**Health and Care report to the Executive of the Joint Forum of Community Councils in West Lothian April 2021.**

**Obesity deaths**.

Obesity and excess body fat may have contributed to more deaths in England and Scotland than smoking, according to research published in the journal *BMC Public Health*. Between 2003 and 2017 the percentage of deaths attributable to smoking are calculated to have decreased from 23.1% to 19.4%, while deaths attributable to obesity and excess fat have increased from 17.9% to 23.1%.

The study found that smoking is still likely to contribute to more deaths among younger adults and that obesity and excess fat accounts for more deaths among men. The findings suggest that public health and policy interventions aimed at reducing the prevalence of smoking have been successful and that national strategies to address obesity and excess body fat, particularly focussing on middle-aged & older age groups and men, should be a public health priority.

**East Calder Medical Practice.**

The Operational Business Case, for the reprovision of East Calder Medical Practice, is likely to be submitted to the NHS Lothian Capital Investment Group on 8 April. If approved, it should progress as a Full Business Case, to the NHS Lothian Finance and Resources Committee on 21 April, to the NHS Lothian Board on 4 August and to the Scottish Government Capital Investment Group on 18 August.

**CHAS Manifesto**.

Children’s Hospices Across Scotland has launched its manifesto ahead of the Scottish Parliament election.

It sets a vision that children with complex palliative care needs should have timely access to care and support, where and when it’s needed, backed by sustainable funding, as follows:

* Continued sustainable funding over the next 5 years.
* A new national palliative care plan that addresses the needs of children.
* More specialist training for health and social care staff, to meet increasingly complex needs.
* Better financial support for families, including after a child dies.
* Bespoke support for children with complex needs living into adulthood.

There are more than 16,700 babies, children and young people across Scotland who may die from a life-shortening condition. Many are stable, but three children each week die of a life-shortening condition each week and the numbers are going up.

CHAS can be contacted on 0131 444 1900 or email [support@chas.org.uk](mailto:support@chas.org.uk)

**Care Homes West Lothian**.

Risk assessments are carried out via daily meeting of the West Lothian Care Home Clinical and Care Professional Oversight Group involving the Chief Officer, Chief Social Work Officer, Chief Nurse, other partnership senior managers and representatives from Public Health Scotland where emerging challenges and risks are identified and addressed.

Oversight and support is delivered via: daily assurance calls and assurance visits to each care home by a dedicated team of social workers and NHS clinical staff; fortnightly, forums to share experience, guidance and provide support; engagement with NHS Lothian’s Operational and Strategic Group, health protection teams, Care Inspectorate and Scottish Care; daily communication with GPs, nursing teams and the dedicated NHS Care Home team; oversight of PPE stock, staffing, testing and vaccinations; support with safe admission and visiting arrangements; and fortnightly analysis of Care Inspectorate reports

In addition, work is now taking place to identify how to develop a sustainable support model for care homes which continues to offer assurance over standards into the future. All care homes have up to date business continuity plans that include staffing. The majority of care homes use regular agency staff to cover for absence but when this is exhausted, arrangements are in place for the partnership to request mutual aid staff (registered nurses, care assistants and domestic staff) from the NHS Lothian’s staff bank.

**High Level Meetings**.

The NHS Boards **Chairs Group** met in January and February. The meetings focussed on the COVID-19 pandemic, the vaccination rollout, delayed discharges, care homes and the Independent Review of Adult Social Care.

The ministerial **meetings for Chairs of the National NHS Boards** are now attended by Mairi Gougeon MSP, the new Minister for Public Health and Sport. 4 meetings have been held in the first 3 months of the year, covering areas such as joint inspections of care homes, supporting community engagement during the pandemic, delayed discharge and SIGN guidelines.

Chairs and Chief Executives of the various NHS Boards **met with the First Minister** on 3 February. The First Minister expressed her thanks for the ongoing efforts to respond to the pandemic and deliver the vaccination programme. There was broad agreement about the importance of co-ordinating all the lessons learned.

