



Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

31 January 2020

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Thursday 6 February 2020** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minutes of Meeting of Health and Care Policy Development and Scrutiny Panel held on Thursday 19 December 2019 (herewith)
5. Strategic Commissioning Plans for Mental Health, Older People, Physical Disability and Learning Disability Services - Report and Presentation by Head of Social Policy (herewith)
6. National Adult Social Care Recruitment Campaign - Report by Head of Social Policy (herewith)
7. West Lothian Integration Joint Board - Report by Depute Chief Executive (herewith)
8. NHS Lothian Board - Report by Depute Chief Executive (herewith)

DATA LABEL: Public

9. Workplan (herewith)

NOTE **For further information please contact Anastasia Dragona on tel. no. 01506 281601 or email anastasia.dragona@westlothian.gov.uk**

CODE OF CONDUCT AND DECLARATIONS OF INTEREST

This form is to help members. It is not a substitute for declaring interests at the meeting.

Members should look at every item and consider if they have an interest. If members have an interest they must consider if they have to declare it. If members declare an interest they must consider if they have to withdraw.

NAME	MEETING	DATE

AGENDA ITEM NO.	FINANCIAL (F) OR NON- FINANCIAL INTEREST (NF)	DETAIL ON THE REASON FOR YOUR DECLARATION (e.g. I am Chairperson of the Association)	REMAIN OR WITHDRAW

The objective test is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a councillor.

Other key terminology appears on the reverse.

If you require assistance, please ask as early as possible. Contact Julie Whitelaw, Monitoring Officer, 01506 281626, julie.whitelaw@westlothian.gov.uk, James Millar, Governance Manager, 01506 281695, james.millar@westlothian.gov.uk, Carol Johnston, Chief Solicitor, 01506 281626, carol.johnston@westlothian.gov.uk, Committee Services Team, 01506 281604, 01506 281621, committee.services@westlothian.gov.uk

SUMMARY OF KEY TERMINOLOGY FROM REVISED CODE

The objective test

“...whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a councillor”

The General Exclusions

- As a council tax payer or rate payer or in relation to the council's public services which are offered to the public generally, as a recipient or non-recipient of those services
- In relation to setting the council tax.
- In relation to matters affecting councillors' remuneration, allowances, expenses, support services and pension.
- As a council house tenant, unless the matter is solely or mainly about your own tenancy, or you are in arrears of rent.

Particular Dispensations

- As a member of an outside body, either appointed by the council or later approved by the council
- Specific dispensation granted by Standards Commission
- Applies to positions on certain other public bodies (IJB, SEStran, City Region Deal)
- Allows participation, usually requires declaration but not always
- Does not apply to quasi-judicial or regulatory business

The Specific Exclusions

- As a member of an outside body, either appointed by the council or later approved by the council
- The position must be registered by you
- Not all outside bodies are covered and you should take advice if you are in any doubt.
- Allows participation, always requires declaration
- Does not apply to quasi-judicial or regulatory business

Categories of “other persons” for financial and non-financial interests of other people

- Spouse, a civil partner or a cohabitee
- Close relative, close friend or close associate
- Employer or a partner in a firm
- A body (or subsidiary or parent of a body) in which you are a remunerated member or director
- Someone from whom you have received a registrable gift or registrable hospitality
- Someone from whom you have received registrable election expenses

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE , on 19 DECEMBER 2019.

Present – Councillors Harry Cartmill (Chair), Tom Conn, David Dodds, George Paul, and Damian Timson

Apologies – Councillors Janet Campbell, Charles Kennedy and Dave King (substituted by Tom Conn)

In attendance – Ian Buchanan, Senior People's Forum

1. DECLARATIONS OF INTEREST

Ian Buchanan declared an interest in Agenda Item 5 as he was a member of the Healthcare Improvement Scotland's Strategic Stakeholder Advisory Group.

2. MINUTE

The Panel confirmed the Minute of its meeting held on 10 October 2019 as a correct record subject to noting that Councillor King had been recorded as present twice in the sederunt. The Minute was thereafter signed by the Chair.

3. JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING

The Panel considered a report (copies of which had been circulated) by the Chief Officer advising that a joint inspection would be undertaken by the Care Inspectorate and Healthcare Improvement Scotland commencing 20 January 2020 on the effectiveness of strategic planning for adult services within the Health and Social Care Partnership.

The report recommended that the Health and Care PDSP -

1. Note that there would be a joint inspection on the effectiveness of strategic planning within the West Lothian partnership commencing on 20 January 2020.
2. Note submission of a position statement of evidence in line with the Quality Framework to the inspection team on 10 December 2019.

Decision

To note the contents of the report.

4. PRIMARY CARE IMPROVEMENT PLAN

The Panel considered a report (copies of which had been circulated) by

the Head of Health providing an update on the implementation of the Primary Care Improvement Plan (PCIP).

The Chair raised the impact of new housing developments on GP practices. The Chief Officer advised that whilst provision of medical services was not a material planning consideration, he had recently met with the Head of Planning, Economic Development and Regeneration to discuss the difficulties and options were being explored to establish whether supplementary planning guidance could be developed. Ian Buchanan indicated he would be happy to generate support from community councils for supplementary guidance as they had been pressing the Scottish Government on the issue for a number of years.

The report recommended that the Health and Care PDSP:-

- I. Note the contents of the report; and
- II. Support efforts by the HSCP to maintain GP service provision for West Lothian patients.

Decision

To note the terms of the report.

5. WEST LOTHIAN INTEGRATION JOINT BOARD

A report had been circulated by the Depute Chief Executive to which was attached the minutes of the meeting of the West Lothian Integration Joint Board held on 10 September 2019.

The report recommended that the panel note the terms of the minutes of West Lothian Integration Joint Board dated 10th September 2019.

Decision

To note the terms of the report and minutes.

6. NHS LOTHIAN BOARD

A report had been circulated by the Depute Chief Executive to which was attached the minutes of the NHS Lothian Board meeting held on 2nd October 2019.

The report recommended that the panel note the terms of the minutes of NHS Lothian Board dated 2nd October 2019.

Decision

To note the terms of the report and content of the minute.

7. 2019/20 FINANCIAL PERFORMANCE – MONTH 6 MONITORING

REPORT

The Panel considered a report (copies of which had been circulated) by the Head of Finance and Property Services providing an update on the financial performance of the Social Policy portfolio.

The report recommended that the Health and Care PDSP;

- a. Notes the financial performance of the Social Policy portfolio as at month 6;
- b. Notes that the Social Policy portfolio position at month 6 was part of the overall council budget position reported to Council Executive on 12 November 2019; and
- c. Notes any actions required to be taken by the Head of Service and budget holders to manage spend within available resources.

In response to a question, the Chief Officer agreed to provide Panel members with a breakdown on the budget underspends reported in Mental Health and Learning Disabilities.

Decision

To note the terms of the report.

8. WORKPLAN

A copy of the workplan for the Health and Care Policy Development and Scrutiny Panel was circulated.

Decision

To note the contents of the workplan



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

STRATEGIC COMMISSIONING PLANS FOR MENTAL HEALTH, OLDER PEOPLE, PHYSICAL DISABILITY AND LEARNING DISABILITY SERVICES

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To present the Health and Care PDSP with strategic commissioning plans for mental health, older people, physical disability and learning disability services in West Lothian for information.

