

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 9

ANNUAL PERFORMANCE REPORT 2019/20

REPORT BY THE DIRECTOR

A PURPOSE OF REPORT

- To present the Integration Joint Board's Annual Performance Report 2019/20 for consideration, approval and publication by 31st July 2020.
- To present to the Integration Joint Board the most up to date performance against the health and social care integration indicators and a summary of performance against national and local indicators which support National Health and Wellbeing Outcomes.

B RECOMMENDATION

- To agree publication of the IJB's Annual Performance Report by 31st July 2020 subject to minor amendments and inclusion of any data updates available by that time
- To note the summary report and performance against the core suite of integration indicators
- To note performance against local and national indicators which support National Health and Wellbeing Outcomes

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
C2	Resource/ Finance	None
C3	Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance

C4	Risk	The risk is captured in the risk register and will be monitored.
C5	Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
C6	Environment and Sustainability	None
C7	National Health and Wellbeing Outcomes	All outcomes apply
C8	Strategic Plan Outcomes	All outcomes in the Strategic Plan apply
C9	Single Outcome Agreement	All outcomes relating to the delivery of health and social care apply
C10	Impact on other Lothian IJBs	None

D TERMS OF REPORT

D1 Annual Performance Report

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a legal framework for the integration of health and social care services in Scotland. In West Lothian the Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for planning and setting direction for the majority of integrated health and social care services for adults in the area.

- D2** The IJB is required to publish an annual performance report setting out an assessment of performance in relation to the National Health and Wellbeing Outcomes which provide a strategic framework for the planning and delivery of health and social care services. There is a statutory requirement for IJB's to publish Annual Performance Report by 31st July each year.

- D3** Guidance from the Scottish Government explains that performance must be assessed in the context of arrangements set out in commissioning plans and financial statements. It should cover how significant decisions made by the Board over the course of the reporting year have contributed to improving outcomes for the people who use health and social care services.
- D4** The Ministerial Strategic Group for Health and Community Care has agreed a core suite of integration indicators and the IJB is asked to report against those indicators in annual performance reports. The report must also include information on financial performance and Best Value.
- D5** As reported in previous years, the requirement to publish the report by 31st July presents challenges to IJBs across Scotland in securing accurate and complete data for the financial year covered by the report. The data for financial year 2019/20 in not yet finalised across Scotland and agreement has been reached with the Scottish Government that IJBs can publish reports with calendar year data for 2019 at this stage. The intention is that the Board will receive complete data for the full financial year when it becomes available.
- D6** A number of the integration indicators rely on results from the Scottish Health and Care Experience Survey which is undertaken by the Scottish Government every two years. The last survey was undertaken in 2019/20 and the results were due to be published in April 2020. The COVID-19 pandemic, however, has delayed publication and the results are not available for inclusion in the report at this stage.
- D7** Whilst every effort has been made to include as much detail as possible in the Annual Performance Report 2019/20, the format this year has been affected by the impact of the COVID-19 pandemic. Some of the staff who normally contribute to the report have been moved to different roles to support communities as part of the pandemic response and have therefore been restricted in their ability to add to it this year.

Performance Reporting to the IJB

- D8** At the same time as the Annual Performance Report is submitted, the Board normally receives updates with the following reports:
- Overview of core integration indicators
 - Balanced scorecard
 - Benchmarking of core indicators with Local Government Benchmarking Family
- D9** As explained earlier in the report, financial year data is not yet available to allow comparisons to be made with all indicators contained in previous reports. Benchmarking against the performance of the Local Government Benchmarking family is not available at this stage.

D10 The Board is, however, provided with:

- An overview of core integration indicators which use the latest data available including 2019 calendar year data for some indicators (appendix 2)
- A summary of West Lothian indicators which support the National Health and Wellbeing indicators (appendix 3)

Conclusion

D11 The Board is asked to note the content of the draft IJB Annual Performance Report for 2019/20, the overview of the core suite of integration indicators and the summary of indicators which support delivery of the National Health and Wellbeing Outcomes.

E CONSULTATION

- None

F REFERENCES/BACKGROUND

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

West Lothian Integration Joint Board Strategic Plan 2019-2023

G APPENDICES

Appendix 1 – West Lothian Integration Joint Board Annual Performance Report 2019/2020

Appendix 2 – Overview of core integration indicators

Appendix 3 – West Lothian Indicators which support delivery of National Health and Wellbeing Outcomes

H CONTACT

Yvonne Lawton
Yvonne.lawton@nhslothian.sco.nhs.uk
01506 283949

30 June 2020

West Lothian Integration Joint Board

Annual Performance Report

2019/20

West Lothian
Health & Social Care Partnership
westlothianhscp.org.uk



**West Lothian
Council**

Foreword

I took up post as the Chief Officer of the Integration Joint Board in September 2019 following the retirement of Jim Forrest who had been head of the partnership for over 10 years. It was clear from the beginning that there were strong community connections throughout West Lothian developed through a long history of partnership working in the delivery of health and social care services. When I took up post, my aim was to build on the strong foundations already in place and further progress the integration of health and social care services to improve outcomes for the people we support.

At the beginning of the reporting year in April 2019, it would have been difficult to imagine how life would have changed so dramatically almost a year later. The West Lothian community has faced unprecedented challenge as it has adapted and coped with the COVID-19 global pandemic response. The spirit of cooperation that I have observed between health and social care staff, our service users, their families, carers, and the many commissioned services and other stakeholders who make up our health and social care partnership, has been remarkable. People adapted to rapidly changing circumstances, supported each other when times were really tough and remained focused on ensuring that the needs of our service users and their families were at the forefront of the decisions we made.

Life is likely to remain different for some time to come and I am sure there are many lessons to be learned from our pandemic response. Our challenge in the months ahead will be in ensuring that we reflect on what we have done, keep people safe as we restart services and maintain an approach to service delivery which reflects local and national guidance.

Although life has been overtaken to a significant extent by recent events, it's important that we don't lose sight of the good work that was done earlier in the year. Following on from the review of the Integration Joint Board's Strategic Plan during 2018/19, strategic commissioning plans were developed during 2019/20 for services for older people, mental health and those living with learning and physical disabilities. The plans set out ambitious programmes of change to progress our aim to support people at home or in as homely a setting as possible in West Lothian.

A commissioning plan for substance misuse services will be completed shortly and plans are in place to develop strategic plans for palliative and unplanned care. We also report on a regular basis to the IJB on the good progress we are making with our Primary Care Improvement Plan.

We have continued to review our performance during 2019/20. In the Annual Performance Report we have set out progress against the national integration indicators and other local measures we have in place. The report provides insight into the diverse range of supports we offer throughout the partnership and highlights some of the important work we've undertaken over the past year. We know that we still have further work to do and our plans going forward will draw on what we understand about demographic challenges, our performance so far and what people

have told us is important to them.

Whilst we have tried to include as much detail as possible in our report, the format this year has been affected by the impact of COVID-19. Some of the staff who normally contribute have been moved into different roles to support our communities during the pandemic and have therefore been restricted in their ability to add to the report this year.

Moving into next year, our annual performance report will provide a fuller overview of the effect of the pandemic response on our services and communities, and will highlight ways in which integrated partnership working has enabled us to continue to develop care and support services which places the needs of the people of West Lothian at the centre.

Allister Short
Chief Officer
West Lothian Integration Joint Board

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Introduction

Purpose of the Report

The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland. In West Lothian an Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for planning and setting direction for the majority of integrated health and social care services for adults in the area.

The IJB is required to assess how it has performed in the areas it has responsibility for and to publish an annual performance report. This report sets out an assessment of progress toward the IJB's vision to 'increase wellbeing and reduce health inequalities across all communities of West Lothian'. The report covers:



The Role of the integration Joint Board

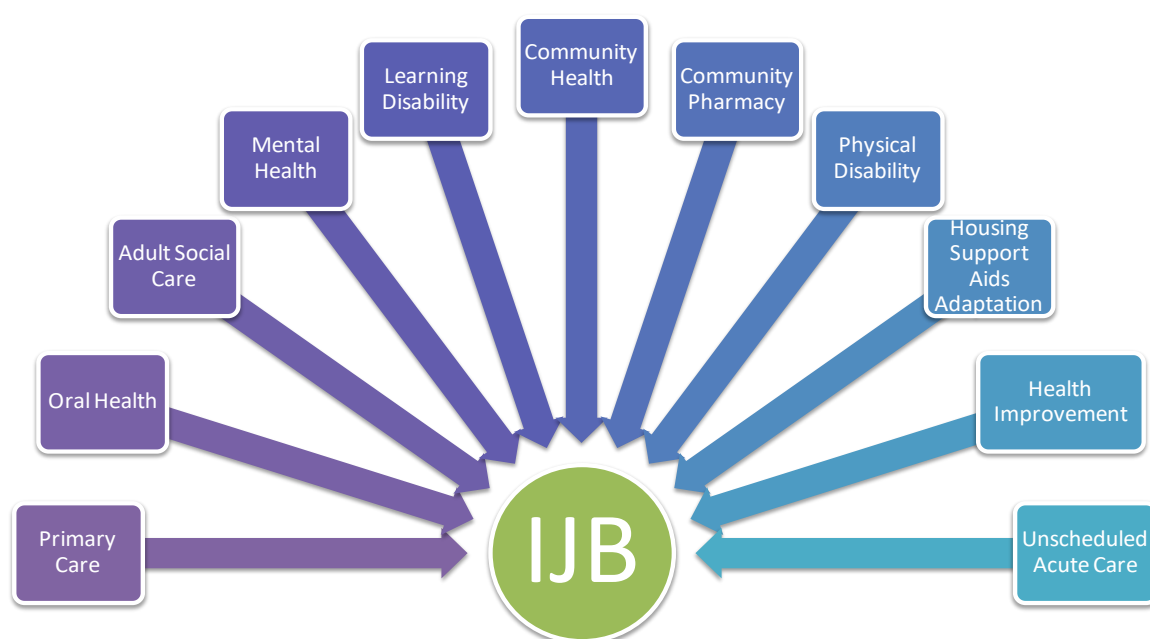
The Integration Joint Board's role is to set the strategic direction for functions delegated to it and to deliver the priorities set out in its Strategic Plan. It receives payments from West Lothian Council and NHS Lothian to enable delivery of local strategic outcomes for health and social care. The Board gives directions to the council and health board as to how they must carry out their business to secure delivery of the Strategic Plan.

The Chief Officer

The legislation requires the IJB to appoint a Chief Officer who has responsibilities to the Board and for the management and operational delivery of delegated functions. A new Chief Officer, Allister Short, was appointed in West Lothian in September 2019.

Integrated Services in West Lothian

The health board and local authority are legally required to delegate some of its functions to the Integration Joint Board. The following provides an overview of the services which are delegated in West Lothian by the local authority and the health board:



Complaints to the IJB

Complaints received by the IJB are reported to its meetings on a quarterly basis, in line with recommendations from the Complaints Standards Authority and the IJB's Complaints Handling Procedure.

Complaints to the IJB may relate to dissatisfaction with:

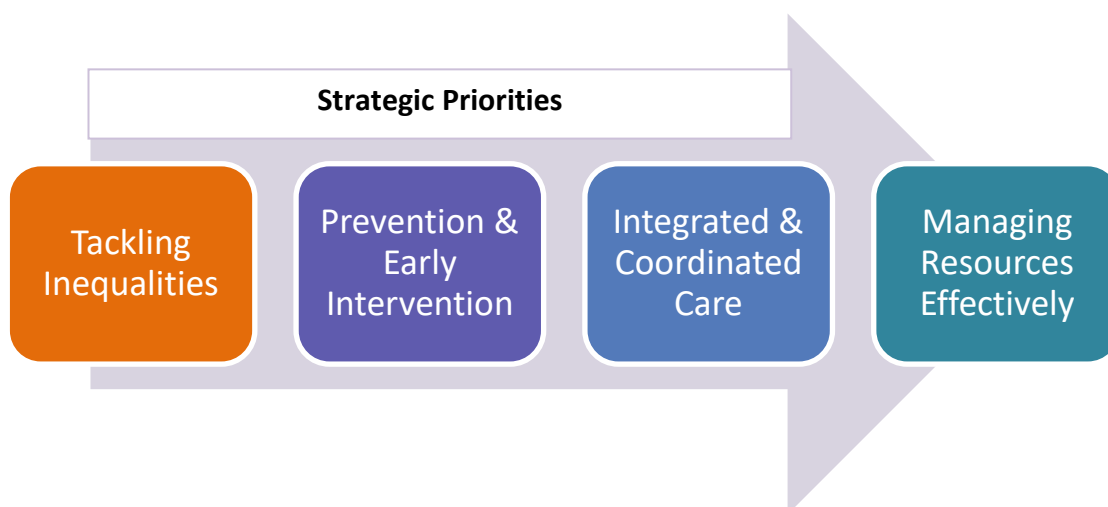
- West Lothian IJB's procedures
- West Lothian IJB's decision
- the administrative or decision-making processes followed by the IJB in coming to a decision

No complaints were received by the IJB in 2019/20.

Strategic Planning

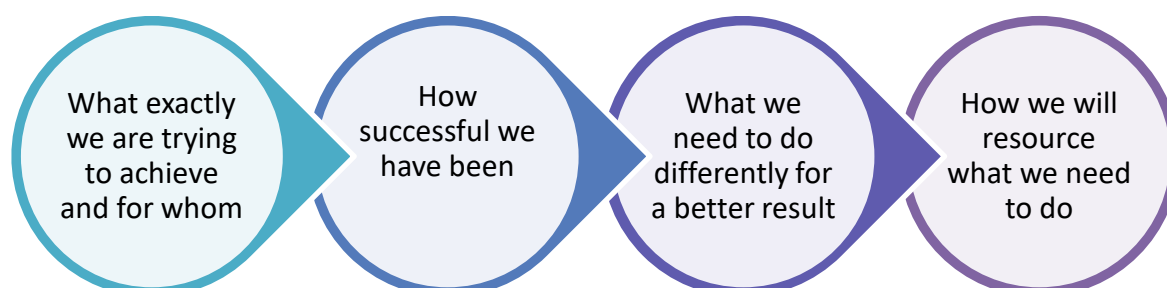
Strategic Plan

The IJB originally developed a long term strategic plan for the period 2016 to 2026 which set out its key priorities. The plan was reviewed during 2018/19 which resulted in a new Strategic Plan being developed and approved by the IJB in April 2019. The priorities in the new plan were identified through extensive consultation with a wide range of stakeholders in the West Lothian community. The strategic priorities outlined in the plan are as follows:

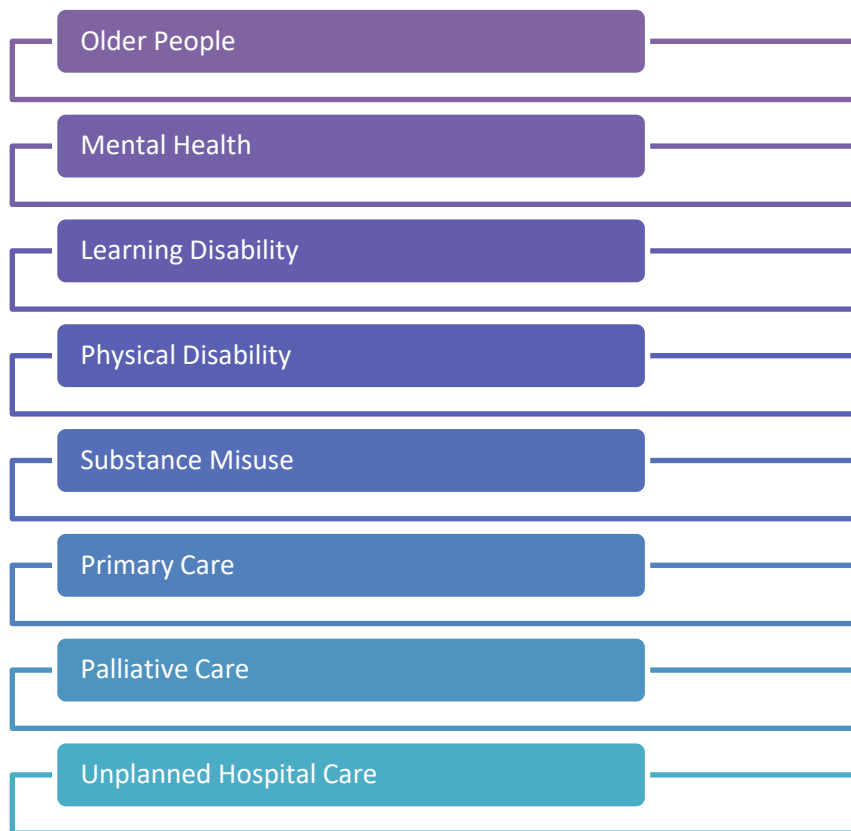


Strategic Commissioning Plans

The new Strategic Plan details how high level outcomes are to be achieved through a process of strategic commissioning. Strategic commissioning is the way in which we identify¹:



The new Strategic Plan included a commitment to developing a series of care group commissioning plans as follows:



In January 2020, the IJB approved new strategic [commissioning plans](#) for services for older people, mental health and people living with learning and physical disabilities. The Primary Care Improvement Plan has been in place since 2018.

