SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

Minutes of meeting held in Committee Room 1, Council Offices, Almada Street, Hamilton on 12 September 2017

Chair:
Philip Campbell, Non Executive Director, NHS Lanarkshire Board

Present:
Health and Social Care Partnership
V de Souza, Director, Health and Social Care and Chief Officer; M Moy, Chief Financial Officer
NHS Lanarkshire Board
Tom Steele, Non Executive Director
South Lanarkshire Council
Councillors Stephanie Callaghan, Allan Falconer, Jim McGuigan

Attending:
NHS Lanarkshire
L Ace, Director of Finance; Y Cannon, Organisational Development Manager; C Cunningham, Head of Performance and Commissioning; M Docherty, Nurse Director; E Duguid, Lead Communication Officer; C MacKintosh, Medical Director
Partners
G Bennie, VASLAN; H Biggins, Service User (Older People); M Moncrieff, South Lanarkshire Health and Social Care Forum; Dr V Sonthalia, GP Representative; T Wilson, Health Service Trade Union Representative
South Lanarkshire Council
Y Douglas, Audit Manager; B Hutchinson, Head of Adult and Older People Services; M Kane, Planning and Performance Manager; P Manning, Executive Director (Finance and Corporate Resources); G McCann, Head of Administration and Legal Services; J McDonald, Administration Adviser; L Purdie, Chief Social Work Officer

Also Attending:
Audit Scotland
D Richardson, Senior Audit Manager
NHS Lanarkshire
M Aitken, Health and Social Care Locality Manager; I Hathorn, Clinical Director in Primary Care
South Lanarkshire Council
N Ait Hocine, East Kilbride Locality Manager

Apologies:
NHS Lanarkshire Board
Lilian Macer, Non Executive Director; Iain Wallace, Medical Director
NHS Lanarkshire
C Campbell, Chief Executive; M Hayward, Head of Health; H Knox, Director of Acute Services
South Lanarkshire Council
Councillor Graeme Campbell; L Freeland, Chief Executive
Partners
R Ormshaw, Scottish Care; S Smellie, Unison, South Lanarkshire Council Trade Union Representative
Opening Remarks
The Chair advised that Bill Addies, Carers Network had retired and, on behalf of the South Lanarkshire Integration Joint Board (IJB), thanked Mr Addies for his help and support and wished him all the very best for the future.

1 Declaration of Interests
No interests were declared.

2 Minutes of Previous Meeting
The minutes of the meeting of the South Lanarkshire Integration Joint Board held on 27 June 2017 were submitted for approval as a correct record.

The Board decided: that the minutes be approved as a correct record.

3 Minutes of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee
The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 28 February 2017 were submitted for noting.

The Board decided: that the minutes be noted.

4 Financial Monitoring 2017/2018
A report dated 25 August 2017 by the Director, Health and Social Care was submitted providing a summary of the financial position of the Health and Social Care Partnership (HSCP) for the period:

♦ 1 April to 31 July 2017 in relation to Health Care Services
♦ 1 April to 21 July 2017 in relation to Social Work Services

An overspend of £0.014 million had been reported by NHS Lanarkshire for the South Lanarkshire HSCP for the period 1 April to 31 July 2017.

An overspend of £0.223 million had been reported by South Lanarkshire Council for the South Lanarkshire HSCP for the period 1 April to 21 July 2017.

An underspend of £0.170 million had been identified on the primary care transformation fund which was ring fenced.

Details were provided on how the budget would be managed and a summary of the budget variance position was provided in Appendix 1 to the report.

Details were also provided on the hosted services which were led by South Lanarkshire HSCP and North Lanarkshire HSCP and a summary of the position in respect of each was provided in Appendices 2 and 3 to the report.

Officers responded to members’ questions in relation to how the overspend would be addressed and highlighted that a budget recovery plan was being developed to establish if other underspends across social care services could assist in offsetting the budget pressures.
The Board decided:

(1) that the financial position of the South Lanarkshire Health and Social Care Partnership be noted;

(2) that the monitoring of the Health Care Services and Social Work Services elements of the budget undertaken by the respective partner organisations be noted; and

(3) that the development of a budget recovery plan to manage in-year demand be noted.

[Reference: Minutes of 27 June 2017 (Paragraph 6)]

5 Internal Audit Annual Report 2016/2017 for the Integration Joint Board

A report dated 18 August 2017 by the Director, Health and Social Care was submitted on Internal Audit findings for the audit assignments carried out for the South Lanarkshire Integration Joint Board (IJB) during 2016/2017.

As a public body responsible for the delivery of services and accountable for public resources, the IJB was required to establish effective internal audit arrangements in line with good governance principles, relevant accounting guidance and the Public Sector Internal Audit Standards.

The Chief Officer had been authorised to establish effective internal audit arrangements for the financial year 2016/2017. In consultation with the Internal Audit Managers of both NHS Lanarkshire and South Lanarkshire Council, the Internal Audit Plan 2016/2017 had been prepared, taking account of the appropriate internal audit protocols to manage the key strategic priorities and risks which might impact on the achievement of the IJB’s objectives.

Following approval of the Internal Audit Plan 2016/2017 by the IJB at its meeting on 6 December 2016, progress on the delivery of the 2016/2017 audit programme had been monitored and it was concluded that the delivery of audit actions by their due dates contributed to a sound control environment.

No formal actions had been raised following the audit work undertaken during 2016/2017, however, some recommendations for improvement had been made and those were detailed within the report. Those areas identified for improvement would be included in an action plan that would be presented to future meetings of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee for monitoring.

The Board decided:

(1) that the Internal Audit Annual Report 2016/2017 for the South Lanarkshire Integration Joint Board, as detailed in the report, be endorsed;

(2) that the findings from the audit work which had informed the IJB’s 2016/2017 draft governance statement be noted; and

(3) that the intention to deliver the audit assignments for 2017/2018 in quarters 2 and 3 of the current financial year be noted.

[Reference: Minutes of 6 December 2016 (Paragraph 6)]
6 External Auditor's Annual Audit Report 2016/2017

A report dated 18 August 2017 by the Director, Health and Social Care was submitted on the outcome of Audit Scotland’s audit of the South Lanarkshire Integration Joint Board’s (IJB) Annual Accounts.

In line with the statutory timescale of 30 September 2017, Audit Scotland was required to supply an audit certificate outlining the findings of the audit process undertaken in relation to the IJB’s Annual Accounts 2016/2017.

The outcome of the audit concluded that the financial statements of the South Lanarkshire IJB for 2016/2017 provided a true and fair view of its affairs and net expenditure for the year and had issued an unqualified independent auditor’s report, a copy of which was attached as an appendix to the report.

Following the audit process, an action plan had been established to take forward those areas identified for improvement, details of which were contained in the appendix to the report.

The Board decided:

(1) that the receipt of a clean audit certificate for the South Lanarkshire Integration Joint Board’s Annual Accounts 2016/2017 be noted; and

(2) that the action plan which had been established to take forward those areas which had been identified for improvement as a result of the audit, as detailed in the appendix to the report, be approved.

7 Annual Accounts 2016/2017

A report dated 19 August 2017 by the Director, Health and Social Care was submitted on the audited annual accounts for the Integration Joint Board for 2016/2017. The accounts, which required to be approved for signature, had been audited by the Board’s External Auditor, Audit Scotland, and had received a clear audit certificate.

A copy of the unsigned Audited Annual Accounts for 2016/2017 was attached as an appendix to the report.

The accounts would be available for inspection in the offices of the Health and Social Care Partnership, Floor 8, Council Offices, Almada Street, Hamilton and on the Integration Joint Board’s website.

The Board decided:

(1) that the audited Annual Accounts for 2016/2017 be approved for signature; and

(2) that the signed audited Annual Accounts for 2016/2017 be made available for inspection.

8 Risk Register for the Integration Joint Board

A report dated 10 August 2017 by the Director, Health and Social Care was submitted on the updated Risk Register for the South Lanarkshire Integration Joint Board (IJB).

As part of the arrangements to support the integration of Health and Social Care, a Risk Register for the IJB had been prepared to capture strategic risks relating to the delivery of services likely to affect the Joint Board’s delivery of the Joint Strategic Commissioning Plan.
The Risk Register, attached as an appendix to the report, had been prepared in consultation with partners and had been reviewed against the existing risk registers of NHS Lanarkshire and South Lanarkshire Council.

It was proposed that the updated Risk Register for the IJB be approved and an update report be submitted to the IJB and the Performance and Audit Sub-Committee on an annual basis.

**The Board decided:**

1. that the Risk Register for the South Lanarkshire Integration Joint Board, as detailed in the appendix to the report, be approved; and
2. that an update report on the Risk Register be submitted to the IJB and the Performance and Audit Sub-Committee on an annual basis.

[Reference: Minutes of 15 April 2016 (Paragraph 5)]

### 9 Integration Joint Board - Programme of Meetings 2018/2019

A report dated 17 August 2017 by the Director, Health and Social Care was submitted on the future programme of meetings for the Integration Joint Board for the period 1 January to 31 December 2019.

It was proposed that, for the period 1 January to 31 December 2019, meetings of the Integration Joint Board be held at 2.00pm in the Council Offices, Almada Street, Hamilton as follows:-

- Tuesday 13 February 2018
- Tuesday 17 April 2018
- Tuesday 26 June 2018
- Tuesday 11 September 2018
- Tuesday 4 December 2018
- Tuesday 12 February 2019
- Tuesday 16 April 2019
- Tuesday 25 June 2019
- Tuesday 10 September 2019
- Tuesday 3 December 2019

In terms of the Standing Orders for the South Lanarkshire Integration Joint Board, responsibility for appointing the Chair would transfer to South Lanarkshire Council and responsibility for appointing the Depute Chair would transfer to NHS Lanarkshire on 1 April 2019.

**The Board decided:** that, for the period 1 January to 31 December 2019, meetings of the Integration Joint Board be held on the dates detailed above.

### 10 Health and Social Care Standards 2017

A report dated 8 August 2017 by the Director, Health and Social Care was submitted on the introduction of new Health and Social Care Standards (HSCS) on 1 April 2018.

Following a consultation exercise, the Scottish Government had published the Health and Social Care Standards which detailed what individuals could expect when they used Health and Social Care Services. The new Standards would replace the National Care Standards and would be relevant across all health and social care provision.
To prepare for the introduction of the HSCS on 1 April 2018, an awareness raising/training plan would be developed for all staff and recording methods within the South Lanarkshire Health and Social Care Partnership would be reviewed and updated to align with the Standards as detailed in the report.

The Board decided:

(1) that the introduction of the new Health and Social Care Standards with effect from 1 April 2018 be noted; and

(2) that the actions to be taken prior to the introduction of the Standards, as detailed in the report, be approved.

11 Measuring Performance Under Integration

The Head of Performance and Commissioning, NHS Lanarkshire gave a presentation on Measuring Performance under Integration.

Measuring Performance under Integration focused on tracking the following 6 indicators:

- unplanned admissions
- occupied bed days for unscheduled care
- accident and emergency performance
- delayed discharges
- end of life care
- the balance of spend across health and social care

Health and Social Care Partnerships were invited to set objectives against those indicators to demonstrate change and improvement, with an overall target of a reduction of 10% in the number of unscheduled hospital bed days by March 2019.

Work had been undertaken to streamline and reduce the potential duplication across all of the performance reporting areas within the Partnership and monitoring reports would be submitted to the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee.

Discussion then took place in relation to the reduction in the number of in scope hospital beds, which would be subject to further discussion at a meeting of the IJB to be held in October 2017.

The Board decided:

(1) that the work being undertaken to refine the performance management approach to health and social care be noted; and

(2) that monitoring reports be submitted to the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee.

12 Draft IJB Annual Performance Report

A report dated 31 July 2017 by the Director, Health and Social Care was submitted on the draft Annual Performance Report for the South Lanarkshire Integration Joint Board (IJB).

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Integration Joint Boards to prepare and publish Annual Performance Reports.
The Annual Performance Report was to ensure that performance was open and accountable whilst providing an overall assessment of performance in relation to planning and carrying out integrated functions. Guidance issued by the Scottish Government had recommended that the following areas be included within the report:-

- a summary of progress against the 9 National Health outcomes using as a minimum the 23 core national performance indicators
- financial performance and best value
- reporting progress with localities
- Inspection of Services, summarising any activity undertaken by Healthcare Improvement Scotland, The Care Inspectorate, Audit Scotland, Accounts Commission and Scottish Housing Regulator in the year of review
- any plans to review or update the Strategic Commissioning Plan

It was proposed that the Annual Performance Report for the IJB, attached as an appendix to the report, be approved and published.

Discussion then took place in relation to consultation with service users to establish how they viewed performance. The Chair then proposed that service users be consulted to establish their views in relation to performance for inclusion in the Annual Performance Report.

**The Board decided:**

1. that consultation be undertaken with service users to establish their views on performance for inclusion in the Annual Performance Report; and
2. that the Annual Performance Report be submitted to a future meeting of the South Lanarkshire Integration Joint Board for approval.

**13 Regional Delivery Planning Arrangements**

A report dated 18 August 2017 by the Director, Health and Social Care was submitted on the requirement for the West of Scotland to produce a Regional Delivery Plan.

The Scottish Government had published the Health and Social Care Delivery Plan which required services to be looked at on a population basis and to plan and deliver services that were sustainable, evidence based and outcomes focused.

To progress a Regional Delivery Plan, it was essential to link it to national planning for specialist services, local planning within Health Boards and locality planning within Integration Joint Boards to ensure the wider population was planned for effectively. The South Lanarkshire Integration Joint Board would contribute to the development of the West of Scotland Regional Delivery Plan.

**The Board decided:** that the requirement for the South Lanarkshire Integration Joint Board to work collaboratively in the development of the West of Scotland Regional Delivery Plan be noted.

**14 GP Contract Changes 2018**

A report dated 3 August 2017 by the Director, Health and Social Care was submitted on the General Medical Service (GMS) Contract which would be implemented in April 2018.
General Practitioners (GPs) were independent practitioners who entered into a contract, which was subject to continuous change, with NHS Lanarkshire to provide services. This contract was due for renewal and it was anticipated that the new contract would commence in April 2018.

The key areas that would be contained in the new contract were detailed in the report.

**The Board decided:** that the report be noted.

### 15 Health and Social Care Partnership Input to Primary Care Transformation

A report dated 25 August 2017 by the Director, Health and Social Care was submitted on Primary Care Transformation.

The overall strategy to deliver a comprehensive community based health service was dependent on a functional primary care service including provision of sustainable general medical practice. Key to delivering leadership and development within the Health Service component of the Health and Social Care Partnership, was general medical practice and the sustainability and transformation of that service.

Most of the issues relating to transformation, sustainability and potential developments had been identified and were detailed in the appendix to the report.

**The Board decided:** that the report be noted.

### 16 Palliative Care Services in South Lanarkshire

A report dated 4 September 2017 by the Director, Health and Social Care was submitted on the review of NHS Lanarkshire’s Palliative Care Strategy.

The Palliative Care Strategy had been implemented in 2013 and was reviewed as part of the implementation of Achieving Excellence in 2015 which reflected the wider national strategic context of managing more people at home or in homely settings as locally as possible.

The 2013 Palliative Care Strategy sought to ensure a consistent Lanarkshire wide clinical and care model to meet the palliative care needs of all patients. A small element of the Strategy related to optimum number of hospice beds to meet the needs of the Lanarkshire population. To address this, a short life working group had been established to assess how best to allocate hospice beds in Lanarkshire.

Meetings had been held with the representatives from the respective hospices and Health Boards to keep them advised of progress.

**The Board decided:**

1. that the report be noted; and
2. that a progress report be submitted to a future meeting of the Integration Joint Board.

### 17 Update on Local Outcome Improvement Plan (LOIP) and Locality/Neighbourhood Planning

A report dated 21 August 2017 by the Director, Health and Social Care was submitted on the work being undertaken to develop the Local Outcome Improvement Plan and Locality/Neighbourhood Planning.
The South Lanarkshire Health and Social Care Partnership was participating in the development of a Local Outcome Improvement Plan which would replace the Community Plan for South Lanarkshire. In addition, work was progressing to replace the Single Outcome Agreement and for Locality Planning to be rebranded Neighbourhood Planning, in terms of the Community Empowerment (Scotland) Act 2015.

Details of the work that was being undertaken to implement the Local Outcome Improvement Plan and the development of Neighbourhood Planning were detailed in the report.

**The Board decided:**

that the report be noted.

### 18 Locality Planning

A report dated 24 August 2017 by the Director, Health and Social Care was submitted on the development of locality planning by the South Lanarkshire Health and Social Care Partnership.

The South Lanarkshire Integration Joint Board (IJB) had agreed that 4 localities be established within South Lanarkshire to develop and deliver new ways of working. Details of the progress which had been made to deliver a fully integrated locality model of delivery were provided in the report.

The fully integrated locality model of delivery would continue to be developed and refined to ensure a locality planning model which was centred on delivering the 9 national health and wellbeing outcomes.

Nadia Ait Hocine, East Kilbride Locality Manager and Dr Iain Hathorn, Clinical Director in Primary Care gave a presentation on the development of a fully integrated model of delivery within the East Kilbride Locality. Marilyn Aitken, Health and Social Care Locality Manager, Clydesdale also gave a presentation on the development of a fully integrated model of delivery within the Clydesdale Locality.

Discussion then took place in relation to the impact the fully integrated model of delivery would have on those requiring care services. Due to the level of debate, the Chair suggested that an event be organised for Board members to allow wider debate of the issues associated with Locality Planning.

The Chair then thanked Nadia, Iain and Marilyn for their presentations.

**The Board decided:**

1. that the report be noted; and
2. that arrangements be made for an event to be held to allow wider debate of the issues associated with Locality Planning.

[Reference: Minutes of 27 June 2017 (Paragraph 16)]

### 19 Any Other Competent Business

There were no other items of competent business.
SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

Minutes of special meeting held in Committee Room 1, Council Offices, Almada Street, Hamilton on 30 October 2017

Chair:
Philip Campbell, Non Executive Director, NHS Lanarkshire Board

Present:
Health and Social Care Partnership
V de Souza, Director, Health and Social Care and Chief Officer; M Moy, Chief Financial Officer
NHS Lanarkshire Board
Maureen Lees, Non Executive Director (substitute for Iain Wallace, Medical Director); Lilian Macer, Non Executive Director; Tom Steele, Non Executive Director
South Lanarkshire Council
Councillors Graeme Campbell, Maureen Chalmers (substitute for Councillor Callaghan), Allan Falconer, Jim McGuigan

Attending:
NHS Lanarkshire
C Campbell, Chief Executive; L Ace, Director of Finance; C Cunningham, Head of Performance and Commissioning; M Docherty, Nurse Director; E Duguid, Lead Communication Officer; M Hayward, Head of Health and Social Care (Rutherglen/Cambuslang and East Kilbride); H Knox, Director of Acute Services; C MacKintosh, Medical Director
Partners
G Bennie, VASLAN; M Moncrieff, South Lanarkshire Health and Social Care Forum; R Ormshaw, Scottish Care; Dr V Sonthalia, GP Representative
South Lanarkshire Council
L Freeland, Chief Executive; B Hutchinson, Head of Health and Social Care (Hamilton and Clydesdale); M Kane, Health and Social Care Programme Manager; P Manning, Executive Director (Finance and Corporate Resources); G McCann, Head of Administration and Legal Services; J McDonald, Administration Adviser; L Purdie, Chief Social Work Officer

Apologies:
NHS Lanarkshire Board
Iain Wallace, Medical Director
South Lanarkshire Council
Councillor Stephanie Callaghan
Partners
J Baillie, Carers Network; H Biggens, Service User (Older People); T Wilson, Health Service Trade Union Representative

1 Declaration of Interests
No interests were declared.

2 Draft IJB Annual Performance Report
A report dated 16 October 2017 by the Director, Health and Social Care was submitted on the draft Annual Performance Report for the South Lanarkshire Integration Joint Board (IJB).
The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Integration Joint Boards to prepare and publish Annual Performance Reports.

The Annual Performance Report was to ensure that performance was open and accountable whilst providing an overall assessment of performance in relation to planning and carrying out integrated functions. Guidance issued by the Scottish Government had recommended that the following areas be included within the report:-

- a summary of progress against the 9 National Health outcomes using, as a minimum, the 23 core national performance indicators
- financial performance and best value
- reporting progress with localities
- Inspection of Services, summarising any activity undertaken by Healthcare Improvement Scotland, The Care Inspectorate, Audit Scotland, Accounts Commission and Scottish Housing Regulator in the year of review
- any plans to review or update the Strategic Commissioning Plan

It was proposed that the Annual Performance Report for the IJB, attached as an appendix to the report, be approved and published.

Discussion then took place in relation to:-

- an amendment to the report to indicate that Margaret Moncrieff was Chairperson of the South Lanarkshire Health and Social Care Forum and that Jim Baillie had replaced Jim Addies as Chairperson, South Lanarkshire Carers Network
- the support that would be provided to staff and organisations providing care services to ensure continuity of services
- the monitoring and reporting processes for the performance information relating to the IJB

The Board decided: that the Annual Performance Report for the IJB, detailed in the appendix to the report, be approved and published, subject to the amendment outlined above.

### 3 Winter Planning Arrangements 2017/2018

A report dated 18 October 2017 by the Director, Health and Social Care was submitted on the planning arrangements to ensure the relevant services were prepared for the winter months.

Each year, NHS Lanarkshire was required to produce a winter plan which was informed by past experience and national guidance. The plan was produced in consultation with key stakeholders and was prepared in order to ensure readiness to meet an increase in unscheduled demand across a range of services.

In line with the national guidance, the winter plan, which was attached as an appendix to the report, required to be approved by the Integration Joint Board and NHS Lanarkshire Board prior to it being published.

The Board decided: that the winter plan, as detailed in the appendix to the report, be approved.
Bed Modelling in South Lanarkshire

A report dated 19 October 2017 by the Director, Health and Social Care was submitted on the Scottish Government’s policy to maximise the provision of person centred care in the community.

The Scottish Government’s 2016 Health and Social Care delivery plan detailed a range of key ambitions in relation to older people’s care to support people in their own homes and communities with less inappropriate use of hospitals and care homes. In addition, the Scottish Government had set a target of a 10% reduction in the use of unscheduled care beds by March 2019.

The South Lanarkshire Integration Joint Board’s (IJB) Strategic Commissioning Plan and the NHS Lanarkshire Healthcare Strategy both set out the vision of shifting the balance of care services to the community. The aim of which was to evidence that local health and care systems were providing more care for people in their own homes.

Following an assessment of the needs of those patients within the Douglas Ward of Udston Hospital, it was established that better outcomes could be secured for individuals through the provision of alternative person centred care services within the community.

It was proposed that services currently provided for patients who would have been admitted to the Douglas Ward, Udston Hospital be re-commissioned and that a progress report be submitted to a future meeting of the IJB.

The financial implications associated with the proposals were detailed in the report and Appendix 2 to the report. In relation to those implications, it was further proposed that:

- each partner implement and procure the necessary alternative health and social care services to support the de-commissioning of the Douglas Ward, Udston Hospital
- authority be delegated to the Director, Health and Social Care, in consultation with the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council, to allocate the recurring and non-recurring financial allocations to each of the partners

Margaret Moncrieff, Chairperson, South Lanarkshire Health and Social Care Forum spoke on behalf of the long-term patients in Douglas Ward, Udston Hospital and their relatives to highlight concerns that had been raised in relation to:

- timescales involved
- perceived lack of consideration to their views and feelings
- impact moving patients to other locations would have on relatives
- lack of advocacy support to voice the concerns of the patients and their relatives

Discussion then took place in relation to the above issues and assurances were provided that full consultation and support would be provided through individual meetings with the patients and their relatives.

Philip Campbell, seconded by Tom Steele, moved that the recommendations contained in the report be approved. Councillor McGuigan, seconded by Councillor Campbell, moved as an amendment that the report be continued to allow further engagement with the families. On a vote being taken by a show of hands, 3 members voted for the amendment and 4 for the motion which was declared carried.

The Board decided:

(1) that the de-commissioning of the Douglas Ward, Udston Hospital be approved and a progress report submitted to a future meeting of the IJB;
(2) that each partner be authorised to implement and procure the necessary alternative health and social care services;

(3) that the recurring and non-recurring financial allocations to each of the partners, as detailed in the report, be approved;

(4) that authority be delegated to the Director, Health and Social Care, in consultation with the Director of Finance, NHS Lanarkshire and the Executive Director (Finance and Corporate Resources), South Lanarkshire Council, to allocate the recurring and non-recurring financial allocations to each of the partners; and

(5) that the progress made to achieve the bed reduction target of 24,000 bed days by March 2019 be noted.

5 Any Other Competent Business
Margaret Moncrieff, South Lanarkshire Health and Social Care Forum advised the Board that Our Voice Public Network had been launched and would be linked to the South Lanarkshire Health and Social Care Partnership’s website.

The Board decided: to note the position.
1 Declaration of Interests
No interests were declared.

2 Minutes of Previous Meeting
The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 28 February 2017 were submitted for approval as a correct record.

The Sub-Committee decided: that the minutes be approved as a correct record.
Internal Audit Annual Report 2016/2017 for the Integration Joint Board

A report dated 10 August 2017 by the Director, Health and Social Care was submitted on Internal Audit findings for the audit assignments carried out for the South Lanarkshire Integration Joint Board (IJB) during 2016/2017.

As a public body responsible for the delivery of services and accountable for public resources, the IJB was required to establish effective internal audit arrangements in line with good governance principles, relevant accounting guidance and the Public Sector Internal Audit Standards.

The Chief Officer had been authorised to establish effective internal audit arrangements for the financial year 2016/2017. In consultation with the Internal Audit Managers of both NHS Lanarkshire and South Lanarkshire Council, the Internal Audit Plan 2016/2017 had been prepared taking account of the appropriate internal audit protocols to manage the key strategic priorities and risks which might impact on the achievement of the IJB’s objectives.

Following approval of the Internal Audit Plan 2016/2017 by the IJB at its meeting on 6 December 2016, progress on the delivery of the 2016/2017 audit programme had been monitored and it was concluded that the delivery of audit actions by their due dates contributed to a sound control environment.

No formal actions had been raised following the audit work undertaken during 2016/2017, however, some recommendations for improvement had been made and those were detailed within the report. Those areas identified for improvement would be included in an action plan that would be presented to future meetings of the Sub-Committee for monitoring.

The Sub-Committee decided:

(1) that the Internal Audit Annual Report 2016/2017 for the South Lanarkshire Integration Joint Board, as detailed in the report, be endorsed;

(2) that the findings from the audit work which had informed the IJB’s 2016/2017 draft governance statement be noted; and

(3) that the intention to deliver the audit assignments for 2017/2018 in quarter 2 and 3 of this financial year be noted.

[Reference: Minutes of South Lanarkshire Integration Joint Board of 6 December 2016 (Paragraph 6)]

Internal Audit Plan 2017/2018

A report dated 4 August 2017 by the Director, Health and Social Care was submitted on the proposed Internal Audit Plan for 2017/2018 which had been prepared for the South Lanarkshire Integration Joint Board (IJB).

As a public body responsible for the delivery of services and accountable for public resources, the IJB was required to establish effective internal audit arrangements in line with good governance principles, relevant accounting guidance and the Public Sector Internal Audit Standards.
The IJB, at its meeting on 13 September 2016, had authorised the Chief Officer to establish effective internal audit arrangements for the financial year 2016/2017. In consultation with the Internal Audit Managers of both NHS Lanarkshire and South Lanarkshire Council, the Internal Audit Plan 2017/2018, attached as Appendix 1 to the report, had been prepared taking account of the appropriate internal audit protocols to manage the key strategic priorities and risks which might impact on the achievement of the IJB’s objectives.

The Sub-Committee decided: that the proposed Internal Audit Plan 2017/2018, attached as Appendix 1 to the report, be endorsed and submitted to the Integration Joint Board for approval.

[Reference: Minutes of South Lanarkshire Integration Joint Board of 6 December 2016 (Paragraph 6)]

5 Complaints Handling Procedure

A report dated 7 August 2017 by the Director, Health and Social Care was submitted on the proposed complaints handling process for the South Lanarkshire Integration Joint Board (IJB).

The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No. 2) Order 2015 came into force on 21 September 2015 and established the South Lanarkshire Integration Joint Board. As a new public body, the IJB was required to establish a complaints handling process for complaints made against the IJB.

Amendments to secondary legislation proposed changes to the Scottish Public Services Ombudsman (SPSO) Act 2002 to provide that Integration Joint Boards became listed authorities under the Act. This resulted in the IJB being subject to the jurisdiction of the SPSO and required the IJB to establish a complaints handing procedure which complied with the principles published by the Ombudsman.

The draft complaints handling process for the IJB, as detailed in the appendices to the report, had been submitted to the SPSO for feedback. On receipt of feedback, the complaints handling process would be submitted to the IJB for approval.

Discussion then took place in relation to the operational and reporting mechanisms for IJB complaints handling.

The Sub-Committee decided: that the report be noted.

[Reference: Minutes of South Lanarkshire Integration Joint Board of 19 April 2016 (Paragraph 10)]

6 Risk Register for the Integration Joint Board

A report dated 8 August 2017 by the Director, Health and Social Care was submitted on the updated Risk Register for the South Lanarkshire Integration Joint Board (IJB).

As part of the arrangements to support the integration of Health and Social Care, a Risk Register for the IJB had been prepared to capture strategic risks relating to the delivery of services likely to affect the Joint Board’s delivery of the Joint Strategic Commissioning Plan.

The Risk Register, attached as an appendix to the report, had been prepared in consultation with partners and had been reviewed against the existing risk registers of NHS Lanarkshire and South Lanarkshire Council.
It was proposed that the updated Risk Register for the IJB be endorsed and an update report be submitted to the Sub-Committee on an annual basis.

The Sub-Committee decided: that the Risk Register for the Integration Joint Board be endorsed and an update report submitted to the Sub-Committee on an annual basis.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 15 April 2016 (Paragraph 5)]

7 Measuring Performance Under Integration

The Head of Performance and Commissioning, NHS Lanarkshire gave a presentation on Measuring Performance under Integration.

Measuring Performance under Integration focused on tracking the following 6 indicators and Health and Social Care Partnerships were invited to set objectives against those indicators to demonstrate change and improvement:-

- unplanned admissions
- occupied bed days for unscheduled care
- accident and emergency performance
- delayed discharges
- end of life care
- the balance of spend across health and social care

Work had been undertaken to streamline and reduce the potential duplication across all of the performance reporting areas within the Partnership and a report would be submitted to a future meeting of the Sub-Committee.

The Sub-Committee decided:

(1) that the work being undertaken to refine the performance management approach to health and social care be noted; and

(2) that a further report on this matter be submitted to a future meeting of the Sub-Committee.

8 Draft IJB Annual Performance Report

A report dated 31 July 2017 by the Director, Health and Social Care was submitted on the draft Annual Performance Report for the South Lanarkshire Integration Joint Board (IJB).

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Integration Joint Boards to prepare and publish Annual Performance Reports.

The Annual Performance Report was to ensure that performance was open and accountable whilst providing an overall assessment of performance in relation to planning and carrying out integrated functions. Guidance issued by the Scottish Government had recommended that the following areas be included within the report:-

- a summary of progress against the 9 National Health outcomes using as a minimum the 23 core national performance indicators
- financial performance and best value
- reporting progress with localities
♦ Inspection of Services, summarising any activity undertaken by Healthcare Improvement Scotland, The Care Inspectorate, Audit Scotland, Accounts Commission and Scottish Housing Regulator in the year of review
♦ any plans to review or update the Strategic Commissioning Plan

The Annual Performance Report for the IJB, attached as an appendix to the report, would be submitted to the Integration Joint Board for approval, prior to it being published.

The Sub-Committee decided: that the content of the report be noted.

9 Performance and Audit Sub-Committee - Programme of Meetings 2018/2019

A report dated 10 August 2017 by the Director, Health and Social Care was submitted on the future programme of meetings for the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee for the period 1 January 2018 to 31 December 2019.

It was proposed that, for the period 1 January 2018 to 31 December 2019, meetings of the Performance and Audit Sub-Committee be held at 3.00pm in the Council Offices, Almada Street, Hamilton as follows:-

♦ Tuesday 27 February 2018
♦ Tuesday 29 May 2018
♦ Tuesday 28 August 2018
♦ Tuesday 27 November 2018
♦ Tuesday 26 February 2019
♦ Tuesday 21 May 2019
♦ Tuesday 27 August 2019
♦ Tuesday 26 November 2019

In terms of the Standing Orders for the South Lanarkshire Integration Joint Board, responsibility for appointing the Chair would transfer to NHS Lanarkshire and responsibility for appointing the Depute Chair would transfer to South Lanarkshire Council on 1 April 2019.

The Sub-Committee decided: that, for the period 1 January 2018 to 31 December 2019, meetings of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee be held on the dates detailed above.

10 Any Other Competent Business - External Auditor’s Annual Audit Report 2016/2017

A report dated 25 August 2017 by the Director, Health and Social Care was submitted on the outcome of Audit Scotland’s audit of the South Lanarkshire Integration Joint Board’s (IJB) Annual Accounts.

In line with the statutory timescale of 30 September 2017, Audit Scotland was required to supply an audit certificate outlining the findings of the audit process undertaken in relation to the IJB’s Annual Accounts 2016/2017.

The outcome of the audit concluded that the financial statements of the South Lanarkshire IJB for 2016/2017 provided a true and fair view of its affairs and net expenditure for the year and had issued an unqualified independent auditor’s report, a copy of which was attached as an appendix to the report.
Following the audit process, an action plan had been established to take forward those areas identified for improvement, details of which were contained in the appendix to the report.

The Sub-Committee decided: that the content of the report be noted.
Report

Agenda Item

Report to: South Lanarkshire Integration Joint Board
Date of Meeting: 05 December 2017
Report by: Director, Health and Social Care

Subject: Integration Joint Board – Forward Programme

1. Purpose of Report
   1.1. The purpose of the report is to:

   ◆ advise the Integration Joint Board of the Forward Programme of proposed agenda items for the calendar year 2018.

2. Recommendation(s)
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):

   (1) that the content of the Forward Programme for the Integration Joint Board for the period 1 January 2018 to 31 December 2018, as detailed in the appendix to the report, is noted.

3. Background
   3.1. Since its inaugural meeting on 6 October 2015, the Integration Joint Board (IJB), has consistently held a minimum of 5 meetings per year.

   3.2. Over this period, the IJB has continued to evolve and develop as reflected in the fact that agenda and business has increased significantly, both in terms of volume and complexity.

4. Proposal
   4.1. To assist with the management and organisation of IJB business, it is proposed that a forward plan be established as detailed in the appendix to the report and covering the calendar year for 2018.

   4.2. The forward programme will give an indication of the forthcoming business of the IJB and whilst some of this business will be cyclical, for example the Annual Performance Report and Annual Accounts, it is recognised that there will need to be an element of flexibility and changeability to the content of the forward programme.

5. Employee Implications
   5.1. There are no employee implications arising directly from this report.

6. Financial Implications
   6.1. There are no financial implications arising directly from this report.
7. **Other Implications**

7.1. There are no risk implications associated with this report.

7.2. There are no sustainable implications associated with this report.

7.3. There are no other issues associated with this report.

8. **Equality Impact Assessment and Consultation Arrangements**

8.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

8.2. There are no requirements to undertake any consultation in terms of the information contained within this report.

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Val de Souza  
**Director, Health and Social Care**

Date created: 23 November 2017

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**Previous References**

- **none**

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**List of Background Papers**

- **none**

---

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:

- Martin Kane, Programme Manager  
  Ext: 3743 (Phone: 01698 453743)  
  Email: martin.kane@southlanarkshire.gcsx.gov.uk
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<th>Year</th>
<th>Date of Meeting</th>
<th>Discussion re Items at SMT</th>
<th>Final Pack for SMT</th>
<th>Deadline for OPAM</th>
<th>Issue of Agenda Papers</th>
<th>Issue of Board Papers</th>
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<td>Tuesday 13 February 2018 at 2.00pm, Venue TBC</td>
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<td>Mental Health Strategy Paper - Third</td>
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</table>
1. **Purpose of Report**
   1.1. The purpose of the report is to:-
   
   ♦ provide a summary of the financial position of the South Lanarkshire Health and Social Care Partnership (SLHSCCP) for the period from 01 April to 30 September 2017 (Health Care Services) and 1 April to 15 September 2017 (Social Work and Housing Services)

2. **Recommendation(s)**
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

   (1) that the contents of the report be noted; and
   (2) that the development of a budget recovery plan to manage in-year demand be noted.

3. **Background**
   3.1. This report is based on the financial monitoring reports received from the Director of Finance of NHS Lanarkshire and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council. The position detailed in these reports is therefore based on the information contained in each partner’s respective financial systems and includes accruals and adjustments in-line with their financial policies.

   3.2. This is the second financial monitoring report presented to the South Lanarkshire Integration Joint Board (IJB) for the financial year 2017/2018. Further reports will follow throughout the year.

4. **Summary Position**
   4.1. The financial position as at September 2017 is summarised as follows:
   
   ♦ there is an underspend of £0.158m on health care services
   ♦ there is an overspend of £0.594m on social care services
   ♦ there is an underspend on the primary care transformation fund of £0.344m, which is ring-fenced

   4.2. The budget variance is analysed by care services at Appendix 1.

5. **Reasons for Major Budget Variances**
   5.1. **Locality and Other Services**
5.1.1. There is a net under spend of £0.251m.

5.1.2. The underspend is mainly due to vacancies across Nursing, Occupational Therapists, Physiotherapists and admin and clerical posts within the localities. The average vacancy factor is currently 8.3%. This compares to an average vacancy factor of 9.2% during 2016/2017.

5.1.3. Other services include boundary service level agreements, Delayed Discharge funding, management team costs and the apprenticeship levy. Further work is being progressed by NHSL finance staff with budget holders to realign budgets in line with the partnership locality structures.

5.2. **Nursing and Medical Directorate Services**

5.2.1. There is a net underspend of £0.014m.

5.2.2. There is an underspend of £0.065m within the medical directorate which is offsetting an overspend of £0.05m in the nursing directorate. The overspend is due to the cost of training three WTE District Nurses and eight WTE Health Visitors. The additional cost of training to date is £0.184m. The total 2017/2018 cost is projected to be £0.306m. Additional funding has been made available by the Scottish Government to increase the number of Health Visitor posts.

5.3. **Prescribing**

5.3.1. A break-even position is reported in respect of prescribing.

5.3.2. The prescribing costs reflect the position to July 2017 at this stage. Each year, prescribing costs will increase as a result of inflationary price increases, the impact of demographic growth and the availability of new drugs. In order to mitigate these increasing costs in 2017/2018, action is being taken to achieve prescribing cost savings of £1.2m. The overall cost per patient has increased again in July 2017 but the items remain lower than the same period last year. Drugs shortages are now apparent and this has increased the cost in year.

5.3.3. Prescribing costs will continue to be monitored and reliance will be placed on Prescribing Quality and Efficiency Programme to manage prescribing activity.

5.4. **Out of Area Services**

5.4.1. There is an overspend of £0.440m.

5.4.2. This is mainly due to higher costs being charged by external facilities and also the cost of services to support individuals with complex care needs.

5.5. **Hosted Services Led By South Lanarkshire**

5.5.1. The hosted services which are led by the SLHSCP are outlined at Appendix 2.

5.5.2. There is an underspend of £0.583m. This is comprised of an underspend of £0.344m in respect of the Primary Care Transformation Fund, which is ring-fenced. There is also an underspend of £0.181m in respect of Community Dental Services, mainly as a result of vacancies across Dental Nursing, Dental Technicians and Oral Health Services.

5.5.3. In line with the Integrated Resource Advisory Group Finance Guidance, the lead partner for a hosted service is responsible for managing any overspends incurred. With the exception of ring-fenced funding, the lead partner can also retain any underspends which may be used to offset the overspends.
5.6. **Hosted Services Led By North Lanarkshire**

5.6.1. The hosted services which are led by the North Lanarkshire Health and Social Care Partnership are outlined at Appendix 3. In-line with the hosted services agreement, a break-even position is reported.

5.7. **Additional In-Year Lanarkshire Funding**

5.7.1. The additional in-year funding allocations for the South Lanarkshire IJB received between April 2017 and September 2017 which were not included in the 2017/2018 base budget are detailed at Appendix 4. A total of £3.677m has been received, of which £0.625m is earmarked recurring and £3.052m is non-recurring.

5.7.2. This funding has been received to support nationally led initiatives. This includes additional Health Visitors and Family Nurse Practitioner staff in support of the enactment of the new Children’s Bill. It also supports initiatives which will assist in the introduction of the new GMS contract from 1 April 2018. Funding was also made available to support advanced diabetic foot care.

6. **Set-Aside Activity**

6.1. The set-aside budget represents the consumption of hospital resources by South Lanarkshire residents and is included in the total resources for 2017/2018.

6.2. The set-aside budget has not yet been updated and continues to be based on 2014/2015 activity levels which are costed at 2016/2017 price levels.

6.3. The Director of Finance of NHS Lanarkshire is liaising with the Information Services Division to confirm accurate 2015/2016 activity levels which will then be costed at 2017/2018 price levels. Once this information is available, the set-aside budget will be updated.

7. **Social Care Services**

7.1. A net overspend is reported of £0.594m.

7.2. This is mainly due to increases in the demand for Home Care Services, Supported Living Services, equipment and adaptations and direct payments. There is an overspend in respect of the housing revenue account which reflects the demand for the grant assistance in relation to owner-occupier aids and adaptations. There was an over-recovery of income from service users following financial assessments and one-off recoveries of previous year care costs.

7.3. As previously reported it is expected that the requirement for Social Care Services in 2017/2018 will continue to exceed the budget available.

7.4. An early indication of the projected position at 31 March 2018, based on the known commitments at September 2017, shows that the level of overspend for Social Care Services within the Partnership could result in an overspend of up to £2.3m for 2017/2018.

7.5. The requirement for Home Care in particular is difficult to predict and the projected position could change. The Council is currently updating the 2017/2018 projections and will include the impact of the recent annual exercise to update client financial assessments. The position is being closely monitored.
8. **Conclusion**
8.1. The overall financial position continues to be reviewed and will be updated through the routine monitoring process where any material change is identified over the course of the financial year.

9. **Action**
9.1. The Chief Officer, Chief Financial Officer and the Health and Social Care Partnership Management Team continue to manage and review the budget across all areas of the Partnership.

9.2. The Social Care Services position is being closely monitored. It is recognised that the requirement for Home Care services is difficult to predict. The projected overspend may change should the level of demand fluctuate. In monitoring the position, Social Work Resources are working to minimise the level of overspend being incurred. Consideration is also being given to where other underspends across social care services can assist in offsetting these pressures in the short term. A budget recovery plan is being discussed with the Health and Social Care Partnership.

10. **Employee Implications**
10.1. There are no employee implications associated with this report.

11. **Financial Implications**
11.1. The financial implications are as outlined in the report.

12. **Other Implications**
12.1. The main risk associated with the IJB’s revenue budget is that either or both partners may overspend.

12.2. Prescribing cost volatility represents the most significant risk within the NHS element of the Partnership’s budget.

12.3. Demand for Care at Home Services represents the most significant risk within the Council’s element of the Partnership’s budget.

12.4. These risks are managed by both NHS Lanarkshire and South Lanarkshire Council through their detailed budget management and probable outturn arrangements.

13. **Equality Impact Assessment and Consultation Arrangements**
13.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

13.2. Consultation was undertaken with both the Director of Finance for NHS Lanarkshire and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council in terms of the information contained in this report.

**Val de Souza**  
**Director, Health and Social Care**

Date created: 06 November 2017

**Previous References**

♦ none
List of Background Papers

* none

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Marie Moy, Chief Financial Officer
Ext: 3709 (Phone: 01698 453709)
Email: marie.moy@southlanarkshire.gcsx.gov.uk
### Appendix 1

#### SOUTH LANARKSHIRE

**ANNUAL HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET**

<table>
<thead>
<tr>
<th>Category</th>
<th>2017/2018 £m</th>
<th>Sept / Oct 2017 £m</th>
<th>Year to Date Variance £m</th>
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<tr>
<td>Health Care Services</td>
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<td>Locality and Other Services</td>
<td>30.562</td>
<td>14.930</td>
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<td>Addiction Services</td>
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<td>33.286</td>
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<td>Set-Aside Budget</td>
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<td>Social Care Services</td>
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<td>Adult and Older People</td>
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<td>Housing Services - HRA</td>
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<td><strong>Gross Income</strong></td>
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<td><strong>Net Expenditure - Sub Total</strong></td>
<td>150.470</td>
<td>59.380</td>
<td>(0.594)</td>
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#### FUNDING:

| Source                                    | Amount £m |  |
|-------------------------------------------|-----------|-
<p>| SLC Funding                               | 108.851   |  |
| Total - SLC                               | 108.851   |  |
| NHS Lanarkshire Funding                   | 320.124   |  |
| Social Care Funding                       | 19.500    |  |
| Resource Transfer                         | 22.119    |  |
| Transfer of Hosted Services Funding From North Lanarkshire IJB | 0.000  |  |
| Transfer of Hosted Services Funding To North Lanarkshire IJB | 0.000 |  |
| Total - NHSL                              | 361.743   |  |
| <strong>TOTAL</strong>                                 | 470.594   |  |</p>
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<th>North Lanarkshire IJB - 51% Share</th>
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<td><strong>YTD</strong></td>
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<td><strong>86.914</strong></td>
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<td><strong>102.492</strong></td>
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<td>Immunisation Services</td>
<td>2.061</td>
<td>1.010</td>
<td>0.377</td>
</tr>
<tr>
<td>Speech and Language Therapy Services</td>
<td>5.160</td>
<td>2.539</td>
<td>1.261</td>
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<tr>
<td>Children and Adolescents Mental Health Services</td>
<td>5.375</td>
<td>2.634</td>
<td>1.339</td>
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<tr>
<td>Childrens Services</td>
<td>9.922</td>
<td>4.862</td>
<td>2.427</td>
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<tr>
<td>Integrated Equipment and Adaptations Store</td>
<td>0.540</td>
<td>0.265</td>
<td>0.132</td>
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<td>Dietetics Services</td>
<td>3.183</td>
<td>1.560</td>
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<tr>
<td>Podiatry Services</td>
<td>3.670</td>
<td>1.798</td>
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<td>Prisoner Healthcare Services</td>
<td>1.414</td>
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<tr>
<td>Blood Borne Viruses Services</td>
<td>1.586</td>
<td>0.777</td>
<td>0.355</td>
</tr>
<tr>
<td>Mental Health and Learning Disability Services</td>
<td>59.147</td>
<td>28.962</td>
<td>14.631</td>
</tr>
<tr>
<td>TOTAL</td>
<td>96.528</td>
<td>47.299</td>
<td>23.621</td>
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### Additional In-Year NHS Lanarkshire Funding

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Earmarked Recurring</th>
<th>Non Recurring</th>
<th>Total £m</th>
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</thead>
<tbody>
<tr>
<td>Health Visitor Additional Funding</td>
<td>0.625</td>
<td>0.625</td>
<td>0.625</td>
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<tr>
<td>Family Nurse Partnership Funding</td>
<td>0.608</td>
<td>0.608</td>
<td>0.608</td>
</tr>
<tr>
<td>Primary Care Transformation, Out of Hours and Mental Health Services</td>
<td>2.286</td>
<td>2.286</td>
<td>2.286</td>
</tr>
<tr>
<td>Primary Care Transformation - Pharmacy First</td>
<td>0.122</td>
<td>0.122</td>
<td>0.122</td>
</tr>
<tr>
<td>Funding for Diabetes Foot Co-ordinator For Scotland</td>
<td>0.036</td>
<td>0.036</td>
<td>0.036</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>0.625</strong></td>
<td><strong>3.052</strong></td>
<td><strong>3.677</strong></td>
</tr>
</tbody>
</table>
1. **Purpose of Report**

1.1. The purpose of the report is to:

- present the proposed Internal Audit Plan for 2017/2018 that has been prepared by the Chief Internal Auditors of South Lanarkshire Council (SLC) and NHS Lanarkshire Health Board (NHSL) for approval.