B. RECOMMENDATION

To note the completed strategic commissioning plans for mental health, older people, physical disability and learning disability services as detailed in Appendices 1 to 4.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs
	Being honest, open and accountable
	Working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Public Bodies Joint Working (Joint Working) (Scotland) Act 2014
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Working in partnership.
V Relevance to Single Outcome Agreement	People most at risk are protected and supported to achieve improved life chances
	Older people are able to live independently in the community with an improved quality of life
	We live longer, healthier lives and have reduced health inequalities
	We live in resilient, cohesive and safe communities

VI Resources - (Financial, Staffing and Property)	None.
VII Consideration at PDSP	Note previous update report delivered to Health and Care PDSP on 10 October 2019.
VIII Other consultations	Consultation is detailed in the Attached engagement paper (Appendix 5).

D. TERMS OF REPORT

Background

The Integration Joint Board approved a revised Strategic Plan for the period 2019 -2023 at its meeting on 23rd April 2019. The plan details how high level outcomes are to be achieved through a process of strategic commissioning and includes a commitment to developing a series of care group commissioning plans. This report relates to the development of plans for mental health, older people, physical disability and learning disability services in West Lothian.

The IJB also approved a revised planning and commissioning structure (Appendix 9) to lead the development of the strategic commissioning plans working under the direction of the IJB's Strategic Planning Group. The commissioning plans covered in the report have been developed through the revised structure.

Developing the New Commissioning Plans

In developing the new commissioning plans, the Institute of Public Care's commissioning model, 'analyse, plan, do and review', was adopted.

In 2016, the IJB approved strategic commissioning plans for the care groups covered in this report. The previous plans were based on a large scale, comprehensive needs assessment carried out by independent consultants to identify key commissioning priorities. Those needs assessments were still considered to be relevant in the context of the IJB's refreshed Strategic Plan and the development of the new commissioning plans.

The development of the new plans began with a review of progress against the priorities identified in the 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 to the commissioning plan review, data relevant to each of the plans was refreshed and considered alongside national and local policy developments.

A crucial part of updating the needs assessments for the new plans was extensive consultation and engagement with service users, key stakeholders and staff. The aim of the engagement was to get feedback on what was working well and to gather suggestions on areas for future development. A wide range of engagement activities took place from August through to mid-November 2019 across all four plans to seek views directly from service users, carers and families, staff, service providers and other stakeholders. Engagement activity was tailored to each care group and involved commissioning leads attending network groups, face to face meetings and workshops.

Two public engagements events were held covering all the commissioning plans. Information about the public events was circulated widely within networks, posted on West Lothian Council's social media pages and shared with service providers, community centres, contacts and projects throughout West Lothian. The events were held in the afternoon of 8 October 2019 in Howden Park Centre and in the evening of 10 October 2019 in Bathgate Academy, with a total of 44 people attending. Consultation also took place with all representatives of the IJB's Strategic Planning Group.

Feedback from the consultation and engagement (Appendix 10) was considered alongside the review of the 2016 plans, refreshed data and national and local development to identify emerging themes. Those emerging themes were in turn translated into actions plans to support the new commissioning plans for the period 2019 to 2023. The actions plans include:

- A descriptions of the action required
- Details of relevant National Health and Wellbeing Outcomes
- Relevance to the IJB's strategic priorities
- Progress and performance measures
- Timescales
- Lead Officers

Whilst specific themes emerged for each of the plans, there were some common themes across all care groups. Those themes included: support for carers, development of technology enabled care, housing, access to information and ensuring choice through Self-directed Support.

The plans were approved at the West Lothian IJB meeting on 21st January 2020.

Financial Framework

The IJB's Strategic Plan sets out the resources available for delivery of the Board's strategic intentions. The care group commissioning plans identify at a high level the total resources available for the delivery of services. Going forward, decisions will be made on investment and disinvestment of services as the commissioning plans progress. Budgets will be linked clearly to transformational change programmes and project plans.

Next Steps

A performance management framework will be developed to underpin each strategic commissioning plan. The performance framework will provide a mechanism for measuring progress and impact in relation to each of the priorities outlined.

Planning and Commissioning Boards meet at least six times per year and report to the IJB's Strategic Planning Group. Implementation and progress of the plans will be monitored by the boards and the Strategic Planning Group. It is proposed that formal updates on progress be submitted to the Integration Joint Board every 6 months.

There is a need for each of the strategic commissioning plans to be aligned to the IJB's Workforce Development Strategy. The next phase will involve each of the plans being reviewed by the Workforce Development Planning Group to ensure that future workforce plans are aligned to strategic priorities and new models of care and support as they develop.

Strategic commissioning plans for palliative care and substance misuse are currently in development and will be presented at a future meeting of the IJB.

CONSULTATION

Stakeholder engagement as described in the terms of the report and detailed at Appendix 5.

CONCLUSION

Strategic commissioning plans for mental health, older people, physical disability and learning disability services in West Lothian have been developed in response to direction from the West Lothian IJB. Health and Care PDSP to note the contents of the Commissioning plans that were approved by the IJB on 21st January 2020.

F. BACKGROUND REFERENCES

Appendices/Attachments:

Appendix 1 – Strategic Commissioning Plan – Mental Health

Appendix 2 – Strategic Commissioning Plan – Older People

Appendix 3 – Strategic Commissioning Plan – Physical Disabilities

Appendix 4 – Strategic Commissioning Plan – Learning Disabilities

Appendix 5 – Commissioning Plans Engagement Feedback

Contact Person: Yvonne Lawton,
Head of Strategic Planning and Performance,
West Lothian Integration Joint Board.
yvonne.lawton@nhslothian.scot.nhs.uk
Tel: 01506 283949

CMT Member: Jo MacPherson

Date: 6th February 2020

Strategic Commissioning Plan Mental Health Services

2019-2023

"Increasing wellbeing and reducing health inequalities across all communities in West Lothian"

Contents

1. Introduction	3
2. Our Approach	4
3. Previous Commissioning Plan - Priorities and Key Results	8
4. West Lothian Context	12
5. Developing the Strategic Commissioning Plan for 2019 -2023	17
6. Consultation and Engagement	18
7. Our Strategic Priorities	20
8. Finance	23
9. Next Steps	24
10. Monitoring and Review	32
Appendix 1 - Details	33
Appendix 2 - 2016 Needs Assessment	34
Appendix 3 - National Health and Wellbeing Outcomes	36
Appendix 4 - Links	37

1. Introduction

In West Lothian we believe in providing supports and services that allow our citizens to live well. The Mental Health Commissioning Plan sets out how the West Lothian Health and Social Care Partnership aims to improve the way in which health and social care services are delivered to people within our population who need mental health care and support.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. As a result of this we have published the [West Lothian Integration Joint Board Strategic Plan 2019-23](#) setting out both our aims and strategic priorities to achieve this ambitious goal. The vision of the plan is:

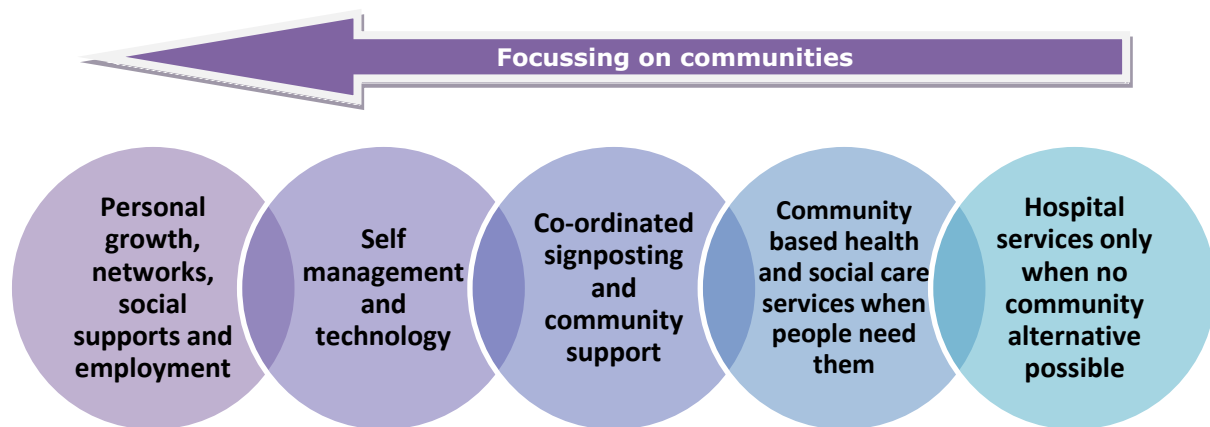
"To increase wellbeing and reduce health inequalities across all communities in West Lothian"

By working to the values of both West Lothian Council and NHS Lothian, The Integration Joint Board (IJB) has developed a set of values that will underpin the future commissioning of the services outlined in this plan.



