



West Lothian Integration Strategic Planning Group

Working group that sits below the Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

9 November 2017

A meeting of the **West Lothian Integration Strategic Planning Group** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189(a) West Main Street, Broxburn EH52 5LH** on **Thursday 16 November 2017** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minutes of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 12 October 2017 (herewith).
5. National Dental Inspection Programme Report 2017 (herewith)
6. Performance Report - Report by Director (herewith)
7. Primary Care Update - Report by Director (herewith)
8. West Lothian HSCP Workforce Development Plan - Report by Director (herewith)
9. National Care Homes Contract - Report by Director (herewith)

DATA LABEL: Public

10. Alcohol and Drugs Partnership (ADP) Delivery Plan Return to Scottish Government - Report by Director (herewith)
11. Workplan (herewith)

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

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 12 OCTOBER 2017.

Present – Jim Forrest (Chair), Marion Barton (Health Care Professional), Alan Bell (Social Care Professional), Dr Margaret Douglas (Health Professional), Belinda Hacking (Health Professional), Mairead Hughes (Health Care Professional), Jane Kellock (Social Care Professional), Mary-Denise McKernan (Carer of Users of Health Care), Iain McLeod (Health Professional), Charles Swan (Social Care Professional) and Robert Telfer (Commercial Provider of Social Care)

Apologies – Carol Bebbington (Health Professional), Ian Buchanan (User of Social Care), Dr James McCallum (Health Professional), Dr Elaine Duncan (Health Professional), Pamela Main (Social Care Professional) and Patrick Welsh (Finance Officer)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 17 August 2017.

3. UNSCHEDULED CARE PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on current performance to unscheduled care and the improvement plan being progressed to improve performance.

Improving scheduled care across Scotland was a key ministerial priority for the Scottish Government. *The National Unscheduled Care – Six Essential Action Improvement Programme* had been designed to improve the timeliness and quality of patient care from arrival to discharge from the hospital and back into the community.

Over the last year the implementation of the Six Essential Actions had primarily focused on what was required in the acute sector with innovation and best practice shared across Health and Social Care Partnerships through National learning workshops. The report provided a diagram of how the six essential actions looked from an integration perspective.

It had been recognised that to maintain progress it was important to increase the whole system focus. This was particularly important given the increasing demand on primary and secondary care due to a rapidly aging and growing population.

Additionally the Scottish Government had set up a Ministerial Steering

Group (MSG) to monitor the effectiveness of health and social care delivery plans. The MSG had identified key performance measures and required each partnership to set local targets against these.

The performance for West Lothian was outlined in the report and it was noted that these had been RAG rated against the local target. The report also provided a narrative on some of the targets including unplanned hospital admissions, unscheduled bed days, accident & emergency, delayed discharges, end of life care and shifting the balance of care.

A range of actions had now been implemented as well as further actions that were planned and these too were summarised in the report and included Rapid Access Clinic & Frailty Hub, Inpatient Redesign, Intermediate Care and Old People's Mental Health.

The Strategic Planning Group was asked to :-

1. Note the contents of the report;
2. Note the current performance against key unscheduled care performance indicators;
3. Acknowledge the challenges which were impacting on performance; and
4. Support the management team in the deployment of the health and social care delivery plan designed to improve performance.

Decision

1. Noted the contents of the report; and
2. Noted that continuing to provide training to care home staff, particularly night time staff, on behavioural support techniques was vital to preventing unnecessary hospital admissions.

4. MARKET FACILITATION PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director outlining the requirements to develop a Market Facilitation Plan in support of Strategic Commissioning and to gain the support of the group for the proposed approach to preparing a plan.

The group were advised that "market facilitation" was part of the strategic commissioning process and aimed to inform, influence and change the service delivery market to provide a wider range of options for commissioners and for service users.

It was not the purpose of a Market Facilitation Plan to set out a description of all services that were formally commissioned or purchased through Service Level Agreements but rather was intended to show the areas where there was scope to provide services differently and in a way that might enable third or independent service providers to develop their role

in the overall health and social care sector.

The report continued that the increasing population, especially amongst people over 65, would place a greater demand on services and at the same time the economic constraints would mean that this demand needed to be managed with reduced resources. This challenging environment, as well as advances in technology, would mean that the way services were currently delivered would need to change.

For example :-

- There was a national expectation that support to unpaid carers needed to be increased;
- There was a need to grow support that provided early intervention and prevention to support the move away from long-term dependent care provision;
- The role of information and advice in the market was expected to grow to support people in taking choice and control over how their needs were met;
- The use of assistive technology needed to be further embedded into mainstream support provision;
- Life expectancy was increasing, including those with long-term conditions;
- Focus would move towards shorter-term intensive social care packages focused on enablement and returning home; and
- In addition, the emphasis on choice and control, the delivery of individual outcomes and self-directed support.

For this reason to was proposed that the key information to be provided in the Market Facilitation Plan was focused on areas of pressure in the health and social care system, the reasons for this and the potential scope for development.

It was therefore proposed that a short life working group was set up with members of the Strategic Planning Group to take forward the development of the Market Facilitation Plan.

The Strategic Planning Group was asked to :-

1. Note the contents of the report;
2. Note the requirements to develop a Market Facilitation Plan;
3. Agree the scope and proposed approach to develop the plan; and
4. Identify nominees from the Strategic Planning Group to participate in a short life working group to develop the plan.

Decision

1. To note the contents of the report;
2. To agree that Mary-Denise McKernan and Robert Telfer would participate in the short life working group; and
3. To agree that anyone else wishing to participate in the short life working group were to contact Marion Barton or Carol Bebbington.

5. LOCALITIES PLANNING UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on progress against locality planning.

The Public Bodies (Joint Working) (Scotland) Act 2014 required that the Integration Joint Board (IJB) strategic plan divide the IJB area into at least two localities and required the IJB to develop measures for delivery of services to these different locations.

The two West Lothian Locality Groups; known as East and West were subsequently set up in April 2016. Since this time they had been meeting every six weeks with the main focus on the process of developing locality plans.

It was acknowledged that much of the content of the locality plans would be informed by existing plans such as the IJB Strategic Plan and the various care group Commissioning Plans, which had been subject to extensive stakeholder engagement. Nevertheless it was considered appropriate to have specific locality engagement as an essential foundation for the development of the locality plans. To that end a draft Engagement Plan had been developed and a copy of this was attached to the report at Appendix 1.

It was to be noted that there had been some slippage in the timescales set out in the draft Engagement Plan as following agreement at the Locality Group meetings a much more rigorous mapping exercise was to be completed before agreeing the content of the engagement documents. This approach would ensure that those we engaged with were as well informed as possible to ensure that engagement was meaningful and did not duplicate work that had already been done elsewhere.

The group continued to be advised that the Community Regeneration team were also in the process of creating “locality plans” for each of the most deprived areas in West Lothian. Community Regeneration was represented on the Locality Groups to ensure both pieces of work dovetailed. Community Regeneration continued to make progress with community engagement activity, with both the regeneration team members and members of the locality groups carrying out survey work.

Additionally the West and East GP Clusters were both working on similar

pieces of work due to similar issues being raised across both localities. Each practice had also looked at the 50 most frequent attendees, identifying the reason and looking at ways to manage this more effectively. Data has also been gathered on the number of house calls being carried out by each practice and a graph had been produced highlighting the average number of house calls being carried out per 100 patients per practice. Information from the GP Cluster Groups was provided to the respective Locality Groups.

The report concluded that once the data analysis for each locality was completed then another localities development session would be organised for November 2017. This session would bring together the Locality Groups, including Community Regeneration colleagues and GP Cluster leads and other relevant stakeholders and would help formulate the key priorities for each of the East and West localities. These priorities would then inform the Engagement Plan which would then be finalised.

The group was asked to note the progress made in the development of Locality Plans and to note the planned activities set out in the report.

Decision

1. To note the contents of the report;
2. To note that an event would be held on November bringing together the two locality groups including other stakeholders to discuss progress and share ideas.

6. ADULTS' MENTAL HEALTH COMMISSIONING PLAN UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the strategic commissioning priorities outlined in the Strategic Commissioning Plan for Adults' Mental Health 2016 to 2019.

The group were advised that the Adults' Mental Health Commissioning Plan was approved by the Integration Joint Board on 18 October 2017. The plan set out the strategic ambitions, priorities and the next steps for delivering integrated health, social care, support and other services in West Lothian for adults with mental health problems, their families and carers.

Progress had been made across a number of priorities outlined in the plan. Also the redesign of in-house mental health services had moved forward across a wide and varied range of workstreams.

Attached to the report at Appendix 1 was a summary of the activity to date. The group were advised that this data would be further developed in due course.

Decision

1. To note the contents of the report; and

2. To note that an amended appendix would be circulated to the group members once this had been updated with the latest information.

7. LEARNING DISABILITIES COMMISSIONING PLAN UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the strategic commissioning priorities outlined in the Strategic Commissioning Plan for Adults with a Learning Disability 2016-2019

The Learning Disability Commissioning Plan was approved by the Integration Joint Board on 18 October 2017. The plan set out the strategic ambitions, priorities and the next steps for delivering integrated health, social care, support and other services in West Lothian for adults with a learning disability and autism, their families and carers.

Good progress had been made across a range of priorities in the plan. Work continued on the modernisation and redesign programme for learning disability services across Lothian; this was being led by the Lothian Learning Disability Collaboration, which would see a shift in the balance of care from hospital to community settings throughout Lothian by 2020.

Financial planning also continued with the aim of identifying resources which would be available for the development of local community services in each of the Lothian health and social care partnerships in support of the modernisation programme.

Additionally the relocation of NHS Lothian's Community Learning Disability Team to Arrochar House had been a particularly positive development. Now co-located with the learning disability social work teams, the move had allowed greater scope for joint working and improved communication across the partnership.

Further information on the commissioning plan priorities were attached to the report at Appendix 1.

Decision

To note the contents of the report;

8. MENTAL HEALTH UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on three recent developments in Mental Health Services in West Lothian.

The group were advised that mental health services in West Lothian were undergoing changes. The adult service was undergoing a significant redesign and there had also been a number of investments in both adult

and old age mental health services. There were three main areas of development and these were explored in the report :-

- The expansion of the Acute Care and Support Team (ACAST);
- The development of the WL Psychological Approach Team (WePAT); and
- The development and expansion of the Post Diagnostic Support (PDS) Services for People with Dementia

Acute Care and Support Team (ACAST)

ACAST provided home treatment for adults less than 65 years of age suffering acute mental health problems. The service offered an alternative to hospital admission and facilitated early discharge. Funding had been approved to extend the service in the Emergency Department from 1 April 2017 so that staff could be available from 0800 to midnight 7 days per week.

Details of the outcomes from the services were provided in a series of graphs attached to the report at Appendix 1.

West Lothian Psychological Approach Team (WePAT)

Funding had been established through the West Lothian Frail Elderly Board on a recurring basis for the development of the West Lothian Psychological Approach Team. This followed a successful pilot that had demonstrated that there was a reduction in distressed behaviour for those with advanced dementia with the implementation of stress and distress training across care homes in West Lothian.

A small team, led by a Consultant Psychologist was in the process of being established. This team would be multi-agency and would comprise psychology, nursing, occupational therapy and administrative staff.

It was anticipated that the redesign would enable the psychology service to better meet the HEAT target and NHS Lothian corporate objectives. This would also reduce those in hospital who had a delayed discharge associated with distressed behaviour and dementia.

Post-Diagnostic Support (PDS) Service

Funding had been established through the West Lothian Frail Elderly Board for the expansion of the service. This would assist all people newly diagnosed with dementia to have a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker.

Whilst various approaches and models existing across Scotland in West Lothian it was intended to have a model of four PDS workers embedded within Older Peoples' Mental Health Services. This would represent an increase of 1 worker on the previous model of delivery and was predicated on there being an increase in demand.

Two additional staff had also been approved for 12 months to assist with the reduction of the current waiting list.

It was also anticipated that clear outcome pathways would be developed to ensure that at the 12 month stage, patients were transitioned to appropriate destinations. An implementation steering group had been now been established for this purpose.

The report concluded that the three projects were still very much in the early days and that a report could be brought back next year to provide an update on progress.

Decision

1. To note the contents of the report; and
2. To note that an update would be provided in approximately one year's time.

9. WORKPLAN

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

It was agreed that for the January 2018 meeting an additional item would be added to the workplan in relation to an update on the Carers Act.

Decision

1. To note the contents of the workplan; and
2. To add to the workplan an update on the Carers Act to the January 2018 meeting.



National Dental Inspection Programme (NDIP) Report 2017 Executive Summary



National Dental Inspection Programme of Scotland

Information Services Division of NHS National Services Scotland

Introduction

The National Dental Inspection Programme (NDIP) is carried out annually under the auspices of the Scottish Dental Epidemiology Co-ordinating Committee on behalf of NHS Boards. Its principal aims are to inform parents/carers of the dental health status of their children and, through appropriately anonymised, aggregated data, advise the Scottish Government, NHS Boards and other organisations concerned with children's health of the prevalence of dental disease at national and local levels.

Two key child age groups are involved: i) at entry into Local Authority schools in primary one (P1) and ii) in primary seven (P7) before the move to secondary education. The Inspection Programme has two levels: a *Basic Inspection* (intended for all P1 and P7 children) and a *Detailed Inspection* (where a representative sample of either the P1 or the P7 age group is inspected in alternate years). In the school year 2016/17 (noted as 2017 throughout the report), the *Detailed Inspection* programme looked at P7 children.

This Executive Summary presents the main findings of the *Detailed Inspection* programme of P7 children in 2017. A more in-depth presentation of the results can be found at <http://www.isdscotland.org/Health-Topics/Dental-Care/National-Dental-Inspection-Programme>.

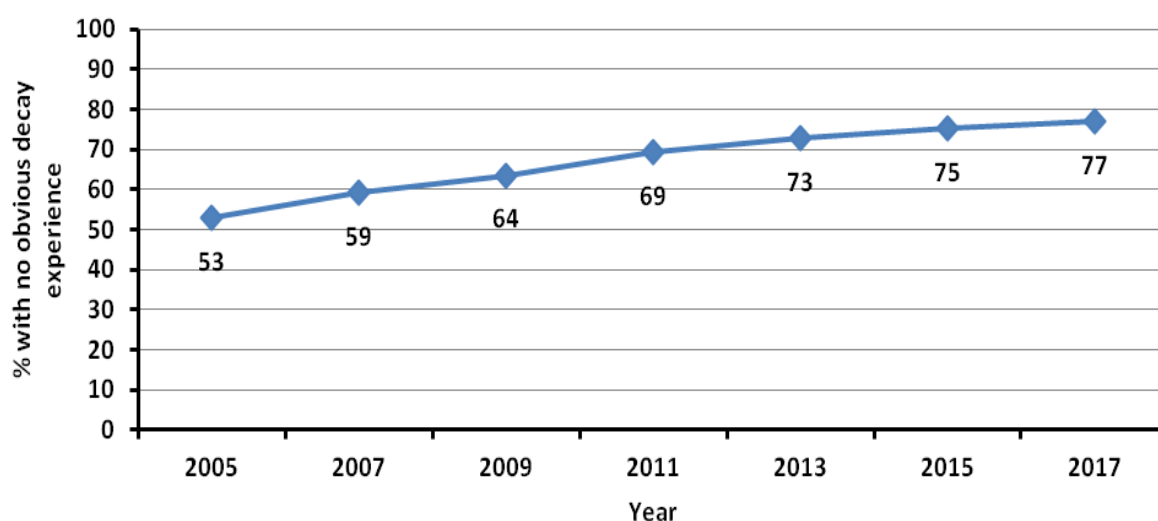
How many P7 children had a Detailed Inspection?

In total, 14,596 children from Local Authority schools across Scotland were inspected in detail. This represents 26.6% of the P7 population. Across the NHS Boards, the percentage of P7 children that were inspected ranged from 12.5% to 95.3%. This variation is because some NHS Boards inspect the minimum number that is required to produce a valid result at Board level, while others choose to increase the sample size to aid local planning needs. Additionally, some less populated NHS Boards need to include large proportions to achieve statistically meaningful results.

What proportion of P7 children in Scotland had no obvious decay experience?

Figure 1 shows a large improvement in the dental health of P7 children in Scotland since 2005, with 77.1% having no obvious decay experience in 2017.

Figure 1: Trends in the percentage of P7 children with no obvious decay experience in Scotland; 2005-2017





National Dental Inspection Programme (NDIP) Report 2017 Executive Summary



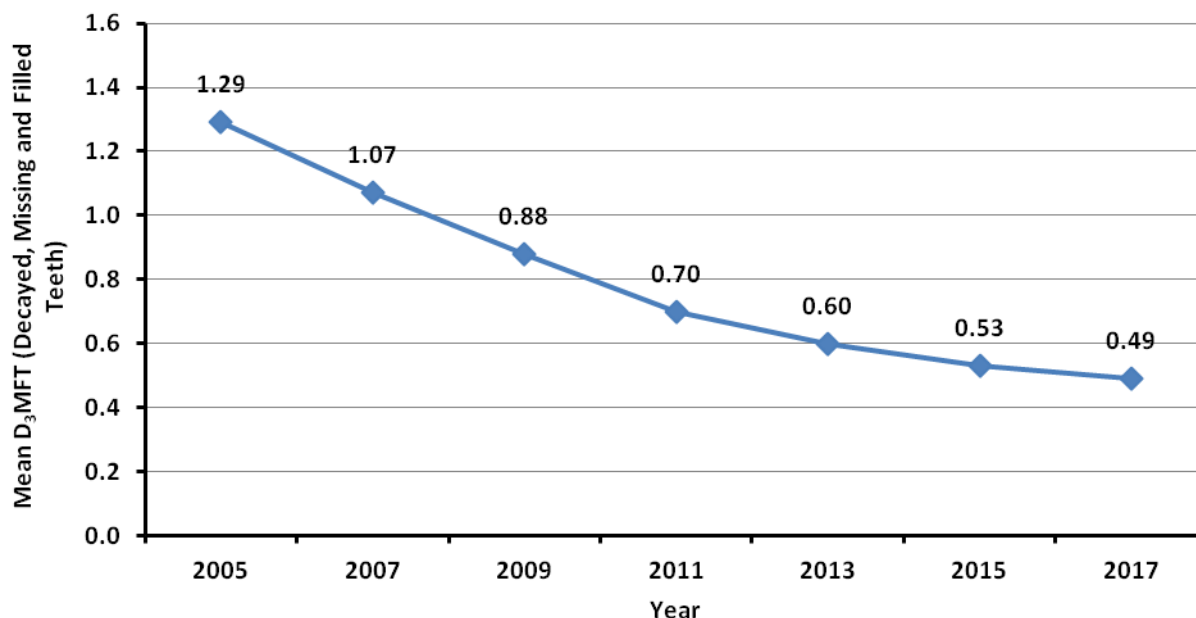
National Dental Inspection Programme of Scotland

Information Services Division of NHS National Services Scotland

What levels of obvious decay experience were seen in P7 children?

The mean number of teeth that were decayed, missing or filled (D₃MFT) continues to decline. In 2017, the mean number of teeth affected by obvious decay experience fell to 0.49.

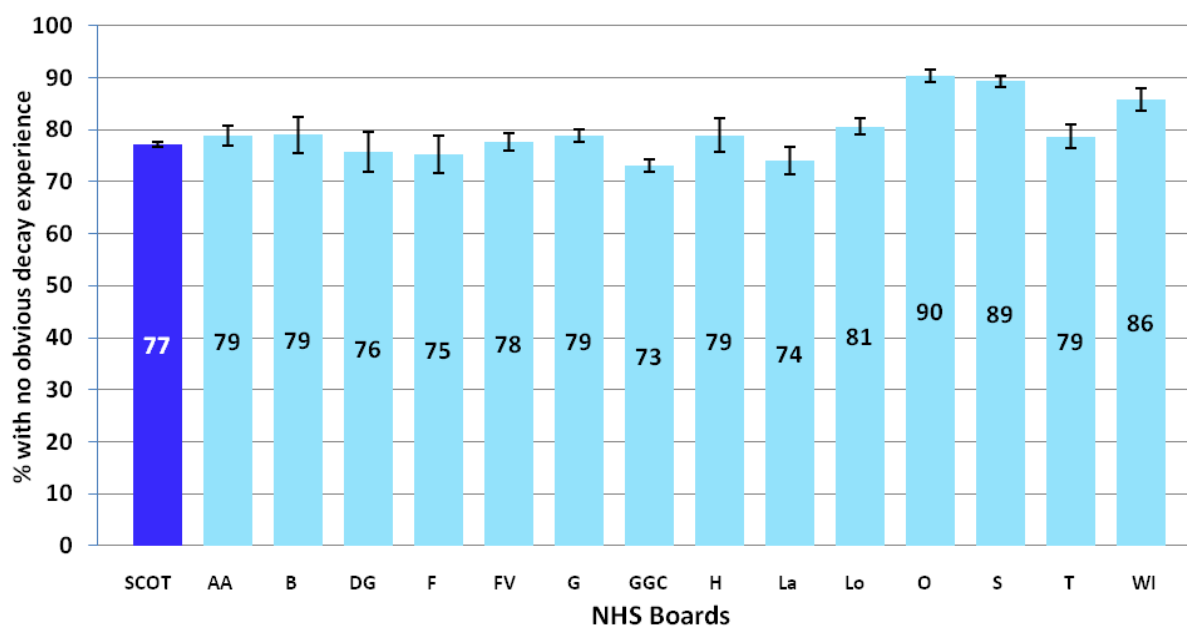
Figure 2: Mean number of decayed, missing and filled permanent teeth (D₃MFT) in the P7 population in Scotland; 2005-2017



What is the picture of dental health of P7 children across Scotland?