2. **Recommendation(s)**

2.1. The Integration Joint Board is asked to approve the following recommendation(s):

(1) that the Internal Audit Plan for 2017/2018 (Appendix 1) be approved; and

(2) that the previous approach to deliver this as a joint service by South Lanarkshire Council and NHS Lanarkshire Health Board is also approved.

3. **Background**

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014, requires the IJB to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973.

3.2. A professional and objective joint Internal Audit Service has been established in accordance with recognised Internal Audit standards and practices as laid out in the Public Sector Internal Audit Standards, in order to comply with article 7 of the Local Authority Accounts (Scotland) Regulations 2014.

3.3. The Integrated Resources Advisory Group also issued guidance which set out the South Lanarkshire IJB’s responsibility to establish adequate and proportionate Internal Audit arrangements for risk management, governance and control of delegated resources. The guidance further advised that the IJB should make appropriate and proportionate arrangements for the consideration of the audit provision.

3.4. At a meeting of the IJB on 13 September 2016, the IJB authorised the Chief Officer to establish effective Internal Audit arrangements for the financial year 2016/2017. This included the agreement of appropriate protocols to provide a framework within which Internal Audit Services would be provided and to manage the key strategic priorities and risks that could impact on the achievement of the IJB’s objectives.
3.5. This report was presented to the Performance and Audit Sub Committee on 29 August 2017 for endorsement before being presented today to the Board for approval.

4.  **2017/2018 Audit Plan**

4.1. The proposed Internal Audit Plan at Appendix 1 totals 60 days and presents a plan of work covering key aspects of the IJB’s strategic planning process and financial planning arrangements together with a follow-up of the implementation of actions arising from previous audit findings and the production of an Internal Audit Annual Report for 2017/2018. This programme of work will be delivered by 30 April 2018 and will ensure compliance with the Local Authority Accounts (Scotland) Regulations 2014 and also the guidance issued by the Integrated Resource Advisory Group in respect of Internal Audit arrangements.

4.2. It is proposed that the joint working arrangements established between SLC and NHSL in 2016/2017 to deliver the Plan of Internal Audit work should continue for 2017/2018.

4.3. NHSL Internal Auditors would continue to be responsible for undertaking audit assignments in relation to operational matters across in-scope NHS Services. SLC Internal Auditors would continue to be responsible for undertaking audit assignments in relation to operational matters across social work and in-scope Housing Services. Joint working arrangements would be implemented in respect of ‘IJB only’ audits and any cross-cutting audits.

4.4. Appendix 2 outlines the current assessment by both Chief Internal Auditors of remaining areas that are likely to form part of discussions around future year’s audit coverage.

5.  **Employee Implications**

5.1. The Internal Audit Plan for 2017/2018 will be delivered jointly by the Internal Audit functions within SLC and NHSL.

6.  **Financial Implications**

6.1. There will be no charge for the provision of this support service as joint working arrangements have been established to deliver this service.

7.  **Other Implications**

7.1. This report relates to all national outcomes as effective governance arrangements will ensure that the IJB can fulfil its statutory duties.

7.2. To mitigate against the risk of the non-delivery of the Plan, the progress of every assignment will be monitored using SLC’s risk management software, Figtree. Audit performance will require co-operation from the IJB and delivery of the Plan is dependent on assignments being finalised within four weeks of the completion of field work. To assist in meeting this target, it would be helpful if:
   ♦ designated contacts could attend opening and closing meetings
   ♦ a senior officer could be nominated to liaise with auditors during the field work
   ♦ draft reports could be reviewed for factual accuracy and agreed within four weeks of the issue of this report

7.3. There are no sustainable or environmental implications arising directly from this report.
8. **Equality Impact Assessment and Consultation Arrangements**

8.1. This report does not introduce a new policy, function or strategy or recommend a change to existing policy, function or strategy and, therefore, no impact assessment is required.

8.2. There is also no requirement to undertake any further consultation in terms of the information contained in this report.

Val de Souza  
Director, Health and Social Care

Date created: 31 October 2017

**Link(s) to Council Values/Objectives**
◆ none

**Previous References**
◆ Internal Audit Service – South Lanarkshire Integration Joint Board (13 September 2016)  
Internal Audit Plan 2016/2017 – South Lanarkshire Integration Joint Board (6 December 2016)

**List of Background Papers**
◆ none

**Contact for Further Information**
If you would like to inspect the background papers or want further information, please contact:-
Yvonne Douglas, Audit and Compliance Manager  
Ext: 2618 (Phone: 01698 452618)  
Email: yvonne.douglas@southlanarkshire.gcsx.gov.uk

Tony Gaskin, Chief Internal Auditor NHS Fife, Tayside and Lanarkshire  
Phone: 01334 696028  
E-mail: tony.gaskin@nhs.net
<table>
<thead>
<tr>
<th>Audit Assignment</th>
<th>Outline Scope</th>
<th>Expected days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Planning and Commissioning</td>
<td>Review of the process for the production of the Strategic Commissioning Plan including compliance with regulations. Review directions given to the Parties (NHS Board and Local Authority) to deliver the Strategic Plan including monitoring of delivery and remedial action.</td>
<td>25</td>
</tr>
<tr>
<td>Financial Planning</td>
<td>Review of strategic financial planning and prioritisation to support corporate strategies and priorities.</td>
<td>15</td>
</tr>
<tr>
<td>Follow Up</td>
<td>Follow up actions arising from audits undertaken in 2016/2017. Review action plans developed by CFO in response to audit findings and general governance and due diligence issues. Assess the extent to which actions have been fully implemented and issues addressed.</td>
<td>10</td>
</tr>
<tr>
<td>Internal Audit Annual Report</td>
<td>Annual report containing annual internal audit opinion on assurance and review of the IJB’s self-assessment of governance and systems for preparing the 2017/2018 Annual Governance Statement.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
## Proposed strategic audit universe

### Appendix Two

<table>
<thead>
<tr>
<th>Main-Heading</th>
<th>Sub-Heading</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AUDIT PROCESS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Management</td>
<td></td>
<td>Audit Risk Assessment and Planning, Liaison with External Auditors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and other review bodies, Audit Management and Liaison with Directors,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance at Audit Committee</td>
</tr>
<tr>
<td><strong>CONTINGENCY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingency</td>
<td>Contingency reserve for investigations and</td>
<td>At request of IJB/Audit Committee</td>
</tr>
<tr>
<td></td>
<td>reviews</td>
<td></td>
</tr>
<tr>
<td><strong>GOVERNANCE AND ACCOUNTABILITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assurance</td>
<td>Annual Internal Audit Report and Governance</td>
<td>CIA’s annual assurance statement to Audit Committee</td>
</tr>
<tr>
<td></td>
<td>Statement Assurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audit Follow-up</td>
<td>Review of client's follow-up system and/or checking of specific</td>
</tr>
<tr>
<td></td>
<td></td>
<td>responses</td>
</tr>
<tr>
<td>Control Environment</td>
<td>Code of Corporate Governance</td>
<td>Governance structures including IJB and Committee effectiveness, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governance documentation to fulfil the requirements of legislation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and the Integration Scheme</td>
</tr>
<tr>
<td></td>
<td>Assurance Framework</td>
<td>Assurance structures (including Audit Committee); relevance,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reliability, timeliness and quality of evidence</td>
</tr>
<tr>
<td><strong>RISK MANAGEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Management</td>
<td>Risk Management Strategy, Standards and</td>
<td>Review of RM strategy and supporting structures in order to conclude</td>
</tr>
<tr>
<td></td>
<td>Operations</td>
<td>on risk maturity</td>
</tr>
<tr>
<td></td>
<td>Resilience; Business</td>
<td>Compliance with Emergencies and business continuity guidance</td>
</tr>
<tr>
<td></td>
<td>Continuity and Emergency Planning</td>
<td></td>
</tr>
<tr>
<td><strong>INFORMATION GOVERNANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Governance Standards</td>
<td>Information Assurance</td>
<td>Information Governance and Information Assurance Strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data quality</td>
<td>Processes to ensure data is collated appropriately and reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td>accurately and timeously to the right people</td>
</tr>
<tr>
<td>Main-Heading</td>
<td>Sub-Heading</td>
<td>Scope</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>HEALTH AND SOCIAL CARE PLANNING</td>
<td>Planning and Commissioning</td>
<td>Commissioning Services from private and 3rd sector including monitoring of delivery and remedial action</td>
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<tr>
<td></td>
<td>Performance Management</td>
<td>Accurate, relevant and reliable reporting against strategic plan objectives and core integration indicators. Compliance with DL 2016 (05) and wider public performance reporting requirements</td>
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<td>CLINICAL GOVERNANCE</td>
<td>Clinical and Care Governance Committee</td>
<td>Clinical governance and improvement, clinical risk management and assurance</td>
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<tr>
<td></td>
<td>Clinical and Care Governance Framework and Assurance</td>
<td>Quality of Service Monitoring of quality, safety, experience and effectiveness</td>
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<td>STAFF GOVERNANCE</td>
<td>Staff Governance arrangements</td>
<td>Workforce and Organisational Development Strategy</td>
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<td>FINANCIAL ASSURANCE</td>
<td>Workforce Planning</td>
<td>Workforce Planning</td>
</tr>
<tr>
<td>FINANCIAL MANAGEMENT</td>
<td>Financial Management</td>
<td>Budgetary control; reporting, remediation and data accuracy</td>
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<tr>
<td></td>
<td>Savings programme</td>
<td>Identification, delivery and reporting of savings</td>
</tr>
<tr>
<td></td>
<td>Fraud and Probity Arrangements</td>
<td>Bribery Act, Standards of Business Conduct, annual fraud checklist, responding to fraud risk assessment</td>
</tr>
</tbody>
</table>
1. **Purpose of Report**
   1.1. The purpose of the report is to:
   
   - advise the Integration Joint Board (IJB) of changes to its responsibilities in relation to the Freedom of Information (Scotland) Act 2002.

2. **Recommendation(s)**
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):
   
   (1) that the report be noted; and
   (2) that the updated Model Publication Scheme approved by the Scottish Information Commissioner, outlined in Appendix 1, be adopted.

3. **Background**
   3.1. The Freedom of Information (Scotland) Act 2002 requires Scottish Public Authorities to produce and maintain a Publication Scheme which outlines the classes of information they routinely make available and advises the public on how to access the information.

   3.2. The IJB, is a public authority for the purposes of the Freedom of Information (Scotland) Act 2002 and the related Environmental Information (Scotland) Regulations 2004, will be required to respond to requests for information from the public in terms of the legislation.

   3.3. As part of embracing these duties, the IJB at its meeting of 19 April 2016, approved its Publication Scheme. The Scheme was based upon the Model Publication Scheme (MPS) and guidance issued by the Scottish Information Commissioner. The MPS was developed by the Scottish Information Commissioner to simplify and make it easier for members of the public to understand.

   3.4. At the point of approval, the South Lanarkshire IJB Publication Scheme was made available on the website, which at that point in time was hosted on the NHS Lanarkshire web platform.

   3.5. Following this, the Scottish Information Commissioner issued a letter to all public authorities in July of this year indicating changes to the Model Publication Scheme
4. **Summary of Changes to the Model Publication Scheme**

4.1. By way of summary, the Model Publication Scheme (Appendix 1) covers eight classes of information relating to:
- information about the authority
- how functions and services are delivered
- how decisions are taken and what was decided
- how the funding is spent
- how human, physical and information resources are managed
- how goods and services are procured
- how the authority is performing
- commercial publications

4.2. The changes to the MPS issued by the Scottish Information Commissioner relate specifically to the following areas:

<table>
<thead>
<tr>
<th>Class</th>
<th>Addition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 3: How we take decisions and what we have decided</td>
<td>Environmental Impact Assessment Reports undertaken in compliance with Town and Country Planning (Environmental Impact Assessment (Scotland) Regulations 2017</td>
</tr>
</tbody>
</table>
| Class 6: How we procure goods and services from external providers | Various additional information, including:  
  - any information published in accordance with the Procurement Reform (Scotland) Act 2014, the Procurement (Scotland) Regulations 2015 and the Public Contracts (Scotland) Regulations 2015  
  - register of contracts awarded, which have gone through formal tendering, including name of supplier, period of contract and value  
  - links to procurement information the authority publishes on the Public Contracts Scotland website |
| Class 7: How we are performing | mainstreaming Equality Reports produced under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended  
  - employee and board equality monitoring reports, produced under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended |

4.3. In terms of the IJB in relation to the above changes, action and work has already been completed in respect of the changes outlined in Classes 3 and 7. For example, a Strategic Environmental Impact Assessment was completed as part of finalising the Strategic Commissioning Plan 2016-19 and the IJB has also submitted to the Equality and Human Rights Commission Scotland, a copy of its Mainstreaming Equalities Report. With regards to Class 6, the IJB does through the Strategic Commissioning Plan and Annual Directions, commission a range of services from the Parties (South Lanarkshire Council and NHS Lanarkshire). However, from a contracting and procurement perspective, it remains the responsibility of the Parties to oversee this impact.
5. **Implementation and Next Steps**

5.1. Along with the adoption of the model Publication Scheme, the IJB is required to publish a guide to the information available, in line with the eight classifications referred to above. The guide can take any format that the IJB chooses but must serve the purpose of signposting the public on where to find the information that the IJB routinely publishes, for example the information set out in appendix 2.

5.2. Similar to the report approved in April, 2016 by the IJB, it is proposed that the IJB uses its website as a platform to display its guide to information. This will mean that the Publication Scheme will be easier to keep up to date and maintain.

5.3. The IJB will be encouraged to publish and make available to the public as much information as possible in order to be open and transparent. By being proactive in this way, the IJB can reduce the number of Freedom of Information requests it receives and then utilise section 25 exemption within the Act as information included in the Publication Scheme is deemed to be otherwise accessible and therefore does not have to be produced in response to a request.

5.4. Importantly, and from a website perspective, significant work has been undertaken to develop a standalone website for the Health and Social Care Partnership to reflect the fact that the IJB is a public body in its own right. All of the Model Publication Scheme requirements will be hosted on this platform as and when this new website goes live. This is anticipated to be from December, 2017 onwards.

6. **Employee Implications**

6.1. There are no employee implications associated with this report.

7. **Financial Implications**

7.1. There are no financial implications associated with this report.

8. **Other Implications**

8.1. There are no additional risks associated with this report.

8.2. There are no sustainable development issues associated with this report.

8.3. There are no other issues associated with this report.

9. **Equality Impact Assessment and Consultation Arrangements**

9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. There was also no requirement to undertake any consultation in terms of the information contained in this report.

**Val de Souza**  
**Director, Health and Social Care**  

Date created: 05 November 2017

**Previous References**

* none
List of Background Papers
♦ none

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Martin Kane, Planning and Performance Manager
Ext: 3743 (Phone: 01698 453743)
Email: martin.kane@southlanarkshire.gcsx.gov.uk
Model Publication Scheme

Guide for Scottish Public Authorities
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Terms used

<table>
<thead>
<tr>
<th>Term used</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOISA</td>
<td>The Freedom of Information (Scotland) Act 2002</td>
</tr>
<tr>
<td>EIRs</td>
<td>The Environmental Information (Scotland) Regulations 2004</td>
</tr>
<tr>
<td>Model Publication Scheme</td>
<td>A standard framework for authorities to publish information under FOISA, approved by the Scottish Information Commissioner</td>
</tr>
<tr>
<td>MPS</td>
<td>The Model Publication Scheme</td>
</tr>
<tr>
<td>Guide to Information</td>
<td>A guide that every public authority adopting the MPS must produce to help people access the information it makes available</td>
</tr>
<tr>
<td>MPS Principles</td>
<td>The six key principles with which all information published under the MPS must comply</td>
</tr>
<tr>
<td>Classes of information</td>
<td>Nine broad categories describing the types of information authorities must publish (if they hold it)</td>
</tr>
<tr>
<td>Notification form</td>
<td>The form an authority must submit to notify the Commissioner of its adoption of the MPS</td>
</tr>
<tr>
<td>Re-use Regulations</td>
<td>The Re-use of Public Sector Information Regulations 2015</td>
</tr>
<tr>
<td>Copyright law</td>
<td>The Copyright, Designs and Patents Act 1988</td>
</tr>
<tr>
<td>TNA</td>
<td>The National Archives</td>
</tr>
</tbody>
</table>
Section 1: Overview

Introduction

1. The Freedom of Information (Scotland) Act 2002 (FOISA) places a duty\(^1\) on Scottish public authorities to publish information proactively. Authorities must have regard to the public interest in the information they hold and make information available so it can be accessed without having to make a request for it under section 1 of FOISA. The duty to publish is in addition to the obligation to respond to requests for information (see Appendix 2: Publication Schemes: the legal requirements for more information).

2. In addition, the Environmental Information (Scotland) Regulations (2004) (the EIRs) require authorities to publish environmental information proactively\(^2\), particularly information they hold in electronic formats.

3. Even if it were not a specific duty, there are benefits to authorities from publishing information, including:
   - Reducing the work and resources associated with information requests. If the public can access information themselves, they do not need to ask an authority to provide it.
   - Developing better relationships with stakeholders by providing access to information that helps their understanding and supports them to engage meaningfully with the authority.
   - Demonstrating the authority is open and transparent in its practice as well as intentions.

4. The Commissioner has developed a Model Publication Scheme (MPS) to support authorities to meet their publication scheme duties under both FOISA and the EIRs.

5. This guidance takes you through what your authority needs to do to adopt the Scottish Information Commissioner’s MPS. It provides information about the MPS, the actions you will need to take and good practice tips. There is a section of answers to frequently asked questions.

6. If you don’t find what you need here, we provide an enquiries service, from Monday to Friday 9:00 am to 5:00 pm. Our contact details are on the back cover of this Guide.

About the Model Publication Scheme (MPS)

What is the MPS?

7. The MPS is a standard framework for Scottish public authorities to publish the information they hold.

8. By adopting the MPS, authorities commit to:

---

\(^1\) Section 23 of FOISA

\(^2\) Regulation 4 of the EIRs
(i) publishing, as a minimum, specified types of information, through their own Guide to Information. This sets out how people can access the information the authority publishes under the MPS.

(ii) ensuring all their published information meets the six MPS principles (see below).

9. **An authority which formally adopts the MPS and then publishes information in accordance with the MPS will meet its publication scheme duties.**

10. The Commissioner regularly updates the MPS and alerts authorities to any changes. All the documents you need are available to download at www.itspublicknowledge.info/MPS.

**Who can adopt the MPS?**

11. The MPS can be adopted by any Scottish public authority subject to FOISA.

**What are the benefits of the MPS to an authority?**

12. The MPS:

   (i) Provides the most efficient and effective way to secure the Commissioner’s approval for a publication scheme.

   (ii) Focuses authorities’ resources on making as much information available as possible.

   (iii) Improves accessibility of information for the public and increases consistency across the public sector in the range of information available.

   (iv) Gives access to specific guidance and advice.

**How does an authority adopt the MPS?**

13. There are five steps to adopting the MPS for the first time (each is explained in more detail in later sections):

   (i) Make a corporate decision to adopt the MPS without amendment.

   (ii) Identify the information held by your authority that is covered by the MPS classes of information and any additional information in which there is a public interest in publication.

   (iii) Produce and publish a Guide to Information, ensuring that the arrangements for publication meet the six MPS Principles.

   (iv) Notify us that you have adopted the MPS. You need do this only once.

   (v) Make arrangements to maintain and update your Guide to Information. This includes adjusting your Guide to Information in response to any future changes to the MPS.

14. The Commissioner’s approval depends on authorities complying with all the above steps. If your authority does not satisfy all the requirements, it can neither claim to have adopted a publication scheme nor to be maintaining one. The authority will therefore not be compliant with the publication scheme duty under section 23 of FOISA. The Commissioner has enforcement powers to ensure compliance.
When do we have to adopt the MPS?

15. New authorities adopting the MPS must do so in advance of the date they become subject to FOI.

16. As soon as you know your authority’s founding or commencement date, you must start planning to adopt the MPS. Please let us know the date you will submit the notification form to us. We offer advice on preparing your Guide to Information and adopting the MPS. Do contact us if you would like support.

The MPS Principles

17. The MPS imposes six principles which govern the way authorities must make their information available through their Guides to Information:

- Principle 1: Availability and formats
- Principle 2: Exempt information
- Principle 3: Copyright and re-use
- Principle 4: Charges
- Principle 5: Advice and assistance
- Principle 6: Duration

18. Each principle is explained in detail in The MPS Principles.
Section 2: Preparing for Adoption

Making the decision to adopt the MPS

19. Your authority needs to take a formal decision to adopt the MPS. In practice, many authorities take the decision at committee or board level, but it can be taken on behalf of the authority by any person or group with delegated responsibility.

20. When you are recommending your authority adopts the MPS, it may be helpful to point colleagues to the introductory section of this Guide to remind them why the authority must adopt a publication scheme. Appendix 2: Publication Schemes: the legal requirements also sets out the legal context. It is important to reach a common understanding in the authority about the commitment it is making and to ensure there is management support for the work you have to do.

21. Once the decision has been taken to adopt the MPS, you need to communicate the decision as widely as possible across your organisation. Many of the steps will require support from colleagues in other business areas and they need to know that your authority plans to adopt the MPS. In due course, everyone in your authority will need to know about your Guide to Information when it is published so that they can respond to enquiries about it and contribute to keeping it up to date.

22. If your authority does not adopt the MPS, the Commissioner will require it to produce a bespoke publication scheme which meets the minimum good practice standard of the MPS. The development and approval of a bespoke publication scheme is time-consuming and burdensome for the authority. The Commissioner therefore strongly recommends the adoption of the MPS. See FAQs for more information.

Deciding what information to publish

23. When deciding what to publish, authorities have a statutory duty to have regard to the public interest in the information they hold. That is, you must think about the audience for your published information, and identify what information you ought to make available to them. As section 23(3) of FOISA explains, there is a specific public interest in information about:

- authority decisions, and the facts and analysis that inform them
- the functions and services provided by authorities, including the cost of services and their performance.

24. Investing time and effort to decide what to publish brings benefits beyond simple compliance with publication scheme duties. The more information your authority makes available as a matter of course, the easier you and your colleagues will find responding to information requests.

25. The MPS sets out nine classes (or types) of information that authorities must publish if they hold information of that type.

26. In Appendix 1: Types of information under the MPS classes we provide detailed lists of the information the Commissioner expects authorities to publish under each class. The
Commissioner’s lists focus on where there is a clear public interest in making information available e.g., where:

(i) FOISA says there is a public interest (see para 24)
(ii) there is a statutory requirement to publish
(iii) it is recognised good practice to publish
(iv) the type of information is often requested and generally disclosed under FOI law.

27. We provide a Self-assessment checklist\(^3\) to help you assess the information you hold against the Commissioner’s lists.

28. If your authority does not hold information under any of the classes, don’t delete the class in your Guide to Information. Add a statement “No information held under this class”.

29. The Commissioner’s lists are not exhaustive or restrictive. They set out the minimum for all authorities. Authorities have different functions, so you will still need to consider whether there is additional information that your authority holds and ought to publish in the public interest in respect of each function.

Research and information services

30. Research and information services are not “publications”. They involve creating new information (including “certificates”), from other information the authority holds and may publish. The new information is not actually available until it has been commissioned and created. The information is not already prepared and available to anyone to access easily and quickly. So it cannot be considered to be “published”.

31. Examples of research and information services include:

(i) certified extracts from registers
(ii) family history searches
(iii) property enquiry certificates

32. If your authority offers such services, you can advertise them through your Guide to Information as it may help the reader to know that you offer the service. But do not include them in the lists of information your authority publishes through the MPS.

Preparing a Guide to Information for new authorities

33. If you work for an authority new to FOI, we recommend that you carry out a full “information audit”, using the classes of information to guide you. For example, ask business areas to list the types of information they hold relating to each class and indicate for each category whether it should or should not be published.

34. If your authority is starting from scratch, you may find that you have very little information under each of the classes of information. This is understandable. You must, however, make plans to update your Guide to Information as the information you hold grows. This is a great

\(^3\)www.itstpublicknowledge.info/ScottishPublicAuthorities/PublicationSchemes/PublicationSchemeResources.aspx
opportunity to set up procedures for updating your Guide to Information on a regular basis (see Section 5 for more information).

35. If your new authority is as the result of a merger with, or replacement of, existing authorities, you’ll be able to bring together previous Guides to Information. You’ll still need to consider the public interest in the new authority’s information as this may have changed.
Section 3: Guides to Information

What is a guide to information?

36. Your Guide to Information is effectively an “index” of the information you publish and a “how to” guide to access it. When developing your Guide to Information, it is helpful to think of it as a practical, user-friendly resource for the public, helping them to access the information you publish.

37. The format your Guide to Information takes, e.g. a document, webpages or an A-Z, is dependent on what suits your audience (and organisation) best.

38. Whatever format it is presented in, your guide must set out:
   
   (i) What information your authority publishes under each class
   (ii) How to access the information
   (iii) Whether you charge for the information (if you do, you must say both what the charges are and when they apply)
   (iv) Contact details for advice and assistance to access information.

39. You should maintain a record of what information was published and when it was available. You will need this record in the event of a dispute.

40. The Guide to Information must be published on your authority’s website and it must be possible to find it through a simple search of the website. You should test whether it actually comes up in search results for e.g. “Guide to Information”, or “Publication Scheme”.

41. It is good practice to link your Guide to Information to “freedom of information” or “publications” links on your home page.

Meeting the MPS Principles

The 6 MPS Principles

1: Availability and formats  4: Charges
2: Exempt information  5: Advice and assistance
3: Copyright and re-use  6: Duration

42. The access arrangements for all the information in your authority’s Guide to Information must meet the MPS Principles.

43. The principles are explained in more detail below.
Principle 1: Availability and formats

Definition:

- Information published through the MPS should, wherever possible, be made available on the authority’s website.
- There must be an alternative arrangement for people who cannot reasonably access the information either online or by inspection at the authority’s premises. An authority may e.g., arrange to send out information in paper copy on request (although there may be a charge for doing so).

44. Guides to Information must clearly state how to access the published information.

45. The term “publication” has a specific meaning in FOI law. “Published” information is available for anyone to access easily.

46. One of the main benefits for public authorities of publishing information under a publication scheme is that the information will be exempt from disclosure (section 25(3)) in the event that someone makes an information request for it under section 1(1) of the FOI Act.

47. This means that, information published through the MPS must be reasonably accessible to all.

48. As our Briefing on Section 25 (Information otherwise obtainable) explains:

“This is one of the few exemptions in FOISA where the identity of the requester is relevant. This is because the exemption applies to information which the requester can reasonably obtain. Information may be generally accessible to the public at large, but not to an individual requester, if their personal circumstances prevent them from obtaining it. For example, a person with a visual impairment might not be able to access information provided only on a website, while it might not be reasonable to expect someone who lives a long way from the public authority’s offices to travel to see the information.”

For this reason, authorities cannot claim to “publish” information if it is available only by inspection or online.

49. It is for your authority to decide how to meet this MPS principle. Most authorities meet it by providing a combination of access opportunities, including:

(i) Making the information available online, allowing people to access the information for themselves without contacting the authority. It is good practice to provide direct web links in the Guide to Information. It’s not enough to merely point to the home page, or ask people to use the website search engine.

(ii) Offering a telephone or email service for the public to ask for paper copies to be printed out and posted to them. It is acceptable to ask the requester to meet the costs of providing the information in this way (see principle 4).

50. Authorities must also comply with the Equality Act 2010. This means they must also be prepared to meet requests for information in alternative formats.
51. Information published through Class 9 (Open Data) is exempt from Principle 1. By its nature, open data is generally available in only electronic format and cannot easily be provided in other formats. (See the Scottish Government’s Open Data Resource Pack[^4] for the accessibility requirements for this class of information).

Principle 2: Exempt information

Definition:

If information described by the classes cannot be published and is exempt under Scotland’s freedom of information laws e.g., sensitive personal data or a trade secret, the authority may withhold the information or provide a redacted version for publication, but it must explain why it has done so.

52. Authorities adopting the MPS must publish all the information they hold that falls within the classes of information.

53. The exempt information principle allows authorities to decide to not publish information, but only if that information would be exempt under FOISA or the EIRs.

54. For example, there is a strong public interest in the decisions authorities take at board or committee meetings, so as a general rule, their minutes should be published. But there may be times when they cannot be published. Board or committee meetings may contain: personal data where disclosure would contravene the data protection principles, or information about contracts where disclosure would damage someone’s commercial interests.

55. In such cases, you should consider whether a redacted version could be published or whether the information must be withheld in full.

56. Your Guide to Information should also explain that the authority does hold the particular type of information but that it is not published. You do not need to provide a full description of the exemption or exception relied on e.g., “contains personal data” would indicate that an exemption in section 38 of FOISA would apply. It is good practice to consider whether you could provide other information about the function or service to help the public understand your work. For example, if your authority carries out investigations, you may not be able to reveal details of individual investigations, but you could provide a statement or case study which would explain how you conduct investigations in general terms or, as the Commissioner does, publish your investigation procedures.

Principle 3: Copyright and re-use

Definition:

- The authority’s Guide to Information must include a copyright statement which is consistent with the fair dealing provisions of the Copyright, Designs and Patents Act 1988. Where the authority does not hold the copyright in information it publishes, this should be made clear.

- Any conditions applied to the re-use of published information must be consistent with the Re-Use of Public Sector Information Regulations 2015.

57. You must include a statement on both copyright and re-use of information in your Guide to Information. This is important because the public need to know exactly what they can (and
cannot) do with the information you make available. There have been substantial legislative changes to both copyright law and Re-use Regulations\(^5\), so you need to review and may need to revise statements you have used in past editions of your Guide to Information.

58. In particular, the Re-use Regulations impose new statutory requirements to what used to be a voluntary framework. The UK Information Commissioner has produced a helpful guide to the Re-use Regulations\(^6\) for public sector bodies to explain the duties and what authorities need to do.

59. The National Archives (TNA) has produced substantial guidance on copyright and re-use\(^7\).

60. The Commissioner recommends that authorities adopt the TNA’s Open Government Licence\(^8\) for all their published information. This licence sets out clear terms and conditions for both copyright and re-use. TNA provides additional information licences which may be more suitable for particular types of information. If an authority has adopted one of TNA’s licences, it can use TNA’s sample wording for Copyright Notices (see TNA’s Links between access and re-use\(^9\) guidance) as its copyright and re-use statement.

61. Alternatively, your authority can produce its own copyright and re-use statement, as long as it is compliant with the legislative provisions governing copyright and re-use.

62. In most cases, your authority will hold the copyright in the information you make available under your Guide to Information. Where you publish third party copyright information you must make that clear e.g., where local authority planning registers provide access to plans created by third parties, they should explain who owns the copyright where it applies.

**Principle 4: Charges**

**Definition:**

- The Guide to Information must contain a charging schedule, explaining any charges and how they will be calculated.
- No charge may be made to view information on the authority’s website or at its premises, except where there is a statutory fee e.g., for access to some registers.
- The authority may charge for computer discs, photocopying, postage and packing and other costs associated with supplying information. The charge must be no more than these elements actually cost the authority e.g. cost per photocopy or postage. There may be no further charges for information in Classes 1 – 7. An exception is made for commercial publications (see Class 8: Our commercial publications) where pricing may be based on market value.

\(^6\) [https://ico.org.uk/for-organisations/guide-to-rpsi/](https://ico.org.uk/for-organisations/guide-to-rpsi/)
63. Your Guide to Information must state any charges that apply. If an authority intends to charge, it must publish a charging schedule in its Guide to Information. If there is no schedule, the authority cannot impose a charge.

64. You do not have to charge for published information. Most authorities have decided to make their information available free of charge. Sometimes fees are set by statute e.g., as regards some of the information published by the Registers of Scotland.

65. Any charges must be consistent with the following charging criteria:

(i) Any charges must be “reasonable”. That is, the charge must not be more than it costs the authority to provide the information e.g., the actual postage cost. Photocopying charges should reflect only the cost per copy and a relevant proportion of the cost of any consumables. As a general guide, it is expected that a photocopying charge will be significantly less than a commercial copying service. Where printed materials are published, an authority can derive a cost per copy from the total printing price, divided by the number of copies.

(ii) Authorities cannot try to recoup the cost of creating the information in the first place. So staff time for researching or drafting information cannot be charged.

66. The above charging criteria are consistent with the charging rules for environmental information in regulation 8(3) of the EIRs.

67. The MPS charging principle applies to information made available through Class 8: Our commercial publications, but the charging criteria do not. This class describes information sold at market value through a retail outlet such as a bookshop, museum or research journal. That market value can include the cost of creating the information. The authority can charge the market value for access to such information.

68. Your authority must specify any charges it makes for re-use of information. We recommend you consider adding these to your charging schedule. Under the Re-Use of Public Sector Information Regulations 2015\(^{10}\), in most cases authorities should make their information available for re-use under an open licence and at “marginal cost”. There are links to helpful guidance on re-use in Principle 3: Copyright and re-use above.

Principle 5: Advice and assistance

Definition:

- The authority must provide contact details for enquiries about any aspect of the adoption of the MPS, the authority’s Guide to Information and to ask for copies of the authority’s published information.

- The authority’s Guide to Information must provide contact details to access advice and assistance to request unpublished information.

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69. Your authority is already under a duty to provide reasonable advice and assistance to anyone who wants to request unpublished information, under section 15 of FOISA and regulation 9 of the EIRs.

70. The MPS requires authorities to provide a similar level of service for published information.

71. Your Guide to Information must provide contact information so the public can ask for help with finding information. It is essential that the help is available when it is asked for.

72. Your Guide to Information must also explain how to access information which is not published. Most authorities do this by publishing guidance on making information requests.

**Principle 6: Duration**

**Definition:**

| Once published through the Guide to Information, the information should be available for the current and previous two financial years. Where information has been updated or superseded, only the current version need be available (previous versions may be requested from the authority under section 1(1) of FOISA). |

73. Information must be available for at least two years following publication. Authorities can decide to continue to publish information for a longer period.

74. Where information is continually updated e.g., lists of current applications, it may be confusing to the public to provide outdated information. In this case, the authorities should provide only the current version. If someone wants to see older versions of the information, they can make a request to the authority for it under section 1(1) of FOISA.
Section 4: Notifying the Commissioner

75. Authorities must notify the Commissioner when they adopt the MPS for the first time. Notification is a required step in adopting the MPS.

76. The notification process is simple. Just download, complete and return the Notification Form¹¹ and send it to publicationschemes@itspublicknowledge.info

77. We will not accept incomplete Notification Forms. We require the direct website address (URL) of the publication of your authority’s Guide to Information so we can check compliance. If you are working to a deadline, you must factor in the time to publish the Guide to Information online. If you depend on someone else to do the web publishing, it’s a good idea to alert them to your timescales.

78. The Notification Form indicates the information that we will publish about your adoption of the MPS.

79. When you submit the form to us you’ll receive an autoreply to acknowledge our receipt of your form. We aim to issue you with a formal response within two weeks of submission.

80. Once you have submitted a notification form to us, you will not have to do it again unless:

   (i) the Commissioner’s approval of your adoption of the MPS has been revoked because your authority has not complied with it, or

   (ii) your authority’s legal status changes e.g., it merges with another authority, or there is a change of legal name.

¹¹www.itspublicknowledge.info/ScottishPublicAuthorities/PublicationSchemes/PublicationSchemeResources.aspx
Section 5: Reviewing and maintaining your Guide to Information

81. The final step is to make sure you have arrangements in place to regularly and routinely update your Guide to Information. This is a statutory duty. You must also update your Guide to Information to reflect any changes to the MPS (the Commissioner will alert you to any such changes). Some of the documents in your authority’s Guide to Information will already be produced as part of routine business processes e.g., minutes of committee or board meetings. It is relatively easy in these circumstances to agree who is responsible for adding new documents to the Guide to Information.

82. It is just as important to make sure new types of information are added to the Guide to Information as the work of your authority changes over time. There are many ways to do this and you’ll need to find the way that works for your authority.

Review Resources

Self-assessment toolkit module

83. The Commissioner’s Self-assessment Toolkit (www.itspublicknow ledge.info/toolkits) includes a specific module on publishing information. The outcomes provide assurance and tangible evidence of the authority’s openness and transparency, a principle of Best Value.

84. The module takes the user through a set of steps (similar to an internal audit) to:

   (i) Capture publication activity

   (ii) Assess how well your authority is performing against a set of publication standards

   (iii) Identify areas for improvement across your authority.

Model Publication Scheme compliance monitoring

85. The Commissioner monitors authorities’ compliance with the MPS each year through mystery shopping style research conducted by an external company. The research looks at compliance with different aspects of the MPS by each authority in a sample:

   (i) Accessibility of the authority’s Guide

   (ii) Whether the authority’s publication practice conforms with the MPS principles

   (iii) Whether the authority is publishing at least the types of information we expect it to.

86. We publish at www.itspublicknow ledge.info/research both a report of the overall findings and the base data for the research. Both provide valuable evidence to inform your own reviews of your authority’s publication practice.

12 Section 23(1)(c) of FOISA
Good practice

87. Some common good practice approaches taken by authorities to reviewing and maintaining their Guides include:

(i) Setting review dates as part of the approval process

(ii) Maintaining a schedule of information due for publication

(iii) Training staff to think about publication as they prepare information (“thinking FOI” as they write, marking information for redaction at publication)

(iv) Making the decision to publish information a deliberate step when new information is approved

(v) Incorporating processes for checking and updating the Guide to Information as part of the procedures for updating and reviewing documents and records management procedures and systems.

88. If you don’t have such internal processes, you can still look proactively for new information that your authority ought to publish. The following sources will often help you spot new information:

- In-house newsletters and committee / board minutes
- Press cuttings and external news releases about your authority’s activities
- Information requests to your authority.
FAQs

These are the questions we are most often asked about publication schemes. If you have a question that is not included, please contact us. We’ll answer your question and consider whether it should be added here.

Adopting the MPS

**Do we have to use the MPS? Can’t we produce our own publication scheme?**

You do not have to adopt the MPS. You are entitled to produce your own bespoke scheme. **But the Commissioner does not recommend it.**

Experience and feedback shows that bespoke schemes are not efficient and can be burdensome for the authority. They also lead to delays in approval.

| 100% of Scottish public authorities have adopted the MPS |
| 97% of authorities surveyed would recommend the MPS to others |

Not only is adoption of the MPS easier and more efficient for an authority, it helps requesters too. It gives greater consistency for the public about how the Scottish public sector publishes information and therefore makes it easier for them to find information.

If you want to explore a bespoke scheme, contact us as soon as possible. We will ask you to specify the issues you have with the MPS and we will first attempt to resolve those issues before we will consider approving a bespoke scheme. If we are asked to approve a bespoke scheme, we will test it against the standard of the MPS.

**Can a group of authorities produce their own model publication scheme?**

Section 24 of FOISA allows for the development of model publication schemes that can be adopted by more than one authority. The Commissioner used this provision when developing the MPS.

We do not encourage the development of more model publication schemes because the MPS provides a consistent framework for the public. If you feel that the MPS is not suitable for your authority, please tell us about the problems you are having so that we can look for a solution.

Several groups of authorities have worked together to produce template Guides to Information. This approach has helped authorities in those sectors identify other information they ought to publish, over and above the MPS.

Deciding what information to publish

**What is “publication”?**

Publication has a slightly different meaning under FOI than in everyday usage. In terms of FOI it simply means making available information that is already prepared. The information must be available to anyone and easy to access quickly without having to make a request for it.
Can we delete a class if we don’t hold any information that would be covered by it?

No. But the MPS does not ask you to publish information that you do not hold! Even if some of the classes in your Guide to Information are empty, do not delete them (it is an important principle of the MPS that it is adopted without amendment). You can add notes to your Guide to Information to explain why your authority does not hold particular types of information.

Do we have to create information for a class?

No, if the authority does not hold information, there is no requirement to create or publish it. If you think that your authority ought to have a particular type of information, then you can decide to produce it in the future.

Some of the information we hold falls within the classes of information, but we can’t publish it because it is sensitive. What do we do?

See Principle 2: Exempt information. If information is exempt under FOISA or the EIRs e.g., sensitive personal information or a trade secret, you should remove or redact the information before publication and explain why you have done so.

It is better to publish a redacted document with an explanation, than to not publish it at all. But if you do publish redacted information, remember that some redactions might be time-sensitive, so will need to make sure redactions are reviewed periodically.

My authority has a lot of information not captured by the classes of information, can we publish it in our Guide to Information?

Yes. The MPS is the minimum information we expect authorities to publish. You can add more information to your Guide to Information. And if you think that the MPS could be improved, please do share your suggestions with us.

Should we publish environmental information in our Guide to Information?

Yes. Your Guide to Information should contain environmental information relevant to the classes of information. The publication scheme duty applies equally to environmental and non-environmental information. Section 73 of FOISA (Interpretation) does not make a distinction between environmental and non-environmental information. In any case, regulation 4 of the EIRs requires authorities to actively disseminate to the public the environmental information (relevant to its functions) that it holds. So the MPS will help you meet your EIRs duty too.

We provide a research / information service. Can we publish it in our Guide to Information?

No. See Research and information services. The service itself does not offer something that is pre-prepared and therefore you cannot claim that it is a “publication”. For example, certified extracts from registers, family history searches and property enquiry certificates involve creating new information from other information which may already be published. The new information, or certificate, does not actually exist until someone asks you to create it. So it is not already prepared and available to anyone to access easily and quickly without having to make a request for it. Therefore it is not a “publication” in terms of FOISA.
Availability and formats

We have added new information to our Guide to Information, but it isn’t yet available online. Is it acceptable to provide a telephone number to ask for the information in the meantime?

Yes, but…! Such an arrangement should only be a temporary solution. You should have a firm plan to publish the information in the near future and, where possible, include the intended date in your Guide to Information. Not only is this good practice, but, if you receive an information request for the information, it will help you apply the exemption in section 27(1) of FOISA (information intended to be published in future), as it shows that you actually do intend to publish the information.

Charging for information

My authority has already set charges for publications and they are not the same as the MPS, is this OK?

No. All charges for publications in the Guide to Information must comply with the MPS principles. If an authority’s agreed charges are not consistently applied, then the authority is not complying with the MPS and the authority does not have an approved publication scheme. This would be a breach of section 23 of FOISA.

We recommend that you raise the issue within your authority as soon as possible. It may help you to explain that the MPS charging principles were informed by case precedent under FOISA, the EIRs, and the Re-Use of Public Sector Information Regulations 2015.

My authority produces a range of printed publications, e.g. strategic and regional plans – will these fall within Class 8?

It is unlikely. The test for Class 8 publications is whether the information could be sold through a commercial retailer. If, and only if, a commercial bookseller could stock and sell the information, can it be published through Class 8.

Do we have to move all the Open Data we publish to Class 9 even though it falls within the description of other classes?

No. You can continue to publish Open Data throughout your authority’s Guide to Information. You need to make sure that Class 9 sets out your authority’s open data strategy and signposts people to the open data published.

Duration

How long must we publish information for?

The MPS requires you to publish information for the current and last two financial years. You can publish it for longer if it suits your business needs or you feel that there is a public interest in older information.

We’re adding a new type of information. The MPS says we must publish information for the current + 2 years. How could we publish information we don’t have?

You don’t have to – you’re only expected to publish information you have.
Legal requirements

Is my organisation subject to the publication scheme duty?

If your organisation is subject to FOISA, it is subject to the publication scheme duty. If your organisation is a Scottish public authority listed in Schedule 1 of FOISA, a publicly owned company as defined by section 6 of FOISA or has been designated by Scottish Ministers as a Scottish public authority for the purposes of FOISA, it is subject to the publication scheme duty. You can read more about who is subject to the legislation on our website at www.itspublicknowledge.info/WhoCanIAsk.

If your organisation is subject only to the EIRs (and not to FOISA), then it is not subject to the publication scheme duty. But be aware that the EIRs require proactive publication of environmental information.

Even if you are not covered, there is nothing to stop you following the MPS approach (although you will not have the Commissioner’s formal approval and the public will not be able to complain to us about any compliance issues).

What happens if an authority doesn’t adopt a publication scheme?

Failing to adopt a publication scheme is a breach of a statutory duty. The Commissioner will invoke her Enforcement Policy if an authority fails to adopt a scheme. We will give your authority notice that it has failed to comply with a provision of FOISA and we will enforce the notice as required. The Commissioner may refer a failure to comply with the notice to the Court of Session, where the failure to comply can be treated as contempt of court.

13 www.itspublicknowledge.info/Law/FOISA-EIRsGuidance/Briefings.aspx
Appendices

Appendix 1: Types of information under the MPS classes

The classes of information are set out, with a list of the types of information that the Commissioner would expect to provide through the MPS, where the authority holds that information.

