLPPC securing representation from the voluntary sector at its meetings. This has proved difficult during this biennial period, but is now resolved with representation from Voluntary Sector Gateway West Lothian.

Integration Joint Board (IJB)
In April 2016, NHS Lothian and West Lothian Council formed a partnership to provide adult health and social care services on a joined–up basis.

The IJB now manages Adult and Older Peoples' services but adult protection matters remain overseen by the WLPPC and COG–Appendix 1, IJB structure diagram.

The success of the IJB partnership in improving wellbeing and reducing health inequalities across all communities in West Lothian will depend on patients, other service-users, interested groups, staff and partners being kept up–to–date on service developments and, crucially, being able to influence changes to services.

The West Lothian Health and Social Care Partnership (WLHSCP) Strategic Plan for the period 2016 – 2026 recognises that the planning and delivery of services must take account of needs at local level and that this is critical to delivering the vision of better coordinated health and social care services.

The Strategic Plan stresses that a unified approach to participation and engagement is required by the partnership if outcomes for patients and other service–users are to be improved. The WLPPC is currently considering how it can align itself with the Strategic Plan to fulfil its engagement plan outcomes.

Performance Information
The WLPPC considers Performance Information (PI) by using the council's Covalent Performance Management system as an improvement system as well as a monthly operational AP activity return. The WLPPC intends to scrutinise information of this type further by introducing consistent performance/ statistical information for all four areas of Public Protection. This will make it easier to analyse and understand trend information in order to identify exception reports–Appendix 2, Adult Protection Performance Report.

Area of good practice
Action has been taken by managers and operational staff when performance has been inconsistent. This has subsequently resulted in an achievement of targets. The process of monitoring each target's performance has enabled some targets to be increased by the WLPPC.

Policies and Procedures
The WLPPC has a range of AP policies and procedures to process Adult Protection concerns and complex and high risk cases through the West Lothian Case Review Framework for corporate governance considerations.

Area of good practice
The WL Case Review Framework in place ensures that cases of complexity and high risk are appraised at a senior level in a multi–agency forum

During 2014–2016 the following AP meetings have been held:

Meeting type		**Number held**
Initial Case Review (ICR) cases		4
Critical Review Team (CRT) cases		5
Adult Protection Case Conference meetings	2014–2015	30
	2015–2016	31
Adult Protection Case Conference Review cases	2014–2015	40
	2015–2016	48
Learning Review		2
Independent Review		1

The West Lothian Scottish Government Adult Protection Data set submitted for 2014–2015 and 2015–2016 identified a year on year increase in the number of AP referrals received and that the following areas were key:

2014–2015	**2015–2016**
Client Group: Mental Health Infirmity due to age	**Client Group:** Mental Health Infirmity due to age
Place of Harm: Own home Care home	**Place of Harm**: Own home Care Home
Type of Harm: Financial Physical	**Type of harm**: Financial Physical

It is of interest to note that the same two primary areas of concern have been noted in this biennial cycle for those cases proceeding through the Adult Protection Case Conference and Case Conference Review process.

The two primary areas of concern however for the 4 challenging and complex risk cases shown on the table above escalated to a CRT meeting for corporate oversight and governance, varied in client group, place of harm and harm type.

5 Critical Review Team (CRT) Cases
Client Group: Mental Health (2 cases) Domestic violence (1 case) Learning Disability (2 cases)
Place of Harm: Own Home Community
Type of Harm: Self–Harm (2 cases) Sexual exploitation and neglect (2 cases) Domestic violence (1 case)

The WLPPC recently introduced a Learning Review for those cases where potential learning was identified at an ICR meeting.

The initial pilot Learning Review identified improvements to the protocol and these were implemented prior to the holding of the second Learning Review.

The Learning Review process has helpfully brought together a multi–agency partnership structure to review, analyse, re–assess and make recommendations to the PPC and other governance structures in order to improve systems for the benefit of vulnerable members of the community.

Outcomes

- 99% of women reported feeling safer as a result of intervention by the Domestic and Sexual Assault Team;
- 75% of adults at risk reported feeling safer as a result of action taken at Adult Protection Case Conferences and Reviews;
- 88% of Adult Protection Plans indicated a reduction in risk of harm in 2014/2015 increasing to 100% in 2015/2016;
- 67% of adults at risk indicated a positive feeling of engagement as a result of involvement in the adult protection process;
- 100% of staff have applied Adult Protection training in their work, [through an audit of the Level 1 and Level 2 training (20% of course evaluations) responses].

In addition, a recent independent report highlighted the following strengths of Adult Support and Protection work in West Lothian:

- Good interagency working with many strengths in each area, including multi–agency assessment and assessment of risk;
- Good senior management scrutiny;

- Strong support from managers to frontline staff;
- Good use of external expert advice;
- Good evidence of taking the client's views and wishes into account.

Self–Evaluation/ Continuous Improvement
The Quality Assurance and Learning and Development subcommittees undertook several audits during 2014 and 2015. This activity, along with feedback from operational practitioners has formed the basis of the action plans for the 2016 WLPPC Quality Assurance and Practice and Development Subcommittees.

The audit findings from the completed Adult Protection Case Conference (APCC) / Case Conference Review (APCCR) Service User Feedback forms were positive and recommendations made to further enhance engagement with adults at risk.

An audit of Council Officer (CO) Adult Protection Reports and Risk Assessments in 2014 led to a pilot of a combined CO Report and risk assessment template in order to reduce duplication between the two forms and to highlight more succinctly areas of risk. This was successful and the revised form implemented.

The anticipated expected outcome from undertaking this audit was to ensure continuous improvement, review and revision if needed of the operational practices adopted at meetings and to ensure enhanced service user participation and quality of service.

Alongside the aforementioned improvements led by the WLPPC, the implementation of the Adults Integrated Solution (AIS) and the Electronic Social Care Record (ESCR) in West Lothian's Social Policy department involves the introduction of new technology to enhance current work practices and support a wider modernisation agenda. Benefits include improved workflow to reduce transmission of assessments and care plans via email, an integrated approach to the recording of client assessments and care plans, automated calculation of budgets to support Self–directed Support, and electronic scanning and storage of incoming and outgoing client documentation. All new adults' assessments from 4 July 2016 will be undertaken in the new system.

The Adult Protection Quality Assurance subcommittee's audit of the existing Electronic Inter–agency Referral Discussion (E–IRD) data system led to recommendations being made to improve this. These have been put in abeyance until the Lothian review of E–IRDs led by Health is complete.

West Lothian acknowledges its need for a refresh of its electronic information sharing system (E–IRD) across adults and children to better able agencies to share information. Work on this is in progress.

Police Scotland's Risk and Concern hub proof of concept was introduced in J Division, West Lothian and 2 other areas. This was to allow a newly developed training package to be tested, together with the new triage, research and assessment process and staff deployment model relating to the receipt, assessment and sharing of wellbeing concern reports. Other areas not involved in the pilot however have since adopted its principles. It is under ongoing review, and feedback will be given at the end of it to determine its continuation or not.

WLPPC activity in 2014–2016
Over the last two years the focus of both the former APC and now WLPPC has been self–evaluation, promotion of good practice, data analysis to inform the SG national dataset and local performance management information, training and staff development to improve outcomes for people involved in the adult protection system.

- West Lothian has submitted two Adult Protection annual returns to the Scottish Government for the period 2014–2016 and attended the follow–up facilitated Lead Officers' meetings. The Scottish Government's analysis of this information has been considered by West Lothian in order to improve recording systems, monitor compliance with the local Adult Protection procedures and to invest resources to raise awareness about specific types of harm trends.

- The West Lothian Financial Harm Reduction Group (FHRG) initially came together in early 2014 to participate in the Scams Hub project, a UK–wide initiative dealing with potential victims of a multi–million pound mailing scam. In West Lothian, following the Community Safety Strategic Assessment the issue of Financial Harm was accepted as a Community Safety priority. It was agreed that existing Community Safety Partners, Trading Standards, Police, Fire Service, Victim Support, WLC Housing, and WLC Adult Protection would form a working group. 3rd sector partners Alzheimer's Scotland, Care and Repair and NHS have since joined this group. In addition to the Scams Hub project, the group have participated in the following initiatives; Royal Mail Project – an initiative that provides training to Royal Mail delivery staff that allows them to identify potential victims of mailing scams; Call Blockers – a project that looks to install call–blocking units in the homes of vulnerable adults to prevent them receiving nuisance calls; Winter Flu Programme – partners provided a staff presence and information packs on a range of home safety issues, including scams awareness materials, at flu clinics in GP surgeries across the council area and Adult Protection Awareness Training.

  The FHRG Terms of Reference, Action plan and KPIs are now set and agreed by the Community Safety Strategic Steering Group. Updates on the work of the FHRG will continue to be given quarterly to meetings of the WLPPC.

- West Lothian continues to provide a robust and well administered Adult Support and Protection Learning and Development programme.

  All ASP courses are reviewed and updated to reflect lessons from serious case reviews, lessons learned reviews, any relevant new research and local and national guidance and procedures.

- During February 2016, Scottish Government launched a national marketing campaign to raise awareness of the issue of 'adult harm' in Scotland; adults who are being harmed, neglected or taken advantage of, or appear to be at risk of it happening due to circumstances, illness, injury or another reason.

  The campaign covered the various types of adult harm including physical, psychological, financial and sexual harm, and neglect.

  The WLPPC was extremely supportive of this campaign to ensure that adults at risk of harm in our communities are supported and protected and to encourage members of the public to report any concerns if they believe someone is being harmed or is at risk.

  Using the tool kit and available publicity materials every effort was made to support this marketing campaign to raise awareness.

- Police Scotland delivered a presentation to the WLPPC about its Missing Persons Protocol. The following information provides a breakdown of Police Scotland's J Division's Missing Persons (MP) statistics from 01.04.15 – 31.03.16.

J Division's statistics

917– recorded incidents over this period. This includes the four Local Authority Areas of West Lothian, Midlothian, East Lothian and Borders.
West Lothian – 441 – 48% of the total recorded MP's for adults, older people and children **West Lothian, Adults and Older People – 157 – 36% of the total West Lothian figure.**
ADULTS • **Adults Care home**–5 • 2 males • 3 females • Aged between 77 to 85 • **Cared for Adults**–33 • Males–18 • Aged 23 to 77 • Female–15 • Aged 23 to 85 • **Home Address**–72 • Male–49 • Aged 20–78 years • Female–23 • Aged 22–89 • **Hospitals**–46 • Male–26 • Aged 16–60 • Female–20 • Aged 22–92 • **Other–**1 (this could be relatives/ friends etc).

In addition, Police Scotland's–J Division piloted on the 1st September 2015 for 6 months the Care Home Plan Project for vulnerable adults in Care Home Settings. The missing person's coordinator made contact with all Care Homes in West Lothian and discussed the project with managers and assistant managers. The feedback received from Care Homes positively indicated the usefulness and relevance of this input. Nevertheless, J Division didn't receive any referral from West Lothian Care Homes.

- Appropriate Adult Services in Scotland have no statutory basis and vary in design and operation; this is due to the differences in local need that have driven their evolution.
  The West Lothian Appropriate Adult service is solely managed and funded by West Lothian Council and operates 365 days a year, 24 hours a day.
  The office hours and out of hours Social Care Emergency Team (SCET) extract social policy staff (mainly social workers and emergency care workers) from their substantive social work post to fulfil Appropriate Adult requests made by the police.

Throughout the period 2014–2016, all AA requests have been met and West Lothian continues to provide this service despite the lack of central financial support.
There remains no set pattern or frequency for Appropriate Adult requests made by the police and it therefore continues to be challenging to streamline the provision of current resources when needed.

Key challenges

National issues:

- Human trafficking (three recent cases in West Lothian);
- Honour based violence;
- Female Genital Mutilation;
- Forced marriage;
- Counter terrorism – Prevent;
- Organised crime ;
- Internet safety ;
- Social media;
- Sexual exploitation ;
- Financial harm.

Local Issues:

- Continuous improvements of existing processes, policies and procedures;
- Communication and engagement with adults and older people;
- AP awareness raising in the community, residential and day care settings;
- Capacity considerations and associated awareness raising training for staff;
- Financial Harm;
- Self–harm;
- Continued resourcing of Appropriate Adult service. The forthcoming Criminal Justice (Scotland) Act 2016 proposes a legislative requirement for a vulnerable adult suspect to be provided with the services of an Appropriate Adult. The 2016 Act will also enable duties to be placed on a person or persons to provide appropriate adult services, to oversee the quality and delivery of those services, to make recommendations, and to provide training;
- Continuing to develop an Engagement Plan which leads to meaningfully engaging with the public to hear from them which adult protection issues affect them or they have concerns about. Previous methods of engagement have not been sustainable and therefore various new approaches of engaging successfully will have to be considered. The PPC recognises however that the success of an Engagement Plan depends on an interagency approach as and when appropriate during engagement with the public;
- Improving information sharing between the WLPPC and West Lothian's Integration Joint Board on adult support and protection issues;
- Continuing to ensure greater compliance by multi–agency practitioners to submit a report in advance of an adult protection meeting especially when they are unable to attend it, to ensure, full information sharing and participation by them;
- Electronic information sharing and a refresh of the E–IRD system.

Conclusion

The implementation of the West Lothian Health and Social Care Partnership and the setting up of the Integration Joint Board are a recent development within the timescale of this report. Such a major change however to the legal landscape will continue to be a primary

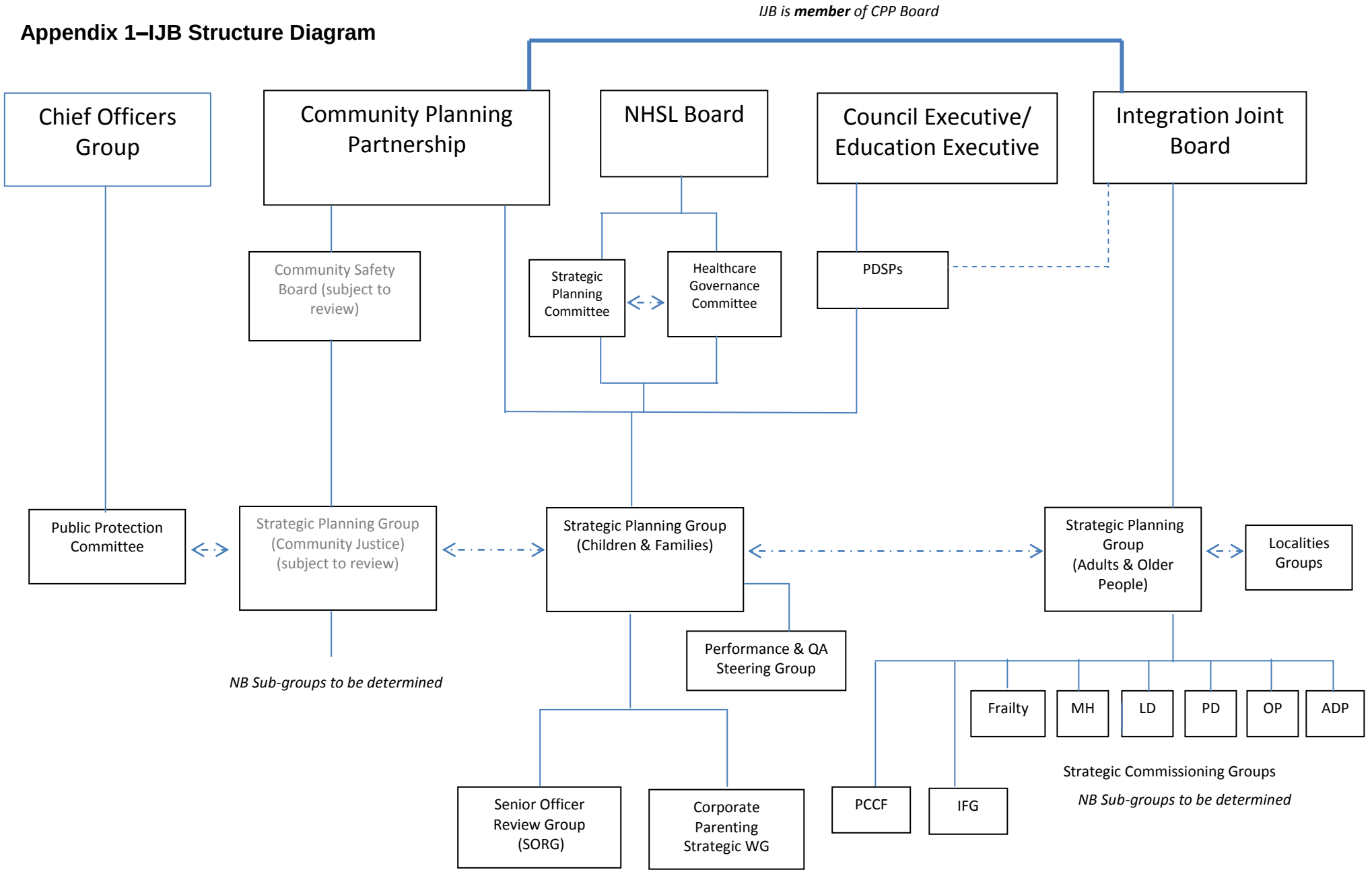
consideration for West Lothian's responsibilities in Adult Support and Protection and will require robust communication between the WLPPC and the IJB.

The growing numbers of adults and older people with complex care requirements continue to be a challenge in times of economic difficulties. The requirements of joined up services through the recent health and social care legislation does not change the duties and responsibilities of adult support and protection but it should lead to enhanced awareness in the new arrangements.

This report has set out the challenges for West Lothian on both a national and local basis. The development of the WLPPC will ensure that cross cutting issues such as domestic violence, alcohol and drug issues and mental health will be considered and addressed in an efficient, co–ordinated and streamlined way.

The last 2 years have seen a steady rise in the level of performance in the area of adult protection, and with the priorities identified for the next 2 years this gives West Lothian a good base from which to continue to grow, develop and improve the way vulnerable adults are protected and supported at home and in all community based settings.

Appendix 1–IJB Structure Diagram



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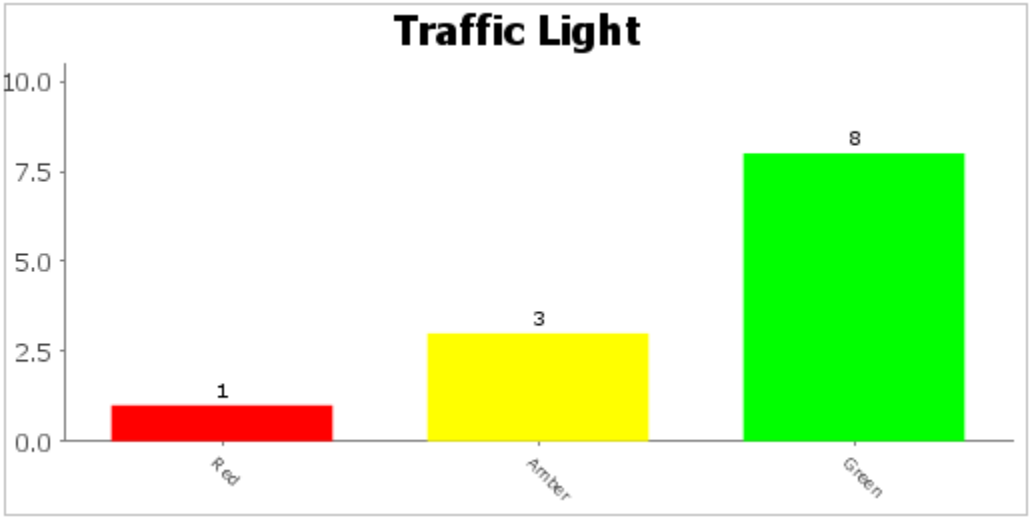
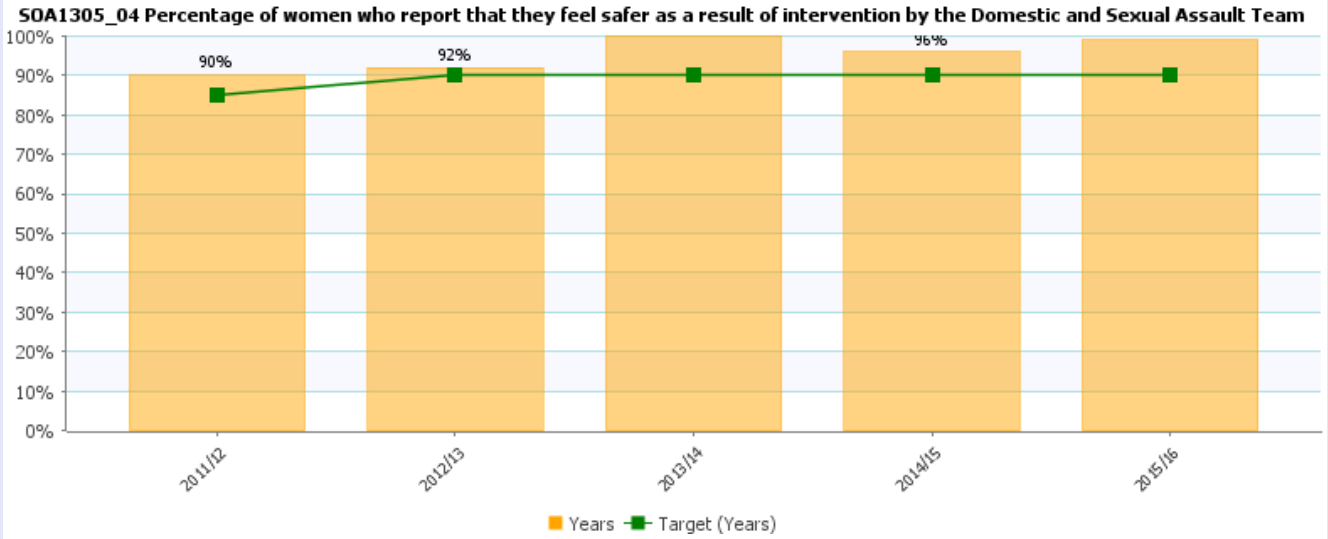
Adult Protection Performance Report

Generated on: 05 October 2016



CPP13_West Lothian Council

PI Code & Short Name	**SOA1305_04 Percentage of women who report that they feel safer as a result of intervention by the Domestic and Sexual Assault Team**
Description	This relates to the percentage of women who report that they feel safe as a result of intervention by the Domestic and Sexual Assault Team. The figure is taken at the point when women withdraw from the service, whether that is as a consequence of short term court advocacy or longer term prolonged support and intervention.