The plan for substance misuse services has been developed via the West Lothian Drug and Alcohol Partnership and was due to be approved by the IJB in April 2020 but this approval was delayed as a result of the COVID-19 pandemic. Work has begun to progress commissioning plans for palliative care and unscheduled care but this work too has been delayed as a result of efforts being concentrated on the pandemic response. .

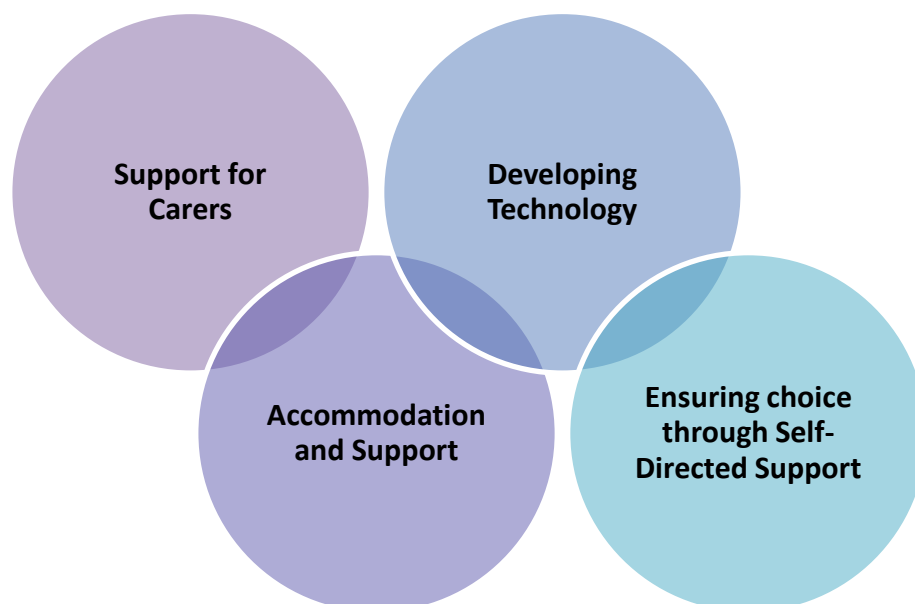
Identifying Planning Priorities

The development of the new strategic commissioning plans began with a review of progress against the priorities identified in the previous plans for the period 2016 to 2019 plans. The review was used to identify where actions set out previously were complete, needed further development or needed to be reviewed. In addition, national and local data and policy developments were used to inform the revised plans.

A crucial part of identifying priority areas for future development was the involvement of services users, carers, care providers, staff and other stakeholders in a wide range of engagement activities which took place from August to November 2019. The views of stakeholders were sought on what was working well and on areas for future development.

Engagement activity was tailored to each care group and involved commissioning leads attending network groups, face to face meetings and workshops. Open public engagement events also took place in Howden Park Centre and Bathgate Academy and further engagement took place via the IJB's Strategic Planning Group.

The themes which emerged from the consultation and engagement were translated into action plans to support new commissioning plans covering the period 2019 to 2023. Whilst many of the emerging themes were specific to individual care groups, some common themes were identified across all sectors:



Planning in Localities

Two localities have been established for planning purposes in West Lothian to ensure strong, local, clinical, professional and community leadership of health and social care services. Locality groups led the development of locality plans for the East and West localities of West Lothian which take account of community plans, regeneration plans and local priorities related to inequality and poverty.

West Lothian - East Locality Profile

103,392

people live in the **East locality**

Female

51.1%

Male

48.9%

NRS: Mid-2018 Population Estimates



19,864

19.2%



67,614

65.4%



15,914

15.4%

NRS: Mid-2018 Population Estimates

Life expectancy at birth



81.7



78.9

ScotPHO: 2014-18

13.7%

of the East locality population reside within the **20% most deprived** areas in Scotland



11,780

emergency hospital admissions
per 100,000 population

PHS: 2019



89,777

emergency bed days
for adults
per 100,000 population

PHS: 2019



61%

of home care clients receive a **telecare and/or community alarm** service

PHS: Jan-Mar 2018



18.7 falls

per 1,000 population aged 65+

PHS: 2019



108

emergency readmissions
within 28 days of discharge
per 1,000 discharges

PHS: 2019



157,529

home care hours
provided between
Jan-Mar 2018

PHS: Jan-Mar 2018

West Lothian - West Locality Profile

78,748

people live in the **West locality**

Female

50.7%

Male

49.3%

NRS: Mid-2018 Population Estimates



15,621

19.8%



51,118

64.9%



12,009

15.2%

NRS: Mid-2018 Population Estimates

Life expectancy at birth



80.0



77.1

ScotPHO: 2014-18

19.2%

of the West locality population reside within the **20% most deprived** areas in Scotland



13,188

emergency hospital admissions
per 100,000 population

PHS: 2019



104,095

emergency bed days
for adults
per 100,000 population

PHS: 2019



62%

of home care clients receive a **telecare and/or community alarm** service

PHS: Jan-Mar 2018



21.2 falls

per 1,000 population aged 65+

PHS: 2019



116

emergency readmissions
within 28 days of discharge
per 1,000 discharges

PHS: 2019



112,510

home care hours
provided between
Jan-Mar 2018

PHS: Jan-Mar 2018

Review of IJB Strategic Planning Group and Locality Planning Groups

When the IJB approved its refreshed Strategic Plan in April 2019, it also implemented a new structure to support delivery of the IJB's strategic priorities through a more integrated approach to planning, commissioning and service development. This structure gives the IJB's Strategic Planning Group (SPG) oversight of new Planning and Commissioning Boards with the aim of ensuring that the SPG can influence the strategic direction of service development through more robust discussion and debate.

At the same time, there was consensus that the locality planning process in place had significant overlap with other areas such as community planning and regeneration and it was felt that resources could be better used in developing more cohesive and comprehensive community plans rather than each service developing their own plans with similar priorities. The establishment of the Community Planning Partnership's Health and Wellbeing Partnership provides further opportunity to reflect health and social care priorities in community plans.

At its meeting of 21 January 2020, the IJB agreed a new Terms of Reference for the SPG, adding responsibility for locality planning to its remit. The membership now includes representation from Community Planning, Economic Development and Housing. The SPG is currently seeking service user representatives from both the East and West of West Lothian and the Terms of Reference allow for further representation to be sought from the Third Sector. The SPG is now chaired by a member of the IJB to maintain the important link between the two forums.

Communication and Engagement Strategy

It was agreed at the IJB's meeting of 26 June 2019 that a Communication Strategy would be developed to support better understanding across stakeholders and communities of integration and that the existing Participation and Engagement Strategy would be reviewed in conjunction with this.

A new Communication and Engagement Strategy was approved by the IJB in January 2020. The strategy will be used by Health and Social Care staff when planning and delivering communication and engagement activities associated with its work.

Achieving Positive Outcomes

National Health and Wellbeing outcomes

The nine National Health and Wellbeing Outcomes provide the foundation for the West Lothian Strategic Plan. The outcomes are high level statements by the Scottish Government setting out what health and social care partners are attempting to achieve through integration and how improvements can be made for people. The outcomes framework below has been used to report progress in West Lothian.

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

Performance Reporting

Performance Review

West Lothian IJB has developed a range of performance indicators to allow progress against health and wellbeing outcomes and integration indicators to be measured. Underneath the nine National Health and Wellbeing Outcomes sits a Core Suite of Integration Indicators, which all Health and Social Care Partnerships use to report their performance against. Performance indicators are scrutinised regularly by the Integration Joint Board and the Strategic Planning Group to monitor progress against objectives and identify areas for improvement.

The annual performance report outlines how West Lothian is performing against the main indicators. Data for the financial year 2019/20 is not yet published and the Scottish Government has indicated that calendar year data for 2019 should be used at this stage. Full financial year data for 2019/2020 will be submitted to the IJB when it becomes available.

It should be noted that some of the indicators use results from the Scottish Health and Care Experience Survey which is undertaken by the Scottish Government every two years. This survey is sent randomly to around 5% of the Scottish population. In 2017/18, the survey was sent to 15,457 people in West Lothian and 3,230 responses were received which equates to a response rate of 21%. The response rate across Scotland was 22%. The last survey was conducted in 2019/20. Unfortunately publication of the results of this survey has been delayed by the COVID-19 pandemic response and is not yet available for inclusion in this report.

The table below compares the performance of National Indicators NI1 to NI9 between 2015/16 and 2017/18 as this is the latest data available.

Key



Percentage / rate has decreased. Performance has also decreased



Percentage / rate has increased. Performance has worsened



Percentage / rate has increased. Performance has improved



Percentage / rate has decreased. Performance has improved



Percentage / rate has remained the same. Performance is unchanged

Summary of Core Suite of Integration Indicators

Indicators 1 to 9

Indicator		2015/16		2017/18		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	94%	95%	92%	93%	↓	↓
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	88%	83%	80%	81%	↓	↓
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	79%	77%	76%	↓	↓
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	75%	76%	74%	↓	↓
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	82%	81%	84%	80%	↑	↓
NI - 6	Percentage of people with positive experience of the care provided by their GP	78%	85%	75%	83%	↓	↓
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	82%	83%	82%	80%	→	↓
NI - 8	Total combined % of carers who feel supported to continue in their caring role	36%	40%	42%	37%	↑	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	87%	83%	85%	83%	↓	→

Indicators 11 to 19

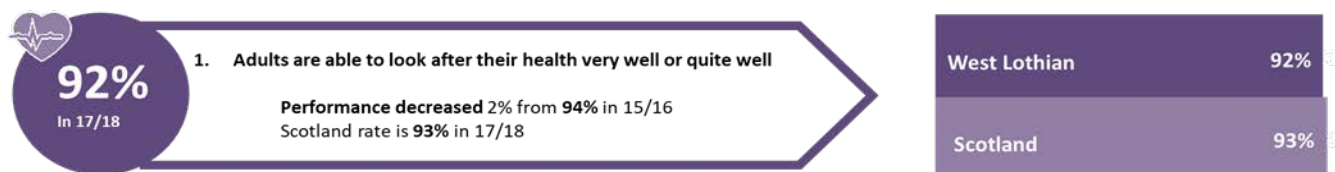
Comparisons are shown in the table below for National Indicators NI11 to NI20. Data has been compared over the two most recent years of available data. For most of the indicators comparisons have been made with calendar year data for 2019* or financial year 2019/20 where this is available. The exceptions to this are the following where the latest data available is for 2018/19:

- Premature mortality rate per 100,000 persons: Compare calendar years 2017 and 2018.
- Percentage of adults with intensive care needs receiving care at home: Compare calendar years 2017 and 2018.

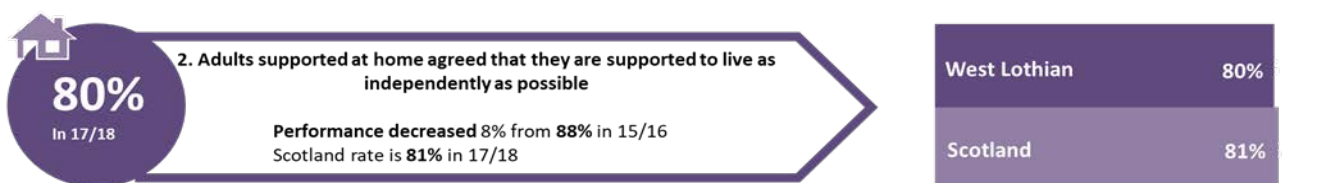
Indicator		2017/18		2018/19		2019*		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 11	Premature mortality rate per 100,000 persons (calendar year)	410 (2017)	425 (2017)	434 (2018)	432 (2018)	N/A	N/A	↑	↑
NI - 12	Rate of emergency admissions for adults (per 100,000 population)	-	-	11,908	12,275	12,387	12,602	↑	↑
NI - 13	Rate of emergency bed days for adults (per 100,000 population)	-	-	106,474	120,177	95,955	117,478	↓	↓
NI - 14	Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	-	-	110	103	112	104	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	-	-	88%	88%	89%	89%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	-	-	19.5	22.5	19.8	22.7	↑	↑
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	-	-	85%	82%	81% (2019/20)	82% (2019/20)	↓	→
NI - 18	Percentage of adults with intensive care needs receiving care at home (Calendar Year)	66% (2017)	61% (2017)	69% (2018)	62% (2018)	N/A	N/A	↑	↑
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	-	-	1,214	793	964 (2019/20)	793 (2019/20)	↓	↓
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-	-	22%	24%	21%	23%	↓	↓

The next section of the report sets out how delegated functions performed throughout 2019/20 and provides examples of what was done to progress the IJB's priorities and National Outcomes. We use indicators to look at how well we are achieving the National Health and Wellbeing Outcomes and have provided comparisons for each indicator with performance across Scotland.