Class 1: About the authority

Description
Information about the authority, who we are, where to find us, how to contact us, how we are managed and our external relations

The Commissioner expects authorities to publish the following information (if held), as a minimum:

<table>
<thead>
<tr>
<th>General information about the authority</th>
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<tbody>
<tr>
<td>• Authority name, address and contact details for headquarters and principal offices</td>
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<tr>
<td>• Organisational structure, roles and responsibilities of senior officers</td>
</tr>
<tr>
<td>• Business opening hours</td>
</tr>
<tr>
<td>• Contact details for customer care and complaints functions</td>
</tr>
<tr>
<td>• Customer codes or charters</td>
</tr>
<tr>
<td>• Publication scheme and Guide to Information</td>
</tr>
<tr>
<td>• Charging schedule for published information</td>
</tr>
<tr>
<td>• Contact details and advice about how to request information from the authority</td>
</tr>
<tr>
<td>• Charging schedule for environmental information provided in response to requests under the EIRs (if the authority charges for environmental information)</td>
</tr>
<tr>
<td>• Legal framework for the authority, including constitution, articles of association or charter</td>
</tr>
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</table>

How the authority is run

<table>
<thead>
<tr>
<th>How the authority is run</th>
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<tbody>
<tr>
<td>• Description of governance structure, Board, committees and other decision making structures</td>
</tr>
<tr>
<td>• Names, responsibilities and (work-related) biographical details of the people who make strategic and operational decisions about the performance of function and/or delivery of services by the authority e.g. Board members, chief officers</td>
</tr>
<tr>
<td>• Governance policies, including standing orders, code of conduct and register of interests</td>
</tr>
</tbody>
</table>

Corporate planning

<table>
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<tr>
<th>Corporate planning</th>
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</thead>
<tbody>
<tr>
<td>• Mission statement</td>
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<tr>
<td>• Corporate plan</td>
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<tr>
<td>• Corporate strategies e.g., for economic development, etc.</td>
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<tr>
<td>• Corporate policies, e.g., health and safety, equality, sustainability</td>
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<tr>
<td>• Strategic planning processes</td>
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</table>

External relations

<table>
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<tr>
<th>External relations</th>
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<tbody>
<tr>
<td>• Accountability relationships, including reports to regulators</td>
</tr>
<tr>
<td>• Internal and external audit arrangements</td>
</tr>
<tr>
<td>• Subsidiary companies (wholly and part owned) and other significant financial interests</td>
</tr>
<tr>
<td>• Strategic agreements with other bodies</td>
</tr>
</tbody>
</table>
### Class 2: How we deliver our functions and services

**Description**
Information about our work, our strategy and policies for delivering functions and services and information for our service users.

The Commissioner expects authorities to publish the following information (if held), **as a minimum**:

#### Functions
- Description of functions, including statutory basis for them, where applicable
- Statement of public task required by the [Re-use of Public Sector Information Regulations 2015](https://www.legislation.gov.uk/uksi/2015/1415/contents/made) (if applicable)
- Strategies, policies and internal staff procedures for performing statutory functions
- How to apply for a licence, warrant, grant, etc. where it is a function of the authority to approve it
- How to report a concern to the authority
- Reports of the authority’s exercise of its statutory functions
- Statutory registers (NB not if inspection-only)
- Fees and charges for performance of the authority’s function e.g., fee for making a planning application, etc.

#### Services
- List of services, including statutory basis for them, where applicable
- Service policies and internal staff procedures, including allocation, quality and standards
- Service schedules and delivery plans
- Information for service users, including how to access the services
- Service fees and charges, including bursaries

---

### Class 3: How we take decisions and what we have decided

**Description**
Information about the decisions we take, how we make decisions and how we involve others.

The Commissioner expects authorities to publish the following information (if held), **as a minimum**:

- Decisions taken by the organisation: agendas, reports and papers provided for consideration and minutes of Board (or equivalent) meetings
- Public consultation and engagement strategies
- Reports of regulatory inspections, audits and investigations carried out by the authority

---

# Class 4: What we spend and how we spend it

## Description

Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent).

The Commissioner expects authorities to publish the following information (if held), **as a minimum**:

<table>
<thead>
<tr>
<th>Information</th>
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<tbody>
<tr>
<td>Financial statements, including annual accounts, any regular statements e.g. quarterly budget statements.</td>
</tr>
<tr>
<td>Financial statements required by statute e.g., sections 31 and 33 of the <a href="http://www.legislation.gov.uk/asp/2010/8/contents">Public Service Reform (Scotland) Act 2010</a>, if applicable to the authority</td>
</tr>
<tr>
<td>Financial policies and procedures for budget allocation</td>
</tr>
<tr>
<td>Budget allocation to key policy / function / service areas</td>
</tr>
<tr>
<td>Purchasing plans and capital funding plans</td>
</tr>
<tr>
<td>Financial administration manual / internal financial regulations</td>
</tr>
<tr>
<td>Expenses policies and procedures</td>
</tr>
<tr>
<td>Senior staff / board member expenses at category level e.g., travel, subsistence and accommodation</td>
</tr>
<tr>
<td>Board member remuneration other than expenses</td>
</tr>
<tr>
<td>Pay and grading structure (levels of pay rather than individual salaries)</td>
</tr>
<tr>
<td>Investments, summary information about endowments, investments and authority pension fund</td>
</tr>
<tr>
<td>Funding awards available from the authority, how to apply for them and funding awards made by the authority</td>
</tr>
</tbody>
</table>

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### Class 5: How we manage our human, physical and information resources

**Description**
Information about how we manage the human, physical and information resources of the authority.

The Commissioner expects authorities to publish the following information (if held), **as a minimum**:

#### Human resources
- Strategy and management of human resources
- Staffing structure
- Human resources policies, procedures and guidelines, including e.g., recruitment, performance management, salary and grading, promotion, pensions, discipline, grievance, staff development, staff records
- Employee relations structures and agreements reached with recognised trade unions and professional organisations

#### Physical resources
- Management of the authority’s land and property assets, including environmental / sustainability reports
- Description of the authority’s land and property holdings
- Estate development plans
- Maintenance arrangements

#### Information resources
- Records management policy and records management plan, including records retention schedule
- Information governance / asset management policies and procedures, information asset list
- Knowledge management policies and procedures
- List of statistical information published by the authority
- Freedom of information policies and procedures
- Data protection or privacy policy

### Class 6: How we procure goods and services from external providers

**Description**
Information about how we procure works, goods and services, and our contracts with external providers.

The Commissioner expects authorities to publish the following information (if held), **as a minimum**:

- Procurement policies and procedures
- Invitations to tender
- Register of contracts awarded, which have gone through formal tendering, including name of supplier, period of contract and value
- Additional information which is required to be published by applicable procurement legislation and statutory guidance (e.g. the Procurement Reform (Scotland) Act 2014, the Procurement...
(Scotland) Regulations 2016 and Public Contracts (Scotland) regulations 2015

- Links to procurement information the authority publishes on the Public Contracts Scotland\textsuperscript{17} website

Class 7: How we are performing

**Description**

Information about how we perform as an organisation, and how well we deliver our functions and services.

The Commissioner expects authorities to publish the following information (if held), as a minimum:

- External reports e.g., annual report, performance statements required by statute (e.g., section 32 of the Public Service Reform (Scotland) Act 2010 if applicable.
- Performance indicators and performance against them.
- Mainstreaming Equality Reports produced under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012\textsuperscript{18}, as amended
- Employee and board equality monitoring reports, produced under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended

Class 8: Our commercial publications

**Description**

Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g., bookshop, museum or research journal.

Class 9: Our open data

**Description**

Open data made available by the authority as described by the Scottish Government’s Open Data Resource Pack\textsuperscript{19} and available under an open licence.

The Commissioner expects authorities to publish the following information (if held), as a minimum:

- The authority’s open data publication plan
- Open data sets and their metadata, or links to where they are accessible

\textsuperscript{17} http://www.publiccontractsscotland.gov.uk/
\textsuperscript{18} http://www.legislation.gov.uk/ssi/2012/162/contents/made
Appendix 2: Publication Schemes: the legal requirements

1. Section 23 of FOISA sets out the legal requirements for publication schemes. Section 23 requires Scottish public authorities to adopt and maintain a publication scheme that has the approval of the Scottish Information Commissioner. Publication schemes describe the information that the authority makes available to the public without them having to ask for it.

2. Section 23 also sets out that publication schemes must:
   (i) Contain the classes (or types) of information that the authority publishes or will publish
   (ii) Explain the manner in which the information is published or will be published.
   (iii) State whether there is a charge for the information.

3. When formulating a scheme, an authority must consider the public interest in the information that it holds, particularly in allowing public access to:
   (i) Information about services, the cost of services and the standards attained.
   (ii) Facts or analysis which informed decisions of importance to the public
   (iii) The reasons for decisions taken.

4. Authorities must publish their publication schemes and review them from time to time.
# Document control sheet

<table>
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| **Full name of current version:** Class, Title, Version No and Status.  
  *E.g. C5 Key Documents Handbook v01 CURRENT ISSUE* | C2 Model Publication Scheme: Guide for Scottish Public Authorities v02 CURRENT ISSUE |
| VC Fileld | 91045 |
| Type | Briefing |
| Approver | SMT |
| Responsible Manager | HOPI |
| Date of next planned review | May 2018 |

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<td>Date published</td>
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**Corrections / Unplanned or Ad hoc reviews (see Summary of changes below for details)**

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## Summary of changes to document

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South Lanarkshire Integrated Joint Board Publication Scheme

October 2017
South Lanarkshire Integrated Joint Board Publication Scheme

The Freedom of Information (Scotland) Act 2002 requires Scottish public authorities to adopt and maintain a publication scheme which has the approval of the Scottish Information Commissioner and publish information in accordance with that scheme.

This Publication Scheme is provided under the Freedom of Information (Scotland) Act 2002 and we have adopted the Scottish Information Commissioner's Model Publication Scheme.

This guide will:

- let you see what information is available, as well as what isn't available, in each class
- tell you if there will be any charge for the information
- explain how to find the information
- give you contact details for enquiries and for help if you need it
- explain how to ask for information that we hold which has not been published

Availability and formats

Wherever possible we publish information on our website and some information can be inspected at our principle offices. Some information can also be sent to you as a paper copy but you may be charged for this.

Exempt information

If a document contains information that is exempt under Scotland's freedom of information laws, for example sensitive personal information or a trade secret, we may remove or redact the information before publication but we will explain why.

Copyright

Where we hold the copyright the information may be copied or reproduced without our permission, as long as:

- it is copied or reproduced accurately
- it is not used in a misleading context
- the source of the material is identified

Where we do not hold the copyright in information we publish, we will make this clear.

Charges

There is no charge to view information at our offices except where there is a statutory fee, for example to access registers. We may charge you for things such as photocopying and postage, but we will only charge what it actually costs and we will always tell you what the cost is before giving you the information.

Our photocopying charges per sheet of paper are shown in the table below:

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Information provided on CD-Rom will be charge at £1.00 per computer disc.
The classes of information

We publish information in the classes listed below.

Once information is published in a class it will be available for the current and previous two financial years.

Only the current version will be available if information has been updated or replaced. If you would like to see previous versions, you can request to do so.

Class 1: About South Lanarkshire Integration Joint Board
Class 2: How we deliver functions and services
Class 3: How we take decisions and what we have decided
Class 4: What we spend and how we spend it
Class 5: How we manage our humans, physical and information resources
Class 6: How we procure goods and services from external providers
Class 7: How we are performing
Class 8: Commercial publications
Class 1: Information about South Lanarkshire Integrated Joint Board, who we are, how to find us, how to contact us, how we are managed and our external relations.

The Integration Joint Board was established on 21 September 2015 as a corporate body under the terms of the Public Bodies (joint Working) (Scotland) Act 2014. It is one of 29 Integration Boards each created covering one or more areas coterminous with that of local authorities. The function of the Integrated Board which contains representatives of South Lanarkshire Council, NHS Lanarkshire and a number of professional stakeholder representatives, is to provide arrangements for the development of the integration of health and social care. This integration will improve the outcomes for patients, service users, carers and their families.

The Integration Joint Board has delegated to it in terms of the Act and an Integration Scheme approved by Parliament, strategic responsibility for certain functions and resources to be delivered on an operational basis by South Lanarkshire Council and NHS Lanarkshire.

Integrated Joint Board Members including Voting Members

Voting Members Register of Interests (view under Integrated Joint Board Members)

The Integrated Joint Board has principal offices at:

South Lanarkshire Council Headquarters
Council Offices
Almada Street
Hamilton
ML3 0AA
Phone:
Email:
Map directions

Kirklands Hospital
Fallside Road
Bothwell
G71 8BB
Phone:
Email:
Map directions

Website: www.slhscp.org.uk

We cover the area of South Lanarkshire Council.

We work in co-operation with our partners, other Integrated Joint Boards, the NHS Board and South Lanarkshire Council and other agencies in planning commissioning health and social care services.

Our Chief Officer

Comments and Complaints

Class 2: Information about our work, our strategy and policies for delivering functions and services and information for our service users.
The **Strategic Commissioning Plan** describes how the functions delegated to the South Lanarkshire Integrated Joint Board by South Lanarkshire Council and NHS Lanarkshire will be delivered.

The **Integration Scheme** is important as it sets out crucial aspects of how integration will look in South Lanarkshire in the future including:

- The functions of health and social care which are to be delegated to the new H&SCP
- How the delegated functions will be delivered and monitored
- Development of financial management and governance arrangements.

The breadth of **services** which South Lanarkshire Health and Social Care Partnership is responsible for in terms of planning and commissioning is significant. These services not only cover all adult and social care community-based health services (including children’s health services) but include elements of adult hospital care.

**Class 3:** Information about the decisions we take, how we make decisions and how we involve others.

*The IJB Board Meetings* – here you will find details of IJB Meetings, dates, agendas and minutes.

You can also find details of the **voting members** on the IJB.

Public Consultation and Engagement –
You can find details of consultations currently taking place

Risk Management – here you will find the IJB Risk Register

Environmental Impact Assessment Reports - here you will find the Strategic Environmental Impact Assessment completed in respect of the Strategic Commissioning Plan 2016-19

**Class 4:** Information about our strategy for, management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has been actually spent).

*IJB Budget*  
*Our Annual Accounts*  
*Financial Regulations*

**Class 5:** Information on how we manage the human, physical and information resources of the authority.

The Integration Board does not employ staff directly. Staff are employed by South Lanarkshire Council or NHS Lanarkshire. For relevant Human Resources Policies please visit the **South Lanarkshire Council website** or NHS Lanarkshire website. Lanarkshire Information Sharing Policy

**Class 6:** Information about how we procure goods and services and our contracts with external providers.
Through the Strategic Commissioning Plan and annual Directions, the IJB commissions services from the Parties (South Lanarkshire Council and NHS Lanarkshire). This commissioning arrangement does not involve formal contracts with individual providers. The process of contracting and tendering with regards to operational service delivery remains the role of the Parties. For further information regarding contracting and procurement, please visit South Lanarkshire Council website and NHS Lanarkshire website.

Class 7: Information about how we perform as an organisation and how well we deliver our functions and services.

Our Annual Performance Report
Equality and Diversity - Mainstreaming Equality Reports

Class 8: Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet, for example bookshop, museum, or research journal

We do not publish any information in this class.
Report

Report to: South Lanarkshire Integration Joint Board
Date of Meeting: 5 December 2017
Report by: Director, Health and Social Care

Subject: Complaints Handling Procedure

1. **Purpose of Report**
   1.1. The purpose of the report is to:
   - advise the South Lanarkshire Integration Joint Board that the Complaints Handling Procedure (CHP) for the IJB has been approved as fully compliant by the Scottish Public Sector Ombudsman (SPSO)

2. **Recommendation(s)**
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):
   (1) that the CHP and Customer Information are formally approved.

3. **Background**
   3.1. As part of the regulations and orders associated with the Public Bodies (Joint Working) (Scotland) Act 2014, Integrated Joint Boards (IJBs) were required to establish and publish a Complaints Handling process.
   
   3.2. In addition to the above, Integration Schemes required both the Council and NHS Board (as part of establishing IJBs) to confirm the process for Complaints Handling. Section 13 of the South Lanarkshire Integration Scheme outlined the process as it stood at that time.
   
   3.3. Further to the approval and publishing of Integration Schemes, the SPSO issued a Model Complaints Handling Procedure and checklist for all Partnerships across Scotland to complete and submit by 03 July 2017.
   
   3.4. Prior to IJB consideration, the draft complaints procedure was scrutinised by the Audit & Performance Sub-Committee at its meeting of 29 August 2017. The Sub-Committee agreed that this should be forwarded to the IJB for sign off.

4. **Current Position**
   4.1. South Lanarkshire Health and Social Care Partnership submitted a draft CHP, together with a self-assessment checklist within the specified timescale. A copy of the CHP and Customer Information/Checklist are detailed in Appendix 1 and 2.
   
   4.2. By way of summary, the CHP covers the following aspects:
   - the definition of a complaint and who can make a complaint
- the process for resolution
- the governance, including roles and responsibilities, how a complaint is recorded, reported, how lessons can be learned to improve services, confidentiality, managing unacceptable behaviour, supporting the complainant and the time limit for making complaints
- the duties with regards to publishing information on complaints performance

4.3. At this stage, it is important to confirm that the IJB Complaints process does not in any way, replace the complaints processes for both South Lanarkshire Council and NHS Lanarkshire Board. The key reason for this being, that the IJB is a strategic decision-making body with no operational responsibility for direct service delivery, this function is undertaken by the Council and NHS Board.

4.4. In light of this, any complaints which are related to operational service delivery will be taken through either the Council or NHS Board as per current process. Conversely, complaints that may require the IJB to respond would be in relation to aspects such as strategic commissioning decisions.

4.5. In circumstances where it is not clear regarding the route a complaint should take, the Chief Officer (Director, Health and Social Care in South Lanarkshire) will make a judgement on which process takes to lead, that is, Council, NHS or IJB in managing the complaint to a conclusion.

4.6. The SPSO advised on 08 September 2017 that South Lanarkshire IJB CHP is fully compliant with the requirements of the Scottish Government and Associated Authorities Model CHP.

4.7. The CHP and customer facing information has been available to the public via the South Lanarkshire IJB website.

5. **Next Steps**

5.1. The IJB will be provided with quarterly reporting on the number of complaints received. In addition there is a requirement to provide performance information to the SPSO on a quarterly basis.

6. **Employee Implications**

6.1. There will be a requirement to log and report complaints which relate to the IJB. This will be led through the Social Work Planning and Performance Team. At this stage, it is not envisaged that there will be a significant volume of IJB specific complaints, given that there have been none to date.

7. **Financial Implications**

7.1. There could be staff time associated with IJB complaints. However, as referred to in 6.1., this should be minimal.

8. **Other Implications**

8.1. There are no additional risks associated with this report.

8.2. There are no sustainable development issues associated with this report.

8.3. There are no other issues associated with this report.
9. **Equality Impact Assessment and Consultation Arrangements**

9.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. This report does not require consultation in terms of the proposals.

**Val de Souza**
**Director, Health and Social Care**

Date created: 09 November 2017

**Previous References**
- South Lanarkshire Integration Joint Board of 19 April 2016
- South Lanarkshire Integration Joint Board Performance and Audit Sub – Committee of 29 August 2017

**List of Background Papers**
- None

**Contact for Further Information**
If you would like to inspect the background papers or want further information, please contact:-
Colette Brown, Planning and Performance Manager
Ext: 3745 (Phone: 01698 453745)
Email: colette.brown@southlanarkshire.gcsx.gov.uk
South Lanarkshire Integrated Joint Board Complaints Handling Procedure

June 2017
**South Lanarkshire Integrated Joint Board Complaints Handling Procedure**

**Foreword**
This complaints handling procedure reflects our commitment to valuing complaints. It seeks to resolve dissatisfaction as close as possible to the point of contact and to conduct thorough, impartial and fair investigations of complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure introduces a standardised approach to handling complaints across integration authorities, which complies with the Scottish Public Services Ombudsman’s (SPSO) guidance on a model Complaints Handling Procedure. It aims to help us ‘get it right first time’. We want quicker, simpler and more streamlined Complaints Handling with local, early resolution.

Complaints give us valuable information we can use in terms of how we fulfil our responsibilities. Our Complaints Handling Procedure will enable us to address dissatisfaction and may also prevent the same problems that led to the complaint from happening again. Handled well, complaints can give customers a form of redress when things go wrong, and can also help us continuously improve.

Resolving complaints early saves money and creates better customer relations. Sorting them out as close to the point of contact as possible means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not resolve swiftly can greatly add to our workload and are more costly to administer.

It will help us keep the public at the heart of the process, while enabling us to better understand how to improve how we do our work by learning from complaints.

**Val de Souza**  
*Director of Health and Social Care*
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What is a complaint?

South Lanarkshire IJB’s definition of a complaint is:

*A expression of dissatisfaction by one or more members of the public about South Lanarkshire IJB’s action or lack of action, or about the standard of service the South Lanarkshire IJB has provided in fulfilling its responsibilities as set out in the Integration Scheme*.

The purpose of the Integration Scheme is for Partnerships to set out how the Integration Joint Board (IJB) will function and how it will discharge its duties for the areas of responsibility delegated to it as a legal entity in its own right. The Integration Scheme is the vehicle through which an assurance has been given to South Lanarkshire Council (SLC), NHS Lanarkshire Health Board (NHSL) and the Scottish Government that the intentions of the Public Bodies (Joint Working) (Scotland) Act 2014 are being delivered by the IJB. The Council and the NHS Board have agreed to implement a body corporate model for the Integration of Health and Social Care Services. This means that the Council and the NHS Board have delegated functions to the IJB. Further information on South Lanarkshire Health and Social Care Integration Scheme can be accessed through the link

South Lanarkshire Health and Social Care Integration Scheme

Issues that are not covered by this definition are likely to be covered by our other Complaints Handling Procedures (CHPs), relating to either our Health or Social Work Services.

A complaint may relate to dissatisfaction with:

- South Lanarkshire IJB’s policies
- South Lanarkshire IJB’s decisions
- the administrative or decision-making processes followed by South Lanarkshire IJB’s in coming to a decision

The above list does not cover everything.

A complaint is not:

- a first time request for services operationally delivered by either party (that is, South Lanarkshire Council or NHS Lanarkshire)
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- disagreement with a decision where a statutory right of appeal exists
- an attempt to re-open a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, but will instead direct the customer raising them to use the appropriate procedures.

Handling anonymous complaints

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, it will be considered by a senior officer immediately.
If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

What if the customer does not want to complain?
If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. Encourage them to submit their complaint and allow us to deal with it through the CHP. This will ensure that they are updated on the action taken and receive a response to their complaint.

If, however, the customer insists they do not wish to complain, we will record the issue as an anonymous complaint. This will ensure that their details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

Who can make a complaint?
Anyone who is affected by the decisions made by South Lanarkshire IJB can make a complaint. This is not restricted to people, their relatives or their representatives who are affected directly by the decisions made by South Lanarkshire IJB. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints brought by third parties as long as the customer has given their personal consent.

Complaints involving the Health and Social Care Partnership or more than one organisation
A complaint may relate to a decision that has been made by South Lanarkshire IJB, as well as a service or activity provided by the South Lanarkshire Health and Social Care Partnership (HSCP). Initially, these complaints should all be handled in the same way. They must be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for South Lanarkshire HSCP to respond to. A decision must be taken as to who will be contributing and investigating each element of the complaint, and that all parties are clear about this decision. The final response must be a joint response, taking into account the input of all those involved.

Where a complaint relates to a decision made jointly by the South Lanarkshire IJB and NHSL or South Lanarkshire Council (SLC), the elements relating to the South Lanarkshire Integrated Joint Board will be handled through this CHP. Where possible, working together with relevant colleagues, a single response addressing all of the points raised will be issued.

Should a member of staff who represents the South Lanarkshire HSCP receive a complaint in relation to the South Lanarkshire IJB, and they have the relevant and appropriate information to resolve it, they should attempt to do so. If the staff member feels unable to offer a response, the complaint should be passed to the Head of Commissioning and Performance or the Head of Health and Social Care for their locality area.

If a customer complains to South Lanarkshire IJB about services of another agency or public service provider, but South Lanarkshire IJB has no involvement in the issue, they will be advised to contact the appropriate organisation directly.

If we need to make enquiries to an outside agency in relation to a complaint we will always take account of data protection legislation and SPSO guidance on handling a customer’s personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

The complaints handling process
The CHP aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.
Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.

For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any job description within South Lanarkshire IJB but means seeking to resolve complaints at the initial point of contact where possible.
Stage one: frontline resolution
Frontline resolution aims to quickly resolve straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage; if the member of staff receiving the complaint is not able to provide a response, then it should be referred on to a more appropriate member of staff.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity. This may mean a face-to-face discussion.

Whoever responds to the complaint, it may be settled by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. They may also explain that, as an organisation that values complaints, we may use the information given when we review policies and processes in the future.

A customer can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. Frontline resolution will always be considered, regardless of how the complaint has been received.

What we will do when we receive a complaint
1. on receiving a complaint, we will first decide whether the issue can indeed be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean we treat one element as a complaint, while directing them to pursue another element through an alternative route.
2. if we have received and identified a complaint, we will record the details on our complaints system.
3. next, we will decide whether or not the complaint is suitable for frontline resolution. Some complaints will need to be fully investigated before we can give the complainant a suitable response. A senior officer will escalate these complaints immediately to the investigation stage.
4. where we consider frontline resolution to be appropriate, we will consider four key questions:
   ♦ what exactly is the complaint (or complaints)?
   ♦ what does the complainant want to achieve by complaining?
   ♦ can I achieve this, or explain why not?
   ♦ if I cannot resolve this, who can help with frontline resolution?
### What exactly is the complaint (or complaints)?
It is important to be clear about exactly what the customer is complaining about. Staff may need to ask the supplementary questions to get a full picture.

### What does the complainant want to achieve by complaining?
At the outset, staff will seek to clarify the outcome the complainant wants. Of course, they may not be clear about this, so there may be a need to probe further to find out what they expect and whether they can be satisfied.

### Can I achieve this, or explain why not?
If staff can achieve the expected outcome by providing an on-the-spot apology or explain why they cannot achieve it, they will do so. If they consider an apology is suitable, they may wish to follow the SPSO’s guidance on the subject, which can be found on the SPSO website.

The customer may expect more than we can provide. If their expectations appear to exceed what the organisation can reasonably provide, the officer will tell them as soon as possible in order to manage expectations about possible outcomes.

Decisions at this stage may be conveyed face to face or on the telephone or via e-mail. In those instances, you are not required to write to the customer as well, although you may choose to do so. A full and accurate record of the decision reached must be kept, including the information provided to the customer.

### If I can’t resolve this, who can help with frontline resolution?
If the complaint raises issues which you cannot respond to in full because, for example, it relates to an issue or area of service you are unfamiliar with, pass details of the complaint to more senior staff who will try to resolve it.

### Timelines
Frontline resolution must be completed within **five working days** of South Lanarkshire IJB receiving the complaint, although in practice we would often expect to resolve the complaint much sooner.

Staff may need to get more information or seek advice to resolve the complaint at this stage. However, they will respond to the complainant within five working days, either resolving the matter or explaining that South Lanarkshire IJB will investigate their complaint.

**Extension to the timeline**
In exceptional circumstances, where there are clear and justifiable reasons for doing so, senior management may agree an extension of no more than five working days with the complainant. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

If, however, the issues are so complex that they cannot be resolved in five days, it will be appropriate to escalate the complaint straight to the investigation stage. If the customer does not agree to an extension but it is unavoidable and reasonable, a senior manager can still decide upon an extension. In those circumstances, they will then tell the complainant about the delay and explain the reason for the decision to grant the extension.

Such extensions will not be the norm, though, and the timeline at the frontline resolution stage will be extended only rarely. All attempts to resolve the complaint at this stage will take no longer than **ten working days** from the date South Lanarkshire IJB received the complaint.

The proportion of complaints that exceed the five-day limit will be evident from reported statistics. These statistics will be presented to South Lanarkshire IJB on a quarterly basis.
Appendix 1 provides further information on timelines.

Closing the complaint at the frontline resolution stage
When staff have informed the customer of the outcome, they are not obliged to write to the customer, although they may choose to do so. The response to the complaint must address all areas that the South Lanarkshire IJB are responsible for and must explain the reasons for its decision. Staff will keep a full and accurate record of the decision reached. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the frontline stage will be reported to the South Lanarkshire IJB on a quarterly basis.

When to escalate to the investigation stage
South Lanarkshire IJB will escalate a complaint to the investigation stage when:
- frontline resolution has been attempted but the customer remains dissatisfied and requests an investigation. This may happen immediately when the decision at the frontline stage is communicated, or some time later
- the customer refuses to take part in frontline resolution
- the issues raised are complex and require detailed investigation
- the complaint relates to serious, high-risk or high-profile issues

When a previously closed complaint is escalated from the frontline resolution stage, the complaint should be reopened on the complaints system.

South Lanarkshire IJB will take particular care to identify complaints that might be considered serious, high risk or high profile. The SPSO defines potential high-risk or high-profile complaints as those that may:
- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to an organisation’s operations
- present issues of a highly sensitive nature, for example concerning:
  - a particularly vulnerable person
  - child protection
Stage two: investigation
Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response that represents our final position.

What we will do when we receive a complaint for investigation
It is important to be clear from the start of the investigation stage exactly what is being investigated, and to ensure that all involved - including the customer - understand the investigation’s scope. It may be helpful for an investigating officer to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic.

In discussing the complaint with the customer, the investigating officer will consider three key questions:
♦ what specifically is the complaint or complaints?
♦ what does the complainant want to achieve by complaining?
♦ are the complainant’s expectations realistic and achievable?

It may be that the customer expects more than we can provide. If so, our staff will make this clear to them as soon as possible.

Where possible we will also clarify what additional information we will need to investigate the complaint. The customer may need to provide more evidence to help us reach a decision.

Details of the complaint must be recorded on the system for recording complaints. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, staff will ensure that all relevant information will be passed to the officer responsible for the investigation, and record that they have done so.

Timelines
The following deadlines are appropriate to cases at the investigation stage:
♦ complaints must be acknowledged within three working days
♦ South Lanarkshire IJB will provide a full response to the complaint as soon as possible but not later than 20 working days from the time they received the complaint for investigation.

Extension to the timeline
Not all investigations will be able to meet this deadline. For example, some complaints may be so complex that they require careful consideration and detailed investigation beyond the 20 day limit. However, these would be the exception and we will always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, senior management will set time limits on any extended investigation, as long as the complainant agrees. They will keep the customer updated on the reason for the delay and give them a revised timescale for completion. If the customer does not agree to an extension but it is unavoidable and reasonable, then senior management can consider and confirm the extension.
The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but they cannot help because of long-term sickness or leave.
- further essential information cannot be obtained within normal timescales.
- operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions.
- the customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and senior management will judge the matter in relation to each complaint. However, an extension would be the exception and we will always try to deliver a final response to the complaint within 20 working days.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics will be presented to South Lanarkshire IJB on a quarterly basis.

Appendix 1 provides further information on timelines.

Mediation
Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the complaint. Where appropriate, we may consider using services such as mediation or conciliation using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If South Lanarkshire IJB and the customer agree to mediation, revised timescales will need to be agreed.

Closing the complaint at the investigation stage
We will inform the customer of the outcome of the investigation, in writing or by their preferred method of contact. This response to the complaint will address all areas that we are responsible for and explain the reasons for the decision. We will record the decision, and details of how it was communicated to the customer, on the system for recording complaints. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the investigation stage will be reported to the South Lanarkshire IJB on a quarterly basis.

In responding to the customer, we will make clear:

- their right to ask SPSO to consider the complaint
- the time limit for doing so, and
- how to contact the SPSO.
Independent external review

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), as well as the way we have handled the complaint.

We will use the wording below to inform customers of their right to ask SPSO to consider the complaint. The SPSO provides further information for organisations on the [Valuing Complaints](#) website. This includes details about how and when to signpost customers to the SPSO.

**Information about the SPSO**

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Scottish Government, NDPBs, agencies and other government sponsored organisations. If you remain dissatisfied with an organisation after its complaints process, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the organisation's complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or that have been or are being considered in court.

The SPSO's contact details are:

SPSO  
4 Melville Street  
Edinburgh  
EH3 7NS

**Freepost SPSO**

Freephone: 0800 377 7330  
Online contact [www.spso.org.uk/contact-us](http://www.spso.org.uk/contact-us)  
Website: [www.spso.org.uk](http://www.spso.org.uk)
Governance of the Complaints Handling Procedure

Roles and responsibilities
As per the Public Bodies (Joint Working) Act and as specified within the South Lanarkshire Integration Scheme, the Chief Officer’s role is to provide a single senior point of overall strategic and operational advice to the integration authority. In line with this, overall responsibility and accountability for the management of complaints lies with the Chief Officer.

Our final position on a complaint will be signed off by the Chief Officer and confirm that this is our final response. It also reassures the customer that their concerns have been taken seriously.

Chief Officer:
The Chief Officer provides leadership and direction. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints the IJB receives. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to appropriate members of the Senior Management Team of the Health and Social Care Partnership. Regular management reports assure the integration authority of the quality of complaints performance.

Members of the Senior Management Team
Members of the Senior Management Team of the Health & Social Care Partnership may be responsible for:
- managing complaints and the way we learn from them
- overseeing the implementation of actions required as a result of a complaint
- investigating complaints
- deputising for the Chief Officer on occasion

However, members of the Senior Management Team may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, senior management should retain ownership and accountability for the management and reporting of complaints. They may also be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Heads of Service
Heads of Service may be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

Complaints Investigator
The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team, and will be involved in the investigation and in co-ordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery that could result in wider opportunities for learning across the organisation.

All staff
A complaint may be made to any member of staff in South Lanarkshire HSCP. So all staff must be aware of this CHP and how to handle and record IJB complaints at the frontline stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, and quickly to prevent escalation.
South Lanarkshire IJB’s SPSO liaison officer:
Our SPSO liaison officer’s role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Complaints about senior staff
Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints, including the handling of complaints about the Chief Officer.

Recording, reporting, learning and publicising
Complaints provide valuable customer feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across South Lanarkshire IJB. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify opportunities for improvements.

Recording complaints
To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:
- the complainant's name and address
- the date the complaint was received
- the nature of the complaint
- how the complaint was received
- the date the complaint was closed at the frontline resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action.

Reporting of complaints
Complaints details are analysed for trend information to ensure we identify procedural failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform improvement actions.

We publish on a quarterly basis the outcome of complaints and the actions we have taken in response. This demonstrates the improvements resulting from complaints and shows that complaints can influence our processes. It also helps ensure transparency in our complaints handling service and will help the public to see that we value their complaints.

We must:
- publicise on a quarterly basis complaints outcomes, trends and actions taken including formal reporting to our Audit and Performance Sub Committee on a quarterly basis and bi-annually to our IJB
- where and when possible, use case studies and examples to demonstrate how complaints have led to improvements

This information should be reported regularly (and at least quarterly) to South Lanarkshire IJB.
Learning from complaints
At the earliest opportunity after the closure of the complaint, officers involved in handling the complaint will make sure that the customer and relevant staff in the integration authority understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether processes could be improved or internal policies and procedures updated.

As a minimum, we must:
- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve processes

Where we have identified the need for improvement:
- the action needed to improve services must be agreed by the integration authority
- senior management will designate the ‘owner’ of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance should be monitored to ensure that the issue has been resolved
- we must ensure that the integration authority learns from complaints.

Publicising complaints performance information
We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaints and key performance details, for example on the time taken and the stage at which complaints were resolved.

Maintaining confidentiality
Confidentiality is important in complaints handling. It includes maintaining the complainant’s confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of customer’s information.

Managing unacceptable behaviour
People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the complainant acting in an unacceptable way. Customers who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A customer’s reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we must treat all complaints seriously and properly assess them. However, we also recognise that the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, work with the Health Board and the Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour. Where a decision is made to restrict access to a customer under the terms of an unacceptable actions policy, the relevant procedure will be followed to communicate that decision, notify the customer of a right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later. South Lanarkshire Council and NHS Lanarkshire have complaints handling procedures which detail their unacceptable actions policy.

Local Authority Complaints Handling Procedure
NHS Lanarkshire Complaints Handling Procedure

Supporting the complainant
All members of the community have the right to equal access to our complaints handling procedure. Customers who do not have English as a first language may need help with interpretation and translation services, and other customers may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We must always take into account our commitment and responsibilities to equality. This includes making reasonable adjustments to our processes to help the customer where appropriate.

Several support and advocacy groups are available to support individuals in pursuing a complaint and customers should be signposted to these as appropriate.

Time limit for making complaints
This complaints handling procedure sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

We will apply this time limit with discretion. In decision making we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

If it is clear that a decision not to investigate a complaint will lead to a request for external review of the matter, we may decide that this satisfies the special circumstances criteria. This will enable us to consider the complaint and try to resolve it.
Appendix 1 - Timelines

General
References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline resolution
We will aim to achieve frontline resolution within five working days. The day the Chief Officer receives the complaint is day 1. Where they receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.

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Extension to the five-day timeline
If South Lanarkshire IJB has extended the timeline at the frontline resolution stage in line with the procedure, the revised timetable for the response will take no longer than 10 working days from the date of receiving the complaint.

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<td>In a few cases where it is clearly essential to achieve early resolution, South Lanarkshire IJB may authorise an extension within five working days from when the complaint was received. They must conclude the frontline resolution stage within 10 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.</td>
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Transferring cases from frontline resolution to investigation
If it is clear that frontline resolution has not resolved the matter, and the complainant wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the complainant is told this will happen.

Timelines at investigation
South Lanarkshire IJB may consider a complaint at the investigation stage either:
- after attempted frontline resolution, or
- immediately on receipt if they believe the matter to be sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Acknowledgement
All complaints considered at the investigation stage must be acknowledged within three working days of receipt. The date of receipt is:
Integration Authorities in Scotland Model CHP

• the day the case is transferred from the frontline stage to the investigation stage, where it is clear that the case requires investigation, or
• the day the complainant asks for an investigation after a decision at the frontline resolution stage. It is important to note that a complainant may not ask for an investigation immediately after attempts at frontline resolution, or
• the date South Lanarkshire IJB receives the complaint, if it is sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Investigation
South Lanarkshire IJB will respond in full to the complaint within **20 working days** of receiving it at the investigation stage.

The 20 working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.

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**Day 1:**
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day.
Acknowledgement issued within three working days.

**Day 20:**
The decision issued to complainant or agreement reached with them to extend deadline

Exceptionally you may need longer than the 20-day limit for a full response. If so, the Chief Officer or their deputy will explain the reasons to the complainant, and agree with them a revised timescale.

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**Day 1:**
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day.
Acknowledgement issued within three working days.

By **Day 20:**
In agreement with the complainant where possible, decide a revised timescale for bringing the investigation to a conclusion.

By agreed date:
Issue our final decision on the complaint

**Timeline examples**
The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 15</th>
<th>Day 20</th>
<th>Day 20+</th>
</tr>
</thead>
</table>

Complaint 1
Complaint 2
Complaint 3
Complaint 4
Complaint 5
Complaint 6

The circumstances of each complaint are explained below:
Complaint 1
Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

Complaint 2
Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

Complaint 3
Complaint 3 refers to a complaint that we considered appropriate for frontline resolution. We did not resolve it in the required timeline of five working days. However, we authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the frontline resolution stage in a total of eight days.

Complaint 4
Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try frontline resolution; rather we investigated the case immediately. We issued a final decision to the complainant within the 20 day limit.

Complaint 5
We considered complaint 5 at the frontline resolution stage, where an extension of five days was authorised. At the end of the frontline stage the complainant was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the combined time targets for frontline resolution and investigation.

Complaint 6
Complaint 6 was considered at both the frontline resolution stage and the investigation stage. We did not complete the investigation within the 20 day limit, so we agreed a revised timescale with the customer for concluding the investigation beyond the 20 day limit.
A complaint may be made in person, by phone, by email or in writing. Your first consideration is whether the complaint should be dealt with at stage 1 (frontline resolution) or stage 2 (investigation) of the CHP.

**Stage 1 – frontline resolution**
Always try to resolve the complaint quickly and to the customer's satisfaction wherever possible.

Provide a decision on the complaint **within five working days unless** there are exceptional circumstances.

Is the customer satisfied with the decision?

- Yes
  - Complaint closed and outcome recorded.
- No
  - Send acknowledgement within **three working days** and provide the decision as soon as possible but within **20 working days, unless** there is a clear reason for extending this timescale.
  
  Communicate the decision in writing. Advise the customer about the SPSO and time limits.

**Stage 2 – investigation**
1. Investigate where the customer is still dissatisfied after communication of decision at stage 1.
2. Investigate where it is clear that the complaint is particularly complex or will require detailed investigation.

Monthly or quarterly
- ensure ALL complaints are recorded
- report performance and analysis of outcomes to senior management
- make changes to service delivery where appropriate
- publicise complaints information externally
- publicise service improvements.

Complaint closed and outcome recorded.
Appendix 3 – Complaints handling for South Lanarkshire Integrated Joint Board and South Lanarkshire Health and Social Care Partnership

Service user may complain in person, by email, writing or telephone to either IJB, South Lanarkshire Health and Care Partnership.

Service receiving the complaint identifies the main issue being raised and identifies the lead service for each issue.

SINGLE SERVICE

Is the complaint about a single service or a cross service complaint?

If the complaint falls clearly with either the IJB or South Lanarkshire Health and Care Partnership, then the matter will be resolved by the IJB, Local Authority or Health Service in accordance with their current complaints procedure.

The organisation with responsibility for the main issue will be responsible to take the lead in co-ordinating the response to the complaint. The response to any secondary issues will be incorporated into the response to ensure a single, joined up response. Any reviews to be undertaken by the Chief Officer. The right of appeal to each issue will fall within the relevant organisation’s complaints process.

CROSS-SERVICE

Is the complaint a complex cross-service complaint?

No

Each sector will identify issues from complaint.

Each sector will undertake separate investigations.

Outcomes of investigations shared and a co-ordinated response to the service user will be drafted and agreed. Any follow up action to be agreed.

Designated complaints officers to liaise to agree responsibilities.

Monthly or quarterly:
* Ensure all complaints are recorded
* Report performance, analyse outcomes
* Make changes to service delivery where appropriate
* Publicise complaint performance externally
* Tell customers about service improvements
South Lanarkshire Integrated Joint Board
Complaints Procedure

Customer information
South Lanarkshire Integrated Joint Board values complaints and uses information from them to help make improvements.

If something goes wrong or you are dissatisfied please tell us. This leaflet describes our complaints procedure and how to make a complaint. It also tells you what you can expect from us.

**What is a complaint?**
We regard a complaint as any expression of dissatisfaction about our action or lack of action, or about the standard of service South Lanarkshire Integration Joint Board’s has provided in fulfilling its responsibilities.

**What can I complain about?**
Issues that are not covered by this definition are likely to be covered by our other Complaints Handling Procedures (CHPs), relating to either our health or social work services.

A complaint may relate to dissatisfaction with:
You can complain about things like:
- delay in responding to your enquiries and requests
- our standard of service
- policy or decisions
- treatment by or attitude of a member of staff
- our failure to follow proper procedure.

A complaint is **not**:
- a first time request for services operationally delivered by either party (that is, South Lanarkshire Council or NHS Lanarkshire)
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- disagreement with a decision where a statutory right of appeal exists
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, but will instead direct you to use the appropriate procedures.

**Who can complain?**
Anyone can make a complaint to us, including the representative of someone who is dissatisfied with South Lanarkshire Joint integration Board. Please also read the section on ‘Getting help to make your complaint’.

**How do I complain?**
You can complain in person at Council Offices, Floor 8, Almada Street, Hamilton ML3 0AA, by phone, in writing or email.

When complaining, tell us:
- your full name and address
- as much as you can about the complaint
- what has gone wrong
- how you want us to resolve the matter.

**How long do I have to make a complaint?**
Normally, you must make your complaint within six months of:
- the event you want to complain about, or
- finding out that you have a reason to complain, but no longer than 12 months after the event itself.
In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

South Lanarkshire Joint Integration Board
Council Offices, Almada Street, Hamilton ML3 0AA
Telephone 01698 453700

Email customer.services@southlanarkshire.gov.uk

**What happens when I have complained?**
We will always tell you who is dealing with your complaint. Our complaints procedure has two stages:

**Stage one – frontline resolution**
We aim to resolve complaints quickly and as close as possible to the point of contact. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, and immediate action to resolve the problem.

We will give you our decision at Stage 1 in five working days or less, unless there are exceptional circumstances.

If we can’t resolve your complaint at this stage, we will explain why and tell you what you can do next. We might suggest that you take your complaint to Stage 2. You may choose to do this immediately or sometime after you get our initial decision.

**Stage two – investigation**
Stage 2 deals with two types of complaint: those that have not been resolved at Stage 1 and those that are complex and require detailed investigation.

When using Stage 2 we will:
- acknowledge receipt of your complaint within three working days
- where appropriate, discuss your complaint with you to understand why you remain dissatisfied and what outcome you are looking for
- give you a full response to the complaint as soon as possible and within 20 working days.

If our investigation will take longer than 20 working days, we will tell you. We will agree revised time limits with you and keep you updated on progress.
What if I’m still dissatisfied?
After we have fully investigated, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.

The SPSO cannot normally look at:
- a complaint that has not completed our complaints procedure (so please make sure it has done so before contacting the SPSO)
- events that happened, or that you became aware of, more than a year ago
- a matter that has been or is being considered in court.

You can contact the SPSO:

<table>
<thead>
<tr>
<th>In Person:</th>
<th>By Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPSO</td>
<td>SPSO</td>
</tr>
<tr>
<td>4 Melville Street</td>
<td>Freepost EH641</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>Edinburgh</td>
</tr>
<tr>
<td>EH3 7NS</td>
<td>EH3 0BR</td>
</tr>
</tbody>
</table>

Freephone: 0800 377 7330
Online contact www.spso.org.uk/contact-us
Website: www.spso.org.uk
Mobile site: http://m.spso.org.uk

Getting help to make your complaint
We understand that you may be unable, or reluctant, to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.

You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance.

Scottish Independent Advocacy Alliance
Tel: 0131 260 5380 Fax: 0131 260 5381 Website: www.siaa.org.uk

We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help customers access and use our services. If you have trouble putting your complaint in writing please, or want this information in another language or format, such as large font, or Braille, tell us in person, contact us at
South Lanarkshire Joint Integration Board
Council Offices, Almada Street, Hamilton ML3 0AA
Telephone 01698 453700

Email customer.services@southlanarkshire.gov.uk

We can also give you this leaflet in other languages and formats (such as large print, audio and Braille).
Quick guide to our complaints procedure

Complaints procedure
You can make your complaint in person, by phone, by e-mail or in writing.

We have a two-stage complaints procedure. We will always try to deal with your complaint quickly. But if it is clear that the matter will need a detailed investigation, we will tell you and keep you updated on our progress.

Stage 1: frontline resolution
We will always try to resolve your complaint quickly, within five working days if we can.

If you are dissatisfied with our response, you can ask us to consider your complaint at Stage 2.

Stage 2: investigation
We will look at your complaint at this stage if you are dissatisfied with our response at Stage 1. We also look at some complaints immediately at this stage, if it is clear that they are complex or need detailed investigation.

We will acknowledge your complaint within three working days. We will give you our decision as soon as possible. This will be after no more than 20 working days unless there is clearly a good reason for needing more time.

The Scottish Public Services Ombudsman
If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have handled your complaint, you can ask the SPSO to consider it.