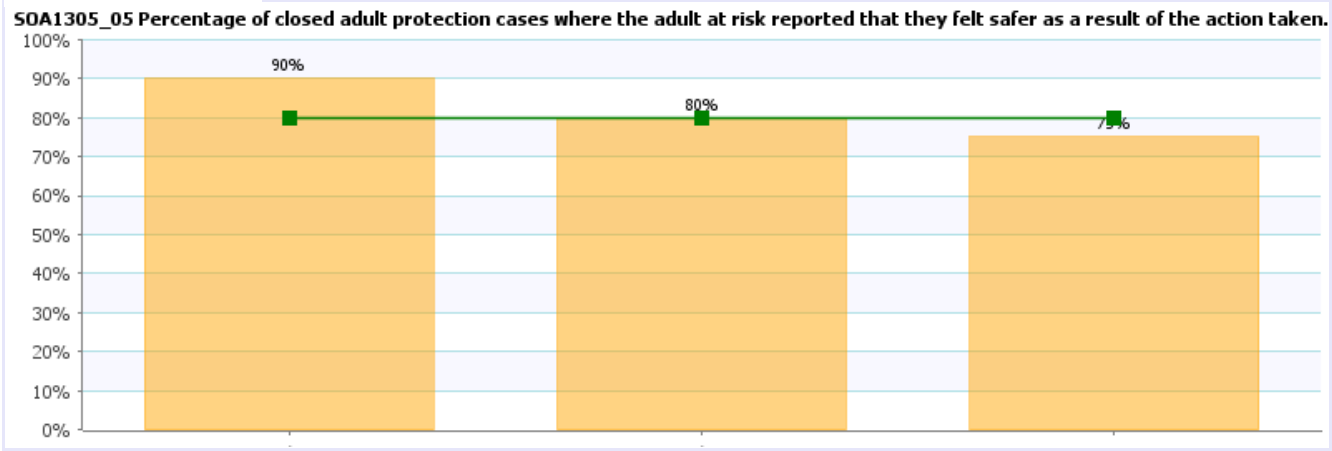


PI Owner(s):	SOA13_Senior Manager 3 Social Policy(Tim Ward)
HOS Approved for public/PDSP display/reporting ?:	No
Categories:	5. People most at risk are protected and supported.; Life Stage All 6.People most at risk are protected and supported; 8. We have improved life chances for people and families at risk; SOA13:Single Outcome Agreement 2013; SOA13_Community Safety Forum; SOA13_High Level PIs
Last Updated :	2015/16
Status:	
Current Value:	99%
Current Target:	90%
Red Threshold:	81%
Amber Threshold:	85.5%

Latest Note :

Trend Chart Commentary :

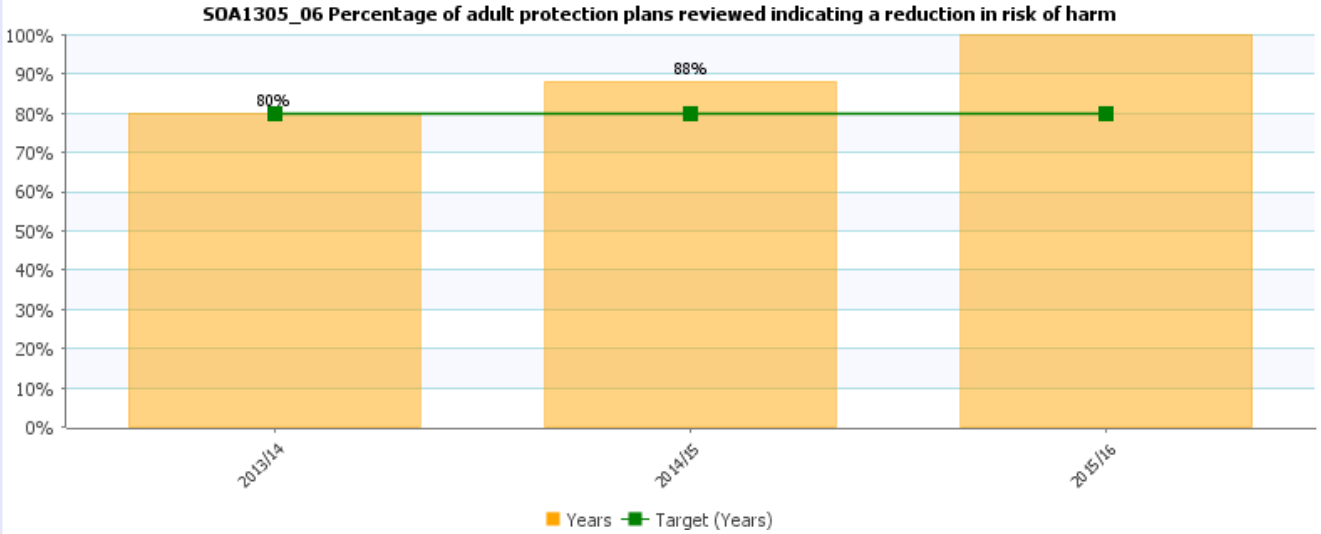
This indicator is now being annually reported. The trend since 2011/12 has shown consistently above 90% with 2015/16 reaching a performance of 99%. This is a positive trend as it shows that the perception of women being protected by services is an important indicator of how effective the service is.

PI Code & Short Name	**SOA1305_05 Percentage of closed adult protection cases where the adult at risk reported that they felt safer as a result of the action taken.**	**PI Owner(s):**	SOA13_Senior Manager 3 Social Policy(Tim Ward); Robin Allen
Description	The Adult Support and Protection (Scotland) Act 2007 places duties on Local Authorities and other public bodies to make inquiries, undertake investigations and, where necessary, take action to protect adults who are at risk of harm or who are being harmed. To supplement the legislation, West Lothian Council, as the lead agency in Adult Protection work, has developed detailed Adult Protection Procedures and Guidance to assist practitioners. An aspect of the Adult Protection process, set out in these Procedures, are Adult Protection Case Conferences. Whilst it may not always be appropriate that they attend, there is a strong ethos of involving the adult at risk in these Case Conferences. Measuring progress in Adult Protection work is challenging. Quite often, small measures can indicate significant improvements in peoples' lives. However, one area where progress can be measured is if the adult themselves feels safer as a result of the action taken. This indicator measures this on an annual basis. This figure is gathered via an audit sample of the Service User Questionnaires provided to Adults at Risk attending Adult Protection Case Conferences and Reviews. Adults at Risk are asked a range of questions about the meeting they have just attended, key of which is whether they felt safer as a result of the action taken. The next update will be due on 1st April 2017 for year 2016-17.	**HOS Approved for public/PDSP display/reporting ?:**	No
		**Categories:**	5. People most at risk are protected and supported.; Life Stage All 6.People most at risk are protected and supported; 8. We have improved life chances for people and families at risk; SOA13:Single Outcome Agreement 2013; SOA13_Community Safety Forum
		Last Updated :	2015/16
		Status:	
		Current Value:	75%
		Current Target:	80%
		Red Threshold:	64%
		Amber Threshold:	72%

Latest Note :

Trend Chart Commentary :
This indicator is collected on an annual (financial yearly) basis. The figure for 2015-16 remains positive although it has dipped slightly to 75% from 80% in 2014-15. This was only a small number with three out of four indicating they felt safer. Only one case did not and this individual indicated they were unhappy because they did not get their own way. This is not a poor reflection on services as they may have had to impose a measure that was unpopular if it made the individual safer.

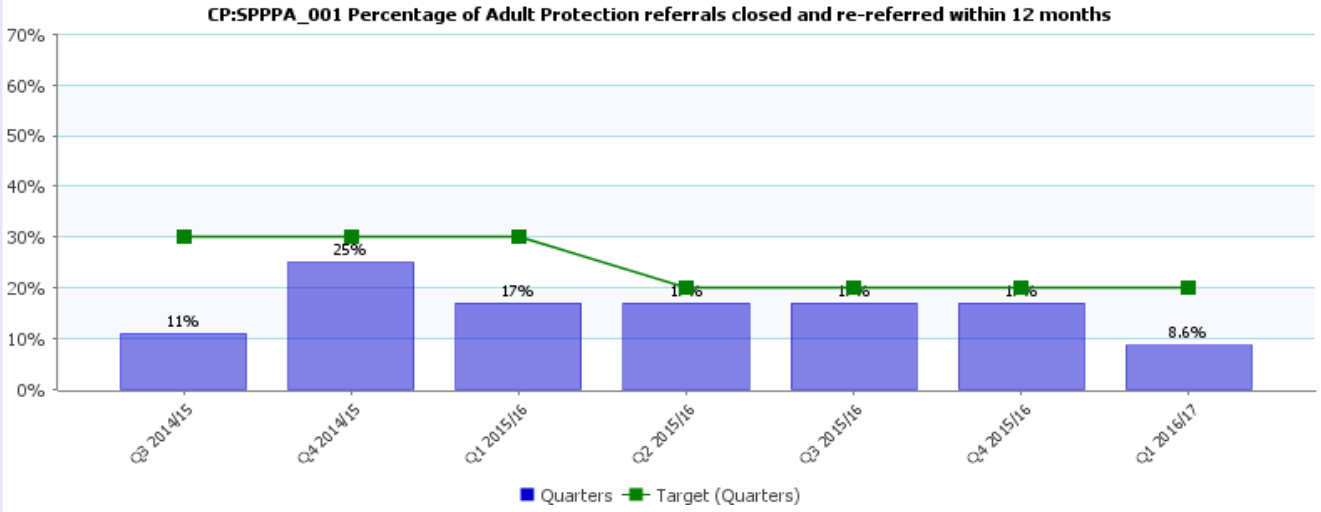
The target will remain at 80% for 2016-17.

PI Code & Short Name	**SOA1305_06 Percentage of adult protection plans reviewed indicating a reduction in risk of harm**	**PI Owner(s):**	SOA13_Senior Manager 3 Social Policy(Tim Ward); Robin Allen
Description	The Adult Support and Protection (Scotland) Act 2007 places duties on Local Authorities and other public bodies to make inquiries, undertake investigations and, where necessary, take action to protect adults who are at risk of harm or who are being harmed. To supplement the legislation, West Lothian Council, as the lead agency in Adult Protection work, has developed detailed Adult Protection Procedures and Guidance to assist practitioners. An aspect of the Adult Protection process, set out in these Procedures, are Adult Protection Case Conferences An outcome from most Adult Protection Case Conferences is the production of an Adult Support and Protection Plan. Measuring progress in Adult Protection work is challenging. Quite often, small measures can indicate significant improvements in peoples' lives. However, one area where progress can be measured is through an audit of the Adult Protection Plans to determine whether there has been a reduction in the risk of harm. This indicator measures this on an annual basis. The next update will be due on 1st April 2016 for year 2015-16.	**HOS Approved for public/PDSP display/reporting ?:**	No
		**Categories:**	5. People most at risk are protected and supported.; Life Stage All 6.People most at risk are protected and supported; 8. We have improved life chances for people and families at risk; SOA13:Single Outcome Agreement 2013; SOA13_Community Safety Forum
		Last Updated :	2015/16
		Status:	
		Current Value:	100%
		Current Target:	80%
		Red Threshold:	72%
		Amber Threshold:	76%
		2015/16 result 	
		Latest Note :	
Trend Chart Commentary :		25-Aug-2016 data indicates good improvement	

This indicator is collected on an annual basis. The figure for 2015/16 was 100% which is is very positive and an increase from 88% in 2014-15. Eight cases from 31 APCC's were audited all of which showed that harm had been reduced. This indicates that Case Conference processes for keeping adults at risk safe from harm are robust and that multi-agency processes are effective. The target for 2016-17 should remain but if the positive trend continues consideration should be given to raising this in 2017-18.	

PPA Public Protection - Adults

PI Code & Short Name	**CP:SPPPA_001 Percentage of Adult Protection referrals closed and re-referred within 12 months**	**PI Owner(s):**	zSPPPA_PIAdmin; Tim Ward
Description	This is an indicator of the extent to which adult protection processes are effective in avoiding Adults at Risk from being reconsidered through multi-agency processes. It is accepted that there will always be a number of repeat referrals due to the nature of the issues some Adults experience, particularly those that live in very entrenched situations. However, generally, if an Adult is not re-referred within a 12-month period, that could be viewed as a positive indicator of progress and intervention. The figures are gathered from SWIFT.	**HOS Approved for public/PDSP display/reporting ?:**	Yes



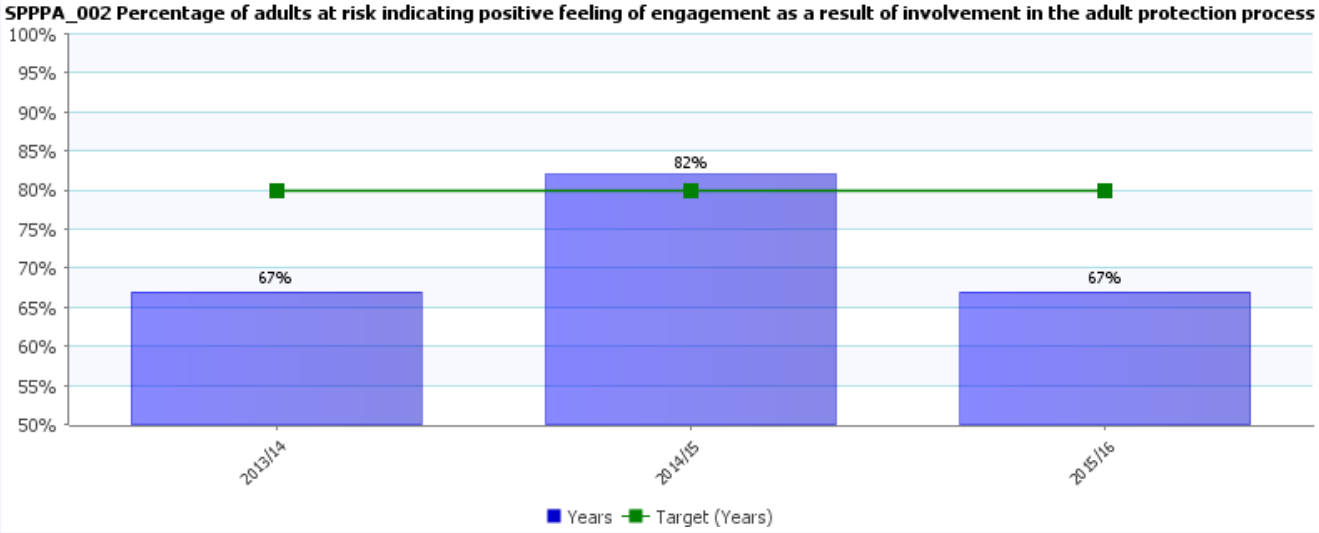
Categories:	CP6 Reducing crime and improving community safety.; CPPR Corporate Plan Public Performance Reporting; PPR Public Performance Reporting
Last Updated :	Q1 2016/17
Status:	
Current Value:	8.6%
Current Target:	20%
Red Threshold:	30%
Amber Threshold:	25%

Trend Chart Commentary:
This represents one indicator where outcomes are generally positive for those adults at risk of harm in the Adult Protection process. Data is collected on a quarterly basis and the trend at present is positive. In quarter 1 of 2016-17 Performances improved strongly to 8.6%. It is felt this is due to strong case management of cases and a more robust approach taken in analysing data. The target moved from 30% to 20% in 2015-16 to reflect the positive trend. Performance was consistent through 2015-16 and the figure for all four quarters of 2015-16 was 17%. The aim should be that the lower the figure the more positive the outcome. The data will be monitored closely throughout 2016-17 and a view then taken as to whether to reduce the target further.

Latest Note :

5- Oct-2016 data for quarter 2 will be available in late October 2016.

PI Code & Short Name	**SPPPA_002 Percentage of adults at risk indicating positive feeling of engagement as a result of involvement in the adult protection process**	**PI Owner(s):**	zSPPPA_PIAdmin; Tim Ward
Description	This is an indicator of the extent to which adult protection processes are effective in making adults at risk feel engaged. It is viewed as important that Adults at Risk participate in the Adult Protection process and part of this engagement process is ensuring that the process is understood. It is acknowledged that, due to the nature of the prevalent issues, there will be occasions when the Adults may feel decisions are being taken that they disagree with. This needs to be viewed as distinct from ensuring that they are engaged in the process but it is accepted that this distinction may be challenging to articulate to some Adults. This may affect the figure. The figure is gathered from an annual audit sample of the Service User Questionnaires that are provided after each Adult Protection Case Conference and Review.	**HOS Approved for public/PDSP display/reporting ?:**	No



Categories:	PDSP_Social Policy; WLAM
Last Updated :	2015/16
Status:	
Current Value:	67%
Current Target:	80%
Red Threshold:	60%
Amber Threshold:	70%

Latest Note :

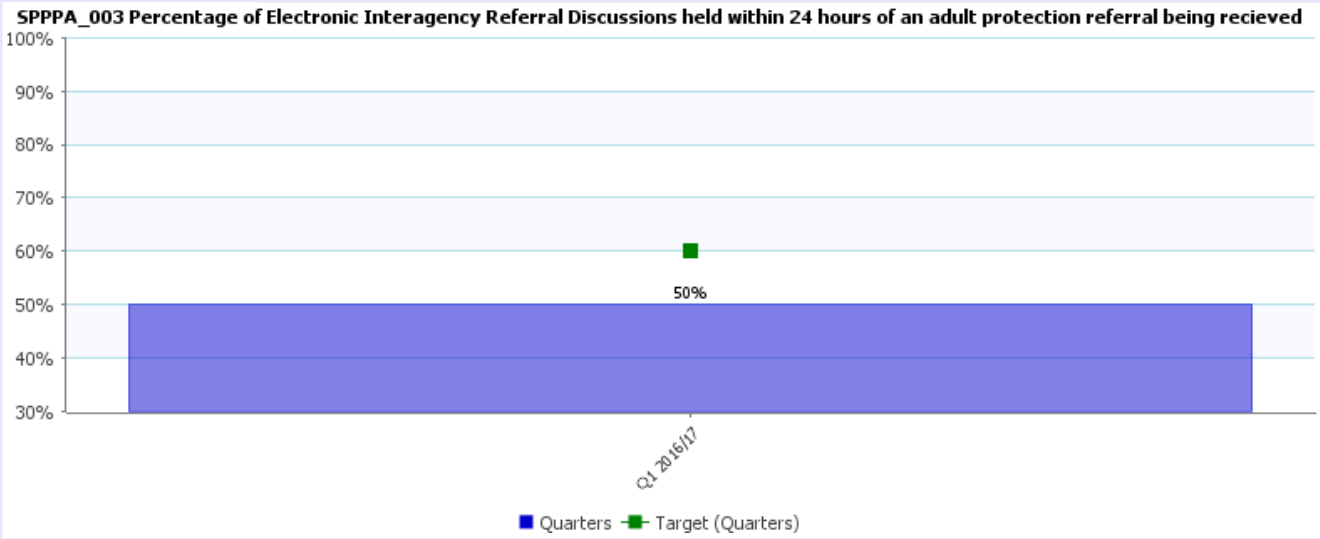
6- Sep-2016 Close monitoring takes place. Those indicating dissatisfaction were subject to involuntary statutory measures.

Trend Chart Commentary:

Performance for 2015-16 dipped slightly to 67% from 82%. There were 12 returns from 9 individuals. Of the nine people, two said they did not feel positive and one said they didn't know. The two negative responses were both very challenging cases requiring statutory measures and there are no concerns about services engagement.

Work is ongoing to ensure adults at risk are at the centre of any processes involving them. It should be noted that, within West Lothian, there is a strong emphasis on the tenets of the legislation that emphasise the responsibilities placed on agencies to support (as well as protect) adults at risk of harm.
The target will remain at 80% for 2016-17.

PI Code & Short Name	**SPPPA_003 Percentage of Electronic Interagency Referral Discussions held within 24 hours of an adult protection referral being recieved**
Description	This is an indicator of the extent to which adult protection processes are effective and efficient in processing referrals



PI Owner(s):	zSPPPA_PIAdmin; Tim Ward
HOS Approved for public/PDSP display/reporting ?:	No
Categories:	WLAM
Last Updated :	Q1 2016/17
Status:	
Current Value:	50%
Current Target:	60%
Red Threshold:	40%
Amber Threshold:	50%

Latest Note :

05-Oct-2016 Quarter 2 data should be available at the end of October 2016.

Trend Chart Commentary:

This data was collected for the first time in quarter 1 of 2016-17. The first set of data indicates that 50% (13 from 26 Initial Referral Discussions) were held within timescale. It is felt that most of those not meeting the standard were just not closed off on the recording system fully so work will be undertaken to improve performance in future quarters.

The target initially is 60% but it is hoped that this will improve over the course of 2016-17 and then raised.

PI Code & Short Name	**SPPPA_004 Percentage of professional concerns meetings taking place within the 5 working day standard**	**PI Owner(s):**	zSPPPA_PIAdmin; Tim Ward
Description	This is an indicator of the extent to which adult protection processes are effective and efficient in processing referrals. Professional Concerns Meetings do not take place following every referral but, where a decision is taken by a Team Manager to hold one, they should be convened within 5 working days. This indicator measures whether that standard is met. Whilst a quantitative measure, it does assist in ensuring that the Adult Protection process is running smoothly and that positive outcomes are being worked towards in relation to Adults at Risk of harm. The figure is gathered from SWIFT.	**HOS Approved for public/PDSP display/reporting ?:**	No

Categories:	WLAM
Last Updated :	Q2 2016/17
Status:	
Current Value:	70%
Current Target:	90%
Red Threshold:	75%
Amber Threshold:	85%

Latest Note :

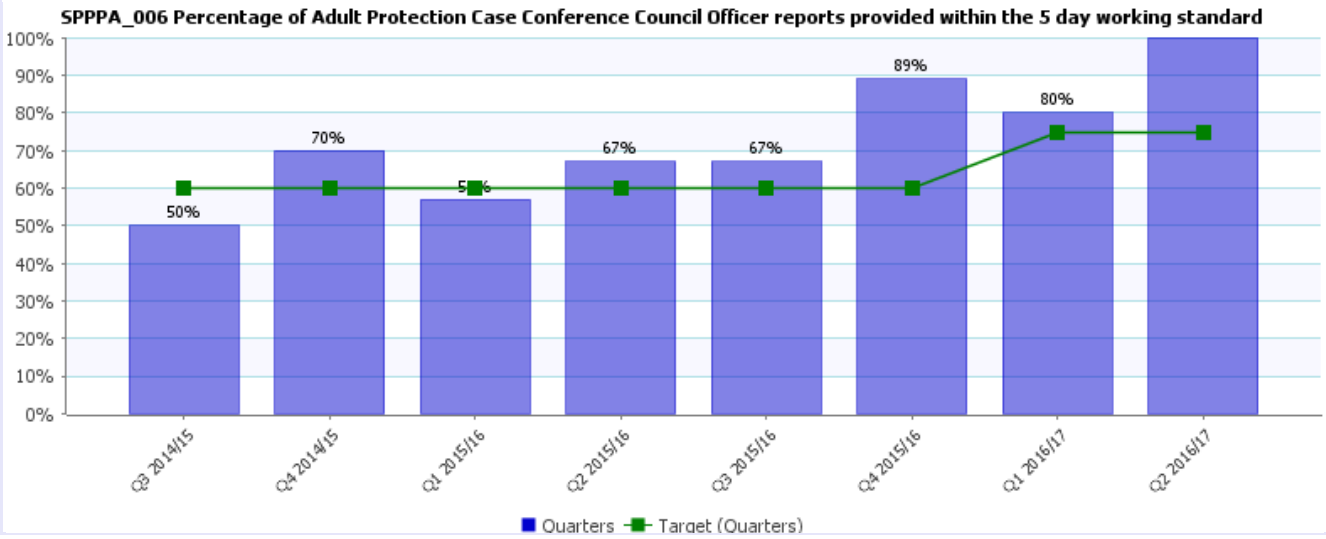
05-Oct-2016 Action being taken to explain why 3 professional concerns meetings were outwith timescales.

Trend Chart Commentary:

Performance has been extremely variable since recording began. Work to ensure compliance with timescales is ongoing.
In quarter Q2 and Q3 of 2015/16 performance was positive at 100%.
in Quarter 4 of 2015-16 performance dipped to 80% but improved again in quarter 1 of 2016-17 to 90%. This represented nine from ten cases. In quarter 2 of 2016-17 performance dipped to 70% with 7 from 10 meetings taking place within timescale. Work is being undertaken to explain the reasons for this.
Whilst numbers of Professional Concerns Meetings remain low, much work has been done to ensure staff comply with the standard.
Target will remain at 90% at present.