2. Our Approach

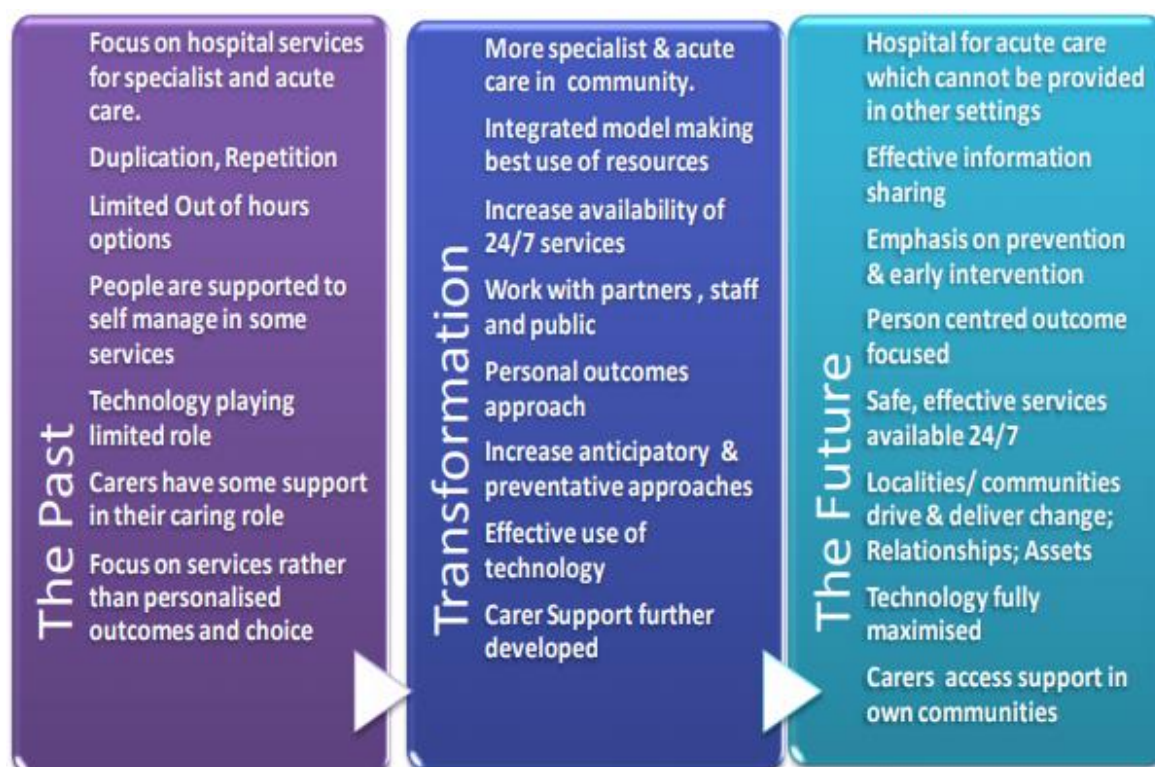
We have adopted a whole system approach to reviewing and developing mental health commissioning for adults in West Lothian. This means that we are thinking about how we invest our resources in hospital, community health and social care services in the future, recognising that in many instances services are best when they are delivered locally. We are working on the principle of offering health and care services in community settings unless there is a very good reason not to. We are focussing on how we shift the balance of care towards delivery of care and support at the right time in local communities.



Significant transformational change takes time and we recognise that it may take longer than the span of this plan to achieve all the changes we need. This plan, however, builds on previous work and provides a firm foundation for developing mental health services for adults in West Lothian over the next four years.

We need to think carefully about how we manage our financial resources and our workforce to deliver new ways of working. It will be necessary to invest in some services and disinvest in others as our plans develop. We also need to build a sustainable workforce to address some of the workforce challenges we face, and to deliver the changes we need. We will ensure that we focus on maximising opportunities for integrated and partnership working.

The vision for transformational change in Health and Social Care in West Lothian is described in more detail below:

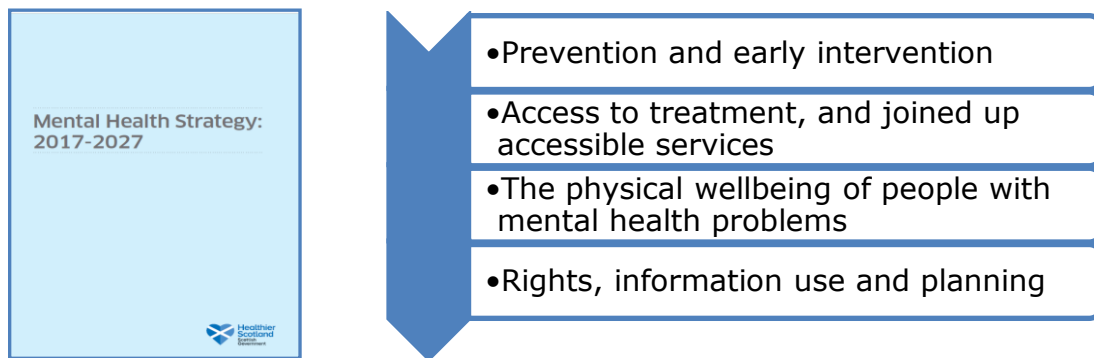


Engagement with local communities provides a key mechanism for ensuring that services are planned and led in a local way. Development of the commissioning plan for mental health services has involved both targeted and open consultation with service users, carers, families, service providers from the third and independent sectors and staff from across the West Lothian Health and Social Care Partnership (WLHSCP). The consultation and engagement undertaken has allowed the WLHSCP to identify what matters most to those directly affected by the commissioning of existing and new services in West Lothian.

We know that the mental health needs of the West Lothian population are growing. We also know, however, that with the right approach, many mental health problems can be prevented and that almost all can be treated to enable people to recover or to manage their conditions and go on and lead fulfilling lives.

In March 2017, the Scottish Government published the Mental Health Strategy 2017 to 2027 which contained the guiding ambition “that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”.

The strategy focuses on improving:



Our approach in West Lothian draws on the priorities outlined in the Mental Health Strategy and puts prevention and early intervention and the heart of service development.