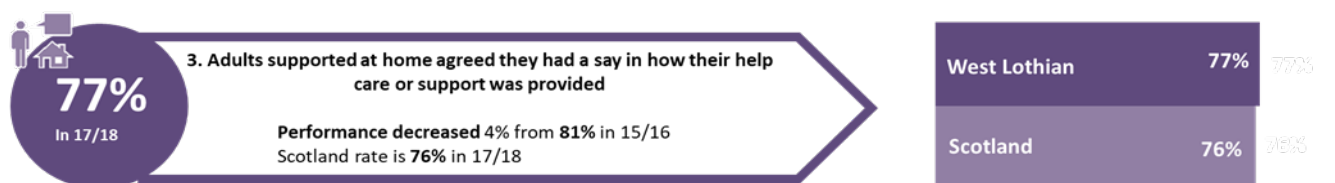
National Indicators Performance at a Glance



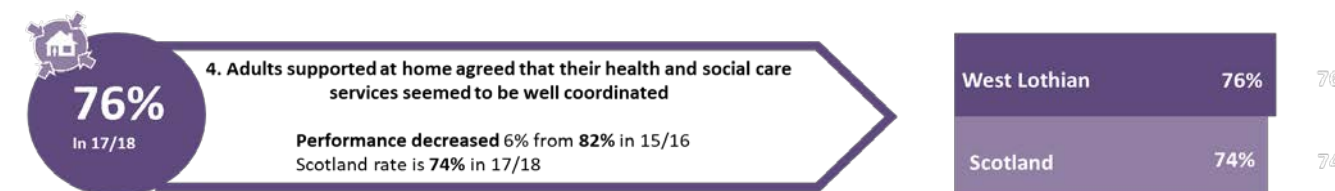
In financial year 2017/18, the percentage of people in West Lothian who thought that they could look after their health very well or quite well was 92%. This is a very positive response, although the percentage has reduced slightly by 2% from 94% in 2015/16. This decrease reflects the Scottish trend where the percentage decreased from 95% to 93%.



The percentage of adults supported at home who agreed that they are supported to live as independently as possible, decreased to 80% in 2017/18 compared to 88% in 2015/16. The result for West Lothian sits closely to the Scottish average which is 81%.



In West Lothian, 77% of people surveyed in 2017/18, agreed that they had a say in how their help, care or support was provided. Although this is a relatively high percentage, this is a decrease of 4% from when the survey was completed in 2015/16. However, the result for West Lothian still sits 1% higher than the Scotland average.



In financial year 2017/18, 76% percentage of adults supported at home, agreed that their health and social care services seemed to be well co-ordinated. The response has decreased by 6% from 2015/16, however, West Lothian still sits above the Scottish average of 74%



The percentage of adults receiving any care or support, who rated it as excellent increased by 2% from 82% in 2015/16, to 84% in 2017/18. The Scottish average reduced by 1% from 81% in 2015/16, to 80% in 2017/18. West Lothian's performance sits above the Scottish average.

**75%**

In 17/18

6. Adults had a positive experience of the care provided by their GP practice

Performance decreased 3% from **78%** in 15/16
Scotland rate is **83%** in 17/18

West Lothian **75%**Scotland **83%**

In 2017/18, the percentage of adults who had a positive experience of the care provided by their GP practice decreased by 3% to 75%. This also reflects the same trend in Scotland where the percentage also decreased from 85% in 2015/16, to 83% in 2017/18.

**82%**

In 17/18

7. Adults supported at home agreed their services and support had an impact on improving or maintaining their quality of life

Performance remained at **82%** as in 15/16
Scotland rate is **80%** in 17/18

West Lothian **82%**Scotland **80%**

The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life remained the same at 82% when comparing 2015/16 to 2017/18. The Scotland response rate reduced by 3% from 83% in 2015/16, to 80% 2017/18.

**42%**

In 17/18

8. Carers feel supported to continue in their caring role

Performance increased 6% from **36%** in 15/16
Scotland rate is **37%** in 17/18

West Lothian **42%**Scotland **37%**

In the 2017/18 survey, 42% of carers responded saying that they feel supported to continue in their caring role. Although this was an improvement of 6% from 2015/16, it is still a concern. The Scotland rate decreased from 40% to 37%, so West Lothian is outperforming the national average.

**85%**

In 17/18

9. Adults supported at home agreed they felt safe

Performance decreased 2% from **87%** in 15/16
Scotland rate is **83%** in 17/18

West Lothian **85%**Scotland **83%**

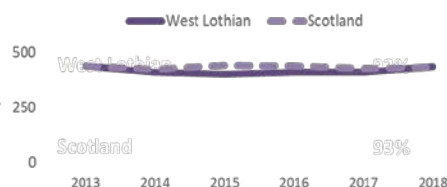
The percentage of adults in West Lothian who responded to the survey, and agreed that they felt safe was 85% in 2017/18. This is higher than the Scottish average which is 83%. However, the West Lothian rate decreased by 2% from 87% in 2015/16, when the Scotland rate remained the same at 83%.

**434**

In 2018

11. Premature mortality rate

Performance decreased by 6% from **410** in 2017
Scotland rate is **432** in 2018



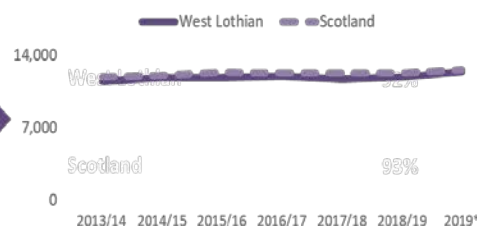
The premature mortality rate, which is the number of people dying before the age of 75, for West Lothian was 434 deaths per 100,000 in 2018. This rate has steadily been worsening since 2015, when the rate was at its lowest value of 402 deaths per 100,000. However, West Lothian's premature mortality rate has consistently outperformed the Scotland average since 2014. Scotland's premature mortality rate was 432 deaths per 100,000 in 2018.



12,387
In 2019*

12. Emergency admission rate

Performance decreased 4% from 11,908 in 2018/19
Scotland rate is 12,602 in 2019*



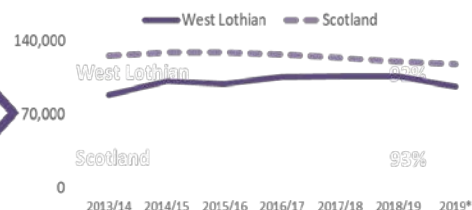
The rate of emergency admissions in adults per 100,000 has been steadily increasing each year from 11,455 emergency admissions in 2013/14, to 12,387 admissions in 2019. West Lothian has seen a large increase to its population, especially in people aged over 75 which will partly account for the increase. This increasing trend is also reflected in the Scottish rate. However, West Lothian has a consistently lower emergency admission rate than Scotland, which was 12,602 in 2019.



95,955
In 2019*

13. Emergency bed day rate

Performance increased 10% from 106,474 in 2018/19
Scotland rate is 117,478 in 2019*



The emergency bed day rate of adults, per 100,000 population, was 95,955 for West Lothian in 2019. This was a decrease of 10,520 bed days compared to 2018/19. This implies that patients are staying for a shorter amount of time in hospital. The Scotland rate in 2019 is 117,478, which was nearly a reduction of 2,700 compared to 2018/19. West Lothian has consistently outperformed Scotland's emergency bed day rate.



112
In 2019*

14. Readmission rate to hospital within 28 days

Performance decreased 2% from rate of 110 per 1,000 in 2018/19
Scotland rate is 104 per 1,000 in 2019*



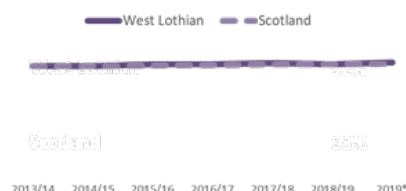
The re-admission rate to hospital for adults within 28 days in 2019 was 112 per 1,000 admissions. The trend has been fluctuating since 2013/14, with the highest rate of 114, and reached as low as 101 in 2015/16. However, the rate has been increasing since then with an increase of 2% between 2018/19 and 2019. The Scotland rate has steadily been increasing from 95 in 2013/14 to 104 in 2019.



89%
In 2019*

15. Of the last 6 months of life is spent at home or in a community setting

Performance increased 1% from 88% in 2018/19
Scotland rate is 89% in 2019*



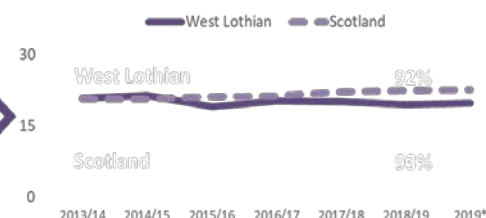
The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 87% in 2013/14 to 89% 2019. The trend reflects that of Scotland which has also increased from 86% in 2013/14 to 89% in 2019.



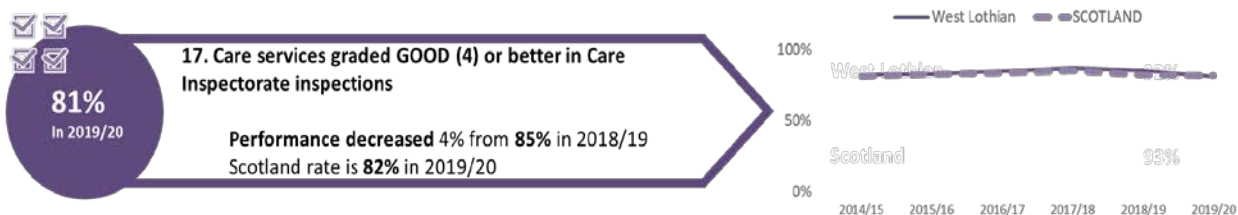
20
In 2019*

16. Falls rate (65+)

Performance remained at a rate of 20 as in 2018/19
Scotland rate is 23 in 2019*



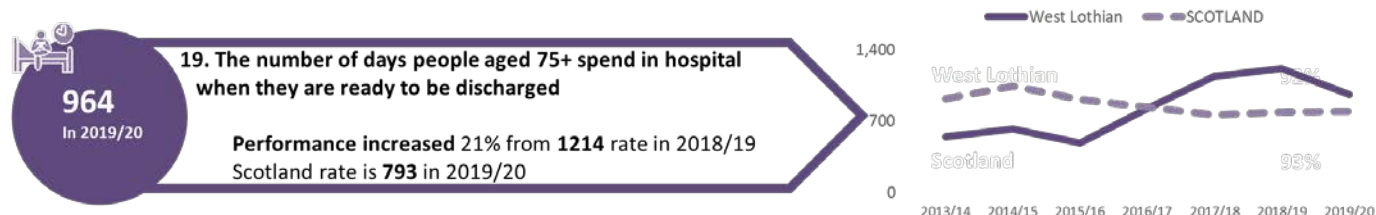
The falls rate for adults aged 65 years and older has been decreasing from its highest level of 21.5 in 2014/15, to 20 in 2019. Falls are a concern so it is positive to see a continued reduction. It is also good news that West Lothian has been performing better than the Scotland average since 2014/15.



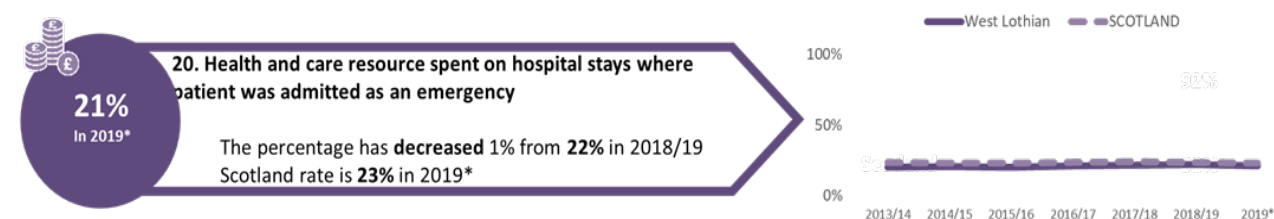
The overall quality of care as good (4) or better in Care Inspectorate inspections was 81% in 2019/20, which is 1% lower than the Scottish average of 82%. Although every other year since 2014/15 West Lothian have outperformed or matched the Scottish average. However, there has been a continued downward trend in the grades from 87% in 2017/18 to 81% in 2019/20. Not all services are inspected each year.



The latest data we have for this indicator is calendar year 2018, where 69% of adults with intensive care needs are receiving care at home. The trend has remained fairly constant, fluctuating between 65% and 70%. The trend for the Scottish average has remained below the West Lothian rate since 2013.



The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2019/20 was 964. This is higher than the Scottish average of 793, however, this is a decrease of 21% compared to 2018/19 which is a positive result since this area remains a challenge.



In 2019, the percentage of health and care resources which were spent on hospital stays for emergency admissions was 21%. West Lothian has performed better than the Scottish average which is 23%. The trend for West Lothian has remained relatively constant between 20% and 22% since 2013/14. The Scottish average has fluctuated between 23% and 24% over the same time frame.

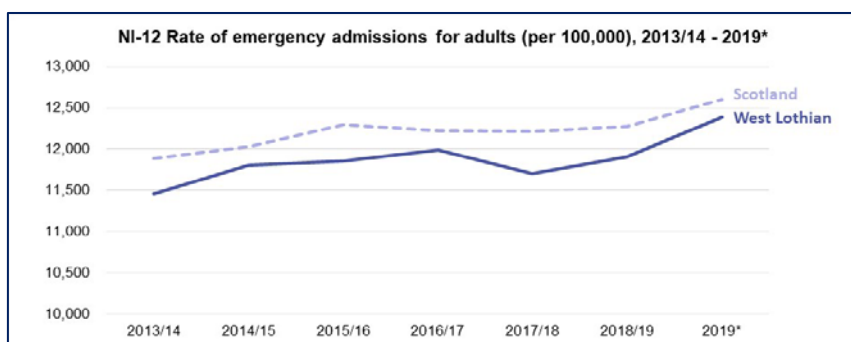
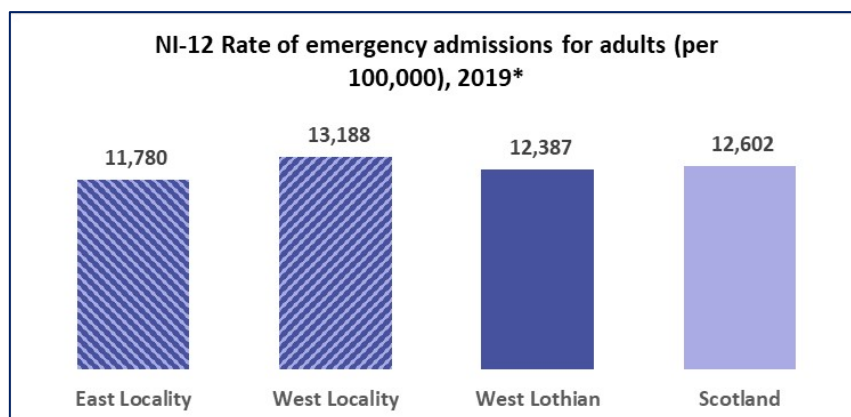
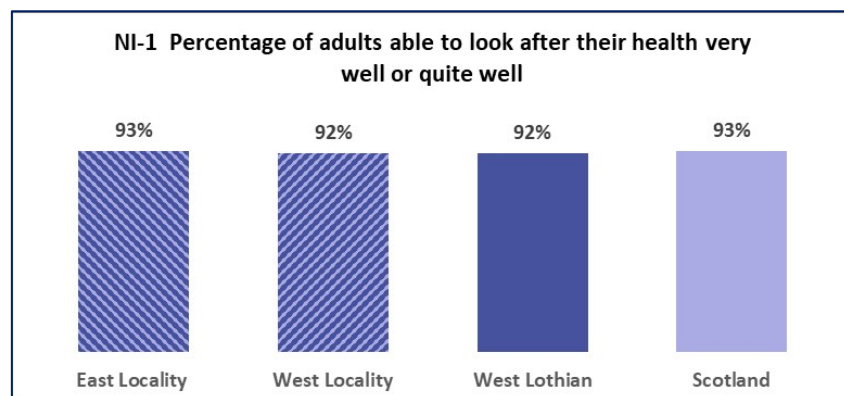
Outcomes and Examples

Outcome 1

- ❖ People are able to look after and improve their own health and wellbeing and live in good health for longer

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults able to look after their health very well or quite well	94%	N/A	92%	N/A	N/A	↓
Rate of emergency admissions for adults (per 100,000 population)	11861	11994	11702	11908	12387	↑



What we have done

Community Wellbeing Hubs

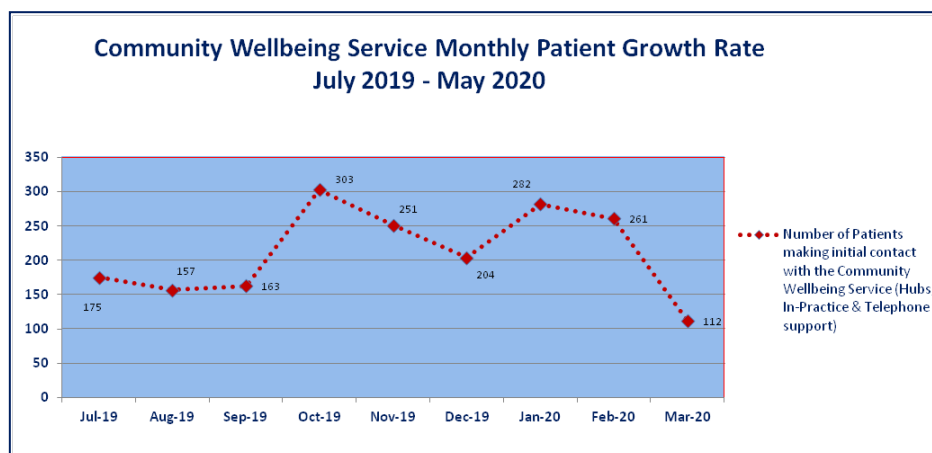
Mental health services have experienced increasing demand and services have been moving towards a more preventative, community based approach. The Primary Care Improvement Plan identified the development of Mental Health hubs as a way of reducing medicalisation of mental health conditions and supporting the move towards early intervention and prevention.