PI Code & Short Name	**SPPPA_006 Percentage of Adult Protection Case Conference Council Officer reports provided within the 5 day working standard**
Description	This is an indicator of the extent to which adult protection processes are effective and efficient in managing Adult Protection Case Conference processes. Council Officer Reports are provided by Council Officers (who are Social Workers) for Adult Protection Case Conferences. The Adult Protection procedures stipulate that these should be provided to Public Protection Administration at least 5 days prior to the Case Conference. This allows them to be circulated to invitees timeously and should help ensure that meetings spend more time on risk analysis and decision-making.

PI Owner(s):	zSPPPA_PIAdmin; Tim Ward
HOS Approved for public/PDSP display/reporting ?:	No



Categories:	WLAM
Last Updated :	Q2 2016/17
Status:	
Current Value:	100%
Current Target:	75%
Red Threshold:	55%
Amber Threshold:	65%

Latest Note :

Trend Chart Commentary:

Figures for this Indicator have been variable but have, in recent quarters, exceeded target. Performance for Quarter 2 of 2016-17 has seen a strong improvement to 100%, 7 case conferences. This is an improvement from 80% in quarter 1.

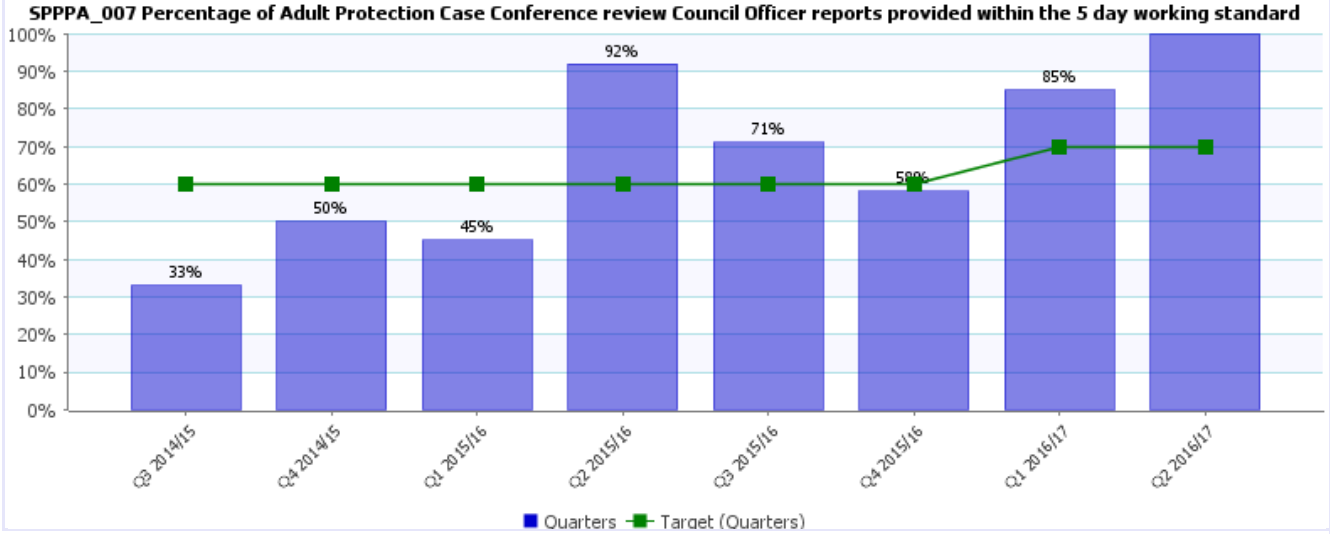
Work remains to ensure consistency of compliance and that will be taken up with relevant Managers.

There is now a joint Risk Assessment/Report template. This has simplified the process.

The target has been raised to 75% for 2016-17 to reflect improvements and can be revised again further should improvement be maintained and consolidated.

PI Code & Short Name	**SPPPA_007 Percentage of Adult Protection Case Conference review Council Officer reports provided within the 5 day working standard**
Description	This is an indicator of the extent to which adult protection processes are effective and efficient in managing Adult Protection Case Conference Review processes. As for Case Conferences, Council Officer Reports are provided by Council Officers (who are Social Workers) for Adult Protection Case Conference Reviews. The Adult Protection procedures stipulate that these should be provided to Public Protection Administration at least 5 days prior to the Case Conference. This allows them to be circulated to invitees timeously and should help ensure that meetings spend more time on risk analysis and decision-making. Data for this indicator is gathered from SWIFT.

PI Owner(s):	zSPPPA_PIAdmin; Tim Ward
HOS Approved for public/PDSP display/reporting ?:	No



Categories:	WLAM
Last Updated :	Q2 2016/17
Status:	
Current Value:	100%
Current Target:	70%
Red Threshold:	30%
Amber Threshold:	45%

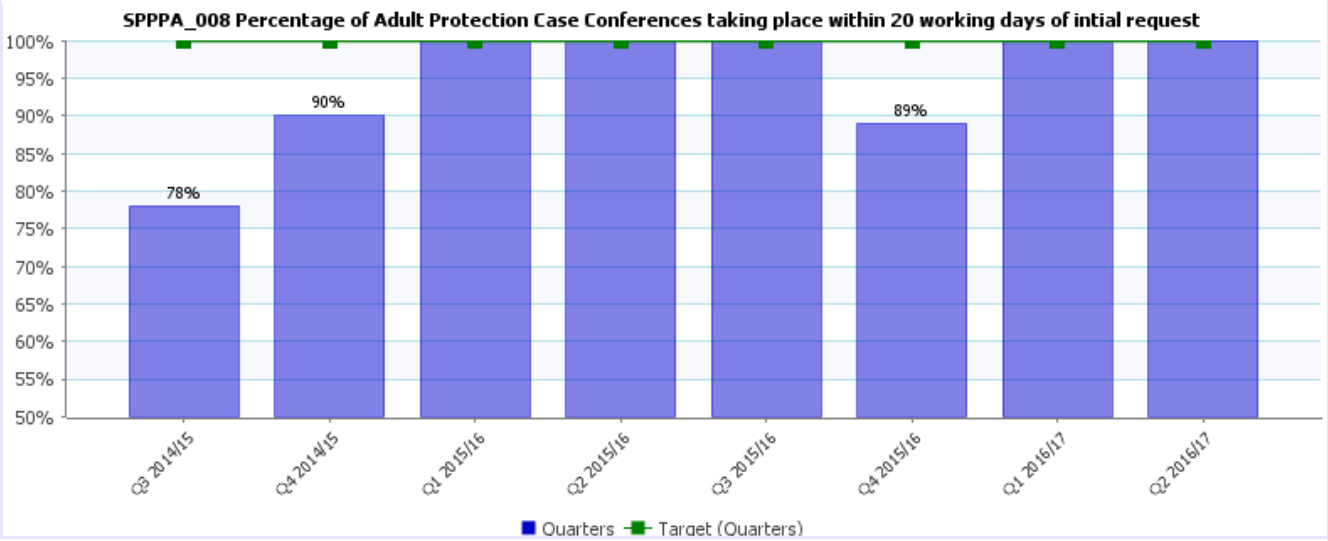
Latest Note :

Trend Chart Commentary:

Until quarters 2 and 3 of 2015/16 figures for this PI had been disappointingly low. Work was undertaken to ensure operational staff were encouraged comply with timescales. It should be noted that following a discussion with key partners, attainment improved significantly and increased to 92% and 71% in quarters 2 and 3 of 2015-16 as work was done with managers to ensure greater compliance. It is to be hoped that this positive trend continues. The most recent figure for Quarter 2 of 2016-17 is 100% which is very positive and continues an upward trend following an increase from 58% to 85% between quarter 4 of 2015-16 and quarter 1 of 2016-17. Work will take place to ensure performance can be analysed and made to be as consistent as possible. Work will again take place to continue to remind staff of the importance of performing to timescales.

The Public Protection Committee agreed that from 2016-17 onwards the target would be raised to 70% to better encourage improvement.

PI Code & Short Name	**SPPPA_008 Percentage of Adult Protection Case Conferences taking place within 20 working days of intial request**
Description	This is an indicator of the extent to which adult protection processes are effective and efficient in managing Adult Protection Case Conference processes. The Adult Protection procedures stipulate that Case Conferences should take place within 20 working days of the initial request. Data for this indicator is gathered from SWIFT.



PI Owner(s):	zSPPPA_PIAdmin; Tim Ward
HOS Approved for public/PDSP display/reporting ?:	No
Categories:	WLAM
Last Updated :	Q2 2016/17
Status:	
Current Value:	100%
Current Target:	100%
Red Threshold:	80%
Amber Threshold:	90%

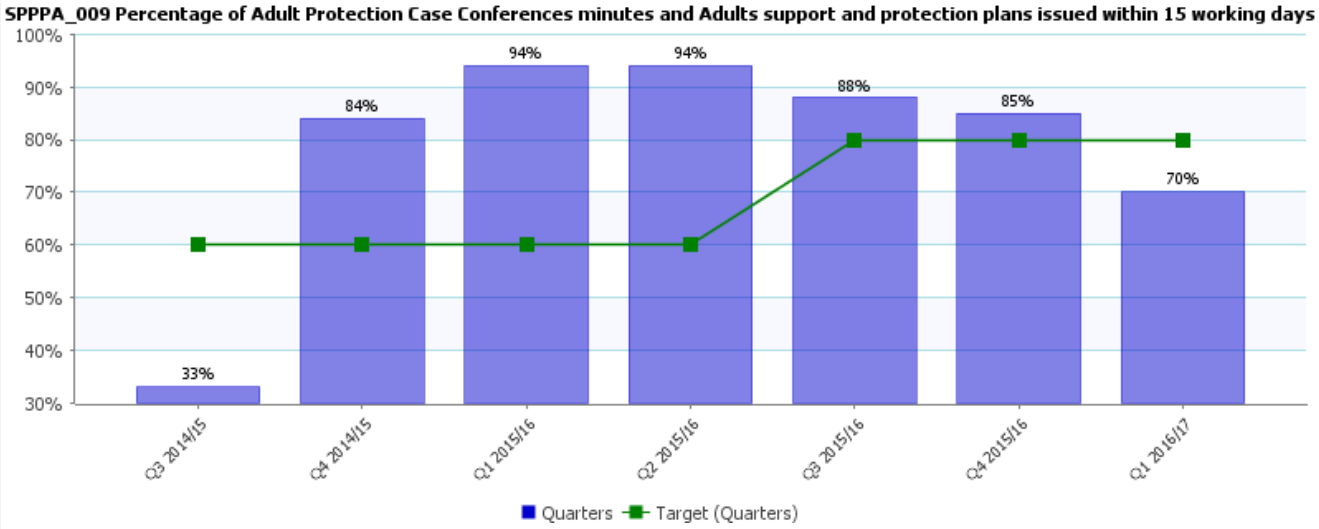
Latest Note :

Trend Chart Commentary:

The figures have demonstrated a largely positive and consistent picture over the course of 2015-16 and into 2016-17. After a dip in the latter half of 2014/15, the figures for Quarters 1, 2 and 3 of 2015/16 improved to 100%. There was a slight dip to 89% in quarter 4 of 2015-16 but in quarter 1 of 2016-17 performance returned to 100%. In quarter 2 this 100% performance was sustained (9 case conferences). Numbers of Adult Protection Case Conferences remain relatively stable and consistent.

The target will remain at 100% for 2016-17.

PI Code & Short Name	**SPPPA_009 Percentage of Adult Protection Case Conferences minutes and Adults support and protection plans issued within 15 working days**	**PI Owner(s):**	zSPPPA_PIAdmin; Tim Ward
Description	This is an indicator of the extent to which adult protection processes are effective and efficient in managing Adult Protection Case Conference processes. The Adult Protection procedures stipulate that Minutes and Adult Support and Protection Plans should be issued within 15 working days of the Case Conference and Review taking place. It is the job of Public Protection Administration to administer this process. Data for this indicator is gathered from SWIFT.	**HOS Approved for public/PDSP display/reporting ?:**	No



Categories:	WLAM
Last Updated :	Q1 2016/17
Status:	
Current Value:	70%
Current Target:	80%
Red Threshold:	65%
Amber Threshold:	80%

Latest Note :

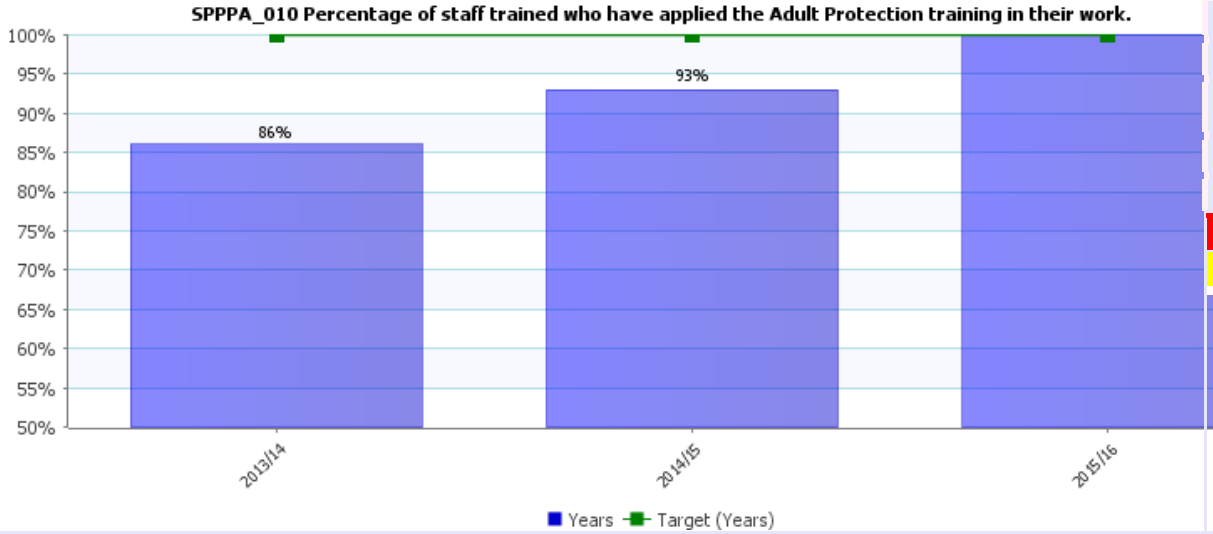
05-Oct-2016 Data for quarter 2 of 2016-17 will be available at the end of October 2016.

Trend Chart Commentary:

Performance in this PI had been steadily meeting the target and the target increased from 60% to 80% in quarter 3 of 2015-16. The target was exceeded in quarters 3 and 4 of 2015-16 but dipped below target in quarter 1 of 2016-17 to 70%. There have been a number of changes in administrative support and a lack of cover for annual leave. The changes in administrative arrangements will be embedded during quarter 3 of 2016-17 and improvement will be expected by the end of the year.
Much work has been done to comply with the standard. It should be noted that there is always pressure on staff with this PI as minutes have to be written up, sent to both the Council Officer and Chair of the Adult Protection Case Conference and returned to the minute-taker to then send out. This requires tight deadlines to be met across the board in order for the standard to be met.
The target of 80% will be retained and reviewed at the start of 2017-18.

PI Code & Short Name	**SPPPA_010 Percentage of staff trained who have applied the Adult Protection training in their work.**
Description	This is an indicator of the effectiveness of Adult Protection Training. Adult Protection Training is a significant workstream for the Lead Officers - Adult Protection as well as multi-agency colleagues in Police Scotland and NHS Lothian. As the training is free at the point of delivery, it is important to ensure that the correct people are attending the training and that they are able to apply it to their work as demand for places on the training is high. This will help measure the effectiveness of the training provided. This will be a figure provided annually and will be gathered by those delivering the training through sampling 20% of the cohort from each Level 1 and Level 2 training 6 months after they have completed their training. A short standard questionnaire and telephone interviews with those who attended training and who agreed to be sampled with be the methodology applied.

PI Owner(s):	zSPPPA_PIAdmin; Tim Ward
HOS Approved for public/PDSP display/reporting ?:	No



Categories:	WLAM
Last Updated :	2015/16
Status:	
Current Value:	100%
Current Target:	100%
Red Threshold:	75%
Amber Threshold:	85%

Latest Note :

Trend Chart Commentary:
The figure for 2013/14 represented positive performance at 86%. This improved to 93% in 2014-15 and in 2015-16 reached 100%. This is a positive reflection of the work undertaken by lead officers and the follow up activity undertaken to ensure training is implemented.
The target of 100% will remain in future years.

West Lothian Council

NHS Lothian

Date: 31/01/2017
Agenda Item: 8

Integration Joint Board

CONSULTATION RESPONSE TO NEW NATIONAL HEALTH AND SOCIAL CARE STANDARDS

REPORT BY HEAD OF SOCIAL POLICY

A PURPOSE OF REPORT

To make the IJB aware of the public consultation the Scottish Government has been conducting in relation to the proposed new National Health and Social Care Standards and the proposed response.

B RECOMMENDATION

To approve the proposed response from the IJB.

C TERMS OF REPORT

Background

Current care standards were first introduced in 2002 for different types of registered care settings.

Since then the landscape has changed significantly with more people cared for and supported at home and as part of their local community. There has also in the intervening period been the establishment of Health and Social Care Partnerships with the associated need to ensure that people who use health and care services are able to obtain the right provision in order to meet their needs at any stage in their care journey.

In addition how health and care services are inspected has also changed with both the Care Inspectorate and Healthcare Improvement Scotland now working with other regulators and scrutiny bodies to carry out strategic inspections.

Reflecting on the above it was recognised the original standards which predominantly focused on technical issues such as policies and procedures were no longer fit for purpose. There was a need to replace these with new standards which reflected the recent changes to policy and practice.

Hence new care standards require to be identified which enable an assessment to be made as to how an individual's care needs were being met at a strategic and individual service level.

Current Position

New proposed national standards have been developed which are based on human rights and the wellbeing of people using health care and social services. The intention being these standards will be the delivery vehicle for the wide range of legislation and Scottish Government Policy which relates to health and social care provision.

As a result they are of relevance to both the people who use services and their carers; providers of care; service commissioners; HSCP as well as local authorities and NHS Boards.

A public consultation exercise has taken place on the proposed new standards with all responses requiring to be submitted no later than the 22nd of January 2017. However it has been agreed by Scottish Government because of the timescales involved West Lothian IJB can submit their response after the close of the consultation period. Thus enabling their views to be taken into consideration however they will not be included in the final report produced following the closure of the consultation period.

In order to facilitate the initial development of a comprehensive response a consultation meeting was held by the HSCP with invited representatives identified from health and social care service areas where the new standards will in due course require to be implemented. Expressed views were captured to inform and facilitate the draft joint response, the contents of which are outlined in the attached consultation document within the Respondent Information Section. (Pages 10 -17).

It is worth noting in formulating this response there was unanimous agreement with the approach which has been taken in developing the new standards, which has been to take a human rights based perspective as opposed to the previous focus which was on technical detail.

With regards to the actual contents of the standards, what is currently being sought by Scottish Government via the latest consultation are comments as to whether anything is missing or requires to be added to the standards. The consensus of opinion expressed by all at the consultation meeting was the standards were felt to be comprehensive overall with a few benefiting from some additional text predominantly to clarify meaning or context e.g. add a definition as to what is meant by regularly; add a definition as to what is meant by a natural environment. No significant omissions were identified which was deemed to be reassuring by those participating in the consultation exercise.

Conclusion

The new proposed standards should enable services to deliver and demonstrate how those who use health and social care services are able to receive a personalised service of their choice throughout their care journey in order to best improve their quality of life.

D CONSULTATION

23rd November 2016 Consultation Meeting with reps from health and social policy.

12th January 2017 Social Policy PDSP

17th January 2017 Council Executive

E REFERENCES/BACKGROUND

New National Health and Social Care Standards

F APPENDICES

Consultation Document- New National Health and Social Care Standards

G SUMMARY OF IMPLICATIONS

Equality/Health	The proposed new National Health and Social Care Standards are fully compliant with Equality Legislation and have been developed to deliver a range of legislation and Government Policy in relation to health and social care.
National Health and Wellbeing Outcomes	The new National Health and Social Care Standards underpin and support the delivery of National Health and Well-Being Outcomes.
Strategic Plan Outcomes	The new Standards will support the delivery of the priorities and outcomes identified within the IJB Strategic Plan.

Single Outcome Agreement	Positive impact on the following outcomes: We live in resilient, cohesive and safe communities. Older people are able to live independently in the community with an improved quality of life.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	Health and care services will require to continue to follow existing legislation and best practice requirements which apply to their particular service or sector. The proposed new standards will replace the existing 23 sets of standards for different types of registered care settings.
Risk	None.

H CONTACT

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Tel 01506 281936

31st January 2017.

NATIONAL CARE STANDARDS

REVIEW

Consultation on the New National Health and Social Care Standards

October 2016

Healthier Scotland

Scottish Government

Consultation on the New National Health and Social Care Standards

The Scottish Government, Edinburgh 2016

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

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PPDAS82010 (10/16)

Ministerial Foreword

Since 2002, the National Care Standards have played an important role in ensuring people who receive care and support get the high-quality service they are entitled to. Everyone is entitled to high-quality care and support, tailored towards their particular needs and capable of being provided in any setting: be that in a hospital or clinical setting; a residential care home; a children's nursery; or, as many now people prefer, within their own home.

As Cabinet Secretary for Health I am committed to ensuring these services achieve positive outcomes for all. In reviewing the current Standards, we all all have a unique opportunity to contribute to how our services are planned, commissioned, delivered and improved. The Care Inspectorate and Healthcare Improvement Scotland are already inspecting and supporting our health and care services in doing this, and I am sure that the new Standards - which will now also apply to NHS health care services - will help everyone to reach higher and achieve more.

What matters most in all of this is that people feel included and respected, and can chose the kind of service which best improves their quality of life whatever their circumstances. Each and every one of us will, at some point in our lives, need to use - or know someone who needs to use – a health or care service. By introducing new Standards focusing on people's human rights and personal outcomes, I am confident that we can improve everyone's experience of using, or working in, health, care and social work services.

The new Standards have been developed by an expert group of key organisations, representative groups and individuals. Together they have done a fantastic job in getting us to this point, and now we need your help. We want to know if the new Standards are fit for purpose; if they are capable of supporting improvement in care and support services; and ultimately, if they will achieve better personal outcomes for all.

These are questions which only you can answer, and so which I, and those developing the new Standards, need to have answers to so we can achieve the goal of living longer, healthier lives.

I would ask that everyone gets involved in shaping the future of health, social care and social work services. So please, take the time to read the new Standards, consider and discuss what they mean to you and your family – both now and in the future - and let me know what you think.

Shona Robison MSP
Cabinet Secretary for Health and Sport

Responding to this Consultation

We are inviting responses to this consultation by 22 January 2017.

Please respond to this consultation using the Scottish Government's consultation platform, Citizen Space. You view and respond to this consultation online at https://consult.scotland.gov.uk/care-and-support/national-care-standards/ You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date above.

If you are unable to respond online, please complete and return the Respondent Information Form (see "Handling your Response" below) to:

National Health and Social Care Standards Consultation
Scottish Government
Area 2-R
St. Andrew's House
Regent Road
Edinburgh EH1 3DG

Handling your response

If you respond using Citizen Space (http://consult.scotland.gov.uk/), you will be directed to the Respondent Information Form. Please indicate how you wish your response to be handled and, in particular, whether you are happy for your response to published.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.scotland.gov.uk. If you use Citizen Space to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to: NationalCareStandards@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policy-making process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: http://consult.scotland.gov.uk Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Consultations may involve seeking views in a number of different ways, such as public meetings, focus groups, or other online methods such as Dialogue (https://www.ideas.gov.scot)

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

INTRODUCTION

Scottish Ministers have a duty to prepare and publish standards and outcomes applicable to care services and social work services under **Section 50 Public Services Reform (S) Act 2010**. Scottish Ministers also have powers under **Section 10H of the National Health Service (Scotland) Act 1978** to publish standards and outcomes for services provided under the health service; and independent health care services.