The percentage of P7 children with no obvious decay experience now ranges from 73.1% to 90.4% across all NHS Boards in Scotland in 2017.

Figure 3: Percentage of P7 children in Scotland with no obvious decay experience in 2017; by NHS Board





National Dental Inspection Programme (NDIP) Report 2017 Executive Summary

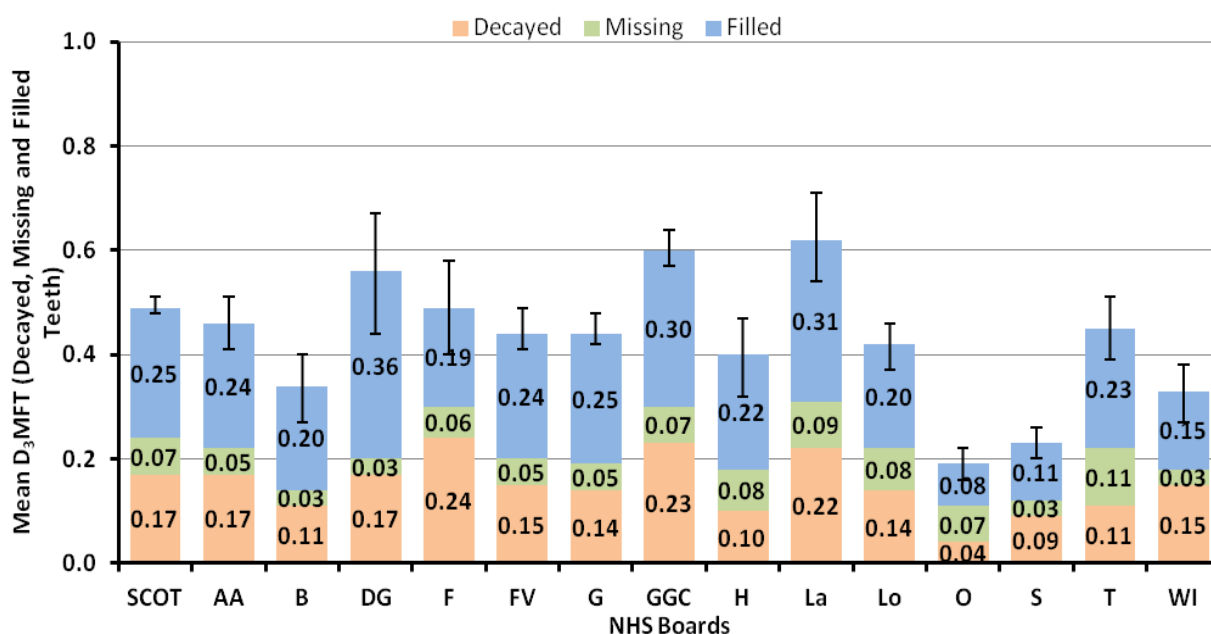


National Dental Inspection Programme of Scotland

Information Services Division of NHS National Services Scotland

The mean number of teeth with obvious decay experience ranged from 0.19 to 0.63 across NHS Boards. The contribution of the components of the index to the overall D₃MFT value can be seen in Figure 4.

Figure 4: Mean number of obviously decayed, missing and filled permanent teeth (D₃MFT) of P7 children in 2017 in Scotland and by NHS Board

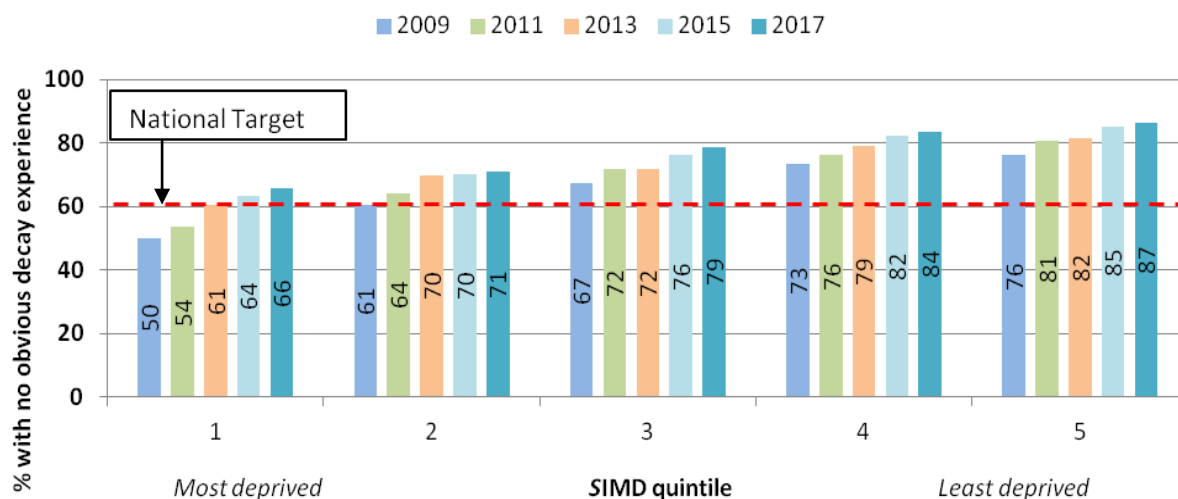


Note: There may be some rounding issues.

Is there a link between area-based socio-economic deprivation and poor dental health in P7 children?

Socio-economic inequalities in the dental health of P7 children remain, with the percentages with no obvious decay experience ranging from 65.6% for children in the most deprived quintile to 86.5% for those in least deprived quintile. The difference in values between SIMD 1 and SIMD 5 was 21 percentage points (the difference was also 21 percentage points in the 2013 and 2015 reports), an improvement from the 2009 and 2011 reports where the difference was 26 and 27 percentage points, respectively.

Figure 5: Change between 2009 and 2017 in the percentage of P7 children in Scotland with no obvious decay experience; by SIMD quintile





National Dental Inspection Programme (NDIP) Report 2017 Executive Summary



National Dental Inspection Programme of Scotland

Information Services Division of NHS National Services Scotland

Summary of findings by NHS Board

The following table summarises the findings of the 2017 survey of P7 children for each NHS Board in Scotland. Although the mean D₃MFT for all P7 children in Scotland is now only 0.49, for those children with caries experience, the average number of decayed, missing and filled teeth is 2.16.

Table 1: Obvious decay experience in permanent teeth of P7 children for each NHS Board and Scotland in 2017

NHS Board	% with no obvious decay experience in permanent teeth	Mean number of:				
		decayed, missing and filled teeth (D ₃ MFT)	decayed teeth (D ₃ T)	missing teeth (MT)	filled teeth (FT)	decayed, missing and filled teeth for those with obvious decay experience (D ₃ MFT>0)
SCOTLAND	77.1	0.49	0.17	0.07	0.25	2.16
AA	78.8	0.46	0.17	0.05	0.24	2.17
B	79.1	0.33	0.11	0.03	0.20	1.59
DG	75.7	0.55	0.17	0.03	0.36	2.27
F	75.3	0.49	0.24	0.06	0.19	2.05
FV	77.6	0.45	0.15	0.05	0.24	2.00
G	78.8	0.45	0.14	0.05	0.25	2.19
GGC	73.1	0.60	0.23	0.07	0.30	2.24
H	78.9	0.40	0.10	0.08	0.22	1.89
La	74.1	0.63	0.22	0.09	0.31	2.43
Lo	80.6	0.42	0.14	0.08	0.20	2.16
O	90.4	0.19	0.04	0.07	0.08	2.00
S	89.3	0.23	0.09	0.03	0.11	2.12
T	78.7	0.45	0.11	0.11	0.23	2.10
WI	85.8	0.33	0.15	0.03	0.15	2.29

Note: There may be some rounding issues.

NHS BOARD ABBREVIATIONS

AA AYRSHIRE & ARRAN	B BORDERS	DG DUMFRIES & GALLOWAY	F FIFE	FV FORTH VALLEY	G GRAMPIAN	GGC GREATER GLASGOW & CLYDE
H HIGHLAND	LA LANARKSHIRE	Lo LOTHIAN	O ORKNEY	S SHETLAND	T TAYSIDE	WI WESTERN ISLES

Conclusions

The findings of the Detailed Inspection of P7 children in 2017 show some improvements in dental health in terms of both a slight increase in the percentage with no obvious decay experience and a decrease in mean number of decayed, filled or missing teeth. However, clear health inequalities persist, and reducing dental health inequality must remain a priority.

Acknowledgements

The Scottish Dental Epidemiology Coordinating Committee is grateful to the many people and organisations throughout Scotland involved in the 2016/17 programme. This includes participating children, parents and schools, Local Authorities, NHS Boards and the dental teams conducting the inspections, and ISD and the Community Dental Health Section of Glasgow University Dental School for the analysis of the data.

Department of Public Health

Date	24 th October 2017
Our Ref	NDIP Report 2017
Enquiries to	Emma O'Keefe
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Email	emmaokeefe@nhs.net

National Dental Inspection Programme Report 2017

I am pleased to enclose a copy of the Executive Summary of the 2017 NDIP report which looks at the dental health of children in Scotland of primary seven children in Local Authority schools.

The NDIP programme is carried out annually under the auspices of the Scottish Dental Epidemiology Co-ordinating Committee on behalf of all NHS boards.

The Committee is grateful to the children, parents and schools who took part in the programme in 2017, to the dental teams who conducted the inspections and to ISD and the community oral health section of Glasgow University for the data analysis. The committee is also very grateful to Professor Lorna Macpherson for chairing the group which authored the report.

A more in-depth presentation of the results (including a Basic Dental Inspection of Primary One and Primary Seven pupils) can be found at <http://www.isdscotland.org/Health-Topics/Dental-Care/National-Dental-Inspection-Programme/>.

The Committee would welcome any comments on the report; please forward these directly to me at the above address.

Yours sincerely



EMMA O'KEEFE

Consultant in Dental Public Health
Chair, Scottish Dental Epidemiology Co-ordinating Committee



WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 16 Nov 2017

Agenda Item: 6

Performance Report

Director

A PURPOSE OF REPORT

To present to the Strategic Planning Group the current performance against the Ministerial Steering Group integration indicators and the Balanced Scorecard

B RECOMMENDATION

The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note the current performance against the key integration indicators and within the balanced scorecard*
- 3. Consider the current performance against the previously agreed target and whether the local targets as set continue to be realistic and appropriate.*
- 4. Consider if there are any additional measures the SPG would like to see within the performance report.*
- 5. Note that performance reports will be updated in accordance with availability of data and brought on quarterly basis to SPG for discussion.*

C TERMS OF REPORT

The Government have identified a core set of 23 performance indicators to demonstrate progress in achievement of the nine national health and wellbeing outcomes. This report includes the up to date and revised dataset for these indicators as at September 2017. Appendix 1 provides the Summary of performance and comparison to Scottish average.

It is noted that only a few indicators have been updated with quarter 1 data and that end of year data for 2016/17 has been incorporated within the annual performance report which was published at end July 2017. It is also noted that some of the indicators are still in development and therefore data is not available.

The first nine indicators are based on the Biennial Health and Care Experience Survey. This survey is due to be completed in 2017/18 and these indicators will be updated next year.

As previously agreed the partnership have developed a balanced scorecard which incorporates these indicators as well as some other local measures to monitor our performance. The Balanced Scorecard (Appendix 2) has been updated with available data as at end September 2017. The scorecard also indicates the local targets previously agreed by the SPG and IJB which were based on previous performance and the overall Scottish performance. The Scorecard has been 'RAG-rated' using a traffic light system for illustrating progress against expected performance.

The SPG are asked to consider the indicators and local performance targets based on the 2016/17 performance and to confirm that they are realistic and advise of any suggested amendments for 2017/18

The Ministerial Steering Group (MSG) defined a further set of indicators for measuring the impact of integration of health and social care. These indicators have been updated with performance to end August 2017 and are provided in Appendix 3. The MSG required partnerships to set local improvement targets against these indicators and these are shown on the respective charts.

From the indicators the key points of note are:

- There has been a gradual increase over time in the number of attendances at A&E.

Small scale review of these attendances would indicate that they are largely appropriate and mostly for minor injuries, mental health and conditions requiring further investigation or assessment. The reasons for attendance in under 65 age group have been reviewed over 3 year period and findings shown below:

1. Symptoms and signs involving emotional state
2. Soft tissue disorders
3. Unspecified abdominal pain
4. Chest pain (unspecified)
5. Pain in limb
6. Mental and behavioural disorders due to acute intoxication
7. Unspecified injury of head
8. Pain localised to upper abdomen
9. Pain localised to other parts of lower abdomen
10. Phlebitis and thrombophlebitis of superficial vessels

- The 95% 4 hour standard within A&E is largely being achieved
- The number of admissions from A&E is reducing steadily which may indicate that services such as ROTAS and REACT are having a positive impact.
- Emergency admissions for all adults however are remaining steady and further investigation is required to determine the admission routes in order to consider if any further actions can be undertaken to reduce this.
- The Unscheduled Bed Day Rate has been reducing since April 2017. Data completeness on the first quarter is estimated at 99% which supports that this is actual reduction and indicated reducing length of stay. The data for July/August is at 91% and therefore these indicators will be subject to revision at next iteration of report
- We are experiencing unprecedented levels of delayed discharges within West Lothian which is largely due to issues with Care at Home provision and lack of capacity within West Lothian Care Homes. A number of actions are being progressed to improve our performance and further updates on unscheduled care performance will be reported separately to the SPG and IJB.
- The proportion of the last 6 months of life spent within a large hospital has reduced from 14% in 2014/15 to 11.5% in 2016/17(provisional data) and is on planned trajectory to reduce to 10.5%
- There has been a small shift in the proportion of those over 75 living at home

The reports will be updated as data becomes available and quarterly reports will be brought to the SPG and IJB for consideration and discussion of key issues.

D CONSULTATION

Senior Management Team Performance Board

Strategic Planning Groups

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)
- [West Lothian IJB Strategic Plan 2016-2026](#)

F APPENDICES

Appendix 1: Overview of 23 Core Integration Indicators

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Local Outcome Improvement Plan	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	<i>None</i>
Resource/finance	The Performance Report aligns with the Financial Plan
Policy/Legal	Performance Reports will be prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
Risk	Risk related to delayed discharge performance and detrimental impact on patient experience and outcomes which is recorded on the Risk Register

H CONTACT

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01506 281017
16th November 2017

Appendix 1: Health and Social Care Integration - Core Suite of Integration Indicators - Annual Performance

Select

Partnership

West Lothian

	Indicator	Title	Current score	Scotland
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	94%	94%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	84%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	79%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	81%	75%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	83%	81%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	80%	87%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%	84%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	38%	41%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	85%	84%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	411	440
	NI - 12	Emergency admission rate (per 100,000 population)	11,896	12,265
	NI - 13	Emergency bed day rate (per 100,000 population)	103,377	124,663
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	108	99
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88%	87%
	NI - 16	Falls rate per 1,000 population aged 65+	20	22
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85%	84%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	65%	62%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	822	842
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	25%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA

Balanced Scorecard

Scorecard Perspective	Health & Well Being Outcomes	Indicators	Target	2015/16	2016/17	2017/18 Quarter 1	2017/18 Quarter 2	2017/18 Quarter 3	2017/18 Quarter 4	Status RAG
Finance and Business Perspective	Effective Resource Use	Percentage of total health and care spend on hospital stays where the patient is admitted in an emergency	22%	20%	23%	N/A				
		Achievement of a break-even revenue position	Break even position On £237m budget		Balanced position achieved	On target				
		Achievement of efficiency savings	£4.66m		Efficiency target achieved	On target				
		Improve the level of generic prescribing to reduce costs	83%	83%	86%	N/A				
		Contribute to Lothian wide prescribing efficiency savings	£889K	WL Target £889K	£953K					
		Self Directed Support (SDS) Spend on Adults 18+ as a Percentage of Total Social Work Spend on Adults 18+	2.5%	2.5%	4.09%					
		Improve end of life care & reduce proportion of time spent in large hospital setting in last 6 months of life to 10.5%	10.5%	12.5%	11.5%					
Customer Perspective	Positive experiences and outcomes	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	79%	81%	N/A					
		Percentage of adults receiving any care or support who rate it as excellent or good	81%	83%	N/A					
		Percentage of people with positive experience of care at their GP practice.	87%	80%	N/A					
		Readmissions to hospital within 28 days of discharge (per 1000 population)	99	101	108					
		Proportion of care services graded Good (4) or better in Care Inspectorate inspections	83%	83%	85%					

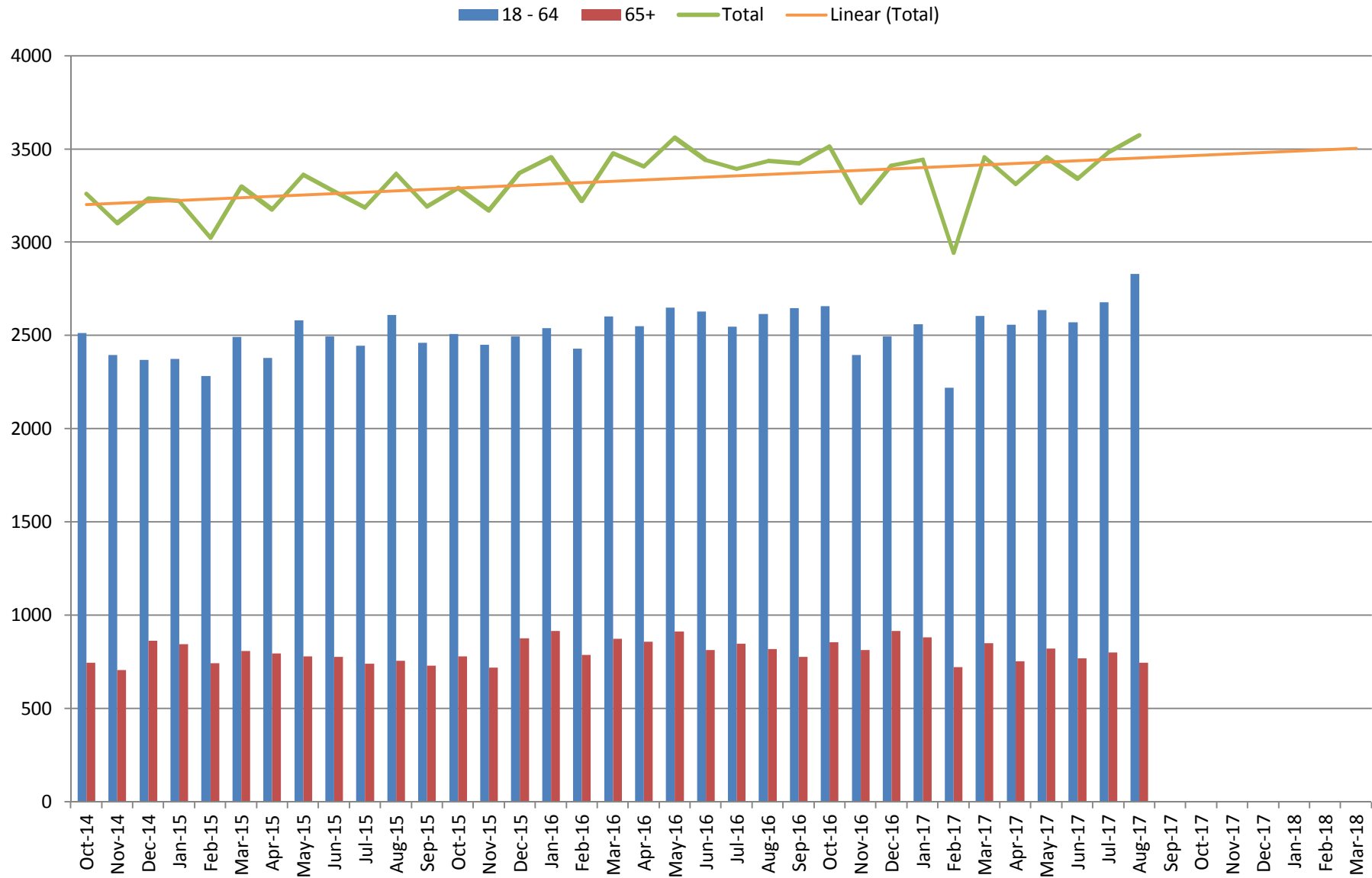
		Number of days people spend in hospital when they are ready to be discharged (per 1000 population)	644	485	822	225				
	Carers are supported	Percentage of carers who feel supported and able to continue in their caring role.	41%	38%	N/A					
Internal Process Perspective	Healthier Living	Percentage of adults able to look after their health very well or quite well.	94%	94%	N/A					
		Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	84%	80%	N/A					
		Premature mortality rate per 100,000 population	411	402	411					
		Rate of emergency admissions for adults per 100,000 population	11807	11794	11896	N/A				
		Rate of emergency bed days for adults	100838	98978	103377	N/A				
		Life Expectancy	M:77.1 F:81.1	M: 77.9 F:80.5	N/A					
		Warwick-Edinburgh Mental Well-being Score	26	25.9	N/A					
	Independent Living	Percentage of adults supported at home who agree that they are supported to live as independently as possible.	84%	85%	N/A					
		Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	79%	79%	N/A					
		Proportion of last 6 months of life spent at home or in a community setting	87%	87%	88%	N/A				
		Falls rate per 1000 population in over 65s	20	19	20	N/A				
		Percentage of adults with intensive needs receiving care at home	61%	65%	N/A					
		Percentage of people aged 75+ who live in own home, rather than a care home or a hospital setting	92%	92.2%	N/A					
	Services are safe	Percentage of adults supported at home who agree they felt safe.	84%	85%	N/A					
		Percentage of MAPPA cases where level of risk has been contained or	90%	99.8%	99.3%					