Chief Executives and senior staff of the **British Isles and Ireland Health and Social Care Regulators Forum** met on 21 January 2021 to explore learning from the COVID-19 pandemic and were joined by Government officials from their respective countries. The discussion covered the nature of regulatory response to the pandemic and further opportunities for shared learning, especially in the context of ensuring a rigorous approach to infection prevention and control in care homes.

**PPE and Testing West Lothian**.

A PPE hub was established at the start of the pandemic using staff seconded in from other areas. The model was reviewed during the course of the year to build a more sustainable model and to include the distribution of testing kits to community services. The Joint Community Equipment Store took over responsibility for distributing PPE and testing kits with ongoing support from a programme manager to ensure the smooth operation of the service.

**Prostate Cancer**.

Prostate is the most common cancer in men in the UK with over 40,000 new cases diagnosed every year. West Lothian Prostate Cancer Support Group are here to help both parents and families. For more details contact Charlie Hogg on 01506 845981 or email [charliehogg@blueyonder.co.uk](mailto:charliehogg@blueyonder.co.uk)

**Drug-related Deaths**.

The Royal College of Physicians of Edinburgh has launched a new report on drug-related deaths in Scotland. The report recognises that the crisis is complex, but says much more can be done, including action on harm reduction and on the social determinants of drug use.

The College believes in bold policies, such as the decriminalisation of the possession of drugs, safe drug consumption facilities, and rolling out a heroin assisted treatment programme in all major centres in Scotland should be considered.

Urgent research is required to examine the links between poverty and drug-related deaths, including the impact of COVID-19 on drug use. There is also an urgent need to study and understand complex poly-drug use, ass National Records of Scotland data for 2019 show that the number of drug-related deaths of people who took more than one substance was 94%.

The College is calling for more joined up care for people who use drugs, as well as support for those who have completed rehab orb who have left hospital after being admitted for drug overdose. **The College’s report makes 5 key recommendations**:

* **Decriminalisation**: The Scottish and UK Governments must give evidence-based consideration to the decriminalisation of drug use.
* **Constructive political debate**: The College calls on politicians to work constructively together on drug-related deaths, and to listen carefully to the views of front-line clinicians and researchers.
* **Cross party consensus**: Continued and increasing cross-party and cross-discipline engagement is required to effectively manage drug-related deaths and deliver real and measurable change.
* **Socio**-economic factors: The UK and Scottish Governments must work together to address the socio-economic factors associated with drug use such as employment and income, social security, education, public health, support services and housing – as well as the physical and psychological factors.
* **The leaders of the medical community** must support educational initiatives which maximise the involvement of all sectors of medicine in managing problems associated with drug and alcohol dependency.

Drug-related deaths is a complex issue caused by a wide range of factors including high levels of deprivation in the most affected communities, an ageing population whom use or have used drugs in the past, psychological trauma, high-risk patterns of drug use, the risky behaviour of some people who use drugs and stigma by society.

A new minister for drugs policy – Angela Constance – has been appointed. The College supports her move to roll out naloxone kits (*I mentioned this in previous reports*) to help save lives of people who use drugs.

The College is calling on her to maintain an “open dialogue” with the wider medical community on policies which could give people who use drugs person-centred care, in the right place, at the right time.

**Caring For Adults West Lothian**.

Practice Team referral rates remain consistently high. Adult Support & Protection issues, in the main, relate to mental health and increases in suicidal ideation or alcohol/drug intoxication/withdrawal. The Team have been conscious of carer anxiety as an issue, with carers reluctant to access support due to risk of contracting the virus. It is hoped this will ease as individuals and carers start to receive the vaccination. For those who are experiencing high levels of carer stress the team have been able to respond through either an increase in their day service provision or accessing respite support.

Day Centres are maintaining a level of service delivery for those who are able/wanting to access the support. For those who are not they are providing regular contact either through a programme of online activities or through garden/door step visits. The Council Executive recently approved suspension of contributions payments for individuals who have decided not to attend day centre provision at the current time.