This consultation relates to draft new Standards and outcomes which Scottish Ministers propose to publish in exercise of these statutory powers. But they do not replace standards relating to healthcare that have already been produced under Section 10H of the **National Health Service (Scotland) Act 1978**.

Throughout this consultation 'standards' is used as a collective term to describe both the outcomes and the descriptive statements which set out the standard of care a person can expect. For example 'I experience high quality care and support that is right for me' is an outcome and 'I am not discriminated against in any aspect of my care and support' is a description of the standard that can be expected.

The Care Inspectorate and Healthcare Improvement Scotland will take into account the new Standards when carrying out their inspection functions and when making decisions about care and health services which are, or are applying to be, registered.

The new Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services (such as the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011). Health and care services will continue to follow existing legislative and best practice requirements applying to their particular service or sector, in addition to applying the new Standards.

There are several parts to the consultation which you should read before completing your response

1. Background
2. Overview of the new Standards
3. The Questionnaire
    a. Respondent Information Form
    b. Questions
    c. Additional Information
    d. Glossary

Annex A: National Health and Social Care Standards

1. BACKGROUND

What are National Health and Social Care Standards and how will they be used?

The purpose of the new National Health and Social Care Standards (the Standards) is to set out what we can expect when we use health and social services in Scotland. This includes a diverse range of services from childminding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.

From Spring 2018, the new Standards will provide a framework for registration and inspection of individually registered care and health services, but they will also be relevant to all care and health services including those not inspected by the Care Inspectorate or Healthcare Improvement Scotland. Services which are not currently required to register with or be inspected by these regulators will be encouraged to adopt and apply the Standards as a framework for high quality care.

The new Standards show what our rights to dignity, respect, compassion, being included, responsive care and support and wellbeing should actually look like across health and social care services.

They replace the 23 sets of standards produced for different types of registered care settings introduced in 2002.

Why review the Standards?

The original 2002 Standards mainly looked at technical requirements, such as written policies and health and safety procedures. The new Standards need to reflect recent changes in policy and practice and also be fit for the future. For example:

- more of us are supported and cared for in our own home and as part of the local community than ever before;
- we consider the quality of care experience to be as important as other aspects of care like safety[1]; and
- the establishment of Health and Social Care Partnerships[2] means that when people use health or care services they should get the right care and support whatever their needs, at any point in their care journey.

How we inspect health and social care services has also changed. The Care Inspectorate and Healthcare Improvement Scotland continue to regulate each individually registered health and social care service, they also now work with other regulators and scrutiny bodies to carry out strategic inspections. These inspections look at how the wider health, social work and social care system is working for children or adults in a local authority and health board area. The new Standards need to be fit for purpose for assessing how well people's care needs are met on both a strategic and an individual service level.

[1] https://healthier.scot/
[2] Under the Public Bodies (Joint Working) (Scotland) Act 2014

To support these changes, we need a single set of Health and Social Care Standards that apply across all care services we may use in our lifetime. These must promote flexible services and innovation.

Development of the Standards

In 2015 a public consultation confirmed widespread support for the new Standards being based on human rights and the wellbeing of people using services. The following Principles were approved by Scottish Ministers in February 2016:

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing

Since then draft new Standards have been developed by a Development Group made up of organisations representing people using services, unpaid carers, social care providers and commissioners of care. At an early stage there were focus groups with individuals who use care services and their carers to understand what matters most to people about their care.

Throughout the project the Scottish Government has chaired a Project Board of representatives from across the public, private and voluntary sectors. The next phase of the project is to develop an implementation plan for the final Standards.

Why are the Standards based on human rights?

Human rights are the rights and freedoms that belong to every person, at every age. These rights are set out in laws which help raise everyone's awareness of the need to uphold individual rights and protect people with protected characteristics from discrimination. Looking at standards of care from a human rights perspective helps us identify what individuals using care services should be entitled to, as well as ensuring providers comply with legislation when providing care.

More information on Scotland's National Action Plan for Human Rights (SNAP) is available at http://www.gov.scot/Topics/Justice/policies/human-rights/scotlandsnationalactionplanforhumanrights

The new Standards

We propose the following new Standards apply across health, care and social work services:

1. I experience high quality care and support that is right for me
2. I am at the heart of decisions about my care and support
3. I am confident in the people who support and care for me
4. I am confident in the organisation providing my care and support
5. And if the organisation also provides the premises I use
6. And if my liberty is restricted by law
7. And if I am a child or young person needing social work care and support.

The first four headings set out Standards for everyone. These are complemented by three additional headings with Standards that only apply in specific circumstances.

For example, if a young person is looked after by the local authority and living in a residential unit, then Standards 1-4 will be complemented by Standards 5 and 7. Or, if an adult is accommodated and receiving compulsory treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003, then Standards 5 and 6 apply as well as Standards 1-4.

Additional Standards for people experiencing restricted liberty and for children and young people who need social work support?

People experiencing restricted liberty and some children and young people who have particular needs sometimes require specialist care and support. Standards 6 and 7 reflect these particular care and support needs, and are different from, and additional to, those covered by the other Standards that are applicable to everyone.

For example, Standard 6 ('And where my liberty is restricted by law') states: "I can be with my peers, including other people who use the service, except where this has been properly assessed as unsafe" (6.7). This reflects the expectation that, for people experiencing restricted liberty, the question of whether it is safe to have contact with peers is routinely assessed. For most care and support however, this question is not routinely applicable as people have control over their own contact with peers.

Standard 6 is very specific to the relatively unusual situations where someone is subject to a formal restriction on their liberty. Standard 7, on the other hand, covers many of the same issues as in Standards 1-4, but goes into more detail of what is expected in order to meet the particular needs of children and young people who are in need of social work care and support.

How do the Standards fit with other Scottish Government priorities?

The Standards have been prepared to deliver the collective ambitions of a range of legislation and Scottish Government policy that relates to health and social care, for example:

- Scotland Performs: National Performance Framework
- Getting it Right for Every Child and the wellbeing indicators
- The Public Bodies (Joint Working) (Scotland) Act 2014 and the National Health and Wellbeing Outcomes prescribed under that Act
- The Social Care (Self-directed Support) Act 2013
- The Carers (Scotland) Act 2016
- Social Services in Scotland: a shared vision and strategy 2015-2020
- A National Clinical Strategy for Scotland
- Standards of Care for Dementia in Scotland
- My Home Life
- Expansion of funded childcare
- National Common Outcomes for Community Justice

What will happen next?

- The public consultation on the draft new Standards will run from October 2016 until January 2017
- During the consultation, we will make available personal stories to illustrate the range of people who will be impacted by the new Standards
- After the consultation, Scottish Government will review and analyse responses. The Project Board and Development Group will consider the findings and a consultation report will be published in Spring 2017
- The final Standards will be published in Spring 2017
- The new Standards will be implemented from Spring 2018
- The Scottish Government will set up a short term group to identify and advise on the detail of full implementation of the Standards
- Current inspection methodologies will be updated to ensure they align with the new Standards
- The final Standards document will explain the complementary relationship between the Standards and existing legislation, standards, guidelines and professional codes, including for example:
  - the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011;
  - the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011;
  - the Dementia Standards; and
  - the Scottish Social Services Council's Codes of Practice for Social Service Workers and Employers.
- The Standards will be taken into account in inspections and registration decisions in relation to health and social care services from April 2018.

2. OVERVIEW OF NEW STANDARDS

What the national care standards mean for different people.
The new Standards will extend into areas of health social care previously unaffected by the current 23 sets of standards. It is important to make clear the purpose for which the new national care standards exist; what different people can expect from them; and how they can help improve service delivery and personal outcomes.

Annex A provides a copy of the draft new Standards which you should read along with the explanations below of what these mean for different people before completing your response.

For people who use services and their carers, the national care standards set out what people should expect when using a care service. The standards help people to understand what high-quality care looks like. They will also help provide a reference point in the event that people are unhappy about their care and not sure if they should be expecting a better standard of care.

For providers of care, the Standards set out important characteristics of how they should design, deliver and improve their service. This is relevant for leaders and managers, but also for staff working in services. The standards do not attempt to

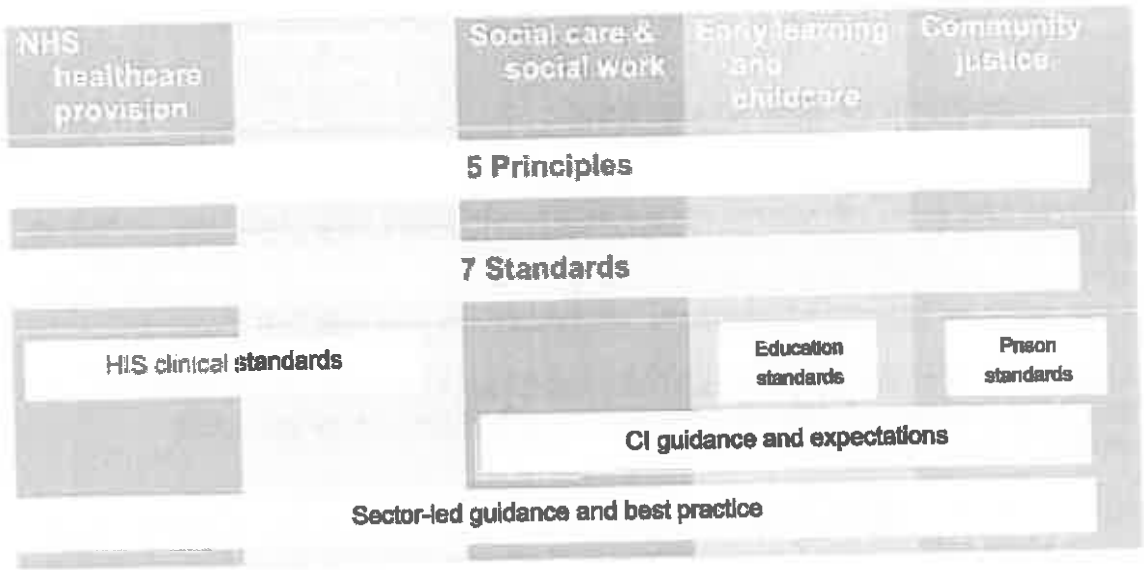
replace the professional codes of conduct for staff, but set out what people using care should expect from them. For providers of regulated social care and independent healthcare services, the standards will underpin decisions made by the Care Inspectorate and Healthcare Improvement Scotland in the course of their scrutiny and reviews of quality.

For commissioners of care services (including Integrated Joint Health and Social Care Partnerships, community planning partnerships, and other public bodies), the standards set out a framework of how high-quality care should be planned, commissioned and organised. This means that commissioners need to ensure that care is commissioned in a way which allows the standards to be achieved by the provider of the service, and that assessments of quality around commissioned services (for example, contract monitoring) should be informed by the standards.

For local authorities and NHS boards, the standards set out the broad approaches for how people should receive and experience care. The standards do not simply apply to their own care services or health services, but are relevant for the way in which people's needs are assessed and care packages or pathways established. The standards do not seek to replace detailed clinical standards about specific health interventions, or existing and future sector or professional guidance.

Where will the Standards fit with other guidelines?
The diagram below shows where the standards fit with other guidelines and professional codes of practice.

Note: This is for illustration only and should not be considered exhaustive.



(a): Respondent Information Form (RIF)

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

Consultation on the National Health and Social Care Standards

Are you responding as an individual or an organisation?

☐ Individual (See Part (i) below) ☒ Organisation (See Part (ii) below)

Did you attend an engagement event / workshop before competing this response?

No ☒ Yes ☐ Date ..... Name of Event:.....

Full name or organisation's name

West Lothian IJB

Address

Civic Centre, Howden Road South, Livingston

Postcode

EH54 6FP

Email

Jane.Kellock@westlothian.gov.uk

Phone number

01506 281920

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

☒ Publish response with your name / name of organisation

☐ Publish response only (anonymous) – Individuals only

☐ Do not publish response

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 the Scottish Government to contact you again in relation to this consultation exercise?

Yes ☒ No ☐ Date Completed: 31/1/2017.....

(b): CONSULTATION QUESTIONNAIRE

Q1: To what extent do you think the Standards will be relevant and can be applied across all health, care and social work settings?

Strongly Agree	x
Agree	
Neither agree nor disagree	
Disagree	

Comments

Q2: To what extent do these Standards reflect the experience of people experiencing care and support?

Strongly Agree	x
Agree	
Neither agree nor disagree	
Disagree	

Comments

Q3: (Standard 1: I experience high quality care and support that is right for me.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	x
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

1.13 Define regularly e.g. minimum of annually
1.15 Add text - based on identified need and agreed outcomes
1.48 Definition of what is meant by a natural environment as this can vary.

Q4: (Standard 2: I am at the heart of decisions about my care and support.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	x
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

2.14 Needs added qualification - when there is vacant overnight accommodation available

Q5: (Standard 3: I am confident in the people who support and care for me.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	X
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

3.8 why the need to specify just physical comfort and not others add e.g. emotional comfort, spiritual comfort

Q6: (Standard 4: I am confident in the organisation providing my care and support.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	X
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q7: (Standard 5: And if the organisation also provides the premises I use.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	X
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

5.27 & 5.28 add - where there is sufficient space available to do so.

Q8: (Standard 6: And where my liberty is restricted by law.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	X
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q9: (Standard 7: And if I am a child or young person needing social work care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	x
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

7.2 qualify what is meant by special (concerns re connotation of word in relation to abuse).

Q10: To what extent do you agree these new Standards will help support improvement in care services?

Strongly Agree	X
Agree	
Neither agree nor disagree	
Disagree	

Comments

Q11: Is there anything else that you think needs to be included in the Standards?

Yes	
No	X

Comments

Q12: Is there anything you think we need to be aware of in the implementation of the Standards that is not already covered?

Comments
Nil

Q13. What should the new Standards be called?

- ☐ National Care Standards
- ☐ National Health and Social Care Standards
- ☐ National Healthcare and Social Care Standards
- ☒ National Care and Health Standards
- ☐ National Care and Support Standards
- ☐ Other - please provide details.....

Q14. Any other comments, suggestions:

(c): Additional Information
We recognise that people may have more than one experience of / involvement with health and care services. For example; you may work in a hospital or care home and also be a registered carer for a friend or relative receiving care services. For the purposes of this consultation please indicate the main capacity in which you are responding.

(i) As an individual **service user** (including on behalf of family) ☐

As an individual who **works or volunteers** in health/social care ☐

Please tick to select the services that you have used / have experience of:

Acute health care (emergency care, hospitals etc)	
Primary health care (GP and other community health services)	
Independent health care	
Adult social care	
Early learning and childcare	
Social work (including fostering, adoption, care homes for children and young people)	
Community justice	
Other: (please state)	

(ii) As a **representative of an organisation** / service provider

Please tick to select the type of services that your organisation provides:

Acute health care (emergency care, hospitals etc)	x
Primary health care (GP and other community health services)	x
Independent health care	
Adult social care	x
Early learning and childcare	
Social work (including fostering, adoption, care homes for children and young people)	x
Community justice	x
Other: (please state)	

Other Formats
Once finalised these new Standards will be made available in various formats. It would be helpful to know which format(s) may be required. Please indicate from the list below which formats you are most likely to use.

Easy Read [x] Large Print [x] Audio [x] Braille [x]

Other languages (please indicate which) Variable at any given period of time hence range required.

Please indicate how you are most likely to access these Standards:

online / electronic ☐ paper copy ☐ Both [x]

(d): Glossary

Every effort has been made to reduce terminology and/or jargon within the new Standards. However it is not possible to totally eliminate the use of some recognised terms and phrases. Similarly it is important that people are clear on what terms and phrases mean for the purposes of the standards and the consultation.

Term	Description
24-hour care	Where people are cared for and supported throughout the day and night. This can also apply to children's services.
advocacy and advocate	Advocacy means getting support from another person to help someone express their views and wishes, and to help make sure their voice is heard. Someone who helps in this way is called an advocate. In the Standards, we are referring to formal advocacy provided by an organisation to someone using care.
assessment	A health and/or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home.
capacity	Capacity refers to an individual's ability to make decisions about their wellbeing. This may change over time and may refer to different aspects of their life. For people who have been medically assessed as lacking capacity there is legislation to protect their wellbeing.
care home	A care service providing 24 hour care and support with premises, usually as someone's permanent home.
carer	A carer is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will commonly be unpaid.
communal areas	An area in a care service such as a living or dining room, activity room, hairdresser, library, café, garden or quiet area that everyone can use.
communication tools	These help people to communicate in a range of ways. For example, visual prompts, talking mats (system of simple picture symbols) or mobile phone apps.
confidentiality	This means that information that is kept about someone by a care provider will not be shared with anyone else unless the person gives their consent for it to be shared. Confidentiality may only be broken if it avoids or reduces the risk of harm to the person.
early years	Children aged up to 16 years.
emergency or unexpected event	This is an incident or emergency that could require immediate action, such as the premises being evacuated.
emotionally resilient	Someone's ability to cope with, or adapt to, stressful situations or crises.

Term	Description
evidence, guidance and best practice	Written guidelines for agreed ways to provide care, support or carry out treatment. Often these are put together by professionals based on the best available evidence at the time. These guidelines often change so that they remain up to date.
human rights	*Human rights* are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are enshrined in UK legislation under the Human Rights Act.
intimate personal care	This relates to activities which most people usually carry out for themselves, such as washing, going to the toilet, dressing or eating, but some people may be unable to do because of their age, an impairment or disability.
liberty is restricted by law	There are times when a person's choices, such as where they live, are determined by law. For instance, someone might have their liberty restricted under the Mental Health Act, as a result of a criminal conviction or decisions made by a Children's Hearing.
open-ended and natural play materials	Open-ended materials (also called loose parts) are play materials that can be used in numerous ways indoors and outdoors by children. They can be moved, carried, combined, and redesigned in any way the child decides.
personal plan	A plan of how care and support will be provided, agreed between the person using a service and the service provider.
physical intervention, sanctions or incentives	These are used to manage and respond to challenging behaviour. They can be constructive in reducing the risk of harm and helping people recognise that there are consequences to their actions.
planned care	The term used to describe care, support or treatment which is carried out as detailed in someone's personal plan (see above).
positive risks	Positive risks means making balanced decisions about risks; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day to day life.
premises	When an organisation providing care and support also provides premises, such as a nursery, hospital or care home. It does not apply when someone using a service is responsible for the premises, including housing support or care at home.
pretend play	Pretend play is any game or activity where children use their imagination to create their own pretend experience.
professional codes	These codes set out professional standards of conduct and competence, as well as the personal values, which people working in health and social care are expected to follow.

Term	Description
representative	This may include someone appointed to have power of attorney, a guardian, family member, friend, neighbour or an agreed person who can speak on the individual's behalf. A representative may be formal or not formal.
restraint	Restraint is used to keep someone safe or to prevent them from harming others. It might involve using physical means, changing the environment or medication.
small group living	Groups of approximately 6 to 10 people provided with their own lounge and dining facilities for their own group use in a homely type environment. Small group living sometimes takes place within a larger care service such as a care home or hospital.
technology and other specialist equipment	Specialised equipment that helps people in their day to day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids.
therapy	A specialised treatment or intervention, such as physiotherapy, occupational therapy, speech and language therapy, counselling and talking therapies.
transition	Used to describe a significant change for someone, such as starting to use a new care service or a change in life stage (eg becoming an adult).

October 2016

NATIONAL CARE STANDARDS

REVIEW

National Health and Social Care Standards

Principles and standards

www.newcarestandards.scot

Principles (approved February 2016)

Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

[illegible]

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse, or avoidable harm.

Standard 1: I experience high quality care and support that is right for me

Dignity and respect

1.1 I am accepted and valued whatever my needs, disability, gender, age, faith, spirituality, mental health status, background or sexual orientation.
1.2 I am not discriminated against in any aspect of my care and support.
1.3 I am supported and cared for using a positive and understanding approach, even if my behaviour is challenging to others.
1.4 If I require intimate personal care this is carried out in a dignified way, with my personal preferences respected.
1.5 If I need support managing my money and my personal affairs, I am able to have as much control as possible and my interests are safeguarded.
1.6 If I am being supported and cared for in the community, this is done discreetly and with respect.

Compassion

1.7 I experience encouragement and warmth and my strengths and achievements are celebrated.
1.8 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.
1.9 I am supported to discuss changes in my life, including death or dying, this is handled sensitively and my wishes and choices are respected.
1.10 If I experience care and support in a group, the overall size of that group is right for me.

Be included

1.11 I am recognised by people who support and care for me as an expert in my own experiences, needs and wishes.
1.12 I am encouraged to take part in everyday tasks to help the running of the service if I choose to.

Personalised care and support

Assessing my care and support needs

1.13 My emotional, psychological and physical needs are assessed by a qualified professional at an early stage, regularly and when my needs change.
1.14 My care and support is right for me because I am fully involved in my assessment.
1.15 If I have a carer, their needs are assessed and support provided.
1.16 If the care and support that I need or choose is not available or delayed, the reasons for this are explained to me and I can get help to use a suitable alternative.

Experiencing care

1.17 I am supported to live in my own home if this is possible for me.
1.18 I am supported to manage my own care and support if this is what I want.
1.19 I can access technology and other specialist equipment so I can be independent, including to call assistance and manage my own health and wellbeing.
1.20 I fully participate in developing and regularly reviewing my personal plan.
1.21 If I have particular needs, due to a health condition, age or circumstance, I am informed about the care and support I should experience. (or care plan) that clearly sets out my needs and wishes and how these will be met.
1.22 If I, or others, have concerns about my health and wellbeing, these are acted on and appropriate assessments and referrals are made.
1.23 My needs, as agreed in my personal plan, are fully met, and my wishes are respected.
1.24 I know how organisations can support my wellbeing and I am helped to contact them if I wish.
1.25 I experience proper planning and am helped when using a new service, or when I move between services.

Wellbeing

1.26 I am in the right place to experience the care and support I need and want
1.27 I am helped to access the health care that I need and any other public services
1.28 I am supported to make healthy lifestyle choices that are right for me
1.29 If I need help with medication, this is done safely and effectively

Eating and drinking

1.30 I can choose suitably presented, healthy and nutritious meals and snacks, including fresh fruit and vegetables if this is right for me
1.31 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible
1.32 I can enjoy snacks and meals alongside other people using and working in the service if appropriate and I want this
1.33 I enjoy meals and snacks which meet my cultural and dietary needs
1.34 If I experience care and support in a group, I can choose to make my own meals, snacks and drinks, with support if I need it
1.35 I can drink fresh water at all times

Activities

1.36 I can have an active life and fulfil my aspirations by being supported to take part in activities that are important to me, in the way I like
1.37 I am supported to participate in a range of recreational, social, physical and learning activities
1.38 If I experience care and support in a group, or in my own home, I can choose to do creative and artistic activities every day, such as art, crafts, music, drama, and dance
1.39 I am supported to participate fully as a citizen in my local community

Protection

1.40 I am listened to and taken seriously if I have a concern about the safety and wellbeing of myself or others
1.41 I am protected from all forms of abuse and exploitation
1.42 I am helped to develop personal resilience and ways to keep myself safe
1.43 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies
1.44 The people who support and care for me are alert and responsive to any signs that I may be unhappy or at risk of harm.