We will tell you how to do this when we send you our final decision.
Report

South Lanarkshire Integration Joint Board
5 December 2017
Director, Health and Social Care

Building and Celebrating Communities

1. Purpose of Report
   1.1. The purpose of the report is to:
       • present to the Integration Joint Board (IJB) an update on the Building and Celebrating Communities programme of work

2. Recommendation(s)
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):
       (1) that they note the content of the report;
       (2) that they note the recommendations outlined in section 4 and;
       (3) that they agree to:
           • the production of a Building and Celebrating Communities (BCC) high level action plan
           • the University of the West of Scotland providing research and evaluation support
           • the BCC Programme Board continuing to provide oversight and governance of the programme
           • a BCC communication strategy to be developed
           • seek six monthly updates to the IJB.

3. Background
   3.1. At its meeting of 27 June, 2017, the IJB endorsed the proposal to implement the programme of work Building and Celebrating Communities.

   3.2. In summary, BCC will be the basis of a strategy through which the South Lanarkshire Health and Social Care Partnership (SLHSCP) will directly work with communities using an assets based approach to facilitate solution focused capacity building resilience and sustainability.

   3.3. In doing so, this very much supports and augments the requirements, intentions and spirit of the Community Empowerment (Scotland) Act 2015 and the work being led by the Community Planning Partnership to develop the Local Outcome Improvement Plan (LOIP) and Neighbourhood Plans (see Appendix 1).

   3.4. Since the last IJB, significant progress has been made to promote this way of working, including the facilitation of events within each of four localities and a South
Lanarkshire wide event, all of which were facilitated externally by Nurture Development, who have significant experience in asset based community development. In all a mix of 360 members of communities and staff working across the SLHSCP attended the events.

3.5. Following the events, Nurture Development prepared a short report for the SLHSCP which essentially outlined the findings from the events and proposed a series of recommendations to support the further embedding of the BCC approach.

3.6. This report provides a summary of the key finding and recommendations from Nurture Development.

4. **BCC Report Findings and Recommendations**

4.1. The key messages from the Nurture Development report are broadly split into two areas, findings and recommendations. These are summarised below:

4.2. In considering the key findings, the main points of note were as follows:

- many local residents in attendance reflected on not wanting to be engaged in traditional ways, for example they found being called to meetings or programmes or being prescribed a solution by a professional as something that would put them off being involved. Rather, they would sooner be engaged in a conversation about “what matters to them”, as opposed to “what is the matter with them”
- residents in localities welcomed the opportunity to have a conversation about the role of communities and as these conversations developed, there appeared to be an appetite to build a sustainable/bottom up approach to capacity building
- the need to shift the emphasis and change the culture from one where the model of delivery is driven by conditions and institutions to one which recognises the community dimension
- there are three dominant modes of helping namely relief, rehabilitation and advocacy. Attention should focus on developing a fourth form of helping, namely community building to promote community led responses and citizenship
- the role of the Third Sector as an intermediary between local communities and public organisations is much needed but should also not be seen as a proxy for community. The role of both the Third Sector and Public Sector should be to keep people from becoming dependent on services with a continuing strong focus on building local assets and community resilience
- there was broad consensus that organisations often worked in silos or in a condition specific sense. Consequently, this can often result in reducing opportunities to learn from other experiences and approaches and reduce the potential for improving outcomes
- wide recognition that this is a long term strategy and that the pace needs to be determined by communities themselves and not those of the support organisations who are often held to funding cycles or political cycles

4.3. In working through the above feedback from communities, recommendations were then proposed by Nurture Development for consideration by the SLHSCP. The specific intention of these recommendations is to support the implementation of an assets based approach, led by communities, with support being offered by the SLHSCP at the point of request by communities. Below is a summary of the recommendations and proposed actions that SLHSCP intends to take against each of these:
<table>
<thead>
<tr>
<th>Number</th>
<th>Summary of Recommendations</th>
<th>Proposed SLHSCP Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>In many respects the five conversations endorsed the need for a stronger focus on social capital. Hence our first suggestion is that the Partnership find ways by which to advocate for community development and place based approaches which enhance social capital to reduce dependency and support interdependency. To enable this shift in emphasis, it is recommended that this is built into existing commissioning structure of the Partnership needs to be built into commissioning structures across South Lanarkshire.</td>
<td>Build into future strategic commissioning intentions, a stronger focus on social capital and capacity building in communities. This will be actioned through the Strategic Commissioning Group chaired by the Director of Health and Social Care.</td>
</tr>
<tr>
<td>2.</td>
<td>One of the key strengths of the Partnership is its emphasis on values, allied to this is the strength based approach to organisational development which is clear among the Partnership staff team. This could be viewed as an asset to be built on, and used to enable the shift from issues to values, when it comes to Health and Social Care. In practice, we therefore would recommend the development of a coherent organisational development training support programme across South Lanarkshire. The aim of the programme would be to enable frontline workers in Health, Social Care and Allied Partner Services to engage confidently through an asset based approach with communities.</td>
<td>Consider how a strengths based approach is embedded into the principles of how staff work within and across the Partnership. For example, consideration will be given to including this within organisational structures and processes such as annual PDR objectives of staff.</td>
</tr>
<tr>
<td>3.</td>
<td>Implementing an asset based approach at all levels, from Partnership to locality, town’s, villages and neighbourhoods. This can be achieved by supporting local communities in a bottom up way, ensuring that local residents are enabled to identify, connect and mobilise their Health and Social Care assets and work out the best means by which public sector investment can add value to local assets.</td>
<td>To be led at a locality level through Locality Planning Groups from an accountability and evidence perspective</td>
</tr>
<tr>
<td>4.</td>
<td>Supporting local communities to do an asset inventory of their individual, associational, economic, environmental, and cultural assets to give a more rounded understanding of a community. This will assist in supplementing information which is already known through local data and needs profiling.</td>
<td>This will be linked to recommendation three and led through Locality Planning Groups, who will engage with the work around the LOIP’s in appropriate areas.</td>
</tr>
<tr>
<td>5.</td>
<td>Finding a neighbourhood where local residents are keen to work in this experimental way is a key first step, the second is to find personnel who have a natural acumen for facilitative community work.</td>
<td>Neighbourhoods will be identified through the work being led as part of implementing recommendations thee and four.</td>
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5. **Summary and Next Steps**

5.1. The SLHSCP welcomes the findings and recommendations of this work to date and outlined below are summary points of the next steps that for implementation.

5.2. The first of these will be to fully embracing both the findings and recommendations of this work to date and in doing so build a sustainable relationship with communities, facilitated through the Locality Planning Groups. It is anticipated that through this long term approach, real gains are which will impact of many of the Strategic Commissioning Plan 2016-2019 themes of:

- promoting self-care and self management
- early intervention
- mental health and wellbeing
- reducing reliance on hospital and residential care

5.3. Secondly and in cognisance of the findings and recommendations, a high level action plan will be developed by the BCC Programme Board and implemented through localities at a pace commensurate with local communities. In itself, this will provide a level of consistency across South Lanarkshire for the BCC approach, whilst recognising the need to promote local flexibility, through Locality Planning Groups.

5.4. Third, as a check and balance and to provide assurance to communities and the IJB that BCC is the right approach, the University of the West of Scotland has agreed to be a key partner in providing research and evaluation support. Similar to the development of BCC, this will provide a level of independence in terms of evaluating the impact and progress to date and is to be welcomed.

5.5. Fourth, the BCC Programme Board will continue to provide oversight for this agenda but will not operate to a traditional planning and governance model, in that the focus will be very much on empowering localities and communities to make this happen. A key fact to the success of BCC will be the communication and spreading the word. To this end, a full communications strategy will wrap around localities and communities to support them in facilitating and empowering local people as to the benefits of community based and led solutions.

5.6. Fifth, all elements of the BCC work outlined in this report will be reported back to the IJB on a six-monthly basis.

6. **Financial Implications**

6.1. At the current time there are no financial implications associated with this report.

7. **Other Implications**

7.1. There are no additional risks associated with this report.

7.2. There are no sustainable development issues associated with this report.

7.3. There are no other issues associated with this report.

8. **Equality Impact Assessment and Consultation Arrangements**

8.1. There are no equality issues associated with this report.

8.2. Customer and community consultation is not required as a result of this report.
Val de Souza  
Director, Health and Social Care

Date created: 22 November 2017

Previous References
- South Lanarkshire Integration Joint Board of 27 June 2017

List of Background Papers
- none

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:
Maria Docherty, Nursing Director  
Ext: 3988  (Phone: 01698 453988)  
Email: maria.docherty@lanarkshire.scot.nhs.uk

Martin Kane, Programme Manager  
Ext: 3743  (Phone: 01698 453743)  
Email: martin.kane@southlanarkshire.gcsx.gov.uk
COMMUNITY EMPOWERMENT ACT 2015

The Community Empowerment Act 2015 places a statutory duty on community planning partners, including the IJB, to focus on improving outcomes and tackling inequalities in outcomes, including in those communities (covering areas and/or groups of individuals) experiencing the poorest outcomes.

The 2015 Act requires Community Planning Partnerships (CPPs) to:

♦ Prepare and publish a local outcomes improvement plan (LOIP) which sets out the local outcomes which the CPP will prioritise for improvement.

♦ Identify smaller areas within the local authority area which experience the poorest outcomes – against either the council area or Scottish situation – and prepare and publish locality plans to improve outcomes on agreed priorities for these communities (the outcomes prioritised for improvement in a locality plan may differ from those in the LOIP); and

♦ Review and report publicly on progress towards their LOIP and locality plans, and keep the continued suitability of these plans under review.

♦ The LOIP has been approved by the CPP Board and this includes elements from the agreed Health & Social Care revised Partnership Improvement Plan on the Priority objectives that the partnership will focus on.

♦ Health inequalities are the unfair and avoidable differences in people’s health across and between different social groups and between communities. These inequalities result in an avoidable burden of disease and hamper progress towards achieving a healthier population. The wider environment in which people live and work shapes their individual experiences of low income, poor housing, discrimination and access to health services, etc. and this in turn affects wellbeing, health life expectancy, morbidity and mortality.

♦ In respect of locality planning, the CPP Board has agreed to badge this as Neighbourhood Planning in South Lanarkshire to avoid confusion with the IJB’s Locality Planning activities and structures. It has used an exercise undertaken by the Council’s Central Research Unit using data to identify where the poorest outcomes are being achieved across South Lanarkshire relative to the South Lanarkshire average. From this analysis it has identified three Neighbourhood Planning areas – Whitlawburn and Springhall, Strutherhill and Burnbank and Udston and Hillhouse.

♦ Initial work has begun in both engaging with communities – starting with an asset based approach – and by officers seeking to understand, in a service context, what may be behind the relatively poorer outcomes identified by this data. The results of this work will feed into the asset based approach at an appropriate stage to help inform their thinking on What Matters to Them.

♦ To facilitate Neighbourhood Planning, it is proposed that, through its Locality structure, the IJB becomes fully engaged in the pilots and in promoting the understanding of what may be driving the health inequalities between these areas and South Lanarkshire as a whole and how communities and services together can seek to improve them.
South Lanarkshire Health and Social Care Partnership

Building and Celebrating Communities Report

October, 2017
1) Introduction
This short report provides an overview of the journey which South Lanarkshire Health and Social Care Partnership has embarked upon to develop an approach which recognises the vital contribution of communities to improving their local areas.

To this end, the report will focus on a number of areas as follows:
♦ the background and context to the need for strong community involvement
♦ current models of community engagement
♦ the choice of model which South Lanarkshire Health and Social Care Partnership will progress
♦ the direction of travel with regards to the starting point and next steps to implement an approach
♦ the findings of work undertaken to date
♦ recommendations to embed a community assets based approach
♦ further supporting work required to embed the assets based approach
♦ conclusion

2) Background and Context
One of the most significant challenges which agencies across Scotland have grappled with for some time now is the whole issue of inequalities in society and the impact that these have on people’s ability to realise their potential.

What we know with a degree of certainty is that where inequalities prevail, this can result in a number of interrelated issues such as:
♦ increased level of stress and anxiety and a higher risk of other long term health conditions related to lifestyle
♦ the ability and confidence to get involved and be included
♦ economic hardship as a result of poor employment or further education opportunities
♦ limited social mobility
♦ lower levels than average in terms of academic attainment and achievement
♦ higher than normal levels of crime or public disorder

Many initiatives have been led by the Scottish Government over the last twenty plus years’ to help address inequalities and close the opportunity gap between the most and least deprived communities. A number of previous targeted initiatives have been implemented to tackle this including ring fenced funding through Social Inclusion Partnerships (SIPs), regeneration areas and neighbourhood management. Such areas were identified through the prevalence of most deprived data zones within specific areas.

More recently, local Partnerships in Scotland have been using very detailed data available through the Scottish Index of Multiple Deprivation (SIMD) to target very specific improvement activity to address inequalities. Within the South Lanarkshire Health and Social Care Partnership (SLHSCP) area, this is the current approach, using the Profiling Area Characteristics and Experiences (PACE) system and also the recent NEXUS system developed for Health and Social Care needs profiling. This enables the Partnership to undertake very detailed analysis within data zones and rank them according to issues such as health, employment and crime etc.
From the above, it is recognised that we are data rich in terms of being able to analyse information down to small and local population. However, what data does not provide, are the lived experiences of people in communities and how this can be used as a driver for change.

In effect, this is exactly the area that SLHSCP was keen to explore and work with communities to develop an approach which recognises and facilitates this contribution.

3) Current Models of Community Engagement

It is well known that the health and wellbeing of citizens is intrinsically linked to their individual life circumstances and societal inequalities that they may experience. Indeed the South Lanarkshire Strategic Commissioning Plan 2016-19 recognised the role of community in its vision statement working together to improve health and wellbeing in the community – with the community.

In researching this further at a national level and beyond, it became obvious to SLHSCP that, broadly speaking, two models of engaging communities were being deployed to varying degrees as follows:

- The traditional path whereby the focus is on identifying a community’s needs deficiencies and problems. This need then drives how problems are subsequently addressed and tackled through deficiency orientated programmes. Many of the initiatives/strategies across Scotland which have been pursued in more recent times, for example, Social Inclusion Partnerships (SIPs) and Community Regeneration have taken on this type of approach.

- The alternative pathway to this is to start with a clear commitment to discovering a community’s capacities, assets and capabilities of people in neighbourhoods and communities. This model purports the notion that in order to develop a community, it must start from within, rather than wait for help to arrive from the outside.

4) The Choice of Model and Approach

It is the latter of the above two models that SLHSCP intends to pursue, taking cognisance of the fact that previous traditional based approaches have not impacted as significantly as planned on local inequalities and improving outcomes for local residents. However, SLHSCP recognises that adopting an asset based approach allows us to build on some excellent examples of work which already exist.

This decision was further reinforced by observational visits to other Partnership areas to view an assets based approach in practice. One such area being Fife Health and Social Care Partnership whereby this approach had been successfully built up in the town of Cowdenbeath with the following recognised benefits:

- the creation of neighbourhood leadership and ownership of the issues, with solutions being generated from within

- the approach focuses on the strengths and capacities as opposed to deficiencies and therefore serves to move the thinking away from everything being a problem

- it considers assets and maximising these as opposed to allocating resources based upon a needs map removes the perception that only outside help will solve the problems

- it overviews a whole community as opposed to specific problem area within it and engenders an improvement approach which has the potential to involve the entire community
5) The Direction of Travel
In order to provide the necessary impetus and momentum, SLHSCP engaged external support from an organisation Nurture Scotland who has worked successfully with a range of organisations and communities across the United Kingdom, Republic of Ireland, Africa, Canada and Australia to an assets based approach.

A branding for the approach was agreed as Building and Celebrating Communities (BCC) and a BCC Programme Board was established, led by the Nurse Director for the Partnership. The Programme Board then worked with Nurture Scotland to facilitate the organisation of 5 large events with the purpose being to address three key questions:

♦ what is it that communities are best placed to do when it comes to health and social care?
♦ what is it that communities are best placed to do with some help from outside?
♦ what is it that communities need outside agencies to do for them when it comes to health and social care?

Therefore, the overall aim of the events was to explore how the Partnership and all involved could generate more space and access for communities to create things that matter to them, and in doing so, understanding where the Partnership can then provide added value by supporting the empowerment of local communities.

The 5 events were run sequentially over 5 full days and involved the following:
- 1 large Partnership wide event
- individual events in each of the four localities of Clydesdale, Hamilton, Rutherglen/Cambuslang and East Kilbride

A full and extensive communications strategy was put in place for the events and this helped to secure attendance of over 360 people across the 5 events. This comprised a mix of local residents and staff working in health and social care, 3rd Sector, Independent Sector and other agencies such as the Council, Police and Fire Service.

6) The Findings to Date
From the 5 events a number of important themes emerged, together with suggested recommendations for action which were specifically targeted to develop the approach further. These are summarised below:

Emerging Themes
- many local residents in attendance reflected on not wanting to be engaged in traditional ways, for example they found being called to meetings or programmes or being prescribed a solution by a professional as something that would put them off being involved. Rather, they would sooner be engaged in a conversation about “what matters to them”, as opposed to “what is the matter with them”
- residents in localities welcomed the opportunity to have a conversation about the role of communities and as these conversations developed, there appeared to be an appetite to build a sustainable/bottom up approach to capacity building
- the need to shift the emphasis and change the culture from one where the model of delivery is driven by conditions and institutions to one which recognises the community dimension
there are 3 dominant modes of helping namely relief, rehabilitation and advocacy. Attention should focus on developing a fourth form of helping, namely community building to promote community led responses and citizenship

the role of the 3rd Sector as an intermediary between local communities and public organisations is much needed but should also not be seen as a proxy for community. The role of both the 3rd Sector and public sector should be to keep people from becoming dependent on services and there needs to be a shift away from traditional based approaches

there was broad consensus that organisations often worked in silos or in a condition specific sense. Consequently, this could often and inadvertently segregate people in accordance with pre-defined service categories

wide recognition that this is a long term strategy and that the pace needs to be determined by communities themselves and not those of the support organisations who are often held to funding cycles or political cycles.

In addition to the above, further detail on each of the conversations at the 5 events was captured by Nurture Development and although there were some similarities, there are also notable differences, which reflects that fact that each of the four localities in particular have different geographies and are also different in size. Further detail on the emerging themes and locality conversations can be found in the Nurture Development Report in appendix 1.

Moreover, and since the positive conversations and interactions at the events, there is evidence and examples to suggest that the BCC approach has real potential to accrue positive returns for the communities.

**BCC in Action - South Lanarkshire Leisure Trust**
South Lanarkshire Leisure & Culture (SLLC) were keen to engage with local residents and those working within these areas to listen, share current provision, discuss access to these activities and identify any gaps in provision highlighted by these events or new ways of working to ensure the communities and residents have the best opportunities and support available to them.

As an organisation with approx 9 million visits per year, improving population health and reducing health inequality requires the provision of programme and interventions that improve lifestyles and life circumstances accessible to all. It was SLLCs intention when attending these events that we were mindful that listening to communities and their needs were imperative to the success of our aim.

There were many great conversations that took place at all 5 of the events and following these events there has been key pieces of work explored, developed and new partnerships forged on the back of issues raised from those attending. Full detail of this work is contained in appendix 2.

A good example is South Lanarkshire Leisure Trust who have been proactive in facilitating positive and ‘on the ground’ action.
7) Recommendations Arising from the Events
On the basis of the findings and the expertise which Nurture Development have in asset based community development, a number of recommendations have been presented to SLHSCP with the specific aim of providing continuing momentum to developing its BCC approach. 5 main recommendations have been made as follows:

<table>
<thead>
<tr>
<th>Number</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>1</td>
<td>In many respects the five conversations endorsed the need for a stronger focus on social capital. Hence our first suggestion is that the Partnership find ways by which to advocate for community development and place based approaches which enhance social capital. In practice for this shift in focus/emphasis to be impactful in the long term it needs to be built into commissioning structures across South Lanarkshire, so as to reward the building of interdependency and the reduction of dependency. While we recognise that making changes to commissioning at this level falls outside the purview of the Partnership, it may be within the Partnership’s gift to influence other partners in this direction.</td>
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<tr>
<td>2</td>
<td>One of the key strengths of the Partnership is its emphasis on values, allied to this is the strength based approach to organisational development which is clear among the Partnership staff team. This could be viewed as an asset to be built on, and used to enable the shift from issues to values, when it comes to health and social care. In practice, we therefore would recommend the development of a coherent organisational development training support programme across South Lanarkshire. The aim of the programme would be to enable frontline workers in health, social care and allied partner services to transition from traditional based approaches to asset-based development.</td>
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<tr>
<td>3</td>
<td>Become even more localised by scaling down into local neighbourhoods, towns and villages. The process of ethically reducing dependency on systems and programmes necessitates investment in increasing interdependency in community life outside of ‘service-land’. This can be achieved by investing in the local economy and environment of the place in a bottom up way, ensuring that local residents are enabled to organize to identify, connect and mobilise their health and social care assets and thereafter, through conversation, to work out the best means by which public sector investment can add value to local assets. This recommendation is grounded in the belief that people can’t possibly know what they need from health and social care systems until they first know what they have locally from an associational, cultural, economic and ecological perspective.</td>
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<tr>
<td>4</td>
<td>Emphasise the importance of the ‘facilitator role’ in health and social care and the need for public sector and third sector agencies in South Lanarkshire to create a much better balance between service delivery and community building. This will require a shift away from a needs analysis/assessment models which dominate health and social care, towards an approach that starts by supporting local communities to do an asset inventory of their individual, associational, economic, environmental, and cultural assets. As this shift is complex and requires space to experiment and learn we would recommend taking the change making effort</td>
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Finding a neighbourhood where local residents are keen to work in this experimental way is a key first step, the second is to find personnel who have a natural acumen for facilitative community work. Creating the conditions for a demonstration site or two over the next 18 months would be a very practical yet impactful way of growing good practice at a steady pace.

8) Supporting Work to Develop the Approach and Implementation
In addition to considering the above findings and recommendations, the BCC Programme Board recognises that there are other co-dependencies which require to be put in place and to this end the following actions are being proposed:

The role and function of the BCC Programme Board requires to be continually evaluated, given that it is recognised there are limitations to how much a traditional planning structure and approach can make, given that the success of the approach will be at a community, locality and neighbourhood level

- a high level action plan for the approach will be prepared, which takes full account of the recommendations cited in section 7. However, the crucial aspect of this is ensuring that the action plan facilitates and does not bring rigidity to what requires to be an embryonic approach which moves at the pace of communities
- the University of West of Scotland have agreed to be partners in providing evaluation and impact support to the BCC approach
- a full communications strategy will also be developed which ties directly to localities and examples of good practice, including how we celebrate success and showcase particular examples of their local communities are leading solutions focused actions to health and social care issues
- it is recognised that community-driven action, message/knowledge sharing and indeed communication will be key to the success of BCC. To that end, and to optimise the impact of local level communication, support, as appropriate, will be made available to community builders and individuals working towards BCC aims. This may include communication toolkits, workshops or ad hoc advice as required. The clear objective is to empower and enable local groups and individuals to optimise any communications they are engaged in

9) Conclusion
Developing BCC across the South Lanarkshire Health and Social Care Partnership is a long term strategy. As such this will involve facilitating an approach which is driven by communities for communities and builds on existing areas of good practice to provide the necessary momentum for wholesale transformational change. In areas where an assets based approach has been successful, there are notable gains to be made in that such communities are more resilient and have the necessary leadership and innovation to problem solve themselves.

The ongoing evaluation and communication of the approach will be critical to ascertaining the progress being made and potential next steps.
Reflection Paper: A pan-South Lanarkshire conversation about building and celebrating communities.

Introduction
In early June, 2017, South Lanarkshire Health and Social Care Partnership convened a pan-South Lanarkshire wide conversation about building and celebrating community. The conversation unfolded over five events, the first of which was a corporate event, the remaining four were locality events.

The reflection paper to follow offers a brief report of our findings and recommendations. It divides into two related sections:

a) Overview of key themes that emerged from the conversation
b) Points for consideration

Further support materials and more detailed narratives have been placed in the appendices.

Nurture Development (the authors of this report) were invited by the Director of Health and Social Care to facilitate each of these events. Our brief was to facilitate a conversation about building and celebrating communities, and to explore with those who participated, health and social care from that perspective. We did so by framing each day around the following questions?

1. What is it that communities are best placed to do when it comes to health and social care?
2. What is it that communities are best placed to do with some help from outside?
3. What is it that communities need outside agencies to do for them when it comes to health and social care?

Overview of key themes that emerged from the conversation
In excess of 360 people engaged in the community conversations across the five days. The tenor of the conversations, were constructive throughout. While we did no shy away from challenging issues, overall people were eager to engage in generating solutions, or at the very least better understanding the dilemmas to be faced in getting to better health and social care outcomes.

The themes may be summarised under seven key headings:

1. Traditional service based approaches to health and social care are predominantly focused on individuals and their conditions on one hand, and the institutional responses on the other. The dominant focus is therefore on behavior change, and the quality of programmes. As conversations deepened at each of the five events people began to assert the need for greater attention and investment to be given to the community dimension, in particular the need to better to animate and support health and social care.
efforts at neighbourhood level. Seeking to invest in health beyond healthcare in this way is likely to have significant impacts on those who attend their GPs for social rather than bio-medical reasons. It will also ensure that those with social support needs are supported appropriately in a community rather than in a medical context. (see Appendix 1) for a detailed discussion).

2. There are three dominant modes of helping apparent within the Health and Social Care landscape in South Lanarkshire, namely relief, rehabilitation and advocacy. While all three are essential, participants in the community conversation felt that in the absence of effective support for communities they will not be sufficient in proliferating better health and social care outcomes. Hence most participants agreed that more attention needs to be given to developing a fourth form of helping, namely community building which actively facilitates community led responses and promotes citizenship. Having said this, people were also at pains to emphasis that community volunteers should not be used to replace services. The community activities to which people were referring, related to efforts that exist outside of services, such as neighbourliness, mutuality, civic engagement, self-help groups/peer support. People were at pains to point out that volunteers should not be used to mask over cuts on essential health and social care services. That community work was not a replacement for services, but rather services were a necessary extension of community efforts.

3. A wide range of examples of the important work that the third sector undertakes across South Lanarkshire was shared at all five events. There was strong acknowledgement of the much-needed intermediary role they play between local communities and Public Sector organisations and Government more generally. Notwithstanding, it was also recognized that the third sector is not a proxy for community. It was felt that therefore the Health and Social Care Partnership also needed to find ways of communicating directly with communities at village/neighbourhood level. Furthermore, it was felt that a strong part of the role of the third sector and the public sector should be to keep people from becoming dependent on services particularly with regard to people who are more than capable of living interdependent lives in the community. The Health and Social Care Partnership should instead take great care to enhance social capital, and ally with third sector organisations to do so through an intensive commitment to community building at neighbourhood/village/small place level. It was acknowledged that promoting programmes and services which replace social capital, is not just counterproductive, but necessarily harmful to that end. That said, a number of professionals who attended noted that they would welcome a shift towards more asset based approaches.

4. Residents from each locality were pleased that separate conversations were organised for each, moreover as the conversation in each locality progressed it was clear that the health and social care support needed, were necessarily different from village to village, neighbourhood to neighbourhood. Supporting neighbourhoods to become more health producing is an area specific endeavour. Indeed, in that regard most agreed that locality scale while useful in some respects was not local enough to mobilise widespread participation. As people got organised into their respective small communities in the afternoon of the locality workshops, it was clear to see how much easier it was for them
to move towards constructive action plans and ideas. There appeared to us to be a strong support for some kind of intentional process of mass localism aimed at building a sustainable bottom-up movement towards health beyond healthcare and social care beyond institutionalisation.

5. Too often commissioning structures create pre-defined outcomes which mitigate against citizen lead co-created efforts. Many local residents in attendance at the workshops confirmed that they simply will not respond to the ‘call’ to get more engaged in their health or social care, even when unwell, especially if that call involves meetings or programmes, or being prescribed a solution by a professional. Therefore, it is important that the H&SCP and their allies engage in a different conversation which focuses on what matters to people, rather than what is the matter with them. Most in attendance viewed these conversations as the start of such a process. Still, many reserved judgement, and wondered out loud, “was this ‘just another talking shop’, or will things change this time?” Such a dramatic shift in conversation demands a willingness on the part of professionals and citizens alike to focus on what people care about enough to act upon, and not on what we want people to focus on. It also requires a genuine commitment to start with what’s strong, not what’s wrong with and in communities, families and individuals.

6. There was broad consensus that organisations working through silos, across South Lanarkshire have managed to inadvertently divide communities into target groups and separate people by their conditions, hence inadvertently segregating people in accordance with pre-defined service categories. In turn defining people out of communities, and redefining them as clients in service systems.

7. Most in attendance felt that the work of building and celebrating community is slow and often messy work, but for there to be enduring impact it is essential that support agencies go at the communities pace not their own. It was widely acknowledged that support organisations and staff are placed in very difficult circumstance when they are expected to deliver within 3 year funding cycles and 5 year political cycles. Communities develop over decades not years, hence the expectation that they can go at the speed of a funding or election cycle is naive. The challenge is to go no faster than the speed of trust, in a system that is designed to value efficiency, scale, and measurement over trust, particularity, and relatedness.
Looking at the 5 conversations

Corporate event
This event brought together many agency leaders and senior practitioners from across South Lanarkshire to explore the relationship between supporting organisations and communities. It was evident that participants understood the role of the citizen versus the role of the practitioner (see appendix 4), which creates solid foundations for supporting the creation of practice demonstration sites in Lanarkshire. When compared to the favourable conditions for community building (appendix 3), many organisations were too large and disconnected from community life at street level to be considered a host, there were, however, organisations able to sponsor a community building process. The difference being, a sponsor offers resources, economic and otherwise, which could be invested into potential grassroots hosts and is not directly involved in delivery.

Clydesdale event
The day opened up with a discussion around the genuine concerns and dilemmas which arise in nurturing citizen-led action. Many of the challenges, as well as the successes, could be traced back to rural nature of the locality. On the one hand, many villages were isolated, with a feeling of disconnection from basic service provision. While the sparse and rural feel also fostered a strong sense of togetherness. A number of the villages and small towns, including Lanark, Biggar and Lesmahagow represented in the conversation, demonstrated a desire to take positives steps to make where they live more connected. This energy particularly resonates with the favourable conditions (appendix 3) sections 1, 3 and 4: The group showed a willingness to make connections and felt community building made sense in their context. It would be essential to identify other flourishing communities not represented on the day to join the conversation.

Hamilton event
When asked about dilemmas around community building, participants described some of the challenges of disconnected and silo-based resources. Some expressed the frustrations of resources being tied to health, leisure, etc rather than linked to neighbourhood or small place. However, examples such Hamilton Athletic Football Club showing radical hospitality to local community groups, provided example of how we build community when we foster a culture of welcome. When considering the favourable conditions (in particular, sections 1-5), our suggested next steps would be to have more localised conversations organised by village, small town and neighbourhood. While the room was very full, many associated groups represented particular interest groups or themes, a more focused conversation in neighbourhoods would allow for deeper assessment of the favourable conditions.

Rutherglen and Cambuslang event
This event was markedly different in conversation to the previous two locality events. The representation on the day included a number of service providers, both statutory and third sector. Many conversations flowed into understanding how organisations could be in support of residents effectively. There was a spectrum of support on offer; from volunteer opportunities, to participation in local activities to building stronger connections in the community. The different roles of institution, organisation and communities were explored through a game entitled the good life supermarket (see appendix 4.) which asked participants to choose which activities were most suited to the institutional or community domains. There were hosts (and potential new hosts) for community building in the room, interested in advancing the conversation. It would be prudent to engage these hosts in a follow-up conversation using the favourable conditions (sections 7 through to 11) for guidance.
East Kilbride
The final event was a mix of local residents, community groups and supporting agencies (third sector and statutory). Similar to the conversations in Hamilton, a disconnect between local community invention and resources held by organisations was identified. Where communities were supported in a proportionate and common sense approach (or sometimes left to problem solve independently) local ideas flourished. Like in Hamilton and Clydesdale, the groups organised by place for the afternoon session. Some groups clustered around an interest for agency partnerships and joined up working. Others started to describe some tangible next steps to build new relationships in their neighbourhoods. It would be timely, to re-engage the local neighbourhood based conversations, utilising the favour conditions to identify any possible demonstration sites in the East Kilbride locality.

Stories of local residents creating health and social care in South Lanarkshire

Skills Swap
In one of the locality conversations a local resident shared how she takes the time to connect people in the community through a local skill swap initiative. The project brings people from across different generations to share and swap skills with one another. From sewing bees to social media classes, this blend of old and new, builds a bridge between different people in the community. The group represents much more than intergenerational exchange, it is an example of people grouping up at neighbourhood level to build deep and lasting relationships.

Walking Football
For one resident, it wasn’t about winning but about taking part. This resident uses walking football to inspire others in his town to get out and connect. Armed with a smile and plenty of charisma, this resident shared a dream for bringing those who are isolated out of their houses to connect around a love for sport. With a bit of help from a local organisation to find others whom may be interested, this resident has drummed up local support and is inspiring people to kick a ball and make new friends.

Recommendations for the South Lanarkshire consideration:
1. In many respects the five conversations endorsed the need for a stronger focus on social capital. Hence our first suggestion is that the Partnership find ways by which to advocate for community development and place based approaches which enhance social capital. In practice for this shift in focus/emphasis to be impactful in the long term it needs to be built into commissioning structures across South Lanarkshire, so as to reward the building of interdependency and the reduction of dependency. While we recognise that making changes to commissioning at this level falls outside the purview of the Partnership, it may be within the Partnership’s gift to influence other partners in this direction.

2. One of the key strengths of the Partnership is its emphasis on values, allied to this is the strength based approach to organisational development which is clear among the Partnership staff team. This could be viewed as an asset to be built on, and used to enable the shift from issues to values, when it comes to health and social care. In practice, we therefore would recommend the development of a coherent organisational development training support programme across South Lanarkshire. The aim of the
programme would be to enable frontline workers in health, social care and allied partner services to transition from traditional based approaches to asset-based development.

3. Become even more localised by scaling down into local neighbourhoods, towns and villages. The process of ethically reducing dependency on systems and programmes necessitates investment in increasing interdependency in community life outside of ‘service-land’. This can be achieved by investing in the local economy and environment of the place in a bottom up way, ensuring that local residents are enabled to organize to identify, connect and mobilise their health and social care assets and thereafter, through conversation, to work out the best means by which public sector investment can add value to local assets. This recommendation is grounded in the belief that people can’t possibly know what they need from health and social care systems until they first know what they have locally from an associational, cultural, economic and ecological perspective.

4. Emphasise the importance of the ‘facilitator role’ in health and social care and the need for public sector and third sector agencies in South Lanarkshire to create a much better balance between service delivery and community building. This will require a shift away from a needs analysis/assessment models which dominate health and social care, towards an approach that starts by supporting local communities to do an asset inventory of their individual, associational, economic, environmental, and cultural assets. Because this shift is complex and requires space to experiment and learn we would recommend taking the change making effort out of a classroom environment and into a neighbourhood.

5. Finding a neighbourhood where local residents are keen to work in this experimental way is a key first step, the second is to find personnel who have a natural acumen for facilitative community work. Creating the conditions for a demonstration site or two over the next 18 months would be a very practical yet impactful way of growing good practice at a steady pace.
Appendix 1
Deepening the conversation by describing how Social Prescribing would change if ABCD was implemented in South Lanarkshire

90% of the contact UK citizens have with the NHS is through their GP.

Estimates vary, but most accept that around 40% of the people (patients) who attend their GP do not have a bio-medical condition. The issues they present with are more of a social nature.

The core function of GPs and allied health services and hospitals is to address bio-medical issues, albeit with an eye to prevention.

The question of how we support people who don’t need medical treatment, but go to the GP for help, is not just a matter of what can the GP do more of, or do better. It has a lot to do with what GPs do not do. GPs in South Lanarkshire have de facto signed up to not medicalise as many of this 40% as possible by virtue of taking the Hippocratic Oath, however to achieve this, community alternatives must be found. Doctors cannot find these alternatives on their own.

The GP cannot nor should not do it all, and when 40% of patients are not sick in the classic bio-medical sense, but instead are socially isolated, disconnected, or experience adverse environmental conditions (for example, poor housing), or have debt and other related financial pressures. Instead of simply asking: "how can the doctor do better, or more?" we should be asking: "how can social issues such as these, be more effectively addressed at an earlier stage, before people arrive at the GP surgery?"

The latter question would enable the doctor to more effectively broker or simply direct people who are experiencing social challenges into a more meaningful, preventative and non medical context, within which their experiences can be appreciated and appropriately addressed.

This is a three-dimensional challenge: individual, institutional and environmental. The problem is that many social issues cannot simply be addressed by people/patients changing their behaviours. Many problems relating to loneliness for example, while perhaps becoming less intense as a consequence of personal changes in behaviour, require collective and cultural change. Take feelings of insecurity and a sense of not being safe outside one’s home, in one’s neighbourhood, as case in point. Such an individual can be referred for a number of sessions of Cognitive Behavioural Therapy, which may help. Notwithstanding, in many such instances a collective response at street level, through clean ups and active support for local neighbours and this individual to connect, can be even more transformative, and sustainable in the long term. At the very least mechanism by which to make such choices need to be in place.
The Five Drivers of Wellbeing

How do we promote health and wellbeing for all, if not one patient at a time? We can broaden our horizons and see health and social care beyond health and social care institutions and programmes, and see potential solutions beyond the patient and the doctor, albeit that we would include their assets in the change process. Thinking about health and wellbeing in a wider sense, according to the great preponderance of epidemiological evidence, there are five drivers towards wellbeing:

- personal agency
- associational life
- economic circumstances
- environmental conditions
- access to appropriate medical care and allied services

While there is much debate about the ratio between these five, there is wide spread agreement that the five must be addressed in the round if the general population’s health is to improve and health inequalities are to reduce. In this sense, it is clear that if people (especially those who make up the 40% mentioned above) are to enjoy health and wellbeing, then as well as more effectively mobilising individual and institutional assets, we need to become much more effective at discovering, connecting and mobilising community assets.

We would contend that an individual GP has some real influence when it comes to raising people’s awareness of how they can personally become more healthful so to speak, through for example better eating, walking etc. Additionally, the GP can act as a powerful ally and broker to patients, in all kinds of ways in enabling people to deal with and get better supports and services from other agencies/institutions. This can range from legitimising someone who needs time off work, to go to their employer with a doctors note to that effect, to an older person applying for assistive technology to enable them to stay in their home and live well with their disablement or condition (which may enhance the home environment, but generally not the environment outside the home).

Still, the GP can’t do it all. The GP can do very little for example to increase associational life in a deep reciprocal sense, the same is true for most economic and environmental issues, to ask them to take on these additional functions along with existing primary roles is to risk undermining their core functions and indeed the more progressive practices that are currently taking root around wellbeing in Exeter.

For GPs to actively engage in addressing the support needs of this 40% they must be able to say: we have reached the limits of what we can do alone. To do so, they must also be confident that when they see issues that are primarily social and outside their core competencies that they have allies in the Public Sector, Third Sector and neighbours in the neighbourhoods where their patients live, who will provide appropriate support.
All hands on deck: An Allied Holistic Approach

Addressing the issue presented by the 40% will require an all hands on deck approach, where all allies, patents, family, neighbours and agencies take on their particular roles and find appropriate ways to bolster each other when needed. When all of these allies are not allied, it undermines patient and doctor confidence, and in the absence of sufficient trust, we run the risk that some medical solution or other is proposed as a stop-gap in preference to referring people into a social ‘abesse’.

This challenge is not simply dealt with by introducing social prescribing. Unless social prescribing sits within an allied holistic approach there is a danger that it produces quite superficial results. Where for example, a patient is referred to a social activity in their community, with little thought given to whether the person is cultivating meaningful and reciprocal relationships, which sustain beyond that activity, or at the very least are not contingent on the long term mediation of professional facilitators.

In simple terms many of the issues that make people unwell are not subject to medical diagnosis or prognosis, loneliness is a fine example. It would be a little too simplistic to say that loneliness is the absence of connection, but it would be fair to say that connections with others which are unforced and unpaid, is a significant mitigating factor. The problem is a GP cannot prescribe a friend, and indeed a commissioner cannot commission a hospitable neighbourhood. Hence we need a number of things to happen at the same time:

♦ GPs directing, referring, and brokering patients into social opportunities, or to those who have competencies in relationship building at neighbourhood level.

♦ Allies in the Public Sector and the Third Sector actively taking on a community building role; ensuring an emphasis on the building of social capital, neighbour to neighbour, as distinct from peer groups defined by age or condition, or recruiting clients for their programmes.

♦ Local residents, families and local citizen, faith, sport and business associations prepared to address the growing issue of social isolation, atomisation, and wider environmental, economic and cultural challenges that face their community. Alongside this residents and their associations need to be appropriately supported with skilled community animators who understand how to work at neighbourhood level and also work with other allies including GPs, Third Sector colleagues and the Public Sector when needed.

Combining the above three would move us beyond the current version of Social Prescribing to something much more expansive, and bottom-up. It would also create a process that is less about prescribing and more about supporting the individual patient to identify what a good life would look like for them, where they would prescribe to most appropriate route from being a patient or client to being a citizen.
Discovering, Connecting, Mobilising Community Wellbeing

An allied holistic approach would mean that the GP will not need to deal with the 40% of their patients with social issues on their own. Instead if the community building is done effectively at grassroots level, they should both see a reduction of that percentage, and have the capacity to refer patients to allied social supports.

This means in practice that social prescribing as currently practiced in South Lanarkshire, will be thought of as part of an wider eco-system of change, which includes neighbourhood community animation/community building, and where needed person-centred non medical supports such as community circles, etc. It may also cause some reflection to be given to the term “Social Prescribing”.

The missing element in the model of Social Prescribing in South Lanarkshire up to this point has been the role of a skilled community animator working at neighbourhood level. It is incredibly exciting to witness the introduction of these practitioners into the field, who will come alongside active citizens in their neighbourhoods, who themselves are taking on the citizenship task of re-weaving their neighbourhood connections. This is a shift in strategy from the single minded pursuit of more hospital beds, to a wider commitment to building more hospitable communities.

It is important to emphasis here that a GP occupies a very unique role in many people’s lives, almost analogous to a vicar for people of faith, hence they are a tremendous asset. The level of trust and respect that people place in them can be tapped into to ensure that, when a person who’s confidence around social connections is low, is being brokered into new relationships, they can reassure and encourage that transition. This function will be key to the overall success of the endeavour to demedicalise, and recommunualise.

What would this look like from a Commissioners perspective?

Within the context of this discussion, commissioning would need to shift from a traditional oriented process to an asset based one. In this regard, the core question commissioners would seek to answer is:

‘How can commissioners (corporately and collectively) ensure that these social assets are discovered, connected and mobilised in a community driven way, so that as many wellbeing opportunities as possible can be unlocked?’

The first step in answering this question is to do no harm to actual and potential local connections. Currently there are four interrelated ways in which commissioning can do harm:

1. Commission services to address needs that inadvertently decommission personal, family and community assets necessary to ensuring people have lives of their own choosing.
2. Commission organisations so intent on building up and sustaining their own ‘client base’ in an effort to secure the ‘commission’ and sustain their economic survival that they inadvertently encourage dependency on programmatic and service based interventions, and diminish community capacity.
3. Assume that community alternatives are inferior to institutional and programmatic interventions.
4. Commission in a way that makes the individual solely responsible for solutions or takes even that power away and places it within institutions or programmes that the individual has little control over.

**Practical Example: Living Well at Home with Dementia**

To ground the discussion a little let us use an example. Across the UK, indeed in many parts of Europe many helping institutions have been endeavouring to promote the ‘Dementia Friendly Communities’, agenda. In 2012 the previous Prime Minister of Great Britain, David Cameron elevated this agenda by making it a ‘Prime Ministers Challenge’.

My assessment of such initiatives across the country is that the better ones have identified seven key levers for living well with Dementia:

- the unique competencies of people with dementia, to live well with Dementia;
- the unique competencies of families (including extended members) of people with dementia, to live well themselves and to support family members with dementia to live well
- the unique competencies of communities (neighbours at street-level and very local shops and associations) to co-create the conditions with people with dementia and their families to live well
- the unique competencies of the Third sector to provide capacity building, community animation and advocacy support to individuals, families and communities to live well with dementia
- the unique competencies of the Public sector to provide and or commission person centred services; community building infrastructure; and relevant supports that enable autonomy and participation (interdependency)
- the unique competencies of the Private sector to provide ethical services/products, economic growth and jobs that add value to the strengths of individuals, families and communities in living well with dementia
- the unique competencies of intentional cooperative partnerships across the other six levers (above) to combine strengths to co-produce dementia friendly communities.

All of these are levers for change, which few would argue are anything but essential, yet we need to value these levers and their relationship with each other if they are to be mobilised.

**Conclusion**

Starting with an asset-based approach requires investment not in dementia, or any other specific area of concern or diagnosis, but in community building, which is to say making the assets that are invisible, visible and productive. This brings the value of decommissioning to the fore. A significant part of the challenge in commissioning supports to social capital in an age of austerity, is that it cannot be introduced as an extra cost, not even as a ‘spend to save’ strategy. To fund initiatives that building social capital, it will be necessary to decommission services that do harm or pay lip service to community building efforts.
Across commissioning briefs, in health, social care, housing and public safety, it will also be necessary to expand the focus beyond individuals to include the neighbourhood as a unit of change in its own right. The consequence of this would be to enable public funds to be spent in a more ethical and coordinated way, avoiding for example, the current malaise where low income communities have community engagement officers deployed from multiple agency silos with specific mandates such as health, safety, older people etc, to instead consolidate such roles where possible into one role as a community builder/ animator.

Commissioning along the three lines of community building, social prescribing and person-centred non-medical care should serve to reduce current demand, and more importantly increase the level of interdependence in community life, resulting in greater wellbeing for a significance percentage of the population of South Lanarkshire.

As a final thought, in Paulo Freires’ “Pedagogy of the Oppressed” Freire suggests that one of the basic elements between the oppressor and the oppressed is “prescription”. He notes that “pedagogy of the oppressed must be forged with, not for the oppressed, whether individual or people, in the incessant struggle to regain their humanity. One of the basic elements between the oppressor and the oppressed is prescription”.

Many social issues are rooted in structural and political issues, which in turn lead to oppression and disablement. The 40% of patients who need social as opposed to medical support will not be prescribed a route out of or away from the GPs surgery and into interdependence. This reorientation will be brought about through intentional efforts to reduce unhealthy dependency on institutions and experts, at the same time as increasing a sense in the person, that they are in the driving seat of their own change, as a net contributor to their own and their community’s wellbeing. This is not a prescription, it is an act of mutual liberation, which requires as much and more from the wider community, as it does of professional practitioners. It is grounded in the belief that as humans (social beings) we get better together, and that our communities are health producing.
References

Appendix 2: Helping 4.0: The fourth form of helping
Central to our theory of change is the belief that most socio-political, environmental, public health and safety and economic challenges must be addressed across four dimensions: relief, rehabilitation, advocacy and community building. Our contention is that to date the first three of these have dominated, hence we have addressed four dimensional problems using three dimensional responses. If we are to help in a sustainable way, then the intentional re-centring of Community Building is critical.