The IJB has two residential units, one long term (Deans) and one respite (Burnside). Respite provision has remobilised, however uptake has been limited. This is for various reasons including availability of activities that Burnside can provide (i.e. they would usually go day trips on public transport etc.) or concerns about exposure to Covid in the community. For those who are choosing to access respite they are complying with the testing and request to self-isolate until admission (no more than 72 hours). Deans have remained open throughout due to the nature of service provision. Both staff and residents have remained well throughout and majority of staff and residents have now received their vaccination.

There are 13 additional adult residential resources in West Lothian, delivering services for adults with a learning disability. These resources are managed by a range of providers and vary in size from 3 residents up to 8. In the main these resources have not experienced the same impact as older peoples care homes. To date there have been two Covid outbreaks within these resources. Staffing levels have been maintained and whilst there has been some sickness absence this is in the main not related to Covid.

**Scottish Budget 2021/22**

The Cabinet Secretary, in a statement to the Scottish Parliament on 28 January 2021, announced the Scottish Draft Budget 2021/22. The final budget approved on 9 March 2021 reflected additional funding allocations from the UK Government. This allowed for a range of additional measures to be incorporated to meet the costs of Covid-19, support the recovery from the pandemic and introduce new initiatives for young people and the environment.

**In overall terms** Scotland’s total proposed spending plans, including both revenue and capital, as set out in the Budget 2021/22, amount to £54,012 million, an increase of £4,551 million compared to 2020/21, with health and sport receiving the biggest increase in funding of £1.69 billion, an 11 per cent increase.

**Local government** represents the second largest element of the overall Scottish Budget and the 2021/22 revenue funding will increase in cash terms by £326.17 million, a 2.3% increase. Much of the increase is attributed to the addition of ring-fenced funding which is earmarked for the delivery of Scottish Government priorities. After accounting for ringfenced funding the actual movement in core revenue funding is an increase of £84.2 million.

The **public sector pay** policy applies to staff under the Scottish Governments’ remit, so does not include local government. The public sector pay policy for 2021/22 was announced alongside the draft Scottish Budget 2021/22. It included a 3% rise for those earning up to £25,000 with a cap of £750 and a 1% rise for those earning over £25,000 with the maximum pay uplift for those earning over £80,000 being £800. This was subsequently enhanced as part of the final budget approved to reflect a £800 pay rise for workers earning up to £25,000 and a 2% uplift for those earning up to £40,000.

The Scotland Act 2016 **devolved various areas of social security** to Scotland – mainly related to carers and disability benefits. The Social Security (Scotland) Act 2018 received Royal Assent on 1 June 2018, with Scottish social security benefits now being delivered.

The Scottish Government has been implementing the devolved powers on a phased basis and new social security powers over Attendance Allowance, Disability Allowance, Industrial Injuries Disablement Allowance, Personal Independence Payments and Severe Disablement Allowance commenced in 2020/21.

**Social security powers transferred** to Scotland need to be managed within HM Treasury budget control limits and this has introduced increased volatility into the Scottish Budget. Any increase in demand against what has been forecast by the SFC needs to be managed through a combination of drawing down funding from the Scotland reserve, utilising resource borrowing powers or in-year adjustments to other budgets.

The Scottish Government has announced a **budget of £3.590 billion for social security assistance**. Spending on three disability payments Personal Independence Payments, Disability Living Allowance and Attendance Allowance dominates the social security portfolio and accounts for 75% of spending.

In terms of additional **funding for Social Care**, an additional £72.6 million will be transferred from the Health portfolio to Local Authorities in year for investment in health and social care and mental health services that are delegated to Integration Authorities. The additional £72.6 million includes funding for the Living Wage, uprating of free personal and nursing care payments and the implementation of the Carers Act. This funding is to be additional to each council’s 2020/21 recurring budgets for social care and not substitutional. This means that the full benefit of this additional funding of £72.6 million is to be allocated to Integration Authority delegated functions.