Learning & Growth Perspective		reduced								
		Number of households receiving telecare	4300	4224	4360					
		Number of new telecare installations per quarter	200	161	195	229				
		Percentage of adults satisfied with their care and support	80%	82.9%	N/A					
	Engaged Workforce	Percentage of staff who say they would recommend their workplace as a good place to work	70%	71%	75%					
		85% of staff have an annual performance review and personal development plan	85%	75%	80%					
		Achievement of 4% staff absence rate across all service areas	4%		5.16% (NHS) 5.95% (SP)	5.23% (NHS) 6.93% (SP)	4.26% (NHS)			
		Staff have opportunities for learning and development	75%	75%	75%					

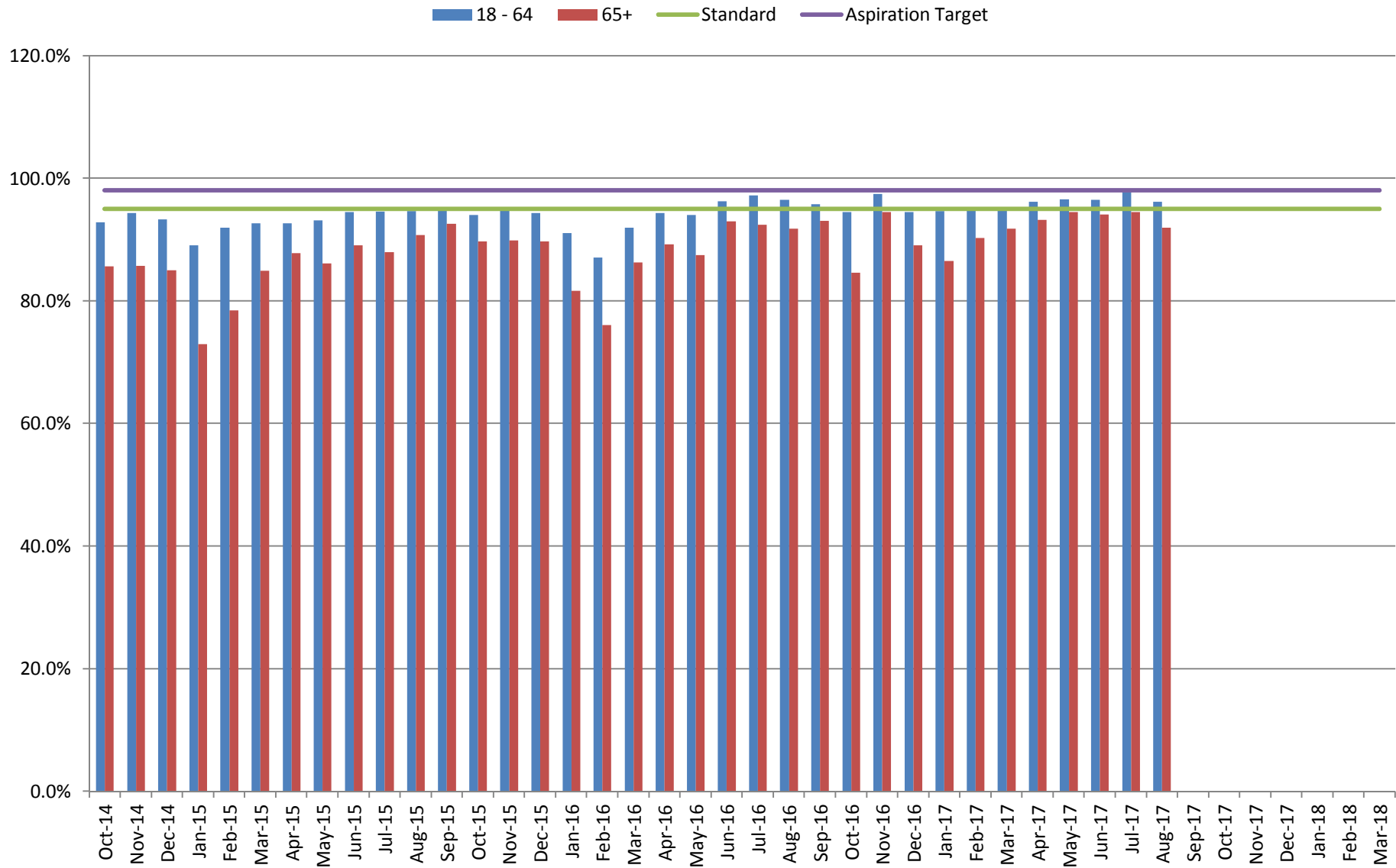
Ministerial Steering Group

INTEGRATION INDICATORS

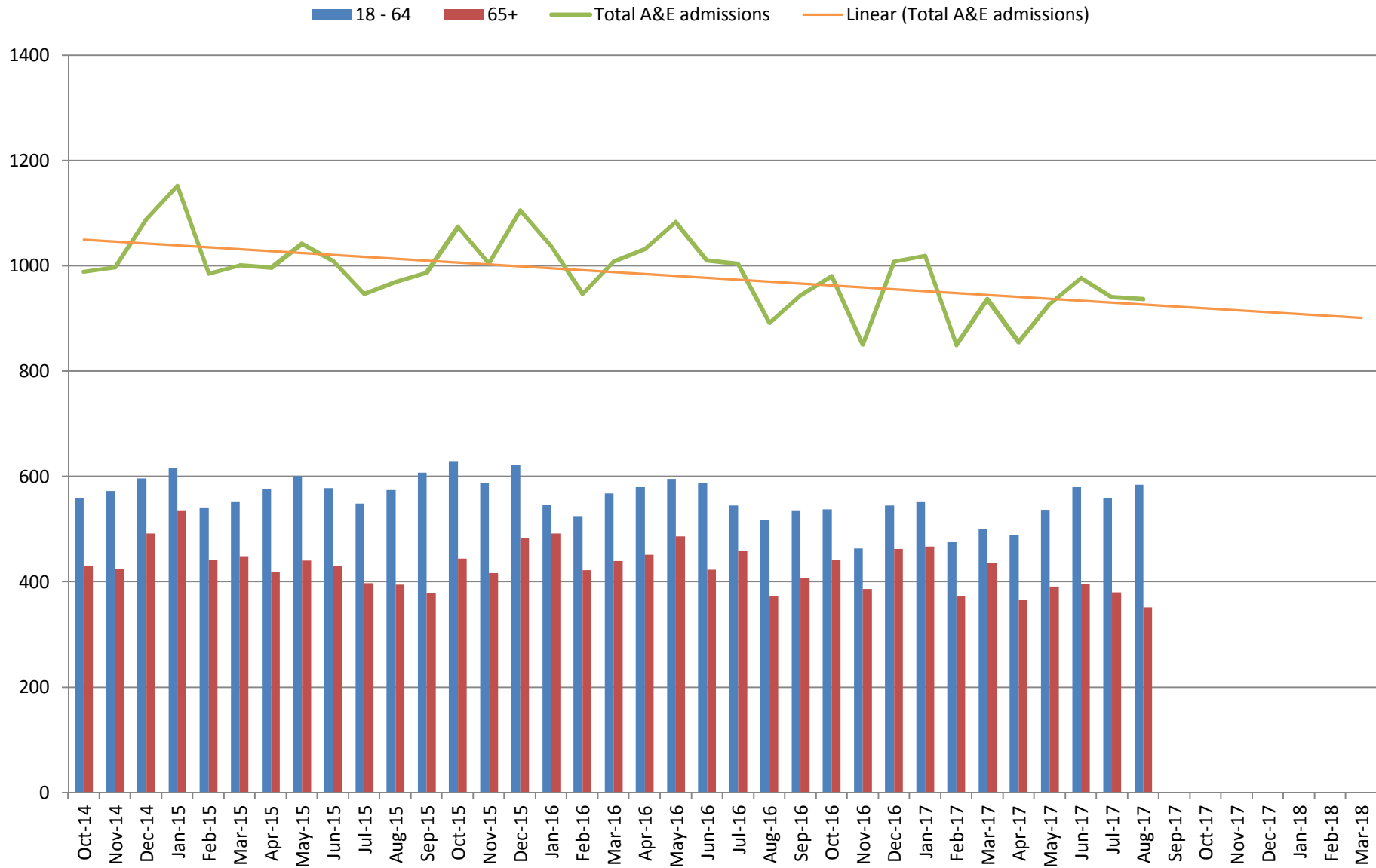
West Lothian A&E Attendances By Month Over 18 Years



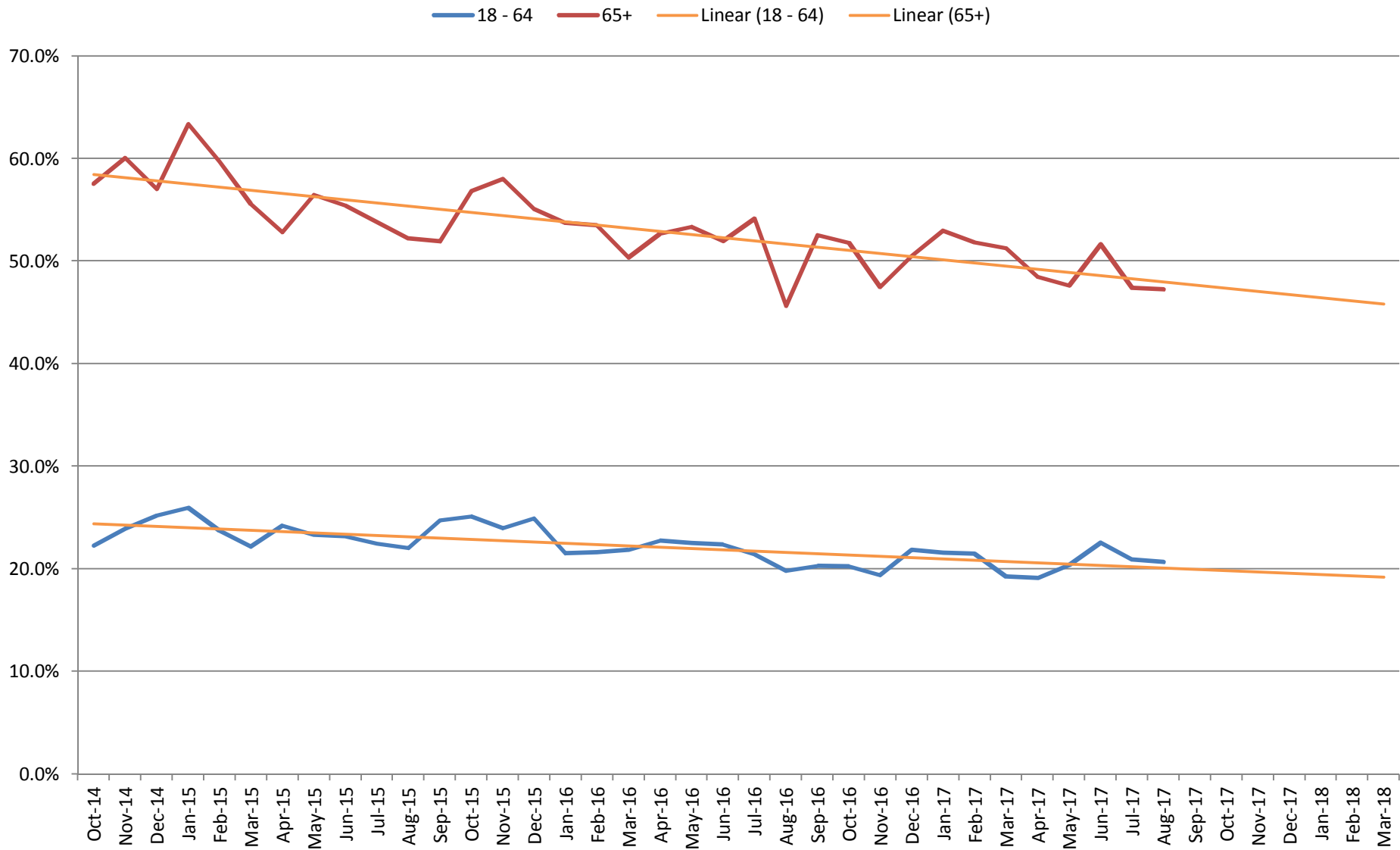
West Lothian A&E % seen within 4 Hours by Month Over 18 Years



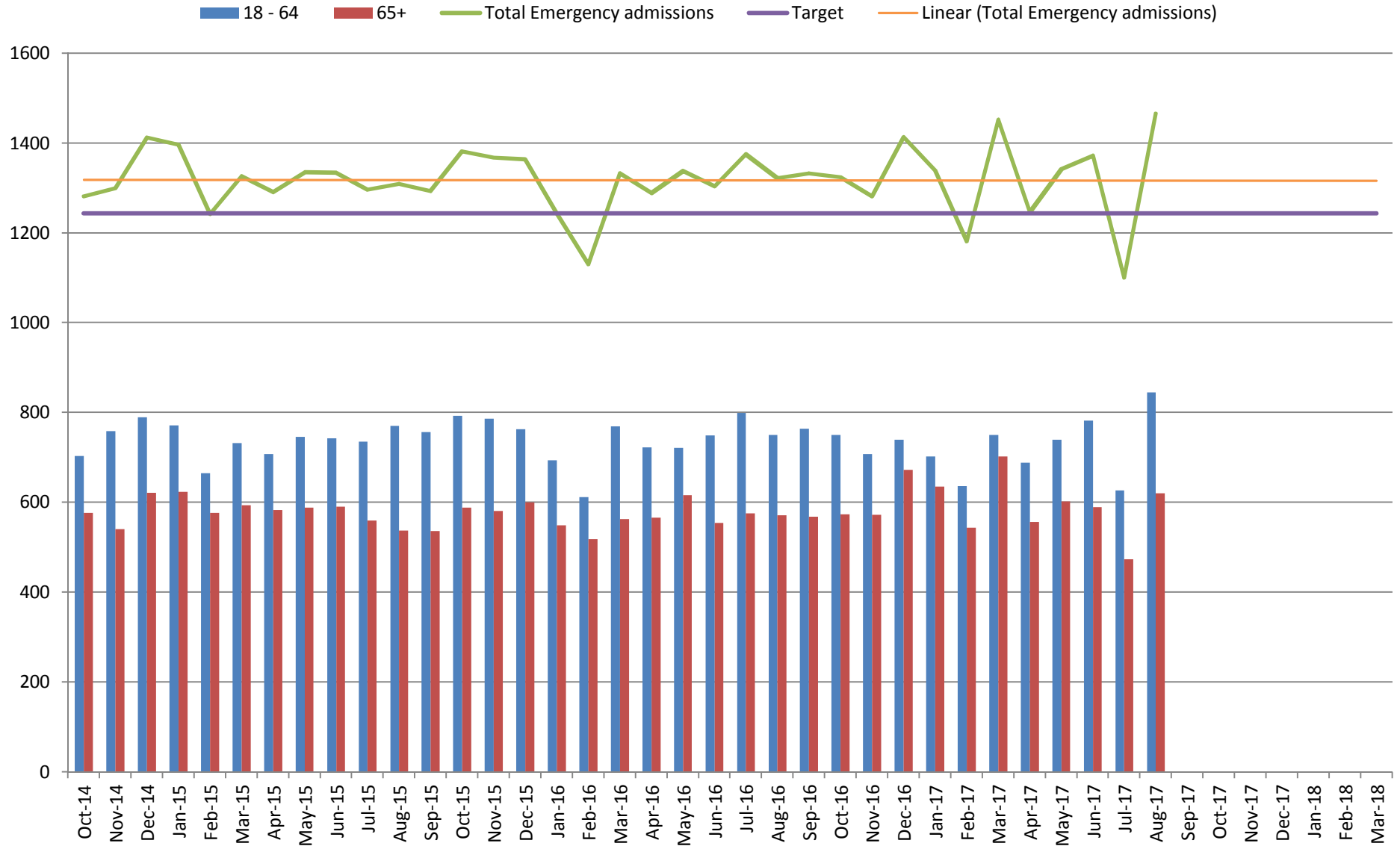
West Lothian A&E Admissions by Month Over 18 Years



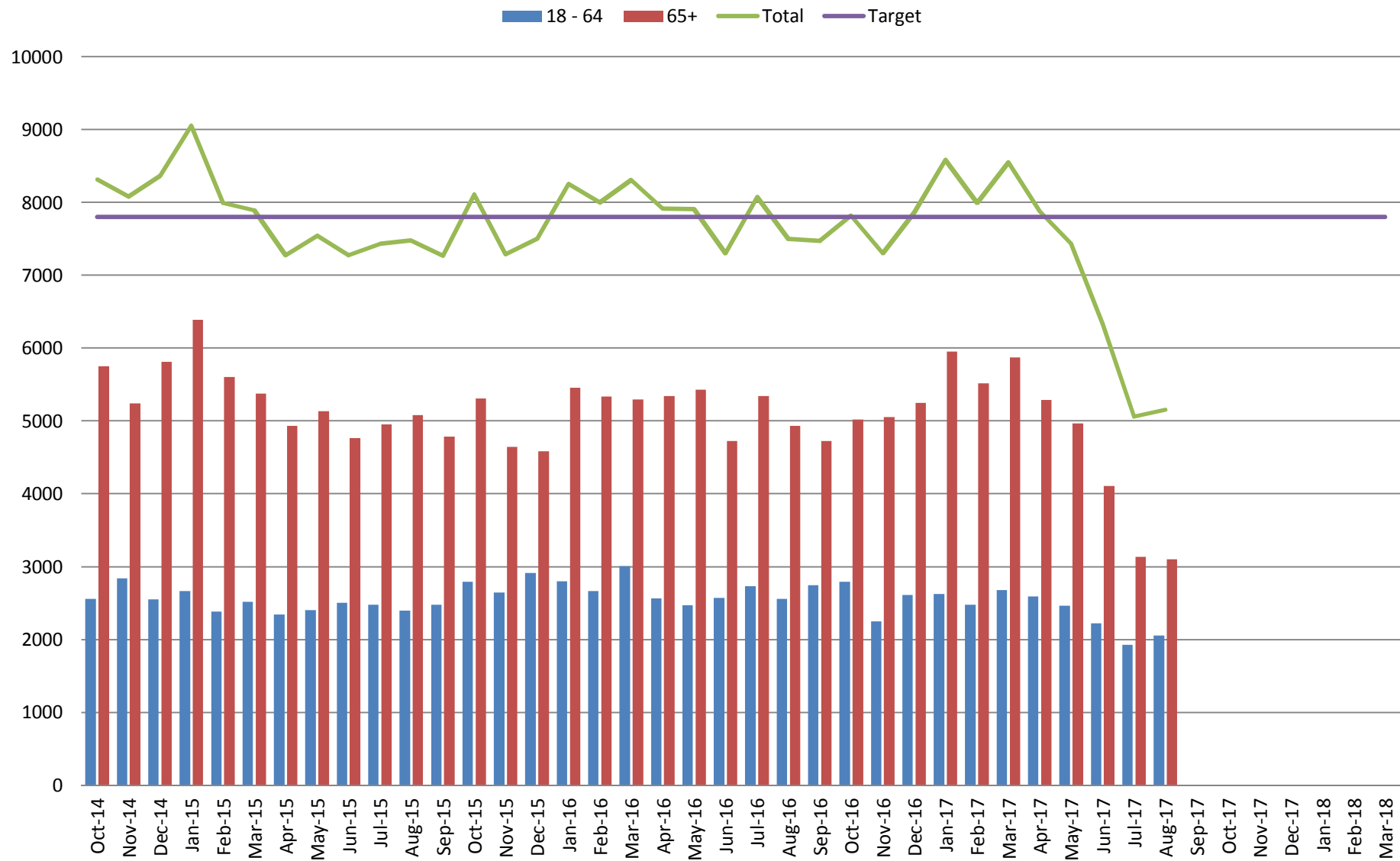
West Lothian % admitted from A&E by Month Over 18 Years