For children in their early years:

1.45 I have fun as I develop my skills in understanding, thinking, language, literacy, numeracy, investigation and problem solving
1.46 I can take part in pretend play and storytelling
1.47 I spend time outdoors every day and this is a significant part of my day if I attend full-time, where appropriate
1.48 I can regularly explore, and be creative in, a natural environment
1.49 If I attend all day and I am under school age, I can if needed have a sleep on a sleeping mat or bed with my own bed linen.
1.50 I can choose to grow, cook and eat my own food, if possible

Standard 2: I am at the heart of decisions about my care and support

Dignity and respect

2.1 I am empowered and enabled to be as independent, and as in control of my life, as I want and can be.
2.2 I receive and understand information and advice in a format or language that is right for me, including using independent advocacy if I want or need this.
2.3 I am as involved as I can be in agreeing any restrictions to my independence, control and choice and these are justified, uphold my human rights and are kept to a minimum.

Compassion

2.4 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

Be included

2.5 I can access translation services and communication tools where necessary and I am supported to use these.
2.6 I have time and help to understand the planned care, support, therapy and intervention I will receive, including any cost, before deciding what is right for me.
2.7 If possible I can choose who will provide my care and support and how this will be provided. If possible, I can visit the service before deciding and/or meet the people who.
2.8 If there is limited choice, this is explained to me so I understand the reasons for this
2.9 If I need or want to move on and start using another service, I will be fully involved in this decision and helped to find a suitable alternative If I am moving from a service for children to one for adults, I am helped with this transition.
2.10 If I am unable to make my own decisions, the views of those who know my wishes, my carer, advocate or representative will be sought and taken into account to establish what my wishes would be.
2.11 If I have expressed my own views and choices, these will be respected if I lose capacity.
2.12 I am able to resolve conflict, negotiate boundaries, agree rules and build positive relationships with other people as much as I can.

[illegible]

2.13 I am supported to manage my relationships with my family, friends and/or partner in a way that suits my wellbeing.
2.14 If I am living in a care home, I can receive visitors in private and have a friend, family member or partner to sometimes stay over in the home.

Wellbeing

2.15 I make choices and decisions about all day to day aspects of my life, including managing my own money, how I dress, what I eat and how I spend my time.
2.16 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life
2.17 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.

For children in their early years:

2.18 I have the right to control my own play in the way that I choose

2.19 I can freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity

2.20 I enjoy extended play and activities that develop my confidence, self-esteem and imagination

2.21 I can play flexibly and creatively using open-ended and natural play materials and I experience a balance of organised and freely chosen activities

Standard 3: I am confident in the people who support and care for me

Dignity and respect

3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.
3.2 If I experience care and support at home, people are respectful when they visit my home.
3.3 I am supported and cared for by people who challenge discrimination and bullying and stand up for me and my rights if I need this.
3.4 I am treated as an individual by people who get to know me and understand me, my lifestyle and choices.

Compassion

3.5 I am greeted warmly by people and, if I do not know them, they introduce themselves.
3.6 I experience a warm atmosphere because people who support and care for me have good working relationships.
3.7 I can build relationships with the people who support and care for me in a way that we all feel comfortable with.
3.8 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.
3.9 I am helped to feel content and at ease by the people who support and care for me.

Be included

3.10 I know who provides my care and support on a day to day basis and what they should do. If possible, I can have a say on who provides my care and support.
3.11 I can understand the people who support and care for me when they communicate with me.
3.12 I am supported to be part of the local community, to enjoy family life and to develop interests if this is what I want
3.13 I experience appropriate and consistent boundaries, guidance, and care

Care and support

3.14 My needs are met by people who are trained, competent and skilled to support me, are able to reflect on how they do that, and follow their professional codes.
3.15 I am supported by people who undertand my needs, choices and wishes.
3.16 I am supported sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
3.17 My needs, wishes and choices are met because I am supported by the right number of people with the right skills and experience.
3.18 People have enough time to support and care for me and to speak with me.
3.19 I am supported by people who respond promptly when I ask for help.
3.20 My care and support is consistent and stable because people work together well.

Wellbeing

3.21 I am supported and cared for by people who have a clear understanding of their responsibilities to protect me from discrimination, neglect, abuse and avoidable harm.
3.22 I am helped to feel safe and secure in the area where I live.
3.23 The people who care for me stimulate my interests and spontaneity.
3.24 People help me to extend my learning and development, and they ask open questions and involve me in genuine dialogue.

Standard 4: I am confident in the organisation providing my care and support

Dignity and respect

4.1 I am confident and experience that my human rights are central to the organisation that supports and cares for me, and that it helps tackle inequalities

Compassion

4.2 I receive an apology if things go wrong with my care and support or my human rights are not respected and the organisation takes responsibility for its actions

4.3 I use a service where all people are respected and valued

Be included

4.4 I am informed of the organisation's aims and I can be involved in decisions about how it works and develops.

4.5 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership

4.6 I give feedback on how I experience my care and support and the organisation uses learning from this to improve

4.7 I can take part in recruiting and training people who provide my care and support if possible

4.8 I am supported to make use of relevant screening and healthcare programmes

Responsive care and support

4.9 I experience high quality care and support based on relevant evidence, guidance and best practice

4.10 I am involved in shaping how my service can continually improve to meet everybody's needs, choices and wishes

4.11 I receive appropriate notice and I am involved in finding an alternative if the service I use plans to close

4.12 I am looked after in a planned and safe way, including if there is an emergency or unexpected event affecting the premises

4.13 I continue to experience stability in my care and support from people who know my needs, choices and wishes, if there are changes in the service or organisation

4.14 I am supported and cared for by people I know so that I experience consistency and continuity.

4.15 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.

4.16 I know how to make a complaint or raise a concern about my care and support

4.17 If I have a concern or complaint, I know this will be acted on without negative consequences

Wellbeing

4.18 I am confident that the service I use and the organisation providing it are well led

4.19 I am supported and cared for by people who have been appropriately recruited

4.20 I am supported to reach my full potential by people who are encouraged to be innovative in the way they support and care for me

Standard 5: And if the organisation also provides the premises I use

Dignity and respect

5.1 I experience an environment that is well looked after and attractive, with clean, tidy and well-maintained premises, furnishings and equipment.
5.2 I can use an appropriate mix of private and communal areas, including an accessible outdoor space.
5.3 I can easily access a toilet from the rooms I use and I can use a toilet when I need to.
5.4 If I live in a care home, I have ensuite facilities with a shower and can choose to have a bath if I want.
5.5 I have a secure place to keep my belongings.
5.6 If CCTV is used, I know about this and how my privacy is protected.

For children in their early years:
5.7 If I wear nappies, there is a suitable area with a sink and some privacy for me to be changed.

Compassion

5.8 I experience care and support in a homely environment.
5.9 I experience homely care and support in a service that is the right size for me.
5.10 If I live in a care home, the premises are designed and organised so that I can experience small group living and an environment that is right for me.
5.11 If I experience care and support in a group, I can use a cosy area with soft furnishings to relax.

Be included

5.12 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.
5.13 The location and type of premises enable me to experience care and support free from isolation and for me to be an active member of the local community if this is appropriate.
5.14 If I experience 24-hour care, I have access to a telephone, radio, TV and the internet so that I am connected.
5.15 I can independently access all parts of the premises I use and the environment has been designed to promote this.
5.16 If people who support and care for me have separate facilities, these do not take away from the homeliness of the service and my feeling of being at home.
5.17 If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.
5.18 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture where possible.

5.19 The premises I use are designed, adapted, equipped and furnished with my care and support needs in mind.

Wellbeing

5.20 I experience a secure and safe environment that is suitable for me
5.21 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells
5.22 I can enjoy a pleasant environment, with plenty of natural light, fresh air, space and a comfortable temperature for me
5.23 I have enough physical space to meet my needs and wishes
5.24 I am able to access a range of good quality equipment and furnishings to meet my assessed needs, wishes and choices
5.25 I am able to participate in a variety of creative and physical activities, including exercise both indoors and outdoors
5.26 If I am an adult living in a care home, I have my own bedroom that meets my needs
5.27 If I am an adult living in a care home, I can choose to live with and share a bedroom with my partner, relative or close friend
5.28 As a child or young person, I might need or want to share my bedroom with someone else and I am involved in deciding this
5.29 If I experience 24-hour care, I have a bedside cabinet and light and there is enough space for me to sit comfortably with a visitor in my bedroom
5.30 If I live in a care home and I want to keep a pet, the service will try to accommodate this request

Standard 6: And where my liberty is restricted by law

Dignity and respect

6.1 I experience my human rights being protected when my liberty is restricted and this complies with the relevant legislation.

6.2 I am helped to understand how and why my behaviour affects my rights, including the use of any physical intervention, sanctions or incentives.

6.3 I only experience restraint as a last resort and for the minimum time necessary by people who are properly trained.

6.4 I will only be searched if there are clearly identified concerns and I am told what these are.

6.5 If I am restrained or searched, this will be carried out with sensitivity

Compassion

6.6 I am supported by people who anticipate challenges with my or others' behaviour and they work creatively to help manage this.

Be included

6.7 I can be with my peers, including other people who use the service, except where this has been properly assessed as unsafe.

Wellbeing

6.8 The environment is specially designed and managed to minimise the risk of me harming myself or others.

Standard 7: And if I am a child or young person needing social work care and support

Dignity and respect

7.1 I am cared for by people who are reliable, for me, champion my needs and enhance my life chances

Compassion

7.2 I live in a place that feels like a home and I am supported and cared for by people who make me feel valued, special, loved and safe

7.3 I am supported to develop a positive view of myself and to form and sustain trusted and secure relationships

7.4 I am supported and cared for by people who are fully informed about my history and understand what I am communicating

7.5 I am helped to overcome any previous experiences of trauma and neglect so I am emotionally resilient and have a strong sense of my own identity and belonging.

7.6 I am responded to with sensitivity and the people who support and care for me anticipate and reduce any conflict, with difficulties sorted out in a low-key way.

7.7 I am helped by the people who support and care for me to understand the consequences of any difficult or unsafe behaviour and I am supported to take responsibility to change this

7.8 I have as normal an upbringing as possible and I am helped by the people who support and care for me to achieve this.

Be included

7.9 I am encouraged and supported to make friends with people my own age

7.10 I am helped to understand decisions taken in my best interests and why sometimes it might not be possible to act on my wishes

7.11 I am fully included in all aspects of family life if I am fostered

7.12 My needs and wishes are assessed in good time and an assessment for a permanent placement is done within 12 weeks

7.13 My need for permanent care and support is assessed and met

7.14 I experience stable care and support, with minimum disruption, from people who can nurture and form strong attachments with me

7.15 If I need and want this, I am placed with wider family members (kinship care) alongside my brothers and sisters where possible and where it is safe

7.16 People making decisions about me, including fostering and adoption panel chairs and advisers, know me and have the right skills, training and experience to decide what's best for me.

7.17 I am supported to have safe contact and continuity of relationships with family and people who are important to me by people who understand the importance of maintaining attachments.

7.18 I continue to be supported and cared for into adulthood.

7.19 I experience different organisations working together for my benefit.

7.20 I am supported to achieve my potential in education and employment.

7.21 I am supported to develop my independence while protecting myself from unsafe situations

7.22 I am supported to become increasingly safe from neglect, abuse, grooming and sexual exploitation, self- harm, bullying, misuse of drugs or alcohol and going missing.

7.23 I am supported by people who seek to understand why I have been missing and work with me to minimise future risks.

7.24 If I go missing, people take urgent action to protect me, including looking for me and liaising with the police and other agencies, and my family.

www.newcarestandards.scot

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West Lothian Council

NHS Lothian

Integration Joint Board

Date: 31/01/2017

Agenda Item: **9**

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DELIVERY PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Integration Joint Board of the recently published Scottish Government's Health and Social Care Delivery Plan.

B RECOMMENDATION

To note the Scottish Government's Health and Social Care Delivery Plan and to agree to take account of this plan within the annual review of the IJB Strategic Plan.

C TERMS OF REPORT

In December the Scottish Government published its Health and Social Care Delivery Plan which sets out the plan for delivering the Scottish Government's Vision for improving health and social care.

The plan sets out the government's programme to further enhance health and social care services so that the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- is integrated
- focuses on prevention, anticipation and supported self-management
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

The plan addresses challenges which were recognised in the Audit Scotland report, NHS in Scotland 2016.

The IJB Strategic Plan is due to be reviewed in March 2017. It will be appropriate to take account of the Health and Social Care Delivery Plan within this review.

D CONSULTATION

- Strategic Planning Group

E REFERENCES/BACKGROUND

- Scottish Government Health and Social Care Delivery Plan
- Audit Scotland report, NHS in Scotland 2016

G SUMMARY OF IMPLICATIONS

Equality/Health	None
National Health and Wellbeing Outcomes	The Health and Social Care Delivery Plan commits to a performance framework. This is likely to be based on the National Health and Well-Being Outcomes.
Strategic Plan Outcomes	The review of the Strategic Plan will take account of any changes in national performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care.
Impact on other Lothian IJBs	None.
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance.
Risk	None

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31 January 2017

Health and Social Care Delivery Plan

December 2016

Healthier Scotland
Scottish Government

Introduction

1. Our aim[1] is a Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so.
2. This delivery plan sets out our programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:
   - is integrated;
   - focuses on prevention, anticipation and supported self-management;
   - will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
   - focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
   - ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

3. To realise these aims, we will continue to evolve our health and care services to meet new patterns of care, demand, and opportunities from new treatments and technologies. Since 2007 we have ensured that NHS funding has not only been protected but has increase to record high levels, supporting NHS frontline staffing to substantially increase. There have also been significant improvements in treatment times, reductions in mortality rates, and reductions in healthcare associated infections. As a consequence of these improvements, delivered by committed health and care staff across the country, patient satisfaction has also increased to record highs.

4. To meet the changing needs of our nation, investment, while necessary, must be matched with reform to drive further improvements in our services. Our services will increasingly face demands from more people with long-term conditions needing support from health and social care. These challenges were recognised in the Audit Scotland report[2], NHS in Scotland 2016, and underline the importance of bringing together the different programmes of work to improve health and social care services.

1 http://www.gov.scot/Topics/Health/Policy/2020-Vision.
2 http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2016.

5. This plan is not an exhaustive list of all the actions being taken to improve our health and our health and social care system. While it concentrates on health services, our aspirations will only be delivered through a wider focus on the support provided by a range of services. It acknowledges that change must take place at pace and in collaboration with partners across and outside of the public sector, and that partnership working is essential for the planning that will deliver the actions described here.

How Will We Deliver Our Plan?

6. This plan will help our health and social care system evolve, building on the excellence of NHS Scotland, recognising the critical role that services beyond the health sector must play and is ultimately fit for the challenges facing us. What that will look like for individuals is described in more detail in **Appendix 1**. We must prioritise the actions which will have the greatest impact on delivery. We will focus on three areas, often referred to as the 'triple aim':
    - we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('**better care**');
    - we will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('**better health**'); and
    - we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('**better value**').

Better care

7. We need to ensure that everyone receives the right help at the right time, not just now, but in the years to come as our society continues to change. That requires a change in our approach to medicine and in how and where the services that support our health are delivered. First, we need to move away from services 'doing things' to people to working with them on all aspects of their care and support. People should be regularly involved in, and responsible for, their own health and wellbeing.

8. Ultimately, individuals and where appropriate, their families – should be at the centre of decisions that affect them. They should be given more freedom, choice, dignity and control over their care. Care planning should anticipate individuals' health and care needs – both by helping those with chronic and other complex conditions to manage their needs more proactively, and by focusing on a prevention and early intervention approach to supporting health throughout people's lives. This is not always a question of 'more' medicine, but making sure that support fits with, and is informed by, individual needs. Success should be measured by better outcomes for individuals, not simply on whether processes and systems have been followed. As set out in the Healthcare Quality Strategy for Scotland[3], it is an approach to health rooted in the principles of care that is person-centred, safe and effective.

9. We need services that have the capacity, focus and workforce to continue to address the increasing pressures of a changing society. Our approach to primary and community care on the one hand, and acute and hospital services on the other, should support the critical health challenges our society faces, not least with respect to an ageing population. For our Community Health Service, that will mean everyone should be able to see a wider range of professionals more quickly, working in teams. For acute and hospital services, it will mean thinking differently about how some health and care services are delivered if we are to ensure people receive high-quality, timely and sustainable support for their needs throughout their lives.

Better health

10. To improve the health of Scotland, we need a fundamental move away from a 'fix and treat' approach to our health and care to one based on anticipation, prevention and self-management. The key causes of preventable ill health should be tackled at an early stage. There must be a more comprehensive, cross-sector approach to create a culture in which healthy behaviours are the norm, starting from the earliest years and persisting throughout our lives. The approach must acknowledge the equal importance of physical and mental health as well as the need to address the underlying conditions that affect health.

11. This can only be done by health and other key public sector services (such as social care and education) working together systematically. All services must be sensitive to individual health and care needs, with a clear focus on early intervention. Moreover, it will not just be what services can provide, but what individuals themselves want and what those around them – not least families and carers – can provide with support. Services need to be designed around how best to support individuals, families and their communities and promote and maintain health and healthy living.

3 http://www.gov.scot/Resource/Doc/311667/0098354.pdf.

Better value

12. Better value means more than just living within our means; it means improving outcomes by delivering value from all our resources. It is not just about increasing the efficiency of what we currently do, but doing the right things in different ways. This will demand an integrated approach to the components of the delivery plan so that the whole approach and its constituent parts are understood and joined up.

13. Critical to this will be shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment.

14. Taking full account of the current pressures on primary and community services, we need to redesign those services around communities and ensure that they have the right capacity, resources and workforce. At the same time, people should look to improved and sustainable services from hospitals.

15. We need to free up capacity in hospitals and acute care, allowing for specialist diagnostic and elective centres to provide better-quality services to people and potentially changes to be made to the location of some services. Services should be organised and delivered at the level where they can provide the best, most effective service for individuals. Regional – and in some case, national – centres of expertise and planning should develop for some acute services to improve patient care. The governance structures of all our NHS Boards should support these changes and maximise 'Once for Scotland' efficiencies for the kind of functions all health services need to deliver. That doesn't mean structural change to NHS Boards responsible for the delivery of services to our patients but it does mean that they must work more collaboratively and across boundaries.

16. Evolving our services must also be rooted in a widespread culture of improvement. Sustainable improvements in care, health and value will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce.

17. Our health and care system has achieved a great deal in the last ten years using improvement methods which are data rich, engaging of leaders and frontline staff, and outcome driven. The Scottish Patient Safety Programme[4] is a good example of what this approach can deliver. While work in safety, efficiency and person-centred care has been planned and led centrally, the improvement has been local. The NHS Scotland workforce is crucial to this, and teams released to test and measure have already produced globally recognised improvements for Scotland's patients, families and carers.

4 http://www.gov.scot/Resource/Doc/311667/0098354.pdf.

18. We will build on the extensive investment in improvement skills and capacity across the health service to continue testing and measuring changes to improve care, supported by the dedicated expertise of Healthcare Improvement Scotland.

19. In meeting the triple aim, our ambition is not about a single strand of work or necessarily about commissioning a new series of projects. Indeed, much of the work is already underway. It is about making sure the different components of change work together to achieve the interlinked aims of better care, better health and better value at pace. Across those different aims, our actions are being driven by four major programmes of activity:

    - health and social care integration;
    - the National Clinical Strategy[5];
    - public health improvement; and
    - NHS Board reform.

20. Taken together, these changes in health and social care will bring long-term sustainability of our services and the continuing improvement of the nation's health and wellbeing. They are underpinned by a series of cross-cutting, thematic programmes of activity, which are also set out below.

Health and social care integration

21. Optimising and joining up balanced health and care services, whether provided by NHS Scotland, local government or the third and independent sectors, is critical to realising our ambitions. Integration of health and social care has been introduced to change the way key services are delivered, with greater emphasis on supporting people in their own homes and communities and less inappropriate use of hospitals and care homes. The people most affected by these developments, and for whom the greatest improvements can be achieved, are older people, people who have multiple, often complex care needs, and people at the end of their lives. Too often, older people, in particular, are admitted to institutional care for long periods when a package of assessment, treatment, rehabilitation and support in the community – and help for their carers – could better serve their needs.

5 http://www.gov.scot/Resource/0049/00494144.pdf.

22. For better integrated care to become a reality, the new Health and Social Care Partnerships must plan and deliver well-coordinated care that is timely and appropriate to people's needs. We are integrating health and social care in Scotland to ensure people get the right care, at the right time and in the right place, and are supported to live well and as independently as possible. An important aspect of this will be ensuring that people's care needs are better anticipated, so that fewer people are inappropriately admitted to hospital or long-term care. Consequently, we are focusing actions around three key areas: **reducing inappropriate use of hospital services**; **shifting resources to primary and community care**; and **supporting capacity of community care**.

Health and social care integration: actions

Reducing inappropriate use of hospital services

In **2017**, we will:

- Ensure Health and Social Care Partnerships – with NHS Boards, local authorities and other care providers – make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings. This will be a key lever in shifting the focus of care across health and social care services.
- Agree with partners how to deliver an ambition of raising the performance of the whole of Scotland on delayed discharges from hospitals to the performance of the top quartile of local areas. This will be done as a step to achieving our wider commitments of eliminating delayed discharges, reducing unscheduled hospital care and shifting resources into primary and community care.
- By **2018**, we aim to: Reduce unscheduled bed-days in hospital care by up to 10 percent (ie. by as many as 400,000 bed-days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital. A range of actions will be taken to achieve this, including improving links between secondary, primary and community care under integration, supported by further work to understand better and take action on the extent to which emergency admissions are currently inappropriate and avoidable. As a result, people should only stay in hospital for as long as necessary and get more appropriate care in a more homely setting. It will reduce growth in the use of hospital resources, support balance across NHS Board budgets and give clear impetus to the wider goal of the majority of the health budget being spent in the community by **2021** (as set out below). The annual reports produced by Health and Social Care Partnerships and regular monitoring data will enable progress to be tracked.

Health and social care integration: actions – continued

- By **2021**, we aim to: Ensure that everyone who needs palliative care will get hospice, palliative or end of life care. All who would benefit from a 'Key Information Summary' will receive one – these summaries bring together important information to support those with complex care needs or long-term conditions, such as future care plans and end of life preferences. More people will have the opportunity to develop their own personalised care and support plan. The availability of care options will be improved by doubling the palliative and end of life provision in the community, which will result in fewer people dying in a hospital setting.

Shifting resources to the community

- By **2021**, we will: Ensure Health and Social Care Partnerships increase spending on primary care services, so that spending on primary care increases to 11 percent of the frontline NHS Scotland budget. Again, the annual reports produced by Health and Social Care Partnerships and regular monitoring data will be used to assess progress.

Supporting the capacity of community care

- In **2017**, we will: Continue to take forward a programme of work to deliver change in the adult social care sector, together with COSLA and other partners. This has begun with work to reform the National Care Home Contract, social care workforce issues and new models of care and support in home care. Reform of the National Care Home Contract will maintain the continuity, stability and sustainability of residential care provision while embedding greater local flexibility, maximising efficiency, improving quality, enhancing personalisation and promoting innovation. This national, consensus-based approach to improving social care will reinforce the ability of Health and Social Care Partnerships to match care and health support for individuals more quickly and more appropriately.