The draft 2021/22 **Scottish Government funding for West Lothian Council** is £354.334 million, which is £12.068 million greater than the equivalent figure in 2020/21. However, it is important to note that within the West Lothian allocation there is £3.911 million of funding which relates to new additional expenditure commitments for 2021/22 and £2.699 million which is conditional on a council tax freeze. The new additional expenditure commitments include £1.918 million of confirmed funding relating to the council’s share of an additional £72.6 million Scotland wide relating to IJB social care functions. This has been provided to meet the additional costs associated with:

* Delivery of Carers Act requirements
* Payment of Living Wage
* Uplift to Free Personal and Nursing Care Allowances

Taking account of this, the council’s 2021/22 core funding from the Scottish Government for existing service delivery has increased by £5.458 million compared to 2020/21.

**Implications for NHS Boards**. Territorial Boards will receive a minimum cash terms uplift of 1.5% on core baseline funding. In addition to this, those Boards furthest away from NRAC parity will receive a share of £30.2 million, which will continue to maintain all Boards within 0.8% of NRAC parity. This will result in a cash terms uplift of £186.2 million in 2021/22 in baseline funding for NHS Territorial Boards, equivalent to an overall 1.8% uplift.

Additional funding of £869 million will be provided to support the ongoing **response to the pandemic**.

While it is anticipated that further Covid-19 funding will be provided by the UK Government, this additional tranche of funding is anticipated to provide assurance for continuing with key programmes of work, such as vaccinations and Test and Protect.

**Investment in the Primary Care Fund** will increase to £250m in 2021/22. This will support the delivery of the new GP contract and wider primary care reform and continued development of new models of primary care. Covid-19 funding will be maintained for Community Hubs while they are still required. There will be continued support for multi-disciplinary teams, which are supporting GPs to fulfil their role as expert medical generalists in the community.

Investment of £136 million will again be provided for **investment in addressing waiting times**. Whilst progress has been made in reducing waiting times in recent years, the response to the pandemic has interrupted this progress. In addition to this funding, consideration will be given to the provision of further funding to support the remobilisation of elective care as part of NHS Board remobilisation plans to reduce the backlog.

Funding of £111.1 million will be directed to a range of partners for **investment to support mental health, and children and young people’s mental health**.

There is a commitment to build on previous support to Territorial and National Boards through ongoing delivery of the Mental Health Outcomes Framework. The Mental Health Services budget also includes funding to be directed to Integration Authorities for the recruitment of 800 additional Mental Health workers as outlined in Action 15 of the Mental Health Strategy.

**In terms of NHS Lothian**, there will be a cash increase of £29 million (1.9%), giving total baseline funding of £1,539.5 million in 2021/22. Lothian’s share of further additional national investment, in improving patient outcomes, of £123.9 million is subject to further confirmation.

**Pain Management West Lothian**.

This will continue to be provided through the: Local Physiotherapy Team; Pain Management Programme operated at the Astley Ainslie in Edinburgh; and Pain Clinic in Leith (with focus on pain and drug addiction management).

Due to the pandemic, support is being provided to patients via telephone and Near Me as a first line of treatment. Webinars have also been offered to patients and these have been regarded as successful thus far. Face-to-face intervention will resume when restrictions allow. In the absence of face-to-face support though, IT has created immense equity in terms of accessibility, especially for patients living in West Lothian, and its use will continue over the course of 2021/22.

Some West Lothian practices have agreed to participate in a 3-month Pan-Lothian chronic pain pilot, commencing in February/March 2021, which focuses on improving and providing good patient care in relation to longer-term pain management. In general however, all West Lothian Practices continue to support the drive to reduce the prescribing of opioids for managing chronic pain. A recently appointed lead pharmacist will build capacity to support prescribing.

**National Boards Integration Co-ordination Huddle**.

This is a relatively new grouping, set up in January last year. It includes Healthcare Improvement Scotland, The Care Inspectorate, Public Health Scotland, The Improvement Service, National Services Scotland, COSLA, the Scottish Government, the IJB Chief Officer network, the Scottish Social Services Council and National Education Scotland. I understand it to be a good example of how starting small with a regular mechanism for key partners to connect can build relationships and trust that then results in further positive developments. *Please anyone who is reading this, don’t think I am having a go; I’m not. This looks like joint working which should be encouraged. I just love the name and had to share it*!