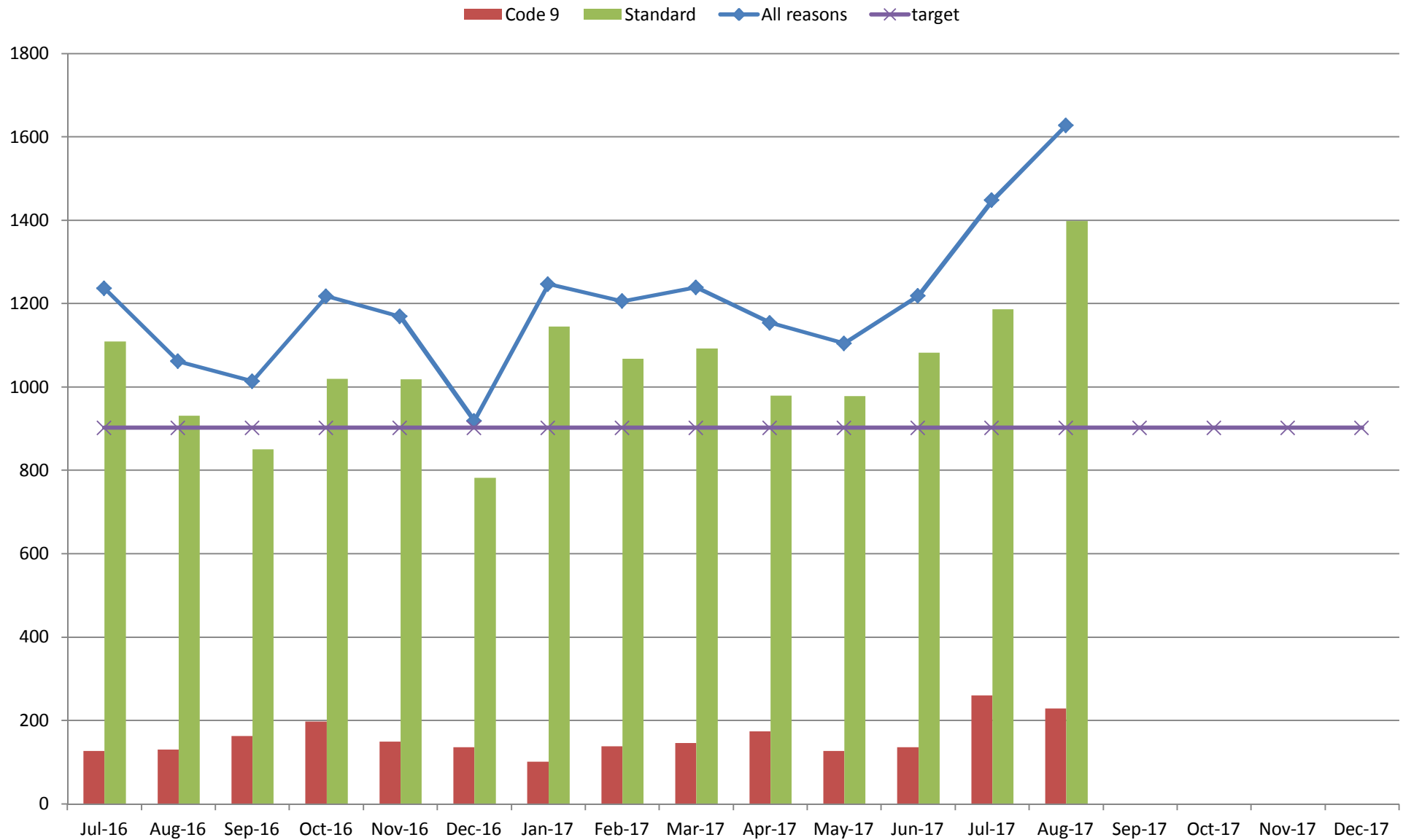
West Lothian Emergency Admissions By Month Over 18 Years



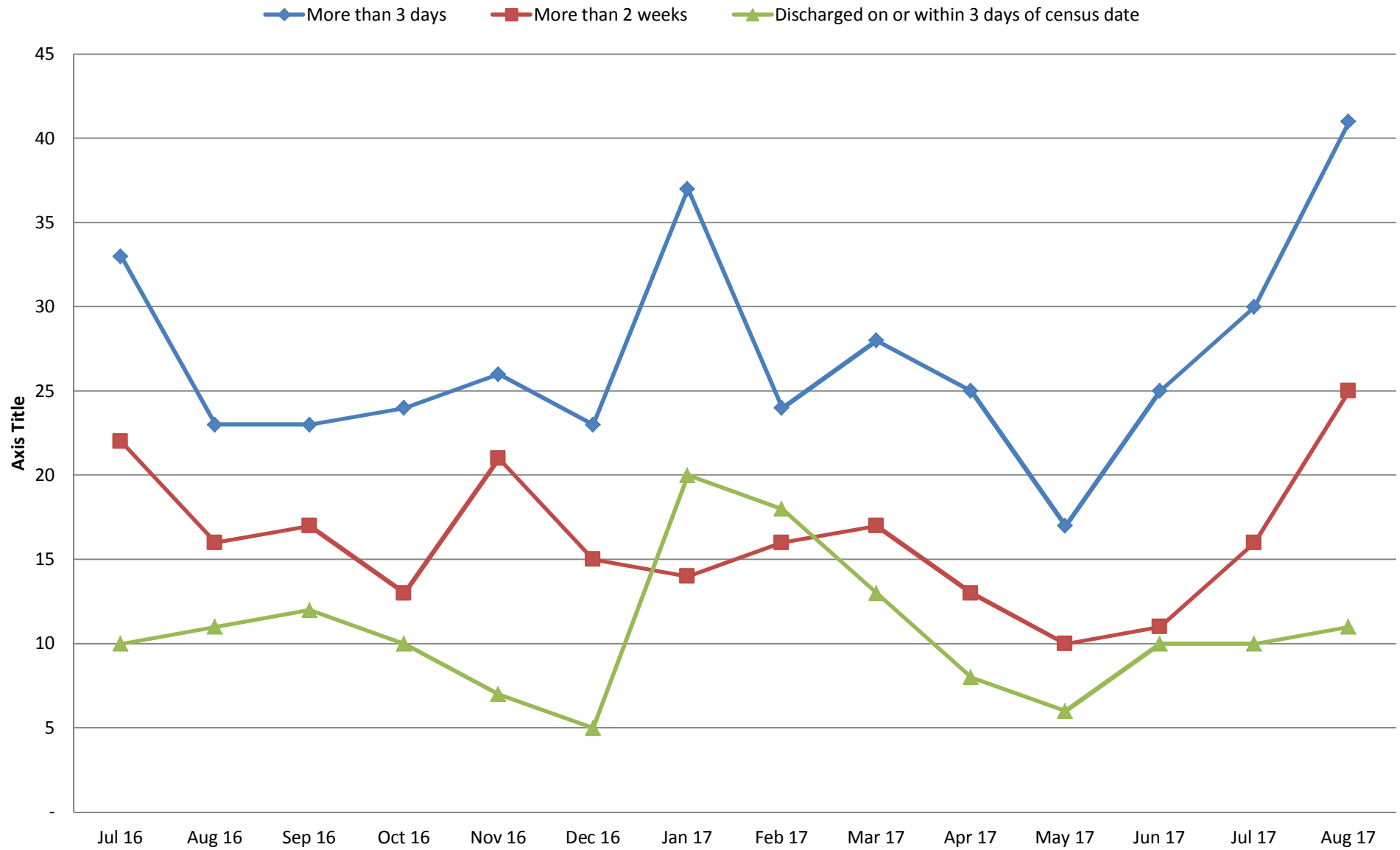
West Lothian Unscheduled Bed Days Acute Specialties By Month Over 18 Years



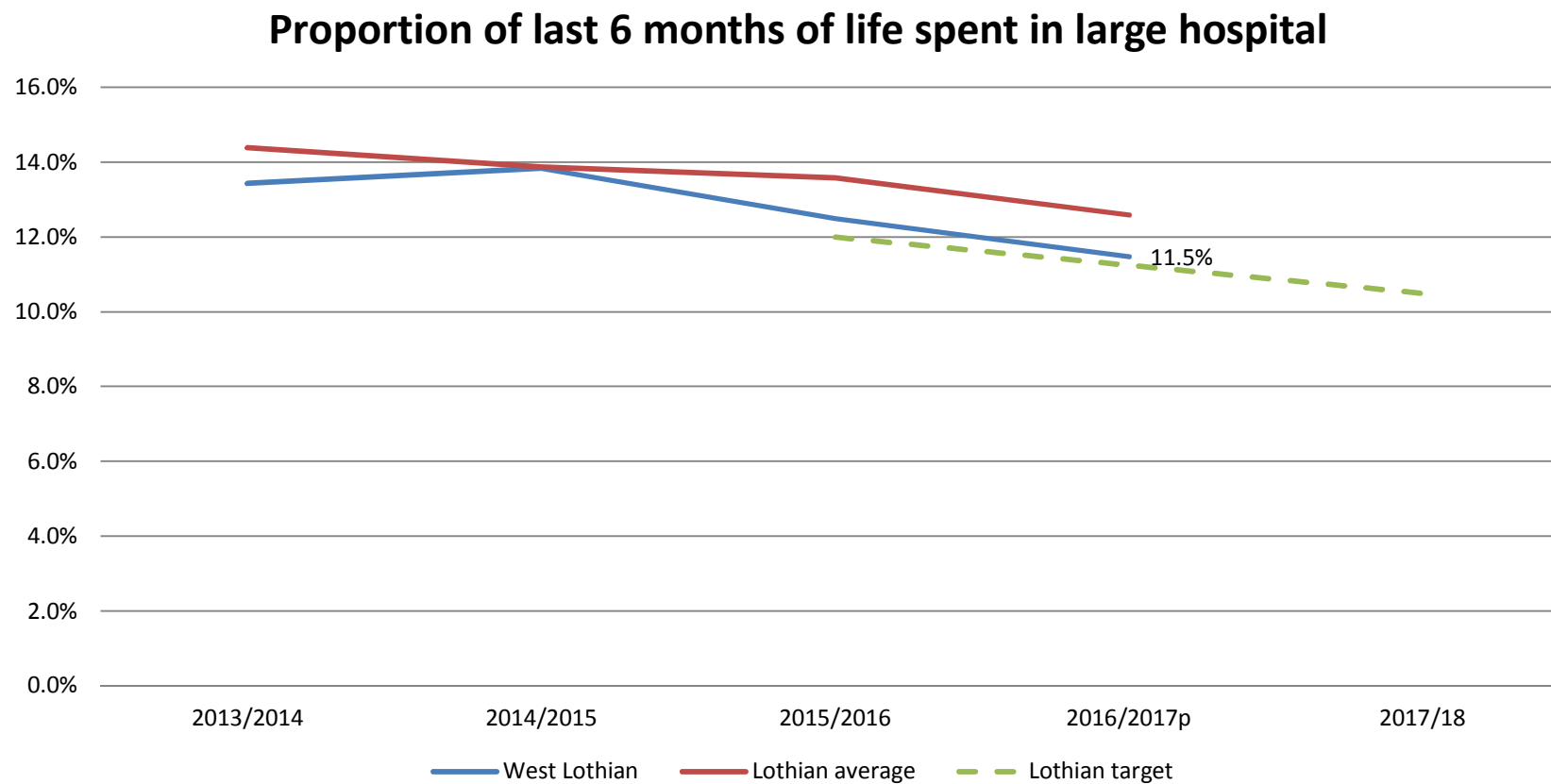
West Lothian Monthly Delayed Discharges Bed Days



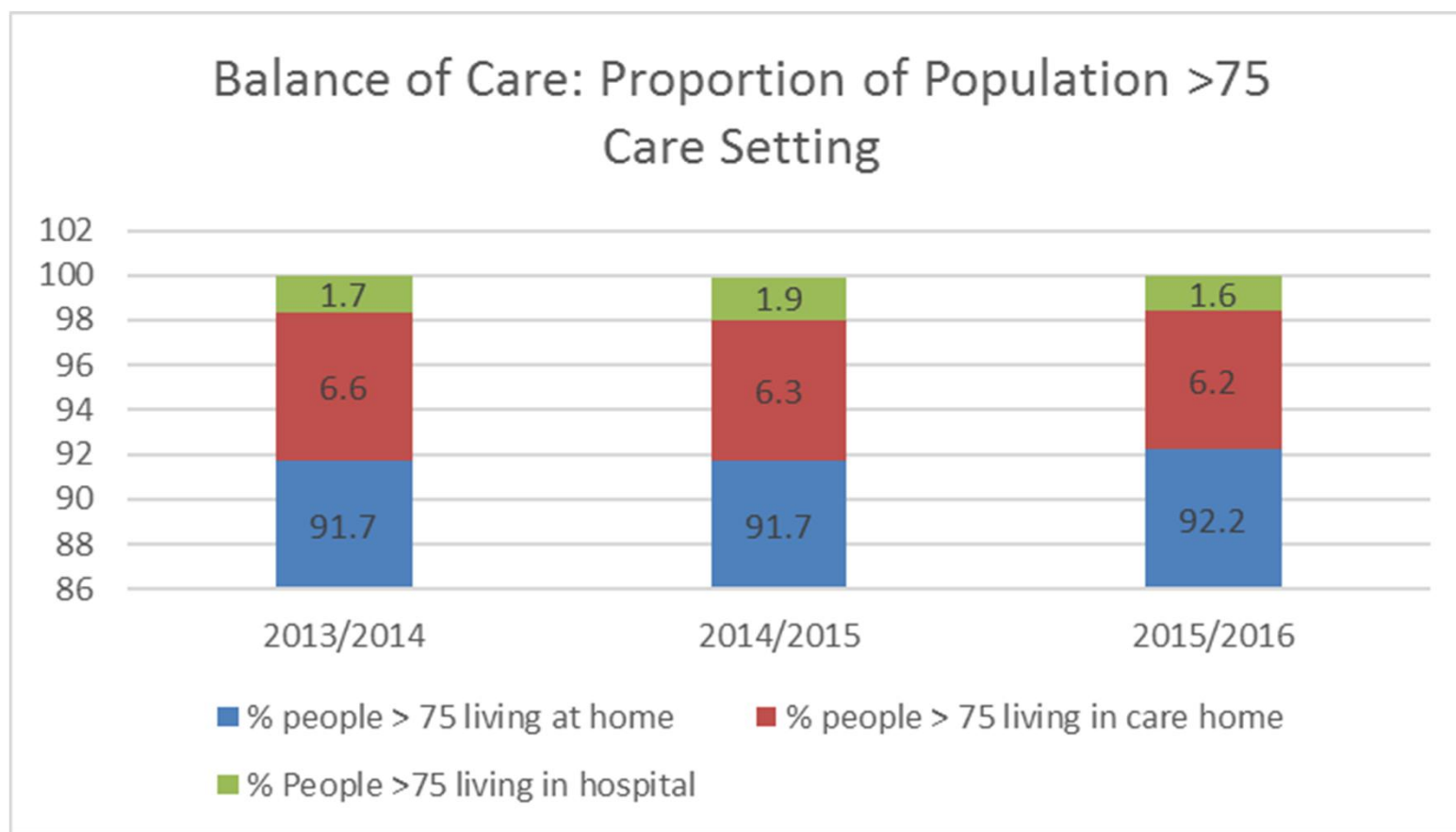
Delayed Discharges (census)



Proportion of last 6 months of life spent in large hospital



Proportion of population over age 75 by care setting



Target: To Maintain 92% of people age 75+ in the community

PRIMARY CARE UPDATE

DIRECTOR

A PURPOSE OF REPORT

The purpose of the report is to update the Strategic Planning Group of the current situation with regard to General Practice and Primary Care Services in West Lothian and progress in implementation of the Primary Care Development Plan

B RECOMMENDATION

The Strategic Planning Group is asked to

1. Note the contents of the report
2. Be assured that West Lothian HSCP are successfully maintaining Primary Care service provision
3. Support innovative approaches to primary care service provision and assist in managing public expectations
4. Note the progress and support implementation of the Primary Care Development Plan

C TERMS OF REPORT

Background

Throughout Scotland, General Practice continues to be in crisis. An increasing workload coupled with severe recruitment and retention problems and ongoing under-investment is threatening the viability of individual GP practices and presenting significant challenges for Health and Social Care Partnerships to maintain access and service provision.

To cope with demand when unable to recruit new GPs, practices across Lothian are increasingly opting to restrict or close their lists to new patients, and some GP partnerships are giving up altogether and handing back their contracts to the Health Board. When this happens, the Health Board has 3 options: advertise the practice to find a new group of GPs to take on the contract, run the practice as a salaried service under direct HSCP management, or disperse the patients to other neighbouring practices.

Restricted Lists

West Lothian has 22 GP practices; currently 1 is operating a restricted list. This compares to 7 practices in Mid Lothian and 40 practices in Edinburgh. Over the past year West Lothian HSCP have successfully averted potential list closures by working with practices to provide support, promote a collaborative approach and avoid a domino effect. In many areas of West Lothian there is little overlap in practice boundaries, so it is particularly important for patients that lists remain open as patients do not have the option of an alternative practice where they can easily register.

Contractual Status

West Lothian HSCP is committed to supporting the independent contractor model of General Practice. At its best, this model allows for agile and innovative service provision tailored to the needs of the local population. Over the past 4 years, West Lothian HSCP have stepped in temporarily to manage 4 practices, where due to retirement or ill health the GPs had handed back their contract, however 3 have now successfully been returned to independent contractor status and the patients from one small practice have been taken on by a neighbouring practice.

In West Lothian we have been largely successful in averting practice list closures, taking a proactive approach, making use of available LEGUP funding and encouraging collaboration via the practice managers group.

As far as practice collapse is concerned, we have for several years tracked practice vulnerability using a risk assessment tool, however with the recruitment crisis ever-worsening, what has become clear is that any practice can quickly flounder if one or two key individuals leave and cannot be replaced. Our approach now is to work with ALL practices to improve resilience and adopt new ways of working such that maintaining service provision is less reliant on high levels of medical staffing.

The West Lothian Primary Care Summit in March of this year generated a useful consensus on the direction of travel among numerous key stakeholders, and the outcome now forms the basis for the primary care development plan. Progress against the plan is detailed in Appendix 1

New GMS Contract

The revised General Medical Services Contract is due to be released in November 2017 and the HSCP will work with GP Practices and the Primary Care and Contracts Organisation to implement this fully.

D CONSULTATION

Primary Care Summit February 2017

Primary Care & Community Forum

GP Cluster Groups

E REFERENCES/BACKGROUND

None

F APPENDICES

Appendix 1; Primary Care Development Plan

G SUMMARY OF IMPLICATIONS

Equality/Health The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.

National Health and Wellbeing Outcomes All National Health and Well Being Outcomes

Strategic Plan Outcomes Underpins all Strategic Plan Outcomes

Single Outcome Agreement We live longer healthier lives and have reduced health inequalities
Older people are able to live independently in the community with an improved quality of life

Impact on other Lothian IJBs Sustainability of Primary Care provision affects all partnerships across Lothian

Resource/finance Maintaining a GP practice through an acute crisis has a range of financial implications and draws personnel and resources from other service areas.

Policy/Legal Risk Implementation of new GMS Contract
The risk of practice collapse in West Lothian is ongoing and remains a high risk on the Risk Register

H CONTACT

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16 November 2017

Primary Care Development Plan					
The following priorities have been identified through the HSCP Steering Group and West Lothian Primary Care Summit.					
	Proposal	Rationale	Action	Progress	Metrics
1	Invest in IT hardware and software to support direct patient care and information sharing	Improve patient safety through direct access to clinical information when home visiting to support good clinical decision making and reduce GP time in having to update records on return to practice	Provision of tablet devices with WIFI access and GP practice systems capability	Mobile IT being offered to all practices. Trials of devices in 3 practices to inform best fit for general Practice	<i>Patient safety bundles</i> <i>Reduced GP time</i>
2	Use technology to support efficiency in general practice	Increase availability of appointments by reducing waste	Procure Text Bundles reminder and cancellation service	Text Bundles offered to all 22 practices (5 declined) Agreements in place and rolling out	<i>Reduce DNA rate</i> <i>GP Access Standard</i> <i>Health & Care Experience Survey measures</i>
3	Enhance the capacity of primary care teams with extended role practitioners to increase capacity and sustainability of primary care provision	With major problems with GP recruitment and retention and an aging nursing workforce there is a need to develop short and long term strategies to maximise opportunities to diversify and build capacity within primary care workforce	Develop physiotherapy extended scope practitioner model to triage and manage patients with MSK conditions: pilot for 1 year to test change	Pilot underway with 6 practices. Limitations in recruitment of staff with necessary experience and skills so taking on training posts to augment provision	<i>Improved access to MSK Referral pathway: right person/ right time</i> <i>GP appointment time saved</i> <i>Patient satisfaction</i>
			Primary Care Advanced Nurse	Training in progress for ANPs	<i>GP Access Standard</i>

		It will not be possible to provide every practice with this wider range of practitioners and therefore we will look to cluster provision with groups of practices to optimise resource use.	Practitioners (ANP) are able to manage a similar acute caseload to GPs and have a key role in our modern primary care workforce. We will therefore continue to support training of Advanced Nurse Practitioners We are committed to supporting practices manage increased demand for domiciliary phlebotomy	from 7 GP practices Domiciliary phlebotomy support for all practices via enhanced service	Health & Care Experience Survey measures
			SAS Primary Care Paramedic to provide home visiting service Model in development with SAS Establish SLA with SAS for service provision	SLA agreed with SAS to provide pilot of service with 3 GP practices 3 practices also identified to Support mentorship and training of specialist paramedics	Reduced GP Home Visit Time Conversion rate of those who still need to see GP
			Develop Primary Care Workforce Plan including identification of necessary skills and competencies and the training requirements to support workforce development and succession planning	Joint working across HSCP and NHS Lothian	Workforce Plan
4	Development of enabling and innovation fund to	To ensure practices review existing systems and	Provide support through critical review, business review and	Tailored to individual practices as required	No restricted lists Improved access

	support practices in difficulty to maintain service provision	approaches to maximise efficient, safe and effective care	modelling, benchmarking performance and support training and development		Health and Care Experience survey measures
5	Develop Signposting and Support Hubs to promote self management and direct access to alternative services	Research suggests that 27% of GP appointments were potentially avoidable and patients could be seen by another service /practitioner	Develop and support admin staff through enhanced signposting training and networking events to support sharing of good practice.	Signposting training offered to all practices (3 declined) Resources to promote signposting developed and distributed	No. of practices using signposting Day of care Audit: baseline audit completed Jan 17
			Explore development of support hubs to reduce medicalisation of conditions and promote self management in conjunction with voluntary sector	Mental health and Wellbeing Hub model in development Scoping requirements with General Practice and through Cluster Groups	
6	Provide LEGUP Funding to eligible practices	Support practices to facilitate increases in services to support areas of large population growth	Identify eligible practices Distribute funding	Practices identified and funding distributed via PCCO	Reduce number of practice with list restrictions
7	Develop Care Home Quality Improvement Project to support better use of ACPs and managements of LTC in Care Homes	Reduce requirement for unscheduled care visits from GP practices, LUCS and SAS and reduce unnecessary hospital admissions	Project lead appointed Care home project funding offered to all eligible practices to support implementation Training for care home staff	GP Lead appointed SLA offered to all eligible practices (17) 1 declined Project underway	Reduced unscheduled care activity from Care Homes Reduce hospital admissions

WEST LoTHIAN STRATEGIC PLANNING GROUP

Date: 16 Nov 2017

Agenda Item: 8

WEST LoTHIAN HSCP WORKFORCE DEVELOPMENT PLAN

REPORT BY HEAD OF HEALTH

A PURPOSE OF REPORT

To update the Strategic Planning Group of progress made in relation to the development of the West Lothian HSCP Workforce Development Plan.