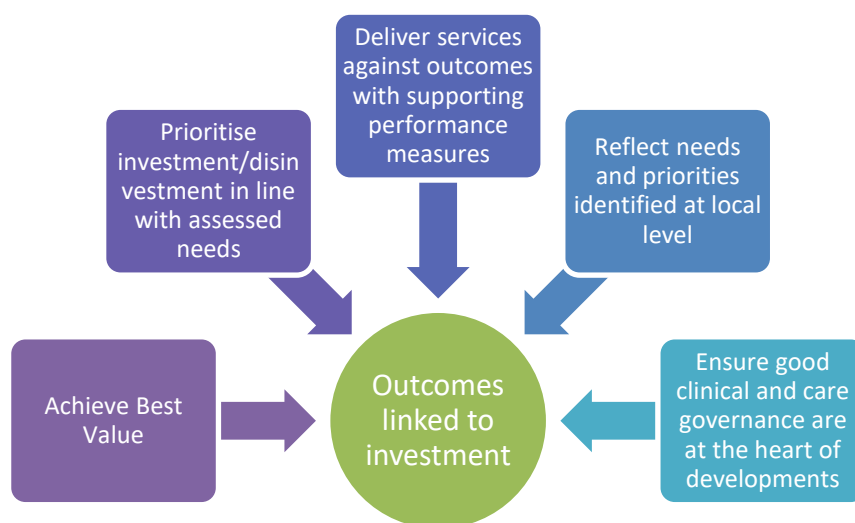
The Scottish Government published Health and Social Care Standards: My Support, My Life in June 2017. The new Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld. The development of our services will be based on the following underpinning principles:



The development of services and supports for people with dementia and their families and carers is being taken forward in the commissioning plan for older people but the overlap with the mental health commissioning plan is acknowledged. In addition, the learning disability commissioning plan will include some priorities for the development of services for people with complex needs associated with Autism Spectrum Disorder.

The development of new West Lothian Commissioning Plan for Mental Health Services has been overseen by the Integration Joint Board's

Strategic Planning Group and the Mental Health Planning and Commissioning Board. The commissioning plan aims to:



Climate Change

West Lothian Integration Joint Board acknowledges its position of responsibility in relation to tackling climate change in West Lothian.

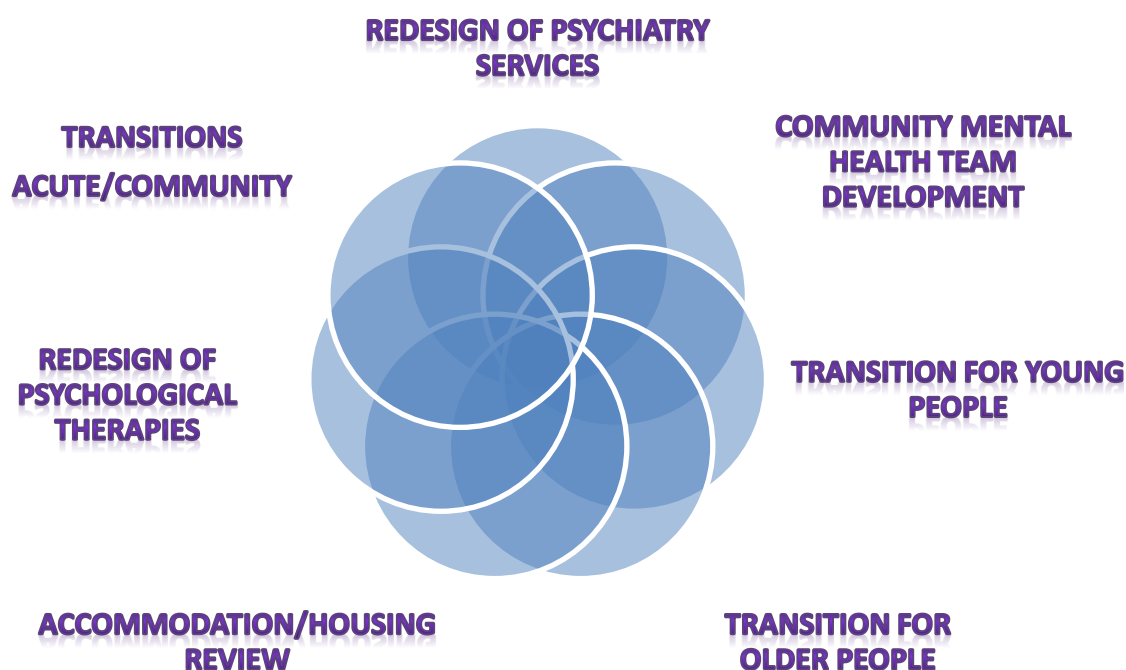
Organisations have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper or emissions produced from vehicles and machinery, or simply disposing of waste materials in an environmentally conscious manner.

West Lothian IJB commits to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in West Lothian wherever possible, through its strategic aims and decision-making processes.

3. Previous Commissioning Plan - Priorities and Key Results

In 2016, independent specialists in research were commissioned by the WLHSCP to develop a comprehensive [needs assessment](#) upon which the 2016/17-2018/19 commissioning plan for mental health services was based. The principles and key measures identified in that research continue to provide the basis for our new commissioning plan; however, the priorities identified have been updated to take account of the current position in West Lothian and the themes emerging from recent consultation and engagement.

The main priorities for development identified in the previous plan were:



The needs assessment also recommended expansion of community based services which focused on early intervention for people in distress. In addition, the report recommended enhancement of local provision through further development of relationships with the third sector. Around the same time, General Practitioners identified mental health as a key area where additional support could be provided, with few options available locally to support people with mild to moderate mental health problems and long waiting times for some services.

Community Based Provision and Early Intervention

In response to the need for community based services and focus on early intervention, community wellbeing hubs were established in Livingston and Bathgate at the end of June 2019 and offer support to adults with mild to moderate mental health problems. Services and supports are provided through a community link worker and wellbeing service with support from a multi-disciplinary team including psychologists, community psychiatric nurses and specialist occupational therapists.

Twelve community link workers were recruited from the Third Sector and are now supporting people both within the wellbeing hubs and in targeted GP practices where greatest need was identified. The service offers a range of interventions through a person-centred approach with less emphasis on medicalisation of conditions and greater focus on helping people manage their symptoms and improving wellbeing. The aim is for the wellbeing hubs to become the front door of mental health services in West Lothian.

Community Wellbeing Hubs	
24 June 2019 - 1st November 2019	836 people supported

Community Opportunities

During the course of the plan, community opportunities for people with long standing mental health problems were strengthened. The Brock, based in Strathbrock Partnership Centre, supports the ongoing recovery of people with long standing mental health problems through gardening projects and making garden furniture. It is now a registered charitable organisation and monies generated are reinvested in supporting people to integrate into communities. A 'mind garden' is being developed at the partnership centre which will provide a maintained space for staff and visitors to enjoy.

Redesign of Psychiatry Services

A review was completed of psychiatry staffing models. The findings resulted in a small increase in the number of psychiatrists employed and changes to roles to make them more attractive. Posts are now segmented

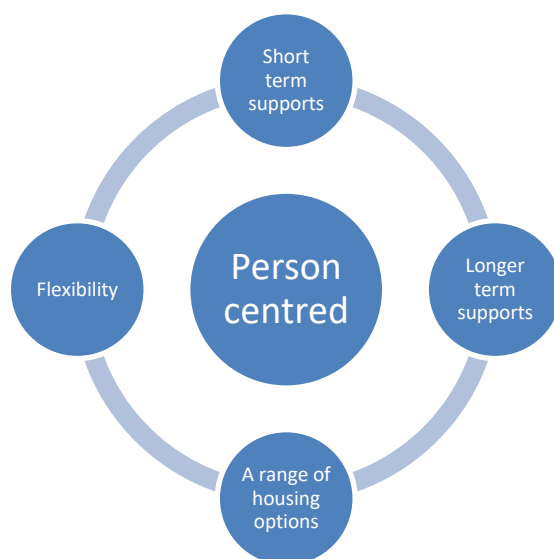
into inpatient/outpatient roles and sectors are now more manageable in line with Royal College of Psychiatry guidelines. Two new consultants were recruited and longer term cover arrangements have been maintained.