We believe it is important to frame the various forms of helping at play in any given environment. We believe that three forms are most dominant, namely relief, rehabilitation and advocacy. While we do not wish to minimise or reduce the efforts of those who provide help in this way, we do wish to ensure that people understand that we are actually speaking about a fourth form of helping which is quite distinct from the other three. It is not a better form, but it is very different, in that the focus is on building strong communities. Once the form of helping is appropriately framed, we can ensure that the offer of help is proportionate to the situation; we must ensure our efforts, both to do no harm and do avoid displacing local neighbourhood invention, are realised. More importantly communities and individuals can use this framework to explicitly choose which form of help if any they require and hold practitioners to account should they deviate. We commend the work of John McKnight’s Careless Society: Community and its Counterfeits and John Lupton’s Toxic Charity as two publications that offer an solid analysis of the challenges of not being explicit about what forms of helping we offer or receive.

What we have done at Nurture Development is to take that work a step further by setting out a new framework for thinking about helping which we are calling Helping 4.0.

We frame the four forms of helping as follows:

Helping 1.0 Relief
The offering of assistance, especially in the form of food, clothing or money given to those in special need or difficulty. This form of helping responds to the immediate need e.g. disaster relief or displacement caused by war/conflict.

Helping 2.0 Rehabilitation
To use a ship building metaphor, rehabilitation puts a person in dry dock for repair. Taking them out of their social context/situation and transplanting them into a therapeutic or convalescent environment.

Helping 3.0 Advocacy
Action to assure the best possible services for, or intervention in the service system on behalf of, an individual or group is realised. Often this form of helping includes provision of information and tools for self-empowerment and helping an individual or group to obtain needed services, legislative change and improve quality of life more generally.
Helping 4.0 Community Building
Local people are recognised as the primary architects of a more sustainable future and are enabled to come together to discover, connect and mobilise the assets required to create and realise their shared long term vision. This form of sustainable community development recognises that the more collective agency, ownership, power and control people have over their own lives and communities, the healthier and more prosperous they and their communities will be. Radical inclusion is at the heart of 4.0 and the strength of a community is calibrated by its capacity to create a welcome for the ‘stranger’ at the edge and not by its capacity to create consensus among like-minded individuals.

We have often found that before disambiguating the four forms of helping as above many practitioners were convinced that they were engaged in asset-based community development, when what they were actually doing was rebadging relief, rehabilitation or advocacy. ABCD sits firmly within Helping 4.0. We will be writing more about Helping 4.0 in the coming weeks, especially with regard to its political nature and our analysis of power that sits alongside this new framework.

In its most straightforward terms, the framework acknowledges that Helping 1.0, 2.0 and 3.0 are forms of helping that are:

- oriented towards ameliorative efforts that flow from a helping professional to a client/patient.
- focused largely on individuals, as opposed to the wider environmental, social and political context.
- where group work is done, it is typically through peer groups who have similar conditions
- helping efforts start with a needs assessment
- the transaction between the helper and the helped is characterised by the delivery and receipt of services and programmes.
- where the helper cannot help through Helping 1.0 to 3.0, they will refer the person onto a helper from another discipline who offers some formulation of Helping 1.0-3.0.
- the primary agents of change are professionals and their credentialed partners. Where citizens are empowered to influence matters, it tends to be as advisors who influence process, structure and pathways of delivery.

Helping 4.0 in contrast is:

- oriented towards a form of helping that sees people primarily as producers and makers, not clients, patients or consumers.
- hence the focus is largely on the neighbourhood and wider social and political matters, as defined by local people. Even when working with individuals, the focus is on how the practitioner can support a person to contribute to the wellbeing of their neighbourhood.
- groups are diverse and organised around local people’s cares, concerns, and desire to exchange and connect. There is a strong emphasis in Helping 4.0 on creating and celebrating diversity. A core question is how can we create a welcome for the stranger at the edge.
- helping efforts start with the practitioner in the role of ship builder, not ship’s captain. Local residents are the leaders. As a ship builder, the practitioner (a Community Animator) will help the community to start with a key orientation around ‘how can we use
what we have to secure what we all want?’. In other words, Helping 4.0 starts with citizens defining their priorities followed by an asset inventory of what they have themselves to start with. From there they work outwards to what external supports or change they need.

- helping 4.0 is not about services or programmes. Its orientation is towards supporting local people to build community from inside out.
- where the helper cannot support the community through animation, he/she sits down with local residents to whom they are accountable and work out next steps. A practitioner using Helping 4.0 would never speak for a citizen, nor do for citizens what they can do for themselves and each other, but they will always stand shoulder to shoulder with communities.
- the primary change agents are local citizens and their associations. They use the three powers of citizens to bring about change: first they define the problem/possibility in their own worlds and context; secondly they develop solutions/strategies/tactics that make sense to them locally, finally they take action together in an inclusive way.

The role of a helper in 4.0 is not as the inventor but as the side-kick to the primary inventors; the community. So in this form of helping the practitioner is the caddy, the community are the golfers; or put another way, the community is Batman, and the practitioner is Robin.

Each of these forms of helping is essential in it own right and in the correct context. While each may be essential none can be sufficient in addressing the myriad of challenges we face. Hence the need for proportionality across these four forms of helping, if we are to ensure better outcomes for all.
Appendix 3: Favourable conditions for community building

Nurture Development has been supporting learning sites in the United Kingdom since 2011
In that time, we have identified some key conditions in which citizen-led action has the strongest environment to build upon. The favourable conditions we propose are not to create a barrier; they are to identify readiness.

Favourable Conditions
From our experience these conditions provide a nurturing environment for citizen led action to flourish. We invite the reader to be honest and reflective of the conditions that they find locally in the community they serve.

<table>
<thead>
<tr>
<th>Favourable Conditions – Local Community</th>
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<tbody>
<tr>
<td>1. Community Building efforts makes sense within the current context of the community; they fit with and are supported by other resident-led efforts.</td>
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<tr>
<td>2. There is willingness on the part of a small group of local residents, ideally between 8 and 15, to engage, develop and shape the inclusive community building efforts in the future. The initiating group would be willing to form some sort of circle of connectors (tailored to the local context) with a commitment to weave together other residents in their neighbourhood, with the ongoing support of a Community Animator.</td>
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<tr>
<td>3. There is clear evidence of a genuine hospitality for the stranger, demonstrated through acts of welcoming those that sit on the fringes of community life into associational life with other local residents.</td>
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<tr>
<td>4. There is a commitment to connect directly with residents and associations towards the goal of support local residents in defining a community-driven agenda for change.</td>
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<td>5. There is a willingness to come together to host local gatherings sharing stories and celebrating the success of the local citizen led activity.</td>
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<td>6. There is evidence of buy in from local organisations and business to support citizen led action</td>
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<tr>
<td>7.</td>
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### Favourable Conditions – Host Organisation

1. There is an organisation(s) that is rooted in the community. There is no requirement for the host to have a premises locally; they must however have an understanding of and deep connections in the community.

2. The Support Agency has an understanding of the principles and methodologies of Asset Based Community Development.

3. Share the values of Asset Based Community Development and Community Building;
   - dedicated to the values of inclusion, social justice and the relocation of power to citizens.
   - a genuine commitment to "What’s strong, no what's wrong"
   - residents are seen and treated as citizens and co-producers, not clients or consumers of programmes
   - explicit acknowledgement that local families and communities have unique competencies that cannot be replaced by professional intervention, or service and program based responses

4. There is the ability locally to host and support a paid Community Animator. This will include an ongoing commitment to support reflective and critical analysis of practice. This process is a learning experience, sharing the practice of the community animator and the supporting team.

5. The potential host acknowledges that the community building process is one of mobilisation by local residents and organising for change and is therefore committed to a ‘leadership by stepping back’ approach in order to fully support the community to begin its intentional journey of discovery and action. In this instance their role would be a facilitative rather than a delivery one.
Appendix 4. BCC Chronology of Events authored by South Lanarkshire Council

In early June 2017, H&SCP opened up a conversation across the area’s four localities starting with a South Lanarkshire wide seminar and then community specific sessions within each of the localities: Clydesdale; Hamilton; Cambuslang/Rutherglen and East Kilbride.

The focus was on building and celebrating communities (BCC). The aim was to explore how more space can be generated for communities to create the things that matter to them - and how the partnership can support these activities.

An open invite was issued to people from all walks of life across South Lanarkshire. No stone was left unturned. Everyone was welcome to come along and share their experiences.

Format:
Each of the sessions was introduced by the Director of Health and Social Care.

The Director set the scene by way of background using elements from national direction:

The Christie Commission (2010)
Public sector duties should:
♦ include a ‘presumption in favour of preventative action and tackling inequalities’
♦ embed community participation in the design and delivery of services
♦ work to deliver integrated provision
♦ reduce Silo mentality
♦ build on a common public service ethos

The Scottish Government Health and Social Care – 9 National Outcomes of which she focused on four:
1. Health and Social Care Service contribute to reducing inequalities
2. People are able to look after and improve their own health and well being and live in good health for longer
3. People, including those with disabilities or long term conditions, or are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
4. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

From a partnership perspective she emphasised that we need to be ambitious and build on the energy, strength, thoughts, ambitions, interdependence and aspirations already apparent across the partnership. Currently the sound bites being used are transformational and outcomes. In reality the public sector workforce still spends a majority of its time and energy and focus on ‘transactional’ activity and at best ‘transitional’ activity. This is sometimes about capacity, sometimes about culture and sometimes around risk which is invariably linked to the high levels of accountability around national targets and local performance. We measure what we have to report, these sessions could be the beginning of something truly transformational for South Lanarkshire.

The Director then introduced Cormac Russell and Shaun Burnett from Nurture Development as a way for stretching and challenging our way of ‘traditional’ thinking around community development.
Cormac and Shaun then provided the conditions for honest conversations. At all of the events people were given the opportunity to ‘walk and talk’ in groups of three – encouraging the candid exchange of ideas and experience.

An environment was created where people could have open, honest and, sometimes, robust conversations. This was indeed about building and celebrating communities. It was also about looking at health and social care, warts and all.

Whilst the format for each session was broadly similar each was very different in terms of the conversations and the ‘feel in the room’. For the purposes of the report key points from each of the events have been captured to give a flavour from each area.

**Corporate session, 01 of June, Hamilton Town Hall**

Cormac and Shaun gave an example, of who the contacts of a person with a disability usually were: family, paid/salaried help and people with a similar disability. Highlighting that ‘independent living’ is very lonely and in fact there are 3 essentials – someone to love, somewhere to live and something to do, not things that can be easily commissioned, it is more about friendships and networks.

He then challenged our traditional thinking, inclusive of:

- we tend to aggregate people by condition as opposed to community building
- shift from deliverable to discovery
- those who define the problem get/hold the power, give people the power to redefine the problem
  - data feeds
  - conversations inspire
- you can hit your target, but miss the point
- there are four aspects of intervention: relieve suffering; rehabilitation; advocacy and Community Building. How do you shift these to get the proportions right

5 questions were then posed and participants self selected which areas they wanted to discuss.

1. What are the things that only residents/citizens can do in response to this issue?
2. What are the things that residents/citizens can lead on and achieve with the support of institutions (governmental, nongovernmental, for profit) in response to this issue?
3. What are the things that only institutions can do for us?
4. What are the things that institutions can stop doing which would create space for resident action?
5. What can institutions start offering beyond the services that they currently offer to support resident/citizen action?

![Corporate day flip charts.doc](image_url)

Double click on the above Icon to see full detail from the flipcharts
Clydesdale Locality, 02 of June, Cartland Bridge Hotel
Cormac asked Clydesdale what their ‘dilemmas’ were, these included sustainability, community energy could run out, bureaucracy – health and safety barriers, been at a lot things like this, what is going to happen/be different?

He then challenged us to turn the identification of a problem into a request, a demand, a proposal. Changing the narrative and mindset to what do we/you want to change?

Quotes from the days included

♦  you won’t get citizen involved if you don’t provide transport – SLC vehicles are not being used in the evenings
♦  Vaslan locator tool is not known enough, not developed enough
♦  we see another face and don’t realise the life lived behind it
♦  flexibility is a gift
♦  limits are barriers you create for yourself
♦  there are not just goals at the end of the pitch
♦  all this work goes at the speed of trust
♦  need longer term funding – develop communities not services
♦  we have a lot of what we need but it is either not connected or not shared
♦  it is the job of paid people to support not replace

Cormac and Shaun then asked participants to work in community areas to identify and connect their hidden treasures:

<table>
<thead>
<tr>
<th>Clydesdale Locality</th>
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</table>
| **Symington and Biggar** | Meet the dog walkers  
Connect with hidden potential of retired people  
Build relationships  
Explore / feed resources |
| **Lesmahagow** | Celebrate the name  
Create a fairy door/forest walk |
| **Carstairs/Ravenstruther** | Connect across associations  
Harness potential of young people  
Connect with local church as treasure in c community |
| **Lanark** | Harness vision and passion  
Reconnect again  
Listen and get together – coffee and catch up |

organised
**Hamilton Locality, 05 June, Hamilton Accies Football Ground**

A similar approach was taken in Hamilton and the dilemmas identified included, where do we get information from?, local community halls are no longer part of the community, there are some activists but what happens when they are no longer there – it tends to be older people, how do we get young people involved?

Quotes from the day included:
- we may not have it all together, but together we have it all
- connect and use energy to motivate involvement
- have conversations, meet people
- I wonder why somebody didn’t do that, then I realise I am somebody
- bumping gums into requests
- create conditions to continue conversations

Cormac and Shaun then asked participants to work in community areas to identify and connect their hidden treasures:

<table>
<thead>
<tr>
<th>Hidden treasures Hamilton Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Larkhall</strong></td>
</tr>
<tr>
<td>Friendly, generosity and community spirit</td>
</tr>
<tr>
<td>Morgan Glen – history and heritage</td>
</tr>
<tr>
<td>Outdoor activity space</td>
</tr>
<tr>
<td>Practitioners group – connecting all the movers and shakers</td>
</tr>
<tr>
<td><strong>Cumbernauld</strong></td>
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<tr>
<td>Community fund their own snow plough</td>
</tr>
<tr>
<td>Street party/father Christmas</td>
</tr>
<tr>
<td>It’s the little things that make a difference</td>
</tr>
<tr>
<td><strong>Clydesdale</strong></td>
</tr>
<tr>
<td>term time cafe</td>
</tr>
<tr>
<td>Community circles – people coming together</td>
</tr>
<tr>
<td><strong>Whitehill</strong></td>
</tr>
<tr>
<td>Centre invisible to locals and too expensive to use</td>
</tr>
<tr>
<td>Speak to local residents to see what they want</td>
</tr>
<tr>
<td>Opportunities to influence</td>
</tr>
<tr>
<td><strong>Fairhill</strong></td>
</tr>
<tr>
<td>Treasures are the people networking</td>
</tr>
<tr>
<td>Sharing emails and contacts</td>
</tr>
<tr>
<td>Having conversations</td>
</tr>
</tbody>
</table>

**Cambuslang and Rutherglen Locality, 06 June, Rutherglen, Townhall**

Again a similar approach was taken in the first part of the Cambuslang and Rutherglen Locality and the dilemmas identified were how do we get reach men, in particular younger men, people don’t want to chair meetings or be the treasurer, funding criteria should be set by locals, dilemmas were more focused on institutional needs than community needs.

Quotes from the day included:
- when you do change to people they experience it as violence, when people do change to themselves they experience it a empowerment
- 40% of people go to GPs because they are lonely
- young people are at risk if we can’t see their potential
- come together and rise together
- where does kindness play into this, just be kind
Participants were then asked to work in groups of 3 and ask themselves if they were an elderly person with dementia what would the 6 most important things they would ask? The question that was asked, this information was gathered on post it notes and participants asked to place them in three areas, Service Land, Community Led Support and Community with Agency Support.

**East Kilbride Locality, 07 June, Holiday Inn**

In East Kilbride the discussion highlighted that East Kilbride is asset rich, a lot of 3rd sector and voluntary organisations are in attendance – not so much about community residents, conversations are often preset.

Quotes from the days included:
- Keep everything ‘mother’ size it has to be local and reachable
- Be more focussed on what you are, rather than what you are against
- A lot of apps but no smart phone
- We need the foundations to be solid for communities to survive
- Contact is more important than content

Cormac and Shaun then asked participants to work in community areas to identify and connect their hidden treasures:
### Hidden Treasures East Kilbride Locality

<table>
<thead>
<tr>
<th>Locality</th>
<th>Details</th>
</tr>
</thead>
</table>
| Springhall | Community Centre – who owns the centre?  
Social enterprise  
Conversation over coffee |
| Westwood   | links to parks  
Need space  
Community Council links  
Community presence in shopping centre - ‘men’s cresh’  
Sheep/goats for cutting grass |
| Stewartfield | Bring it local  
Community centre not well utilised  
Bring energy  
‘Create’ opportunity for something to happen’  
Register of what is on |
| Calderwood | Variety of facilities  
Tower blocks – ‘communities in the sky’  
Concierge – ‘gossip as a community resource’  
Drop in centre – local pub  
Notice board in post office for local information |
| Murray     | Homecare – befriender  
Connect with libraries  
Support with practical – business skills, community builders  
Make the most of open space  
Having conversations |
In June 2017 South Lanarkshire’s Health & Social Care Partnership hosted 5 events (1 corporate and 4 locality) which saw many professionals and community members come together with one common purpose - to join a conversation on Building and Celebrating Communities.

With the key aim of the events to explore how the partnership and all involved can generate more space and access for communities to create the things that matter to them - and how we can support them to these activities, South Lanarkshire Leisure & Culture (SLLC) were keen to engage with local residents and those working within these areas to listen, share current provision, discuss access to these activities and identify any gaps in provision highlighted by these events or new ways of working to ensure the communities & residents have the best opportunities and support available to them.

As an organisation with approx 9 million visits per year, improving population health and reducing health inequality requires the provision of programme and interventions that improve lifestyles and life circumstances accessible to all.

It was SLLCs intention when attending these events that we were mindful that listening to communities and their needs were imperative to the success of our aim.

There were many great conversation that took place at all 5 of the events and following these events there has been key pieces of work explored, developed and new partnerships forged on the back of issues raised from those attending.

The table below highlights the threads between the national outcomes to the Strategic commissioning intentions & the continuance of these via the conversation that South Lanarkshire Leisure & Culture had with participants at the Building and Celebrating Communities events.

| 1. People are able to look after and improve their own health and wellbeing and live in good health for longer. | • Continue to deliver locality based physical activity interventions programmes which are inclusive and accessible to all  
• Pilot primary care physical activity prescription intervention  
• AHPs to co-create, promote and increase uptake of Leisure based physical activity resources  
• Scope out and test model for integrated  
| 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. |  
| 3. People who use health and social care services have positive experiences of those | • The events provided SLLC with the opportunity to engage with professionals and members of the public and raise awareness of current provision, access and opportunities that these could bring to those who are currently not engaging with our services.  
• The Active Age membership was discussed across all events on many occasions regarding the value for money and |
4. Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.

5. Health and social care services contribute to reducing health inequalities.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7. People who use health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care services.

- locality health and wellbeing intervention based on existing partnerships and programmes within South Lanarkshire Leisure and Culture
  - Continue to deliver evidence based robust partnership health intervention initiatives in line with population need ensuring access for all.

- range of opportunities available for 60+ residents of South Lanarkshire. Ongoing promotion of this will continue with Seniors Together and partners at these events.

- At the Hamilton event, the Development Officer had a conversation with Graeme Binning Scottish Fire service. The Development Officer and Graeme chatted about the high volume of falls incidents and frail and elderly individuals that he met while attending a call out to their homes. The Development Officer and Graeme chatted about the fire service now linking with the falls register and the opportunity to set up formal refer for these individuals to the iBalance Platform research study currently underway with the University of the West of Scotland and Strength & Balance provision within SLLCs Active Health programme. Future meetings are planned to take this forward.

- Discussions around accessibility and utilising community based assets in the CamGlen area was the focus at the CamGlen event. Discussions following this event have continued with
community and locality partners around this issue.

- Discussions’ regarding the ‘Physical Activity Prescription’ referral tool was a thread which ran across all events as a possible engagement tool for communities and partners across various professions and services. A meeting with the Lead GP for East Kilbride has now seen the launch and rollout of the ‘Physical Activity Prescription’ in the East Kilbride area. A presentation and discussions have taken place in the Clydesdale locality and roll out planned with Locality service manager and HSCP locality group in October.

- At the East Kilbride (EK) event, facility manager at Alistair McCoist had a conversation with EK Locality Manager about the wealth of assets and provision that is on offer within the EK area. Following this event the EK Locality Manager along with the health development team have met to plan an EK wide locality forum. This forum will showcase the assets within the local communities and prescribers to offer, new innovative approaches which they hope will
engage those living with health inequalities in the area and forge partnerships and pathways with new and existing colleagues.

- In addition to this, and highlighted within the commissioning intentions, Hunter Health centre has offered to host the Health development officer/Programme development officer within this site and truly demonstrate the impact of collocation. We plan for this following the forum in October.

- Health and Fitness Coordinator conversation with the Telehealth Manager at the Clydesdale event progressed discussion regarding increased accessibility to SLLC programmes. In partnership with NHS Health improvements Telehealth team, SLL&C will explore the opportunity to use video conferencing as a tool to engage those living within the care setting unable to attend the health intervention class Active Health due to mobility and/or travel issues. The Telehealth team aims to provide SLL&C with the technical equipment and support to then beam the Active Health classes into the
care home where the same supporting IT will pick up the class and participants will exercise alongside the programmes facility class. The Telehealth Manager has also been in discussions with Jane McCann about the further development of this project in relation to arts classes

- In the Clydesdale area, Vicki Kennedy is building stronger links with The Haven, which are a group supporting people with life limiting illnesses. We are currently accommodating them in a sponsored treadmill to raise awareness for their participants doing The Kiltwalk.

- SLLC will continue to work closely with Lanark Parkinson’s group, providing services for them we hope to integrate that group into our mainstream health programme on a rolling basis.

- Libraries in East Kilbride are in contact with Sonia Reid East Kilbride chair of the local communities Health and Social Care Forum and we have exchanged details to explore potential links for further developments.

- Discussion also took place at the Hamilton
event regarding specific information and support at all events. Two South Lanarkshire venues will take part in a partnership with MacMillian regarding developing an information and support hub for those affected by cancer. The hubs will be a comfortable environment within Fairhill and Hamilton Town House where people can attend and receive information on a range of areas pertinent to them and their situation.

Following the Building and Celebrating Communities events, SLLC are motivated and inspired to continue to work with partners and residents to ensure that we provided and/or support opportunities for those living within communities of South Lanarkshire.
1. **Purpose of Report**

1.1. The purpose of the report is to:

- provide an update on the implementation of NHS Lanarkshire’s Palliative Care Strategy
- outline future proposals for the model of Palliative Care in Lanarkshire
- outline future hospice provision

2. **Recommendation(s)**

2.1. The Integration Joint Board is asked to approve the following recommendation(s):

1. that the proposed model of care is approved;
2. that the date for introduction of the new model of care is approved 01 April 2018;
3. that feedback is sought on the progress in implementing the new model of care; and
4. that the total amount of £0.808 million is allocated as an earmarked reserve to contribute to the implementation of the Palliative Care Services Strategy.

3. **Background**

3.1. NHS Lanarkshire held a series of consultation events, with wide stakeholder involvement in the preparation of a Palliative Care Strategy throughout 2012. The Strategy was subsequently reviewed as part of the production of ‘Achieving Excellence’ - the Lanarkshire Healthcare Strategy in 2015. This reflected the wider national strategic context of managing more people at home or in homely settings as locally as possible.

3.2. The 2013 Palliative Care Strategy also reflected the desire of the vast majority of patients to receive support in a community setting with comprehensive and integrated clinical and care support. Since then, numerous new services have been introduced which seek to ensure, as far as possible, integrated care is available to support patients in their own homes. These include:-
 Increased investment in 24/7 Community Nursing/Integrated Community Support Team care

‘Just in Case’ medication boxes available in all care settings

7 day Macmillan Service for continuity of care, availability of specialist nursing advice, and to avoid weekend hospital admissions

‘end-of-life care’ documentation to ensure compliance with national guidelines

extended Palliative Care Services from hospices to local communities

increased hospital specialist palliative care nursing to ensure 52 week cover

creation of a bereavement team to uplift profiling beds timeously after death

roll-out of a structured conversation (Addressing the Great Taboo) to help people to be more confident talking about death, dying and bereavement

increased investment in wider community resources – including voluntary services, to be able to support more people in their own homes

3.3. The 2013 Palliative Care Strategy also has considerable resonance with the National Strategic Framework for Action on Palliative and End of Life Care in seeking to ensure a consistent, Lanarkshire-wide clinical and care model to meet the Palliative Care needs of all patients.

3.4. A small element of the strategy also related to the optimum number of hospice beds to meet the needs of the Lanarkshire population going forward. This was reviewed by a Short-life Working Group (SLWG), convened in January 2017, and independently chaired by Professor Rosslyn Crockett, MBE (formerly the Director of Nursing in NHSGG&C.)

3.5. Previously, Scottish Government and NHS Lanarkshire agreed to the establishment and building of Kilbryde Hospice on the grounds of Hairmyres Hospital. Given this new facility is now available, a range of options were considered to assess how best to allocate 30 - 36 hospice beds – which would be in keeping with the recommendations of the ‘Strategy’ and evidence regarding numbers of beds for the size of the population.

3.6. There are currently circa 43 hospice beds commissioned for the residents living within the NHS Lanarkshire boundary - in St Andrews Hospice in Airdrie (30), GG&C (circa 7) and in Strathcarron Hospice in NHS Forth Valley (6). There are no beds currently provided from Kilbryde Hospice.

3.7. Whilst the Palliative Care Services are being hosted in South Lanarkshire, the SLWG meetings were attended by representatives of North and South as well as key clinical staff.

3.8. A range of options were developed and thereafter considered based on the principles of ensuring safe delivery of services; person centred care including accessibility for NHS Lanarkshire’s residents, and the need for efficient and effective delivery.

3.9. The outcome of the option appraisal was that the preferred option would be to initially provide a total of 36 beds across NHS Lanarkshire - via 24 beds in the newly refurbished St Andrews Hospice (Airdrie) and 12 beds in the new Kilbryde Hospice (East Kilbride). Details are attached at Appendix 1.

3.10. This option would see maximum opportunity for staff in both North and South Lanarkshire H&SCPs to provide a full and integrated care approach for residents
within their respective boundaries. NHS Lanarkshire clinical staff would lead the care of all specialist palliative care staff. This would also mean that all the residents of Lanarkshire would be able to access beds in purpose designed new facilities within the Lanarkshire boundary. It also supports much more integrated working between community health and care staff, recognising that both H&SCPs provide the vast bulk of palliative care in a community setting with access to hospice beds by exception. Further, it supports Palliative Care Consultants being able to provide continuity of care across the patient journey between inpatient hospital care, hospice care and community care.

3.11. There are already growing numbers of examples of where community nursing and home care staff, supported by respective specialist clinical staff are working in an integrated 24/7 way to maximise care and support to palliative care patients in their own homes. This option would ensure that hospices within NHSL boundaries will be a key part of that network of support, offering both specialist advice and facilities.

3.12. It is recognised that whilst this was the preferred option from the SLWG, there are other considerations which require to be considered in relation to existing service provision. This is particularly the case for people living in the North Locality (Cumbernauld, Kilsyth and surrounding areas) and Cambuslang/Rutherglen.

3.13. In relation to the North Locality, the North Lanarkshire JIB has agreed with Strathcarron that they will continue to provide specialist hospice care for that population over the coming years. It is anticipated that the model there will similarly seek to reduce the reliance on hospice beds and increase the range of Palliative Care Services to support people in their own homes/homely settings.

3.14. In relation to the residents of Cambuslang/Rutherglen, a decision was taken in Glasgow to relocate hospice beds to a location even further away from the local area. As a consequence, there will be no hospice beds locally accessible to the people of Cambuslang/Rutherglen. In this regard, the proposal is that services be provided by the NHS Lanarkshire Service for this population with effect from 1 April 2018.

3.15. Arrangements were made to meet with the representatives of the respective hospices on Monday 4 September 2017 such that they could be advised of the undernoted:-
- note the end of the review and next steps
- note the conversation with the Scottish Health Council
- outline the context and purpose of the option appraisal process undertaken by the Short Life Working Group
- outline the considerations and recommendation of the option appraisal
- ask that they consider and come back with comments/suggestions within 7 days
- arrange further meetings with each to take account of comments/suggestions

3.16. Subsequent to that date, meetings have been held with each provider/ NHS GG&C such that there is mutual understanding of the way forward and the associated financial arrangements secured.

4. Reporting Arrangements

4.1. Reducing the length of stay for patients in hospitals in the last 6 months of life is one of the 6 key ‘measuring performance under integration’ indicators. Accordingly, having a comprehensive community based service to support Palliative Care as far
as possible – and in keeping with the wishes of individuals – in their own homes/homely settings will be a major objective of the IJB in coming years. Success against this indicator will be reported regularly to the Performance and Audit Committee of the IJB.

5. **Employee Implications**

5.1. There are no employee implications for South Lanarkshire H&SCP. In discussion with providers, it has been emphasised that the respective IJBs will seek to assist in managing any staff implications they may have – if any.

6. **Financial Implications**

6.1. All the money currently available for the provision of specialist hospice care continues to be available for that purpose.

6.2. It is proposed the new arrangements will, as far as possible, commence on 1 April, 2018. In order to support the transition to the new model, non-recurring funding is required. The non-recurring costs are still to be finalised but are estimated to be approximately £1.648 million over the transition period.

6.3. It is proposed that this non-recurring funding is made available using the 49% (South)/ 51% (North) formula adopted for pan-Lanarkshire services. The contribution would therefore be £0.808 million from the South Lanarkshire IJB and £0.840 million from the North Lanarkshire IJB.

6.4. The IJB is therefore asked to approve the allocation of £0.808m as an earmarked reserve from the current general fund balance of £1.359m to meet the estimated non-recurring transitional costs. The balance on the general fund reserve would be reduced to £0.551m.

6.5. The implementation of the new model of care will be monitored and the financial implications revised once costs are confirmed.

7. **Other Implications**

7.1. There will require to be the appropriate public communication to advise of new service provision in the respective areas.

7.2. There are no sustainable development issues associated with this report.

7.3. There are no other issues associated with this report.

8. **Equality Impact Assessment and Consultation Arrangements**

8.1. Undertaken as part of Achieving Excellence.

Val de Souza  
Director, Health and Social Care

Date created: 20 November 2017

Previous References

♦ none
List of Background Papers
◆ none

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Craig Cunningham, Head of Commissioning and Performance
Ext: 3704 (Phone: 01698 453704)
Email: craig.cunningham@lanarkshire.scot.nhs.uk
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1. Purpose of Report
   1.1. The purpose of the report is to:-
   
   - advise that the Director, Health and Social Care is seeking approval from the SLC Executive Committee on 06 December 2017 in respect of the use of Arran House as a specialist resource within South Lanarkshire to accommodate service users with complex needs
   - advise that South Lanarkshire Council (SLC) will be commissioning a specialist service within the South Lanarkshire Council area for service users with complex Health and Social Care needs in line with the duties already delegated to them in terms of the Social Work (Scotland) Act 1968

2. Recommendation(s)
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):-
   
   (1) that it is noted that a specialist service is commissioned from SLC for service users with complex Health and Social Care needs which will be based in Arran House, subject to SLC Executive Committee approval in respect of the use of the building.

3. Background
   3.1. The Director, Health and Social Care has identified a number of service users/patients with complex Health and Social Care needs which cannot be routinely or safely accommodated within mainstream internal or externally commissioned services.

   3.2. This is not a unique position. It is not only within South Lanarkshire that there are significant issues in placing adults with complex needs in an appropriate setting - it is an issue across Scotland. This has an adverse impact for the individual in terms of personal outcomes and living a fulfilling life. It also causes anxiety for families.

   3.3. Where it is not possible to identify suitable placements, often after significant periods of time, this can result in the service user being placed in an “out of authority” specialist placement which can be anywhere across the UK. From a person centred perspective for the individual they are being removed from their local community,
often outwith Scotland, and for families this presents difficulties maintaining regular contact.

3.4. From a financial perspective, “specialist providers” have control over the market in terms of the initial rates that they charge and on-going increased rates.

4. **Current Position**

4.1. Work has been progressing by the South Lanarkshire Health and Social Care Partnership (SLHSCP) to identify options for an appropriate facility to provide care for service users within the South Lanarkshire area.

4.2. We have sought to determine immediate solutions that would support the transition of service users being discharged to a community setting. Arran House in East Kilbride, which is currently vacant, has been identified as being suitable for conversion to a specialist resource that could accommodate service users with complex needs. The feasibility of this option has been fully explored by operational managers and architects.

4.3. The Director, Health and Social Care is therefore seeking approval from the SLC Executive Committee on 06 December 2017 in respect of the use of Arran House as a specialist resource within South Lanarkshire to accommodate service users with complex needs.

4.4. The proposal is to adapt the ground floor of Arran House to accommodate an initial placement by 31 March 2018.

4.5. SLHSCP has a number of service users with complex needs that we have had to place outwith the authority area. The impact of this has been that vulnerable individuals have had to move from their local community and away from family and friends at substantial costs to the HSCP.

4.6. In testing the model, if the outcomes were successful, it would be possible to convert the upstairs area of Arran House to accommodate a further 2-3 service users and this work could be undertaken late 2018/2019. This would provide the option of returning existing out of authority placements to South Lanarkshire. There may be economies of scale associated with caring for multiple service users within Arran House depending on the care needs associated with those service users.

4.7. There is also a requirement to commission a care provider to provide support and this will be progressed by SLC in line with their procurement processes.

5. **Employee Implications**

5.1. There are no employee implications associated with this report. Care provision would be commissioned from an external provider.

6. **Financial Implications**

6.1. The recurring revenue costs of commissioning the specialist service from SLC for service users with complex needs are, at this stage, indicative and are subject to the outcome of the SLC procurement process.

6.2. The running costs of the facility will be met by the Health and Social Care Partnership from the Council side. The actual costs will be confirmed through procurement of service however the initial estimate is approximately £0.770m. These costs will be met from existing council budgets, and temporary contributions from NHS Lanarkshire (NHSL).
6.3. There is currently a budget within the Council for the provision of care for service users that could be accommodated at Arran House, however this is a demand led service and in 2017/2018 the budget is committed. For 2018/2019 the costs associated with Arran House can be accommodated as detailed above. In future years, there will be a requirement to look to the funds identified for this category of care, and will require to consider the additional financial burden presented.

6.4. The cost of adapting the ground floor of Arran House can be met from the existing Council capital budget.

7. **Other Implications**

7.1. If the proposal to adapt Arran House was not implemented, there would be a risk for the Council in having to identify an alternative suitable placement.

7.2. There are no sustainable development issues associated with this report.

7.3. There are no other implications at this stage.

8. **Equality Impact Assessment and Consultation Arrangements**

8.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

8.2. There has been consultation with Health and other interested parties.

Val de Souza
Director, Health and Social Care

Date created: 16 November 2017

**Previous References**

♦ none

**List of Background Papers**

♦ none

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Brenda Hutchinson, Head of Health and Social Care
Ext: 3701 (Phone: 01698 453701)
Email: brenda.hutchinson@southlanarkshire.gcsx.gov.uk
1. **Purpose of Report**
   1.1. The purpose of the report is to:-
       - provide oversight of the prescribing budget, the operational responsibility for which has been delegated to NHS Lanarkshire
       - inform the Integration Joint Board of the recruitment of additional pharmacists
       - note the action being implemented to further progress the achievement of prescribing savings as part of the Prescribing Quality and Efficiency Programme

2. **Recommendation(s)**
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):

       (1) that it be noted that additional pharmacists are being recruited on a permanent basis to achieve the agreed savings targets identified as part of the Prescribing Strategy.

3. **Background**
   3.1. Treating people with medicines is the most common health care intervention and approximately 10 million items are dispensed across Lanarkshire each year. The aim of the Prescribing Quality and Efficiency Programme (PQEP) is to deliver safe and effective pharmaceutical care. The role of pharmacists is central to delivering this.

   3.2. Prescribing costs are volatile and a pan-Lanarkshire approach is therefore adopted to the management of the budget pressures. A Prescribing Strategy was agreed as part of PQEP for 2017/2018 which included the achievement of a cost avoidance/savings target of £3.4m across NHS Lanarkshire (NHSL).

   3.3. Following a mid-year review of progress, a full year effect of £1.6 million (47%) of the 2017/2018 target has been achieved as at October 2017. Work is still progressing to secure the balance of £1.8 million in respect of the original 2017/2018 plan.

   3.4. The prescribing budget is closely monitored by the NHSL Prescribing Management Team and finance colleagues. This year, the specific cost pressures which are being monitored include the short supply of certain drugs, which is causing the unit price to increase, the timing of when drugs are coming off patent and the capacity to implement planned savings.
3.5. Taking these factors into consideration, at this stage of the financial year, the achievement of the break-even position by 31 March 2018 is challenging. Although this is still the forecast, the current underlying unfavourable trend in costs could mean there would be a deficit at the start of 2018/2019. It is therefore still a requirement for PQEP to secure the original savings target of £1.8 million and this report sets out how this will be achieved.

4. **Prescribing Management Team Actions**
4.1. Part of the overall savings target is attributed to the Prescribing Management Team (PMT) to achieve.

4.2. Similar to other Health Services, there is turnover of staff within the PMT. In addition to this, forthcoming vacancies are known in respect of maternity leave. To mitigate the impact of both turnover and planned maternity leave on the achievement of the savings target, additional staff will be recruited on a permanent basis to maintain capacity levels. The Director of Pharmacy for NHSL will determine the appropriate skills mix.

4.3. There is potential exposure to a financial risk of up to £0.240m. This is a low risk based on the previous experience of staff turnover in this service which averages approximately 19% per annum. The financial position will continue to be closely monitored. The IJB are asked to endorse this proposal.

5. **Revised Approach to GP Actions**
5.1. In addition to the savings target set for the PMT to achieve, there is also a target set for GPs.

5.2. Funding of £0.600 million was previously agreed to support a GP Incentive Scheme to encourage GP participation and to facilitate them to achieve this target. GP participation in the cost reduction element of the Incentive Scheme is reduced compared to last year. GPs have cited capacity issues as the reason, however their engagement in terms of supporting the PMT to complete the work remains as high as ever.

5.3. The GPs are supportive of this funding being used to enable the PMT to undertake this work. In order for the PMT to do this, the capacity of the team will require to be increased through the recruitment of Additional Pharmacists, on a permanent basis, across Lanarkshire up to a cost of £0.530 million per annum. The Director of Pharmacy for NHSL will determine the appropriate skills mix.

5.4. The balance of the funding will remain available for a revised GP Incentive Scheme.

5.5. The actions outlined above will enable the achievement of the savings currently attributable to GPs. Although the programme will continue to be progressed this financial year, the favourable financial impact will be in 2018/2019. This report is therefore informing the IJB of this revised approach.

6. **Further Opportunities**
6.1. The investment of Additional Pharmacists working within primary care and GP practices is recognised as an area of growth.

6.2. There is a Scottish Government stated commitment, supported in the new GMS contract, to provide each GP practice with access to a clinical pharmacist and it is known that additional funding will be allocated to NHS Health Boards for this. Currently only 20-25 out of 105 practices in Lanarkshire have these pharmacists.
There is therefore unlikely to be any financial risk to the organisation of recruiting additional pharmacy staff on a permanent basis.

6.3. In the scenario where the PMT was maintained at full compliment and the efficiencies attributed to GPs had been achieved, there are further opportunities which could be explored to secure cost avoidance, efficiency savings and quality improvement. Examples of these areas include:

- reviewing patients who are on multiple concurrent medicines (polypharmacy reviews)
- working with Care Homes where the medicine spend per patient is significantly above the NHSL average
- working with Care at Home Services to attempt to align care packages and medication plans for service users.

6.4. These are important developments which do need to be progressed and it is recognised that there are benefits to be secured however these can only be realised over a longer period of time.

7. **Employee Implications**
7.1. The employee implications associated with this report will be managed by NHSL.

8. **Financial Implications**
8.1. The financial implications associated with this report are set out in sections 4 and 5 above.

8.2. Any potential financial risk associated with the recruitment of additional pharmacists is assessed as low and will be managed.

8.3. Without the additional staffing, it is unlikely the required level of efficiency savings will be achieved.

9. **Other Implications**
9.1. The outcomes of this revised approach will continue to be closely monitored by the PQEP and also the Primary Care Prescribing Management Board.

9.2. There are no additional risk implications associated with this report.

9.3. There are no sustainable development issues associated with this report.

9.4. There are no other issues associated with this report.

10. **Equality Impact Assessment and Consultation Arrangements**
10.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

10.2. There is no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care
Date created: 03 November 2017

Previous References
♦ none

List of Background Papers
♦ none

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:
Christine Gilmour, Chief Pharmacist, NHS Lanarkshire
(Phone: 01698 858127)
Email: christine.gilmour@lanarkshire.nhs.scot.uk
1. **Purpose of Report**
1.1. The purpose of the report is to:

- inform the Integration Joint Board of the current span of responsibilities of the Office of Primary Care
- provide a short update on the General Medical Services (GMS) Contract negotiations

2. **Recommendation(s)**
2.1. The Integration Joint Board is asked to approve the following recommendation(s):

1. that the scale of responsibility of the Primary Care Office is noted; and
2. that further reports or presentations are requested.

3. **Background**
3.1. The Primary Care Office is responsible for some of the aspects of the independent contractor groups of Community Pharmacy, Optometry and General Dental Services as well as GMS.

3.2. Whilst the GMS element has been described to the Integration Joint Board (IJB) and continues to be a focus for this Board, the three other elements are not so well aired. The appendices to this paper correct that omission and describe the size scope and opportunities for these contractor groups.

3.3. The Primary Care Office is also responsible for many of the screening programmes across NHS Lanarkshire (NHSL) (pre-school, cervical cytology etc).

3.4. The Primary Care Office is located at Kirklands Headquarters and the screening functions at Law House.

4. **Current Position**
4.1. The Office of Primary Care is extremely efficient and well run but too small to deliver rapidly to an ideal level on the ever increasing demands.

4.2. The new GMS contract will require a significant increase in activity from the Office whatever the final shape of the contract. The new GMS contract is currently out for consultation with the wider general practice workforce. As and when this process is
concluded further updates will be given to the IJB. It should also be noted that once approved the new contract will extend for several years.

5. **Reporting Arrangements and Next Steps**
5.1. Governance arrangements for Primary Care and Public Health at NHS Board level are being reviewed.

5.2. The IJB should consider what further reports are required and at what timescale.

6. **Employee Implications**
6.1. There are no immediate employee implications associated with this report.

6.2. There is also an implication that roles will change in future years.

7. **Financial Implications**
7.1. The total maximum costs of additional posts anticipated is about £80,000.

7.2. The costs associated with the contractor groups comprise a large proportion of the healthcare budget. Their efficient administration and management is therefore important.

8. **Other Implications**
8.1. There are no risk implications associated with this report.

8.2. There are no sustainable development issues associated with this report.

8.3. There are no other issues associated with this report.

9. **Equality Impact Assessment and Consultation Arrangements**
9.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. There is no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza  
Director, Health and Social Care

Date created: 06 November 2017

**Previous References**

- none

**List of Background Papers**

- Primary care structure
- NHS Lanarkshire Optometry Services
- NHS Lanarkshire Dental Services
Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:
Christopher Mackintosh, Medical Director
Ext: 4249 (Phone: 01698 454249)
Email: christopher.mackintosh2@lanarkshire.scot.nhs.uk
PC Office – SBAR

Situation
The current establishment of the PC Office is 7.50 wte. and the staff cover all 4 contractor services (Doctors, Dentists, Community Pharmacists and Optometrists). The PC office deals with all contractual matters including listings, disciplinary matters, GP appraisal, Pharmacy Practices Committee and all matters to do with the independent contractor contracts.

PC office is hosted in South Lanarkshire H&SCP and provides a NHS Lanarkshire wide service and covers a population of 680,046

PC Structure:

Head of Commissioning & Performance
SL H&SCP (Hosts PC Services)

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PC Office covers:
- 435 GMPs, 105 Medical Practices
- 411 GDPs, 120 Dental Practices
- 330 Optometrists, 100 Optometric Practices
- 143 Community Pharmacies

Total budgets:
- Medical £84.5m
- Pharmacy (NCL) £23.2m
- Dental £48.5m
- Ophthalmic £13.5m

PC Admin Budget:
- Salaries - £524K
- Supplies - £100K
INTRODUCTION
Community Optometry is playing an increasing role in providing healthcare services in Lanarkshire. There are currently 100 Optometric practices listed with NHS Lanarkshire, 86 in fixed premises and 14 that provide domiciliary services only. There are 253 individual Optometrists working regularly in these practices (Part 1 list) and a further 352 who occasionally provide General Ophthalmic Services in NHSL (Part 2).

Fifty seven (66%) of the fixed practices in Lanarkshire are independently owned and the other twenty nine (34%) are part of multiple groups such as Specsavers, Optical Express and Boots.

Approximately 300,000 eye examinations are undertaken annually in the Community and around 36% of these are provided by the largest 8 practices, 7 of which are Specsavers. Practice sizes range from 6 examination rooms testing 7 days per week (Specsavers, East Kilbride) to one man part time practices (John Coll Opticians, Strathaven and Carluke) testing two days in each practice per week.

ROLE OF THE OPTOMETRIC ADVISER
The new General Ophthalmic Services regulations in 2006 required every Health Board to employ an Optometric Adviser. The stated purpose of this role was to expand the role of Community Optometry as per the 2005 Eyecare Services Review and to undertake a 3 year rolling programme of premises inspection to ensure that all practices were fit to provide the standard of eyecare demanded by the new GOS contract.

In NHSL a number of local initiatives have been introduced since the 2009 appointment of the Optometric Adviser (OA) to work one day per week. (please see below)

The OA is the main liaison between Community Optometrists, Ophthalmology and the Primary Care department and sits on the Steering Groups for both the Lanarkshire Eyehealth Network Service (LENS) and the Lanarkshire Low Vision Service (LLVS). The OA has responsibility for ensuring that NHSL Clinical Management Guidelines are up to date and that they are properly reflected in the Patient Group Directions used for LENS. In addition, the OA provides training for Optometrists in the use of the PGDs twice a year, training for new Optometrists in the LLVS, and other educational activity as the need arises. Also the OA advises on the clinical aspects of Payment Verification and is the clinical lead on the Implementation Group for the Optometry eReferral Project which is not yet fully implemented in NHSL. Finally, the OA advises the Primary Care Department and Optometrists on issues relating to the GOS regulations on a day to day basis, advises on complaints received by the Board and provides pastoral support and additional training for Optometrists as required.