B RECOMMENDATION

Members are asked to :

- Note the content of the report and its attachment
- Support the key objectives of effective workforce planning described in the report and Plan
- Support the framework within the plan and associated actions, namely the need for
 - Investment in effective workforce planning
 - Sustained investment in learning and development
- Note this framework provides a foundation for the continuous work required in response to changing priorities, national and local drivers and challenges

C TERMS OF REPORT

Delivering health and social care services involves a large workforce across all sectors and presents both challenges and opportunities in terms of workforce planning and development.

Harnessing the experience and skills of professionals on the frontline along with that of our partners and colleagues from across the statutory, third and independent sectors will be key to achieving our ambition and it is essential we make sure that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes for individuals.

Part 1 of the National Health and Social Care Workforce Plan was published by the Scottish Government on 28 June. This plan aims to strengthen and harmonise NHS Scotland workforce planning practice nationally, regionally and locally. Measures set out in Part 1 - include the establishment of a National Workforce Planning Group, and increases in the number of training places for medicine, nursing and midwifery with a focus on ensuring NHS Scotland has the workforce it will need to address future demand for safe, high quality services for Scotland's people. Parts 2 and 3 of the Plan are to be published later in 2017 and will examine how to improve integrated workforce planning in social care and primary care settings. This will inform the further development of the West Lothian HSCP Work force Development Plan.

Both NHS Lothian and West Lothian Council as parent employers are developing workforce plans and this framework for the HSCP will be entirely consistent with this and is not seeking to replicate but to augment on a local level actions required to support further integration of service provision.

This Plan is therefore critical to ensuring the IJB Strategic Plan for West Lothian will be implemented with the right skill mix and competencies across our workforce.

Key themes and ambitions have been identified as important through a range of collaborative and consultative events. These are summarised as follows:

- *Leadership, Management and Team Development* - To develop our leaders and strengthen our management to ensure the effective engagement of our workforce.
- *Culture and Values* - To understand the different cultures across sectors and develop a healthy culture across the partnership.
- *Developing and engaging the workforce* – To ensure that workforce development contributes to a sustainable, capable, engaged and motivated workforce. We will seek to promote Health and Social Care as a career of choice.
- *Professional and Technical advances* - to ensure we have a workforce who works to the top of their skill set and understand their contribution to a team and delivering the best outcomes for the population we serve.
- *Integrated working* – To explore how to do things differently and achieve new, effective integrated models of care by supporting and helping our collective workforce and representatives to develop and work together in joined up ways.
- *Workforce planning* – our workforce is our most valuable asset which we need to celebrate and plan for future needs and demands
- *Quality improvement and evaluation* – to be able to demonstrate the ability to make significant continuous improvement

The workforce plan is supported by detailed analysis of the workforce and the challenges facing both NHS and Social Care services.

There is still work to be done to fully understand the shape and dimension of future workforce but this is an integral part of the transformational change programmes currently underway.

Emerging models of care will influence direction of travel and the framework will support the delivery of a sustainable talented workforce.

D CONSULTATION

Engagement and consultation has been undertaken through a range of collaborative activities and these will continue as this is an iterative process,

Outputs from the following have been used in development of the plan:

- Workshop staff engagement events the most recent in September 2017
- Feedback from Road shows
- Staff survey responses
- Staff forums
- Partnership forums
- 1-1 feedback sessions and exit interviews

E REFERENCES/BACKGROUND

The Scottish Government has committed to the development of a national Workforce plan for the health and care workforce. The National Health and Social Care Workforce Plan published in June 2017, is a first step to harmonising workforce planning at a national, regional and local level.

A further plan incorporating integrated planning across Primary Care and integrated community services will be published in early 2018

NHS Workforce Planning: The Clinical Workforce In Secondary Care
Auditor General Scotland 2017

The West Lothian HSCP Workforce Development Plan links directly with the ambition set out in the IJB Strategic Plan for West Lothian and needs to work within the agreed financial framework.

F APPENDICES

Appendix 1 : West Lothian HSCP Draft Workforce Development Plan

Appendix 2: Flash Report from Stakeholder Engagement September 2017

G SUMMARY OF IMPLICATIONS

Equality/Health	<i>The report has been assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment is still to be conducted and once completed findings will be incorporated into the plan</i>
National Health and Wellbeing Outcomes	<i>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</i>
Strategic Plan Outcomes	<i>Resources are used effectively and efficiently in the provision of health and social care services Tackling Inequalities Prevention and Early Intervention Integrated and Coordinated Care Managing Our Resources Effectively</i>
Single Outcome Agreement	<i>We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life</i>
Impact on other Lothian IJBs	<i>Workforce Planning for Hosted Services may impact on other IJBs Lothian wide support services support shared learning and development</i>
Resource/finance	<i>Within available financial resources</i>
Policy/Legal	<i>Public Bodies (Joint Working)(Scotland) Act 2014 Professional standards of relevant professional bodies such as SSSC, NMC, GMC etc</i>
Risk	<i>There are risks associated with the available supply of workforce and maintenance of safe, effective and sustainable services which are detailed within the Risk Register</i>

H CONTACT

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16th November 2017

West Lothian HSCP – Staff Engagement Event 29th September– Flash Report

The main aim of the event was to get views from staff and managers about what the priorities should be for our HSCP People Plan. We decided to have 5 themes and for each them we asked people to say what they thought was good and working well, what should be put in place and developed and what the priorities should be – and anything else they could think of!. There was a great buzz all morning as each group took turns to discuss each topic. Facilitators were there to structure the conversations and take notes – all reported a really positive vibe and energy from the groups – lots of ideas and thoughts which we have tried to capture in this report. The challenge is now turning these into an action plan and trying to include as many as possible with the time and resource we have. Read on.....

Setting the Scene



Marion Barton, Head of Health

The event kicked off with a presentation from Marion Barton, Head of Health, giving an overview of the strategic landscape of the Partnership and the challenges we face of increasing demand in context of a growing older population, a reducing workforce due to demographic change and the need to build capacity to match demand across the whole system and across all sectors within a climate of economic constraint.



Jane Kellock, Head of Social Policy

What matters to you?



At the start of the event we asked people to share 'What Matters to You?' as a way of quickly getting into the theme of the day and a nice reference to the national initiative earlier this year. It was interesting to hear the wide range of things which are important to us in our work – there was a lot of commonality – here's a flavour of what people said:

- *Integrity-consistency, fairness and reliability.*
- *Lead my team to the best of my ability-ensure they are well managed and developed and I am effective in my role.*
- *All about people-how can we meet patient's needs and consider sustainability.*
- *Achieve a sense of pride-staff feel valued.*
- *Embed the values for staff-ensure they have a sense of worth and feel important.*
- *Ensure staff have the necessary skills, competence and confidence to deliver a high quality service.*
- *Ensure my team has a modern forward approach to providing services.*

Leadership, Management and Team Development



Participants described various opportunities available from NHS Lothian and West Lothian Council for Leaders and Managers. Most recently joint leadership training has been delivered (Playing to your Strengths) along with leaders from the other Partnerships in Lothian and locally the West Lothian Senior Leadership team have been through a programme based on Steven Coveys 7 Habits of Highly Effective People.

Ideas for development & priorities included looking at a joint leadership framework, better training for aspiring leaders, more joint training at all levels of management, enable teams to use the team development toolkit for health & social care teams, more regular gatherings of managers and leaders; shadowing opportunities; a more co-ordinated approach to management development; better communication of opportunities available; induction for managers; develop and communicate shared vision, goals and values.

We will look at all of these but in the meantime here are some useful links:

NHSL Leadership & management development for individuals and teams

<http://hronline.lothian.scot.nhs.uk/About/OurServices/EducationandEmployeeDevelopment/staffdevelopment/LeadershipManagement/leadershipandmanagementdevelopment/Pages/default.aspx>

Leadership learning pathway for leaders in social services in Scotland

<http://www.stepintoleadership.info/managers.html>

For opportunities for bite-sized learning for leaders and managers - join Managers' Development Network

at <http://knowledge.scot.nhs.uk/mdn.aspx> open to health and social care

Development Toolkit for Health & Social Care Teams

<http://hronline.lothian.scot.nhs.uk/About/OurServices/EducationandEmployeeDevelopment/staffdevelopment/LeadershipManagement/developmenttoolkitforhealthandsocialcareteams/Pages/default.aspx>

Quality Improvement and Evaluation



Overall staff were really positive when discussing quality improvement and evaluation. Staff were clear it was crucial Senior Managers continue to support all improvement activities and have a role to play in creating the right environment for innovation and QI to flourish across the partnership.

All staff felt there was a fundamental need for a QI framework to be used. Using EFQM (European Foundation for Quality Management) across health and social care as a consistent approach to self-assessment was viewed as a real positive. Using the same language with the same goals were a definite advantage. A few staff had been involved in the Recognised for Excellence external assessment and our success was viewed with a real sense of pride and achievement.

Using RADAR methodology as part of the self-assessment process was key, in particular evaluation with a focus on shared learning. However, it was recognised staff at all levels need to start using data more effectively as an integral part of service improvement.

The need for integrated innovative services was highlighted and all agreed, staff need to be encouraged and supported to think differently and do things differently to support transformational change and ensure sustainability of the partnership.

The support of skilled QI staff (health and council) was seen as extremely helpful especially during the self-assessment process. However it was agreed there is a need for more staff to be trained in QI skills.

Staff suggestions were seen as an integral part of service improvement and all agreed staffs' contribution needs to be recognised perhaps with a more shared, consistent approach.

Professional and Technical



Groups discussed issues relating to the professional and technical workforce - both health & social care - this drew a lively discussion with each group adding to what they felt were the strengths, weaknesses, opportunities and threats.

Strengths: a range of things identified here including an experienced, committed and dedicated staff group with a common vision and value base. On the more practical side, geographic location, paper-lite systems and appraisal were highlighted and organisationally, integrated teams such as REACT were seen as a strength.

Having identified strengths, groups looked at where things could be better – or weaknesses. There was consensus around things like addressing the age profile and reduction in working population, skills relating to technology, the ‘pull’ of the City, recruitment to certain professions, variation in conditions, risk thresholds, referral processes, retirement ages and integrated competency framework. Related to this were the challenges around the loss of experienced staff through retiral and recruitment and retention challenges due to Brexit.

On the positive side people talked about opportunities presented by technology and integration. There are opportunities to look at doing things differently through enhancing roles and skill mix and by changing the way we deliver services.

Workforce Planning



The IJB are required to produce an Integrated Workforce Plan by the end of March 2018 so this was an opportunity to gather some thoughts and ideas which can be incorporated in that plan. Some good examples of work underway in some areas were shared such as Modern Apprenticeships, Skill Mix & Capacity Reviews, Succession Planning, Staff development, Leadership Development, Retirement Planning, Flexible Working – but we have work to do on all of these areas to spread them more widely and consistently across the Partnership.

In addition to these, other areas for development mentioned were: Health Care Academy, Competency Development, Carer support, align to population growth, bring people back after retirement, demographics, flexible roles, dis-invest in some areas to re-invest in others to shift the balance of care, career pathways, third sector workforce, closer working with HEIs and new and enhanced roles.

In summary, the priorities for going forward were:

- *Develop a vision for the service i.e. service model*
- *Adopt a realistic approach*
- *Match plans with population growth*
- *Identify skills required for the future*
- *Balance flexible working and use experience*
- *Investment in Modern Apprenticeships*
- *Be imaginative and develop new roles*
- *Preparation for the young workforce and how to use technology/IT*

Finally, in order to develop a workforce plan people wanted support and training in workforce planning skills.

Developing and Engaging the Workforce



In terms of **developing the workforce**, participants talked about the range of clinical and CPD opportunities available in each organisation. These were known and people know where to find out about them. Staff are committed and want to develop so they are proactive in seeking out information.

Ideas for development & priorities were around having more opportunities available for the wider staff group not just professionals, to think about using IT solutions to training e.g. Webinars, and think about how we can retain staff and equip staff for the future.

With regard to **staff engagement**, I Matter seems to be seen as a positive and to be continued. There are examples of good practice within teams who communicate well – these could be shared so that this becomes the norm.

Ideas for development & priorities included: develop a culture of shared values, clearly communicate the organisational chart so that staff can see where they fit in, more engagement on the bigger picture and goals of the partnership – this to be shared widely; less about targets and more about outcomes; adopt more of a bottom up approach to this plan – front-line staff have good ideas!, have a joint approach to staff surveys and have more engagement events about organisation's plans.

Your Feedback



Very positive feedback on the day – also good constructive comments on how we could have done it better which we will take on board for the next time.

Here are some of the comments:

What worked well:

- Good interaction and sharing
- Good to meet a range of colleagues from across the Partnership
- Understanding more about the plans for West Lothian
- Joint leadership from Marion & Jane
- Time out to think creatively
- Moving around tables helped keep energy going and bonding
- Facilitators stimulated informative discussion
- Safe place to have difficult conversations
- Collaborative, inclusive and fun!
- Good to hear views from across agencies
- Helpful critique of existing services
- Honesty
- Identified areas for development
- Got a sense of service wide issues
- Variety of roles and experience
- Networking
- The venue

Even better if.....

- Better communication prior to the event about its purpose so that people could prepare
- It had been longer to allow more time for discussion;
- These are more regular;
- Mix the groups up more
- Have more front-line staff – heavily loaded with managers
- Have name badges

What happens next?

Our overall aim is to support, develop and put in place the workforce we need to deliver safe and sustainable services to West Lothian's people.

Output from this event will be used to draft our workforce and organisational development plans.

We want to continue to work as closely as we can with our staff and key partners as we build our capacity to plan, deliver and develop new models of working and welcome your on-going involvement and input which is absolutely vital to this iterative process.

Further stakeholder engagement events are being planned and will run early in 2018

A word from our Director.....

I am delighted our first Workforce Planning event was such a great success with real positive feedback. A series of similar staff consultation and engagement events are being planned for the future to ensure our staff are listened to and their ideas are considered in future workforce planning.

Like many other organisations, West Lothian Health and Social Care Partnership faces difficult challenges ahead in maintaining and improving the quality and effectiveness of services. A motivated, skilled and capable workforce is critical in every aspect of service delivery and continuous improvement. In addition, it is important our staff feel supported and developed as leaders to ensure we can continue to provide the right services, by the right people in the right setting across the communities of West Lothian and beyond.

Working together, in partnership with involved and empowered staff is key to achieving our priority outcomes and to the continued success of the organisation.

I look forward to meeting many of you in the near future.

Jim Forrest

Director





West Lothian IJB Integrated Workforce Plan 2017-2020



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Forward

The integration of health and social care, through the legal framework of the Public Bodies (Joint Working) (Scotland) Act 2014, is designed to deliver improvements to our services and to deliver services which are seamless and inclusive. As we reshape and redesign our services to meet our commitments, our workforce will be required to do different things, to work in new and different ways and to further strengthen our partnership working arrangements.

Our employees bring together a wide range of knowledge, experience, skills and talents and we are committed to supporting and developing them as they make the transitions to apply their strengths and talents within the Partnership. This Workforce Plan reflects our ambition to have the right people with the right skills in the right place at the right time. It describes the challenges we face and identifies strategic actions needed to deliver our vision.

To increase wellbeing and reduce health inequalities across all communities in West Lothian

It is recognised that workforce planning and workforce development needs are emergent and dynamic therefore development of the workforce is a continuous core activity embedded within all our planning processes.

In this plan we have set out the arrangements that we already have, and those we plan to put in place, to make sure that we have a workforce who are able to meet the current and future needs of the West Lothian population. It also sets out steps we will take to plan for and deploy our workforce effectively against a complex, changing and shifting background including anticipating our future workforce needs based on legislative requirements, evidence of demographic change and the shift towards the provision of more community based health and care services.

We start from a position of strength. We have robust workforce planning and workforce development arrangements in place in each of the Parent Organisations (NHS Lothian and West Lothian Council) which provide ongoing Human Resource, Organisational Development and Learning support to employees.

This Plan sets out a dynamic and evolving work programme of improvement for our health and social care services workforce to achieve the ambition of our Strategic Plan 2016-2026 and makes strong connections to optimise the use of our resources to achieve quality outcomes for the people of West Lothian

Introduction

There is no doubt of the talent and commitment within our workforce and the strong foundation we have to build on. There are however growing challenges in being able to recruit and develop a workforce to deliver joined up holistic services. This Workforce Plan sets out arrangements already in place and the action we will take to attract, recruit, motivate and engage, support and develop and thereby retain, our future workforce.

NHS Lothian and West Lothian Council already have in place robust arrangements for workforce planning and workforce development and these existing arrangements will continue and form part of the arrangements contained within this Plan to support and develop our people. Adopting an Organisational Development approach means that, through Business Partnering arrangements, the recruitment, support and development of our workforce is embedded within our strategic planning arrangements.

Our context is one of transformational change. Our drivers include ongoing reform at a national level including the Scottish Governments reform agenda informed by the Christie Commission, the introduction of the Community Empowerment (Scotland) Act 2015 and the plan to develop a Strategy that will build on the 2020 vision for health and social care in Scotland.

This plan will be implemented to take account of the emergent needs of the workforce in response to change and to engender in employees the ability to work flexibly within a change environment.

Drivers and Considerations

National Strategy

Health & Social Care Delivery Plan

The aim of the plan is for high quality services that have a focus on prevention, early intervention and supported self management. Where people need hospital care, the aim is for day surgery to be the norm, and when stays must be longer, the aim is for people to be discharged as swiftly as it is safe to do so.



<http://www.gov.scot/Resource/0051/00511950.pdf>

This plan sets out a triple aim:

- to improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care');

- to improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('better health')
- to increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').

The plan sets out a range of measures that are being taken forward to:

- enhance workforce capacity within Primary Care and ensure
- review patient flow
- improve and expand scheduled care
- introduce new arrangements for the regional planning of services
- strengthen relationships between professionals and individuals through realistic medicine and reduce the unnecessary cost of medical action
- reform NHS Boards.

National Health & Social Care Workforce Plan – Part I

The National Health & Social Care Workforce Plan will be published in three distinct parts:

- Part I – covering the NHS workforce (published in June 2017);
- Part II – covering the social care workforce (to be published in Autumn 2017); and
- Part III – covering the primary care workforce (to be published late 2017)



<http://www.gov.scot/Resource/0052/00521803.pdf>

The intent is that the first full National Health & Social Care Plan will be published in spring 2018.

Part I, relating to the NHS in Scotland, sets out the current pressures facing the NHS workforce, considers the potential future NHS workforce and sets out a framework for improving workforce planning across NHS Scotland. The plan highlights the need to enhance workforce planning at a national, regional and local level to support the delivery of the Health & Social Care Delivery Plan.

Financial Context

The partnership is required to plan, support and deliver services effectively and efficiently to achieve quality and consistency, and to bring about a shift in the balance of care from institutional to community-based settings. This will need to be achieved from the resources within the West Lothian integrated health and social care budget and includes making financial savings on an ongoing basis.