**Social Care Capacity West Lothian**.

When the pandemic first emerged, a common approach was taken across both internal and external providers to ensure essential care at home services continued. Providers’ staffing capacity was monitored closely to identify emerging risks and ensure support was put in place if required. Contact has been maintained with providers to ensure oversight in relation to staff recruitment and retention, capacity, business planning, business continuity planning etc. Providers continue to be supported with PPE, testing, information and advice. Providers were also supported to offer 7 day working and to adopt a more flexible approach to keeping care packages open when people were admitted to hospital.

A dedicated member of staff has been based at St John’s Hospital since March 2020 to manage the allocation and co-ordination of care in support of the Home First approach. Better co-ordination, combined with greater stability in the care at home sector, is improving hospital delays and is allowing revised staffing models for discharge services to be tested. The IJB is now working with providers to monitor the economic impact of the pandemic on the sector and to identify recruitment opportunities.

**Carers’ Manifesto**.

Scotland’s National Carer Organisations have launched their unpaid carers and young carers manifesto for the Scottish Parliament elections. They estimate there are 729,000 unpaid carers in Scotland, including 29,000 young carers. Research in June 2020 suggests that a further 392,000 people became unpaid carers as a result of the COVID-19 pandemic, meaning that well over a million Scots, or one in five, currently provide unpaid care.

The manifesto has two strands, the first of which addresses key issues for unpaid carers in general. Among the calls in this strand are:

* right to respite, with more options available
* Bridging the implementation gap between promise and reality
* Recognition for the vital role of third sector and community support
* Dedicated mental health support and employability programme for carers
* Reform of the Carer’s Allowance, available to those caring for 20 hours a week or more

Young carers are the focus of the second strand, with calls including:

* Recording young carers as having additional support needs in school
* Young Carer Champion in every school
* More flexible, carer friendly course structures in colleges and universities
* Free access to “Out of School Care” services and activities to support social wellbeing
* Allowing multiple young carers to receive the Young Carer Grant for caring for the same person

**IJB Budget Assurance West Lothian**.

The following specific risks associated with overall health and social care functions will require to be closely monitored during 2021/22.

**2021/22 Pay Award** - While budget assumptions have been made based on current Scottish Government announced plans and local authority pay award assumptions for 2021/22, negotiations are ongoing with relevant stakeholders and there is a risk that final pay awards agreed will exceed current budget assumptions.

**Demographics/Service Demands** - West Lothian has the fastest growing elderly population in Scotland and there is a risk that demand and cost increases will outstrip the assumptions and resources available. In addition, there is a risk that insufficient capacity will be available through external care providers and through internal capacity. Recruitment to care roles continues to be a risk at both a local and national level.

**Covid -19** – The pandemic impacts across the whole of health and social care with resulting significant financial implications associated with service delivery. There remains a great deal of uncertainty around the ongoing implications associated with Covid-19 and the financial implications will require to be closely monitored

**Dataloch Project**.

I have reported before on Dataloch , led by the Edinburgh University Usher Institute. Below are details of two lately approved projects:

Firstly, the COVID-19 pandemic is the biggest public health emergency of modern times. Initial reports suggested that short-term declines in kidney function (**acute kidney injury [AKI]**) were common in patients with COVID-19, and that pre-existing kidney problems (chronic kidney disease [CKD]) were associated with worse outcomes.

Here, a large dataset will be used containing a range of reliable and accurate data from all patients tested for COVID-19 in 3 large hospitals in Scotland (Royal Infirmary of Edinburgh, Western General Hospital [Edinburgh] and St. John’s Hospital [Livingston]) between March and December, 2020. This presents a unique opportunity to build on the initial, limited data regarding the risk and impact of AKI in COVID19, the implications of pre-existing CKD in COVID-19, and the risk of developing CKD in patients whose COVID-19 episode was complicated by AKI.  
This project aims to increase our understanding of the relationship between COVID-19 and kidney disease, and will help plan future kidney healthcare resource allocation.