Accommodation/Housing review

We have worked on developing our understanding of the needs of people with mental health problems to inform future accommodation models. We still have work to do in this area to set out more clearly our commissioning intentions therefore this priority is carried forward to the new plan.

Although most of those who use mental health services will live independently with little or no special housing support needs, there are some people who because of their mental health and substance misuse difficulties require supports across a spectrum spanning mental health, substance misuse and housing services.

Key considerations have centred on the need for accommodation to offer:



Housing First

We have also worked with housing colleagues to develop a 'Housing First' approach. Housing First is a response for people whose homelessness is experienced alongside other severe disadvantage. While everyone's experience is different, the common threads include trauma, abuse, addictions, mental ill health and experience of local authority care and prison.

Tenancies used for Housing First are general needs mainstream tenancies and are allocated in line with landlord's existing allocations policies. The tenancy is not conditional on someone engaging with Housing First support. Support providers work to the principles of active engagement and respectful persistence and all cases remain open even when engagement is low. Local partners actively try to identify what support looks like to an individual and what they are willing to accept. In reality, most tenants engage with support in a personalised way and the removal of conditions combined with focus on choice and control enables people to find what is of most value to them as they settle into their new home.

Community Mental Health Team

The development of a Community Mental Health Team (CMHT) was identified as a key priority. A CMHT is a multidisciplinary, multi-agency team which offers specialist assessment, treatment and care to adults with mental health problems, both in their own homes and in other community settings.

During the course of the plan, a model for implementation was agreed. The team will be made up of specialist teams from each of the following areas: Psychiatry, Psychology, Occupational Therapists, Community Outreach Team, Social Workers and Community Psychiatric Nurses. The CMHT will also work closely with other specialist community mental health services such as Day Services, Rehabilitation Services and the Acute Care and Support Team (ACAST). Implementation of the service is due to happen in January 2020.

Redesign of Psychological Therapies

A single psychological therapies team was created to focus on waiting times for psychological treatment. Work was targeted at ensuring that the longest waits for treatment were addressed and that people were offered treatment in a more timely fashion. Further work requires to be done in this area to bring about sustained improvement and this priority is carried forward into the new plan.

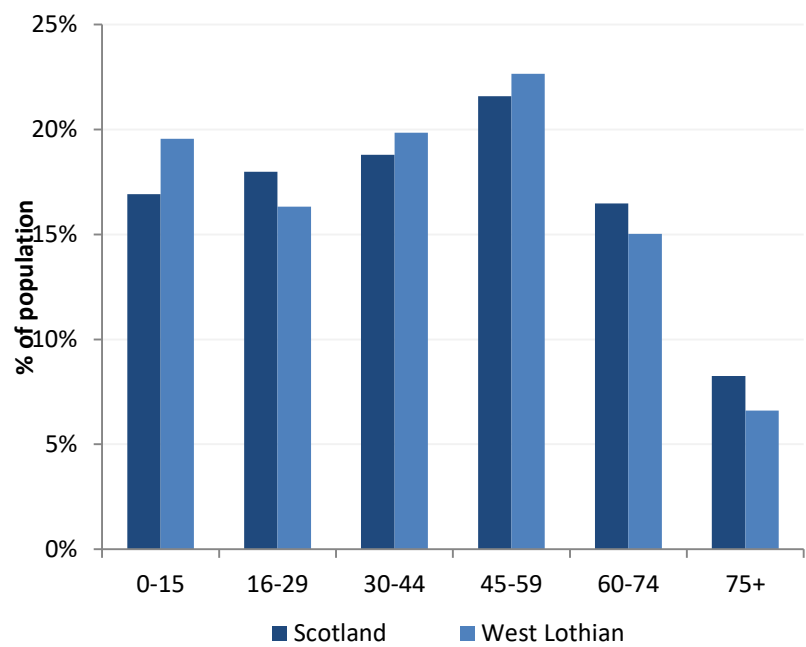
Transitions Acute/Community

The Acute Care and Support Team (ACAST) offers short-term, intensive home treatment as an alternative to in-patient care through a team of mental health nurses with input from psychiatrists. In 2018/19 a social worker and an occupational therapist were added to the ACAST team to enhance the range of supports available in the community.

4. West Lothian Context

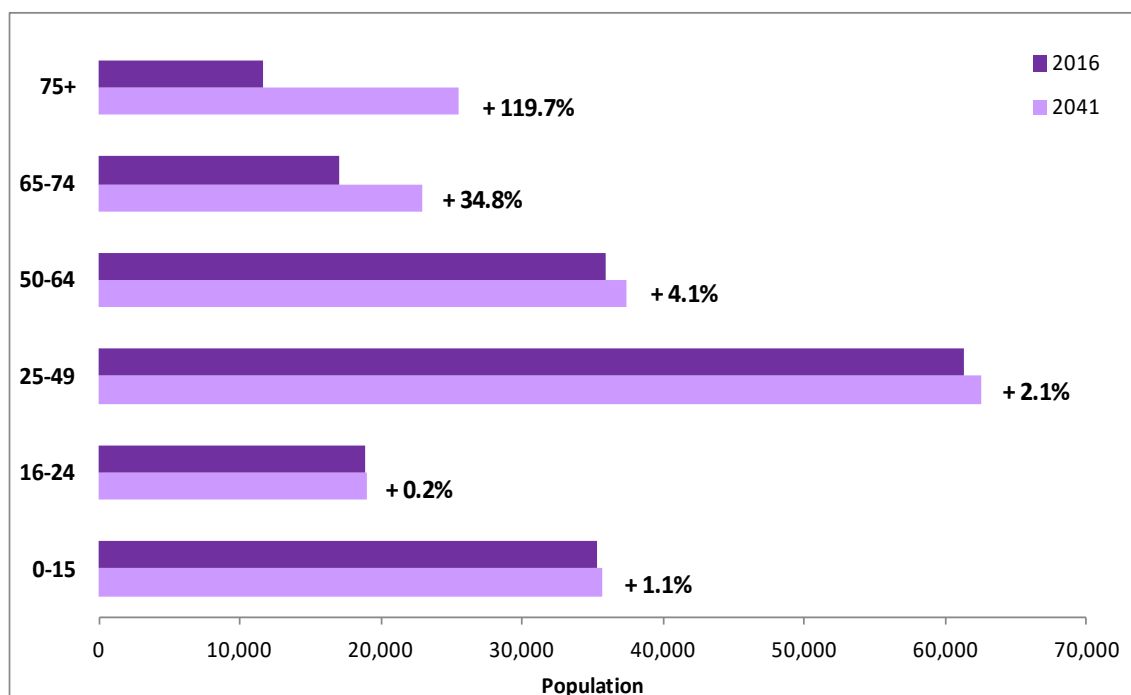
According to National Records of Scotland, the 2017 population for West Lothian was 181,310; this is a 3.5% increase of the population figures reported in 2011 Census (175,118). In relation to the comparison areas, mid-year estimates for 2017 show West Lothian has a higher population than Falkirk (160,130) and Renfrewshire (176,830), and lower than South Lanarkshire (318,170). Scotland’s overall population is also shown (5,424,800).

In terms of age, the West Lothian the West Lothian population is broken down below.