Located in Livingston and Boghall, community wellbeing hubs opened in June 2019 and offer support to adults with mild to moderate mental health problems. Services are provided through a community link worker and well-being service. Support is also available from a multi-disciplinary teams of psychologists, community psychiatric nurses, mental health occupational therapists and mental health link workers. The service offers early intervention through a person-centred approach helping people manage their symptoms and improve their wellbeing.

Graph 1 illustrates the steady growth of the Community Link Worker and Wellbeing Service between July 2019 and March 2020, with anticipated dips in demand during the Festive period. The service became fully staffed in September 2019; the month also witnessed the placement of Link Workers in GP Practices hence the noticeable increase in numbers.

On 23rd March 2020, the Community Link Worker and Wellbeing Service adjusted its service delivery model in light of Covid-19 restrictions. The Service moved away from a face-to-face patient interaction model to providing telephone-only support. Data from March to June 2020 shows significant growth in telephone contacts with the service.

Prevention/Early Intervention



Transformational Change in Musculoskeletal Physiotherapy Service Delivery - Knee Osteoarthritis

Osteoarthritis (OA) is the most common musculoskeletal condition in older people and the knee is the most common site in the body. People with knee OA commonly refer themselves or are referred by their GP or Consultant for physiotherapy to receive help for their condition.

A programme was undertaken to explore better supported self-management and shared decision making where the individual could choose from a range of support options. The programme concluded that when provided with a diagnosis in a meaningful way, with time to discuss a variety of management options in a shared decision making context, patients with knee OA in the majority felt empowered to self manage with advice and signposting.

Class was very helpful and informative. Enjoyed hearing from other patients

Motivated to lose weight and undertake exercise

Back to eat humble pie! I didn't think such a difference could be made with such a simple thing

Class really beneficial, answered all my questions

Very helpful and reassuring

Helpful information, attending the gym has helped so much

Class well explained, understand condition better speaking to people with the same problem

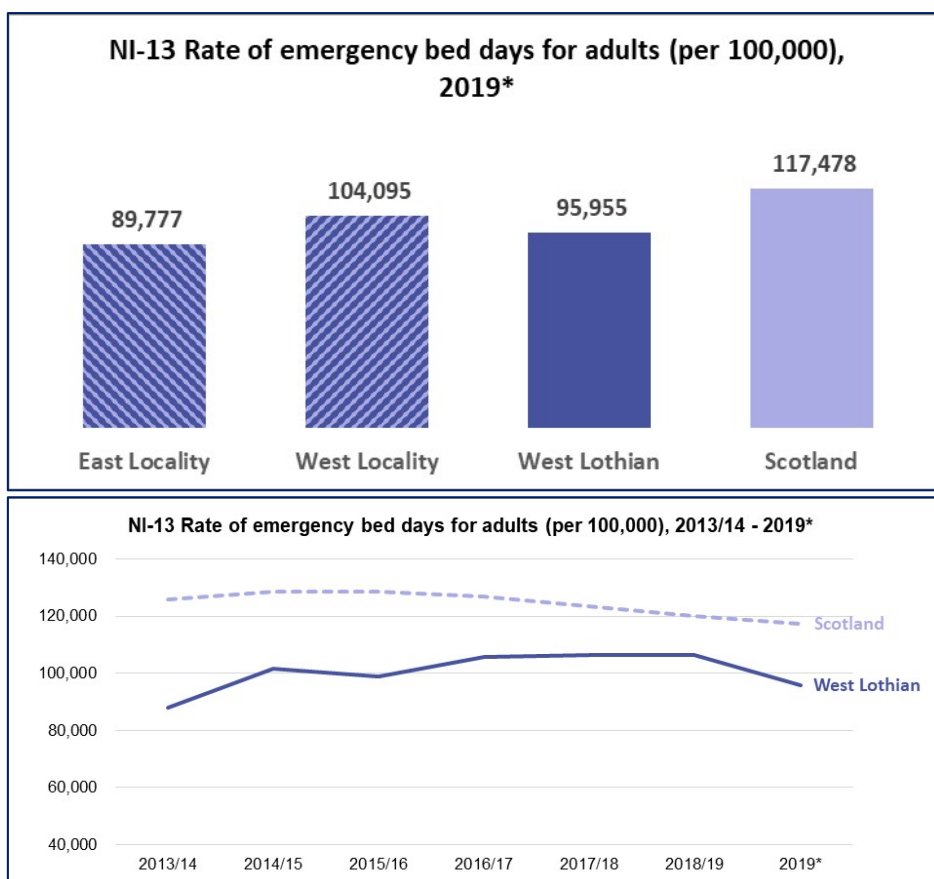
Prevention/Early Intervention

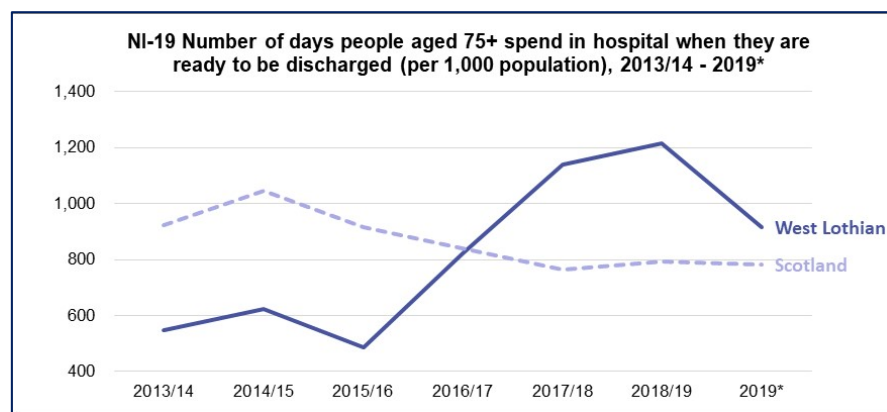
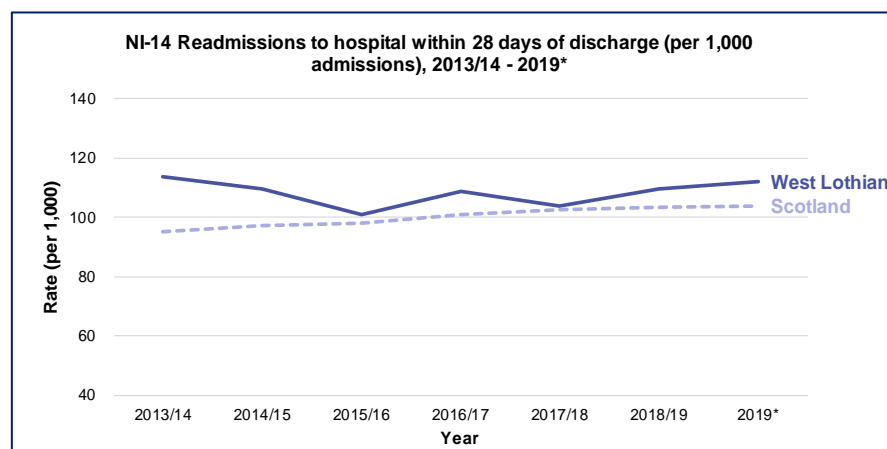
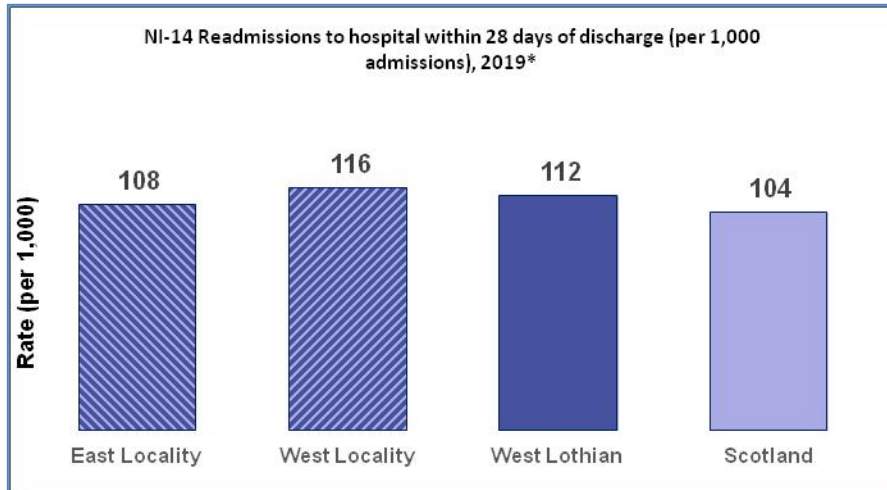
Outcome 2

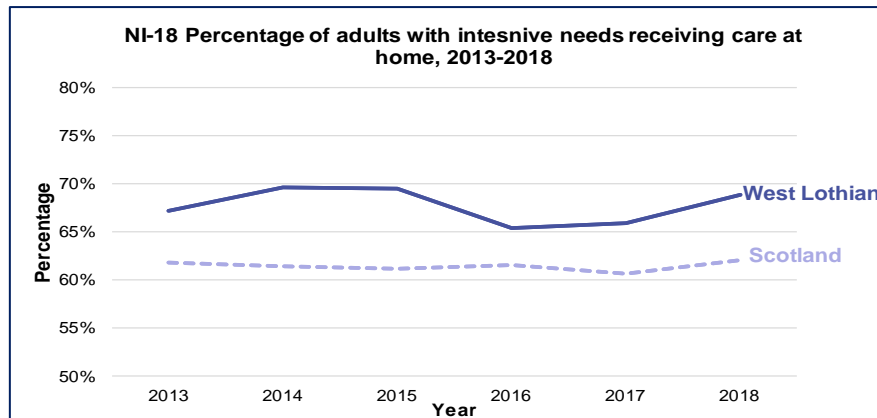
- ❖ People as far as possible including those with disabilities or long term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community.

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Rate of emergency bed days for adults (per 100,000)	98960	105825	106429	106474	95955	↓
Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	101	109	104	110	112	↑
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	485	822	1139	1214	964	↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑
Percentage of adults with intensive care needs receiving care at home	70%	65%	66%	69%	N/A	↑
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of people aged over 75 who live in their own home	92%	92%	92%	92%	N/A	→







What we have done

Home First

Home First is a model of care which provides a step down approach to discharge from hospital to the community. The aim is to ensure people do not wait unnecessarily in hospital for assessment of ongoing care and support needs. Decisions made in a hospital environment often do not reflect someone's ability to cope at home and the Home First model works on the principle of 'discharge to assess' with assessment of ongoing care and support needs taking place at home. Home First involves multi-disciplinary working across the health and social care system to:

- reduce unnecessary delays in hospital
- maximise opportunities for people to return to the community as early as possible
- provide a period of rehabilitation to maximise independence
- assess ongoing care and support needs in the community

Development of the Home First approach has involved a range of staff from hospital and community services and agreement was implemented in West Lothian on 1st September 2019.

Integrated & Coordinated Care

New Complex Care Resource for Adults with Learning Disabilities

Plans were approved in June 2019 for a new £3 million housing project for people with learning disabilities who have complex care needs. It's expected that building work will begin in summer 2020 subject to all approvals being obtained with a completion date expected in the autumn of 2021. The proposed accommodation consists of sixteen one bedroom residences that each provides a main living room, separate double bedroom, galley kitchen, built in storage and toilet/bathroom. All will have their own small separate garden area as well access to the wider garden grounds.

In developing the design for the new build, extensive work took place with leading care providers to learn from their experiences of building similar complexes elsewhere in Scotland. The new plans provide a more integrated, community approach to supporting people with complex needs as part of the West Lothian Health and Social Care Partnership's redesign and modernisation programme which will see a significant shift in the balance of care for adults with learning disabilities from hospital to community settings by 2020/21. The programme focuses on people receiving care, support and treatment within the community wherever possible.