National Clinical Strategy

23. The National Clinical Strategy sets out a framework for developing health services across Scotland for the next 10-20 years. It envisages a range of reforms so that health care across the country can become a more coherent, comprehensive and sustainable high-quality service – one that is fit to tackle the challenges we face. At its heart is a fundamental change in the respective work of acute and hospital services and primary and community care, and a change in the way that medicine is approached. As a result, the Strategy aims to:
    - strengthen primary and community care;
    - improve secondary and acute care; and
    - focus on realistic medicine.

Primary and community care

24. Community and hospital-based care needs to be integrated and rebalanced to ensure that local health services are more responsive and supportive to the needs of individuals, not least those with chronic conditions who would be better supported in primary and community care. That requires reforming the latter to deliver a stronger, better resourced and more flexible service for people. We are also working to address the current workload pressures and recruitment challenges facing many GP practices and cannot simply result in a crude redistribution of pressures between different parts of the health service. To do this, we must:

    - support individuals, families and carers to understand fully and manage their health and wellbeing, with a sharper focus on prevention, rehabilitation and independence;
    - expand the multi-disciplinary community care team with extended roles for a range of professionals and a clearer leadership role for GPs;
    - develop and roll out new models of care that are person- and relationship-centred and not focused on conditions alone;
    - enable those waiting for routine check-up or test results to be seen closer to home by a team of community health care professionals, in line with the work of the Modern Outpatient Programme[6] in hospitals (as detailed later);
    - ensure the problems of multiple longer-term conditions are addressed by social rather than medical responses, where that support is more appropriate; and
    - reduce the risk of admission to hospital through evidence-based interventions, particularly for older people and those with longer-term conditions.

    We will achieve this by **building up capacity in primary and community care** and **supporting development of new models of care**.

6 http://www.gov.scot/Publications/2016/12/2376.

Primary and community care: actions

Building up capacity in primary and community care

- In **2017**, we will: Continue the investment in recruitment and expansion of the primary care workforce which began in 2016, and which will mean that, by **2022**, there will be more GPs, every GP practice will have access to a pharmacist with advanced clinical skills and 1,000 new paramedics will be in post. This will reinforce the workforce and the capacity of primary and community care to support our services for the future and will be done in line with our National Health and Social Care Workforce Plan (as discussed later).

By **2018**, we aim to:

- Have increased health visitor numbers with a continued focus on early intervention for children through addressing needs identified through the Universal Health Visiting Pathway[7], which started in 2016. As a result of this, every family will be offered a minimum of 11 home visits including three child health reviews by **2020**, ensuring that children and their families are given the support they need for a healthier start in life.
- Have commenced Scotland's first graduate entry programme for medicine. This will focus on increasing the supply of doctors to rural areas and general practices more generally.
- By **2020**, we aim to: Have implemented the recommendations of the Improving Practice Sustainability Short Life Working Group, the GP Premises Short Life Working Group and the GP Cluster Advisory Group. These actions will support more sustainable GP practices over the long term and build stronger links to Health and Social Care Partnerships, ensuring that the changes in primary care are both effective and sustainable.

By **2021**, we aim to:

- Have strengthened the multi-disciplinary workforce across health services. We will agree a refreshed role for district nurses by **2017**, train an additional 500 advanced nurse practitioners by **2021** and create an additional 1,000 training places for nurses and midwives by **2021**. This will build on four successive increases in student nursing and midwifery intakes to meet additional demand, especially in primary and community settings.
- Have increased the number of undergraduates studying medicine by 250 as a result of the 50 additional places in Scotland's medical schools introduced in **2016**.
- Have increased spending on primary care and GP services by £500 million by the end of the current parliament so that it represents 11 percent of the frontline budget. This is a fundamental change in how health resources are directed and will enable the critical shift in balance to primary and community care.

7 http://www.gov.scot/Resource/0048/00487884.pdf.

Primary and community care: actions – continued

Supporting new models of care

In **2017**, we will:

- Negotiate a new landmark General Medical Services contract, as a foundation for developing multi-disciplinary teams and a clearer leadership role for GPs.
- Test and evaluate the new models of primary care in every NHS Board, which will be funded by £23 million, and disseminate good practice with support from the Scottish School of Primary Care. These new models of care will include developing new, effective approaches to out-of-hours services and mental health support, and are essential for moving to a more person- and relationship-centred approach to individual care across the whole of Scotland.
- Taken forward the recommendations from the Review of Maternity and Neonatal Services[8] and progress actions across all aspects of maternity and neonatal care.
- Launch Scotland's Oral Health Plan, following consultation, as part of a comprehensive approach to modernise dentistry and improve the oral health of the population through a prevention and early intervention approach.

By **2018**, we will:

- Have rolled out the Family Nurse Partnership programme nationally to provide targeted support for all eligible first-time teenage mothers. This will give intensive support to mothers and their children and give their health and wellbeing a strong start.

Secondary and acute care

25. People should only be in hospital when they cannot be treated in the community and should not stay in hospital any longer than necessary for their care. This will mean reducing inappropriate referral, attendance and admission to hospital, better signposting to ensure the right treatment in a timely fashion, and reducing unnecessary delay in individuals leaving hospital. Addressing admission to, and discharge from, hospitals will be the responsibility of Health and Social Care Partnerships; but all partners will need to work together to reduce the levels of delayed discharges, ensure services are in place to facilitate early discharge and avoid preventable admissions in the first place.

26. At the same time, within hospitals, more needs to be done to ensure better outcomes for people, while making a more effective use of resources. There is increasing evidence that better outcomes are achieved for people when complex operations are undertaken by specialist teams and some services are planned and delivered on a population basis. This might mean some services currently delivered at a local level would produce better outcomes for people if delivered on a wider basis. This kind of service change needs to be accompanied by investment in new, dedicated facilities to ensure that the capacity for high-quality, sustainable services can be delivered at the appropriate level.

8 http://www.gov.scot/Topics/People/Young-People/child-maternal-health/neonatal-maternity-review.

27. To achieve this we will take intensive and coordinated action in several key areas of secondary and acute care: **reducing unscheduled care**; **improving scheduled care**; and **improving outpatients**.

Secondary and acute care: actions

Reducing unscheduled care

In **2017**, we will:

- Complete the roll out of the Unscheduled Care Six Essential Actions[9] across the whole of acute care. Through improving the time-of-day of discharge, increasing weekend emergency discharges and a more effective use of electronic information in hospitals, we will enhance a patient's journey at each stage through the hospital system and back into the community without delay.
- Undertake a survey on admission and referral avoidance opportunities. This will give a strong evidence base to target modelling for how to reduce unscheduled care through integrated primary and secondary care services.

Improving scheduled care

In **2017**, we will:

- Put in place new arrangements for the regional planning of services. The National Clinical Strategy sets out an initial analysis of which clinical services might best be planned and delivered nationally and regionally, based on evidence supporting best outcomes for the populations those services will serve. This is a critical first step towards strengthening population-based planning arrangements for hospital services, working across Scotland. NHS boards will work together through three regional groups. In **2018**, the appropriate national and regional groups will set out how services will evolve over the next 15 to 20 years, in line with the National Clinical Strategy.
- Reduce cancellations and private care spend in scheduled care by rolling out the Patient Flow Programme from the current pilots across all NHS Boards. The Programme builds on the success of previous programmes – such as Day Surgery, Enhanced Recovery for Orthopaedics and Fracture Redesign – by increasing national and local capacity to use operations management techniques to improve care for patients. Four pilot boards are implementing improvement projects covering emergency and elective theatre operations, elective surgery planning and emergency medical patient flow. As this is expanded, it will introduce more responsive and efficient secondary care and reduce wastage and the unnecessary use of resources.

9 http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/UnscheduledCare/6-Essential-Actions-To-Improving-Unscheduled-Care.

Secondary and acute care: actions – continued

By **2021**, we will:

- Complete investment of £200 million in new elective treatment capacity and expanding the Golden Jubilee National Hospital. Overall, this investment will ensure that there is high-quality and adequate provision of elective care services to meet the needs of an ageing population.
- Complete investment of £100 million in cancer care to ensure: earlier detection with more rapid diagnosis and treatment; more and better care during and after treatment, taking account of what matters most to people with cancer; increased entry to clinical trials/research; and an evidence driven cancer intelligence system for clinicians and patients with access to near-to-real time information through care pathways. Addressing cancer in such a comprehensive way will target one of the critical health issues facing the population.

Improving outpatients

- By **2020**, we aim to: Have reduced unnecessary attendances and referrals to outpatient services through the recently-published Modern Outpatient Programme. The aim is to reduce the number of hospital-delivered outpatient appointments by 400,000, reversing the year-on-year increase of new appointments. It will draw on the existing Delivering Outpatient Integration Together (DOIT) Programme and other activities such as the Technology Enabled Care Programme to:
  - give GPs greater access to specialist advice to reduce the time people wait to get appropriate treatment;
  - use clinical decision support tools to reduce the amount of time people wait to get the right treatment;
  - reduce the number of attendances for people with multiple issues through a holistic approach to their support and care;
  - enable GPs to have more access to hospital-based tests so that people can be referred to the right clinician first time; and
  - facilitate more return or follow-up appointments in non-hospital settings through virtual consultation from their own home.

Realistic medicine

28. We need to change our long-term approach to the role of medicine and medical interventions in our health and wellbeing. A new clinical paradigm, based on a 'realistic medicine' approach and backed by clinical leadership, will support people through informed, shared decision-making that better reflects their preferences and what matters most to them. There needs to a greater focus on the discussions that medical practitioners have with people about their care, and what different types of medical intervention can entail. Relationships between individuals and practitioners should be based on helping people understand options about their care and choose treatment according to their preferences.

29. At the same time, we must get better value out of medicine and medical interventions and find ways to reduce any unnecessary cost. Waste and variation in clinical practice need to be addressed, and we should also support the reliable implementation of effective interventions that are not currently being made available to people.

30. Consequently, we need to take forward actions that will strengthen **relationships between professionals and individuals** as well as **reduce the unnecessary cost of medical action**.

Realistic medicine: actions

Strengthening relationships between professionals and individuals

In **2017**, we will:

- Refresh our Health Literacy Plan, Making It Easy[10], to support everyone in Scotland to have the confidence, knowledge, understanding and skills we need to live well with any health condition we have.
- Review the consent process for patients in Scotland with the General Medical Council and Academy of Medical Royal Colleges and make recommendations for implementation from **2018** onwards. This is a key element in transforming the relationship between individuals and medical professionals.

10 http://www.gov.scot/Topics/Health/Support-Social-Care/Health-Literacy.

Realistic medicine: actions – continued

By **2019**, we aim to:

- Commission a collaborative training programme for clinicians to help them to reduce unwarranted variation. This will support a workforce that can find more effective and valued ways of delivering medicine.
- Refresh the Professionalism and Excellence in Medicine Action Plan[11] and align high-impact actions to realistic medicine.

Reducing the unnecessary cost of medical action

By **2018**, we aim to:

- Incorporate the principles of realistic medicine as a core component of lifelong learning in medical education and mainstream the principles of realistic medicine into medical professionals' working lives at an early stage.

By **2019**, we aim to:

- Develop a Single National Formulary to further tackle health inequalities by reducing inappropriate variation in medicine use and cost and reduce the overall cost of medicine.

Public health improvement

31. Scotland's ability to respond to infectious diseases and other risks to health matches and, in some cases, exceeds that of much of the developed world. But in common with many developed societies, we face greater challenges to public health arising from lifestyle behaviours, wider social-cultural factors that prevent positive health choices being made and a modern environment that impacts on the health and wellbeing of individuals, families and communities. There are many social determinants which impact on health and wellbeing, including those that can affect us from our earliest years throughout our lives, such as Adverse Childhood Experiences. We need to increase public and service knowledge and awareness of where avoidable harm can be reduced, including a wider understanding of both physical and mental health and the right actions to promote and strengthen healthy lifestyles.

11 http://www.gov.scot/Publications/2014/01/8967.

32. This requires a concerted, sustained and comprehensive approach to improving population health through targeting particular health behaviours, acting to reduce avoidable harm and illnesses and taking a population- and lifetime-wide approach to prevention and early intervention treatment. We will:
    - create a clear set of **national public health priorities** for Scotland as a whole and streamline the currently cluttered **public health landscape**;
    - develop and build on our sustained approach to addressing the **key public health issues** of alcohol and tobacco misuse and diet and obesity;
    - drive forward a new approach to **mental health** that ensures support and treatment are mainstreamed across all parts of the health service – and beyond – and is not simply the responsibility of specialist services, working within the framework of a new 10-year mental health strategy to be published in early 2017; and
    - support a **More Active Scotland**[12].

Public health improvement: actions

Supporting national priorities

- In **2017**, we aim to: Set national public health priorities with SOLACE and COSLA, that will direct public health improvement across the whole of Scotland. This will establish the national consensus around public health direction that will inform local, regional and national action.
- By **2019**, we aim to: Support a new, single, national body to strengthen national leadership, visibility and critical mass to public health in Scotland. Such a body will have a powerful role in driving these national priorities and providing the evidence base to underpin immediate and future action.
- By **2020**, we aim to: Have set up local joint public health partnerships between local authorities, NHS Scotland and others to drive national public health priorities and adopt them to local contexts across the whole of Scotland. This will mainstream a joined-up approach to public health at a local level.

12 http://www.gov.scot/Resource/0044/00444577.pdf.

Public health improvement: actions – continued

Supporting key public health issues

In **2017**, we will:

- Continue delivery of the ambitious targets set out in our 2013 Strategy, Creating a Tobacco Free Generation[13], including reducing smoking rates to less than 5 percent by 2034. We will implement legislation to protect more children from secondhand smoke and reduce smoking in hospital grounds.
- Refresh the Alcohol Framework[14], building on the progress made so far across the key areas of: reducing the harms of consumption; supporting families and communities; encouraging positive attitudes and choices; and supporting effective treatment. A key part of the Framework is the introduction of a minimum unit price for alcohol and we will work towards its implementation at the earliest opportunity, subject to the current legal proceedings. This will combine into a highly ambitious approach to reducing alcohol harm in Scotland.
- Consult on a new strategy on diet and obesity. There are huge preventable costs to NHS Scotland and society associated with poor diet, as one of the critical health issues we are facing, and it requires a different approach to diet and obesity.
- Introduce the Active and Independent Living Improvement Programme which will support people of all ages and abilities to live well, be physically active, manage their own health conditions, remain in or return to employment, and live independently at home or in a homely setting.
- By **2021**, we will: Deliver the Maternal and Infant Nutrition Framework with a focus on improving early diet choices and driving improvements in the health of children from the earliest years. This will include: by **2017**, rolling out universal vitamins to all pregnant women; by **2019**, consolidating best practice and evidence on nutritional guidance for pregnancy up to when children are aged 3, and developing a competency framework to promote and support breastfeeding; and by **2020**, have integrated material into training packages for core education and continuing professional development.

13 http://www.gov.scot/resource/0041/00417331.pdf.

14 http://www.gov.scot/Publications/2009/03/04144703/14.

Public health improvement: actions – continued

Supporting mental health

- By **2018**, we will: Improve access to mental health support by rolling out computerised cognitive behavioural therapy services nationally.

By **2019**, we will:

- Have evaluated the most effective and sustainable models of supporting mental health in primary care, and roll these out nationally by **2020**.
- Have rolled out nationally targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder.

By **2020**, we will:

- Have improved access to mental health services across Scotland, increased capacity and reduced waiting times by improving support for greater efficiency and effectiveness of services, including Child and Adolescent Mental Health Services and psychological therapies. This will be accompanied by a workforce development programme and direct investment to increase capacity of local services.
- Have delivered new programmes promoting better mental health among children and young people across the whole of Scotland.
- By **2021**, we will: Have invested £150 million to improve services supporting mental health through the actions set out in the 10-year strategy.

Supporting a More Active Scotland

- In **2017**, we will: Publish a new delivery plan to support the Active Scotland Outcomes Framework and the Vision for a More Active Scotland, with greater action to address inequalities in physical activity across Scotland and a refocusing of resources.
- By **2019**, we will: Have embedded the National Physical Activity Pathway in all appropriate clinical settings across the health care system, ensuring that:
  - hospitals routinely support patients and staff to be more physically active;
  - we build on our success in schools, creating a culture of being active within children and young people. This will include rolling out the Daily Mile, extending the number of school sports awards, strengthening the Active Schools network creating more quality opportunities and supporting more active travel to and from school;
  - all partners stay on track for delivering 200 Community Sports Hubs, providing local places for communities to be active designed by themselves around their own needs; and
  - we continue to build on the legacy of the 2014 Commonwealth Games using the European Championships in Glasgow in 2018 to encourage more Scots to be active.

NHS Board reform

33. As the NHS moves into this new and changing delivery environment, we need our health bodies and governance models to reflect those changes and support the delivery for the people of Scotland. Our reform focus will continue to be on providing quality care for people, a shift towards prevention and early intervention, and making best use of our resources, rather than on structures and bureaucracy. Governance arrangements will only adjust to support this shift if required – i.e. the 'form' of governance would follow the 'function' of service planning and delivery. Any such changes would have to meet two tests. Firstly, that the changes were better able to respond to the needs of local communities. Secondly, that the changes would have to ensure better collaboration between NHS boards and, additionally, improve how our NHS works with providers of other public services to secure better outcomes for people.

34. We will also build on the work that has already taken place through a 'Once for Scotland' approach to provide efficient and consistent delivery of functions and prioritise those non-patient facing services which make sense to be delivered on a national basis. The approach will consider the differing needs across Scotland, and will be, for example, 'island-proofed' as part of the Scottish Government's wider commitment on recognising the distinct nature of island communities. Our territorial and patient facing national boards such as the Ambulance Service and NHS 24 must be allowed to focus on delivery of the "triple aim" of better care, better health and better value.

NHS Board reform: actions

In **2017**, we will:

- Review the functions of existing national NHS Boards to explore the scope for more effective and consistent **delivery of national services** and the support provided to local health and social care system for service delivery at regional level. As part of this, clear guidance will be put in place to NHS Boards that their Local Delivery Plans for 2017/18 must show their contributions to driving the work of this delivery plan, not least their contributions in support of the regional planning of clinical services.
- Ensure that NHS Boards expand the **'Once for Scotland' approach** to support functions – potentially including human resources, financial administration, procurement, transport and others. A review will be completed in **2017**, and new national arrangements put in place from **2019**.
- Start a comprehensive programme to look at **leadership and talent management** development within NHS Scotland. This will ensure that current leaders are equipped to drive the changes required in health and social care, but it will also ensure sustainability of approach by identifying the next cohort of future leaders of NHS Scotland.

Cross-cutting actions

35. Improvements will be driven by the key components set out above, but they will need to be supported by a series of cross-cutting sets of actions. These are the key programmes of work which will inform all the change set out here:
    - our approach to improving the services for children and young people through Getting It Right For Every Child;
    - the National Health and Social Care Workforce Plan;
    - the review of health and social care targets.
    - a focus on research and development, innovation and digital health; and
    - a robust approach to engagement.

Getting It Right For Every Child

36. The principles of our Getting It Right For Every Child[15] approach to improving services for children and young people are simple: more effective and widespread prevention and early intervention; better cooperation amongst professionals and between them, the child or young person, and their family; and a holistic approach to addressing a child's wellbeing. In addition to actions included in the main components of work above, we will drive this agenda through: continued implementation of Children and Young People (Scotland) Act 2014[16], in particular, the Named Person and the Child's Plan; and developing a new Child and Adolescent Health and Wellbeing Strategy in **2017**. This will form the cornerstone for a comprehensive approach to ensuring that all the factors affecting a child's or young person's health are regularly identified and supported with the individual, their family and, where appropriate, services.

15 http://www.gov.scot/Topics/People/Young-People/gettingitright/what-is-girfec/foundations.

16 http://www.legislation.gov.uk/asp/2014/8/contents/enacted.

National Health and Social Care Workforce Plan

37. Reform that delivers improved outcomes for patients can only happen with a committed, supported workforce that has the right skills, flexibility and support. Everyone Matters: 2020 Workforce Vision[17] sets out the health and social care workforce policy for Scotland, and a vision and values. The National Health and Social Care Workforce Plan will take forward the commitment to a sustainable workforce by establishing the priorities for action, assess current resources, and detail the actions to close the gap between what we have and what we will need to deliver high-quality, integrated and transformed services to those who need them. To be published in Spring **2017**, the Plan will:

    - align workforce planning more effectively with the different components of the delivery plan so that capacity challenges are identified at an early stage; and
    - improve workforce planning practice to make clearer what should be planned at national, regional and local levels.

    A short discussion paper outlining these arrangements, produced in consultation with key stakeholders, is attached at **Appendix 2**.

Review of health and social care targets

38. Targets can be instrumental in driving improvements in performance, but we need to ensure that performance is focused on improving outcomes for individuals and communities. Chaired by Sir Harry Burns, a national review is being conducted into the present suite of targets and indicators for health and social care. The review will work with service users, staff, professional bodies, and providers to ensure targets and performance indicators lead to the best outcomes for people being cared for, whether in hospital, primary care, community care or social care services. The interim report is expected in the Spring and the final report later in **2017**.

Research and development, innovation and digital health

39. Research is central to all high-performing health systems, leading to better targeted and more personalised treatment and improved patient outcomes. Scotland has a solid track record as a health research nation and in winning competitively awarded research funds. Research and development (R&D) and innovation are core activities for our health and social care services in Scotland and development in health and social care will depend on the science and discovery that underpins it. Through NHS Research Scotland (NRS), there is already a firm foundation of collaborative R&D partnership working successfully across NHS Scotland, academia and life-science industries. We will continue to invest in NRS to support health-related R&D, building on its model to drive a renewed effort in health innovation, as well as in Scottish Health Innovations Ltd to encourage, develop and appropriately commercialise innovative ideas and new technologies arising from within the health services. By **2018**, we will also:

17 http://www.workforcevision.scot.nhs.uk.

- create governance structures to support a new, coherent and concerted effort on the promotion and exploitation of health-related innovation and new technologies for the benefit of the whole health service;
- develop regional innovation clusters to translate cutting-edge research and innovation into excellent individual health care; and
- support innovation and technology capacity-building at national, regional and local levels by facilitating, encouraging and empowering those who work in health and care to identify innovation challenges and develop partnerships to deliver solutions.

40. Digital technology is key to transforming health and social care services so that care can become more person-centred. Empowering people to more actively manage their own health means changing and investing in new technologies and services, by, for example enabling everyone in Scotland to have online access to a summary of their Electronic Patient Record. The time is right to develop a fresh, broad vision of how health and social care service processes in Scotland should be further transformed making better use of digital technology and data. There is an opportunity to bring together all IT, digital services, tele-health and tele-care, business and clinical intelligence, predictive analytics, digital innovation and data use interests in health and social care. This will be taken forward through:

    - a review led by international experts of our approach to digital health, use of data and intelligence, to be completed in **2017**, which will support the development of world-leading, digitally-enabled health and social care services; and
    - a new Digital Health and Social Care Strategy for Scotland, to be published in **2017**, that will support a digitally-active population, a digitally-enabled workforce, health and social care integration, whole-system intelligence and sustainable care delivery.

Engagement

41. Engagement with patients, service users, staff and their representatives, key stakeholders and volunteers is vital in delivering our plans. The public and all stakeholders must not only be aware of the broader context within which decisions about any service changes are taken over the coming years, but inform how those decisions are taken from a position of understanding both the challenges and opportunities facing us.