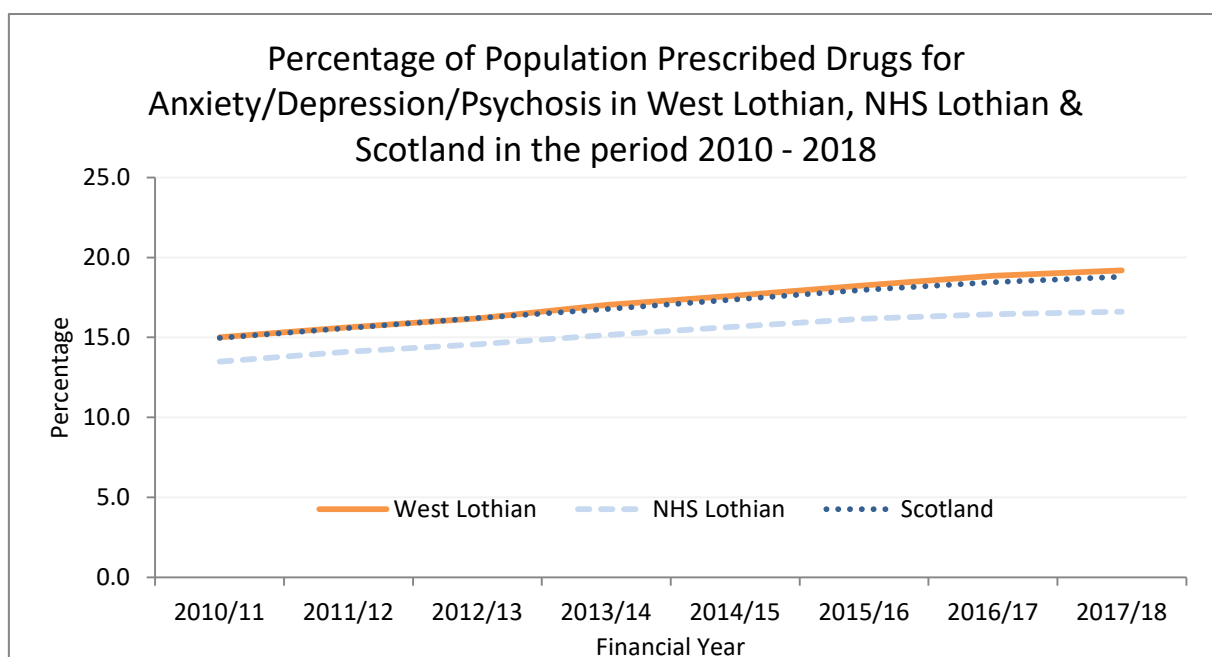


We also know that the West Lothian population is growing at a faster rate than in other areas of Scotland. By 2041, very significant growth is expected in the number of people in West Lothian who will be aged over 65 which will present challenges in how we deliver future services. We already know that we have an ageing workforce in health and social care therefore we need to think very differently about how we will ensure that care and support services are sustainable in the longer term.

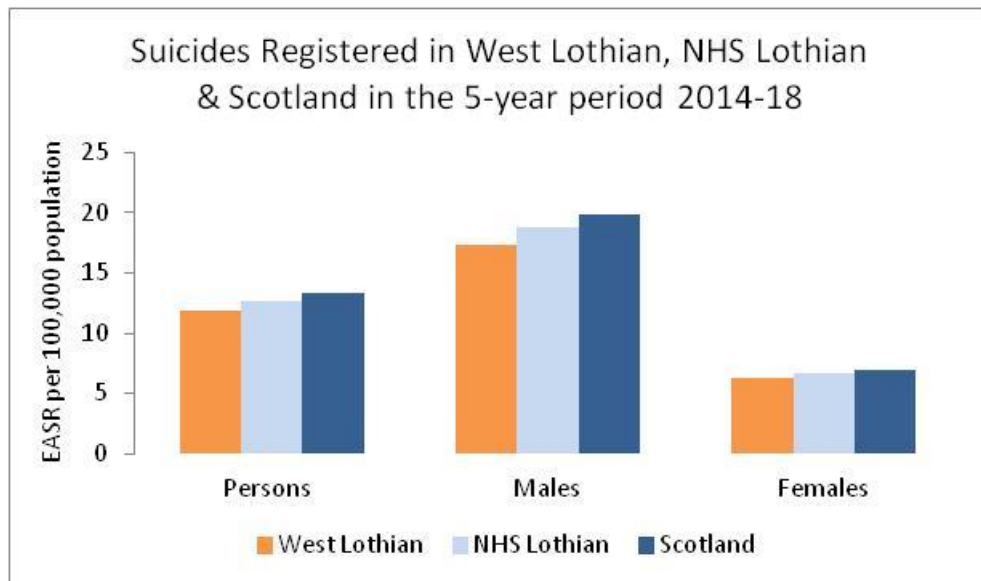
The table below shows the expected population shift in West Lothian by 2041.



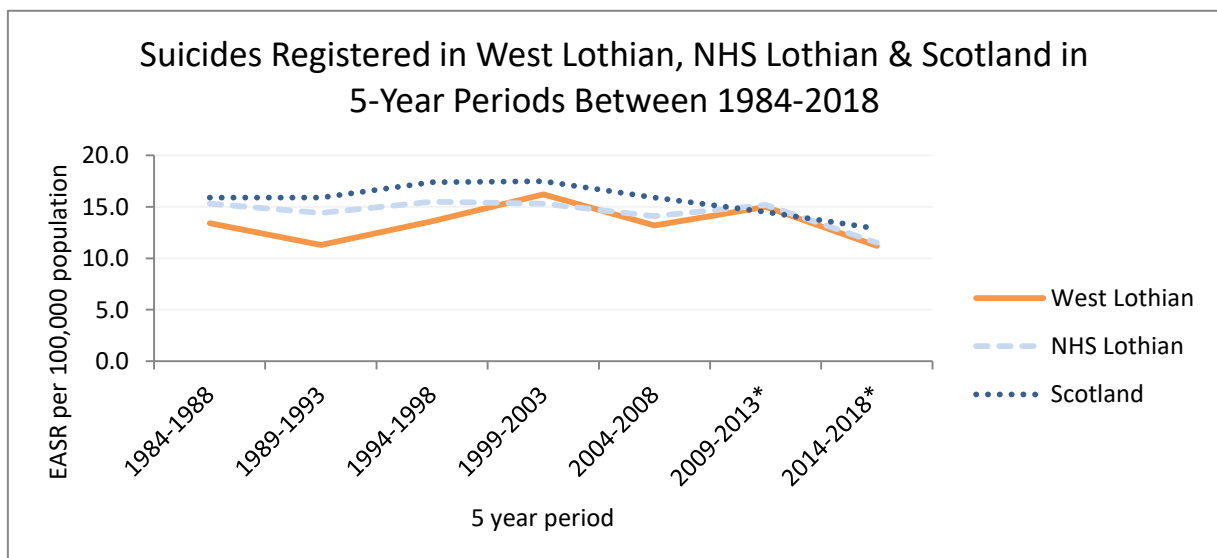
The data below provides some insight into mental health provision and performance in West Lothian.