Integrated & Coordinated Care

Managing our Resources Effectively



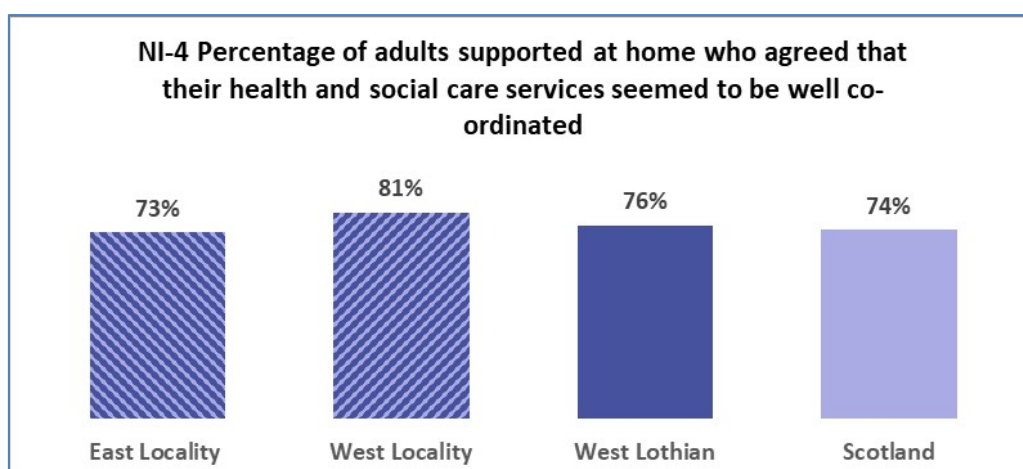
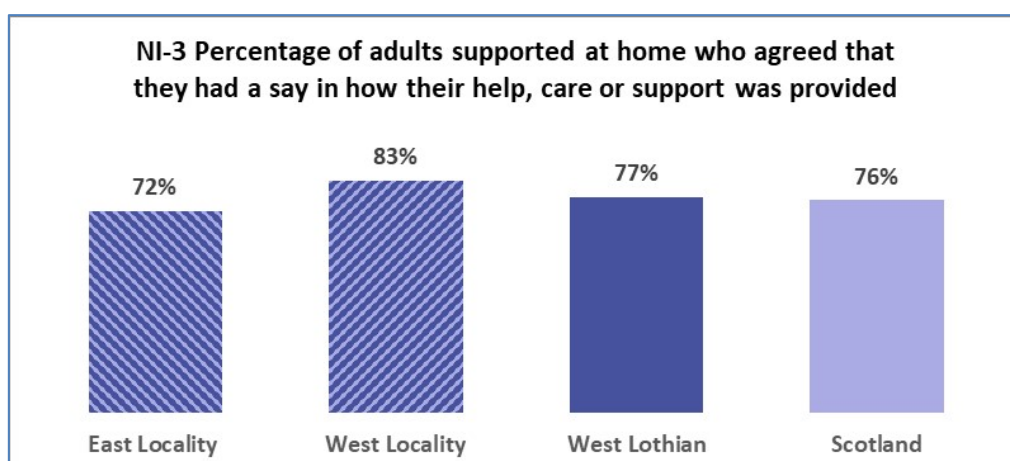
Proposed development site layout

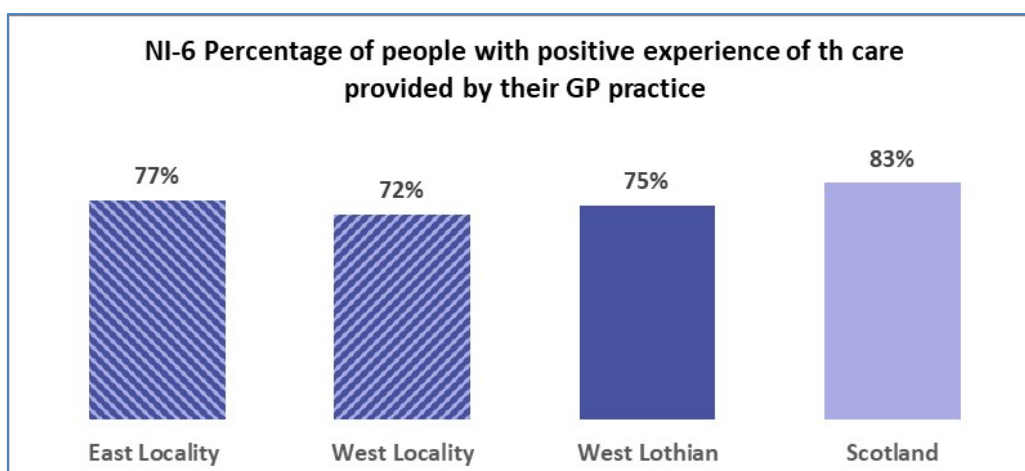
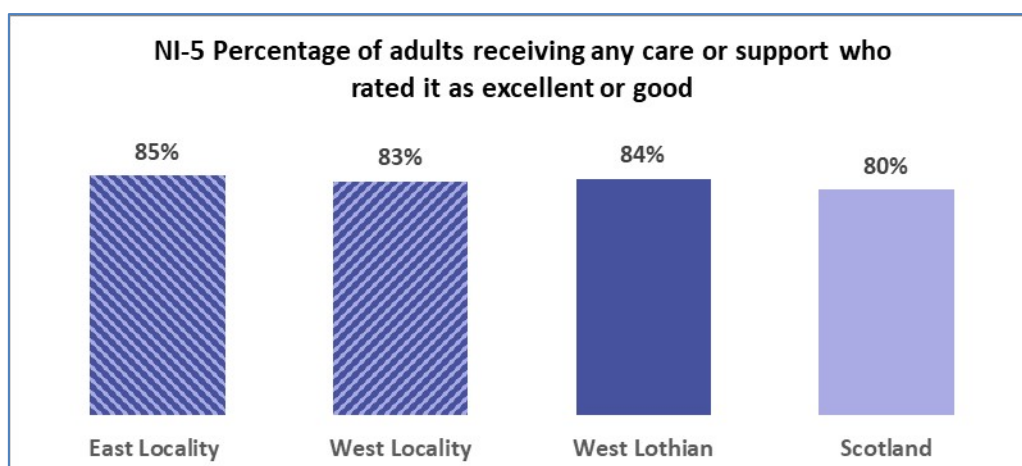
Outcome 3

- ❖ People who use health and social care services have positive experiences of those services, and have their dignity respected

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	81%	N/A	77%	N/A	N/A	↓
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	N/A	76%	N/A	N/A	↓
NI-6 Percentage of people with a positive experience of the care provided by their GP practice	78%	N/A	75%	N/A	N/A	↓
Percentage of people who feel they are listened to	87%	N/A	89%	N/A	N/A	↑
Percentage of people who feel they are treated with compassion and understanding	93%	N/A	91%	N/A	N/A	↓





What we have done

Supporting People with Functional Mental Illness

Ward 3 is a 12 bedded acute mental health admissions unit located on the lower ground floor of St John's Hospital. The ward admits patients with a functional mental illness (such as depression, schizophrenia, bipolar disorder) and/or an organic mental illness (such as dementia). The ward cares for adults over the age of 65 and covers all of West Lothian. There is a multidisciplinary team made up of nursing, medical, physiotherapy, occupational therapy, domestic and nursing staff. Therapy support in the ward includes occupational therapy, Art Therapy, West Lothian Psychological Approach Team for Dementia (WeLPAT), Music in Hospitals and also Therapets (two dogs).

The ward receives lots of thank you notes and letters from patients/relatives and one was recently submitted to the Patient Experience Team. Notes and cards are displayed in a lovely feedback tree on the wall of the visiting room. The tree features lots of compliments including those below:

I cannot thank you all enough for the care you have given to my mum. She was admitted on to the ward and I just cannot believe the difference in her.

Fantastic work getting my mother back to her old self

I can't praise the staff of Ward 3 enough for the care & kindness expressed to my mum

Managing our Resources Effectively

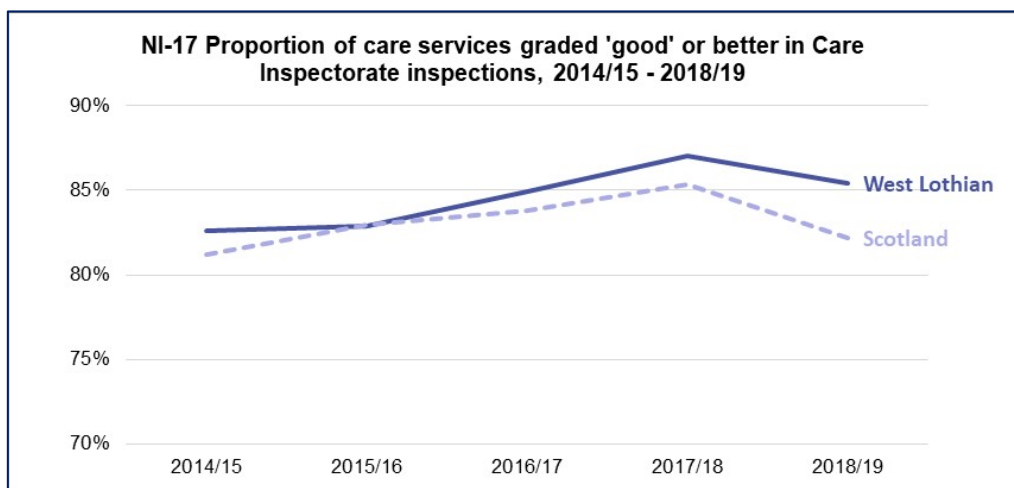
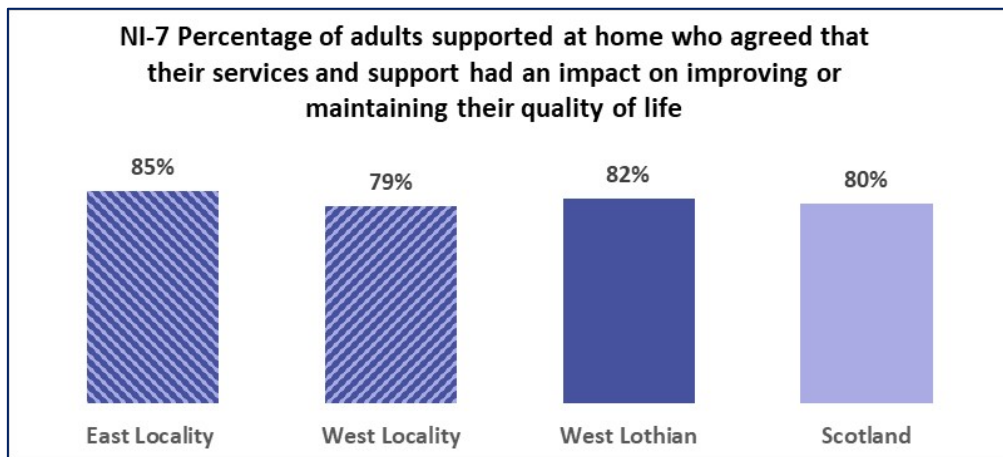
Integrated & Coordinated Care

Outcome 4

- ❖ Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	N/A	82%	N/A	N/A	→
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	83%	87%	85%	81%	↓



What we have done

Community Mental Health Team

2019 saw the establishment of West Lothian's Community Mental Health Teams (CMHTs). The two CMHTs work in the two localities of West Lothian: East based in Strathbrock Partnership Centre and West based in Bathgate Partnership Centre. The new teams bring together a range of health and social care staff to work with people with complex mental health problems and associated risks who typically require long term treatment, care and support.

The CMHTs work with service users, families, carers, primary care services and other agencies to design, implement and develop comprehensive care and support packages of health and social care. The teams are made up from the following teams: nursing, psychology, psychiatry, medicine, occupational therapy and social work. Services are delivered in the community, in a suitable environment that best supports the service user. During the initial launch of the CMHT, services and clinics delivered in St John's Hospital were reviewed and transferred into the community. This is in direct response to ensuring that care and support is delivered closer to home.

To ensure effective sustainability of the CMHT model, the Senior Development Manager for West Lothian's Mental Health services has been working closely with the teams to identify opportunities to work with community and 3rd sector partners in the future. Ongoing quality improvement work will be key to ensuring the CMHT meets the growing demand on mental health services in West Lothian. Waiting times for services will also be a key focus of the team going forward.

Since the CMHT launched last year in West Lothian we have seen a great improvement in service user pathways to getting the right support at the right time. As we continue to develop the services we look to better involve our 3rd sector partners to ensure that those using community Mental Health services in West Lothian are given the tools to live well and achieve their personal goals and outcomes – General Manager, Mental Health Services

Integrated & Coordinated Care

Prevention/Early Intervention

West Lothian Rapid Re-housing Transition Programme

The West Lothian Rapid Re-housing Transition Programme (RRTP) addresses homelessness in the West Lothian Community. As part of the RRTP, the West Lothian Health and Social Care Partnership are:

- Involved with work to review and update Health and Homeless Standards for homeless people accessing health services;
- working with information analysts from Public Health Scotland to collate and align homeless data with health and social care data to inform planning;
- quantifying the residential accommodation requirements for adults where housing in the community would not be suitable including addictions, domestic abuse and mental health;
- identifying triggers of homelessness and referral process for people accessing health and social care services

Prevention/Early Intervention

Care Home Team

The West Lothian Care Home Team supports staff working in independent nursing and residential care homes in the delivery of high standards of person-centred clinical care. The team promotes integration, collaboration and partnership working in the provision of high quality healthcare to care home residents. Specific supports available include:

- Advice and guidance on delivery of high quality care
- Sharing of best practice in clinical care delivery
- Provision of clinical advice on the care of people with complex healthcare needs
- Clinical advice to reduce the risk of avoidable harm such as pressure damage, falls and malnutrition by supporting staff to develop their skills and expertise
- Advice to prevent avoidable hospital admissions and out of hours calls to health services where possible
- Support in the development of smooth admission/discharge processes where hospital admission cannot be avoided
- Support in the care of people who are approaching the end of their lives
- Development of expertise in relation to anticipatory care planning
- Education and training on healthcare delivery
- Advice on infection control and use of personal protective equipment (PPE)

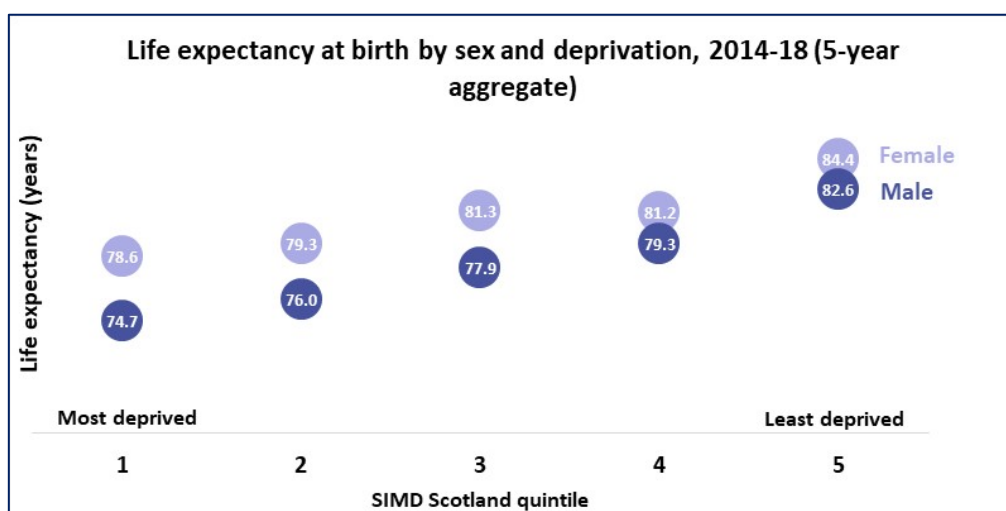
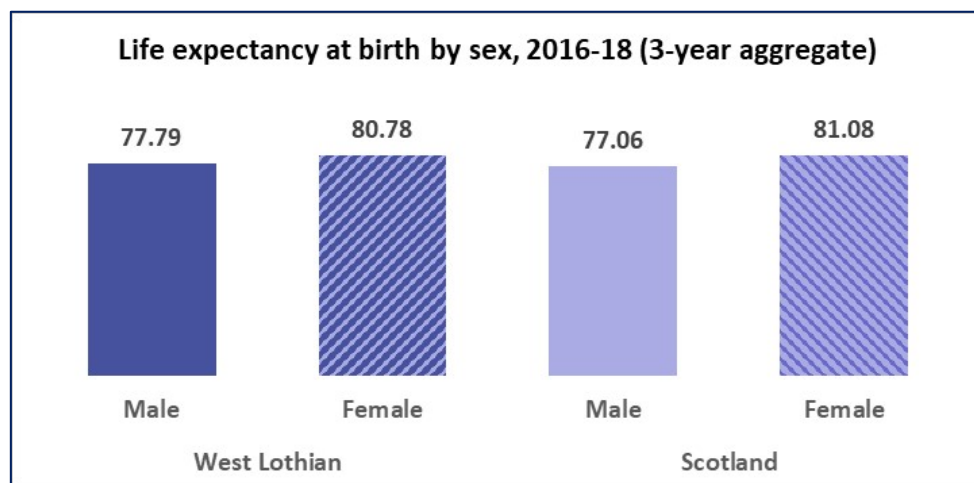
Integrated & Coordinated Care

Outcome 5

❖ Health and social care services contribute to reducing health inequalities

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Premature mortality rate per 100,000 persons (calendar year)	402	411	410	434	N/A	↑
Male life expectancy at birth	78.3	78.3	78.1	77.8	N/A	↓
Female life expectancy at birth	80.5	80.8	80.8	81.0	N/A	↑



Interventions to address the social determinants of ill-health have been identified as a key priority for the HSCP to tackle health inequalities. This means the HSCP leads or is an active participant in a number of projects and partnerships.