42. There has already been huge engagement in developing health and social care integration, realistic medicine and through the National Conversation on Creating a Healthier Scotland[18]. The latter alone reached over 9,000 people through 240 events and engagements and with over 360,000 inputs through digital and social channels. Building on this work, the Our Voice framework[19] has been developed in partnership with NHS Scotland, COSLA, the ALLIANCE and other third sector partners to support people to engage, with purpose, in improving health and social care. The framework builds on much of the good work already underway at individual and local level to hear the voices of patients, their families, carers and unpaid carers, and involve them in improvement. We will explore ways in which Our Voice can support engagement on the work of this delivery plan through use of methods such as the national citizens' panel and citizens' juries.

43. Key to this will also be building on existing engagement mechanisms to ensure that all those who will be critical in delivering this change are fully involved in planning how it will take place. Work will continue with delivery partners across the public sector on how to take forward the different existing components of the delivery plan's activity, and this will be accelerated in the context of ensuring that the links between different activities are identified and opportunities for joint working maximised.

44. At the same time, it will be essential that engagement with the NHS Scotland workforce around this agenda is robust and makes full use of the potential of the workforce to drive this change. Through developing the National Health and Social Care Workforce Plan and as part of wider professional engagement, we will work with relevant organisations and bodies to ensure that the workforce needs of the future are identified early and fully and the contributions of the workforce to these workstreams are properly supported. In recognition of the established partnership working model in NHS Scotland, we will develop this work further in collaboration with trade union and professional organisations.

18 https://healthier.scot/.

19 http://www.scottishhealthcouncil.org/patient__public_participation/our_voice/our_voice_framework.aspx#.WEk5e7lDTEo.

How Will Delivery Of Our Plan Be Funded?

45. Achieving long-term financial sustainability of our health and care system and making the best use of our total resources is critical to this delivery plan. We will need to deliver transformational change while managing increasing demand for services, inflationary pressures and the growing needs of an ageing population. This will require a short-, medium- and long-term focus on sustainability and value of services alongside reform.

46. Over the next five years, we will invest £70 billion of resources in our health and social care system. At the same time the impact of our demographics and inflation in pay and in prices means that we must increase our overall productivity. Health funding is expected to grow in resource terms by the end of this Parliament, with significant planned investment in areas such as primary care, mental health, social care, cancer and new elective capacity. Spending on primary care services is set to increase by £500 million so that it accounts for 11 percent of the frontline NHS Scotland budget by May 2021.

47. A financial plan will support this delivery plan, creating the environment and incentives for change, and supporting transition. This will ensure stability to maintain the quality of care, health of the population and best value from resources through:
    - providing dedicated funding to invest in the levers of change;
    - putting in place arrangements to support sustainable financial balance across the whole of NHS Scotland;
    - creating short-term financial capacity to allow time to deliver change through efficiencies in current ways of working;
    - supporting clinicians to make best use of resources through investment in costing and value tools to support shared decision making on clinical and financial evidence;
    - driving an early intervention and prevention approach across services; and
    - developing an approach to infrastructure and digital that supports the shift from hospital to community and primary care and works across the public sector estate.

48. The components within the delivery plan will be financially and economically assessed at key stages in their development, from initial scoping through to implementation, to create a comprehensive assessment of affordability and sustainability.

How Will Delivery Be Tracked?

49. It is crucial that the delivery plan does not remain a simple statement of intent, but a continuing process of monitoring, challenge and review. Every component of the delivery plan will continue to be tested for its fit with our strategic aims and how it supports shifting the balance of care towards community settings, managing demand, reducing waste, harm and variation, and delivering value from our total resources. We will challenge the expected levels of investment and levels of efficiencies in local, regional and national plans to ensure delivery of the aims of the delivery plan.

50. As part of this, a robust, integrated performance framework for the different components of the delivery plan will be developed for early **2017**. Progress will be regularly reviewed to ensure that actions not only remain on track and anticipated outcomes can be fully realised, but that the delivery plan is updated with new measures as appropriate. It cannot remain a static document, but a way of continually assessing whether the measures and approach being taken are appropriate and sufficient to secure our Vision.

Appendix 1: What Will Be Different in a Transformed Health and Social Care System in Scotland?

What will be different for individuals

- People will be equal partners with their clinicians, working with them to arrive at decisions about their care that are right for them. They will be supported to reflect on and express their preferences, based on their own unique circumstances, expectations and values. This might mean less medical intervention, if simpler options would deliver the results that matter to them.
- People will be supported to have the confidence, knowledge, understanding and skills to live well, on their own terms, with whatever conditions they have. They will have access to greater support from a range of services beyond health, with a view to increasing their resilience and reinforcing their whole wellbeing.
- Health and social care professionals will work together to help older people and those with more complex needs receive the right support at the right time, and where possible, live well and independently by managing their conditions themselves.
- Hospitals will focus on the medical support that acute care can and should provide, and stays in hospital will be shorter. Individuals will benefit from more care being delivered in the community, and where possible, at home.
- Everyone will have online access to a summary of their Electronic Patient Record and digital technology will underpin and transform the delivery of services across the health and social care system.
- Children, young people and their families will benefit from services across the public sector – including health, education, social care and other services – working together to support prevention and early intervention of any emerging health issues.
- The diet and health of children from the earliest years will improve from coordinated and comprehensive nutritional support for children and families.
- There will be a significant reduction in the harmful impact on health of alcohol, tobacco and obesity, and our approach to oral health will be founded on prevention.
- People will have access to more and more effective services across the health system to support mental health, including the specialist services for children and young people. Mental health will be considered as important as physical health.
- People will lead more active, and as a result, healthier lifestyles.
- People will receive more sensitive, end of life support that will aim to support them in the setting that they wish. All those who need hospice, palliative or end of life care will receive it and benefit from individual care and support plans. Fewer people will die in hospitals.

What will be different for communities

- Most care will be provided locally through an expanded Community Health Service, avoiding the need to go into hospital.
- People will benefit from local practices and other community care with a wider range of available support. Practices will typically consist of complementary teams of professionals, bringing together clusters of health support and expertise. Communities will have access to quicker and joined-up treatment – this might be the GP, but supported by a team including highly-trained nurses, physiotherapists, pharmacists, mental health workers and social workers. GPs will take on a greater leadership role.
- Local practices will be able to provide more information and secure better advice for people locally without the need to attend hospitals to get specialist consultancy advice. That advice will be increasingly delivered locally.
- Families will receive more integrated and extended primary and community care for their children. There will be more home visits from health care professionals, including three child health reviews, and teenage mothers will receive more intensive and dedicated maternal support.

What will be different regionally

- Some clinical services will be planned and delivered on a regional basis so that specialist expertise can deliver better outcomes for individuals, services can be provided quicker and stays will be shorter. This will ensure that the services provided to people are high quality and the expertise remains as effective as possible.
- More centres will be provided to help NHS Scotland handle the growing demand for planned surgery, particularly from an ageing population. Such centres will allow medical professionals to become extremely skilled and have facilities to the highest standards. This will take pressure off other hospitals so there are fewer delays when urgent or emergency care is needed.

What will be different nationally

- There will be a national set of health priorities giving clear, consistent direction for how to improve public health across the whole of Scotland and a single national body to drive the priorities.
- Services and functions of the health service which can be delivered more efficiently at national level will be done on a 'Once for Scotland' basis.

Appendix 2: National Health and Social Care Workforce Plan: Outline Discussion Paper

Introduction

1. This document sets out the initial arrangements for the production, in early 2017, of a National Discussion Document on workforce planning in health and social care. A consultation exercise undertaken at this stage will report back and a final version of a National Health and Social Care Workforce Plan will be published in Spring 2017. There are three distinct stages:
   - **Outline Discussion Paper:** setting out initial arrangements prior to –
   - the **National Discussion Document:** to be published in early 2017, leading to –
   - the **National Health and Social Care Workforce Plan**, to be published by Spring 2017.

2. This is a complex area which will need time for all relevant stakeholders to have an opportunity for real engagement in order fully scope the landscape, issues and levers in order to 'get it right'. The production of the Workforce Plan by Spring 2017 should be seen as an **intermediate** step and part of a developing and iterative approach, not an end in itself. The Workforce Plan will be the first in an **annual series** aimed at improving workforce planning practice, as well as developing more effective and informed intelligence.

3. The Workforce Plan will present an opportunity to: a) refresh guidance for production of NHS Scotland workforce plans; and b) introduce workforce planning to which provides an overall picture for health and social care staff. The current position is different for NHS Scotland and Health and Social Care Partnerships, but the two will become increasingly interdependent in delivering care across Scotland, linking back to the recent Audit Scotland report recommendations. This outline discussion paper, the forthcoming National Discussion Document and the Workforce Plan, therefore, seek to achieve a balance in referring to working planning as it applies across NHS Scotland, and social work and social care interests.

4. Health and Social Care Partnerships are expected to develop integrated workforce plans to ensure people get the right support at the right time from staff who not only have the skills but are working in the most appropriate setting. The Workforce Plan should, therefore, look to support this agenda.

5. The need for the Workforce Plan derives from the national and international context within which workforce planning in health and social care needs to take place. The incremental approach reflects the timelines required to deliver a changed workforce and the effects of changing demand, demography and generational perspectives on work/life balance and careers. While the Workforce Plan and subsequent annual Plans will be practically focused and useable, they must also read across to and be able to adjust to strategic areas of health and social care reform.

6. This paper describes outline arrangements, processes around engagement, and some of the context for this work.

Aim of the Outline Discussion Paper

7. The aim of this paper is to set out the intended actions reflecting the Scottish Government's Programme for Government commitment on workforce planning and to assure organisations within health and social care – including NHS Boards and the full range of employers in the social service sector – of their full involvement in the work being undertaken to realise this commitment.

Objectives

8. We are working to develop national and regional workforce planning through a Workforce Plan which helps deliver the direction set out in a range of strategic developments – among them this delivery plan as well as the National Clinical Strategy – while also reflecting progress in key areas of health and social care such as integration and self-directed support. To do this, we must ensure that all key stakeholders are able to contribute to and help to shape the Workforce Plan, so that it addresses their interests and issues.

9. As we work towards a Workforce Plan in 2017, we want to ensure a clear view for those responsible for workforce planning within health and social care services, on:

   - roles and responsibilities with regards to workforce planning, and in the production of the Workforce Plan itself, as well as current arrangements already in place;
   - Ministers' intentions to ensure better coordination of national, regional and local workforce planning against a complex and shifting health and social care background; and
   - how more consistent and coordinated workforce planning can help deliver better services and outcomes for Scotland's people.

   The Workforce Plan will also provide an opportunity to consider integrated workforce planning arrangements, recognising differences in workforce planning practice between NHS Scotland, local authorities and other social service employers.

Context

10. The need for a Workforce Plan stems from the Programme for Scotland commitments in relation to health and social care, as well as from Audit Scotland recommendations on workforce planning in relation to its recent findings on the public sector workforce[20], health and social care integration[21] and on the NHS in 2016[22].

11. It is important that the Workforce Plan should apply in an integrated context, covering the social care services sector, comprising a wide range of support and services and employing 130,000 NHS Scotland staff and over 200,000 staff across the third, independent and public sectors[23]. There is a statutory duty on NHS Boards to undertake workforce planning and this will continue to apply. We, therefore, expect the Workforce Plan to be:

    - **a strategic document**, setting out the workforce vision for health and social care services, the priorities to be taken forward, the assessment of current resources to deliver the vision, and actions to close the gap between what we have and what we will need;
    - **apply at a national level**, linking, as appropriate, to regional and local levels; and
    - **active and useable**, making coherent workforce planning links between national and regional activity and offering frameworks for practical workforce planning in both the NHS Scotland and social services sectors.

12. The Workforce Plan will consider how workforce planning is influenced by the following developments in health and social care:

    - public service reform and integration of health and social care, allowing space for NHS Boards, local authorities and Health and Social Care Partnerships to plan for the workforce for the health and social care system that Scotland needs, now and in future;
    - Progr.5ng plans for elective centres;
    - recommendations on workforce planning from Audit Scotland[24];
    - the NHS Scotland Workforce 2020 Vision, Everyone Matters; and
    - approaches and methodologies in use which support development of services delivered by multi-disciplinary teams – for example, the Workforce Planning Guide by the Scottish Social Services Council, the NHS Scotland 6 Step Model, and local authority tools and guidance.

20 http://www.audit-scotland.gov.uk/report/scotlands-public-sector-workforce.

21 http://www.audit-scotland.gov.uk/report/health-and-social-care-integration.

22 http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_161027_nhs_overview.pdf.

23 http://data.sssc.uk.com/data-publications/22-workforce-data-report/128-scottish-social-service-sector-report-on-2015-workforce-data.

24 "The Scottish Government, in partnership with NHS Boards and integration authorities, should share good practice about health and social care integration, including effective governance arrangements, budget-setting and strategic and workforce planning". [Audit Scotland – NHS in Scotland 2016-17].

13. In relation to meeting the challenging health and social care needs required, the Workforce Plan will:
    - set out a useable framework to improve current workforce planning practice;
    - clarify how workforce planning should take place nationally, regionally and locally across health and social care;
    - map and coordinate similarities and differences in workforce planning practice; and
    - harmonise, reconcile and share approaches where appropriate, while preserving what works well.

Intended outcomes

14. The Workforce Plan will help to bring about:
    - clearer understanding about respective roles and responsibilities on workforce planning;
    - clearer understanding about the changes and improvements which need to be made and why;
    - improved consistency, allowing for sharing of best workforce planning practice across Scotland;
    - clearer evidence that robust workforce planning helps to deliver effective, efficient delivery of services and better patient/ service user/ client outcomes; and
    - a longer-term view of the challenges in regard to capacity and capability of this workforce and the solutions we need to design now in response to these.

Process for developing the Workforce Plan

15. An important first step will be to define and articulate the scale of the challenge and the scope of the Workforce Plan. Though NHS Boards are required to follow a single methodology, workforce planning practice can vary significantly. There is also considerable diversity in workforce planning practice between NHS Boards and employers in the social services sector. However, there are indications that workforce challenges are common to both, including: an ageing workforce and the need to provide care for a larger proportion of the population; increasing activity and demand on services; difficulties in recruitment for some hard-to-fill posts; the need to design multi-professional approaches to service challenges; and the availability and suitability of training and career pathways. Starting to be clearer about what can/should be dealt with nationally, regionally and locally will help.

16. Some workforce planning issues will require more pressing action. For the short to medium term, the Workforce Plan will need to:

    - for NHS Scotland, align workforce planning objectives with strategic policies, enabling capacity challenges to be identified before they become an issue;
    - improve workforce planning practice and issue more useable guidance to assist employers. This will apply across health and social care and, for NHS Scotland, will be specific about how this can be done at national, regional and local levels, recognising the key interest of Health and Social Care Partnerships in this development; and
    - examine how collecting, reporting and triangulating workforce planning information might be undertaken more efficiently, so we ensure it embeds with strategic and financial planning issues and translates into planned rather than reactive action. This might also be explored in an integrated context, given the range of different tools and resources available.

17. For the longer term, the Workforce Plan will need to develop a series of actions, perhaps set within a framework of tools accessible by different employers, allowing them to use these to build sufficient numbers of appropriately trained and qualified staff. This will involve exploring how to develop better intelligence through workforce analysis – being clear how a range of demand factors impact on supply. We will want to describe this in more detail as we move to publish the National Discussion Document in early 2017.

Timescale

18. Designing a framework for workforce planning which can apply successfully to different sectors will take time. The arrangements for publishing the National Discussion Document and the Workforce Plan are:

- in **December 2016**, issue this Outline Discussion Paper, seeking input in parallel from key stakeholders and consulting with COSLA and other key local government partners, NHS Management Steering Group, the Scottish Partnership Forum, the Human Resources Working Group on Integration and employer representative bodies such as Scottish Care and the Coalition of Care and Support Providers in Scotland. There will also be discussions with NHS Scotland and Health and Social Care Partnerships, professional bodies, representatives from the primary care sector and other professional stakeholders;
- in **early 2017**, publish the National Discussion Document, aligning with other relevant publications/releases at that time; and
- in **Spring 2017**, publish the National Health and Social Care Workforce Plan, which NHS Boards and employers in the social care sector can use to support development of their local plans, working with Health and Social Care Partnerships as appropriate.

Approach

19. The proposed new approach in the Workforce Plan will require roles and responsibilities in respect of workforce planning activity to be clarified and will involve:

i. forging closer links between and among:

- senior managers in NHS Boards, local government and the social services sector responsible for strategic planning;
- planners in NHS Boards, local government and the social services sector involved with implementing robust, progressive workforce plans, and aligning them with those for financial and service planning;
- service managers, in a unique position to know the strengths and weaknesses of services to patients, service users and clients provided locally;
- groups of health and social care professionals, whose views on achieving an optimum workforce balance will help build a workforce which will meet the future needs of health and social care;
- trade unions across health and social care, whose input is key to creating the right working conditions for those professionals; and

ii. equipping NHS Boards, local government and the social care sector with the means to plan ahead effectively to ensure they have the right staff in the right place at the right time to provide safe, high-quality health and social care services for Scotland's people.

Next steps

20. We want as far as possible to use the **existing** infrastructure to work towards a Workforce Plan by:
    - using this Discussion Paper and the National Discussion Document to invite constructive input, views and comment; and
    - visiting NHS Boards, Health and Social Care Partnerships, COSLA, local authorities and other social services employers to seek views, intelligence and support; and consulting the full range of stakeholders across the health, social care sectors, independent sector, trade unions and professional/regulatory organisations, educational institutions and other interested parties.

21. Arrangements covering governance, data and risks are currently being put in place to underpin the development of the Workforce Plan. These will ensure priority issues faced by the health and social care sector are addressed in a fully inclusive way. Once agreed, these arrangements will be shared with relevant parties.

Challenges

22. Some of the workforce planning challenges specific to NHS Boards and social services sector are outlined below.

NHS Boards

23. Building a more effective workforce planning network with NHS managers, including HR Directors and workforce planners in NHS Boards, is urgently required.
    - **Nationally:** we will hold early discussions with HR Directors about the establishment of a national workforce planning group, to be taken forward in partnership between Scottish Government and the service, to ensure there is clarity of responsibility, governance and expectation. Dialogue to facilitate and establish this will involve membership from the wider medical and non-medical professions. This group will also need to consider how best to involve Health and Social Care Partnerships and social care representatives on practical workforce planning issues. The group will require a work programme that is solution-driven, and will need an active and dynamic agenda that prioritises workforce planning challenges, linked clearly to national priorities.
    - **Regionally:** regional workforce planning already takes place in the North, West and South East/Tayside – but it is variable in scope. A more inclusive approach is needed to allow solutions to be designed across individual NHS Board boundaries. The discussions above could also consider how work should be grouped at regional level, to evolve regional approaches to particular capacity challenges.

- **Locally:** we need to maintain links with individual NHS Boards, local authorities and Health and Social Care Partnerships to ensure they are aware of and able to respond to the challenges in the Workforce Plan.

Social care employers

24. The Workforce Plan will need to recognise and address the challenges faced by the social services sector in recruiting and retaining the staff needed to deliver social care services. It will need to be relevant in different contexts, and achieve a 'fit' between existing workforce plans within health and social care (including NHS Boards, Health and Social Care Partnerships and local authorities).

25. Opportunities for joint working on this topic should be explored to minimise duplication of effort. It may be possible in future, for example, to consider the scope of Health and Social Care Partnership and NHS Board workforce plans so that they apply in more focused ways to different parts of the workforce – for example, the workforce delivering community health and social care services, and the workforce which delivers acute sector services. There will be opportunities to look at these issues in the National Discussion Document in early 2017.

26. It may be appropriate for the social care services sector to consider: whether it might build national and regional approaches into its workforce planning; and how local flexibility can best operate (particularly in the context of local government). Discussion on this will require further engagement within the social care sector, specifically involving local government and its representative organisations. In the social services sector it is understood that most, if not all, organisations take decisions about workforce planning at senior level and collect data on current:

    - staff numbers and costs;
    - vacancies; and
    - training activity.

    Most organisations use this data for budget setting, day to day management and planning for short term needs. However relatively few use workforce planning tools – the most widely used being the Scottish Social Services Council Workforce Planning Guide[25].

25 http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=25.

27. There is acknowledgement within the social service sector[26] about the urgency of workforce planning issues in light of demographic effects (such as ageing workforce) which influence the ability to plan ahead, the reliance of forecasting on available budgets and the daily effects of service changes (with consequences in planning for workforce). There are strong interconnections between workforce planning and pay, recruitment and retention and a range of other factors. It is clear that this will require an integrated approach not only to planning for services but also to workforce planning. This will require a systematic approach informed by accurate, coordinated and relevant data, allowing available capacity to be deployed flexibly.

Health and Social Care Partnerships

28. Although Health and Social Care Partnerships are required to complete integrated workforce development plans, not all have yet been completed and there is some variance in their contents. The position of Health and Social Care Partnerships is relevant here too. Although Health and Social Care Partnerships are not employers themselves, they are tasked with managing joint budgets to provide integrated health and community care services in the most effective way possible. They will play a key role in shaping workforce demand and in supporting 'intelligent forecasting', which should be reflected in both NHS Scotland and social care services workforce planning.

Discussion

29. We plan to contact all NHS Boards, COSLA and Health and Social Care Partnerships as we engage on developing the National Discussion Document. While aims and expectations depend on effective communication, we are realistic about the audience we can achieve in the limited time available. All are important and will need good reason to invest in facilitated time.

26 "Recruitment and Retention in the Social Service Workforce in Scotland" – Shona Mulholland, Jo Fawcett and Sue Granville (Why Research).

30. We will aim to involve the following professional staff groupings, principally through their existing representative bodies but also, where possible, individually:
    - staff side representatives – including Scottish Partnership Forum, the Society for Personnel and Development Scotland, Unison, Unite, GMB, the Royal College of Nursing, the Royal College of Midwives, and the British Medical Association;
    - the HR Working Group on Integration;
    - COSLA;
    - NHS Boards and local government (through SOLACE);
    - Health and Social Care Partnerships;
    - HR and SP Directors;
    - Medical Directors;
    - Nursing Directors;
    - Chief Social Work Officers;
    - Finance Directors;
    - service managers;
    - workforce Planners in NHS Boards – regional and local – and in local authorities;
    - recruitment managers;
    - service planners, including for acute and elective services, as well as representatives from local cancer planning groups and other condition-specific groups (such as the National Advisory Committee on Stroke);
    - clinicians and health and social care professionals;
    - NHS Education in Scotland, Scottish Social Services Council and other regulatory and educational interests;
    - the Royal Colleges; and
    - social care employer representatives bodies – the Coalition of Care Providers in Scotland, Scottish Care and others.

31. We will communicate with the groups outlined above in various ways, including:
    - tapping into planned meetings of existing committees, boards and other gatherings as appropriate, rather than setting up new structures;
    - assessing whether 'roadshow'-type events – with regional/board variations taking account of local issues – may be useful;
    - holding specific small events or workshops – informal and flexible, with few attendees but lively discussion;
    - organising more formal meetings, with presentations followed by discussion; and
    - facilitated discussion, at events such as Strengthening the Links.

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West Lothian Integration Joint Board

Date: 31/01/2017

Agenda Item: 10

DELEGATION OF POWERS TO OFFICERS

REPORT BY STANDARDS OFFICER

A PURPOSE OF REPORT

To consider and approve a list of powers and responsibilities to be delegated by the Board to its officers, as part of the Board's governance arrangements.