Secondly, when patients are tested for COVID on admission to hospital with a nasal swab it is possible that a negative result may be a false negative i.e. they test negative even though they do have the disease.   **Testing antibodies on admission** could help to identify more COVID positive patients and therefore treat the patient accordingly.  
The purpose of this project is to find out how best antibody tests can help with COVID diagnosis – particularly where a COVID test is negative and antibody is positive.  
The project will initially look at the results of the Abbott laboratory antibody blood tests but, depending on results, may widen to include other company’s antibody tests.

**Nursing and Midwifery numbers**.

The number of student nurses, midwives, and paramedics entering Scottish Government funded degree programmes will increase by 5.8% in 2021/22. Overall this year’s increase will mean a recommended intake of 4,449 nursing and midwifery students for the upcoming academic year, up 243 places from 4,206 in 2020/21.

In recognition of the mental health and wellbeing impacts from the coronavirus (COVID-19) pandemic, mental health nursing sees the largest percentage increase this year to a recommended intake of 740 places, up 13% from the previous year, and 76% over the course of this Parliament.

Further increases in student intakes to support sustainable workforce numbers also include midwifery, which will increase to 287 places, up 6.3% from 2020/21, as well as paramedic science, which will increase to 300 places, up 7% from last year. Tuition is free for Scottish-domiciled nursing and midwifery students, and these students are supported by a bursary of £10,000 per annum.

**Wellbeing Lothian website**

NHS Lothian has recently launched a new website for the public to help people better manage their wellbeing and mental health. The Wellbeing Lothian website brings together a wide range of self-help guides, video and audio clips on topics ranging from diet and sleep to managing stress and anxiety. It also offers online courses such as computerised Cognitive Behaviour Therapy.

It has been designed by an expert team of NHS Lothian psychologists and practitioners. It aims to help the public navigate the wide range of online self-help advice by providing a hub of trusted information, based on what we know is effective.

To access the website please visit [www.wellbeinglothian.scot](http://www.wellbeinglothian.scot/). You can navigate it by clicking on the different topic bubbles and boxes on the home page, using the drop-down menus or the search function, which also displays popular topics.  When you start exploring a topic you can also choose whether you want to learn, assess, manage or get more support about it.

There is a handy resources tab which lists all the self-help advice and guidance and a support section with links to relevant services and organisations in your local area and beyond.

Note: there are some display issues in certain browsers such as internet explorer however Google Chrome or Microsoft Edge should work fine.

**West Lothian IJB Performance Report**.

*The regular Performance Reports contain pages and pages of statistics, analysis and comparisons with national averages. It is all necessary, essential, fascinating information which good management needs to pay attention to. For my part, I recommend it as bedtime reading for anyone having difficulty getting to sleep. Sometimes however there are little nuggets of information that stand out. So it is this month, not in the stats themselves but in the process of collecting them, or not*:

Current vacancies within Public Health Scotland present a risk to the ongoing development of performance management and reporting. For the past few years, analytical support has been purchased from PHS in the form of a full time data analyst. The previous postholder left in October 2020 and PHS has been unable to provide a replacement since then despite ongoing recruitment attempts. In addition, analytical support has been provided via the PHS Local intelligence Support Team which has supported health and social care partnerships across Scotland for the past four years. That support is now also at risk as postholders have moved on or have been moved. It is currently difficult to progress developments as quickly as intended. Turnover within the Social Policy Business Support Team is adding to the risk.

Arrangements are now in place to recruit replacement analytical and business support staff directly, in the hope that a more permanent solution can be secured.

**MHRA/SMC**.

The Medicines and Healthcare Products RegulatoryAgency (MHRA) is now the sole UK regulator for medicines and medical devices in Great Britain.