THE CURRENT POSITION
Over the past eight years, NHS Lanarkshire has implemented a number of local initiatives in Community Optometry with the aim of shifting the balance of care and reducing the workload on Secondary Care (i.e. the Division of Ophthalmology). There are 86 Optometry premises listed to provide General Ophthalmic Services (GOS) in NHS Lanarkshire. It is estimated that these initiatives save the health Board in the region of £1,609,000 per annum, as detailed below, as well as helping to reduce waiting times for some conditions.
**Lanarkshire Eye Health Network Services (LENS)**

Since the implementation of LENS in 2010, Community Optometry is the first point of contact for eye problems in NHS Lanarkshire. Patients who have acute eye problems will normally be advised to attend a LENS practice for initial assessment and triage. The majority of Optometry practices in NHS Lanarkshire participate in LENS (76/86) and an appointment will usually be made available the same day if clinically necessary.

LENS practices have small supplies of ocular medications which they can issue to patients with minor eye conditions, in line with Patient Group Directions, and will undertake review in the Community as specified in the NHSL Clinical Management Guidelines. They have direct access by telephone to the Clinical Decision Unit at Hairmyres and therefore this is the most appropriate way to access the Hospital Eye Service if necessary. The Clinical Decision Unit can allocate a suitable hospital appointment if that is required after consultation with the LENS Optometrist. The LENS Optometrist can also review the patient as required.

The number of patients seen in NHS Lanarkshire last year using the Supplementary eye examination code 2.5 (External Eye disease) was in the region of 17,000 per annum—a cost to GOS of £365,500. While not all of these patients would have required to be seen by Ophthalmology, a substantial number would have been. As an Ophthalmology appointment costs around £115 (ISD), keeping even 50% of these appointments out of Secondary Care effects a saving in the region of around £977,500 per annum for the Health Board.

**One Stop Direct Cataract Referral**

Since 2008, patients with Cataract in NHS Lanarkshire are not referred as soon as cataract is detected, but retained in the Community and examined regularly through GOS until surgery becomes appropriate. They are then referred directly for One Stop Cataract Surgery. There are approximately 2,200 cataract operations done annually (MILAN), the majority of which will have been monitored previously by a Community Optometrist. Assuming Community Optometry has seen each of these patients at least once prior to referral for surgery, this saves the Board a minimum of £253,000 per annum in Ophthalmology appointments, at a very conservative estimate.

**Post Op Cataract Examination**

Since 2010, uncomplicated cataract patients are immediately discharged by Ophthalmology and told to return to the referring optometrist for examination and refraction after 4-6 weeks. Around 90% of cataracts are uncomplicated, therefore these post op appointments save in the region of 2,000 appointments or £230,000.

**Wet AMD**

Wet macular degeneration is no longer the blinding disease that it was in the past, due to the availability of Anti-VEGF treatment. Community Optometrists have a fast track referral system for these patients, who are referred using a dedicated fax number. The patient will then be contacted by Secondary Care and given a clinic appointment within 2 weeks.

Anti −VegF treatments cost NHSL around £2 million per annum and, as the population ages, this cost will continue to rise. Patients who have been treated with Anti −VegF injections retain vision, but are nevertheless usually visually impaired to some extent. They then require the services of the **Lanarkshire Low Vision Service (LLVS)**

Patients with reduced visual acuity from any cause, who may benefit from a magnifying aid, can be supplied with these at no charge through the LLVS. Patients can be referred by any
health/social work professional using form LV1, or can self refer. There are 27 Community Optometry practices which provide this service and all are in contact with their local Social Workers for the Visually Impaired. Approximately 550 patients per annum utilise the LLVS and therefore do not have to be referred back into Secondary Care for help. This saves £66,000 worth of Ophthalmology appointments and is invaluable in promoting independent living for these patients and vastly improving the patient journey and waiting times. The LLVS is currently underfunded and working on recurring funding of only £26,000 per annum. An additional £20,000 per annum would allow the service to continue to run at its current level on a recurring basis.

**THE FUTURE**

**Expansion of LENS**

Approximately 500 patients per annum are referred by LENS Optometrists into the Eye Casualty Clinic, as a result of being outside the scope of management by LENS Optometrists. The majority of these patients have Uveitis, which cannot currently be treated by LENS Optometrists. However, with some additional training, LENS could be extended to include the treatment more complex diseases such as Uveitis. This has already been done successfully under an Enhanced Service Agreement by NHS Grampian. These 500 patients need at least one and sometimes more review appointments, so the potential to save 1000-1500 Ophthalmology appointments per annum (£172,500) exists.

**Independent Prescribing Optometrists**

NHSL now has 21 Independent Prescribing Optometrists in the Community, almost double the number of Consultant Ophthalmologists in the Division. IP Optometrists can prescribe any medication for any eye condition and their numbers are expected to rise considerably over the next few years. More than 400 Scottish Optometrists have been funded by NES to undertake the Diploma in Ocular Therapeutics over the past five years and they are now beginning to feed into the workforce. By 2020 it is predicted that there will be 4 times as many IP Optometrists as Ophthalmologists in Scotland. This will further reduce the workload on Ophthalmology in the future, as more complex eye disease is treated and managed in the Community.

**Monitoring of Anti VegF patients**

As stated above, the rise in the number of patients requiring Anti VegF treatment for wet AMD and Diabetic Macular Oedema has been exponential in the past ten years. Early detection by Optometrists, particularly those who have invested in OCT scanners, has saved the sight of hundreds of patients. However, these patients require monthly monitoring and repeat treatments, which have led to a huge increase in demand on Ophthalmology. The ageing population and increasing number of Diabetics means that this problem is only going to worsen in the next ten years. OCT scanners are expensive, but some Community Optometrists have invested in these machines, and it would be possible for these practices to undertake review of Anti VegF patients between treatments, if a suitable pathway could be developed and funded.

**Diabetic Retinal Screening**

The current method of diabetic retinal screening is fundus photography. In NHSL patients must travel to one of three fixed sites to have their fundus photographs taken by a technician and uploaded to the DRS National System. The photographs are then reviewed by an Ophthalmologist and patients called in for treatment if necessary. Since 2007, every Optometry practice in Scotland has been required to have a retinal camera and every patient over 60 years of age, and every Diabetic patient, must have a fundus photograph taken at every Primary eye examination. However, these fundus photographs are not utilised by the Diabetic Retinal Screening Service in NHSL and patients continue to have this duplication of service. If a process could be found to utilise the photographs which Optometrists take, then patients would...
benefit from a single appointment and the uptake would be likely to improve. The photographs could also be graded by the Optometrist at the time of the examination and referral implemented faster when required. This is the process currently utilised in Ayrshire and Arran health Board, but would be outside the remit of the current GOS contract and would require additional funding.

**Glaucoma Care**

The SIGN 144 Glaucoma Guidelines were published in March 2015. These guidelines include guidance intended to improve the quality of referrals into Secondary Care and to enable the discharge of stable Ocular Hypertensive and Glaucoma patients into the Community. This is becoming necessary due to the ever increasing burden of these patients on Ophthalmology departments, as the incidence of Glaucoma increases with age and our elderly population increases. In NHS Lanarkshire, training sessions have been done to help Optometrists utilise the SIGN Guideline and reduce the number of referrals into Secondary Care. Figures for this are difficult to obtain, as patients are not categorised as Glaucoma patients in MILAN until they are diagnosed, but a reduction of even 100 patients per annum would save £11,500. Also, discussions are currently underway regarding how Ophthalmology can move some of their stable patients out of Secondary Care into Primary Care, leaving more time for Ophthalmologists to manage the complicated progressive cases.

The number of patients who could be delegated/discharged to the Community is not currently known, but a conservative estimate based on 12 practices doing one clinic of five patients per month is 720 per annum – a potential saving of £83,000.

**Perhaps more importantly, with the current waiting time for routine appointments at 35 weeks, utilising Community Optometry has the potential to help reduce this time.**

Julia Hunter, Optometric Adviser  
August 2017  
Julia.Hunter@lanarkshire.scot.nhs.uk
NHS Lanarkshire Dental Services
This is a very low level overview and does not address the changing landscape and challenges ahead as we await the full outcome of the Scottish Government consultation “Scotland’s Oral Health Plan.”

General Dental Services (GDS) workforce in NHSL is provided by
- 393 General dental practitioners (GDPs)
- 109 general dental practices –21% do not have disabled access
- 9 specialist orthodontic practices.
- 29 Public Dental Service (PDS) dentists

In support of the practitioners there are dental care professionals (DCPs) including, oral health educators, dental nurses, dental hygienists and dental therapists. Over time the role of the DCP is expected to increase with more of a team approach. Already the Childsmile program has been successfully delivered by appropriately trained DCPs both in GDS and PDS and a very small number of GDPs utilise the services of hygienists/therapists to facilitate treatment.

Unlike other Health board areas, in Lanarkshire there is no issue with patient accessing NHS dental treatment, and registration rates continue to rise, however this is not indicative of attendance rates. It is attendance rates and not registration rates that are the key to good oral health.

<table>
<thead>
<tr>
<th>Date of snapshot</th>
<th>Percentage of registered patients participating with NHS GDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Children</td>
</tr>
<tr>
<td></td>
<td>Lanarkshire</td>
</tr>
<tr>
<td>31st March 2011</td>
<td>91.0</td>
</tr>
<tr>
<td>30th September 2011</td>
<td>90.5</td>
</tr>
<tr>
<td>31st March 2012</td>
<td>89.8</td>
</tr>
<tr>
<td>30th September 2012</td>
<td>89.3</td>
</tr>
<tr>
<td>31st March 2013</td>
<td>89.1</td>
</tr>
<tr>
<td>30th September 2013</td>
<td>89.0</td>
</tr>
<tr>
<td>31st March 2014</td>
<td>88.8</td>
</tr>
<tr>
<td>30th September 2014</td>
<td>88.5</td>
</tr>
<tr>
<td>31st March 2015</td>
<td>88.1</td>
</tr>
<tr>
<td>30th September 2015†</td>
<td>87.5</td>
</tr>
<tr>
<td>31st March 2016†</td>
<td>86.6</td>
</tr>
</tbody>
</table>

†Figure for the last two periods are provisional.
Source: Management Information and Dental Accounting System (MIDAS). Published on ISD’s website.
The majority of dental care in Lanarkshire is delivered by GDPs through GDS, under capitation /continuing care and item of service fees as determined by the statement of dental remuneration (SDR)

Capitation payments run until a child is 18. CAP/Con payments are paid monthly in arrears and reduce to 20% of the fee if the patient has not attended for 3 years.

Unlike our GMP colleagues, GDS dentists are responsible for all costs associated with running a dental practice including equipment and consumables, laboratory costs incurred in the provision dentures crowns and bridges etc, staff salaries pensions and training, occupational health (OH), installation of computerised practice management systems etc.

There are some allowances given to support practice expenses, for example, Rent Reimbursement and General Dental Practice Allowance (GDPA) all allowances are dependent on the practices total NHS commitment, and on a satisfactory practice inspection.

Practice inspection
Practices are inspected on a 3 yearly rolling cycle to the national inspection document (version 3 January 2017). NHSL has 3 inspectors and a clinical director of GDS who undertake inspections of GDS practices. In addition .there is also a sedation inspector who inspects practices undertaking IV or sedation with RA all inspectors benefit from full administrative support. All shortcomings must be made right at the practice expense. The clinical director and admin support monitor compliance.

Resources
Lanarkshire GDPs have no access to the invaluable resource that Firstport provides. In my opinion Consideration should be given to access being made available to GDPs if not all independent contractor groups.

Referrals
In spite of the number of episodes of care undertaken by GDPs, they also make onward referrals for dental treatment that cannot be provided in General Practice Referrals are made to the PDS or the Hospital dental service (HDS)

PDS will undertake the treatment of anxious children or special care adults and offer RA, GA and IV sedation.
- RA waiting list 1 week
- IV.sedation service for anxious adults waiting list 1 year +
HDS undertakes referrals for oral surgery and oral medicine - suspicion of cancer pathway patients seen within 2 weeks. HDS also undertakes orthodontic referrals at 3 sites from both GDS and the specialist practices

We do not have a local onward referral pathway for specialist paediatric referrals, periodontics or conservation and these patients require to be referred to the regional centre- Glasgow dental hospital

Out of Hours
Managed by the PDS. Triaged by NHS24. Next day weekday care for unregistered patients provided by an on call rota of 7 dental practices on a geographic split Practices on the rota may be required to see up to 15 unregistered patients for the week that they are on call

Weekend care for registered and unregistered patients operates from Wishaw GH Saturday and Sunday, 10:00-13:00 The majority of dentists, both GDS and PDS in NHSL participate in the out of hours rota. A minority of practices operate their own out of hours care.

Lanarkshire Emergency Dental Service number of patients treated

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>2906</td>
<td>3056</td>
<td>2971</td>
<td>3277</td>
<td>3225</td>
<td>3154</td>
</tr>
</tbody>
</table>
1. **Purpose of Report**

1.1. The purpose of the report is to:

- present to the Integration Joint Board a summary of performance against the key performance measures assigned to the integration of Health and Social Care

2. **Recommendation(s)**

2.1. The Integration Joint Board is asked to approve the following recommendation(s):

   (1) that the current performance trends be noted; and

   (2) that the proposed development work regarding performance management arrangements be noted.

3. **Background**

3.1. Through the Public Bodies Joint Working (Scotland) Act 2014 and the associated regulations and guidance, an agreed suite of 23 performance measures were established for consistent application across Scotland. Consequently, Health and Social Care Partnerships (HSCPs) use these measures as part of a minimum suite of performance data to report to the Integration Joint Board (IJB) and its Sub-Committees.

3.2. Following this, the Scottish Government issued in December 2016, the Health and Social Care Delivery Plan which brought about a renewed focus on aspects of the 23 measures referred to above. In particular, the measures prioritised by the Ministerial Steering Group (MSG) were in relation to:

- unplanned admissions
- occupied bed days for unscheduled care
- A&E performance
- delayed discharges
- end of life care
- the balance of spend across institutional and community services

3.3. In addition, a number of performance measures which relate to the functions managed by the HSCP are also reported to the NHS Lanarkshire (NHSL) Board; the SLC Social Work Committee; and the South Lanarkshire Community Planning Partnership (CCP). The IJB has asked that consideration be given in to a performance framework which highlights progress against the respective
performance measures as part of future reporting to the IJB and Performance and Audit Sub-Committee. It is intended that the shape of this be agreed at a future workshop to look at performance measures – as set out at 6.2. below. This will be available for the next meeting of the IJB.

3.4. This report outlines the trends in performance with regards to the 23 measures and also provides a further detail on the six MSG measures.

4. Performance Overview (23 National Integration Indicators)
4.1. The 23 integration indicators are split across two areas as follows:
   ♦ 10 indicators relate to outcomes which are derived from the bi-annual Health and Social Care experience survey
   ♦ 13 indicators relate to data based indicators which are gathered from core datasets, mainly collected and collated within the health system

4.2. In terms of the 10 outcomes based indicators and as indicated above, these are derived from a national survey led by the Scottish Government. A random sample of 12% of the local population (39,000) was taken from General Practice patient lists and sent to those residents chosen. The return rate in a South Lanarkshire context was 19% for the 2013/2014 survey and 14% for the 2015/2016 survey circa 5500 people. Importantly, the survey results will (in the main), involve different residents due to the random selection process and therefore is not tracking the perceptions of the same group of people.

4.3. In terms of the data based indicators, this information is more routinely available and is formally reported on a quarterly basis and is therefore easier to track from a trends based perspective.

4.4. In summarising from a trends based and comparator perspective, the following is observed:
   ♦ of the 23 indicators, four are still under development at a national level in terms of data definitions and developing the system to capture the data. Therefore, no trend information is available as yet
   ♦ of the remaining 19 indicators, eight of the indicators for South Lanarkshire are either the same as or above the national average. Of the other nine indicators, whilst these are below the national average, some of them are very close to or within 1% of the national figure
   ♦ from a year on year perspective, it is noted that the South Lanarkshire figures have fallen in 17 of the 19 indicators. However, it should be noted that similar trends were observed in the national figures across the same period

4.5. Appendix 1 highlights the detailed information in relation to the above.

5. Performance Overview (The six MSG Measures)
5.1. From a Health and Social Care Delivery Plan viewpoint, the six measures referred to above can be summarised as follows:
   ♦ A&E attendances up year on year by 4%
   ♦ emergency admissions up year on year by 4%
   ♦ unscheduled bed days down by 6% year on year and continuing in this way
   ♦ delayed discharge bed days down year on year by 4%
   ♦ people spending last six months of life in community is increasing
   ♦ balance of care is broadly in line with other large partnerships at just under 98%

5.2. From an analysis perspective, the main message is that whilst the number of A&E attendances and emergency admissions has continued to rise, the number of
unscheduled bed days is in fact reducing, as are the overall number of bed days lost to delayed discharges, albeit still some way short of the trajectories which were set around December 2016.

5.3. Recent information reported to NHSL highlights the following progress for 2017/2018 against agreed targets for four of the six indicators that are available on the monthly basis.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Admissions</td>
<td>13,106</td>
<td>12,699</td>
</tr>
<tr>
<td>Unscheduled Care Bed Days</td>
<td>73,028</td>
<td>69,228</td>
</tr>
<tr>
<td>A&amp;E Attendances</td>
<td>34,969</td>
<td>35,802</td>
</tr>
<tr>
<td>Delayed Discharges</td>
<td>10,440</td>
<td>13,360</td>
</tr>
</tbody>
</table>

5.4. Appendix 2 shows a useful longitudinal trend analysis of the MSG indicators, together with comparator data with other similar sized Health and Social Care Partnerships (Fife and North Lanarkshire).

6. **Next Steps**

6.1. There are a number of areas of development which are being led by the Partnership with regards to performance management in an IJB and Health and Social Care context.

6.2. A workshop on performance will be led by the Head of Commissioning and Performance to include members of the Performance and Audit Sub-Committee and also locality Integrated Health and Social Care Managers to agree 1) the suite of data that should be reported to the IJB and Performance and Audit Sub-Committee 2) the format and frequency of this data. Thereafter, a similar exercise will be agreed with localities to refine the performance arrangements at locality level.

6.3. Any future performance management presented to the IJB will be intrinsically linked to the refreshed Strategic Commissioning Plan. This will set out the direction and priorities for the Partnership for the next three years. In this respect, the new performance framework for the IJB will be used to provide assurance that the commissioning intentions and directions are being implemented.

6.4. Secondly, and linked to the locality modelling work, a performance scorecard for each of the four localities will be developed. This will essentially disaggregate the IJB performance scorecard across the four localities, together with a suite of measures which are more operational in their focus.

7. **Employee Implications**

7.1. There are no employee implications associated with this report.

8. **Financial Implications**

8.1. There are no financial implications associated with this report.

9. **Other Implications**

9.1. There are no risk implications associated with this report.

9.2. There are no sustainable development issues associated with this report.
9.3. There are no other issues at this stage.

10. **Equality Impact Assessment and Consultation Arrangements**

10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

10.2. Consultation on this work has and will continue to be part of discussions with the Strategic Commissioning Group and Locality Planning Groups.

Val de Souza  
Director, Health and Social Care

Date created: 22 November 2017

**Previous References**

- Annual Performance Report to Performance and Audit Sub-Committee, 29 August 2017

**List of Background Papers**

- Appendix 1 – 23 National Integration Performance Measures
- Appendix 2 – six MSG Measures

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Martin Kane, Programme Manager  
Ext: 3743 (Phone: 01698 453743)  
Email: martin.kane@southlanarkshire.gcsx.gov.uk
### National Core Indicators for Health and Social Care Integration
#### Appendix 1

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Title</th>
<th>2013/14</th>
<th>2015/16</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percentage of adults able to look after their health very well or quite well</td>
<td>93%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>2</td>
<td>Percentage of adults supported at home who agreed that they are supported to live as independently as possible</td>
<td>84%</td>
<td>80%</td>
<td>84%</td>
</tr>
<tr>
<td>3</td>
<td>Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided</td>
<td>85%</td>
<td>74%</td>
<td>79%</td>
</tr>
<tr>
<td>4</td>
<td>Percentage of adults supported at home who agreed that they are supported to live as independently as possible</td>
<td>84%</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>5</td>
<td>Total % of adults receiving any care or support who rated it as excellent or good</td>
<td>85%</td>
<td>77%</td>
<td>81%</td>
</tr>
<tr>
<td>6</td>
<td>Percentage of people with positive experience of the care provided by their GP practice</td>
<td>86%</td>
<td>86%</td>
<td>87%</td>
</tr>
<tr>
<td>7</td>
<td>Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life</td>
<td>86%</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>8</td>
<td>Total combined % carers who feel supported to continue in their caring role</td>
<td>47%</td>
<td>42%</td>
<td>41%</td>
</tr>
<tr>
<td>9</td>
<td>Percentage of adults supported at home who agreed they felt safe</td>
<td>86%</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>10</td>
<td>Percentage of staff who say they would recommend their workplace as a good place to work</td>
<td>Indicator Under Development by Scottish Government</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Title</th>
<th>April 2017</th>
<th>June 2017</th>
<th>September 2017</th>
<th>Scotland</th>
</tr>
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<tbody>
<tr>
<td>11</td>
<td>Premature mortality rate per 100,000 persons</td>
<td>438</td>
<td>438</td>
<td>460</td>
<td>440</td>
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<tr>
<td>12</td>
<td>Emergency admission rate (per 100,000 population)</td>
<td>12,620</td>
<td>13,734</td>
<td>13,867</td>
<td>12,265</td>
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<tr>
<td>13</td>
<td>Emergency bed day rate (per 100,000 population)</td>
<td>107,996</td>
<td>119,597</td>
<td>125,244</td>
<td>124,663</td>
</tr>
<tr>
<td>14</td>
<td>Readmission to hospital within 28 days (per 1,000 population)</td>
<td>91</td>
<td>94</td>
<td>96</td>
<td>99</td>
</tr>
<tr>
<td>15</td>
<td>Proportion of last 6 months of life spent at home or in a community setting</td>
<td>85%</td>
<td>85%</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>16</td>
<td>Falls rate per 1,000 population aged 65+</td>
<td>19</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>17</td>
<td>Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections</td>
<td>73%</td>
<td>73%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>18</td>
<td>Percentage of adults with intensive care needs receiving care at home</td>
<td>62%</td>
<td>62%</td>
<td>62%</td>
<td>62%</td>
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<tr>
<td>19</td>
<td>Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)</td>
<td>1,416</td>
<td>1,341</td>
<td>1,341</td>
<td>842</td>
</tr>
<tr>
<td>20</td>
<td>Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency</td>
<td>21%</td>
<td>22%</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>21</td>
<td>Percentage of people admitted to hospital from home during the year, who are discharged to a care home</td>
<td>Indicator Under Development by Scottish Government</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Percentage of people who are discharged from hospital within 72 hours of being ready</td>
<td>Indicator Under Development by Scottish Government</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Expenditure on end of life care, cost in last 6 months per death</td>
<td>Indicator Under Development by Scottish Government</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **Context**

1.1. The Health and Social Care Delivery Plan and the work of the Ministerial Steering Group (MSG) in Health and Social Care have identified six key areas through which trends overtime will be monitored, with a view to supporting improvement and learning within Partnerships and across Scotland.

1.2. A key emphasis behind this work is realising the national ambition to shift the balance of care through strategic commissioning which shifts the focus from acute and residential settings to community based alternatives. This report gives a short overview of the South Lanarkshire position with regards to the following areas:
- unplanned admissions
- occupied bed days for unscheduled care
- A&E performance
- delayed discharges
- end of life care
- the balance of spend across institutional and community services

2. **Summary of the Big six in South Lanarkshire**

- A&E attendances up year to year by 4%
- emergency admissions up year on year by 4%
- unscheduled bed days down by 6% year on year and continuing in this way
- delayed discharge bed days down year to year by 4%
- people spending last six months of life in community is increasing
- balance of care is broadly in line with other large Partnerships at just under 98%

3. **The Patterns of the six MSG Indicators and Comparisons with Fife and North Lanarkshire**

3.1 More detail on each of the Big six South figures is detailed below and compared against similar sized partnerships, together with the performance against agreed targets (where this is available)

a) **A&E Attendances**

Average monthly A&E activity over the last two years has risen by 4% as per the table below, therefore indicating that the front door is busier. As you will see, The South Lanarkshire HSCP overall demand has grown more significantly than Fife and North Lanarkshire. Interestingly, the average monthly A&E attendances for the first four months of this year are up again.

<table>
<thead>
<tr>
<th>Average Monthly A&amp;E Attendances</th>
<th>2015/16</th>
<th>2016/17</th>
<th>% Change</th>
<th>2017/18 partial to July 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>SL</td>
<td>8183</td>
<td>8476</td>
<td>4%</td>
<td>8950</td>
</tr>
<tr>
<td>NL</td>
<td>9429</td>
<td>9727</td>
<td>3%</td>
<td>10288</td>
</tr>
<tr>
<td>Fife</td>
<td>7407</td>
<td>7510</td>
<td>1%</td>
<td>7964</td>
</tr>
</tbody>
</table>
The graph below shows the longitudinal trend against the trajectory and notes that as at August 2017, the trajectory was slightly above target with attendances reporting 8,973 against a target of 8,715.

b) Emergency Admissions

Similar to above, average monthly emergency admissions activity has risen 4% year on year between 2015/16 and 2016/17. Although the partial year activity for 2017/18 to July shows a decrease, contextually April to July are not months where activity normally peaks. Therefore, it is anticipated that this figure will rise when the remainder of the year’s data work through.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>% Change</th>
<th>2017/18 partial to July 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Lanarkshire</td>
<td>3093</td>
<td>3215</td>
<td>4%</td>
<td>3175</td>
</tr>
<tr>
<td>North Lanarkshire</td>
<td>3677</td>
<td>3747</td>
<td>2%</td>
<td>3756</td>
</tr>
<tr>
<td>Fife</td>
<td>3137</td>
<td>3228</td>
<td>3%</td>
<td>3152</td>
</tr>
</tbody>
</table>

The graph below shows the longitudinal trend against the trajectory and notes that as at August 2017, the trajectory was slightly above target, albeit by only 15 admissions.
c) Unscheduled Bed Days

Overall unscheduled bed days average monthly activity has fallen by 6% which indicates that the Partnership is managing to discharge more people overall within timescale. This is a larger reduction than both Fife and North Lanarkshire. This reduction has continued into 2017/18, whereby the average monthly unscheduled bed days has fallen to 17,307, from an average of 20,186 in 2015/16. Initiatives such as reablement, ICST, Hospital at Home, intermediate care beds and out of hours support will all have had an impact on this positive reduction.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>% Change</th>
<th>2017/18 partial to July 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Lanarkshire (SL)</td>
<td>20186</td>
<td>18935</td>
<td>-6%</td>
<td>17307</td>
</tr>
<tr>
<td>North Lanarkshire (NL)</td>
<td>21855</td>
<td>21144</td>
<td>-3%</td>
<td>16188</td>
</tr>
<tr>
<td>Fife</td>
<td>21338</td>
<td>20222</td>
<td>-5%</td>
<td>18601</td>
</tr>
</tbody>
</table>

The graph below tracks the month on month actual performance longitudinally against the trajectory agreed for unscheduled bed days. Overall, significant progress has been made by the Partnership in this respect. It should be noted that due to coding and processing, there is routinely a few months lag in terms of completed episodes of care.
d) **Delayed Discharge Bed Days**

From the table below, what is clear is that delayed discharge bed days actually reduced by 4% for the South Lanarkshire HSCP when comparing the two full years of 2015/16 and 2016/17. This trend has continued for the first part of 2017/18, up until latest available figures in August, 2017.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>% Change</th>
<th>2017/18 partial to August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>SL</td>
<td>3978</td>
<td>3825</td>
<td>-4%</td>
<td>3246</td>
</tr>
<tr>
<td>NL</td>
<td>2855</td>
<td>2969</td>
<td>4%</td>
<td>2919</td>
</tr>
<tr>
<td>Fife</td>
<td>4034</td>
<td>3093</td>
<td>-23%</td>
<td>2548</td>
</tr>
</tbody>
</table>

The graph below tracks the month on month actual performance longitudinally against the trajectory agreed for delayed discharge bed days. The latest data available for the month of August shows that the Partnership is reporting 3,246 bed days lost to delays against a target of 2,546.
e) Last 6 Months of Life by Setting
This is again a positive picture, showing the SLHSCP has made real progress in maintaining more people at home in the last six months of life. South Lanarkshire HSCP is now in line with similar sized Partnerships of Fife and North Lanarkshire.

<table>
<thead>
<tr>
<th>Last 6 Months of Life in Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
</tr>
<tr>
<td>SL</td>
</tr>
<tr>
<td>NL</td>
</tr>
<tr>
<td>Fife</td>
</tr>
</tbody>
</table>

The graph below confirms that the direction of travel for the Partnership is heading in the correct direction, with more people being supported at home in terms of end of life care.

f) Balance of care
South Lanarkshire is broadly in line with Fife and North Lanarkshire with regards to the balance of care. Community based service provision remains just under 98%.

<table>
<thead>
<tr>
<th>Balance of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
</tr>
<tr>
<td>SL</td>
</tr>
<tr>
<td>NL</td>
</tr>
<tr>
<td>Fife</td>
</tr>
</tbody>
</table>
Report to: South Lanarkshire Integration Joint Board  
Date of Meeting: 5 December 2017  
Report by: Director, Health and Social Care  

Subject: Public Bodies Climate Change Duties

1. Purpose of Report  
1.1. The purpose of the report is to:-

- provide the Integration Joint Board with an overview of the Partnership’s Statutory Climate Change Duties Report for 2016/2017

2. Recommendation(s)  
2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

(1) that it be noted that the Statutory Climate Change Duties Report for 2016/2017, attached as an appendix to the report, was submitted to the Scottish Government by the deadline date of 30 November 2017.

3. Background  
3.1. In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a “Public Body must, in exercising its functions, act in the way best calculated to contribute to the delivery of (Scotland’s Climate Change) targets, and help deliver any Scottish adaptation programme in a way that it considers most sustainable.

3.2. The Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015 came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with Climate Change Duties. Part 4 of the Act places duties on all Public Bodies in Scotland to reduce greenhouse gas emissions, adapt to a changing climate, and act sustainably.

3.3. The introduction of this reporting is intended to help with Public Bodies Duties compliance, engage leaders and encourage continuous improvement. This will help to aid continuous improvement, to better inform policy and action, and to demonstrate and share good practice and progress and ensure long term commitment and consistency on Climate Change reporting.

4. Climate Change Duties Report 2016/17  
4.1. As South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL) already have robust reporting arrangements in place, it was agreed that in line with other IJBs the
South Partnership, this year would take a light approach in completing the statutory report.

4.2. There are two sections to the report, the ‘required’ section and ‘recommended’ section. The required section of the report is statutory and comprises of six parts, for 2016/2017 the IJB will be focusing only on the ‘required section’ and referring to both SLC and NHSL’s Climate Change reporting for the ‘recommended section’. This can be found in Appendices 1, 2 and 3.

<table>
<thead>
<tr>
<th></th>
<th>Organisational Profile</th>
<th>Provides a better understanding of the scale of activity of the body in addressing Climate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Governance and Management</td>
<td>Seeks to establish how governance of Climate Change is recognised within the organisation. Also the reporting and review structure and the level of engagement between leaders, department managers, practitioners and staff generally</td>
</tr>
<tr>
<td>3</td>
<td>Emissions, Targets and Projects</td>
<td>Provides data on corporate emissions relating directly to the organisation’s assets and activities</td>
</tr>
<tr>
<td>4</td>
<td>Adaptation</td>
<td>Seeks to establish if the body has assessed the risks that both current and future Climate Change presents to its assets, infrastructure, service provision and business continuity. Also to identify actions that will reduce risk both now and in the future</td>
</tr>
<tr>
<td>5</td>
<td>Procurement</td>
<td>Clarify how sustainable procurement policy has had an impact on Climate Change reduction, reporting and compliance issues</td>
</tr>
<tr>
<td>6</td>
<td>Validation</td>
<td>It is expected that validation of quantitative and qualitative information is regarded as good business practice and risk management of any inaccuracies or inconsistencies that could result in legal challenge or reputational damage</td>
</tr>
</tbody>
</table>

4.3. Due to the reporting timescale of the Scottish Government this report is required to be submitted by 30 November 2017.

5. **Employee Implications**
5.1. The report has been prepared in conjunction with SLC and NHSL Sustainable Development Officers to provide the relevant information. The new statutory reporting regime will elevate the importance and accountability of Climate Change reporting within the Partnership.

6. **Financial Implications**
6.1. Collection of Climate Change information is a core management task and therefore is absorbed into the daily business operations.
7. **Other Implications**

7.1. There are no risk implications associated with this report.

7.2. There are no sustainable development issues associated with this report.

7.3. There are no other issues associated with this report.

8. **Equality Impact Assessment and Consultation Arrangements**

8.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

8.2. This report does not require consultation in terms of the proposals.

---

**Val de Souza**  
**Director, Health and Social Care**

Date created: 01 November 2017

**Previous References**

◆ none

**List of Background Papers**

◆

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Janiece Mortimer, Planning and Development Officer  
Ext: 3703 (Phone: 01698 453703)  
Email: janiece.mortimer@southlanarkshire.gcsx.gov.uk
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Required

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PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY
PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION
PART 5: PROCUREMENT
PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE
OTHER NOTABLE REPORTABLE ACTIVITY
**PART 1: PROFILE OF REPORTING BODY**

<table>
<thead>
<tr>
<th>1(a) Name of reporting body</th>
<th>South Lanarkshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(b) Type of body</td>
<td>Integrated Joint Boards</td>
</tr>
<tr>
<td>1(c) Highest number of full-time equivalent staff in the body during the report year</td>
<td>0</td>
</tr>
<tr>
<td>1(d) Metrics used by the body</td>
<td>Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.</td>
</tr>
<tr>
<td></td>
<td>Metric not specific to South Lanarkshire IJB. However, we consider the metric from both South Lanarkshire Council and NHS Lanarkshire.</td>
</tr>
<tr>
<td>1(e) Overall budget of the body</td>
<td>Specify approximate £/annum for the report year.</td>
</tr>
<tr>
<td></td>
<td>472,799,000 This budget is used to commission services from NHS Lanarkshire and South Lanarkshire Council for Health and Social Care for Adult and Older People.</td>
</tr>
<tr>
<td>1(f) Report year</td>
<td>Specify the report year.</td>
</tr>
<tr>
<td></td>
<td>Financial (April to March)</td>
</tr>
</tbody>
</table>
## 1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Public Bodies (Joint Working) (Scotland) Act 2014 gave the legislative framework for the integration of health and social care in Scotland, whereby a formal Partnership arrangement between South Lanarkshire Council and NHS Lanarkshire seen the integration of adult health and social care services, including some hospital services to form South Lanarkshire Health and Social Care Partnership. The area of South Lanarkshire is home to just over 311,000 people and is one of the largest and most diverse areas of Scotland.

As a result of this formal partnership arrangement, the Integration Joint Board (IJB) was created to oversee the integration of services. The IJB are responsible for the planning, commissioning and through the Chief Officer, the delivery of integrated services. As mentioned in 1c above the Partnership is not an employing body. As well as South Lanarkshire Council and NHS Lanarkshire, the Partnership also includes a variety of stakeholders, including:

- Third sector organisations - A diverse range of third sector organisations which already support people in community.
- Independent sector - A number of large and small commercial and not for profit organisations providing a variety of health and social care services across all four localities in the Partnership.
- Carers – who play a vital role in the delivery of health and social care in South Lanarkshire.

The IJB has a statutory responsibility to develop and deliver on the Strategic Commissioning Plan, this allows the IJB to direct South Lanarkshire Council and NHS Lanarkshire to continue to deliver the delegated functions as set out in the Integration Scheme. A key responsibility for the IJB is to build a performance reporting framework and produce annually a performance report in relation to the Strategic Commissioning Plan. From an operational and performance management perspective, the IJB will receive regular reports from the Chief Officer and other responsible officers of South Lanarkshire Council and NHS Lanarkshire on the delivery of integrated services and will issue directions in response to those reports to ensure improved performance.

The IJB, through the representation of the Chief Officer is a key partner of the Community Planning Partnership. Through this process the IJB will also demonstrate its contribution to Community Planning in a Health and Care Context.

All buildings are shared facilities between South Lanarkshire Council and NHS Lanarkshire and Carbon Emissions from these buildings are reported through the Council and NHS Lanarkshire’s Climate Change duties reporting. It has been agreed with both the Council and NHS Lanarkshire that they will report on any emissions to avoid double counting.
PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?
Provide a summary of the roles performed by the body’s governance bodies and members in relation to climate change. If any of the body’s activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

As per question 1g, we work alongside South Lanarkshire Council and NHS Lanarkshire in relation to complying with our Climate Change Duties. The IJB is governed by the Performance and Audit Sub Committee and the Chief Officer who reports directly to both Council and NHS Board Corporate Management Teams (CMT).

Sustainable development and climate change is governed in the Council through the Sustainable Development Member Officer Working Group. This group comprises of 3 elected members, the Chief Executive and 2 Executive Directors. The group ensures and oversees the implementation of the Council's Sustainable Development and Climate Change Strategy; compliance with the Climate Change duties; embedding Sustainable Development within Council policy and scrutinise performance monitoring reports.

NHS Lanarkshire has a long running Sustainability and Environment group, chaired by the Board’s Director of Strategic Planning and Performance, who is also the Sustainability Champion. The group has a remit to increase staff and public awareness of sustainability and environmental initiatives and engage with stakeholders in the delivery of all sustainability and environment initiatives. They are responsible for overseeing and co-ordinating risk management for strategic sustainability planning, climate change adaptation and service improvement across all NHS Lanarkshire Services.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

2(b) How is climate change action managed and embedded by the body?
Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body’s senior staff, departmental heads etc. If any such decision-making sits outside the body’s own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

Within South Lanarkshire Council actions from the Sustainable Development and Climate Change Strategy are embedded in Resource and Service Plans, which includes Social Work Resources. These actions are monitored and reported quarterly through the Council's IMPROVe system to the Governance Body, Corporate Management Team and Executive Committee.

The Head of Sustainability and Environment Manager for NHS Lanarkshire is responsible for the formulation and development of sustainability and environmental policies, protocols and procedures to ensure NHS Lanarkshire is compliant with all relevant legislation, codes, practices and healthcare guidance on property/estates related matters. They ensure that NHS Lanarkshire's Sustainability Policy and Carbon Management Plan are administered.

Relevant sustainable development and climate change actions within the Social Work Resource Plan and NHS Local Development Plan will be incorporated into the Partnership's Performance Reporting Framework and reported to the Performance and Audit Sub Committee and the IJB on a 6 monthly basis.
2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Doc Name</th>
<th>Doc Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

South Lanarkshire has a Sustainable development and climate change strategy and Carbon Management Plan.
NHS Lanarkshire has a sustainable development action plan.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Name of document</th>
<th>Link</th>
<th>Time period covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fleet transport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information and communication technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewable energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sustainable/renewable heat</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Waste management</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Water and sewerage</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (state topic area covered in comments)</td>
<td></td>
<td></td>
<td></td>
<td>Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.</td>
</tr>
</tbody>
</table>
2(f) What are the body’s top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body’s areas and activities of focus for the year ahead.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.
PART 3: EMISSIONS, TARGETS AND PROJECTS

As previously stated South Lanarkshire’s Integrated Joint Board has no staff and services are provided through both South Lanarkshire Council and NHS Lanarkshire. The IJB does not have authority over these aspects of the estate and capital assets therefore emissions, targets and projects are reported through both South Lanarkshire Council and NHS Lanarkshire. Please see the corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report for information relating to questions 3a to 3j.

3k Supporting information and best practice

Through our Strategic Commissioning Plan our main focus is working together to improve health and wellbeing in the community, however there are also co-benefits which improve the environment and contribute to meeting climate change duties delivering our Commissioning Intentions. This includes:

• IT - By using a range of telehealth and telecare programmes such as Florence, which is a blood pressure monitoring system which can be managed at home and Video Conferencing in some of our care homes which can also be used for training and case conferencing, this reduces travelling on staff and service user which also help to reduce our carbon emissions.

• Integrated Buildings – Looking at models of integration where partners can share resources and infrastructure for staff and service users, for example co-location of Senior Management Team to one building and hospital hub models.

• Mobile Technology - Home Care Services have recently rolled out a mobile working solution to approximately 1000 Home Carers working in the community. This enables accurate and comprehensive 2-way communication between community and office based staff. It provides real time information of scheduled visits and notifications when changes have been made or visits have not started. Prior to this system being introduced Home Carers received multiple paper copies of their schedule by post and amendments generated additional copies being printed and issued. There have been significant reductions in costs in relation to postage, paper and printing as well as a significant improvement in data governance and security for the vulnerable service users being supported in the community.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.
# PART 4: ADAPTATION

## 4(a) Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

At present climate change adaptation is considered by South Lanarkshire Council and NHS Lanarkshire and action incorporated in the sustainable development and climate change strategy and sustainable development action plan respectively.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

## 4(b) What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

The Partnership is involved in the Winter Planning Group alongside South Lanarkshire Council and NHS Lanarkshire to ensure consistent and organised procedures are in place to help with the delivery of services in extreme weather conditions.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

## 4(c) What action has the body taken to adapt to climate change?

At present climate change adaptation is considered by South Lanarkshire Council and NHS Lanarkshire and action incorporated in the sustainable development and climate change strategy and sustainable development action plan respectively.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.
## PART 5: PROCUREMENT

### 5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate change duties.

At present procurement is still operated through South Lanarkshire Council and NHS Lanarkshire. Both bodies have procurement strategies which consider sustainability and climate change within their procurement processes.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

### 5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate change duties.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

### 5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.
### PART 6: VALIDATION AND DECLARATION

<table>
<thead>
<tr>
<th>6(a) Internal validation process</th>
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<tbody>
<tr>
<td>Briefly describe the body’s internal validation process, if any, of the data or information contained within this report.</td>
</tr>
<tr>
<td>The data in this report is reviewed internally by the Senior Management Team and will be approved at Integrated Joint Board (IJB) in December due to timescale of the report submission date and Board dates. Approval from the IJB prior to submission will be planned in advance for 2017/18.</td>
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<table>
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<tr>
<th>6(b) Peer validation process</th>
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<td>If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.</td>
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<th>6e - Declaration</th>
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<tbody>
<tr>
<td>I confirm that the information in this report is accurate and provides a fair representation of the body’s performance in relation to climate change.</td>
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<tr>
<th>Name</th>
<th>Role in the body</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Val de Souza</td>
<td>Chief Officer</td>
<td></td>
</tr>
</tbody>
</table>
RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)
Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).
(1) UK local and regional CO2 emissions: subset dataset (emissions within the scope of influence of local authorities):
(2) UK local and regional CO2 emissions: full dataset:

Select the default target dataset
N/A – Local Authorities only

Q2a – Targets
Please detail your wider influence targets

<table>
<thead>
<tr>
<th>Sector</th>
<th>Description</th>
<th>Type of Target (units)</th>
<th>Baseline value</th>
<th>Start year</th>
<th>Target saving</th>
<th>Target / End Year</th>
<th>Saving in latest year measured</th>
<th>Latest Year Measured</th>
<th>Comments</th>
</tr>
</thead>
</table>

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

Q3) Policies and Actions to Reduce Emissions
Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

Q4) Partnership Working, Communication and Capacity Building.
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.
Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.
Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

After consultation with the wider stakeholders and the public, some of the emerging themes that run through our Strategic Commissioning Plan include Early Intervention / Prevention and Health Improvement (EIPHI) and Suitable and Sustainable Housing. Supporting the expansion of Get Walking Lanarkshire programme is a Commissioning Intention under the priority of EIPHI and this could in time lead to sustained active travel providing a co-benefit to people’s health and also reducing the area-wide carbon emission.

The Greenspace Partnership continues to promote the Get Walking Lanarkshire programme of walks.

We will also work in partnership towards providing new sustainable housing for purchase and for rent which meets higher accessibility standards and energy efficiency standards providing, warmth through insulated and efficient heating which will help with health and wellbeing, reduce carbon emission and help to tackle fuel poverty.

Please see corresponding South Lanarkshire Council and NHS Lanarkshire Climate Change Duties report.
Integration Joint Board

Audit and Performance Sub Committee

Strategic Commissioning Group
Chair: Chief Officer

Performance Reporting Framework

Social Work Resource Plan
  - Sustainable Development and Climate Change Action Plan

Local Delivery Plan
  - Sustainable Development Action Plan
1. Purpose of Report
1.1. The purpose of the report is to:-

- to update the Integration Joint Board (IJB) on the work of the Forum since the launch in November 2016

2. Recommendation(s)
2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

(1) that the progress to date on the work of the Forum be noted.

3. Background
3.1. In October 2015 the Public Partnership Forum began work facilitated by the Scottish Social Services Council (SSSC) and NHS Education Scotland (NES) and supported by the South Lanarkshire Health and Social Care Partnership (SLHSCP), Organisational Development (OD) Team. This resulted in a change of name for the Forum to send a clear message that their role had changed to include social care.

3.2. The Forum then produced a new Working Agreement and associated papers and the Working Agreement was signed by Val de Souza, Director, Health and Social Care, Calum Campbell, Chief Executive, NHS Lanarkshire and Margaret Moncrieff, Chair, South Lanarkshire Health and Social Care Forum (SLHSCF).

3.3. Following a report to the Strategic Commissioning Group in February 2017, the Forum was appointed as the community’s voice for this work.

4. Progress
4.1. Joint working with our members and South Lanarkshire Council’s Graphics Department resulted in a new logo, promotional leaflets and materials to assist with the recruitment process. Locality leaflets have a “Register of Interest” form on the rear to enable members of the community to choose how they would like to be contacted and which particular elements of Health and Social Care Services that interest them.

4.2. With the assistance of NHS Lanarkshire and the Partnership communications staff, a new web-site was set up which includes the Working Agreement, associated papers...
and minutes of meetings. It is hoped to add a link to consultation documents in the future with Executive Summaries or reference to the pages relevant to the local community. There is currently a link to the NHS Lanarkshire web-site and will soon link to the Partnership web-site.

4.3. A training sub-group has been set up to collate members training needs, support them to develop new skills, especially in relation to social work and technology, and to ensure new members have the information and support they require. Two power point presentations have also been compiled, one strategic and one more suitable for community groups, to enable as many members as possible to promote the work of the Forum and provide a consistent approach to this work.

5. **Promotion**

5.1. Members are providing talks and presentations and taking the promotional materials to a wide variety of groups and organisations and it is planned to extend this work to shopping centres and supermarkets over the next few months.

5.2. Work is ongoing with the University of the West of Scotland (UWS) and South Lanarkshire College to promote our work to students and collate the views of the younger population. It is planned to extend this work to the Job Centres.