B RECOMMENDATIONS

1. To approve the Scheme of Delegations in the appendix
2. To delegate to the Standards Officer the powers to make administrative changes to the Scheme as required from time to time, and to amend and re-publish the Scheme as and when required by further delegations authorised by the Board
3. To agree that the Scheme should be comprehensively reviewed every three years
4. To note that the approved Scheme will be published alongside the Board's Standing Orders and committee and working group remits to provide an open and transparent set of decision-making rules and procedures

C TERMS OF REPORT

1 Background

1.1 The West Lothian Integration Joint Board is a statutory corporate body with its own legal personality. It is established under the Public Bodies (Joint Working) (Scotland) Act 2014 and has the responsibilities and powers conferred by that Act and associated statutory regulations.

1.2 The Board only has one member of staff - the Chief Officer, known locally as the Director. It has other officers who are not members of its staff but who carry out duties for it (for example, the Chief Finance Officer, the Standards Officer). It also receives support from officers and employees of the council and the health board (for example, in relation to the Strategic Planning Group's work). They are not employed by the Board and they are managed by the Director in his complementary roles in the management structures of those two organisations.

1.3 To help ensure sound decision-making, adequate control and good governance the Board has approved Standing Orders governing the conduct of Board and committee meetings; a remit and rules of membership and procedure for the Strategic Planning Group; and remits and membership rules for its committees and working groups. It has also approved Financial Regulations, and has established procedures for making agendas, reports and minutes of meetings freely available on the internet.

1.4 One part of the Board's decision-making structures which still requires to be approved is a document setting out the scope and rules for decisions being taken by officers on behalf of the Board. That document would be known as the Scheme of Delegations to Officers.

2 Purposes of the Scheme

2.1 It should set out the powers and responsibilities of significance to the Board's discharge of its statutory responsibilities which it chooses to delegate to its officers.

2.2 It should not contain any delegation of powers or duties in relation to functions of the council or the health board or their members of staff. They are both separate legal bodies with different duties, powers and interests in relation to the integration of health and social care. They will have their own internal rules and delegations of powers in relation to their own interests.

2.3 Each of the posts covered by the Scheme has its own role description used by the Board's Appointments Committee and the Board itself when the posts were first filled. It is not the Scheme's purpose to replace those or duplicate them or repeat them. The Scheme is part of a governance framework for efficient, effective and accountable decision-making amongst the Board, its committees and its officers.

2.4 The Scheme is not designed to be an exhaustive list of things that officers can do on behalf of the Board. It records the most significant and standing delegations of powers and responsibility to officers.

2.5 There is no need for it to record temporary or one-off instructions or delegations to officers. Those are recorded in minutes of Board and committee meetings. As a general rule, it is suggested that delegations which will last for more than six months will be included.

3 Proposed Scheme

3.1 The proposed Scheme is in the appendix.

3.2 It makes it clear that in using a delegated power, officers must have regard to and comply with a series of over-arching rules, such as legislation, the Integration Scheme, the Strategic Plan and other Board's policies.

3.3 It allows for the delegation of the use of powers to other officers or employees of the council or health board providing support to the Board. If that is done, they must ensure adequate controls and reporting arrangements are in place. Notwithstanding any such sub-delegation, the officers designated in the Scheme remain accountable directly and personally to the Board.

3.4 Subject to the specific provisions in the Scheme and the Board's Standing Orders and Financial Regulations, powers delegated include anything which is calculated to facilitate, or is conducive or incidental to, their discharge.

4 Procedures

4.1 Once approved, the Scheme will be published on the internet alongside other documents such as Standing Orders and the Register of Interests.

4.2 When the Board makes a new delegation or amends an existing delegation the Scheme will be amended and re-published by the Standards Officer.

4.3 The Standards Officer will also have a standing delegation to make any minor or administrative changes required, for example when new legislation is introduced or terminology changes.

4.4 The Scheme will be checked each year as part of the statutory annual review by the Board of its system of internal control and in preparing its annual governance statement.

4.5 It will also be comprehensively reviewed every three years and the outcome reported to the Board.

D CONSULTATIONS

Chief Officer, Finance Officer, Internal Auditor

E REFERENCES/BACKGROUND

1 Public Bodies (Joint Working) (Scotland) Act 2014

2 Standing Orders

F APPENDICES

1. Proposed Scheme of Delegations for adoption.

G SUMMARY OF IMPLICATIONS

Equality/Health	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. The relevance assessment can be viewed as a background reference to this report.
National Health and Wellbeing Outcomes	There is no direct relevance to the Outcomes
Strategic Plan Outcomes	There is no direct relevance to the Strategic Plan
Single Outcome Agreement	There is no direct relevance to the Single Outcome Agreement
Impact on other Lothian IJBs	No such impact is anticipated
Resource/Finance	Not applicable
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory regulations; Standing Orders

Risk	Failure to comply with statutory duties; unclear decision-making procedures; decisions made without authority

H CONTACT

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31 January 2017

APPENDIX 1

1 Introduction

1.1 The West Lothian Integration Joint Board (IJB) is a statutory corporate body with its own legal personality. It is established under the Public Bodies (Joint Working) (Scotland) Act 2014 and has the responsibilities and powers conferred by that Act and associated statutory regulations.

1.2 The IJB only has one member of staff - the Chief Officer, known locally as the Director. It has other officers who are not members of its staff but who carry out duties for it (for example, the Chief Finance Officer, the Standards Officer). It also receives support from officers and employees of the council and the health board. They are not employed by the IJB and they are managed by the Director in his complementary roles in the management structures of those two organisations.

1.3 To help ensure sound decision-making, adequate control and good governance the IJB has approved this Scheme of Delegations to its officers. The Scheme sets out the powers and responsibilities of significance to the IJB's discharge of its statutory responsibilities which it has chosen to delegate to those officers.

1.4 It does not contain any delegation of powers or duties in relation to the council or the health board or their members of staff. They are separate legal bodies with different duties, powers and interests in relation to the integration of health and social care. They will have their own internal rules and delegations of powers in relation to their own interests.

1.5 Each of the posts covered by the Scheme has its own role description used by the IJB Appointments Committee and the IJB when the posts were first filled. It is not the Scheme's purpose to replace those or duplicate them or repeat them. The Scheme is part of a governance framework for efficient, effective and accountable decision-making amongst the IJB, its committees and its officers.

2 General considerations

2.1 The Scheme is not an exhaustive list of things that officers can do on behalf of the IJB. It records the significant and standing delegations of powers and responsibility to officers.

2.2 It does not record temporary or one-off instructions or delegations to officers. Those are recorded in minutes of IJB and committee meetings. As a general rule, delegations which will last for more than six months are included, and others are not.

2.3 Subject to the specific provisions in the Scheme and the IJB's Standing Orders and Financial Regulations, powers delegated include anything which is calculated to facilitate, or is conducive or incidental to, their discharge.

2.4 In using a delegated power, officers must have regard and comply with the following over-arching considerations:-

a) They must comply with the law

b) They must have regard to statutory guidance

c) They must act within the terms of the Integration Scheme

d) They must not depart from the terms of the Strategic Plan

e) They must comply with the IJB's Standing Orders and Financial Regulations

f) They must not act where matters are reserved to the IJB or delegated to a committee

g) They must act in accordance with IJB policies, procedures and instructions

h) They must not act in relation to issues which are politically sensitive or controversial

2.5 Officers may delegate the use of their powers to other officers or employees of the council or health board providing support to the IJB. If they do so, they must ensure adequate controls and reporting arrangements are in place. Notwithstanding any such sub-delegation, they remain accountable directly and personally to the IJB.

3 Director

3.1 As a matter of law, the Director is employed by either West Lothian Council or NHS Lothian and seconded to the IJB as its only member of staff.

3.2 The Director is accountable to the IJB as its Chief Officer and also holds positions of authority and responsibility in both council and health board. He is managed jointly by the Chief Executives of the council and the health board.

3.3 The Director has the following delegated powers and responsibilities:-

a) The statutory position of Chief Officer in terms of section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014

b) Providing corporate and strategic advice and direction to the IJB

c) Liaising with the Chair and Vice-Chair in relation to meetings of the IJB and its committees, and ensuring the timeous preparation, delivery and publication of agendas and reports for those meetings

d) Implementing the Integration Scheme

e) Developing, implementing and reviewing the Strategic Plan and other policies determined by the IJB

f) Implementing decisions, instructions and directions made by the IJB

g) Establishing and supporting the Strategic Planning Group

h) Appointing a competent substitute to act in his or her absence or incapacity

i) In consultation with the IJB Chair, determining whether a matter is politically sensitive or controversial

j) In consultation with the IJB Chair, Vice-Chair and Standards Officer, taking urgent action on behalf of the IJB under Standing Order 16

k) Collecting, monitoring and periodic reporting to the IJB and the public of service performance and providing service information for the annual statutory performance report

l) Collating service and financial performance information and providing the annual statutory performance report for IJB approval

m) Issuing directions to the council and health board on the IJB's instructions and monitoring and reporting on compliance by the council and health board

n) Liaising and negotiating with the council, health board and the other NHS Lothian IJBs in relation to the efficient and economical use of premises and other assets

o) Maintaining the IJB's risk register, monitoring risk and taking mitigating action, reporting on risk to the IJB

p) Representing the IJB on the Community Planning Partnership Board and ensuring the IJB's participation in the community planning process

q) Clinical and care governance and adherence to professional standards and regulatory regimes

r) Workforce development

s) Ensuring adequate provision of professional, technical and administrative support services by the council or health board

t) Ensuring the IJB's compliance with statutory regimes such as best value, public sector equality duties, freedom of information, data protection, climate change

u) Providing and operating a complaints handling procedure and liaising with and complying with the requirements of the SPSO

v) Implementing a public and stakeholder engagement strategy and communications and public relations arrangements (including an IJB website)

w) Business continuity planning

x) Liaising with other IJBs in the NHS Lothian area, and with the council and the health board, in relation to both integrated and non-integrated functions

y) Dealing with inspections by regulatory authorities

z) Responding to consultations on non-controversial or technical issues, subject to those responses being reported to the next IJB meeting for information

3.4 The Director is a non-voting member of the IJB, and a member and chair of the Strategic Planning Group.

3.5 The role description for the post was approved by the IJB Appointments Committee on

26 January 2016.

4 Chief Finance Officer

4.1 The Chief Finance Officer cannot be a member of staff of the IJB and does not have to be an officer of the council or the health board. It is for the IJB to determine the appropriate appointment and contractual arrangements in consultation with the council and the health board.

4.2 The local authority financial and accounting regime is applied as a matter of law to the IJB. The Chief Finance Officer therefore carries the duties of what in council terms is the "Section 95 Officer". That position includes ensuring compliance with relevant legislation and guidance, including Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

4.3 The Chief Finance Officer has the following delegated powers and responsibilities:-

a) The statutory responsibility for the proper administration of the IJB's financial affairs in terms of section 95 of the Local Government (Scotland) Act 1973, as applied by section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014

b) Establishing, maintaining, applying and reviewing Financial Regulations

c) Accounting record-keeping, financial management and accounting control systems

d) Ensuring that proper accounting practices are observed in the financial administration of the IJB

e) Providing strategic financial advice, planning, forecasting and direction

f) Liaising and negotiating with the council and the health board in relation to their annual budget contributions, efficiencies, budget pressures and in-year and end-of-year adjustments

g) Financial performance and budgets - monitoring, periodic reporting and providing financial information for the statutory annual performance report

h) Provision of the annual financial statement required to accompany the Strategic Plan

i) Preparing the Annual Accounts and abstract and accompanying statements, signing them and securing their submission for external audit

j) Publishing the unaudited Annual Accounts for public inspection, advertising their availability and responding to any objections made to them

k) Reporting the audited Annual Accounts and external auditor's report to the IJB for approval, arranging for their signature, submitting them to the external auditor and publishing them

l) Securing compliance with relevant statutory financial regimes in relation to the

financial administration of the IJB

m) Reporting to the IJB and publishing any report or special report or the findings of the Accounts Commission following any hearing on a report or special report, in terms of Part VII of the Local Government (Scotland) Act 1973

n) Liability insurance and other indemnity arrangements

o) Banking arrangements

p) Procurement and contracts, including if required Standing Orders for Contracts

q) Liaison with and supporting the IJB's Internal Auditor and the Audit Risk & Governance Committee in relation to the internal audit function

r) Liaison and cooperation with the IJB's external auditor and the Accounts Commission

4.4 The Chief Finance Officer is a non-voting member of the IJB.

4.5 The role description for the post was approved by the IJB Appointments Committee on 26 January 2016.

5 Internal Auditor

5.1 The Internal Auditor cannot be a member of staff of the IJB and does not have to be an officer of the council or the health board. It is for the IJB to determine the appropriate appointment and contractual arrangements in consultation with the council and the health board.

5.2 The local authority financial and accounting regime is applied as a matter of law to the IJB. That requires the IJB to establish and maintain a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing. The post is also governed by Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

5.3 The Internal Auditor has the following delegated powers and responsibilities:-

a) Ensuring the provision of a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing

b) Obtaining approval of the IJB Internal Audit Charter

c) Preparing, submitting for approval, implementing and reporting on an annual Internal Audit Plan

d) Supporting and advising the Audit Risk & Governance Committee in fulfilling its remit

e) Liaising with and supporting the Chair of the Audit Risk & Governance Committee in relation to that role

f) Conducting audits and investigations as required by the Internal Audit Plan or as directed by the Director or the Audit Risk & Governance Committee

g) Reporting to the Audit Risk & Governance Committee on audits and investigations carried out and on other matters within its remit

h) Reviewing the IJB's system of internal control

i) Liaising and cooperating with the Internal Auditors for the council, the health board and other IJBs in the NHS Lothian area

j) Liaising and cooperating with the IJB external auditors

5.4 The Internal Auditor is not a member of the IJB.

5.5 The role description for the post was approved by the IJB Appointments Committee on 26 January 2016.

6 Standards Officer

6.1 The Standards Officer cannot be a member of staff of the IJB and does not have to be an officer of the council or the health board. It is for the IJB to determine the appropriate appointment and contractual arrangements in consultation with the council and the health board.

6.2 The Standards Officer is a statutory position required under regime of ethical standard in public life in Scotland. It carries statutory duties as well as additional duties contained in guidance by the Standards Commission.

6.3 The Standards Officer has the following delegated powers and responsibilities:-

a) The statutory role defined in the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003

b) Having regard to and applying the Standards Commission's Advice on the Role of a Standards Officer

c) Ensuring IJB members are eligible for membership

d) Establishing, maintaining, reviewing and publishing a Register of Interests for IJB members

e) Adoption, approval, maintenance and review of a Code of Conduct for IJB members

f) Advising and assisting IJB members in relation to the Register of Interests and the Code of Conduct

g) Ensuring IJB compliance with its other general duties under the Ethical Standards in Public Life etc. (Scotland) Act 2000 and related statutory regulations and guidance

h) Liaising with the Commissioner for Ethical Standards in Public Life and the Standards Commission

i) Clerk to the IJB and its committees

j) Making and reviewing Standing Orders for meetings of the IJB, the Strategic Planning Group and committees, to include their remits, membership and matters reserved to the IJB

k) Making, reviewing and updating a Scheme of Delegated Powers to Officers

l) Establishing, reviewing and reporting on a local Code of Corporate Governance

m) Consulting with the Director in relation to the taking of urgent action on behalf of the IJB under Standing Order 16

n) Preparation of the annual governance statement to accompany the Annual Accounts

o) Liaising with the Internal Auditor in relation to the internal audit function

6.4 The Standards Officer is not a member of the IJB.

6.5 The role description for the post was approved by the IJB Appointments Committee on 26 January 2016.

West Lothian Integration Joint Board

Date: 31/01/2017

Agenda Item: 11

ETHICAL STANDARDS IN PUBLIC LIFE

REPORT BY STANDARDS OFFICER

A To inform the Board of duties arising under statute and guidance in relation to the ethical standards in public life regime, and to agree a process to ensure compliance by the Board and its members and officers.

B RECOMMENDATION

1. To note the statutory duties incumbent on the Board and its members and officers in relation to ethical standards in public life

2. To note that the Audit Risk & Governance Committee considered the proposals in this report at its meeting on 6 January 2017 and recommends that they be adopted by the Board

3. To agree the proposals in paragraph 5.1 of this report

C TERMS OF REPORT

1 **Background**

1.1 The Ethical Standards In Public Life etc. (Scotland) Act 2000 (the Act) established a statutory regime for promoting and enforcing ethical standards in public life in Scotland. The Act and associated regulations apply to councils and councillors and to devolved public bodies and their members. They also impose duties on designated officers of both types of body. Statutory guidance contains additional requirements and expectations for both types of body and their officers. The Board is a devolved public body (public body) for the purposes of the Act. The regime is built around a code of conduct.

1.2 A complaint that there has been a breach of the code goes to the Commissioner for Ethical Standards in Public Life in Scotland (the Commissioner). The Commissioner investigates the complaint. He may decide that the complaint is not competent, or that there is no breach, or that there is a breach which should be referred to the Standards Commission (the Commission) for a decision.

1.3 The Commission can ask for more investigation to be done, or it can decide that the case should go to a hearing, or should go no further. If the case goes to a hearing, the Commission can decide either that there is a breach or that there is no breach. If it decides that there is a breach then it can censure the person concerned, or it can impose a suspension or a disqualification.

2 **Statutory duties**

2.1 The duties which apply to the IJB itself as a corporate body are as follows:-

- To adopt a Code of Conduct and have it approved by the Scottish Ministers
- To promote the observance by members of high standards of conduct in accordance with statutory guidance
- To assist them to observe the code in accordance with statutory guidance
- To set up a register of members' interests, and then to maintain it and make it available for public inspection, again in accordance with statutory guidance
- To appoint a Standards Officer to ensure that it meets its statutory duties

2.2 Board members have the following statutory duties:-

- To comply with the code in accordance with statutory guidance
- To complete their register within one month of appointment
- To notify changes to the register within one month of the change happening

2.3 The Standards Officer has these statutory duties:-

- To maintain the register of members' interests
- To keep it open for public inspection free of charge

3 The Board's compliance to date

3.1 The Board and its members and officers have already made significant progress towards meeting their statutory duties:-

- The Board has adopted its code
- It has been approved by the Ministers
- It has appointed its Standards Officer
- The Standards Officer's appointment has been approved by the Standards Commission
- Arrangements are in place to establish and maintain the register
- Members have all populated the register
- The Code and the register have been made available to the public, principally by publication on the internet - http://www.westlothianchcp.org.uk/hsci

4 Duties still to be addressed

4.1 There are some statutory duties which still have to be met. Those are the more general duties about promoting high standards of conduct and observance of the code in accordance with guidance. Steps have to be taken by the Board, its members and officers to meet those promotion and observance duties.

4.2 These duties can be met by taking steps such as:-

- making the code and the register publicly available with information to explain what they are for
- providing training to members about their duties
- reminding members periodically about what they should do to ensure they comply with the code in relation to the register
- reminding members about their duties about declaring interests
- informing and briefing members about developments as they happen, such as the production of new guidance or significant hearing decisions
- informing and briefing members periodically about the activities of the Commissioner and the Commission and the way the regime has been operating
- making sure that members know where to go for advice

5 Proposed procedures and schedule

5.1 These are the steps which are proposed to ensure compliance with these statutory duties:-

- Immediately on their appointment, the Standards Officer provides a form for registration of interests with explanatory information and the opportunity for a meeting with the Standards Officer to explain
- Once the entries in the form are clarified and finalised, the Standards Officer makes it publicly available as part of the Board's overall register of members' interests
- The register and the code are published on the internet with an explanation about the legal requirements
- The Standards Officer sends bi-annual reminders to members to check the accuracy of their register and notify any changes within one month of them happening
- The Standards Officer records any notified changes and amends the register accordingly
- The Standards Officer informs members of any significant developments in an appropriate way, for example, by email, depending on how significant and complex they are
- The Standards Officer provides (at least) an annual briefing and training session each autumn for members, outwith Board meetings, on the ethical standards regime for the preceding financial year and about their duties and compliance
- The Standards Officer submits an annual report to the Board at its last meeting of the calendar year about the ethical standards regime

- The current process continues whereby there is a standing item on the agenda for Board meetings to remind members to consider their position in relation to declarations of interest and withdrawal from meetings

- The Code and these compliance procedures are formally reviewed by the Audit Risk & Governance Committee every three years from the date of establishment of the Board (September 2015)

- The committee's recommendations are reported to the Board for noting and approval

5.2 The adoption of sound and effective arrangements in relation to the ethical standards regime will form part of the Board's corporate governance arrangements. They will inform the annual governance statement which is approved and signed each year as part of the Board's annual accounts and financial statements.

5.3 The Audit Risk & Governance Committee considered this report and these proposals at its meeting on 6 January 2017 and agreed to recommend that they be adopted by the Board.

D CONSULTATIONS

Chief Officer, Finance Officer, Internal Auditor

E REFERENCES/BACKGROUND

1 Ethical Standards in Public Life etc. (Scotland) Act 2000

2 Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003

3 Code of Conduct, Board meeting of 31 May 2016

4 Standards Commission guidance - http://www.standardscommissionscotland.org.uk/uploads/files/1479484987MCoC_2014_GuidanceNoteV2FINAL.pdf

5 Standard Commission advice - http://www.standardscommissionscotland.org.uk/education-and-resources/professional-briefings

6 Audit Risk & Governance Committee, 6 January 2017

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health 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. The relevance assessment can be viewed as a background reference to this report.

National Health and Wellbeing Outcomes	There is no direct relevance to the Outcomes
Strategic Plan Outcomes	There is no direct relevance to the Strategic Plan
Single Outcome Agreement	There is no direct relevance to the Single Outcome Agreement
Impact on other Lothian IJBs	No such impact is anticipated
Resource/Finance	The funding of any independent legal advice is a significant issue for the Board
Policy/Legal	See references listed in Part E
Risk	Failure to comply with statutory duties; complaints against Board members

H CONTACT

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29 January 2017

Meeting Date: 31 January 2017
Item No: 12

Action Note Ref	Workplan Item	Matter Arising and Decision Taken	Lead Officer	IJB Meeting Date
		JANUARY		
	Workplan Item	Engagement Strategy	Steve Field	31 January 2017
	Workplan Item	Provision of Support Services	James Millar	31 January 2017
		Adult Protection Biennial Report	Jane Kellock	31 January 2017
	Workplan Item	Lothian Hospitals Strategic Plan	Marion Barton	31 January 2017
		Scottish Gvt Consultation - New National Health and Social Care Standards	Jane Kellock	31 January 2017
		MARCH		
A/N 16 Feb 2016 Item 005		**Membership of SPG** - Following advice from the Standards Officer, the Board agreed that the membership of the SPG be reviewed after 6 months of operation and a paper brought to the Board at the appropriate time. The report should cover the possibility of having non-IJB members appointed to ARG committee in some capacity.	James Millar	14 March 2017
	Workplan Item	Strategic Action Plan Annual Review		14 March 2017
	Workplan Item	New Premises (Primary Care, Partnership Centre)	Marion Barton/Caro	14 March 2017
		Workforce Development Plan	Jane Kellock/Marion	14 March 2017
		Finance Update and Directions	Patrick Welsh	14 March 2017
	Workplan Item	Provision of Support Services		14 March 2017
		Proposed Meeting Dates 2017/18		14 March 2017
		APRIL		
	Workplan Item	NMC Revalidation (Validation of Nursing)	Mairead Hughes	20 April 2017
	Workplan Item	Arrangements to liaise/co-operate with other Lothian IJBs		20 April 2017
		JUNE		
	Workplan Item	Annual Review of Performance		27 June 2017
	Workplan Item	SW Audit	Jane Kellock	27 June 2017
		FUTURE UNSPECIFIED MEETING		
	Workplan Item	Community Planning Partnership/IJB Relationship		
	Workplan Item	JIT Evaluation Tool		