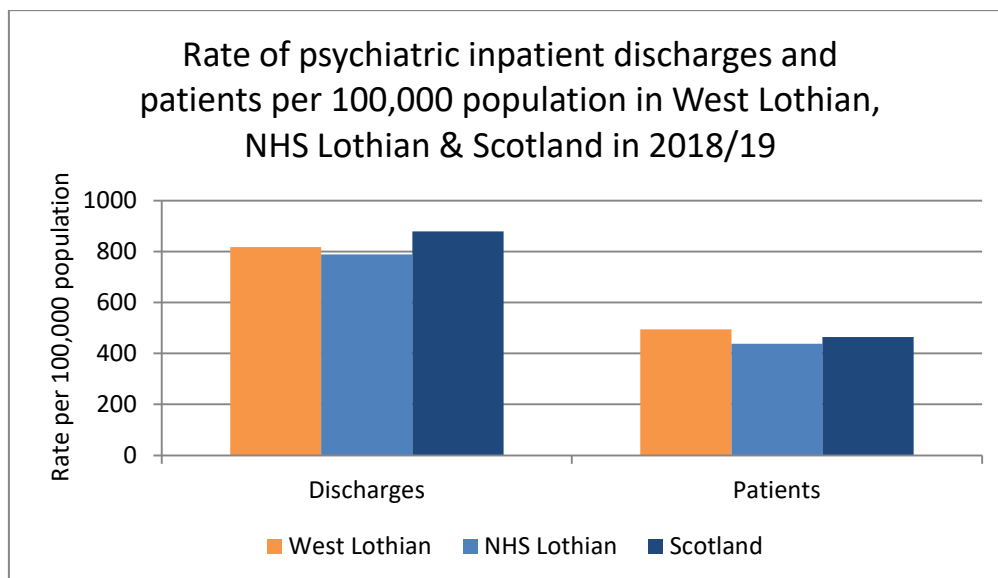
The percentage of West Lothian residents prescribed drugs for anxiety/depression/psychosis has risen steadily over the eight year period, from 15% in 2010/11 to around 19% in 2017/18. The West Lothian rates and trend are very similar to the Scotland average, but higher than the NHS Lothian position.



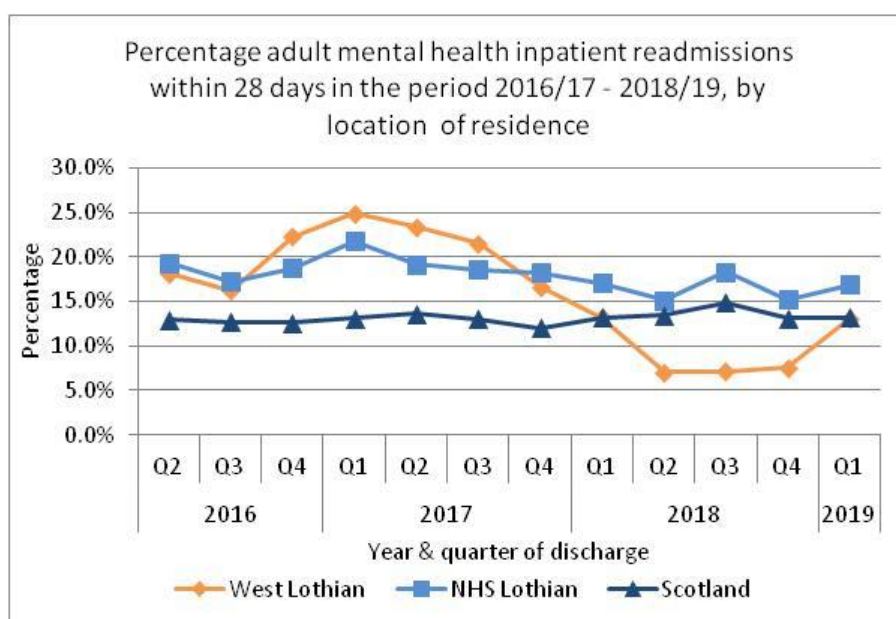
West Lothian has a lower rate of suicide than the NHS Lothian position and the national average. Male deaths by suicide are almost three times higher than for females, which is consistent with the NHS Lothian and Scotland average.

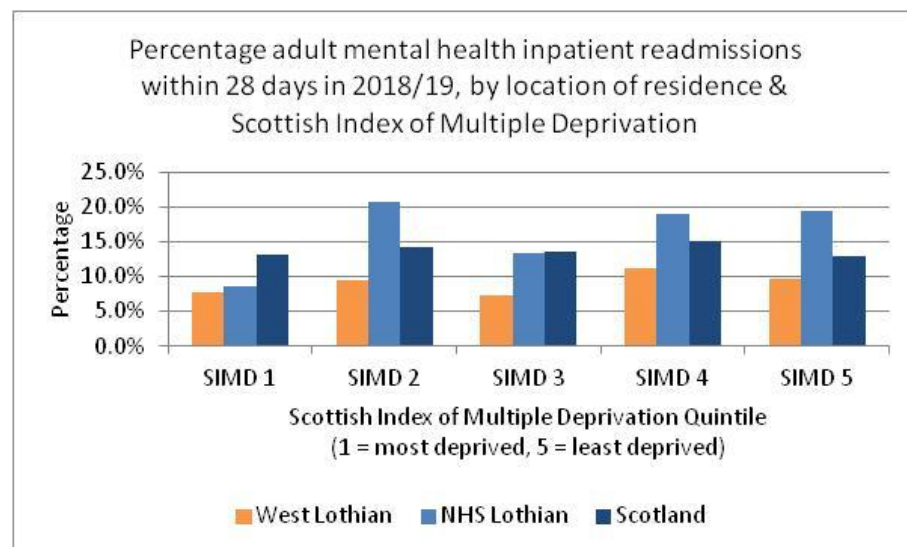
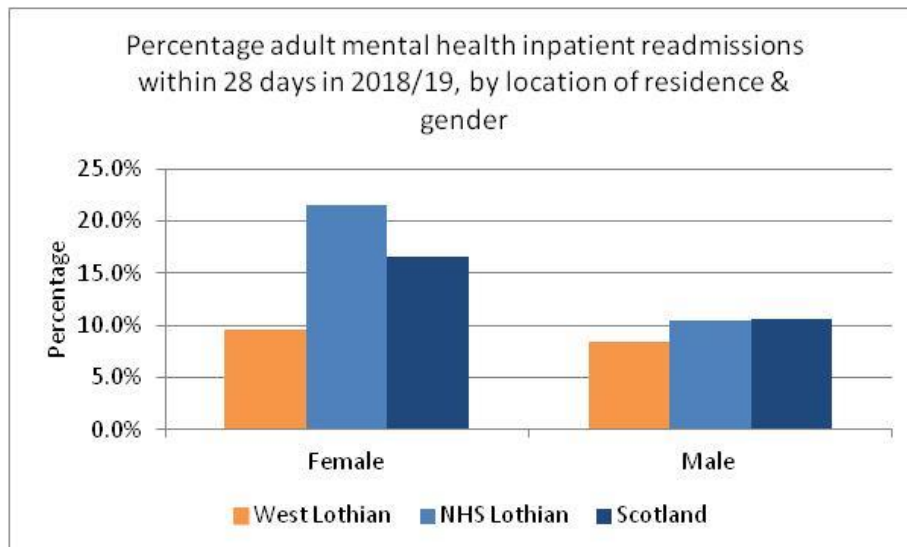


The rate of suicide in West Lothian over the 35-year period has been quite variable, most likely due to small numbers, but there has been an overall decline since the peak in 1999-2003, similar to the national trend.



In 2018/19 West Lothian had a higher rate of psychiatric inpatient discharges than NHS Lothian, but a lower rate than the national average, while West Lothian's rate of psychiatric inpatient patients was higher than both NHS Lothian and the national average.