The HSCP provides active support for income maximisation and welfare rights in primary

care and hospital settings. Other work led by the WLHSCP, such as the West Lothian Alcohol and Drug Partnership and Community Wellbeing Hubs, takes a similar preventative and partnership approach; the clinical services work closely with community partners to address some of the underlying factors that are the root of health problems. Working closely with community and third sector partners will be a key component of future work that ensures health and social care services are rooted in and responsive to the needs of West Lothian communities.

What we have done

Working in Partnership with NHS Lothian's Public Health Department

Before the COVID-19 outbreak, the NHS Lothian Public Health Department had been reviewing its approach to partnership work. Outline plans had been developed to create a place-based (West Lothian) team which would align more closely with both the West Lothian Health and Social Care Partnership (WLHSCP) and the Community Planning Partnership (CPP) to support work. For example, a new approach to smoking cessation was being developed in conjunction with the NHS Lothian Quit Your Way service.

Public Health colleagues play a key role in supporting the IJB's prevention and intervention work as part of the West Lothian CPP. Public Health and the WLHSCP have both contributed to the review of community planning in West Lothian and the new Local Outcomes Improvement Plan (LOIP). Although this work has been delayed by COVID-19, proposed LOIP key themes around mental wellbeing, reducing community harms associated with alcohol and an emphasis on good quality, local jobs and sustainable communities all contribute to HSCP objectives.

The Anti-Poverty Task Force and the Health and Wellbeing Partnership are CPP sub-groups with clear roles in supporting health and social care priorities. The Health and Wellbeing Partnership has established two nationally supported whole system early adopter programmes both of which have leadership from the HSCP:

- Type 2 Diabetes project based in Whitburn
- A preventive approach to community wellbeing in West Lothian

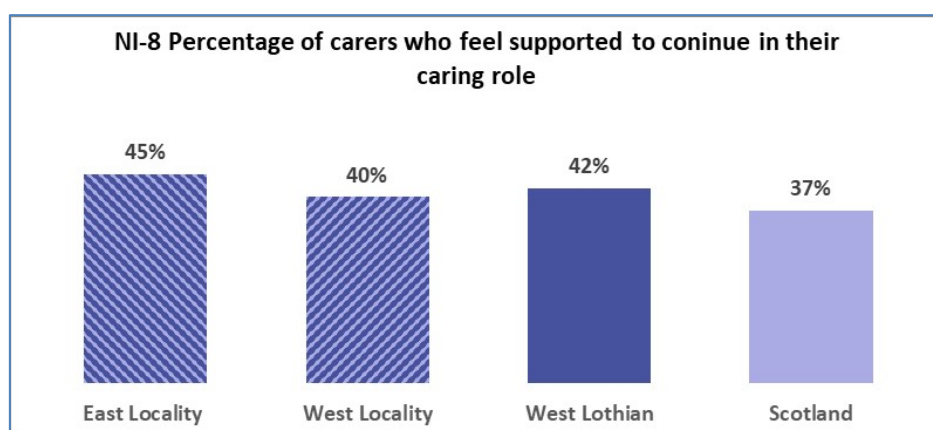
Tackling Inequalities

Outcome 6

- ❖ People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Total combined % carers who feel supported to continue in their caring role	36%	N/A	42%	N/A	N/A	↑
Percentage of carers who feel they have a good balance between caring and other things in their life	65%	N/A	64%	N/A	N/A	↓
Percentage of carers who had a say in services provided for the person they look after	50%	N/A	50%	N/A	N/A	→
Percentage of adults who agreed local services are well coordinated for the person they look after	47%	N/A	45%	N/A	N/A	↓



What we have done

Advice, Information and Support for Carers

Carers of West Lothian is the carers' organisation in West Lothian which has been commissioned to provide support to carers across the Health and Social Care Partnership. Development continues to take place to ensure access to information, advice and support to help carers maintain their health and wellbeing and to have a life alongside their caring responsibilities.

Unpaid carers can benefit from a wide range of support if they live in West Lothian or if they look after someone living in West Lothian. Carers can access advice on a range of topics such as: benefits, Power of Attorney, other services and supports, workshops and training, peer group support, counselling, etc.

Information is available on The Carers Scotland Act 2016 and the support that carers can receive from the Health and Social Care Partnership, including information on eligibility criteria, adult support plans and young carer statements.

Prevention/Early Intervention

Carers of West Lothian Report 2019/20

Carers of West Lothian saw two key changes in personnel in the year with a new Chief Executive Officer and Board Chair appointed.

A total of 1,753 service users were supported including: 659 new adult carers and 129 new young carers. 60 disabled adults accessed services such as one to one support, information and advice, peer support, training or counselling for the first time.

A new self management project was established which aimed to support 35 new carers along with the person they care for through a joint approach. Using digital technology, work was also done to reach people in more rural areas. Funding was secured to buy a smartboard to allow use of videoconferencing to be tested to support people in their homes rather than travelling to an office base. The purchase of this equipment proved very valuable in supporting people during the COVID-19 response and enabled the organisation to move very quickly to an online service during the period.

In January, 'Cuppa and Chat' sessions were held in the organisation's first outreach group in Armadale. Discussion were also held to extend this support to other areas. The organisation engaged with Development Trusts in Fauldhouse, West Calder and Livingston to look further into the types of supports carers in the area would find helpful. Engagement also took place with Black, Minority and Ethnic communities to promote the organisation's services and identify any gaps in current provision.

In early 2020, 'Respitivity' was launched to promote a range of free offerings of respite from local businesses. The programme was first made available in March 2020 with two businesses offering free haircuts, manicures, sewing craft groups and singing groups for carers to enjoy.

2019 was also a year when the Volunteer Strategy was reviewed and was supported by a recruitment campaign to enhance the volunteer team.

Prevention/Early Intervention

Tackling Inequalities

Adult carer support plans carers' needs and outcomes and to inform discussions about levels of support they are eligible for.

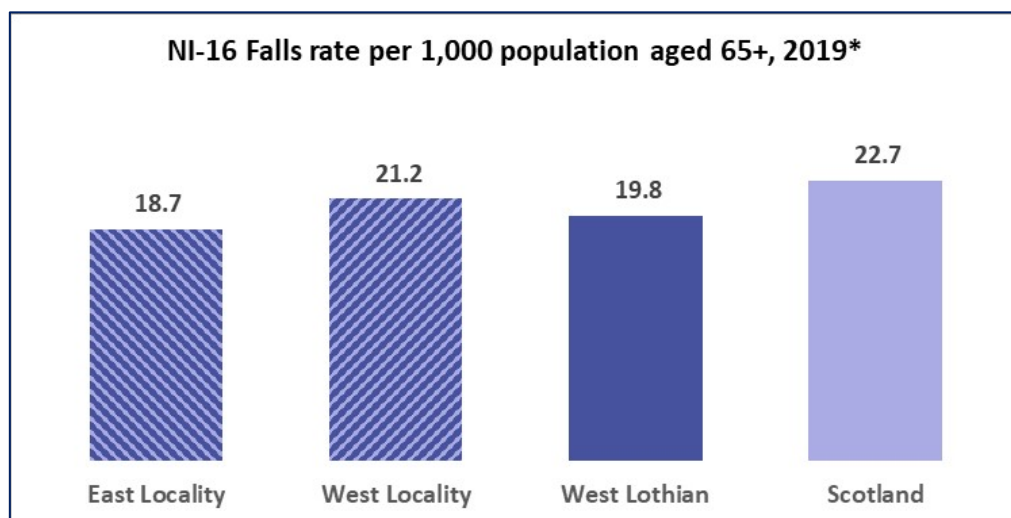
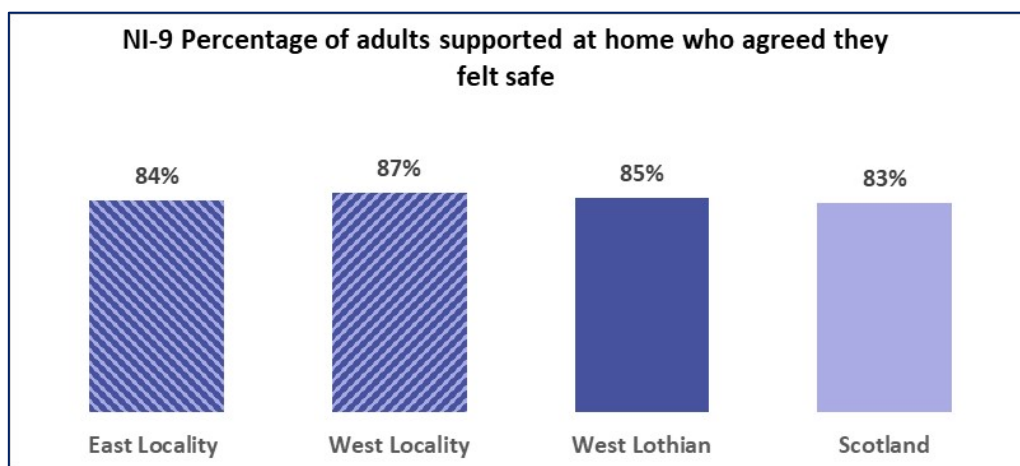


Outcome 7

❖ People who use health and social care services are safe from harm

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agreed they felt safe	87%	N/A	85%	N/A	N/A	↓
Falls rate per 1,000 population aged 65+	19.1	20.3	20.1	19.5	19.8	↑
Number of households receiving telecare	N/A	4360	4380	3708	3703	→
Number of new telecare installations	N/A	780	757	469	561	↑



What we have done

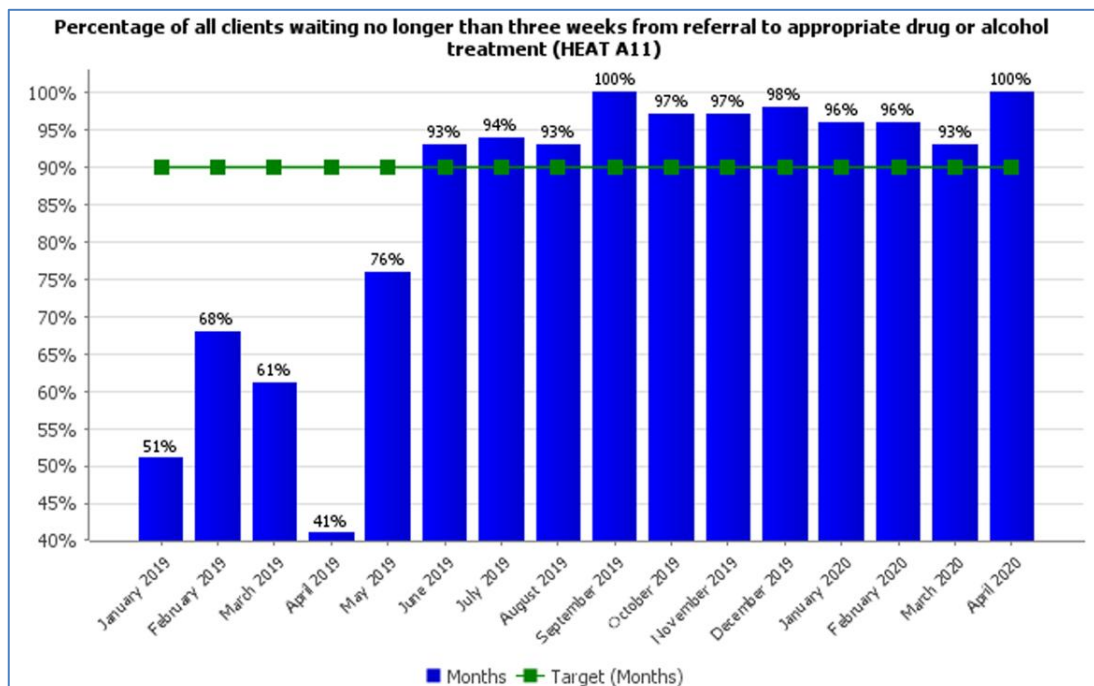
Supporting People with Alcohol and Drug Problems

Support services for people with drug and alcohol problems are commissioned by the Alcohol and Drugs Partnership (ADP). Performance against the Local Delivery Plan (LDP) Waiting Times Standard A11 is set by the Scottish Government - 90% of all clients should wait no longer than 3 weeks for treatment. Historically, the ADP in West Lothian has struggled to meet the target mainly as a result of central funding reductions and staffing vacancies.

In November 2018 funding was restored and there was a drive to recruit additional staff to services. A Recovery Plan was implemented in April 2019 with the aim of improving performance to the required standard by June 2019.

Performance in April 2019 was very low at 41%. Performance began to improve in May 2019 and by June 2019 the 90% target was met. Consistently good performance has been achieved since then including 100% of clients seen within 3 weeks in September 2019 and March 2020. It is expected services will be able to sustain achievement of the waiting time target over the next financial year.

Integrated & Coordinated Care



Outcome 8

- ❖ People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of staff who consider themselves to be well informed		80%	80%	80%	82%	↑
Percentage of staff who say they are appropriately trained and developed		75%	76%	78%	78%	→
Percentage of staff who say they are involved in decision making		72%	73%	72%	74%	↑
Percentage of staff who consider they are treated fairly and consistently with dignity and respect		78%	79%	79%	80%	↑
Percentage of staff who say they are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community		77%	79%	78%	80%	↑

What we have done

Developing Strategic Commissioning Plans

Strategic commissioning plans for services for older people, people with mental health problems and those living with learning and physical disabilities were approved by the Integration Joint Board in January 2020. All staff had the opportunity during the consultation process to comment on what was working well and to suggest areas where improvements could be made. The views of all stakeholders were summarised and used to inform the planning process. A summary of the engagement feedback can be found [here](#).

Managing our Resources Effectively

Mental Health Officer of the Year

Mark McIlwraith, was presented with the Wilma MacDonald Mental Health Officer of the year award at the Scottish Association of Social Work (SASW) Mental Health Officers Conference on 24th October 2019. The event is delivered by SASW in collaboration with the Scottish Government, Social Work Scotland, the Scottish Social Services Council and Learning Network West. The award recognised Mark's excellent work in West Lothian and was very well deserved.



Intensive Psychiatric Care Unit

The Intensive Psychiatric Care Unit (IPCU) at St John's Hospital is a 12 bedded secure unit, providing 24 hour inpatient care for those who present with acute mental health illness. Patients in IPCU are detained under the Mental Health (Care and Treatment) (Scotland) Act or the Criminal Procedures Act and are admitted due to requiring a safe and secure environment with more intensive treatment and support. The unit covers all of West Lothian and the Borders and cares for adults between the ages of 18-65. Length of stay varies between a few days to several weeks, and occasionally a few months.