5.3. A presentation is being arranged to staff at the Scottish Fire and Rescue Service to initiate partnership working that will result in accessing the views of the vulnerable and housebound. It is also hoped to meet with the Mobile Library staff to help support this approach.

5.4. A link has also been established with the South Lanarkshire section of Care Opinion to our e-mail address to enable the Forum to widen the opportunity to collate the community’s views.

5.5. A list of the Forum’s achievements as a result of this approach is attached as Appendix 1.

6. **Financial Implications**

6.1. The Forum currently has representation on over 60 Boards, Committees, Groups and Service Reviews and is keen to ensure we have “the right person” in “the right place” at “the right time” for “the right reason”. We also have representatives on the Locality Planning Groups and members involved in the Building and Celebrating Communities Programme of work.

6.2. The Forum is not a complaints procedure. Members “signpost” to the appropriate support whether that is the formal complaints procedure, care opinion, or to other organisations for advocacy, financial or other support. Any issues that are taken forward by the Forum are collated and highlighted by the community.

6.3. Currently the Forum is working with the two carers organisation to collate issues from patients and carers with learning disabilities and those who receive Self-Directed Support. Work is also ongoing with Partnership for Change in North Lanarkshire to arrange an event for the community to have their say in the promotion of the Transport Hub in Lanarkshire. There is also joint working with Seniors Together on experiences of the Podiatry Service.

6.4. The Forum is committed to working together with the community and all the voluntary, statutory and 3rd sector organisations to ensure a coordinated approach to this work and welcomes the opportunity to support the priorities of the Partnership.
7. Current Position
7.1. There are no financial implications associated with this report.

8. Other Implications
8.1. There are no additional risks associated with this report.
8.2. There are no sustainable development issues associated with this report.
8.3. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements
9.1. There are no equalities issues associated with this report.
9.2. Customer and community consultation is not required as a result of this report

Val de Souza
Director, Health and Social Care

Date created: 07 November 2017

Previous References
♦ None

List of Background Papers
♦ None

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Martin Kane, Programme Manager, Health and Social Care
Ext: 3743 (Phone: 01698 453743)
Email: martin.kane@southlanarkshire.gcsx.gov.uk
Appendix 1

Achievements since our launch in November 2016

Nationally
- MSPs support the work of the Forum and the Motion presented to the Scottish Parliament by Margaret Mitchell, MSP, outlining our Mission Statement
- Article in Alliance Scotland Magazine & Panel Member at their Annual Conference
- Worked with East Lothian, East Ayrshire & Shetland to promote the Appreciative Inquiry Approach to this work
- Participated in the Draft National Standards for Public Involvement in Research
- Input to the SIGN Guidelines for Stable Angina & SIGN 149: Risk estimation and prevention of cardiovascular disease
- Members met with the Minister in the NHS Lanarkshire Annual Review
- Members had input to the Business Case / Design Statement for the New or Refurbished Monklands Hospital before being presented to the Scottish Government
- Met with a member of the National Cancer Experience Panel regarding the Forum members input to the Transforming Care After Cancer Treatment Projects (TCAT), one of which was a finalist in two of the Alliance Self-Management Awards
- Members had the opportunity to input to the Participation Standard Self-assessment 2017 process via the Scottish Health Council

Locally
- Representation on the Integrated Joint Board & the Strategic Commissioning Group
- Locality Chairs on Locality Planning Groups
- Locality Forums being supported by local Community Development Organisations
- Partnership working with the West of Scotland University & the two local colleges
- Input to the local Building Capacity Events and have representation on the Building & Celebrating Communities Programme Board
- Joint initiatives with our colleagues in North Lanarkshire (PPF & Partnership 4 Change) including work on a Transport Hub and Cancer Projects across Lanarkshire
- Actively involved in over 60 Boards, Committees, Groups and Service Reviews
- Opportunity for members to comment on the Local Outcome Improvement Plan (LOIP) & the Carers Strategy Survey 2017
- Work with our voluntary and statutory partnership organisations in the Public Reference Group to monitor and evaluate new initiatives
- Worked with South Lanarkshire Council Graphics Department to create a new logo, promotional materials for our recruitment programme, and a new web-site
- Encouraging all methods of involvement including the use of the web-site, e-mail, face-book, twitter, and initiated a link to our website from the South Lanarkshire section of Care Opinion
- Participate in community events organised by our “partnership organisations”
- Develop the use of relevant speakers to our group, with members cascading their information throughout their local community
- Presentations to other groups to promote the work of the Forum and encourage the public to “Have a Voice” in the work of Health & Social Care Services
1. **Purpose of Report**
   1.1. The purpose of the report is to:

   - advise the South Lanarkshire Integration Joint Board of National and local activity related to Child Protection, Adult Protection, Gender Based Violence Partnership and MAPPA in South Lanarkshire

2. **Recommendation(s)**
   2.1. The Integration Joint Board is asked to approve the following recommendations:

   (1) that the content and actions for Public protection activity in South Lanarkshire be noted;
   (2) that the content and actions for child protection activity in the context of public protection in South Lanarkshire be noted;
   (3) to note the content and actions for gender-based violence activity in the context of public protection in South Lanarkshire;
   (4) to note the content of the MAPPA Annual Report – no further action deemed necessary; and
   (5) to note the content and actions for adult protection activity in the context of Public Protection in South Lanarkshire.

3. **Background – Public Protection**
   3.1. Public Protection Event
   3.1.1. The South Lanarkshire Public Protection Team promotes effective partnership working between the Adult and Child Protection Committees, MAPPA and the Gender-Based Violence Partnership at strategic and policy level, which is reinforced through the structural arrangements of the South Lanarkshire Public Protection Chief Officer’s Group.

   3.2. The links between adult, child and Multi Agency Public Protection Arrangements (MAPPA) in protecting vulnerable people across our community are clear. It remains the duty of all partner agencies to ensure that knowledge, skills and information is shared at both a strategic and operational level so as to raise awareness and understanding and coordinate an effective response to reduce risk in people’s lives.
3.3. With the support of the Chief Officers Group, the Public Protection Team arranged an event to launch its Public Protection Strategy in the form of a Conference on Thursday 26 October 2017 at Almada Street, Hamilton. The conference brought together key professionals from each of the Public Protection disciplines to highlight how a strengthened approach to Public Protection activity will benefit both the partnership and the wider community. Mr Mark McDonald MSP, Minister for Childcare and Early Years opened this key event and had input from our Chief Social Work Officer, Liam Purdie and Safaa Baxter, Independent Chair of the Adult and Child Protection Committees.

3.4. Forced Marriage Guidance and Programme of Training
3.4.1. The Public Protection Team have developed Forced Marriage Multi Agency Guidance which will provide initial guidance for any member of staff working in a South Lanarkshire organisation who may come in to contact with people at risk of forced marriage. The guidance provides a concise overview of what forced marriage is, the legislation in relation to forced marriage and the steps practitioners should take if concerned that someone is at risk of or has been subject to, forced marriage. The Forced Marriage Guidance has been distributed widely to all members of the public protection committees for distribution within their organisations.

3.5. A suite of multi agency forced marriage briefings have also been carried out to coincide with the launch of the forced marriage guidance, with more briefing sessions planned prior to the end of the year. Forced Marriage Council Officer training is also planned for December 2017, to provide Council Officers with a more in depth overview of forced Marriage and their roles and responsibilities in relation to dealing with any inquiries/investigations.

3.6. Joint Multi-Agency Guidance on a Chronology of Significant Events and Programme of Training
3.6.1. The Care Inspectorate issued updated guidance on chronologies in January 2017. The original guidance, published in 2010, set out to draw on practitioner experience in order to define chronologies, explaining their uses and limitations.

3.7. The guidance has been approved at both committees and reflects the recommendations from recent SCRs, recent CPC and APC multi-agency case file audits and the recently published Care Inspectorate Guide to Chronologies (2017). The guidance is suitable for those working in Child and Adult Protection and is intended to ensure that multi-agency chronologies in child and adult protection are fit for purpose. The guidance can also be used for criminal justice and MAPPA cases.

3.8. A suite of multi agency chronology of significant events briefings have also been carried out to coincide with the launch of the guidance, with more briefing sessions planned prior to the end of the year.

3.9. Joint Multi-Agency Transitions Guidance (16-18yrs) and High Risk Protocol
3.9.1. This Guidance was developed as a direct result of recommendations from recent SCRs and has been approved by both committees. The guidance relates to challenges for young people and services, where transitions relate to matters of Child and Adult Protection. It includes an Escalation Policy for High Risk and complex cases.
3.10. Female Genital Mutilation Guidance
3.10.1. The Public Protection Team in conjunction with the lead officers from North Lanarkshire’s Public Protection committees are currently developing Female Genital Mutilation (FGM) Multi Agency Guidance. This has been distributed to all Public Protection Committees for initial comments. Once approved, the guidance and coinciding FGM action plan will be shared with the Public Protection Chief Officer’s Group (COG) for final approval. A suite of multi agency training will be developed to coincide with the launch of the guidance.

3.11. Self Evaluation – CPC/GBV Partnership
3.11.1. In early 2017, the South Lanarkshire Child Protection Committee (SLCPC) Lead Officer and the Gender-Based Violence Partnership (GBVP) Development Worker acknowledged the importance of working together to improve outcomes for those affected by both agendas. As part of the SLCPC Joint Evaluation Strategy and Activity Programme, we agreed on the importance of strengthening the relationship between the committee and partnerships in continuing to keep children, young people and their families safe or safer from abuse in South Lanarkshire. As a result we agreed on two activities (1) CPC Domestic Abuse Case File Audit and (2) to undertake a strategic evaluation of how both work together. Both activities have now taken place and action plans developed. Once concluded, a report will be presented to SLCPC for approval and then taken to the COG.

4. Background- Child Protection
4.1. 100 Hour CP Reports Audit
The focus of the audit was to evaluate the multi agency response to child protection. The CPC evaluated the involvement of all relevant agencies at the initial investigation stage, and audited agencies attendance and reports provided for meetings. The audit included all four localities and the age ranges were varied to ensure multi agency partners involvement. Once concluded, a report will be presented to SLCPC for approval and thereafter to the COG.

5. Background- Gender Based Violence
5.1. Multi Agency Risk Assessment Conferences (MARAC)
South Lanarkshire’s MARAC continues to discuss a number of cases of high risk domestic abuse, where victims are at risk of domestic homicide or serious harm. The commencement of the MARAC coordinator post has allowed a more streamlined process and discussions are currently underway with partner agencies in relation to securing funding for 2018 in relation to this post. The MARAC Steering Group continues to oversee the delivery of South Lanarkshire’s MARAC process and is in the final stages of finalising a report which provides an evaluation of the effectiveness of South Lanarkshire’s MARAC between April 2016 and March 2017. The evaluation has highlighted a number of areas of strength and areas for development which will be used to create an action plan, implemented by the MARAC Steering Group.

5.2. GBV Programme of Training
5.2.1. The Gender-Based Violence Partnership continues to offer a comprehensive suite of training covering a wide range of topics relating to all forms of gender-based violence. As part of this programme, we have a number of training opportunities planned to mark ‘16 days of action’ which is an international campaign to highlight and eradicate domestic abuse and violence against women, taking place at the end of November/start of December. These training opportunities include a briefing session focusing on rape and sexual assault and a seminar focusing on ‘the role of gender.’ The partnership is also in the early stages of planning an exciting two day
event in collaboration with the University of the West of Scotland, Rape Crisis and the Women’s Support Project, titled ‘Inside Outside’ which is a visual and audio exhibition looking at the harm caused by prostitution.

6. **Background- MAPPA**

6.1. The Lanarkshire MAPPA Annual Report 2017 will be published on Friday 27 October 2017. In previous years the annual report has been posted on the Community Justice Authority (CJA) website, however, following dis-establishment of the CJA it has been agreed with the Scottish Government that annual reports will be published simultaneously on the SLC and NLC website. A link to the report will also be included on the Scottish Government webpage alongside the annual reports from the other local authorities across Scotland. As well as the electronic version, hard copies of the report are available if required.

6.2. A MAPPA Information leaflet has been updated and included on the local authority webpage. This clearly explains the legislative function of MAPPA and provides details of the operational aspects to MAPPA across Lanarkshire. Again, hard copies of the leaflet are available for distribution if required.

6.3. An Internet Offenders Training event has been arranged for Thursday 16 November 2017 within the Town House, Hamilton. The training will be provided by staff from the Lucy Faithful Foundation and approximately 100 staff from across each of the responsible authorities, including SLC, NLC, Police Scotland and NHS Lanarkshire are scheduled to attend. This is a follow-up event to training provided earlier this year and will build on current practices for management and supervision of this high-risk group of offenders.

7. **Background- Adult Protection**

7.1. The Learning and Development programme continues to develop and deliver multi and single agency training programmes. It also continues to deliver bespoke learning events and training sessions to meet the needs of partner agencies.

7.2. North and South APC’s hosted a Pan Lanarkshire event on 4 August 2017. The event highlighted the inter-relationship between the ‘Three Acts’ that is ASP, AWI and Mental Health. Nairn Young, Senior Solicitor and Dr Linda Findlay, Associate Medical Director presented at the event.

7.3. In order to increase awareness and promote the work of the South Lanarkshire Adult Protection Committee an ASP Communication and Media Strategy has been developed and has received committee approval.

7.4. The South Lanarkshire Adult Protection Business Plan and Self Evaluation Strategy sets out the APC Business Plan and Self Evaluation Strategy for the period 2017-2019 were approved by the Adult Protection Committee (APC) on 11 October 2017. The purpose of the APC business plan and self evaluation strategy is to set out arrangements for conducting single and multi-agency self evaluation of adult protection services in South Lanarkshire on behalf of the APC.

7.5. As part of the APC quality improvement and assurance activities, we arranged to conduct a self evaluation case file audit in partnership with the Care Inspectorate. The findings of the self evaluation exercise will be considered at the next Quality Assurance and Continuous Improvement sub group on 16 November 2017. A full report of the findings and action plan will be presented to the next APC for approval and thereafter to the COG.
8. Financial Implications
8.1. There are no financial implications in relation to this report and the Public Protection Team (Child, Adult, GBV and MAPPA) anticipate any costs associated with current and future action will be met within current budgets.

9. Other Implications
9.1. There are no additional risks associated with this report.

9.2. There are no sustainable development issues associated with this report.

9.3. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements
10.1. There are no requirements for an Equality Impact Assessment to be completed in relation to this report.

10.2. This report does not require consultation in terms of the proposals.

Val de Souza
Director, Health and Social Care

Date created: 23 October 2017

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-

Julie Stewart, Lead Officer Adult Protection, juliestewart@southlanarkshire.gcsx.gov.uk

Caren McLean, Lead Officer Child Protection, Caren.mclean@southlanarkshire.gcsx.gov.uk

Alison Burns, GBV Worker, Alison.burns@southlanarkshire.gcsx.gov.uk

Kenny Dewar, MAPPA Co-ordinator, Kenny.dewar@southlanarkshire.gcsx.gov.uk
1. Purpose of Report
1.1. The purpose of the report is to:-

♦ outline the content of the Chief Social Work Officers’ Report 2016/2017

2. Recommendation(s)
2.1. The Integrated Joint Board is asked to approve the following recommendation(s):-

(1) that the content of the Chief Social Work Officers’ Report, which was forwarded to the Chief Social Work Advisor Scotland, be noted.

3. Background
3.1. There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO). He/she must be registered with the Scottish Social Services Council (SSSC). The role of the CSWO is to provide professional advice and guidance to local authorities, elected members and officers in the provision of Social Work Services, whether commissioned or directly provided. The CSWO has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to Social Work Services.

3.2. The CSWO is required to prepare an annual report of activity to the Chief Social Work Advisor for Scotland. The report follows a standardised reporting framework and timeframe to ensure key issues are highlighted and to aid learning and the sharing of information nationally. A summary report is also published annually by the Scottish Government. This will be the fourth CSWO report provided by South Lanarkshire Council.

3.3. The CSWO report prior to being presented to IJB the CSWO report has also been considered by Social Work Committee, Chief Executive of South Lanarkshire Council and the Health and Social Care Management Team.

4. CSWO Report
4.1. The report is split into sections which are briefly outlined below:-
4.2. Introduction
4.2.1. Introduces the purpose of the report and contextualises the role of the CSWO.

4.3. CSWO's Summary of Performance – Key challenges, developments and improvements during the year
4.3.1. This section provides the national context in which Social Work Services are being delivered and details the key legislation and strategies which currently frame that delivery.

4.3.2. The details of the CSWO's priorities for the service are confirmed as:-
♦ Public Protection responsibility for Children, Adults and Multi Agency Public Protection arrangements
♦ Health and Social Care Integration
♦ Self Directed Support
♦ implementation of the requirements of the Children and Young Peoples Act
♦ implementation of the Carers (Scotland) Act
♦ continuing to drive forward Community Justice

4.3.3. A brief narrative is provided on the progress of these priorities which highlights key developments and achievements, for example, the continued development of service user/carer participation and involvement and the implementation of the Self Directed Support, Outcomes Support Plan.

4.4. Partnership Working – Governance and Accountability Arrangements
4.4.1. This section details the vision, values and objectives of South Lanarkshire Council and how these link to the work of Social Work Resources. It includes an overview of the role and responsibilities of the CSWO and the systems, structures and reporting arrangements which assure the quality of Social Work Services. Responsibilities are outlined in relation to the Integrated Joint Board, Children’s Services, Public Protection, Community Planning and in relation to the corporate responsibilities of the Council.

4.4.2. Partnership working forms the foundation of Social Work Resources’ approach to supporting and protecting vulnerable adults and children. Significant work has been undertaken to develop a consistent and meaningful approach to service user and carer participation and involvement within Social Work and this is a key responsibility of the CSWO. The report highlights the Resource’s Participation and Involvement Strategy built upon the principles of citizen leadership. A range of methods used to aid meaningful participation and involvement are outlined in this section including the use of the video recording device VOXUR. The Resource also has a commitment to provide advocacy.

4.5. Social Services Delivery Landscape
4.5.1. Within this section, the macro environment is outlined, together with an overview of the services delivered in 2016/2017.

4.5.2. Illustrated are some of the challenges that require strategic and operational responses, including the projected rise in older peoples population, the impact of economic downturn and the health of South Lanarkshire’s residents (being below the Scottish average as a whole). Against this backdrop, the demand for social care services continues to be high.
4.5.3. Also detailed is Social Work Resources' role in service provision including, in addition to in-house services, commissioned and contracted services provided by the independent, voluntary and private sector.

4.6. Resources
4.6.1. This section provides an overview of the resources available to provide social services within South Lanarkshire.

4.6.2. The total revenue budget for the delivery of social care services for 2016/2017 is also outlined. The budget of £133,161 million was allocated as follows:-

<table>
<thead>
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<th>Service Category</th>
<th>Budget</th>
</tr>
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<tr>
<td>Adult and Older People</td>
<td>£96.674m</td>
</tr>
<tr>
<td>Children and Families</td>
<td>£25.378m</td>
</tr>
<tr>
<td>Justice and Substance Misuse</td>
<td>£1.070m</td>
</tr>
<tr>
<td>Performance and Support</td>
<td>£10.039m</td>
</tr>
</tbody>
</table>

4.6.3. Also detailed are some of the financial pressures that Social Work Resources has managed over 2016/2017 and the Resources' risks as highlighted in the Resources' Risk Register.

4.7. Service Quality and Performance including delivery of statutory functions
4.7.1. Service performance and monitoring are intrinsic to the CSWO's role. The CSWO is active in overseeing the quality of services and is responsible for ensuring that staff are appropriately supported to carry out their professional duties.

4.7.2. This section highlights the range of performance measures for which the CSWO has responsibility, for example, taking forward recommendations from inspection reports, Care Inspectorate evaluations, quarterly reporting through the Council’s IMPROVe system and case file audit activity.

4.7.3. The CSWO is also responsible for the delivery of statutory functions and the range of this responsibility is also included, for example risk management, Guardianship Orders and effective governance arrangements for the management of Adult Support and Protection and Child Protection.

4.8. Workforce
4.8.1. Social Services is a diverse sector in terms of job roles, career pathways and service structures. The CSWO has a key leadership role in relation to workforce planning and development, from both a local authority and partnership perspective.

4.8.2. This section details the CSWO's responsibility and activity in ensuring that Social Work Resources' staff and that of external providers adhere to the standards of conduct and practice within the sector and are equipped to support service users.

5. Employee Implications
5.1. There are no employee implications in relation to the report.

6. Financial Implications
6.1. There are no financial implications in relation to the report.

7. Other Implications
7.1. There are links to the Social Work Risk Register identified within the CSWO Report.
7.2. There are no sustainable development issues.

7.3. There are no other issues associated with this report.

8. **Equality Impact Assessment and Consultation Arrangements**
8.1. The report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment required.

8.2. Consultation with carers and service users is referenced in the CSWO report.

**Liam Purdie**  
Chief Social Work Officer  
Head of Children and Justice Services

5 October 2017

**Link(s) to Council Values/Objectives**
♦ Protect vulnerable children, young people and adults  
♦ Improve services for older people

**Previous References**
♦ Social Work Resources Committee - 15 June 2016

**List of Background Papers**
Annual Report – Chief Social Work Officer, South Lanarkshire Council 2016/2017

**Contact for Further Information**
If you would like to inspect the background papers or want further information, please contact:-
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Ext: 3749 (Phone: 01698 453749)  
Email: bernie.perrie@southlanarkshire.gcsx.gov.uk
Annual Report
Chief Social Work Officer Report
South Lanarkshire Council
2016/2017
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Welcome to the annual Chief Social Work Officer Report for 2016/2017. I assumed the role of CSWO for South Lanarkshire Council on 23 May 2017 and this is my first report. I am grateful to my predecessor, Robert Swift, for completing the previous year’s report.

Local Authorities have a statutory requirement to appoint a professionally qualified Chief Social Work Officer (CSWO). He or she must be registered with the Scottish Social Services Council (SSSC). The role of the CSWO is to provide professional advice and guidance to Local Authorities, Elected Members and Officers in the provision of Social Work Services, both commissioned and directly provided. The CSWO has a responsibility for overall performance improvement and the identification and management of corporate risk, insofar as these relate to Social Work services.

The CSWO is required to prepare an annual report of activity to the Chief Social Work Advisor for Scotland. A summary report is also published annually by the Scottish Government to aid learning and the sharing of information nationally.

The aim of Social Work Resources is to promote social welfare and provide effective assessment, care and support to meet the needs of vulnerable people in South Lanarkshire. We are committed to providing responsive and accessible services, with defined standards for service provision and to supporting people to maximise their potential, maintain their independence and improve outcomes.

All local councils have a duty under the Social Work Scotland Act 1968 to assess a person’s community care needs and, where appropriate, to arrange any services they may require. South Lanarkshire Social Work Resources, in partnership with community planning partners voluntary organisations and independent providers offer a range of services designed to enable, support, improve and protect the health and social care of those using our services. Throughout 2016/17 Social Work Resources activities included:

- processing over 40,000 referrals a year
- providing assessment, specialist assessment and support
- the provision of targeted services to vulnerable children, young people and adults
- providing services, including homecare and care at home
- providing day, respite, residential and support services
- supervision and monitoring in the protection of vulnerable children and adults
- working with those subject to requirements within justice and mental health legislation

Additionally, we have a range of Home Care, Day Care and Supported Living providers operating across our localities. Social Work funds a wide range of contracted services and there are forty one independent care homes for older people, thirteen care homes for adults and a small number of children’s care homes within the council area.

As always, the ongoing development of social work services and our achievements rely on the continued commitment of our staff and partners. I would like to thank everyone for their efforts during 2016-17 and I look forward to working together during the year ahead.

Liam Purdie
Chief Social Work Officer (CSWO)
A review of Social Work Services in Scotland, led to a set of recommendations in the Changing Lives report. These recommendations were aimed at delivery social services for the 21st Century that would continue to rise to the challenge of supporting and protecting vulnerable people and improving the well-being of people and communities. The recommendations were to set social services on a sustainable course.

Changing Lives has led to a very wide range of specific products and outcomes, including guidance on the role of the CSWO, the responsibilities of Social Workers and practice guidance for social work services.

The Scottish Social Services Council has been instrumental in supporting the up-skilling and competence of the social services workforce, similarly the Health and Care Professionals Council regulate and set standards for occupational therapists working in social services.

A range of other organisations and individuals also deliver on Changing Lives, including Social Work Scotland (SWS), Coalition for Care and Support Providers (CCSP).

The Changing Lives report was over a decade ago and has been followed by Social Services in Scotland: A Shared Vision and Strategy 2015-2020. This Strategy was developed by the Social Work Services Strategic Forum consisting of wide range of representation from across Scotland.

Within South Lanarkshire Social Work Resources continue to operate in a period of change and innovation. In 2016-17, social care services were delivered within an environment of significant organisational change and reducing public sector funding.

The Integration of Health and Social Care, the ongoing implementation of the 10 year Self-directed Support Strategy, the Community Empowerment (Scotland) Act 2015, the redesign of Criminal Justice Services, the further implementation of the Children and Young People Act and the Carers Act and have all placed demands on Social Work Resources.

As outlined in the Public Bodies (Joint Working) (Scotland) Act 2014 the South Lanarkshire Health and Social Care Partnership now has an established Integration Joint Board (IJB). A Performance and Audit Sub Group will assist with the necessary governance and accountability arrangements of the IJB. Four locality planning areas are being developed and by March 2017 a manager will be appointed within each locality. An important building block of locality development has been the approval of an operational management structure which will provide the necessary platform through which further locality development can be planned and implemented. Each locality now has a locality planning group that is chaired by a voting member of the IJB. Each group is currently profiling information and looking at the respective priorities which will assist in shaping future commissioning intentions and the next iteration of our Strategic Commissioning Plan.
A further area of significant activity, with strong links to the personal outcomes agenda, is **Self-directed Support**. Self-directed Support is underpinned by a ten year strategy and whilst there remains a lot to do, Social Work Resources has continued to make good progress in relation to this multi-faceted agenda. Areas which required development include changes in the assessment process, associated IT developments, staff training and, procurement amongst others. Throughout 2016/17 further developments have been taken forward such as the implementation of the Outcomes Support Plan and the Adult Carers Support Plan; the latter is introduced through the new Carers (Scotland) Act 2016.

The introduction of the **Community Justice (Scotland) Act 2016** followed a consultation period on the Future Model of Community Justice in Scotland. The outcome of consultation was that the Community Justice Authorities (CJA) would cease to exist on 31 March 2017 with:
- local planning and the delivery of community justice services being delivered on a partnership basis under the existing 32 Community Planning Partnerships (CPPs) from 2017; and
- a new national body, Community Justice Scotland (CJS) to provide (a) independent professional assurance to Scottish Ministers on the collective achievement of the community justice outcomes and (b) a hub for community justice innovation, learning and development.

The Scottish Governments vision is reflected in the first South Lanarkshire Community Justice Outcome Improvement Plan which has been developed with contributions from all partner agencies. The main elements of the National Strategy for Community Justice are to provide:
- improved community understanding and participation
- effective strategic planning and partnership working
- effective use of evidence-based interventions
- equal access to services

Our plan aims to ensure as a partnership we:
- prevent and reduce further offending by addressing its underlying causes; and
- safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens

Throughout 2016/17 Children’s Services continued with developments to implement the **Children and Young People (Scotland) Act 2014**. The Act consists of 18 parts, with specific parts being phased in at differing timeframes. Consultation and supporting guidance has been issued in respect of: Named Person; Childs Plan; Corporate Parenting; Aftercare; and Continuing Care. The Act ensures that children’s rights influence the design and delivery of policies and services. The Act puts the child at the centre and improves the way families are supported by promoting co-operation between services. Better permanence planning for looked after children is ensured by improving support for kinship carers, families and care leavers and extending the role of corporate parenting across the public sector. Continuing Care and Aftercare Services are being developed to support young people up to their 26th birthday.

The **Carers (Scotland) Act** was passed in February 2016 and throughout the summer of 2017 the regulations and guidance will be drafted and consulted upon with implementation expected in April 2018. This Act is far reaching, bringing new
legal rights for carers including young carers. There is a clear focus on preventative support, building on previous carers’ legislation and strategic intentions. The Act changes the definition of a carer in Scotland and stipulates what must be included in the new Adult Carer Support Plan and Young Carers Statement to assess carers’ needs. It places new duties on local authorities and health boards in terms of strategic planning, provision of information and advice for carers. Carers’ involvement in strategic planning remains firm policy intent.

Social Work Resources have a long established partnership with carers and carers’ organisations in South Lanarkshire and will continue to work with them as we prepare to implement the new Act.

In addition to the challenges and opportunities initiated by legislation the CSWO oversees standards and improvements in a range of Social Work activity including; The Joint Inspection of Children’s Services (JICS), South Lanarkshire’s first, which concluded with the published report in February 2015. Since then there has been a review of children’s services structure, accountability and responsibility. Our Action Plan identified 17 improvement actions covering 6 areas of improvement. 13 of these actions are now complete and the remaining 4 are being progressed.

Children’s services are monitored as part of multi agency Continuous Improvement Activity and we continue to build on improvement in key areas of service delivery. The Improvement Action Plan will continue to inform the Children’s Service Plan 2017-20 which is currently in development.

The Joint Inspection of Older People’s Service took place from July to October 2015. In line with the findings of our own self evaluation across the 9 Quality Indicators inspected, the Partnership was evaluated as Adequate for 6 indicators and as Good for 3 indicators. An improvement plan is in place to address the 9 recommendations for improvement and the progress which is being made is monitored through the multi agency inspection group and by regular liaison with Care Inspectorate.

The Alcohol and Drugs Partnership conducted a self assessment of services against the Quality Principles during 2015 -16 including consultation with staff and services users. A positive response was received from the Care Inspectorate and for the areas where improvement was identified an action plan is in place to take the necessary actions forward.

The Care Inspectorate continue to regulate and inspect our 43 registered care services which include: 8 Care Homes for older people; 14 Day Centres for older people; 6 Care Homes for children and young people; 3 Child and Family services (Fostering, Adoption, Supported Carers); 6 Adult Lifestyles Centres; 2 Adult Community Support Services, 4 Home Care services. During 2016/17, 29 services were inspected.

Following consultation in 2015 and autumn 2016 which South Lanarkshire Council, Social Work Resources contributed to, new National Care Standards have been developed and are expected to be implemented from Spring 2018. Council employees will require to be briefed on the new standards which will impact on our registered services and those of the external care providers from whom we commission services.

The Realigning Children’s Services programme has been working in partnership with the Scottish Government and Community Planning Partnerships to support communities to make informed decisions about where to invest in order to improve the lives of children. It supports a joint strategic commissioning approach, providing tools and support with which Community Planning Partnerships can gather evidence, develop staff skills and facilitate discussion within the local partnership. This
programme is now in its final year and the insight which has been gained will contribute to the continued development of children’s services.

Support for unaccompanied asylum seeking children (UASC). A review of the South Lanarkshire Council protocol for managing UASC and Age Assessments for those claiming to be aged 16-18yrs has been undertaken and a protocol prepared. This has achieved greater consistency across the locality offices and a bank of suitably trained Lead Professionals to ensure UASC interventions are fair, supportive and transparent.

Alongside this activity the CSWO has continued to lead an active improvement agenda within Social Work Resources and across the Partnership including:

- a revised **Supervision Policy** which has been developed based on Morrison & Wonnacott’s (2010) 4 x 4 x 4 model. This will promote supervision in the context of a supportive learning environment and actively encourage a culture of continuous development. The new policy will roll out to staff within the resource, from March 2017.

- **Social Work Governance Group** which has been established to provide assurance in relation to the delivery of safe, effective, person-centred social work practice in the delivery of its statutory duties. To provide assurance to the council, the Integrated Joint Board and to staff that governance is being discharged in relation to the statutory duties and quality of care requirements. To support localities in ensuring social work governance is understood and applied at a locality level. To ensure that the Scottish Social Services Codes of Practice for Social Services Workers and Employers are understood and implemented

- the **Child and Family Services Performance and Continuous Improvement Group** which has undertaken a programme of audit activity to monitor compliance with policies, procedures and standards within the service and identify areas and actions for improvement.

- ongoing **self-evaluation activity** has taken place within Adult and Older People’s Services using as a guideline the Quality Indicator Framework provided by the Care Inspectorate and the newly developed National Care Standards.

- an **analysis of complaints** received and suggested improvement actions are presented to Social Work Committee annually.

- continued development of **service user/carer participation and involvement activity.** Users and carers have involvement within joint planning structures. Their feedback and input is also sought directly in relation to how services can be improved using tools such as electronic surveys and interactive sessions with option finder key pads.

- **investment into the performance management system (IMPROVe)** has supported frontline managers with real time management information. This system allows Managers to look at detailed caseload or timescales information for aspects of service such as AWI visits and the supervision of children under statutory requirements. In addition, the system allows the higher level performance measures within the Resource Plan to be tracked and measured daily. This has greatly enhanced performance management capacity and knowledge across the service, allowing for corrective action to be taken instantly.

- **engagement in audit and improvement action planning for Child Protection and High Risk Offenders.**

- presenting reports from the **Mental Welfare Commission** for discussion at Senior Management Team meetings with follow–up actions implemented as appropriate.

- regular meetings with the **Care Inspectorate, Link Inspector** to ensure continuous improvement and findings from self evaluation are taken forward across the Resource.

- participation in the **Customer Service Excellence (CSE) award scheme.** The CSE standard aims to make a tangible difference to service users by encouraging provider organisations to focus on their individual needs and preferences. The Award assesses services in the following areas: customer insight; culture of the organisation; information and access; delivery and timeliness and quality of service against a set standard. In
addition to meeting the standard, Services can be awarded “compliance plus” status which demonstrate that services exceed the standards set and are examples of national best practice. Social Work services for Older Peoples Residential and Day Care and Adult Mental Health services are fully compliant in all areas of the standard and have collectively achieved the higher standard of compliance plus in 38 criteria.

- the positive evaluation of South Lanarkshire’s partnership **Missing Children from Foster Care** pilot in respect of Looked After Children who go missing from Residential and Foster Care in Scotland.

- the advancement of **Corporate Parenting Core Commitments** which are advanced and lead to improved outcomes for our looked after and accommodated children and young people.

- taking forward **penal reform** – South Lanarkshire has been chosen as a test site. The aim of this is to reduce the use of remand and short term custodial sentences using alternatives to custody including more reliable community bail options by having more person centred coordinated services.

Social Work within South Lanarkshire continues to operate against a backdrop of significant change and challenge including: financial constraints and austerity; increasing expectations of services and for services to be delivered in new ways; issues arising from the models of delivery and the complexities in the market approach to care; challenges in approaches to commissioning and procurement; changes to the welfare system, medical advances and changes in the demography profile of our people.

As CSWO I will continue to progress our priorities of:

- public protection responsibility for Children, Adults and Multi Agency Public Protection arrangements
- health and social care integration
- Self Directed Support
- the requirements of the Children and Young Peoples Act
- implementation of the Carers (Scotland) Act
- continue to drive forward Community Justice
South Lanarkshire Council Vision, Values, Ambitions and Objectives

Social Work Resources is one of the five Council Resources, the others being: Community and Enterprise Resources; Finance and Corporate Resources; Education Resources; Housing and Technical Resources. All Resources work together in support of the Council Plan. The council’s Vision to “improve the quality of life of everyone in South Lanarkshire” remains at the heart of the Council Plan and along with our Values, influences everything that we do. Our five Ambitions circle our Vision and Values, linking our 11 Objectives in the outer ring to the wider work in our communities and with our other public partners.

The wheel diagram below is designed to show how our six core Values, five Ambitions and 11 Objectives interact with one another. For example, success in giving our children a better start in life links to early learning, their wellbeing, improvement in achievement and attainment and developing their skills for learning, life and work. This will lead to better prospects and improve life chances for young people and the economy as a whole.

Each Resource prepares an annual Resource Plan which details the work, achievements and ongoing performance activity. Here is the link to Social Work Resource Plan 2016/17.

Within the South Lanarkshire Health and Care Partnership, the Director of Health and Social Care has the additional role of the Executive Director Social Work Resources within Council structures. They cannot hold the office of CSWO.
The CSWO holds the position of the Head of Children and Justice Services, is a member of the Senior Management Team (SMT) and a standing member of the Integrated Joint Board (IJB).

**Health and Care Partnership**

The CSWO provides professional advice directly to the Chief Executive of South Lanarkshire Council on statutory service delivery and on matters relating to the profession. This professional advice and guidance also extends to local elected members, officers within other Resources of the Council and also to senior staff within partner agencies.

**Partnership Structures**

The CSWO is a member of a number of influential decision-making forums through which they have a significant leadership role in shaping the overall strategic direction of services.

Examples of the key forums which the CSWO attends and influences include:

<table>
<thead>
<tr>
<th>Structure</th>
<th>Role</th>
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<tbody>
<tr>
<td><strong>Council</strong></td>
<td>The CSWO attends; Senior Management meetings</td>
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<td></td>
<td>Heads of Service meetings</td>
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<td></td>
<td>Social Work Committee</td>
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<td>Good Governance Group</td>
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<td></td>
<td>Learning and Developments Board</td>
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<td></td>
<td>Corporate Management Team meetings (as appropriate)</td>
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<td>other Council committees (as appropriate)</td>
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<tr>
<td><strong>Integrated Joint Board</strong></td>
<td>The CSWO; is a standing member of the IJB</td>
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<tr>
<td></td>
<td>attends Health and Care Senior Management Team meetings</td>
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<td></td>
<td>attends Support, Care and Governance Group (Depute Chair)</td>
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### Children's Services

The CSWO is a member of:
- Getting it Right for South Lanarkshire’s Children (GIRSLC) Partnership Board
- GIRSLC Strategy Group (Chair) - which develops the partnership’s Children’s Services Plan and
- Oversees the work of Children’s Services Planning sub groups eg Corporate Parenting, Continuous Improvement Group.

### Public Protection

The CSWO is a member of:
- Chief Officers’ Group
- Child Protection Committee
- Adult Protection Committee as required
- MAPPA Strategic Oversight Group (Chair on rotation)

### Community Planning

The CSWO attends:
- Community Planning Partnership Board (as appropriate)
- Safer South Lanarkshire Steering Group
- South Lanarkshire Community Justice Partnership (Chair)
- Lanarkshire Alcohol and Drugs Partnership (ADP) (Depute Chair)
- Lanarkshire Data Sharing Partnership Board

### Reporting Arrangements

At the time of drafting this report, May 2017 Council elections have taken place and a new administration will take office. It is anticipated that there will be significant change in the new administration as over 20 of our elected members are retiring. However, for the time frame to which this report refers the Council was a Labour led administration, with sixty seven elected members. Details of the new administration is now included:

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<tr>
<th>Date</th>
<th>Scottish Labour Party</th>
<th>Scottish Nationalist Party</th>
<th>Conservative /Unionist</th>
<th>Independent</th>
<th>Scottish Liberal Democrats Party</th>
<th>Solidarity Scotland</th>
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<tr>
<td>May 2017</td>
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<td>4</td>
<td>2</td>
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<td>67</td>
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<td>June 2017</td>
<td>19</td>
<td>25</td>
<td>14</td>
<td>5</td>
<td>1</td>
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<td>64</td>
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Social Work Committee deals with the majority of the business relevant to the CSWO role as well as strong links to other key member groups including relevant audit, scrutiny, equality, and member officer working groups.

The CSWO is a member of the Integration Joint Board (IJB). The Board has eight voting members, four of whom are elected council members and four NHS Lanarkshire Board non-executive members. In addition, the board has representation from the third sector, independent sector, service user and carers and the trade union. As Child and Family and Justice Social Work Services are not currently included in the South Lanarkshire Integration scheme they lie outside the Health and Social Care Partnership. A Performance and Audit Sub Group assists with the governance and accountability arrangements of the Board. The key areas of work which are led by the IJB relate to:
- the approval and implementation of the strategic commissioning plan
- the establishment of locality planning
- the finalisation of governance and accountability arrangements, and
- the production of an annual performance report
A current key area of development for the Board is the locality planning agenda. Within South Lanarkshire four locality planning areas have been established each with a locality Planning Group chaired by a voting member of the IJB. Each group is considering profiling information and looking at the respective priorities emerging from this which will help shape future commissioning intentions and the next iteration of the Strategic Commissioning Plan.

A key role for the CSWO is the monitoring of Resource performance. Social Work Resources utilises a quarterly performance and monitoring system which allows services within the Resource to assess performance against key Council and Social Work Resources objectives.

Performance information is then used to inform the annual Resource Plan highlighting areas of progress and approaches to continuous improvement. The Resource Plan also identifies those areas of action where performance requires to be measured e.g. Adult Support and Protection, AWI, Child Protection.

In common with other Council Resources an Internal Statement of Assurance is produced annually covering general good governance, internal controls, information governance and systems of governance and control.

**User and Carer Engagement**

Partnership working forms the foundation of Social Work Resources’ approach to supporting and protecting vulnerable adults and children. Legislative duties in establishing the Health and Social Care Partnership also reinforce the importance of joint working; ultimately working towards a more ‘seamless’ approach for people in receipt of services and support.

Significant work has been undertaken to develop a consistent and meaningful approach to service user and carer participation and involvement within Social Work. The Participation and Involvement Strategy outlines our approach, which is built upon the eight principles of citizen leadership:

1. Potential - Everyone should have their leadership potential recognised;
2. Development - People's leadership potential can only be fulfilled through opportunities for development;
3. Early Involvement - People who use services and carers must be involved at all stages of developing and delivering services;
4. Person-centred - Everyone is an individual and should be helped to show leadership in the way that suits them best;
5. Information - People need information that is clear to them and they need it in plenty of time;
6. Equality - People use their leadership skills to challenge inequality in services and wider society;
7. Control through Partnership - Citizen Leadership enables people to have more control over their own services, through working in partnership with those services;
8. Wider Benefit - Citizen Leadership is for the benefit of other people who use services as well as yourself.

A range of tools and approaches are used to engage service users and carers. This can include individual or group activity, service wide activity and electronic methods and tools such as online surveys. Further examples of the delivery of this strategy include:

- representation of key third sector groups within planning and decision making processes, for example, Carers Strategy Group and the Young Voices Group for children
and young people who are looked after and accommodated; the development of locality planning groups through health and social care integration;
• carers’ groups within each of our residential older people’s homes and adult day care centres;
• SDS Carer and Service-user Group;

Staff are excellent with dad. Very informative regards any concerns they may have about him. They are also very approachable and friendly.

• engagement with young people and other stakeholders in relation to corporate parenting;
• engagement with Young Carers;
• advocacy for Adults and Older People;
• advocacy for Children and Young People supported through the work of Who Cares? Scotland as a key partner in children’s services;

“I liked having my advocate at the meetings. It made me feel less nervous. My advocate listened to my wishes for the meetings. I feel stronger now.”

• a focus on supporting and empowering service-users and carers to identify and achieve their desired outcomes. This is central to the assessment, support planning and review process that Social Work Resources has in place for adult, older people and children’s services. This has been further reinforced by the requirements of Self-directed Support legislation and the Children and Young People (Scotland) Act 2014, which reaffirms the importance of the Getting it Right for Every Child approach;

From Douglas View Care Home (Rehab Unit) to having my own flat. I know Social Work has played a major part in this process.

• the GIRFEC assessment tool, which uses the “What I think tool” and VIEWPOINT to capture and embed the child’s view through the Child’s Plan;
• the use of the VOXUR tool¹ to record DVD evidence of service-users’ satisfaction;
• the use of snap surveys, ipads and option finder
• exit interviews for offenders completing a Community Payback Order

Delivering social services in a climate of reform of public services is being driven with more emphasis on achieving inclusion through partnership with people who need assistance and with those who support them: professionals, carers and communities. Working with partners we can help people living in South Lanarkshire to feel safe, flourish and experience improved opportunities and a better quality of life.

¹ The VOXUR box can be loaded with questions and then acts as a mobile points of view box / diary room. Great for engaging with people without them having to write and it can be used in various locations, pulling all of the answers together into one video output. It can be a good way of involving people in carrying out consultations by getting them to take charge of the VOXUR unit.
South Lanarkshire Council is one of the most diverse local authorities in Scotland, covering a geographical area of 180,000 hectares and a population of 317,100. Overall, this makes South Lanarkshire the fifth largest local authority in Scotland. Of the population within South Lanarkshire, 17.3% are aged 15 and under, 15.9% are aged 16-29, 18.5% are aged 30-44, 23.1% are aged 45-59, 16.9% are aged 60-74 and 8.2% of the population are aged 75+. There are four towns in South Lanarkshire with a population in excess of over 20,000 (East Kilbride, Hamilton, Rutherglen and Cambuslang) and a further 23 towns and settlements with a population over 1,000. These four towns form the basis of the four locality planning areas that support our Health and Social Care Partnership and are:
- Hamilton, Blantyre and Larkhall;
- East Kilbride and Strathaven;
- Clydesdale; and
- Rutherglen and Cambuslang.

Social Work Resources employs approximately 3,000 staff and provides a broad range of in house services to the most vulnerable people in South Lanarkshire. This covers all client groups: children, families, adults and older people, carers and includes services for people with learning and physical disabilities, people with substance misuse problems, people with mental health problems, people in the justice system, home care, day care (services include personal support) and
residential services. Our services operate across the four main local offices together with a range of our own registered services that are matched into these localities.

Social Work Resources also has a lead partnership role in commissioning services for people who require support and recognises that positive outcomes can be achieved through partnership work with a range of agencies. Services commissioned are required to be innovative and build on the assets and strengths of individuals and communities. Social Work Resources can commission services from the following range of providers

- 12 Childcare Services;
- 13 Day Care Services;
- 21 Supported Living Services;
- 23 Home Care Services; and
- 54 Care Home Services.

Social Work fund a wide arrange of contracted services provided by the independent, voluntary and private sector. There are forty two independent care homes for older people, fourteen care homes for adults, and a small number of children’s care homes in the Council area. We record occupancy levels for all care homes.

Social Work Resources oversees relevant inspection reports for external providers, ensuring graded inspections, requirements and recommendations are tracked. When performance is weak a coordinated improvement action plan is put in place with the provider to ensure remedial action is taken. Service user placement in the service is reviewed and no new placements are made until performance has improved.