Scottish Medicines Consortium (SMC) is a key partner, together with the National Institute for Health and Care Excellence (NICE), in a new integrated approach to access and approval of new medicines, known as the [Innovative Licensing and Access Pathway (ILAP)](https://www.gov.uk/government/news/the-mhra-innovative-licensing-and-access-pathway-is-open-for-business) which launched on 1 January 2021 with the aim of reducing time to market for innovative new medicines. The entry point to the ILAP is the award of an ‘Innovation Passport’. The first Innovation Passport, for a new medicine for kidney cancer associated with the rare condition Von Hippel-Lindau disease, was awarded in February 2021.

SMC has been working with MHRA, NICE, the National Institute for Health Research (NIHR) and other partners in the [Research to access pathway for investigational drugs for COVID-19 (RAPID-C19)](https://www.nice.org.uk/covid-19/rapid-c19) since April 2020. This initiative aims to get promising new treatments for COVID19 to patients quickly and safely. The Oversight Group continues to meet weekly and has considered 58 medicines, alerting the four Chief Medical Officers to those that potentially offer significant benefit. Five of the medicines considered are now routinely available to patients across the UK. This work is expected to continue until the vaccine rollout is complete.

**The Care Inspectorate**.

*This is an organisation which gets occasional mentions in my report but about which I have little knowledge, other than basics, and I have no contacts within it. So I was pleased recently to see a short, relevant, description of it as follows*:

The Care Inspectorate is an executive non-departmental public body. This means they operate independently from Scottish Ministers but are accountable to them and are largely publicly funded. Their functions, duties an powers are set out in the Public services Reform (Scotland) Act 2010 and associated regulations. They are audited annually by Audit Scotland.

Their regulatory work includes registering and inspecting care services, dealing with complaints and carrying out enforcement action when required. They play a role in supporting improvement in care services and local planning and health and social care partnerships.

They regulate, inspect and support to improve 12,886 registered care services across Scotland. The remit is broad. This number includes children's services. Some of the services are: childminders, care homes, care at home, day care of children, and housing support. Their quarterly reports provide information on the number of care services, registrations and cancellations of services, enforcement notices, complaints about services, and quality of services. Many of their inspections are unannounced. If areas for improvement are found then follow up visits are undertaken to ensure that recommendations have been followed.

They recognise that their remit extends beyond the inspection of individual care services, particularly in the context of the integration of health and social care. Some of their inspections are [joint inspections with other bodies, such as NHS Healthcare Improvement Scotland](https://digitalpublications.parliament.scot/ResearchBriefings/Report/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/File/18d8a564-babd-11ea-b373-000d3a23af40) and other scrutiny partners, such as education and police, for other services they monitor.

They also carry out inspections of health and social care partnerships' strategic planning and commissioning. They [publish 'joint inspection' reports](https://digitalpublications.parliament.scot/ResearchBriefings/Report/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40/File/90458838-bad1-11ea-a0b6-000d3a23af40) about and across services in all integration authority areas, particularly examining the strategic commissioning of integrated (or delegated) services (*as last year in West Lothian*). In these, they make recommendations for improvement, using the same five key questions that they use for any inspection of an individual registered care service.

The inspection teams are made up of inspectors and associate inspectors from both the Care Inspectorate and Healthcare Improvement Scotland as well as clinical advisers seconded from NHS boards. The Inspectorate plans to have inspection volunteers who are members of the public who use a care service, have used a care service in the past or are carers.

**Neurological Framework Funding**.

I pick out some national and local recipients of Round 2 of this funding:

* Quarriers – Develop a programme to empower people with complex epilepsy to make informed decisions about their own care; improving people’s capacity for self-management, increasing their resilience and confidence - £51,147.
* Action for M.E. (lead partner), #MEAction Scotland, The ME Association, The 25% ME Group – Enable a free online CPD module on ME/CFS to be available and promoted through a coordinated marketing campaign - £20,905.
* NHS Lothian – Develop a Digital Platform for Functional Neurological Disorder - £25,000 (Continuation funding: £40k in Round 1)

Ian H Buchanan

T: 01506 439127

M: 07716721069

[Buchanan.ian@sky.com](mailto:Buchanan.ian@sky.com)