The ward operates a multi-disciplinary team approach and comprises nursing staff, a consultant psychiatrist, junior doctor, clinical psychologist, occupational therapists, specialist physiotherapist and various other visiting professionals, such as art and music therapists. In January 2020, the team held two half day "Away Day" sessions, giving staff the opportunity to come together to celebrate what's gone well in the unit and discuss potential Quality Improvement ideas, including; improved communication and patient/staff experience.

Keen to encourage a positive and supportive work environment, the team introduced a number of ongoing methods of celebrating success including:

- Values Board – the team mapped what they do well together as a team in relation to each of NHS Lothian's values and how they demonstrate these values in the way they work.
- Monthly Caring Champion – staff anonymously nominate colleagues, with the winner's name displayed in the staff room, surrounded by some of the positive comments made about them
- Team of the Month
- Positive Debriefs – the team is considering holding debriefs that focus on "what went well". This would include a night time Safety Debrief (10 minutes prior to finishing shift) to encourage staff to share positive experiences from their shift

In January 2020, a visit was made to the unit as part of the NHS Lothian Patient Safety Programme when the Chief Quality Officer acknowledged the units excellent approach to MDT working, commending them for their positive and person-centred approach to working together as a team and with their patients. Acknowledging the wealth of good work in the unit, the team were also encouraged to consider sharing their Quality Improvement work both locally at a future Clinical Change Forum and nationally via NHS National Services Scotland.

Managing our Resources Effectively

Workforce Planning

The West Lothian Workforce Planning Development Group was established during 2019 to oversee implementation of the West Lothian IJB's Workforce Development Strategy.

Representation on the group is drawn from across health and social care and includes members with substantial knowledge, experience and commitment to ensuring delivery of the partnership's workforce priorities. Membership is drawn from NHS Lothian, West Lothian Council, the third and independent sectors, education, public health and economic development and regeneration to ensure wide involvement across the sector in developing our current staff and future workforce.

With the development of our future workforce in mind and in recognition of the need to promote jobs in health and social care as careers of choice, a large scale careers event was held at Livingston Football Stadium in February 2020 which was attended by approximately 1000 primary and secondary school pupils. Around 85 health and social care staff were involved showcasing 35 different careers across the health and social care partnership. Positive comments from staff attending included:

Encouraging to see so many young people interested in our technology

Interesting for us to meet kids, great to meet others from different services

Interest from students amazing. Lots of variety of stalls and opportunities. Great day!

Integrated & Coordinated Care

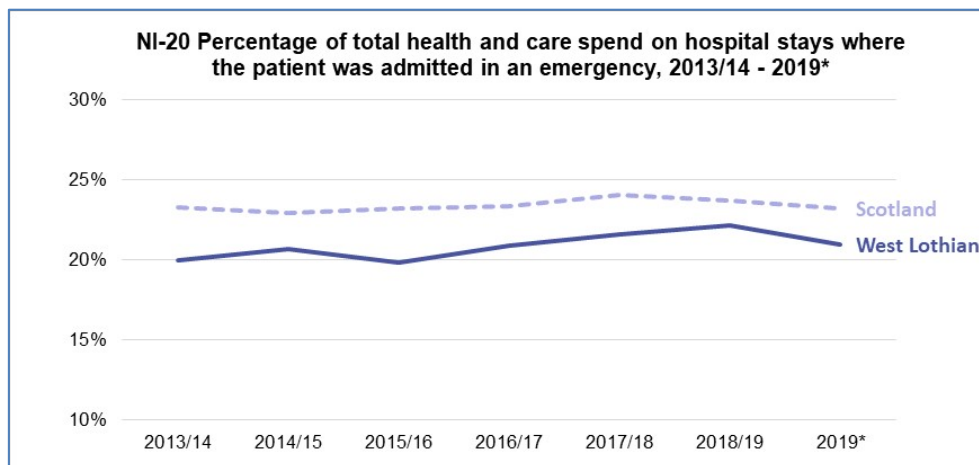
Managing our Resources Effectively

Outcome 9

- ❖ Resources are used effectively in the provision of health and social care services

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	21%	22%	22%	21%	↓
Proportion of last 6 months of life spent in a large hospital (need clarification on this)	8.5%	8.7%	8.5%	9.3%		↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑



What we have done

Winter Planning

There is increased demand for health and social care services through the winter months. However, through learning from previous years, there is a degree of predictability in patterns of demand experienced. Each year the West Lothian Health and Social Care Partnership sets out how it will manage the flow of patients through hospital and community teams to support rehabilitation closest to home wherever possible during the winter period.

The development of the 2019/20 winter plan was overseen by the Lothian Unscheduled Care Committee which has membership from the four Lothian health and social care partnership and from the acute hospital sites. A framework was developed through the committee that encouraged planning against the following criteria:

- Supports joint working between acute services and health and social care partnerships (HSCPs)
- Supports a Home First Approach
- Admission avoidance
- Site and community resilience/flow
- Supports a non bed based Model
- Facilitates 7 Day working and discharging

The focused investment further supported improvement priorities for unscheduled care within the partnership.

Key actions included:

- Enhancement of senior medical and other clinical staffing at critical pressure periods across acute, community and social care services.
- Consistency of 7 day working principles for HSCP Teams
- Equipment delivery over 7 days
- Robust cross-system escalation, coordination and communication through senior leadership at Chief Operating Officer/Chief Officer level.
- Increased capacity to support admissions, transfers and discharges

Managing our Resources Effectively

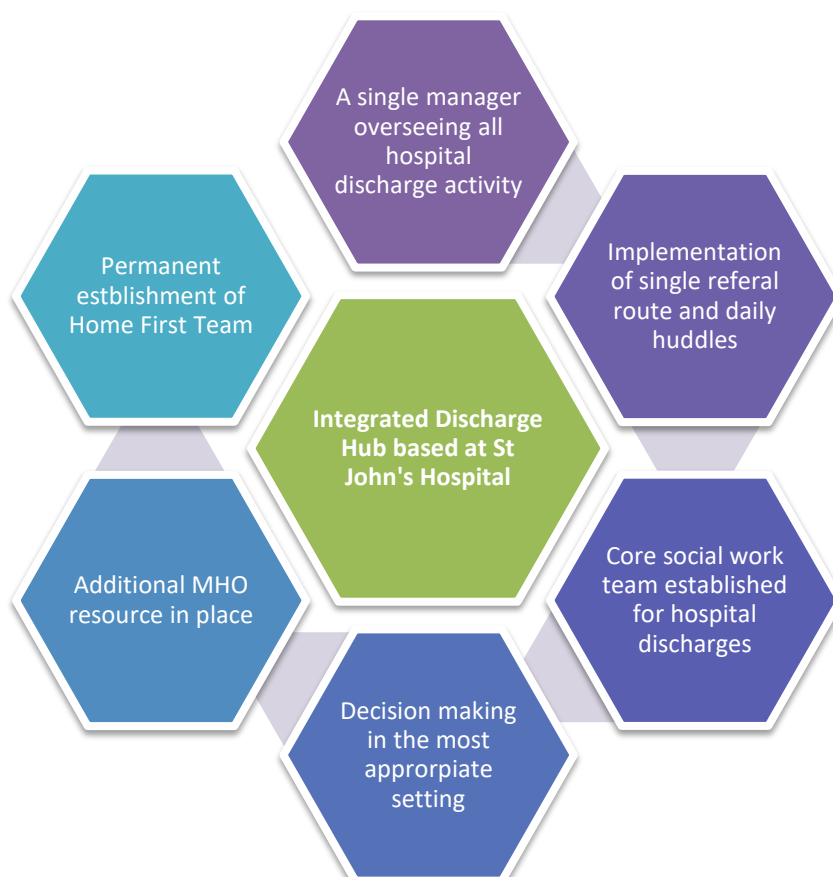
Response to COVID-19 Pandemic

The end of the reporting year 2019/20 saw the West Lothian Health and Social Care Partnership responding to the COVID-19 pandemic in an unprecedented way to ensure that essential health and social care services continued during a period of significant uncertainty. A range of measures were put in place to both continue some services, to safely reduce some services and to develop others to meet the needs of our local population whilst responding to UK wide and Scottish Government policy. The following provides a brief summary of some of this activity:

Optimising Capacity and Reducing Delayed Discharges

A range of activities have been effective in reducing delayed discharges from a baseline of 65 at 1st March 2020.

The Integrated Discharge Hub based at St John's Hospital has been operational since 2018 but some changes were made to the model to improve discharge arrangements for patients to ensure people were able to return home or to another homely setting as quickly as possible with decision making about future care needs taking place in the most appropriate setting. Those developments included:



The focus of recent work has been on ensuring that hospital admission is avoided wherever possible through more effective use of community supports and earlier intervention. Where admission takes place, revised arrangements have been put in place to improve communication and partnership working across all the discharge services with increased staffing capacity now available to support 7 day working and equipment delivery at the weekend. The Hospital at Home service is also providing additional rapid community assessments and has been extended provision over 7 days.

West Lothian Personal Protective Equipment (PPE) Centre

A local PPE hub was established to coordinate supply of essential PPE across health and social care services in West Lothian as part of the pandemic response put in place nationally via NHS Scotland. Using a West Lothian Council warehouse, and operated by staff from across the health and social care partnership, the hub was developed very quickly and has played an important role in the distribution of PPE to local health and social care services. Working in partnership with Carers of West Lothian, the hub also supplied PPE to unpaid carers.

Consideration is being given to the future arrangements for PPE procurement and distribution to ensure that the hub model is sustainable for as long as it's needed. Challenges were experienced with the regular supply of PPE initially but the view is that the hub has been an effective local distribution arrangement during the pandemic response.

West Lothian PPE Hub Supplying

- NHS Community Services
- Social Care Services
- Unpaid Carers
- GP Practices
- Dental Practices

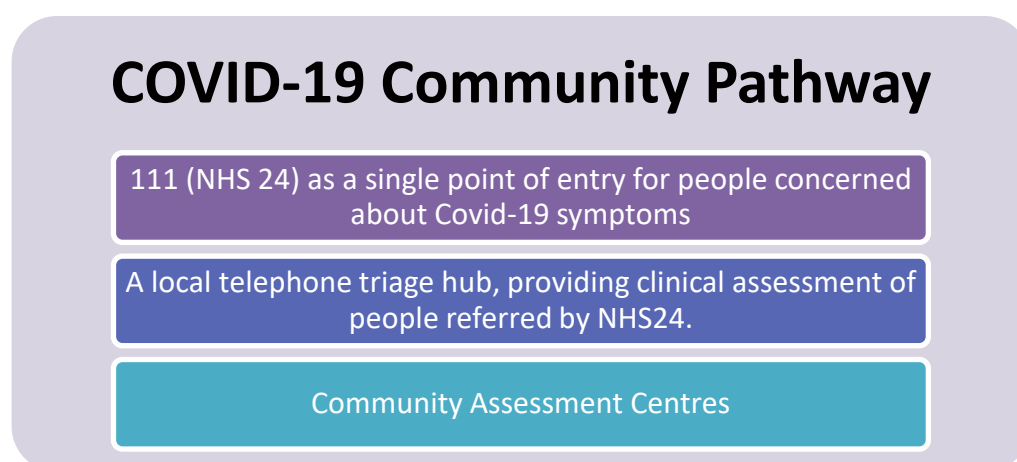
Near Me Video Conferencing

Video conferencing facilities, Near Me, were installed in all GP practices across West Lothian and are being used by GPs to work with patients via video link. Initial feedback on usage has been very positive from GPs and from patients. The Near Me technology was also rolled out to other service areas to reduce face to face

contacts and we are reviewing learning from the use of this technology to inform future service planning.

Community COVID-19 Pathway

The Community Covid-19 Pathway was introduced to manage demand for health care support for people displaying to Covid-19 symptoms. The model for the Covid-19 Community Pathway includes:



The Community Assessment Centre provides dedicated and consistent advice, triage and treatment for people with Covid-19 symptoms 7 days a week. Where clinically assessed access to face to face assessment is offered.

Support to Care Homes

As has been widely reported, Covid-19 has had a significant impact on older people and we have sadly seen a number of deaths in care home settings across Scotland. In West Lothian we continue to provide ongoing support to the 16 care homes within the local area. We have developed and implemented a care home action plan to ensure the right support is provided. Daily review meetings are being held with the Chief Nurse, Chief Social Work Officer, Chief Officer and Public Health to identify emerging issues and to determine the appropriate response. Support is being provided in accordance with Public Health and Government guidance to reduce risk of transmission of infection.

Staff Support

A range of supports have been made available to staff across health and social care to provide information in relation to PPE, testing and other general enquiries. A dedicated helpline, *Here For You*, was set up to provide a listening ear for those who are worried, anxious or stressed or who need help with practical concerns such as financial advice or information on supporting an elderly or vulnerable relative.

Mobilisation Plans

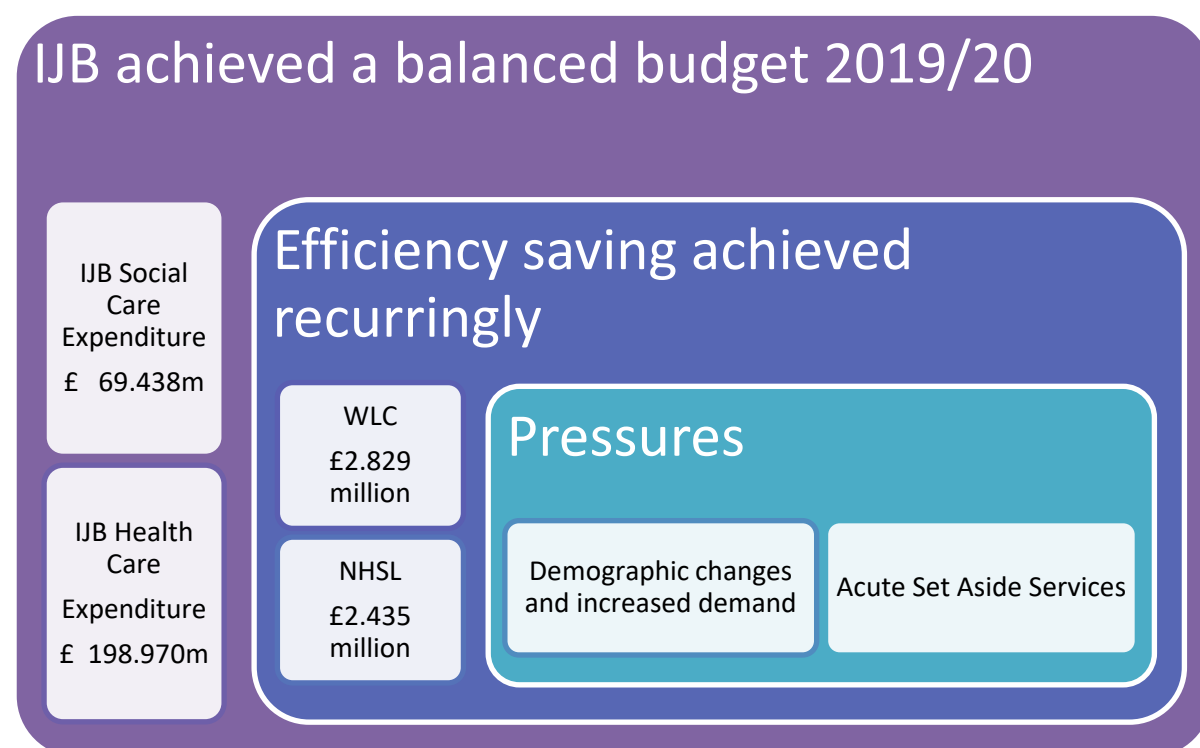
We are not complacent about the ongoing work that we need to do and life will continue to have a degree of uncertainty for some time to come. We are, however, trying to return to a 'new normal' and are putting remobilisation plans in place to ensure that our services restart in a planned way and that our future actions take account of learning from the local and national response to the pandemic. We are reflecting on what has worked well and what has not and will review our plans with our partners and stakeholders to ensure that we have robust plans in place for the future development of health and social care services in West Lothian.