Social Work in South Lanarkshire has a number of challenges, which require strategic and operational responses. Many of these challenges arise from the socio-economic circumstances of the local authority area and the following information describes some of these challenges:

- in 2016 the total population of South Lanarkshire was estimated at 316,378. This is projected to rise by 1.5% to reach 321,175 by 2026. However this rise is just over a third of the projected population increase over this period for Scotland as a whole. For all age groups other than those under 14 years (0.9% increase) and over 65 years, the population will decline. Those over 65 years will show the most significant increase with the population of 65 to 79 year olds projected to rise by 26.1%, those aged 80 to 84 years rising by 22.4% and those aged 85 and over rising by 50%;
- there are significant issues of deprivation, with the most recent Scottish Multiple Deprivation Index (SIMD) showing that 62 areas in South Lanarkshire are in the 15% most deprived areas in Scotland and 21 of those areas are in the 5% most deprived areas of Scotland;
- South Lanarkshire has been significantly affected by recession. The unemployment rate within the area has been above the Scottish average and the gap has been widening. For those in employment hourly pay is below the Scottish average. It is estimated that approx 20,000 people in South Lanarkshire are earning less than the living wage;
- around 13% of the working age population in South Lanarkshire are income deprived and for this reason tackling disadvantage and deprivation is a priority objective in the Council Plan;
- the health of the people of South Lanarkshire is not as good as the average for Scotland as a whole, with relatively more people in South Lanarkshire reporting that their day to day activity is ‘limited a lot’ by a health condition. South Lanarkshire residents have lower life expectancy than the Scottish average and they do not enjoy as many years of good health. This is particularly evident within communities identified as economically,
socially and environmentally deprived. In the most deprived areas, poor health is a significant problem with one in four of all people saying they have a long – term health condition. Death rates for some conditions such as heart disease and stroke match the Scottish average, for others such as cancer they are above the national average;

Against this background demand for social work and social care services continues to be high. The following is an overview of the services we delivered in 2016/17 and the main areas of activity which the CSWO oversees:

- worked with 1898 people to promote independence as part of the Supporting Your Independence approach;
- provided 13768 items of equipment to people to enable them to stay at home;
- supported 2845 carers through our two carers organisations
- at any time can support up to 213 older people with a home like environment in the council’s own residential homes and up to 1569 older people in private or voluntary care homes;
- provided Adult Support and Protection. Activity showed decreased demand this year in relation to adults under 65. We supported 871 inquiries which led to 41 investigations. For adults over the age of 65 demand increased and we supported 1100 inquiries leading to 67 investigations;
- monitor local authority welfare guardianship orders. Visits have been maintained at a good level over the course of the year within 91% within timescale;
- monitor private welfare guardianship orders. Demand remained high with 87% of visits being completed within timescale;
- protected 712 children through child protection investigations. At 31 March 2017, there were 140 children on the Child Protection Register;
- prepared 529 reports for children who were supported through the Children’s Hearing system;
- supported 227 children and young people in foster placements on a full time basis;
- supported the 563 children who were looked after by the council. Of these children: 266 or 47.3% were looked after at home; (106 of these with friends and relatives); 227 or 40.3% were looked after by foster carers/prospective adopters. 12.4% children were in residential and/or secure accommodation, 40 or 7.1% in the council area, 15 or 2.7% in residential schools 15 or 2.7% required specialist, out of area placements to meet their needs;
- supported 1051 people with a learning disability to live in their own communities
- worked with 7052 adults with a physical disability who were referred to the physical disability teams;
- worked with 671 individuals with a mental health problem who were referred to Community Mental Health Teams;
- supported 630 people to complete a Community Payback order, including providing the opportunity for personal development or learning opportunities;
- supported 1134 individuals through providing substance misuse services, following a referral for alcohol or drug misuse; and
- during the past year helped residents of South Lanarkshire to claim over £12.5m in benefits and over £3.8m in backdated payments through the Money Matters Advice service. Over the same period Money Advisors have also helped people to deal with over £11m debt.
The social services workforce delivers essential support every day to some of our most vulnerable people. Social services encompass a wide range of support and services delivered by statutory, voluntary and private organisations. Services are there for people at all stages of life and in all kinds of circumstances. And whilst services are available when people need them and seek them out, it is important to recognise that many services are also required to assess and manage risk, to proactively intervene to protect people and to provide therapeutic interventions as well as care and support.
Social Work Resources had a net revenue budget of £133,161 million for 2016/17 which was allocated as follows:

- Adult and Older People: £96.674 million
- Children and Families: £10.039 million
- Justice and Substance Misuse: £25.378 million
- Performance and Support: £1.07 million

There were a number of financial challenges which Social Work Resources had to manage during the year including:

- the financial impact of demographic growth;
- the Council requirement to achieve ongoing savings. The target for 2016/17 being £36m. In a social work context this resulted in a savings target of £5.45m;
- managing service user and carer expectations, whilst continuing to meet service-users’ outcomes;
- an increase in demand for external placements for children, with a rise in costs for these, which can range from approx £1000 per week to in excess of £7,500 per week for a residential care placement.

Risk management is a key duty for Social Work Resources, both in a service wide and individual service-user and carer context. From a service perspective, the Council’s Risk Management Strategy promotes consideration of risk in service delivery, planning and decision making processes.

Social Work Resources follows the Council’s guidance in developing, monitoring and updating the Resource Risk Register on an ongoing basis. There are 13 top service risks identified for the Resource and these are reviewed and monitored on a regular basis. This aims to mitigate any increased risk/s because of changes in the micro and macro environment. The identified risks for 2016/17 are listed below;
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As the integration of Health and Social Care develops further we need to look to Strategically Commission services and supports for those most vulnerable people living in our communities. We need to understand long term demand and how best to meet that demand to:

- improve and modernise support and services
- provide better outcomes for individuals
- encourage innovation across all service providers
- achieve best value through better configuration of delivery of services and greater efficiencies,
- facilitate and manage the market in a climate of changing independent and third sector providers, increased pressure on internal providers and the need to build community capacity and community resilience, for example by self management,
- review where to invest, re-invest or disinvest.

In 2015, South Lanarkshire Community Planning Partnership joined the Realigning Children’s Services Programme (RCSP) – an initiative sponsored by Scottish Government to support effective commissioning of children’s services. A key aim of
the RCS is to improve the availability and use of evidence about local needs and services. We are in the final year of this programme and will use the learning to refocus priorities if required.

The Resource continues to review and reshape how it operates and where it can find efficiency and innovation. It has developed a dashboard that comprises a range of performance information and a range of statistical data that assists focus on the strategic needs of the most vulnerable population we are required to support.
Service quality, performance management and reporting are intrinsic parts of the duties of the CSWO. A full report is available in the Resource Plan, which is currently being finalised for 2017/18 and which will incorporate performance figures from 2016/17. Examples of how service performance and monitoring is addressed are given below:

- a quarterly meeting dedicated to performance management takes place in line with the reporting timescales of the quarterly report. Examples of performance activity, which are discussed include findings from case file audit activity, self-evaluation and the greatest Social Work risks and financial performance;
- the performance scorecard within the Resource Plan has a number of measures which relate to the Council Plan. These are formally reported to the Council’s Executive Committee twice a year. Any measures which have amber or red progress status are discussed within the Council’s Scrutiny Forum and a Head of Service Manager from the Social Work Resources Management Team is required to attend and explain the performance and potential improvement activity;
- as part of their statutory responsibilities, the Accounts Commission audit public performance reporting arrangements each year to provide continuity and support progress of the Local Government Benchmarking Framework (LGBF). Social Work Resources reports a range of information to demonstrate that it is securing Best Value in providing services. Over the past three years Social Work has shown continued improvement in the collection of performance information and reporting on outcomes.
- the Joint Inspection of Children’s Services (JICS), South Lanarkshire’s first, concluded with the published report in February 2015. The subsequent Action Plan identified 17 improvement actions covering 6 areas of improvement. 13 of these actions are now complete and the remaining 4 are in progress. Children’s services are monitored as part of multi agency Continuous Improvement Activity and we continue to build on improvement in key areas of service delivery. The Improvement Action Plan will continue to inform the Children’s Service Plan 2017-20 which is currently in development.
- the Joint Inspection of Older People’s Service took place from July to October 2015. In line with the findings of our own self evaluation across the 9 Quality Indicators inspected, the Partnership was evaluated as Adequate for 6 and as Good for 3. An improvement plan is in place to address the 9 recommendations for improvement. Our progress is being monitored through the multi agency inspection group and regular liaison with Care Inspectorate.
- our 43 registered services undergo regular self evaluation and external inspection by the Care Inspectorate. During 2016/17, 29 inspections took place with no requirements indicated for 22 of the establishments inspected. The details of the Social Work Registered Care Service inspection summary is included in Appendix 1.
- South Lanarkshire Council has achieved Gold Status as an Investor in People. South Lanarkshire Council has been recognised as a Carer Positive Employer at the Engaged Level. The carer positive award is presented to employers in Scotland who have a working environment where carers are valued and supported.
- within Social Work Resources 3 services (Day Care, Residential Care and Mental Health) have achieved the Customer Service Excellence Award and are fully compliant in all areas of the standard. The higher standard of Compliance Plus has been achieved in 37 criteria.
Customer Service Excellence
Service Area  Compliant Plus

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<td>Older Peoples Residential Care</td>
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Statutory functions

The CSWO is active in overseeing the quality of services and is responsible for ensuring that social work staff are appropriately trained and supported to carry out their professional and statutory duties in an appropriate manner. This is done in a number of ways including:

- regular meetings between the CSWO and senior managers to discuss performance and other operational issues;
- fulfilling corporate governance requirements through the annual Internal Statement of Assurance and overall Governance Assessment Framework with the agreement of the Chair of the Social Work committee;
- analysis and management of information relating to Guardianship Orders;
- ensuring there is effective governance arrangements for the management of the complex balance of need, risk and civil liberties in accordance with professional standards, for example in relation to Adult Support and Protection and Child Protection guidelines;
- decisions relating to the need to place children in secure accommodation and the review of such placements. The CSWO Chairs meetings relating to individual children;
- the requirement for all social work staff working with service-users to be bound by a professional Code of Conduct which is governed by the Scottish Social Services Council (SSSC). The Council's Code of Conduct for Social Work staff has drawn on this framework; all staff, regardless of qualification, have agreed to adhere to specific professional codes that guide their practice;
- Self-directed Support (SDS): a new co-produced assessment is now operational across Adult and Older People’s Services and the Child's Plan has been amended to meet the statutory requirements of SDS. Support planning and a Carers’ Support Plan are also being developed to support statutory requirements alongside the new Communication Strategy for SDS.
- the Health and Social Care Partnership Learning and Workforce Development Board which meets on a quarterly basis. Information relating to training and SSSC registration for Social Work and Social Care staff is made available as required. Self-directed Support, Choose Life, Doorway, Welfare Reform, Children’s Services (including child protection), SWISplus systems training, Mental Health, Criminal Justice and SVQ activity all feature in the Learning and Development Board’s Training Plan;
- identifying suitably qualified and experienced social workers and supporting their training and practice as Mental Health Officers to ensure sufficient numbers of appropriately qualified staff are available to the service;
- actively promoting continuous improvement and evidence-informed practice, including the development of person-centred services that are focussed on the needs of the service-user. The CSWO also oversees the quality of practice learning experiences for social work students and effective workplace assessment arrangements in accordance with the SSSC Code of Practice. This is evidenced by a strong partnership arrangement, which is in place with Glasgow Caledonian University, whereby cohorts of students are provided with placements annually across the Social Work service. Each placement is supported by a Practice Teacher identified from the South Lanarkshire Social Work services workforce;
- the CSWO leading staff seminars, conferences and locality events as required;
- undertaking significant case/learning reviews when required and by following an agreed procedure. This ensures that all findings and areas for improvement are reported and action is taken;
- ensuring Significant Case Reviews and Significant Incident Reviews take place as required. Significant Case Reviews (SCR) are published on South Lanarkshire Council's Adult Protection Committee or Child Protection Committee’s website. Learning from SCRs is crucial for staff across the Resource. Actions are agreed and taken forward as a partnership as a result of reports published;
- responding to Care Inspectorate reports and findings from local and national activity, addressing the requirements of internal and external audit and reporting on progress against outcomes and follow-up actions from this activity. This includes discussion with the Chair of Social Work;

Social Work Scotland (SWS) is the professional leadership body for the social work and social care professions. It is a membership organisation which represents social workers and other professionals who lead and support social work across all sectors. Membership is included from NHS, Local Authorities, third and independent sectors. SWS effectively, do two things:

1. influence and advice on the development of policy and legislation;
2. support the development of the social work and social care professions.

The raft of legislation which is the operational backdrop to social work practice continues to grow, and can be viewed at Social Work Scotland - What we do - useful documents.
6. Workforce

The CSWO has a key planning and leadership role in relation to workforce planning and development, both from a local authority and partnership perspective. Whilst social services is a diverse sector in terms of job roles, career pathways and service structures, what unifies the sector is a common set of shared values and ethics which underpins the principles of those that work in the sector.

Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the core of social service practice. The life changing and challenging work undertaken cannot be underestimated. This essential work is underpinned by core values. These values focus on understanding each individual in the context of family and community, supporting participation and building on the strengths of the individual and their communities to promote enablement.

There are also standards of conduct and practice which social services workers and employees must follow. It is the CSWO responsibility to ensure their staff and that of external providers adheres to these standards and is equipped to support service users.

The CSWO has led and helped shape capacity in the following ways;

Planning -
- building on the work of the previous CSWO, the current CSWO will support possible successors through the Chief Social Work Officer Award offered by Glasgow Caledonian University;
- Social Work Resources has conducted a pilot mentoring programme which has been evaluated with positive outcomes. This programme will be developed corporately with a view to embedding a mentoring/coaching approach across the Council;
- prepare the Resource for service delivery in a health and social care integrated model of care at locality levels.

Development -
- contributing to Health and Social Care Integration. Work continues and locality planning groups are established that will report into the Integrated Joint Board;
- the development of the Dementia Strategy: a pathway has been developed, which details the level of input/training required for each sector of the workforce from ‘Informed’ through to ‘Expert’. The programme includes colleagues from other Council Resources and Health colleagues;
- the development and implementation of the Citizen Leadership approach which is outlined in the Participation and Involvement Strategy for Social Work Resources;
- supporting Frontline managers to undertake leadership training, which includes elements such as emotional intelligence, self awareness and key processes;
- a training programme which has been developed for frontline managers across residential and day care services. The programme uses a ‘blended’ approach to include e-learning and face-to-face inputs and makes use of the ‘Step Into Leadership’ tools developed by the Scottish Social Services staff;
- registration of all staff within Social Work Resources within the timescales set out by the SSSC. Where staff have conditional registrations and the achievement of appropriate qualifications is required, support is provided;
- preparation for the register for Workers in Care at Home Services opening in 2017. A significant development programme is already underway to support staff to gain the
required qualification. A plan will be developed over the coming year to ensure that workers who fall within this part of the register are supported through the registration process;

- an induction programme for Newly qualified Social Workers which is supported by the Learning and Development Team. Social Workers are assigned a mentor to support them in their first year of practice and they are guided through their first Post Registration Training and Learning (PRTL) before they are allowed to practice as fully qualified Social Workers; and

- a planned approach to the overall development of our social care workforce, through the Learning and Workforce Development Board, ensuring that all employees are given access to appropriate developmental opportunities. All employees within the Council receive an annual Performance Review (PDR), which includes an identification of learning and training needs. This is progressed through an employees’ Line Manager and overseen by the Learning and Development Team to ensure that all employees receive the training that is appropriate to their role and function. Social Work Resources supports evidence informed practice and in developing its research culture funds a number of post-graduate courses to support staff with their learning and development.

The social care workforce is one of the largest employment groups in South Lanarkshire with thousands of people working to provide a range of support within our communities. Excellent social services require a confident, dedicated and skilled workforce which is valued by employers, service users and the public.

Everyone in the workforce needs to feel valued and to be motivated to improve their contribution and be innovative in their practice. The CSWO needs to ensure these workers have the right skills, knowledge and values to provide high quality services. Retaining experienced staff in front line practice is crucial to delivering excellent social services.

Liam Purdie
Chief Social Work Officer
South Lanarkshire Council
22 June 2017
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</tr>
</tbody>
</table>
1. **Purpose of Report**

1.1. The purpose of the report is to:

- provide the Board with an overview and outcome from the Care Home Continence Improvement Project which was funded by the Health Foundation and involved David Walker Gardens and Summerlee House, North Lanarkshire.

2. **Recommendation(s)**

2.1. The Integration Joint Board is asked to approve the following recommendation(s):

1. (1) acknowledge the work of the project and support further development;
2. (2) consider supporting further testing in other care homes in South HSCP;
3. (3) support roll out to the remaining local authority residential care homes;
4. (4) explore methods of encouraging and supporting private care homes in South Lanarkshire to implement the Continence Promotion Care Bundle (CPCB);
5. (5) consider relevant NHS clinical environments in the Partnership for testing of CPCB.

3. **Background**

3.1. National Guidelines report a high prevalence of incontinence across age, gender, Health and Social Care environments with a wide range of severity. An ageing population is associated with a rising prevalence of incontinence as urinary and faecal incontinence affect 30-80% of care home residents.

3.2. Incontinence is associated with risks such as falls, urine infection and skin damage. Incontinence is generally managed with absorbency pads which contain as opposed to promoting and improving incontinence.

3.3. National Guidance suggests that interventions such as toilet assistance, optimal fluid intake and medication review can promote continence rehabilitation and reduce the use of absorbency products in the elderly by up to 50%.

3.4. The project aim was to increase the capability of care home staff to promote continence by the development and use of a CPCB and model for improvement methods as a structured approach to improve clinical outcomes. Staff in the Care
Homes were provided with a basic understanding of improvement methodology and supported to capture and use data for improvement.

3.5. The views of staff, residents and relatives involved in the project were captured on video as part of the overall evaluation of the project. The video along with end of project report are available and have been submitted to the Heath Foundation.

3.6. The project was successful in winning the GO Procurement Innovation/Initiative Award – Central Government, Health & Social Care Scotland 2017/18.

3.7. Video link to the overall evaluation of the project - https://youtu.be/REOx5PNGTX4

4. Qualitative & Quantitative Data
4.1. The CPCB was implemented in the two Care Homes in a phased approach with data collected over a 10 month period (September 2016 – June 2017).

4.2. A total of 59 Care Home residents were involved in the project (exclusion end of life care).

4.3. Qualitative & quantitative data was captured as part of the project which demonstrates significant positive impact on both patient safety and person centred care:
   ♦ reduction in episodes of incontinence, reduction in pad use
   ♦ released time to care (more time with residents)
   ♦ 40% - 65% reduction in falls
   ♦ 50% reduction in UTI
   ♦ 30% reduction in skin damage
   ♦ 40% reduction in unplanned hospital admission for falls/UTI

4.4. The improvement activity supports the following National Health and Well Being Outcomes:
   ♦ outcome 3 - people who use Health and Social Care Services have positive experiences of those services, and have their dignity respected
   ♦ outcome 4 - Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services
   ♦ outcome 7 - people using Health and Social Care Services are safe from harm
   ♦ outcome 8 - people who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
   ♦ outcome 9 - resources are used effectively and efficiently in the provision of Health and Social Care Services

4.5. The improvement developed would be applicable in other Care Homes, and would benefit from further testing and refining of improvement measures to capture more robust outcome data.

4.6. Further information on the project is detailed in appendix 1.

5. Employee Implications
5.1. There are no employee implications associated with this report.

6. Financial Implications
6.1. A cost-effectiveness analysis of the continence bundle project has been carried out by Health Economists, Health Improvement Scotland and report potential net costs
savings in the region of £250,000 over the nine months period of the project in one Care Home.

6.2. Funding of £73,000 over a period of 18 months would allow further testing in additional six care homes in South Lanarkshire.

7. Other Implications
7.1. There are no additional risks associated with this report.

7.2. There are no sustainable development issues associated with this report.

7.3. There are no other issues associated with this report.

8. Equality Impact Assessment and Consultation Arrangements
8.1. There are no requirements for an Equality Impact Assessment to be completed in relation to this report.

8.2. This report does not require consultation in terms of the proposals.

Val de Souza
Director, Health and Social Care

Date created: 02 October 2017

Previous References
♦ none

List of Background Papers
♦ none

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Jean Donaldson, Associate Director of Nursing, SHSCP
Ext: 3844 (Phone: 01698 453844)
Email: jean.donaldson@lanarkshire.scot.nhs.uk
Innovating for Improvement

Care Home Continence Promotion Care Bundle (CPCB): Improving Quality of Care & Safety

NHS Lanarkshire Health and Social Care Partnerships
**Project title:**
Care Home Continence Promotion Care Bundle (CPCB): Improving Quality of care and Safety

**Lead organisation:**
NHS Lanarkshire Health and Social Care Partnerships

Partner organisation(s):
National Procurement: NHS National Services Scotland

*(Wider partnership organisations detailed in steering group membership in Appendix 2)*

**Project lead(s):**
Irene Barkby Executive Nurse Director NHS Lanarkshire: **Project Sponsor**

Jean Donaldson Associate Nurse Director South Lanarkshire Health & Social Care Partnership: **Project Chair**

Alice Macleod Nurse Advisor National Procurement: **Project Lead**

Margaret McDonald Care Home Manager & Project Improvement Nurse Summerlee Home North Lanarkshire
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Part 1: Abstract

**Introduction**

Incontinence is common in care home residents with prevalence ranging from 30% - 80% and is associated with risks such as falls, infection and skin damage (1-3). In care homes incontinence is primarily managed with absorbency pads which contain rather than promote and improve continence. National continence guidance suggests interventions such as toilet assistance, optimal fluids and nutrition and medication can promote continence rehabilitation and reduce the use of absorbency products in the elderly by up to 50% (1-3).

Our project outlines an innovative approach to promoting continence within 2 care homes in NHS Lanarkshire. This involved the development and implementation of a continence promotion care bundle (CPCB), consisting of 5 key interventions designed to improve care.

**Primary outcome:** To reduce the use of high absorbency products by 25% in 12 months

**Secondary outcome:** To reduce the safety risks associated with incontinence as a result of CPBC implementation.

**The impact**

A phased approach was used to implement the CPCB in 4 clinical areas within 2 care homes and data collected over a 10 month period (September 2016 – June 2017). 59 care home residents were involved in the project. Those who required end of life care were excluded.

**Data demonstrated the following successes:**

- Reduction in episodes of incontinence, reduction in pad use, less distress
- Improved record keeping
- More time with residents
- 40% - 65% reduction in falls
- 50% reduction in UTI
- 30% reduction in skin damage
- 40% reduction in unplanned hospital admission for falls / UTI

**Economic Analysis** : Potential for £250k resource savings in 9 months

**Sustainability**

The improvement we have developed would be transferable to other care homes, however further testing and refining the measures to establish and capture more robust outcome data would be beneficial.
Part 2: Progress and outcomes

Our Innovation

A care bundle is a collection of 3-5 key process measures or interventions, developed from best evidence and known to improve care if they are consistently performed (8, 10). Care bundles have been evidenced to contribute to improvements in care quality and safety, however are less established in care homes and there are none known which address continence promotion in the elderly.

Our project developed and implemented a Continence Promotion Care Bundle (CPCB) in two care homes between September 2016 and June 2017.

The CPCB consists of the following process measures or interventions known to promote continence:

1. Documented continence assessment which identifies the type of incontinence
2. Documented outcome of toilet assistance (episodes of incontinence)
3. Documented fluid intake
4. Documented caffeine reduction
5. Documented medication review

The Intervention

Bundle audit cycles were performed weekly, randomly sampling 10 residents’ records, to understand and improve compliance with the CPCB. Small tests of change were developed to improve compliance with bundle interventions, informed by the compliance data. Outcome measures evaluated continence promotion and risk reduction. (Appendix1).

Prior to the implementation of the CPCB care staff undertook a two day continence education programme which included the NHS Education for Scotland (NES) online Continence Module.

Changes to the original plan

Video production: The project chair and I attended the Health Foundation Start up meeting where we saw a previous applicant present a video of their project. We discussed the use of this format with our steering group who were supportive as were the Health Foundation. We consequently decided to change the evaluation process from focus group interviews to a video that would capture the experience of the project from care home staff, residents and relatives.
**Health economist:** - The project budget was reporting an under spend at midterm review. Our project resources were calculated for 15 months but due to delays in approval of service level agreements, our timescales were reduced to 12 months which released project finances to support the above changes. We decided that our project would benefit from an economic evaluation and engaged a health economist.

**Data Approach**

Our project used qualitative and quantitative data to monitor the impact on care practice and safety. Quantitative data consisted of process data including: baseline audit of continence care, education evaluation, CPCB processes, and outcome data including: pad usage and cost data. Data on the incidence of falls, UTI and skin damage was collated retrospectively (9 month period prior to the project) and during the project.

Qualitative data gained from stories from staff, and relatives proved to be very powerful. Our evaluation sub-group developed a video that captured the experiences of care home staff and relatives taking part in the project.

"I have been surprised by how this has freed up our time. We have much more time to spend with residents rather than focussing on personal care and frequent changes in clothing."

*Care Assistant.*

"This has been a great opportunity for us to work as a team to improve care. The project has energised out team and focussed on the major contribution the carers provide"

*Unit Manager*

"My mum experienced frequent urinary infections and was always falling. All of this caused great distress to the family. We have seen a huge improvement since this programme was introduced. My mum has not had a urinary infection or a fall since the programme started. She is asking to go to the toilet and is less distressed."

*Daughter of resident.*
Data Sources

Incontinence prevalence data from the Care Inspectorate was used to identify appropriate care homes to be involved in the project. NHS Lanarkshire’s continence service provided data on pad use and cost data from October 2016 to July 2017.

Our primary data source was care home records. This established a baseline relating to bundle processes, falls, UTI and skin damage.

A baseline audit of 20 random residents across the 2 care homes was performed using the Royal College of Physician continence care home audit questionnaires (3). The results demonstrated that both care homes did not meet most of the elements in the organisational and clinical processes section of the audit, indicating a need to improve continence care and record keeping.

Additional tools were developed by the care home staff as part of the Plan, Do, Study, Act cycles (PDSA), to support bundle compliance measurement. These were adapted from published guidance (3-5) and included continence evaluation and categorisation documents. A reduction in the episodes of incontinence was added as an outcome measure following the initial testing of the bundle measures.

Project Impact

Across both care homes 74 residents used absorbency pads to manage incontinence with the majority using high absorbency pads; 75% of residents in the nursing home (n=59) and 25% in the residential home (n=15). Those who required end of life care were excluded from the project.

59 residents took part in the project (n=49 in the nursing home and n=10 in residential home). The majority of the residents were female (n=47). Within the project 98% of the residents had cognitive and physical incapacity. 65% of residents in the nursing home and 90% of residents in the residential home were assessed to have functional incontinence. (Table 1&2)
### Table 1  Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Nursing Home</th>
<th>Residential Home</th>
<th>Total</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Residents in care home</td>
<td>79</td>
<td>50</td>
<td>129</td>
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<tr>
<td>Number of resident who use products to manage incontinence</td>
<td>59 (75%)</td>
<td>15 (30%)</td>
<td>74</td>
<td>57%</td>
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<tr>
<td>Declined to take part</td>
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<td>1</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Number of residents eligible for pilot (exclusion end of life)</td>
<td>49</td>
<td>10</td>
<td>59</td>
<td>80%</td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
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<td>12</td>
<td>20%</td>
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<tr>
<td>Female</td>
<td>38</td>
<td>9</td>
<td>47</td>
<td>80%</td>
</tr>
<tr>
<td>Mean age</td>
<td>mean age 88 (range 76-98)</td>
<td>mean age 86 (range 73-95)</td>
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</tr>
<tr>
<td>Number of residents in pilot with incapacity</td>
<td>49</td>
<td>9</td>
<td>58</td>
<td>98%</td>
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<tr>
<td>WTE Staff</td>
<td>124</td>
<td>64</td>
<td>188</td>
<td></td>
</tr>
<tr>
<td>No of residents reviews in bundle cycles</td>
<td>(n=36 cycles)</td>
<td>(n=25 cycles)</td>
<td>367</td>
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### Table 2 Urinary Incontinence Categorisation

<table>
<thead>
<tr>
<th>Urinary Incontinence (UI) Categorisation</th>
<th>Nursing home</th>
<th>Residential Home</th>
<th>N Home (%)</th>
<th>R Home (%)</th>
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<td>0%</td>
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<td>Total number residents</td>
<td>49</td>
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</table>

Categorisation document adapted from Continence Resource Covidian Medtronic® with permission
Results

Nursing Home:

36 bundle PDSA cycles were performed in the nursing home between September 2016 and July 2017 involving 205 resident reviews.

The mean compliance with bundle process measures was 78% however 90% compliance was achieved and sustained from April 2017 (Fig 1).

The mean overall compliance with outcome measures; reduction in pads per 24 hours and reduction in episodes of incontinence was 62% with 65% - 75% achieved between January and April 2017. This fell between May and June 2017 due to a Norovirus outbreak (Fig 2).

Figure 1: Nursing Home compliance to process measures

Figure 2: Nursing Home compliance to outcome measures
Residential Home

25 bundle cycles were performed in the residential home between October 2016 and July 2017 involving 162 resident reviews.

The mean compliance with bundle process measures was 36% however 60%- 70% compliance was achieved and sustained from June 2017 (Fig 3.)

The mean overall compliance with outcome measures; reduction in pads per 24 hours and reduction in episodes of incontinence was 30% however 45% - 70% was achieved between March and May 2017. This fell in June due to poor record keeping (Fig 4).

Figure 3 compliance to process measures

![Figure 3: Compliance to process measures](image1)

Figure 4: Compliance to outcome measures

![Figure 4: Compliance to outcome measures](image2)
Risk reduction (Nursing Home)
- Falls 65% reduction
- UTI 50% reduction
- Skin damage 30% reduction

Risk reduction (Residential Home)
- Falls 40% reduction
- UTI 20% increase
- Skin damage no comparison data available to compare reduction in skin damage

Figure 5: Risk reduction

Reduction in the use high absorbency pads was achieved, with a 57% and 30% reduction in nursing and residential home respectively.

Table 3

<table>
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<tr>
<th>Reduction of High Absorbency Pads (HAP)</th>
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<td>Residents on HAP</td>
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<tr>
<td>------------------</td>
</tr>
<tr>
<td>N Home</td>
</tr>
<tr>
<td>Res. Home</td>
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</table>
Part 3: Cost impact

An exploratory economic analysis was undertaken to assess the costs and potential value for money associated with implementing the improvement bundle in the setting of a single nursing home in Lanarkshire. The analysis was based on the aforementioned data collected during project implementation; specifically data relating to the use of incontinence containment products and incontinence-related events (Figure 5). These outcome data were supplemented with published data on the costs and quality-of-life impact associated to these events, which facilitated an assessment of the potential value for money of the improvement project.

A full report of the analysis can be found in the following embedded document. The analysis was based on data collected for the nursing home only. Comparative data were not available from the residential home.

Key findings

The care bundle implementation appears to have led to a noteworthy drop in the rate of incontinence and also to three adverse events linked to incontinence. This inevitably leads to a reduction in the resources and costs associated with managing these events. In addition, owing to the reduction in use of incontinence containment products (high absorbency pads), consumable costs will also have been reduced.

Overall, implementation of the bundle in the nursing home appeared to have the potential to generate net cost reductions in the region of £250,000 over the 9 months follow-up period. Although the majority of the cost reduction represents a staff resource saving, a small proportion of the reduction stems from a fall in absorbency pad use which represents a consumable saving.

It is important to note that the cost of implementing the improvement project must be offset against the total savings. The overall improvement project budget was circa £50,000. However, although it is difficult to apportion the project budget to each implementation activity, it is likely that the cost of implementation is lower than the budget for the project.

A reduction in incontinence and incontinence-related events such as falls and UTIs is also likely to have an impact on the HRQoL of the care home residents. Based on the exploratory analysis, implementation of the improvement project may generate an additional 4 quality-adjusted-life-years (QALYs).

In summary, in economic terms, the improvement project is said to dominate usual care because it has led to a reduction in costs and also an improvement in patient outcomes and quality of life.
Exploratory analysis and future work

Additionally, a forecasting model was developed to calculate the potential long-term effects of the care bundle. The simulation was run over a time horizon of 5 years and 3 months which corresponds to the average life expectancy of people aged 88 living in the UK. The time horizon was chosen to reflect the average age of the nursing home cohort and was adjusted to account for the male/female proportion in the cohort. Overall, the model suggests that implementation of bundle may lead to resource reductions in excess of £1.6m and may generate approximately 22 additional QALYs in the nursing home analysed.

With 73 care homes registered in NHS Lanarkshire alone, the potential resource implications for rolling out the care bundle at the national level could be considerable, assuming that the project could be successfully implemented in other settings.

However, due to important uncertainties and limitations of the current analysis and underlying data, these results should be considered with caution. Future research design should focus on collecting more detailed, patient-level data including: patient characteristics, incontinence status, incontinence type and severity, incontinence-related events and their severity, resource use and costs, and HRQoL using a generic questionnaire such as the EQ-5D. In addition, detailed costs required to implement the care bundle intervention should also be collected.

Data should be collected prospectively in two parallel cohorts (intervention and control) to which access to the improvement bundle had been randomised. The follow-up period should be beyond 1-year in order to capture any seasonal changes in outcomes.

A multicentre research design in which data is collected at the same time from multiple care homes would also facilitate the extrapolation of the results at the national level. If randomisation is not possible, a detailed set of characteristics in the intervention and comparator arm should be collected which would serve to adjust the results of the analysis for any relevant covariates that can influence the outcome of the treatment (improvement bundle) in the two groups.
Part 4: Learning from your project

The aims and objectives identified in our project application have been achieved. Our success is due to the support and enthusiasm of the care home improvement nurse, care home staff and the wider project team.

“The team has been very enthusiastic about this project. It is great to see the energy and the effect on staff when they see evidence of how they have influenced and driven improvement in continence care. There is a general buzz about the place”

Care Home Manager

The care home managers and staff were key enablers who led the successful implementation of the CPCB, with facilitation from the project lead.

“The documents developed as part of this improvement have been very beneficial. We can identify residents not taking optimum fluids and have improved on this. Staff found the urinary categorisation very helpful and we have redesigned our care plans”.

Care Home Manager

In addition the wider project team provided both support to the care home staff within the project sub-groups; audit, education, bundle development and evaluation.

These groups developed the initial processes to support the project outcomes and delivered their objectives within tight project timescales enabling the implementation phase to progress.

Our project chair provided excellent leadership and encouragement to our project steering group. She effectively managed discord from competing demands of a wide project team with different expertise and expectations, providing solutions and direction. In addition she also provided advice around the governance process required for video filming, taking account of NHS Lanarkshire corporate governance processes. She enabled the engagement of senior management in NHS Lanarkshire who will be critical in supporting sustainability and future investment in this improvement activity.

Support from relatives was crucial. A high proportion of the residents in both care homes lacked cognitive capacity (98%). Consent to take part in the project was obtained from relatives who held Power of Attorney. In addition consent was also obtained from staff and relatives who kindly shared their experience in the project video.
Project information leaflets and a poster were developed with the support of communication managers in both NHS Lanarkshire and NHS National Procurement. Care home staff helped to promote the project and provided information to families, particularly family members who would be responsible for decision making on behalf of residents who lacked capacity (Appendix 1).

“The manager asked me if I wanted my wife to take part and gave me some information. I have been delighted in what has been done. My wife is not wet or in distress when I visit. It is good to know the staff are striving to improve her care”

Husband of resident

Challenges

The project team lacked expertise in improvement science which created challenges in the early development of the CPCB. This was overcome with some input of the NHS Lanarkshire improvement lead.

Care home staff were unfamiliar with reviewing and using data for improvement and participating in bundle PDSA cycles. Consequently there were issues with resistance. Although we experienced early adopters who championed the project, some staff were less receptive, resulting in incomplete record keeping and reduced compliance with bundle measures. This was more prevalent in the residential home, and may have been due to a change in leadership. The care home manager left at the start of implementation leaving a period of 2 months until a permanent manager was appointed.

We tried to overcome resistance by supporting, encouraging and motivating the care home staff, and by celebrating success. Although the overall scores may have been lower in comparison to the nursing home, the residential home still evidenced improvement. Reflecting on this with a senior carer, it was heartening to note that she gained valuable experience in this process.

“I found it difficult to speak to staff who did not value the importance of completing the continence evaluation charts….when there was no information on a resident’s fluid intake or when they were taken to the toilet. I have learned to approach this differently, using encouragement rather than criticism….showing them how care is improved when they participate and complete documents accurately”

Social Care Worker
It is important to note that improvement was seen in both homes but at a different pace. The results demonstrate a difference between the nursing home and residential home in achieving overall compliance to bundle measures and in the outcomes. It is unclear if this was a leadership issue particularly in challenging resistance to change or related to the different organisation structure and culture between the two care homes.

Interestingly staff noted an improved confidence in continence promotion as a result of education provided prior to the pilot; however the project demonstrated that improvement in outcomes took 6 months to evidence. Therefore it is noted that that education alone does not result in changes to practice.

Our project improvement nurse, who was the manager in the nursing home, reported how important it was for the carers to be involved as they deliver most of the care. They were pivotal in driving improvement, changing their behaviour and beliefs.

The care homes were cautious and reluctant to make the decisions on reducing pad absorbency, which was not achieved until the end of the project. We assume this was due to building confidence in the findings.

An interesting finding from our project care home support nurse observation was that a significant number of medications were stopped as a result of the project. This information was not routinely collected and would warrant further exploration in any future testing of the CPCB. This may be an additional area of financial benefit.

The learning from this project will influence further improvements in project design and data collection. In line with recommendations from the economic assessment further testing will strengthen how we can evidence the impact of continence promotion. If health related quality of life measures (HRQoL)such as the EQ-5D are important , we need to consider how this will fit with a care home population who have cognitive impairment and if proxy measures of HRQoL would be reliable.
Part 5: Sustainability and spread

Our project has demonstrated that the use of quality improvement methods and the implementation of CPCB can improve continence care and has the potential for a wider effect on re-enablement and promoting patient safety.

The benefits of any project, may be realised throughout the duration, however improvement may be short lived if it is not sustained. A significant success factor is that the improvements were generated by care home staff and their ownership in the successful implementation of the CPCB as opposed to an external ‘expert’ performing improvement.

The improvement we have developed would be transferable to other care homes, however further testing and refining the measures to establish and capture more robust outcome data would be beneficial.

Taking forward learning from this project, further refinements would include; developing measures to assess the effect on medication reduction, unscheduled admissions and releasing time to care. In addition, further testing of this model of care will provide evidence for wider implementation.

A reporting structure has been a feature of this project where the care homes submitted data from bundle testing that was analysed and shared with the homes, with support and advice on areas to focus for improvement.

To maintain this, a short term plan is for the care homes to continue to collect CPCB data within a developed database, where care homes can monitor improvement monthly. A data reporting structure will have to be agreed and will be a recommendation made to NHS Lanarkshire as part of a project exit strategy.

Further testing of this improvement activity is supported by the project chair but will require both investment and discussion of the approach, particularly how this improvement activity would fit with the wider primary care partnership, integration and transformation plans.

It is acknowledged that this project was an improvement project, developing and testing the CPCB. The project lacks the robustness of a research study, which may limit the findings.

It is anticipated that further refining and testing of this improvement work will be a recommendation made to NHS Lanarkshire as part of the project exit strategy.
Activities


- October 2016: The project was presented at the British Society of Geriatricians: Bladder and Bowel Special Interest Group (SIG) conference: Improving Continence in Older People. Manchester

- February 2017: Poster presentation NHS Lanarkshire Person-Centred Health & Care Event and presentation accepted for Scottish Care Conference November 2017

- June 2017: NHS Lanarkshire Sponsor : Executive Nurse Director has nominated the project for a Merit Award

- July 2017: Head of Strategic Sourcing NHS National Procurement is submitting the project for Procurement Government Opportunities (GO) award.

- Regular updates by our Project Chair to: North and South Lanarkshire Health and Social Care Partnerships

- Regular updates from the Project Steering Group minutes to wider partners; Care Inspectorate, Scottish Care, Health Protection Scotland and Health Improvement Scotland.

- Communications strategy: Project promotion plan with Local Press coverage and Health Board communication journals to be developed by communication managers in NHS Lanarkshire and NHS National Services following final submission of the project to the Health Foundation.

- The final report and access to the evaluation video will be disseminated across NHS Lanarkshire, North and South Health and Social Care Partnerships , NHS Scotland partnerships agencies; Scottish Care, Care Inspectorate , Health Improvement Scotland ,Health Protection Scotland and to Scottish Executive Nurse Director Group

Project Exit Strategy

- Submission of a position paper to North and South Lanarkshire Health and Social Care Partnerships with recommendations for investment and wider testing by November 2017

- Aim to submit the project to a healthcare journal for publication December 2017 and promote the project at healthcare conferences.
Appendix 1

Resources

Additional Project Data

Table 4

<table>
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<tr>
<th>Summary of Admissions</th>
<th>January-September 2016</th>
<th>October - May 2017</th>
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Source: NHS Lanarkshire Quality Department: emergency admission data for falls & UTI

Project Resources

Care Inspectorate Scotland: Promoting continence for people with dementia and long term conditions.


Interactive ACT Programme for Continence Management (Assessment and Continence Training) 2014 Covidian Medtronic®. www.covidian.com

Decision aid for diagnosis and management of suspected urinary tract infection (UTI) in older people.

Comments from Project Chair; Jean Donaldson Associate Nurse Director
South Lanarkshire Health & Social Care Partnership

“Chairing the project to improve continence in care homes and reduce harm associated with incontinence on behalf of NHS Lanarkshire was exciting. Having previously been employed in the role of Care Home Liaison Nurse I was enthused at the opportunity to once again work extremely closely with colleagues in the Care Home sector to improve care for residents.

Having the ability to support and guide the development of staff working in the care homes linking them with relevant services within NHS Lanarkshire to promote continence by utilising improvement methodology was a real privilege. The changes to care provision have been significant and as this was driven by the staff working in the Care Homes it is more likely to be sustained in the longer term”.

Comments from Project supported care home improvement nurse; Margaret McDonald Manager Summerlee Nursing Home North Lanarkshire

“We have had the pleasure and privilege to be involved in this pilot.

It was a new improvement approach for us as care home staff PDSA cycle using bundle measures.

We are all surprised and delighted with the impact this has had on our residents and reductions in associated risks. This project has improved the quality of life for our residents and staff are reporting more quality time to spend with residents.

We have new improved assessments, categorisation tools, and have consolidated recording charts.

This is a new routine and approach to promoting continence/sustaining improvement and I would urge all care home managers to embrace this improvement”.

Commentary on variations to the budget

Our original project budget was £60,100. At our midterm report we reported our projected project expenditure of £49,240 giving a project under spend of approximately £10,000. Consequently no further funding was received beyond the £49,262 already in place.

This was due to a change in our project resources; initial calculation for 15 months @ 3 days per week and a change in projected activates due to resource availability: Project used 12 months of resources @ 2 days per week as stated in SLA.

Despite our project under spend in relation to our original budget; we were able to deliver our project objectives. Changes to project activities with video development and economic analysis were approved by Health Foundation at midterm report. Health Foundation additional award payments were cancelled to reflect our reduced budget requirement.

Authorisation from finance department

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<tr>
<th>Signed</th>
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<tbody>
<tr>
<td>Name</td>
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# Project Steering Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>Irene Barkby</td>
<td>Executive Nurse Director (Project Sponsor)</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Jean Donaldson</td>
<td>Associate Director of Nursing (Project Chair)</td>
<td>NHS Lanarkshire South Health &amp; Social Care Partnership</td>
</tr>
<tr>
<td>Alice Macleod</td>
<td>Nurse Advisor (Project Lead)</td>
<td>National Procurement, NHS National Services</td>
</tr>
<tr>
<td>Margaret MacDonald</td>
<td>Care Home Manager Project Funded Improvement nurse</td>
<td>Summerlee Nursing Home (Balmer Group North Lanarkshire)</td>
</tr>
<tr>
<td>Eleanor Cook</td>
<td>Project Funded co-ordinator / analyst</td>
<td>National Procurement, NHS National Services</td>
</tr>
<tr>
<td>Allison Cavinue</td>
<td>Care Home Liaison Team Leader</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Allison Hilley</td>
<td>Continence Team Leader</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Debra Allison</td>
<td>Care Home Manager David Walker Gardens Local Authority Care Home</td>
<td>South Lanarkshire H&amp;SCP</td>
</tr>
<tr>
<td>Adelle Gibson</td>
<td>Social work carer David Walker Gardens</td>
<td>South Lanarkshire H&amp;SCP</td>
</tr>
<tr>
<td>Jacqueline Dennis</td>
<td>Improvement Advisor</td>
<td>Care Inspectorate</td>
</tr>
<tr>
<td>Hillary Stevenson</td>
<td>Independent Sector Integration Lead</td>
<td>Scottish Care</td>
</tr>
<tr>
<td>Nanette Paterson</td>
<td>Independent Sector Integration Lead</td>
<td>Scottish Care</td>
</tr>
<tr>
<td>Jane McNeish</td>
<td>Senior Nurse Epidemiologist</td>
<td>Health Protection Scotland</td>
</tr>
<tr>
<td>Lesley Shepherd</td>
<td>Nurse Consultant</td>
<td>Health Protection Scotland</td>
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We wish to acknowledge the following people who provided additional support to the project.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Jonathon O'Reilly</td>
<td>Improvement Lead</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Margo Russell</td>
<td>Director NMAHP Practice Development</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Sue Hutchison</td>
<td>Communications Manager</td>
<td>NHS National Services Scotland</td>
</tr>
<tr>
<td>Euan Duguid</td>
<td>Communications Manager</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Martin Burt</td>
<td>Producer</td>
<td>Native Film Company Scotland</td>
</tr>
<tr>
<td>Ed Clifton</td>
<td>Senior Health Economist</td>
<td>Scottish Health Technologies Group Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Lucian Gaianu</td>
<td>Health Economist</td>
<td>Scottish Health Technologies Group Healthcare Improvement Scotland</td>
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Sincere thanks to all the project care home staff residents and relatives who kindly shared their experience in the project.
Appendix 3: Feedback to the Health Foundation

We were fortunate to have received an innovating for improvement grant by the Health Foundation.

This opportunity provides grant holders with excellent resources from the Health Foundation from consultancy advice to accessing wider resource material from Health Foundation website. The learning events enable grant holders to network with each other at national level and to learn from other projects.

The project was fortunate to have additional support from management consultant, Richard Edgeworth from Springfield consultancy. Richard provided the project lead with regular telephone consultations providing good advice, support and encouragement with our project direction.

The learning events from the Health Foundation were very well organised with good information, an opportunity to network and develop ideas to improve our project.

In addition the structure of the highlight reports and the project final report templates enable concise, succinct reporting.

Being part of the Health Foundation programme has been a great platform to develop improvement activity with the additional benefit of national exposure.

Alice Macleod Project Lead
References

1. Essence of Care: Benchmarks for Bladder, Bowel and Continence Care (2010) Department of Health


3. Healthcare associated infection in long term care facilities (HALT Study) 2010. Health Protection Scotland

4. The management of Urinary Incontinence in women (2014) NICE Clinical Guideline 171


Health Foundation

Innovating for Improvement

Care Home Continence Promotion Care Bundle (CPCB): Improving Quality of Care & Safety

NHS Lanarkshire Health and Social Care Partnerships

PROJECT APPENDIX SECTION
PROJECT APPENDICES

Health Economic Assessment

Project CPCB & Data Collection tool & Continence evaluation document.

Project Promotion