Objectives of this Workforce Development Plan

The Plan will aim to:

- Set the framework for consistent and integrated workforce plans for West Lothian HSCP
- Promote understanding and ownership from all stakeholders within the partnership
- Support the development of individual Service Workforce Action Plans, which reflect the changing environment and future workforce requirements

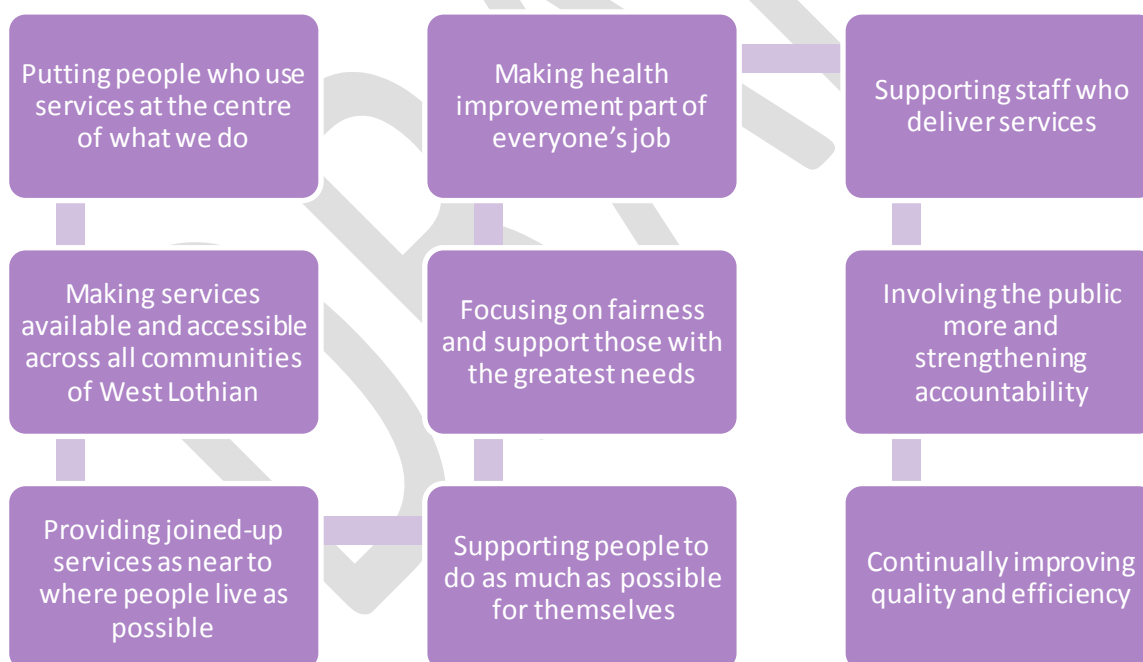
Delivering our Vision

The vision for the Partnership is:

To increase wellbeing and reduce health inequalities across all communities in West Lothian

Values

Partners have aligned NHS and Council values with the common set of values for the Partnership

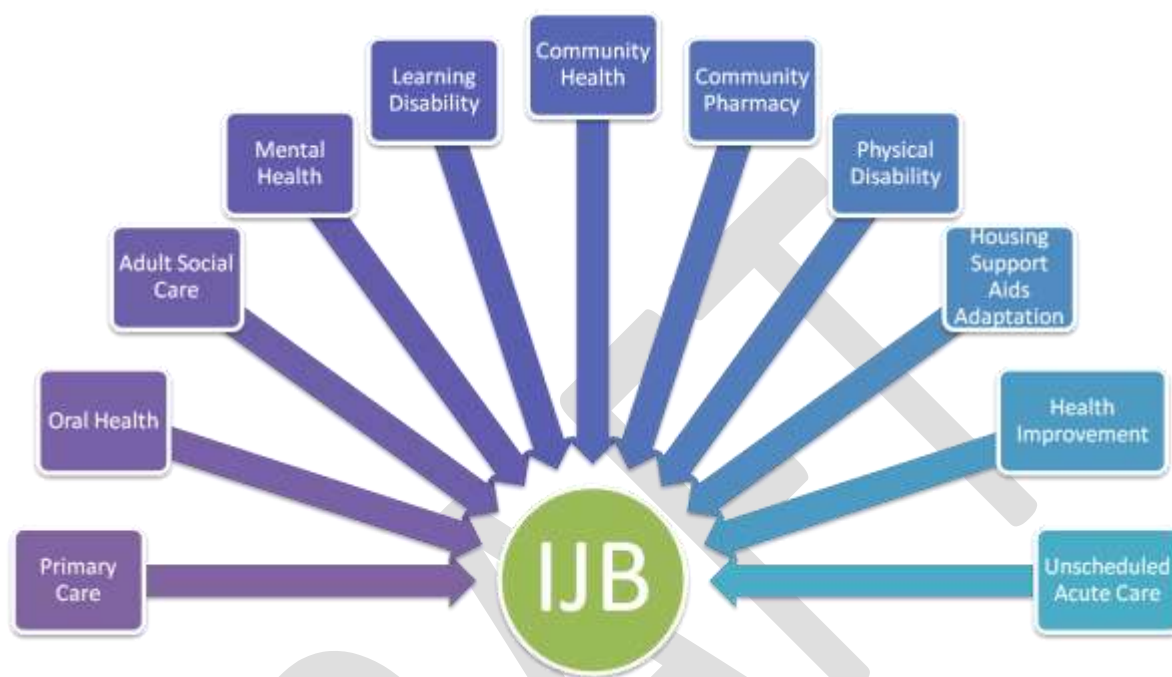


Equality

The Commitments set out in our Strategic Plan and the approach we have adopted to Workforce Development are designed to engender a culture which promotes equality, values diversity and protects human rights and social justice and tackles discrimination. This is reflected in our Vision and Values and applies equally to our residents and our workforce.

Who we are and what we do

The Partnership brings together those who plan, manage, and provide the community and some elements of hospital services for the West Lothian population, and in some cases beyond (hosted services which are Lothian wide). Services are managed through a senior management team accountable to the Integration Joint Board (IJB) Chief Officer.



Our Workforce

The workforce of 2486.46 FTE employees are employed by their respective parent organisations

Employee Groups (NHS)	Total FTE (NHS)	Employee Groups (SP)	Total FTE (SP)
Management	17.8	Management	16
Mental Health	310	Children & Early Intervention	195
Allied Health Professionals	100.7	Community Care Assessment & Prevention	345
Community Nursing & Associated Hospitals	270	Community Care Support & Services	415
Hosted Services	592	Young People and Public Protection	177
Admin/Clerical	58.36	Admin/Clerical	91
	1247.46		1239

A further breakdown of the workforce characteristics can be found in Appendix 1.

In addition to the direct workforce of the Partnership, services are provided through contracted services managed within NHS Lothian e.g. GPs, Dentists, Optometrists and Community Pharmacists.

Services are also provided within the Partnership context by colleagues in the 3rd sector and independent sector and we will work with our partners to ensure that their workforce planning and workforce development arrangements are fit for purpose to support appropriate service delivery by them in the future.

Our Approach

This is the first workforce development Plan for the Partnership. It brings together information about and ambitions for both Health and Social Care workforces across the partnership, providing a solid foundation for growth.

It recognises that Workforce planning and development is a central corporate responsibility for both NHS Lothian and West Lothian Council and therefore is designed to augment that work and reflect local priorities and actions. There are co dependencies with corporate plans and strategic direction, set by policy or community planning priority areas. Central to this is the IJB Strategic plan which sets the vision and direction of travel for West Lothian.

In order to meet the outcomes of the Strategic Plan it is necessary to ensure that we :-

- Attract, recruit, motivate and engage, support and develop and thereby retain the right and the best people to deliver services for our residents.
- Take forward the actions required to deliver this objective as set out in the Action Plan in appendix 2
- We will deliver our Workforce Plan using the 6 Steps Methodology and ensure that Workforce planning is an integral part of our service and financial planning.

These improvement actions will be as stated, delivered through the implementation of existing good practice of the parent organisations HR and Organisational Development arrangements and additional initiatives identified to develop our future workforce in the context of integration.

Ownership and responsibility for the adoption of the Workforce Development plan will sit with the Senior Lead accountable for each service area alongside their operational managers and professional leads. This will enable the production of individual service workforce plans that will determine the shape of what is required in terms of skills, knowledge and profession within each of the service areas. The workforce plan will sit alongside the Strategic Plan and Financial Strategy in terms of annual review and update.

To support this West Lothian Organisational and Workforce Development Board has been established to commit to a common organisational development approach to ensure

consistency and to identify opportunities for joint working and shared learning wherever possible.

Themes and Ambitions for Action

Key Themes and ambitions to be included within the action plan have been determined by a range of collaborative workshops; road shows; self assessments; staff engagement; demographic and policy direction.

These are as follows:

- **Leadership, Management and Team Development** - To develop our leaders and managers and strengthen our teams to ensure the effective engagement and well-being of our workforce.
- **Culture and Values** - To understand the different organisational cultures across sectors and develop a healthy culture across the partnership.
- **Developing and engaging the workforce** – To ensure that workforce development contributes to a sustainable, capable, engaged and motivated workforce. We will seek to promote Health and Social Care as a career of choice.
- **Professional and Technical advances** - to ensure we have a workforce who works to the top of their skill set and understand their contribution to a team and delivering the best outcomes for the population we serve.
- **Integrated working** – To explore how to do things differently and achieve new, effective integrated models of care by supporting and helping our collective workforce and representatives to develop and work together in joined up ways.
- **Workforce planning** – our workforce is our most valuable asset which we need to celebrate and plan for future needs and demands
- **Quality improvement and evaluation** – to be able to demonstrate the ability to make significant continuous improvement

Organisational Development

The IJB and leaders working within the partnership will actively promote an organisational culture which values partnership working, recognises and values the contribution of the workforce, and values and promotes transparency and openness to innovation, continuous learning and improvement. An organisational development approach is embedded within all planning and workforce development activity of the Partnership.

Organisational development is everyone's business but to support this we have organisational development leads working with Heads of Service and Senior Managers to identify and plan appropriate interventions which are integral to ongoing service redesign, service improvement activity, development of integrated teams, collaborative and joint planning and joint working with partners and stakeholders and change management.

All organisational development interventions are designed to deliver improvement and are delivered from a strength and asset based perspective.



This proactive and integrated approach to the development of leaders, managers and our people supports a learning culture which engenders a culture of continuous improvement and develops engaged, competent and confident employees.

Leadership

We require leadership at all levels within our existing organisations and from a broad range of backgrounds and experiences to drive our ambitious transformational change programmes forward for the integration of health and social care services.

Clarity of direction and a clear vision about the future of health and social Care in West Lothian will require strong leadership to meet the future challenges ahead. Our inclusive approach will support the development of locality working and the closer collaboration with all our communities. We have invested in leadership programmes and competencies in our partnership. We will build on these programmes. We will ensure that we develop and nurture our current and future leaders. We will do this by:

- Equipping our leaders and managers with the tools and new models to support change and support our citizens and employees through it;
- Supporting our managers to think and act strategically, alongside operational priorities;
- Encouraging leadership at every level including citizen and front-line roles by embedding the Guiding Principles in practice;

- Introducing new leadership routes and qualifications for working in integrated services;
- Providing training/mentoring and coaching programmes
- Being inclusive in our understanding of who is a Leader;
- Creating shared spaces across partnership to test out new service delivery models;
- Promoting performance improvement for new services as a key leadership;
- Encouraging wider use of social media to promote the role-modelling and visibility of leadership and vision;
- Testing a variety of succession planning and “high-potential” programmes;
- Consolidating leadership mentoring programmes, shadowing and paired learning opportunities across and within partnership organisations.

We will use the framework developed nationally and jointly by the Scottish Social Services Council (SSSC) and NHS Education for Scotland (NES) to guide the development of our leaders and managers:

Leadership for Integration - Leadership Capabilities

<p>VISION</p> <p>Seeing how best to make a difference Communicating and promoting ownership of the vision Promoting a public service ethos Thinking and planning strategically</p>	<p>EMPOWERING</p> <p>Enabling leadership at all levels Driving a knowledge sharing culture Promoting professional autonomy Involving people in development and improvement</p>
<p>SELF-LEADERSHIP</p> <p>Demonstrating and adapting leadership Improving own leadership Enabling intelligent risk taking Demonstrating and promoting resilience Challenging discrimination and inequality</p>	<p>COLLABORATING AND INFLUENCING</p> <p>Leading partnership working Influencing people Understanding and valuing the perspectives of others</p>
<p>MOTIVATING AND INSPIRING</p> <p>Inspiring people by personal example Recognising and valuing the contribution of others Driving the creation of a learning and performance culture</p>	<p>CREATIVITY AND INNOVATION</p> <p>Seeing opportunities to do things differently Promoting and supporting creativity and innovation Leading and managing change</p>

Team development

Effective high-performing teams are at the heart of effective service delivery and are also key to staff health and well-being. Teams from each organisation have been working together in an integrated way to deliver high quality care for some years – but we can do more. We are committed to developing teams to work collaboratively within and across agencies and to giving them the capacity to do so.

We will look to supporting a range of models to suit local circumstances and service requirements – one size does not fit all. The Team Development Toolkit for Health & Social Care Teams has been developed in partnership and will be used to support this work which includes supporting team leaders with their own development and with the development of their team.

Service Improvement and Innovation

Faced with significant financial and operational pressures, the importance of effective and efficient services has never been greater for the public sector. The IJB and leaders acknowledge they have a significant role in creating a supportive culture and environment which enables service improvement and innovation to flourish. However responsibility must extend well beyond senior leaders, instead a shared distribution with leaders at all levels across the partnership must exist. We must ensure:-

- A compelling vision for improvement is shared at all levels within the partnership.
- Clear, aligned objectives for all services, teams and individuals.
- Data used effectively at all levels, in order to identify gaps, define performance indicators and measure the impact of different interventions of quality care.
- Supportive and enabling people management and high levels of staff engagement.
- Service improvement and learning embedded in the practice of all staff.
- Effective team working

All services across the partnership use the EFQM (European Foundation of Quality Management) Business Excellence Model which provides a systematic and consistent approach to self-assessment and service improvement. Self-assessment is an important part of any improvement process as it encourages innovation from within and involves our strongest asset, our staff. It also helps encourage a strong sense of self-awareness and understanding amongst services of their capability to adapt to change and achieve their priority outcomes.

The IJB recognises the importance of innovation at all levels in order to address our challenges and improve the health and wellbeing of the people of West Lothian. We acknowledge all staff must be supported and encouraged to start thinking in different ways

and doing things differently to drive forward innovative practice to support transformational change.

Our focus for the future is:-

- Set clear goals for innovation at an organisational and service level.
- To harness and nurture the creative talent of staff.
- Ensure structured processes are in place to generate and prioritise staff ideas which will support a culture of open innovation and co-production.
- Adopt a more pro-active approach to involve service users and carers in service improvement and innovation to embrace a culture of co-creation.

Workforce Planning

Each of the parent organisations has in place existing arrangements to address workforce planning to ensure that: -

- The partnership is viewed as an employer of choice and attracts high quality suitably skilled and motivated employees
- We identify potential gaps and are proactive in taking measures to address these

Workforce Planning is a dynamic process and whilst service improvement plans will articulate needs and pressures identified as services are redesigned and transformational change programmes implemented, workforce needs will be emergent and continue to be addressed in real time. In some areas national reviews and initiatives to address known pressures are underway and we will have due regard to these.

When determining the future workforce requirements for the delivery of integrated services, we must take account of our existing workforce and the challenges of developing roles and skills.

Due to the changes in demand, on-going economic challenges and the identified strategic & commissioning priorities there will naturally be a corresponding change to the make-up of the future workforce and the support and development they will require.

These changes present both challenges and opportunities.

Some of the known workforce **challenges** that need to be considered within service areas are:-

- Continued provision of a suitably skilled and diverse personal carer workforce
- Improving the gender balance within the personal carer workforce
- Sustaining suitable numbers of Mental Health Officers
- Addressing the national shortage of qualified District Nurses
- A national shortage of GP's
- The implications of revisions to GP contracts

- Supporting increased use of Advanced Nurse Practitioners in Primary Care
- Promotion of asset based approaches through the greater visibility and engagement of staff within local communities.
- Changes in the balance of care from acute to more community working and supporting people in their home or a homely setting
- Maintain current professional roles whilst recognising the changes to specific skills, knowledge and behaviours in order to work more collaboratively
- Implementation of new technology requiring both shifts in the skills mix required of staff and the possibility of removing the need for certain activities to be provided by staff.
- New types of worker role and a growth in personal assistants , the engagement of non traditional health/social care workforce in supporting better outcomes for people, including leisure and sport staff.

Opportunities include and are not limited to:

- Broadening the range of activities and therefore skill set of the workforce that contributes to the health and well-being of citizens.
- Creation of more varied learning and development methods, including volunteers, carers and service users as equal contributors and participants with access to accreditation where desired.
- Development of new career paths and more flexible routes into and within health and social care.
- Creation of new job types and more varied career pathways within health and social care.
- Through better use of current and new technologies test different approaches to creating a more flexible and mobile workforce
- Increased understanding within the wider community of the contribution of the workforce on the health & well-being of all citizens.
- Contribution to local and national discussions on future workforce planning and the content of accredited training courses particularly for key professional groups.
- Work with local and national academic and vocational bodies to support and review the development of new and existing qualifications.
- Mandating the active involvement of service users, their families and the local community in the on-going development, delivery and evaluation of all activity designed to improve the health and wellbeing of the citizens of West Lothian.
- Development of a Core Competency Framework, comprising the skills, knowledge, behaviours and attitudes that are relevant to the integrated workforce in its totality.
- Explore the use of technology enable care to promote greater shared responsibility in provision of care and support
- Explore the opportunity for positive action to be taken to support recruitment of a diverse workforce and to address the balance of the workforce particularly in relation to age and gender.

Appendix 2 of this Workforce Development and Support Plan includes actions which will be taken to address workforce challenges identified together with organisational development interventions and workforce development activity to support effective delivery and achievement of outcomes

Intelligence to further Define our Future Workforce

Partners are currently working together to build a shared understanding of the whole workforce. Whilst the Council and NHS already have separate systems in place to collect data on their workforce, a systematic approach to collect a single data set on the Health and Social Care workforce across all sectors is required.

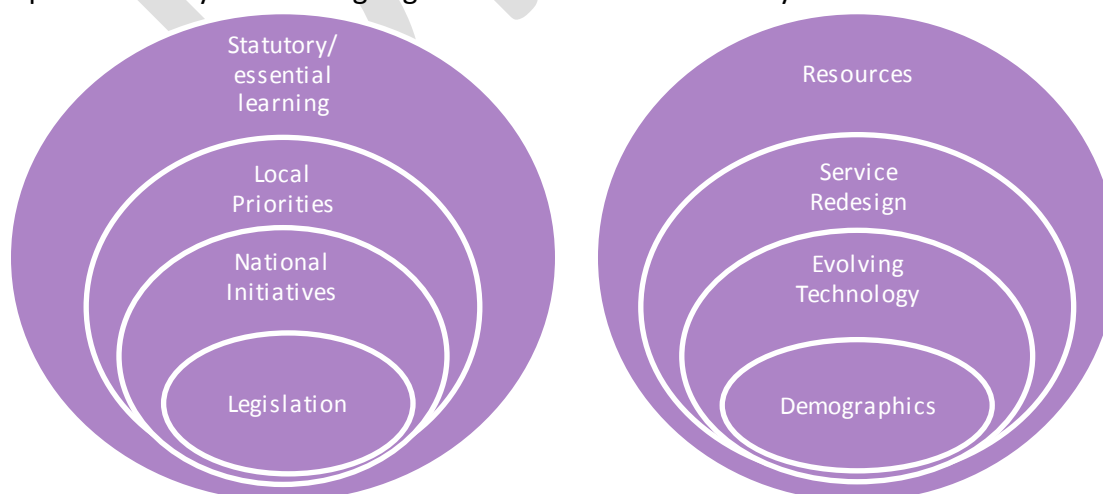
In order to determine future workforce requirements we will consider the following and link them to strategic, financial and service planning:

1. Skills set analysis and requirements;
2. Roles and number of staff required; and
3. Productivity and new ways of working.

Thereafter the current workforce data set can then be compared against future workforce requirements, and a plan developed to bridge any gaps.

Workforce Development

The partnership aims to improve the lives of West Lothian citizens by ensuring that those working in the health and social care sector are equipped to make the best use of their collective skills and resources to improve service user outcomes. These skills will need to reflect and strengthen a new culture that supports citizen independence and self-management to implement our personalised and strength based approaches. This will require new ways of working together which will be driven by:



Health and Social Care professionals have learning frameworks in place namely, the Knowledge and Skills Framework (NHS) and the Continuous Learning Framework (SSSC)

which closely align to core skills across the sector. In ensuring that we maintain a capable workforce we will:

- Develop and produce detailed learning & development plans which meet the needs of our regulated workforce as relevant to the regulatory requirements for all professionals in the Partnership including continuous professional development. These will include building on shared culture, values and language.
- All employees have access to an annual performance review to ensure their particular development needs are identified and addressed in respect of current and future role requirement. This will be supported by their line manager and the relevant Professional Lead to ensure that they are suitably qualified, skilled, trained and developed to fulfil the requirements of their role.
- Design opportunities to create an integrated approach to learning & development across the partnership (where appropriate) which makes best use of resources. This will entail mapping current available resources for employee development and training across the Partnership.
- Build career pathways that will facilitate opportunities for cross sector working through access to learning across both organisations in the Partnership.
- Ensure that all employees working within the partnership continue to have access to mandatory and statutory training. This will include health and safety training, professional and technical training, corporate learning and development and tailored learning and development provision which is linked to business needs and annual appraisals. Reporting systems will be utilised to ensure compliance in these areas.
- Continue to develop skills and behaviours that promote employee engagement in co-production to achieve better outcomes for individuals and communities.
- Supervision is a key feature of sound professional practice and is vital to practitioner professional development in assessing competency, knowledge, skills and value-based practice, relevant to the practitioner role being undertaken. The Partnership will continue to develop employee's critical practice through the provision of regular supervision.
- Review development arrangements of Newly Qualified Social Workers (NQSW) to increase retention in line with the Scottish Social Services Council's review.

We need to ensure that all managers of integrated teams are competent and compliant in the implementation of policy and procedures as they are applicable across the two employing agencies. We will undertake to:

- Develop a Partnership Induction which will reflect learning in relation to policy and procedures in place across both employing agencies and incorporating the differing employee terms and conditions. This will include for example core corporate

policies in relation to sickness absence management and disciplinary policies and procedures.

- Facilitate regular change management sessions for managers to develop skills in managing change, transition and service improvement.
- Continue to deliver local integrated management training/learning programmes to ensure managers (current/new) have the necessary knowledge and skills. These programmes should be made available to aspiring managers to address our ageing workforce in this area.

Employee development in relation to changing working practice will be addressed by continuing to build on our positive shared cultural and value base and support the development of new working practice by:

- Delivering employee engagement events which communicate and inform employees of organisation change and transition.
- Delivering Team building and Team development sessions for integrating team(see above)
- Develop opportunities to up skill employee's capabilities which may enhance cross sector working.

From induction to preparation for retirement we will augment the existing provision of each of the parent organisations to take account of the management of integrated teams and the new partnership arrangements.

The Partnership will work with all partner further educational establishments and Higher Educational Institutions to influence the development of new qualifications that may emerge as a result of service redesign and changing work practices.

Consultation and Engagement

Empowering the whole workforce to become engaged and valued for its contribution will be essential as we move towards viewing the workforce as one entity.

Monitoring, Measuring and Evaluating This Plan

West Lothian IJB is committed to agreeing and delivering its workforce plan in consultation with a wide range of stakeholders. The plan will be subject to monitoring and reporting on a regular basis and progress will be reported annually to the West Lothian IJB to ensure it continues to align with the Strategic Plan.