Financial Planning and Performance

Financial Planning

The Public Sector (Joint Working) (Scotland) Act 2014 requires each Integration Authority to publish an annual financial statement on the resources that it plans to spend in implementing its strategic plan. The total expenditure on IJB delegated functions for 2019/20 was £268.825 million. This was fully funded through contributions from West Lothian Council and NHS Lothian of £69.438 million and £198.970 million respectively. In addition, there was a decrease in reserves of £417,000 with earmarked reserves remaining of £63,000 at 31 March 2020.

IJB achieved a balanced budget 2019/20



Budget Summary

In 2019/20 the IJB has achieved a balanced budget position despite there being many pressures across health and social care services. The Board has worked closely with NHS Lothian and West Lothian Council on the financial management of IJB budget resources and funding required to deliver delegated IJB functions.

IJB delegated services saw continued growth in demand during 2019/20. Within community care, care home expenditure increased significantly reflecting a growing older population who are living longer with more complex needs. Growth in demands within learning and physical disability care also increased significantly, reflecting increasing needs and a shift in the balance of care from health to community care in

line with integration objectives.

The most significant pressure in 2019/20 related to set aside services where there was an overspend of £1.131 million. Nursing staffing pressures were the major contributing factor to the overspend. In addition, difficulties in recruiting and the resulting requirement for agency nursing staff in Accident and Emergency and General Medicine areas has also been a key contributing factor. Substantial work was undertaken during 2019/20 to review the causes of the nursing staffing pressures for West Lothian and the budgetary resources available and this helped to inform the 2020/21 budgeting process and level of nurse staff budgets. There remain significant risks around prescribing volumes and units going forward, as well as the ongoing impact of COVID-19, and this will require to be closely monitored. Acute drugs are also a key financial risk.

During 2019/20, budget savings of £5.294 million were delivered against the productivity and efficiency plan to help ensure spend on IJB functions was managed within budget resources available.

Financial Performance

Reporting on the performance of delegated resources is routinely undertaken by the IJB in line with its approved financial regulations and Integration Scheme. The Integration Scheme details that when resources have been delegated by the IJB via strategic directions, NHS Lothian and West Lothian Council apply their established systems of financial governance. This reflects the IJB's role as a strategic planning body which does not deliver services directly, employ staff or hold cash resources. Budget monitoring of IJB delegated functions is undertaken by finance teams within West Lothian Council and NHS Lothian working with budget holders to prepare information on financial performance. The IJB Chief Finance Officer works closely with these teams to provide information on operational budget performance to the Board in respect of delegated health and social care functions.

Expenditure on services commissioned by the IJB over the period 2016/17 to 2019/20 is shown in the table below.

West Lothian IJB Expenditure on Delegated Functions 2016/17 to 2019/20					
	2016/17	2017/18	2018/19	2019/20	4 YR Total
	£'000	£'000	£'000	£'000	£'000
Core Health Services	104,600	110,443	115,814	122,584	453,441
Hosted Services	20,058	22,453	20,649	21,318	84,478
Acute Set Aside Services	33,647	34,726	32,583	34,747	135,703
Non Cash Limited Services	18,221	18,282	19,322	20,448	76,273
Social Care Services	60,584	64,457	63,833	69,728	258,602
Total	237,110	250,361	252,201	268,825	1,008,497

Future Financial Plans

The 2020/21 budget contributions from NHS Lothian and West Lothian Council have been taken account of in directions issued to partners. While the council contribution represents a balanced budget position, the NHS Lothian contribution represents a funding shortfall compared to forecast expenditure of £1.128 million. However, there are plans in place to bridge this gap.

It is important to note however that these budget contributions do not take account of the additional cost implications anticipated to arise as a result of COVID-19. While the financial implications resulting from COVID-19 remain uncertain, they are anticipated to be significant. Over recent months substantial work has been undertaken to identify the additional costs of COVID-19 through Mobilisation Plans for health and social care. This incorporates joint working across health and social care and at a national level on an agreed approach to capture the additional financial costs.

Taking account of this, it will be crucial that the 2020/21 budget position is closely monitored with regular updates being provided to the Board, including options to manage budget pressures and ensure a balanced position is achieved for 2020/21.

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. Plans for this are developed via the health and social care management team and council and NHS Lothian staff supporting the IJB. The IJB's strategic plan and strategic commissioning plans will help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process associated with health and social care services. The implications arising from COVID-19 on delivery of care services will need to be taken into account in the ongoing review of strategic commissioning plans.

With regard to future years, health and social care services will be faced with significant challenges to meet demands and operate within tight fiscal constraints for the foreseeable future. The implications associated with COVID-19 will further increase the financial challenges and may impact on current plans to meet demands. In line with the Board's agreed approach to IJB financial planning, budget plans have been and continue to be developed across IJB health and social care functions with the objective that overall health and social care considerations are taken into account in joint IJB / Partner financial planning.

An updated four year financial plan taking account of funding and expenditure assumptions was reported to the Board on 23 April 2019. At this stage, the level of uncertainty around COVID-19 financial implications makes it extremely difficult to undertake a more detailed update of the medium term financial plan, but a high level financial outlook based on currently available funding assumptions was presented to the Board on 30 June 2020. Based on current planning assumptions, IJB resources are currently estimated to increase by £6.9 million over the three year period to 2022/23. As funding and cost implications linked to COVID-19 become clearer over the coming months, it is intended that the IJB medium term financial plan will be updated later in 2020/21.

Best Value

The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As a Section 106 body under the 2003 Act, Integration Joint Boards have the same statutory duty to secure best value.

The statutory duties of the 2003 Act are:

- The duty of Best Value, being to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and in making those arrangements and securing the balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development;
- The duty to achieve break-even in trading accounts subject to mandatory disclosure
- The duty to observe proper accounting practices
- The duty to make arrangements for the reporting to the public of the outcome of the performance of functions

The above duties apply to the IJB other than the duty to secure a break-even in trading accounts which is not relevant to the IJB as it does not have trading accounts.

Best Value Framework and Compliance

A Best Value Framework was agreed by the Audit, Risk and Governance Committee on 12 September 2018 and approved by the Board on 24 September 2018.

Taking account of all the relevant factors including Legislation, Ministerial Guidance and Audit Scotland Guidance, the agreed area relevant in assessing the achievement of best value for the IJB are shown below.

- Management of Resources
- Effective Leadership and Strategic Direction
- Performance Management
- Joint Working with Partners
- Service Review / Continuous Improvement

It was agreed for each of these areas there would be an annual assessment of how the IJB has demonstrated best value in the delivery of delegated functions. This is achieved through an Annual Statement of Compliance produced by the Chief Finance Officer, considered by the IJB senior management team and reported to the IJB Audit, Risk and Governance Committee for consideration. The Annual Statement of Compliance is used to inform the Governance Statement within the annual accounts and the Annual Performance Report. The 2019/20 [Best Value Annual Statement of Compliance](#) can be accessed from the link.

Inspection and Regulation of Services

The annual performance report requires Integration Joint Boards to report on inspections by: Healthcare Improvement Scotland, Social Care and Social Work Improvement Scotland (The Care Inspectorate), Audit Scotland, Accounts Commission and the Scottish Housing Regulator which relate to delegated functions.

Inspections by the Care Inspectorate

The Care Inspectorate grades services as part of fulfilling its' duty under section 4(1) of the Regulation of Care (Scotland) Act 2001 and publishes inspection reports to provide information to the public about the quality of care services. Full inspection reports for all services can be accessed via the Care Inspectorate's website <http://www.careinspectorate.com>

Services Inspected During 2019/20

Not all services are inspected by the Care Inspectorate annually. The services inspected in West Lothian in 2018/19 were:

- Limecroft Care Home
- Whitdale Care Home
- Housing with Care Service

Requirements, recommendations and improvements were made as follows following those inspections:

- Limecroft Care Home – one requirement in relation to medication administration and 2 recommendations in relation to residents' participation in activities and the recording of healthcare needs

Improvement plans were put in place for all requirements, recommendations and areas of improvement identified.

Other Scrutiny Bodies

There were no other inspections carried out during the year by the other scrutiny bodies listed.

Joint Strategic Inspection

The Care Inspectorate and Healthcare Improvement Scotland undertook a joint strategic inspection of the IJB functions of the West Lothian Health and Social Care Partnership which involved onsite scrutiny during January and February 2020. The focus of the inspection was on how well the partnership had:



A report on the inspection was due to have been published in early June 2020 with graded evaluations of the areas inspected and feedback. Unfortunately the COVID-19 pandemic meant that inspection activity by the Care Inspectorate and Healthcare Improvement Scotland had to be suspended and the report of the inspection had not been received at the time of publication of approval of the annual performance report by the IJB.

Significant Decisions and Directions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service out with the context of the Strategic Plan.

Decisions made by the Integration Joint Board during the year 2019/20 are set out in the IJB's papers which are hosted on West Lothian Council's website.

Towards the end of the reporting year 2019/2020, the West Lothian Health and Social Care Partnership required to respond to the COVID-19 pandemic which meant making a range of adjustments to the operation of services across the partnership during March 2020 and beyond. Those decisions will be reviewed by the Board in the course of the reporting year 2020/21 and adjustments made to the IJB's Strategic plan where this is considered necessary.

The Board issued four overarching Directions during 2019/20 to NHS Lothian and West Lothian Council. Additional strategic Directions were developed during 2019/20 to reflect strategic decisions made by the IJB and held with IJB papers hosted on the West Lothian Council website.

Key Priorities for 2020/21



ⁱ The Scottish Government – Strategic Commissioning Plans Guidance, 2015

Appendix 2

Summary of Core Suite of Integration Indicators for West Lothian

The table below provides a summary of performance against the core suite of integration indicators and is compared with the Scottish position. The summary uses the latest published data available. For indicators 11 to 20, data is used for calendar year 2019* as financial year data is not yet finalised across Scotland. The IJB will be updated with 2019/20 data as soon as it becomes available.

Indicator		2015/16		2017/18		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	94%	95%	92%	93%	↓	↓
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	88%	83%	80%	81%	↓	↓
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	79%	77%	76%	↓	↓
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	75%	76%	74%	↓	↓
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	82%	81%	84%	80%	↑	↓
NI - 6	Percentage of people with positive experience of the care provided by their GP	78%	85%	75%	83%	↓	↓
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	82%	83%	82%	80%	→	↓
NI - 8	Total combined % of carers who feel supported to continue in their caring role	36%	40%	42%	37%	↑	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	87%	83%	85%	83%	↓	→

Indicator		2017/18		2018/19		2019*		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 11	Premature mortality rate per 100,000 persons (calendar year)	410 (2017)	425 (2017)	434 (2018)	432 (2018)	N/A	N/A	↑	↑
NI - 12	Rate of emergency admissions for adults (per 100,000 population)	-	-	11,908	12,275	12,387	12,602	↑	↑
NI - 13	Rate of emergency bed days for adults (per 100,000 population)	-	-	106,474	120,177	95,955	117,478	↓	↓
NI - 14	Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	-	-	110	103	112	104	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	-	-	88%	88%	89%	89%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	-	-	19.5	22.5	19.8	22.7	↑	↑
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	-	-	85%	82%	81% (2019/20)	82% (2019/20)	↓	→
NI - 18	Percentage of adults with intensive care needs receiving care at home (Calendar Year)	66% (2017)	61% (2017)	69% (2018)	62% (2018)	N/A	N/A	↑	↑
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	-	-	1,214	793	964 (2019/20)	793 (2019/20)	↓	↓
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-	-	22%	24%	21%	23%	↓	↓

Key



Percentage / rate has decreased. Performance has also decreased



Percentage / rate has increased. Performance has worsened



Percentage / rate has increased. Performance has improved



Percentage / rate has decreased. Performance has improved



Percentage / rate has remained the same. Performance is unchanged

Summary of West Lothian Performance Indicators

Wellbeing Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults able to look after their health very well or quite well	94%	N/A	92%	N/A	N/A	↓
Rate of emergency admissions for adults (per 100,000 population)	11861	11994	11702	11908	12387	↑

Wellbeing Outcome 2: People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Rate of emergency bed days for adults (per 100,000)	98960	105825	106429	106474	95955	↓
Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	101	109	104	110	112	↑
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	485	822	1139	1214	964	↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑
Percentage of adults with intensive care needs receiving care at home	70%	65%	66%	69%	N/A	↑
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of people aged over 75 who live in their own home	92%	92%	92%	92%	N/A	→

Wellbeing Outcome 3: People who use health & social care services have positive experiences of those services, and have their dignity respected

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	81%	N/A	77%	N/A	N/A	↓
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	N/A	76%	N/A	N/A	↓
NI-6 Percentage of people with a positive experience of the care provided by their GP practice	78%	N/A	75%	N/A	N/A	↓
Percentage of people who feel they are listened to	87%	N/A	89%	N/A	N/A	↑
Percentage of people who feel they are treated with compassion and understanding	93%	N/A	91%	N/A	N/A	↓

Wellbeing Outcome 4: Health & social care services are centred on helping to maintain or improve the quality of life of people who use those services

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	N/A	82%	N/A	N/A	→
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	83%	87%	85%	81%	↓

Wellbeing Outcome 5: Health & social care services contribute to reducing health inequalities

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Premature mortality rate per 100,000 persons (calendar year)	402	411	410	434	N/A	↑
Male life expectancy at birth	78.3	78.3	78.1	77.8	N/A	↓
Female life expectancy at birth	80.5	80.8	80.8	81.0	N/A	↑

Wellbeing Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Total combined % carers who feel supported to continue in their caring role	36%	N/A	42%	N/A	N/A	↑
Percentage of carers who feel they have a good balance between caring and other things in their life	65%	N/A	64%	N/A	N/A	↓
Percentage of carers who had a say in services provided for the person they look after	50%	N/A	50%	N/A	N/A	→
Percentage of adults who agreed local services are well coordinated for the person they look after	47%	N/A	45%	N/A	N/A	↓

Wellbeing Outcome 7: People who use health and social care services are safe from harm

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agreed they felt safe	87%	N/A	85%	N/A	N/A	↓
Falls rate per 1,000 population aged 65+	19.1	20.3	20.1	19.5	19.8	↑
Number of households receiving telecare	N/A	4360	4380	3708	3703	→
Number of new telecare installations	N/A	780	757	469	561	↓

Wellbeing Outcome 8: People who work in health & social care services feel engaged with the work they do and are supported to continuously improve information, support, care and treatment they provide

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of staff who consider themselves to be well informed		80%	80%	80%	82%	↑
Percentage of staff who say they are appropriately trained and developed		75%	76%	78%	78%	→
Percentage of staff who say they are involved in decision making		72%	73%	72%	74%	↑
Percentage of staff who consider they are treated fairly and consistently with dignity and respect		78%	79%	79%	80%	↑
Percentage of staff who say they are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community		77%	79%	78%	80%	↑

Wellbeing Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	21%	22%	22%	21%	↓
Proportion of last 6 months of life spent in a large hospital (need clarification on this)	8.5%	8.7%	8.5%	9.3%		↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