In view of the emergent and responsive nature of organisational development interventions and workforce development, monitoring and measuring the impact of these interventions is continuous. Monitoring and measuring our organisational development actions is built in to

our feedback measures following one off events and through more formal review of project and programme work undertaken to support change. All of this feedback is used to provide learning in order to deliver continuous improvement and meet the changing needs of our workforce and our residents. In addition, we will utilise the existing review measures available within the parent organisations, such as:-

- Staff Surveys
- imatter team feedback
- Consultation and Engagement events
- Feedback from development events, team meetings 1:1 meetings, performance review meetings, and informally

We will continue to consult our workforce as we review and renew our Strategic Plan and this supporting workforce plan to ensure that we are meeting their needs. This Plan will be reviewed annually and updated to take account of future changes and priorities, including the ongoing changes to the profile of the workforce, their development needs and succession planning as services change to meet service demand.

The Organisational Development and Workforce Development Board will monitor the effectiveness of the plan and its deployment across the partnership to ensure a consistent approach is taken and to support shared learning and identify opportunities for shared delivery as appropriate. It is recognised that significant organisational development activity and workforce development activity will be progressed though not included in this Plan due to the rate and pace of change being implemented.

Impact Assessment

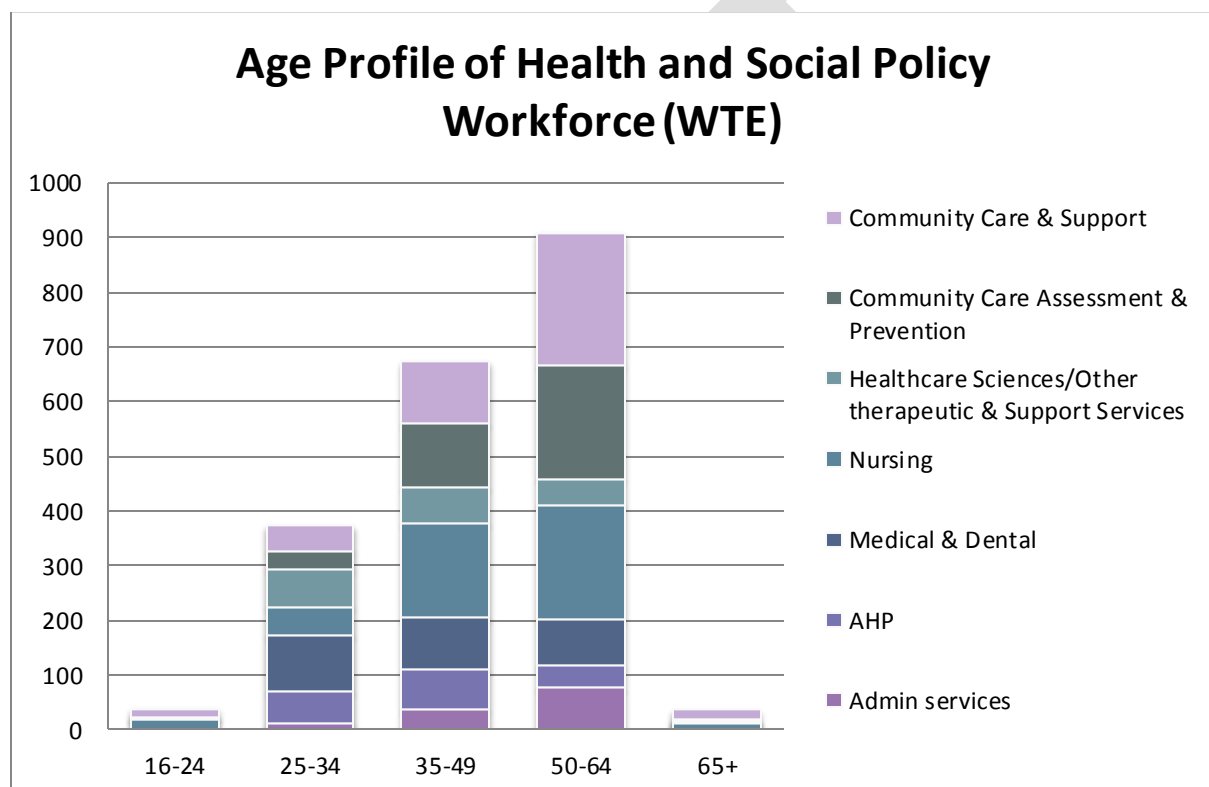
To ensure that we are aware of the impact of the workforce plan on all employees and can address any potential issues for specific groups and individuals, an Equality Impact Assessment (EIA) will be undertaken.

Appendix 1: Workforce Characteristics

Demographics

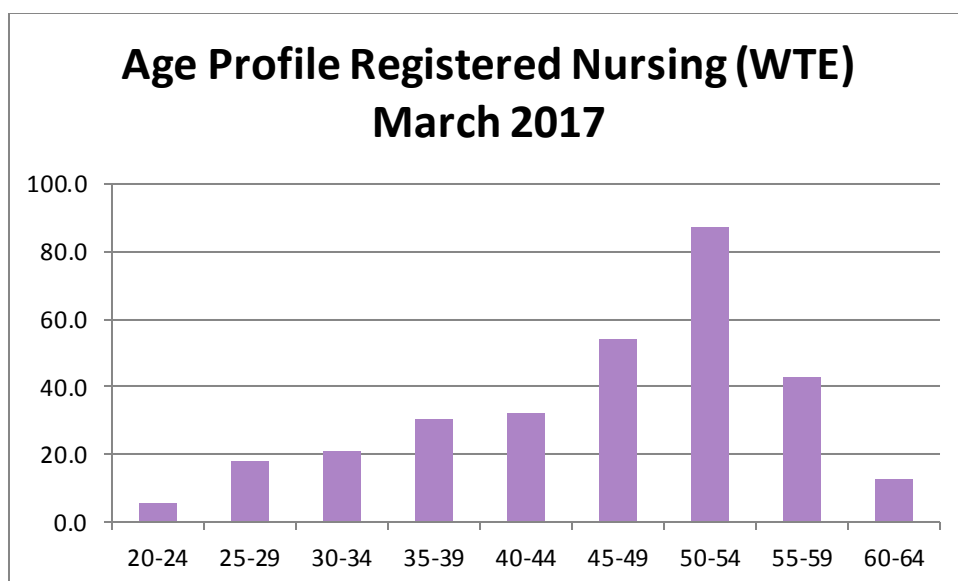
Demographic change within the population is one of the most significant drivers for service change and redesign. This section details how this change is becoming evident within our workforce and will require development of recruitment and retention strategies in order to avoid the loss of a significant proportion of the workforce over the next 5 to 10 years. The development of supply channels is necessary to enable alternative routes into the workforce to ensure adequate recruitment in the face of competition from other sectors.

Overall age profile of the health and social policy workforce demonstrates that a large proportion (45%) of our workforce is aged 50-64 years.

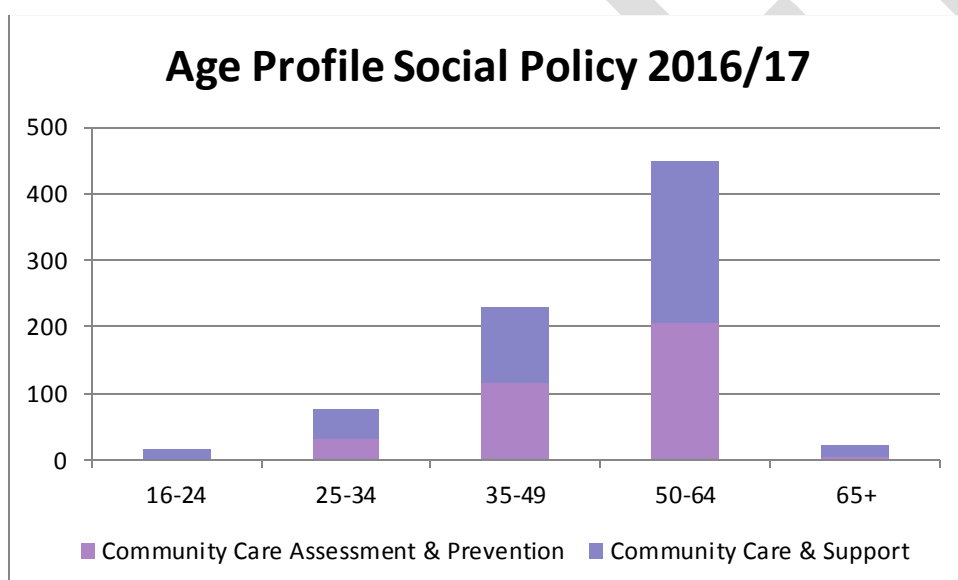


Whilst this overall profile clearly shows the demographic imbalance within the workforce it is through looking at the individual job families that specific challenges arise.

Within registered nursing the ageing of the workforce is already pronounced. Changes to pensions will see the retiral age gradually increase to 68 years old. Within nursing a significant number of staff hold special class/mental health officer status and as such can retire at 55 without any actuarial reduction being applied to their pension. This means that potentially those staff within the 45-49 age category and those above may consider retiral; this equates to 65% of the registered nursing workforce.



There are similar issues arising within the social policy workforce where 57% of the workforce are aged over 50.



In practice there are a range of factors that influence individual's decision making and not all staff will hold special class/mental health officer status however this remains a key area of uncertainty and risk for the partnership. There are also implications for health and well being associated with an ageing workforce which will require more proactive support for staff and services.

In addition to the large workforce demographics it must be noted that there are also hot spots within some teams which can have a disproportionate impact where the loss of even a single member of staff can have a major impact.

We are mindful of the principles set out under 'Enabling Age as Asset', including issues of flexible working, mentoring and succession planning. This has identified important lessons in facilitating a genuine age aware management structure and workforce planning for a 'mixed age' staff structure.

Sickness Absence

It is clear that as the workforce ages there will be a corresponding increase in sickness absence, in particular long term absence associated with musculoskeletal injuries and mental health. The sickness absence rates at March 2017 were 4.9% NHS and 6.2% Social Policy against 4% target.

Significant efforts continue to be made in maximising attendance at work through

- Comprehensive, detailed and accurate sickness absence reporting
- Local line management capability
- HR and partnership support for line managers
- Robust consistent process for managing poor attendance
- Extensive occupational health service, including counselling and staff physiotherapy service.

The pressure to meet the local 4% sickness absence standard will however become increasingly challenging as the workforce continues to age, given the direct correlation between age and the levels of sickness absence.

Appendix 2: Action Plan in Development

Key Actions	Outcomes
IJB	
Provide full Induction for any new IJB members.	All IJB (Integration Joint Board) members knowledgeable and compliant with legislative requirements
Deliver regular development sessions for all IJB Members within the IJB meetings timetable. Production of work plan programme and dates for sessions	Build productive working relationships, informed Board, IJB able to actively promote culture articulated in the Clinical and Care Governance section of the Integration Scheme Board members informed and confident to discuss challenges and potential proposals that arise
Establish a Workforce Organisational Development Group to identify and deliver HR and OD Support	Interdependencies taken account of; consistency of approach and workforce development needs identified and addressed collectively Traction on the development and implementation of the IJB Workforce and Development plan with associated actions
Engage with Education Partnership	Working with HEIs to ensure provision of suitably qualified people in current and future roles, encouraging development of new qualifications if necessary
Provide dedicated OD support to work stream Leads on the Strategic Service Change Programmes	OD Activity identified and planned integral to change implementation. Workforce engaged and involved thereby take ownership of change and deliver improved outcomes identified A common understanding will emerge and closer working relationships of what professionals can contribute to significant transformational change programmes
Leadership Management & Team Development	
Run a scheduled Programme of Leadership Development Sessions for Management Teams	Establish good partnership working, skilled, informed, motivated and high performing leadership teams leading service delivery collectively.
Support Professional Leads to fulfil their role within the Partnership and ensure engagement with their Professional workforce Provision of: <ul style="list-style-type: none"> - Coaching - Mentorship 	Ability to position their role to provide added value as part of an integrated senior management team Compliance with requirements of Governing and Regulatory bodies, National requirements identified, account taken of national reviews

<ul style="list-style-type: none"> - 360 feedback - Leadership programmes 	
Provide training to Community Health and Care Service Management Team in Improvement Science Model	<p>Integrated and consistent approach to planning and implementing change and improvement actions</p> <p>Small test of Change implemented to enable service innovation and improvement</p>
Collate range of leadership development available through Parent Organisations, National Programmes and support Managers to select the most suitable	<p>All managers suitably developed and skilled to lead new integrated services</p> <p>Managers and Leaders will be confident and strong in their role</p>
Run an in-house development programme for Extended Management Teams	All managers suitably developed and skilled
Deliver Team Building and Team Development Sessions using the Team Development Toolkit	Foster increased partnership working, strong team working and an integrated approach
Explore opportunities for Managers in Integrated teams to learn together	Establish productive working relationship and collaborative working
Developing The Workforce	
Provide training for managers of integrated teams on Corporate Induction and Corporate Policy training for their non- employing organisation (or both if new to post)	All managers of integrated teams understanding, competent and compliant in the implementation of both organisation's Policies and Procedures
Monitor and report on compliance with and completion of Statutory and Mandatory Training	All employees suitably trained in corporate and role specific statutory and mandatory training to ensure effective, safe and compliant practice
Consult annually as part of the review of the Strategic Plan	Employees engaged and empowered, understand their role in delivery of the Strategic Plan and have ownership
Hold regular change management sessions for managers and employees to support implementation of change and transitions	Managers engage employees hearts and minds and enable effective change implementation and service improvement
Deliver employee engagement sessions to embed integration and promote an organisational culture aligned to that outlined in the Integration Scheme	Develop a positive shared culture together which will facilitate the intent of the legislation and develop a learning culture
Professional and Technical	
Ensure all employees in specialist roles are suitably qualified, trained and compliant with CPD requirements of their role through recruitment and development processes	Professional standards met; service delivery in line with values of the profession and the Partnership
Undertake review of development arrangements for newly qualified Social Workers and report on potential for	Increased retention of newly qualified social workers; improved skills and knowledge; increased confidence

improvement	
Influence the development of new qualifications which are more flexible and equip future employees to work across health and social care more fluidly	Providing for flexible workforce for the future
Workforce Planning	
Review effectiveness of current recruitment practice to attract suitable candidates and explore opportunities to target advertising towards specialist roles	A good pool of potential candidates available to interview. Best person available for roles.
Undertake a review of recruitment of newly qualified Social Workers	Attract greater pool of suitable candidates
Examine opportunities for Positive Action in recruitment to increase the number of employees employed with Protected Characteristics in terms of the Equality Act	Increase number of employees in the Partnership who have a disability and address gender and age imbalance
Establish a Homecare working group to address specific challenges within Personal Carer workforce and in particular lack of diversity	
Monitoring and Measuring	
Increase use of Improvement Science methodology and train employees in its implementation and use of run charts	Small steps of change will test impact of change before wider role out, improves effectiveness and efficiency of implementation of change
Working collaboratively with the 3rd and Independent sector monitor and support effective workforce planning and workforce development activity and reflect this in Contract Administration	Suitably skilled and qualified workforce available to fulfil contracts
Review results of EAC Employee Attitude Survey (EAS) and NHS A&A Staff Survey and imatter results and use feedback to inform future workforce development activity	Continuous improvement
Introduce a mechanism to recognise long service	Motivate employees, demonstrate values and engage workforce

Strategic Planning Group

Date: 16 Nov 2017

Agenda Item: 9

NATIONAL CARE HOMES CONTRACT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To update the Strategic Planning Group of the progress of the National Care Homes Contract negotiations including consideration of local variation.

B RECOMMENDATION

To note further delay the National Care Homes Contract negotiations and the related discussions around local variation of the contract.

C TERMS OF REPORT

Background

In Scotland a National Care Home Contract has been in place since 2006. This contract defines the terms of local authority placements into private or voluntary sector care homes. The fee structure for these local authority placements is negotiated annually between COSLA and representatives of the Independent and Third sectors. The contract is not updated annually; changes are identified in a Minute of Variation.

The National Care Home Contract was last reviewed fully in 2013. The contract has been subject to a major review since 2015. The settlement for 2016/17 was a compromise in anticipation of conclusion of the review in advance of the settlement for 2017/18. The reform of the contract is focused on workforce pressures, quality and innovation and cost and variation.

West Lothian continues to have a strong preference for a national contract. This is based on two main considerations:

1. A national contract effectively shares the market risk. Local commissioning is likely to be heavily influenced by the local balance of supply and demand.
2. A national contract shares the effort associated with the commissioning process. Although we have in-house expertise to address local commissioning, this resource is already under pressure.

The settlement for 2017/18 was a compromise pending the outcome of the review with an uplift of 2.8 % effective from 10th of April which includes delivering the new Scottish Living Wage of £8.45 to adult social care workers in care homes from May 1st 2017.

The providers' representatives made it clear that their members acceptance was conditional on a number of key points:

1. Completion of a cost of care calculator
2. Development of a dependency tool to support the calculator
3. Test of change for local variation to the contract in areas where there is a shared concern around sustainability for example in terms of skill mix, and remote and rural areas

Local variation

In respect of local variation, West Lothian has participated in discussions led by CoSLA in conjunction with Scottish Care. The scope of the Intermediate Care project within the Frail Elderly Programme includes commissioning within care homes for:

- possible enhanced provision for dementia
- step up/down provision
- respite provision

This fits well with local variation on two of the factors that suggested to form part of the national negotiations, specifically:

- dependency/models of care
- staffing/skill mix

Progress to date

It was anticipated that the national negotiations would have reached the stage by now where a detailed proposal would have been circulated for consultation by commissioner authorities and providers. To date this has not happened and there is only limited intelligence of what is likely to be contained in the proposal. Previously providers have stressed that they expected a summary of progress by October so as to confirm by December whether to progress negotiations for 18/19 on a new basis or to manage a move to local negotiations.

As the main contract negotiations have been delayed so the timescale in respect of local variation has also been pushed back. A further workshop has been arranged for 5 December 2017 and West Lothian will again be represented both by representatives of the IJB and local providers.

D CONSULTATION

- Contracts Advisory Group

E REFERENCES/BACKGROUND

- Older People Commissioning Plan

F APPENDICES

- None

G SUMMARY OF IMPLICATIONS

Equality/Health	None
National Health and Wellbeing Outcomes	The Older People commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
Strategic Plan Outcomes	The Older People commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	The care homes contract, whether national or local, will have impact on the budget for 2018/19; this is still to be determined.
Policy/Legal	None
Risk	The main risks relate to commissioning: <ul style="list-style-type: none">– Failure to balance demand with supply– Failure to achieve Best Value

H CONTACT

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16 November 2017

Strategic Planning Group

Date: 16 Nov 2017

Agenda Item: 10

ALCOHOL AND DRUGS PARTNERSHIP (ADP) DELIVERY PLAN RETURN TO SCOTTISH GOVERNMENT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Strategic Planning Group of the return to the Scottish Government in respect of performance against the ADP delivery plan.

B RECOMMENDATION

To consider the return to the Scottish Government in respect of performance against the ADP delivery plan in respect of the ongoing review of performance of the ADP.

C TERMS OF REPORT

The Scottish Government requires ADPs to provide an annual performance return against the commitments of the ADP Delivery Plan; the format of this return is prescribed. The SPG should note that in West Lothian the ADP Delivery Plan is synonymous with the ADP Commissioning Plan.

The return is provided as Appendix 1 to this report. The SPG is invited to consider the details of the return which includes some issues of performance which have already been reported to both the SPG and IJB and will be subject to further investigation and reporting in the next few months.

D CONSULTATION

- West Lothian Alcohol and Drugs Partnership

E REFERENCES/BACKGROUND

- SPG Meeting 17 August 2017
- IJB Meeting of 31 October 2017

F APPENDICES

- Appendix 1 – Delivery Plan return

G SUMMARY OF IMPLICATIONS

Equality/Health	None
National Health and Wellbeing Outcomes	The ADP commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
Strategic Plan Outcomes	The commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
– Risk	<p>Risks previously noted</p> <ul style="list-style-type: none">– There is a significant risk that outcome performance targets are not met as a consequence of reduction in commissioned activity.– There is a risk that drug related deaths will increase.

H CONTACT

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16 November 2017

WEST LOTHIAN ADP

Document Details:

ADP Reporting Requirements 2016-17

1. Financial Framework
2. Ministerial Priorities
3. Additional Information

1. FINANCIAL FRAMEWORK -- 2016-17

It is a requirement of the Scottish Government that the ADP identifies all sources of funding received alongside the monies spent to deliver the priorities set out in the ADP delivery plan; note that for West Lothian this is synonymous with the ADP Commissioning Plan.

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	£1,677,236
Funding from Local Authority	£ 692,365 (includes one-off £316k)
Funding from NHS (excluding funding earmarked from Scottish Government)	£1,395,846
Funding from other sources	£ 89,931
Total	£3,855,378

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£ 502,841
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£3,097,037
Recovery	£255,500
Dealing with consequences of problem alcohol and drug use in ADP locality	Unknown
Total	£3,855,378

2016-17 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£3,855,378	£3,855,378	£0

2016-17 Total Underspend from all sources

Underspend £	Proposals for future use
£0	

Support in kind

Provider	Description
Police Scotland	Expenditure relating to police deployment to address alcohol and drug related offences, Community Safety Tasking and Coordinating, Licensing issues and policing of license premises. Tackling anti-social behaviour.
Scottish Fire & Rescue Service	Expenditure relating to Free Home Fire Safety Visits in West Lothian.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2016-17 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2016-17. Please outline these below.

PRIORITY	IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level	• 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that	• Performance over the 2016/17 year averaged 81%. It is acknowledged that the reduced funding in	

<p>of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)</p>	<p>supports their recovery.</p> <ul style="list-style-type: none"> • No one will wait longer than 6 weeks to receive appropriate treatment. • 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland. 	<p>2016/17 impacted on this performance figure.</p> <ul style="list-style-type: none"> • Under-performance was mainly attributable to two commissioned services. WLADP imposed an improvement plan on these services, with performance being closely monitored and reported to the ADP and also to the Integration Joint Board. • The WLADP aimed to reduce its anonymous records to 0% in 2016/17. ISD have confirmed that for 2016/17 the percentage for anonymous clients was 2.5%. This in the main was due to one specific provider; work continues to resolve this issue. 	
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<p>2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)</p>	<ul style="list-style-type: none"> • Delivery of 1,947 ABIs in West Lothian (20% of 9,738 ABIs needed in Lothian) in Primary Care, Antenatal Services and A&E • Comprehensive education and training programme for groups of staff in both statutory and voluntary agencies, for example in prisons, police custody suites, criminal justice programmes, youth and sexual health programmes/services and welfare rights teams will continue. 	<ul style="list-style-type: none"> • Performance monitoring of the ABI delivery is an objective within the ABI Lead's work plan and is developed with, and reported to, the Lothian ABI Steering Group. Performance is also reported through the Health Promotion Service's Performance Monitoring Framework. • West Lothian services delivered in 2,886 ABIs in 2016/17 in priority settings exceeding the target of 1,947 by 939 (148%). The overall number is down on previous years, but still shows an excellent level of commitment within the key settings to prevent alcohol related harm. • In 2016/17 the following ABI training was delivered in West Lothian. WLDAS delivered 2 full day, multi-disciplinary training sessions. 21 participants attended across the 2 sessions. Participants came from: Social Policy, WLDAS, Police Scotland, Housing Staff and West Lothian College. 	
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<p>3. Increasing Data Compliance Scottish Drugs Misuse Database (SDMD) both SMR25 A and B.</p>	<ul style="list-style-type: none"> • The ADP Quality Assurance Group develops a process for ensuring that compliance with timely SMR25bs is achieved. • The ADP engages with support offered by ISD including a training opportunity to improve data compliance • The ADP continues to meet the internal target to reduce anonymous targets to 8% or less of referrals received for the financial year. 	<ul style="list-style-type: none"> • The WLADP Quality Assurance Group meets quarterly terms of reference include ensuring processes for ensuring compliance with timely SMR25bs is achieved. • The WLADP Officers meet regularly with individual providers to discuss compliance with the Scottish Drug Misuse Database and detailed feedback is provided. This includes ad-hoc entries and sharing feedback about data missing from individual fields or recording incorrectly. • The WLADP gathers information for the Drug and Alcohol Waiting Times Database for anonymous records and reports this on a quarterly basis to the ADP group. The WLADP aims to reduce its anonymous records to 0%. That target was not achieved. ISD have confirmed that for 2016/17, the percentage for anonymous clients was 2.5%, which is below the 8% target. Issues are specific to one provider and work 	
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		continues to resolve this issue.	
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> To review current data sharing practises to ensure these are aligned with requirements for sharing information with DAISy Providers for the ADP to progress implementation of the Recovery Outcome Web performance tool to be aligned with DAISy The ADP to work on reducing the number of anonymous records prior to migration to DAISy 	<ul style="list-style-type: none"> WLADP has continued to request from the Scottish Government and ISD that the Data Sharing Agreement for DAISy is shared with this ADP to enable practices and requirements for information sharing to be reviewed and action taken in preparation for DAISy. This document has yet to be shared with the WLADP. This would support preparation for implementation. West Lothian Council and NHS Lothian have a data sharing protocol agreement already in place which is compliant with the Data Protection Act 1998 (DPA). This ensures that quicker access to recovery is in place and prevents service users continuously repeating personal information as they move from organisation to organisation. Service users are offered the option to decline their consent to share information and this should not affect the standard of care and 	

		<p>treatment. Treatment is set across many services within West Lothian including the voluntary sector and information sharing documentation exists between these services.</p> <ul style="list-style-type: none"> • A project lead has been identified for WLADP to support DAISy implementation. • WLADP agreed to adopt the Recovery Outcome Web (ROW) as the universal outcome performance measurement tool for West Lothian. Services commissioned from 2016/17 started to use the ROW from implementation of new contracts. The roll out to the rest of the ADP will start in 2017/18. • WLADP continues to work with one provider who enters all records anonymously. This is a policy implemented by the organisation and not the clients. This approach will be in conflict with the data entry requirements for the DAISy database and must be rectified prior to the 	
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		migration.	
5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	<ul style="list-style-type: none"> To increase coverage in West Lothian above the 25% target set by the Scottish Government To improve naloxone pick up for those leaving HMP Addiewell 	<ul style="list-style-type: none"> In 2016/17 a total of 176¹ THN kits were distributed by WLADP providers. This is up on the 2015/16 figure of 168. The coverage figure achieved by West Lothian is estimated at 36.5% based on the cumulative number of kits distributed against the estimated prevalence of those misusing opiates. This is above the 25% target. As part of the review of WLADP commissioning plan in 2016, new services commissioned and due to start in 2017/18 will purchase their own kits. The number of kits issued on prison release from HMP Addiewell was 82² in 2016/17. 	<ul style="list-style-type: none"> In 2017 the NHS Lothian's Celebrating Success Award for Improving Patient Access was awarded to the Take Home Naloxone Programme. This is funded through the three Lothian Alcohol and Drug Partnerships in the Lothians and seen as a recognition of all staff and service providers in the Naloxone programme.
6. Tackling drug related deaths (DRD)/risks in your local ADP area.	<ul style="list-style-type: none"> To monitor all drug related deaths locally at ADP level 	<ul style="list-style-type: none"> The West Lothian DRD Case Review Group continued to meet quarterly 	

¹ The above data relate to all THN kits distributed in the community, including repeat supplies and those issued to service workers and family/friends of persons at risk (THN kits issued via GP, pharmacy, nurse specialist or hospital prescriptions are not included).

² The above data relate to all THN kits distributed on release from prison to persons at risk of opioid overdose. In some circumstances, this could include 'repeat' supplies.

	<p>for the prevention of drug related deaths</p> <ul style="list-style-type: none"> • To develop a local drug related death action plan • To respond to non-fatal overdoses via a data sharing protocol with Scottish Ambulance Service 	<p>to examine local cases and learn from them. Actions derived from case review were recorded and acted upon. The group provided input into the Lothian-wide DRD reduction action plan for calendar year 2016, co-ordinated by the Lothian DRD Reduction Steering Group. The steering group was chaired in the first half of 2016 by Jim Sherval and then by its new and current chair Duncan McCormick, both from NHS Lothian Public Health & Policy.</p> <ul style="list-style-type: none"> • The key characteristics of those who die of a drug-related death in West Lothian are broadly the same as those who die of a drug-related death in the rest of Lothian. • on-fatal overdoses continued to be followed up during the period concerned. • Lothian-wide DRD reduction action plan for calendar year 2016 was in place • The Scottish Ambulance service continued to share details of non-fatal 	
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		<p>overdoses with WLADP in 2016/17. The WLDAS Moving On Service in 2016/17 followed-up on these referrals. A review of this performance supported revised service specifications for a new service that was tendered in 2016/17 for a start date in 2017/18. This will be an outreach-based service to support engagement with this hard to reach group.</p>	
<p>7. Implementing improvement methodology including implementation of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.</p>	<ul style="list-style-type: none"> To implement improvement recommendations contained within the WLADP Needs Assessment 2014 and the Quality Principles Care Inspectorate Validation Report 	<ul style="list-style-type: none"> The Quality Assurance Group meets on a quarterly basis. Its terms of reference include ensuring the recommendations of the West Lothian Needs Assessment have been implemented and the Recovery Orientated System of Care (ROSC) is developed and takes into account the Quality Principles. From October 2016 the work plan of the Quality Assurance Group included taken forward the recommendations in The Quality Principles: Alcohol & Drug Partnership (ADP) 	

		<p>Validated Self-Assessment for West Lothian from the Care Inspectorate.</p> <ul style="list-style-type: none"> • The main WLADP group agreed in January 2017 the Quality Principles that would be the main priority areas for West Lothian. • The Quality Assurance Group reports to the main ADP group on a quarterly basis. 	
<p>8. Responding to the recommendations outlined in the 2013 independent expert group on opioid replacement therapies.</p>	<ul style="list-style-type: none"> • To support the Pan Lothian working group to take forward recommendations. • Support the further development of the Recovery Orientated Systems of Care (ROSC). • To continue to provide psychoeducational group work support to those affected by trauma. 	<ul style="list-style-type: none"> • WLADP supported the NHS Lothian Working Group and its partner agencies were in a position to implement, monitor and review the recommendations outlined in Theme 2 of the Independent Expert Review of Opioid Replacement Therapies in Scotland (2013). • An action plan was approved by the Healthcare Governance Committee in July 2016. The group agreed protocols where applicable on the use of opioid replacement therapies across acute, specialist and primary care services in Lothian as part of a recovery orientated system of care in line with UK clinical 	

		<p>guidelines.</p> <ul style="list-style-type: none"> • A review of the pathway for ORT was undertaken which was led by a consultant psychiatrist within the West Lothian substance misuse services. The draft report recommended developing a stepped care model for ORT, matching patient complexity to specialism; and the recruitment of Pharmacy prescribers into the specialist services to reduce prescribing costs. This implementation of this recommendation requires a review of the GP role and the recruitment of a pharmacy prescriber. This work is currently being led by NHS Lothian. • Prevention and recovery services were in the main protected from budget reductions to support the Recovery Orientated Systems of Care (ROSC). • The ADP Validated Self-Assessment and Improvement Report by the Care Inspectorate stated that: <i>“There was good evidence that the ADP had laid strong foundations in terms of their community</i> 	
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		<p><i>work including their ROSC activity”.</i></p> <ul style="list-style-type: none"> • The Public Social Partnership (PSP) approach has provided effective engagement around the development of Recovery in West Lothian. Some key highlights of The Cyrenians Recovery Services: <ul style="list-style-type: none"> • Expanding activities of the Recovery Hub to satellite locations across West Lothian, 365 people attended with 12,706 visits. • The unique Cyrenians Empowering Recovery Programme, CERP, 26 people successfully graduated and 66% report that the programme has made a positive change to their lives and 34% stated life has completely changed positively. • The Recovery Services use the Outcomes Star. The Drug and Alcohol Outcome star report analysis showed: 46% of people worked with reported overall improvement in their circumstances Most positive change was 	
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		<p>reported against 'community' 69% , 'meaningful use of time' 56% , 'emotional health' 56%.</p> <ul style="list-style-type: none"> • The Living Well Hub is a holistic community outreach service. The Hub is aimed at young parents and families with young children and is a partnership between the following agencies - Children 1st (Coz), Social Work Addictions Team (SWAT), West Lothian Drug and Alcohol Service (WLDAS), West Lothian Advice Shop, and NHS Lothian. The Hub operates within the established "Living Well Community Café" and serves the towns of Armadale and Whitburn and surrounding areas. This Hub links in with local SMART recovery groups. Females account for 71% of attendance with crèche facilities provided free of 	
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		<p>charge. With the range of agencies available within the Hub the following outcomes are achieved:</p> <ul style="list-style-type: none"> • Children achieve their potential. • The risk to children is reduced as parents are helped to become aware of the impact of parental alcohol and/or drug use • Families' income is maximised • Fuel poverty is reduced • The psychoeducational programme continued in 2016/17. Survive and Thrive continued in partnership with NHS Lothian and WLDAS and an Emotional Resource Group was added to the programme. 48 service users attended with good outcomes being 	
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		reported. NHS Education Scotland support the staff to run these programmes.	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	<ul style="list-style-type: none"> To evaluate progress on the gaps and measures put forward in 2015/16 by the WLADP short life working which looked at provision within HMP Addiewell for one to one support to supplement the service being provided by the prison health care system. To provide a prison wide drug and alcohol counselling service to improve outcomes for prisoners experiencing substance misuse as part of their offending behaviour and whilst in custody. 	<ul style="list-style-type: none"> The WLDAP Commissioning Plan review for 2016 took account of the Short Life Working Group recommendations and evaluation from 2015/16. This resulted in a new service being tendered for in 2016/17 with a start date of early 2017/18. The new Persistent and Assertive Outreach Service aims to overcome barriers to treatment for hard to reach groups, including offenders and those in custody. Throughout 2016/17 The Moving On contract delivered by WLDAS provided in-reach for short-term prisoners and those who are in custody suites who experience substance misuse problems. Over the year, interventions by the service resulted in 56% of offenders reducing or becoming abstinent from 	

		<p>drug use and 48% from alcohol misuse. The good practice from the WLDAS Moving On Service will continue in the new model.</p> <ul style="list-style-type: none"> Services continued in HMP Addiewell and included ELCA which provided alcohol misuse counselling support to all prisoners from any area of Scotland. The NHS Team will see any prisoner with a substance misuse problem and all prisoners can benefit from mutual aid groups mainly SMART, operating in the prison and the WLDAS Moving On service as stated above. WLADP discontinued financial support for the Young Almond Project in 2016/17. However, the service continued with funding from West Lothian Council. In 2016/17, five young women reported improvements in awareness of substance use and its impact. 	
10. Improving identification of, and preventative activities focused on, new psychoactive	<ul style="list-style-type: none"> ADP to continue to support the local 	<ul style="list-style-type: none"> The multi-agency Steering Group continued in 2016/17 with all work overseen by 	

<p>substances (NPS).</p>	<p>strategic and operational steering group to develop and share local knowledge of NPS amongst professionals who work with at risk groups.</p> <ul style="list-style-type: none"> ADP to action in partnership with this group the Strategic and Operational action plan to develop appropriate prevention and early intervention work and to devise recovery. 	<p>the ADP chair and partners. The NPS group reviewed and updated its membership to include key players from Lothian Health and Police Scotland at bi-monthly meetings, as well as a wide range of organisations covering statutory, health and voluntary sectors.</p> <ul style="list-style-type: none"> The Steering Group works to the objectives agreed in New Psychoactive Substances and Operational Plan for West Lothian 2015-2108 which has 4 key aims: <ol style="list-style-type: none"> 1. To continually monitor the availability and impact of NPS in West Lothian. 2. To focus on prevention and early intervention work with 3. To develop an appropriate response in terms of treatment and recovery for those seeking support in relation to NPS. 4. To develop a strategy for NPS for West Lothian in line with government standards. <p>Some key highlights in 2016/17:</p> <ul style="list-style-type: none"> West Lothian Drug and 	
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		<p>Alcohol Service (WLDAS) completed education resources around substances and NPS aimed at 3rd year pupils. The resource was developed in partnership with Police Scotland Officers who carry out education in secondary schools.</p> <ul style="list-style-type: none"> • Training was delivered to Police Scotland Officers attached to secondary schools across West Lothian, so that they can deliver this as part of their substance misuse package in all secondary schools. • Services continued to be encouraged to complete and return, for analysis by the group, the form designed to gather responses from clients with NPS use and who attended services. • Continued to network and share intelligence on NPS use. • WLDAS developed and submitted a 	
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		<p>funding bid around NPS and other substance misuse by young people. This has two main elements. The first is a survey aimed at young people in formal and informal settings including street work, upper school age and youth organisations. The aim here is to give a clearer picture of use, as we know that at present all we are getting is data on who attends services. The second element is early intervention group work looking to address attitudes and build skills and knowledge of young people to help them stay away from substance misuse and make more positive choices. The work would be carried out mainly between WLDAS and the West Lothian Youth Action Project and involve other partners as required. The bid was</p>	
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		signed-off by the WLADP and forms part of the Operational Plan. This bid was unsuccessful for the Lloyds TSB PDI fund in 2016/17, but positive feedback was given and a stronger application will be submitted in 2017/18.	
11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	<ul style="list-style-type: none"> ADP working in partnership with the Licensing Forum to collate and write an overprovision assessment report bringing together local evidence to prove an association between the availability of alcohol in the local area with alcohol related harms. ADP to facilitate a presentation of the findings from this report to the Licensing Board 	<ul style="list-style-type: none"> The WLADP in partnership with Public Health NHS, Alcohol Focus Scotland and the Licensing Forum continued with the work to write an Overprovision Assessment. A revised report was sent the Licensing Board in May 2016. The Clerk to the Licensing Board then requested that the report be further improved. The ADP Policy Officer went on secondment during 2016/17 before this could be taken forward. A partner in the NHS Health Promotion Service has agreed to complete this for the ADP and a plan is in place for the resubmission to the Board in 2017/18. 	

<p>12. ADP Engagement in improvements to reduce alcohol related deaths.</p>	<ul style="list-style-type: none"> • ADP to continue to commission Social Work Specialist Alcohol service • To submit an overprovision report to the Licensing Board demonstrating that control over availability will have an positive impact on the whole population • ADP to continue commission A&E alcohol liaison role at St John's hospital identifying, signposting and providing a service to those at risk from death and harm due to alcohol. 	<ul style="list-style-type: none"> • This service continued in 2016/17 and met all of its outcomes. One outcome in particular "to improve or maintain the physical or mental health of clients with a history of chronic alcohol misuse" was achieved with 88% of the clients who engage with this service. • WLADP in partnership with Public Health NHSL, Alcohol Focus Scotland and Licensing Forum have continued with the work to write an Overprovision Assessment. • The A&E role has continued and developed into offering support to those admitted to hospital and providing continuing support in the community upon discharge. <p>In 2016/17 the WLADP worked with Edinburgh ADP and Mid and East Lothian Drug and Alcohol Partnership and NHSL Health Promotions to:</p> <ol style="list-style-type: none"> 1. Identify issues around alcohol related deaths 	
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		<p>published data</p> <p>2. Work with ISD to identify the use of health service by people who die from alcohol related deaths</p> <p>3. Identify new opportunities to intervene earlier</p> <p>This will continue in 2017/18.</p>	
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. ADDITIONAL INFORMATION 1 APRIL 2016 – 31 MARCH 2017

1	Please <u>bullet point</u> any local research that you have commissioned in the last year.	<p>West Lothian ADP commissioned a Needs Assessment, which was completed in November 2014. Up to 2016, West Lothian Council, as a partner of the ADP, commissioned four other needs assessments for the following care groups:</p> <ul style="list-style-type: none"> • Mental Health • Older People • Physical Disability • Learning Disability. <p>The ADP and some of its partners came within the scope of these Needs Assessments and contributed to the consultation process and field research. The findings helped inform the ADP delivery plan as alcohol and drug related harm is often hidden within these groups.</p> <p>The ADP, with partners, conducted a scoping exercise to recognise the un-met need within the prison population.</p>
2	What is the formal arrangement within your ADP for working with local partners to report on the delivery of local outcomes?	<p>The formal arrangement for governance of all ADP work including reporting and accountability is through the West Lothian Integrated Joint Board (WLJB). This arrangement has been in place since April 2016. All key strategic plans, including Joint Commissioning Plans and Delivery Plans, are approved by the IJB and key changes in strategy or policy are reported to and approved by this board. A Health and Social Care Commissioning Group sits below the IJB to oversee the ADP commissioning and delivery plan implementation, and to report progress back to the IJB.</p>

3	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise on the current status of your ROSC?</p>	<p>In place and enhancing further.</p>
4	<p>Is there an ADP Workforce Development Strategy in Place, if <u>not</u>, are there plans to develop? What additional supports have you leveraged to facilitate this and are you working with our NCOs?</p>	<p>No, as there was no collective strategic response from key partners when this was raised. The ADP decided it was not appropriate to continue with this without key partners. However, a useful and meaningful alternative to the original workforce development plan was developed, with input from the Scottish Drug Forum. The ADP took forward a project involving the mapping of job roles against the Recovery Orientated System of Care (ROSC). It used needs analysis research involving an understanding of job roles within the current ROSC provided in West Lothian and mapping against the best practise ROSC Model's five phases. This approach was signed off by ADP partners in April 2016.</p> <p>As well as the training highlighted in the ABI section above, WLDAS delivered the following additional training:</p> <p>WLDAS Student Days - 8 Student Days delivered to a total of 72 students. Participants included Nursing, Social Work, and Medical students. Topics covered included: Types of Drugs, Effects, Drug, Set, Setting, Cycle of Change & dependency, Alcohol Units, Services and referrals.</p> <p>Housing Staff - Training delivered to Housing Support staff. Topics included WLDAS and other local services, trends, Alcohol units. 10 attended.</p> <p>Police Scotland - NPS / Recreational drugs; types and effects. 4 attended.</p> <p>Police Scotland CAT Team - Services and trends. 16 attended (2 teams)</p> <p>WL Council Criminal Justice staff - Services, referral process and trends. 16 attended</p> <p>WL Council Safer Neighbourhood Staff - Services, trends, referral process. 7 attended</p>

		<p>The Public Social Partnership's community rehabilitation continues to contribute to workforce development both for the staff involved in running of the programme and for those within the treatment/recovery system preparing clients and patients for the intensive intervention. Recently graduated with 11 of the 12 referrals completing.</p>
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WORKPLAN FOR WEST LOTHIAN STRATEGIC PLANNING GROUP 2017-18**Date: 16 Nov 2017****Agenda Item: 11**

Date of SPG meeting	Title of Report	Lead Officer	Notes
16 November 2017			
	Workforce Development Plan	Marion Barton	
	Performance Report	Carol Bebbington	
	Primary Care Update	Carol Bebbington	
	Delivery Plan Update	Alan Bell	
	National Care Home Contract Update	Alan Bell	
18 January 2018			
	Carers Act	Mary-Denise McKernan/Jane Kellock	
	Palliative Care Update	Mairead Hughes	
1 March 2018			