The Scottish Government has published a range of performance indicators for mental health services in Scotland. Work is underway across Lothian to support data collection for those indicators which will in time provide more comprehensive information for future planning.

5. Developing the Strategic Commissioning Plan for 2019 -2023

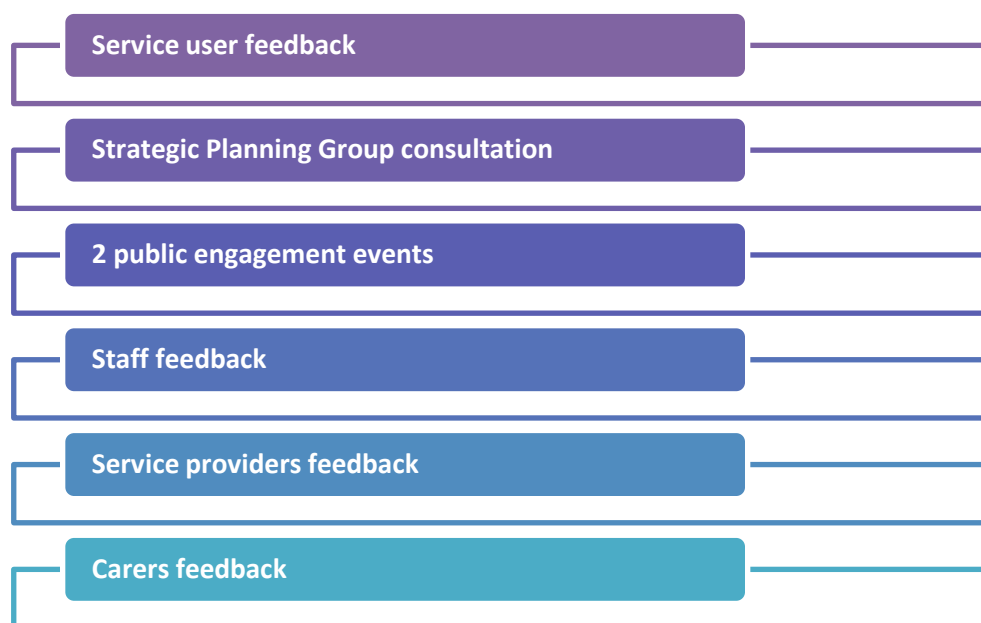
Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Commissioning is commonly described as a cycle of strategic activities similar to that shown below:



In this model, based on that developed by the Institute of Public Care (IPC), the commissioning cycle (the outer circle) drives purchasing and contracting activities (the inner circle), and these in turn inform the ongoing development of strategic commissioning. We consider commissioning to encompass all the services required to support the health and social care needs of the West Lothian population: health services in the hospital and community, social work and social care services as well as services delivered by the third and independent sectors.

6. Consultation and Engagement

The engagement process for the Mental Health Commissioning Plan comprised a range of methods including:



Engagement with staff groups across health and social care services took place where staff were asked to identify what was currently working well and suggest potential areas for development. Completed pro-formas were discussed at meetings of the Mental Health Planning and Commissioning Board where ideas were collated and refined.

There was significant staff engagement: 14 pro- formas were completed by staff groups representing adult social work, adult mental health community and inpatient, psychological therapies and older adult mental health services. Feedback in relation to people with dementia was shared with the Older People's Planning and Commissioning Board as support for people with dementia including younger onset dementia is covered within the Older People's Commissioning Plan.

Two public engagements events were held covering all of the commissioning plans: older people, people living with a learning disability, people living with physical disabilities and people living with mental health problems. Information about these events was circulated widely, posted on West Lothian Council's social media sites and circulated to mental health providers, community centres, contacts and projects throughout West Lothian. The events were on 8 October in Howden Park Centre in the afternoon and on 10 October in Bathgate Academy in the evening. 44

people attended the events and 10 people participated in the discussions about mental health. The main groups represented at the public events were from third sector service providers and staff, including General Practice staff.

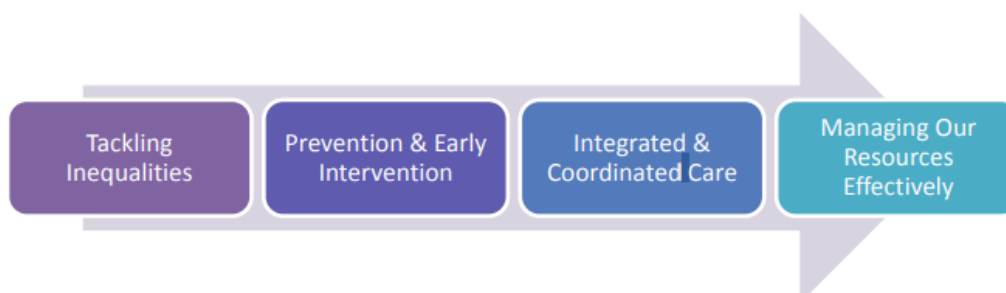
Specific service user feedback was gathered through and facilitated by the Mental Health Advocacy Project (MHAP) Community Representatives Group. The Community Representatives Group offers a supported structure for groups of service users to have their collective voices and views heard to inform planning. 7 service users contributed to the discussion at the Community Representatives meeting in October following the same structure as the engagement pro-formas: addressing what currently works well and suggesting areas for improvement.

A copy of the full feedback summary can be accessed [here](#). Feedback was analysed alongside refreshed data and expert opinion from clinicians and service providers to identify the following emerging key themes for mental health service development in West Lothian:



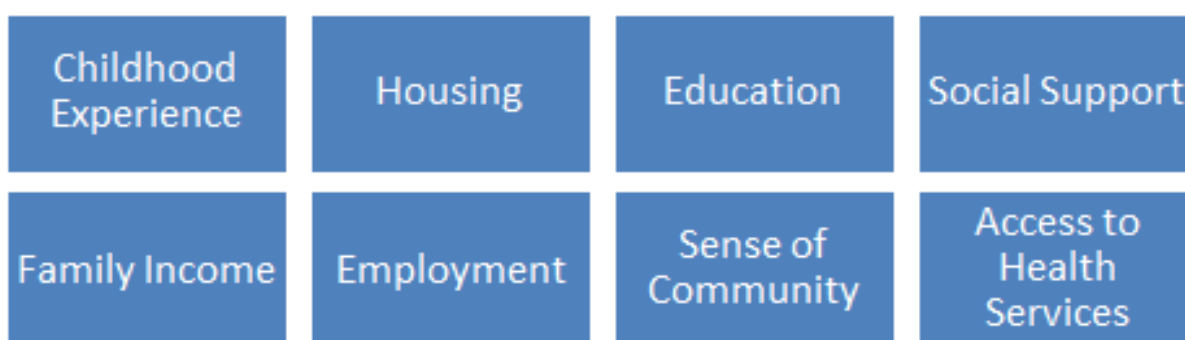
7. Our Strategic Priorities

Achieving sustainable health and social care systems and improving health and wellbeing outcomes in West Lothain requires transformational change over time. The Integration Joint Board's Strategic Plan 2019 to 2023 identifies four strategic priorities for service development:




Tackling Inequalities

We recognise that addressing both health and social inequalities within our communities must be at the heart of our commissioning plans. Social circumstances such as those outlined below can impact our health and wellbeing:



Deprivation plays a significant part in how well we live. People living in some communities are more likely to be living in poorer health and to die younger with higher rates of cancer, stroke, diabetes and heart disease. People with disabilities are more likely to have lower educational achievements, higher rates of poverty and poorer health outcomes. Unpaid or family carers are more likely to have poorer health than the general population which can impact people achieving their own personal outcomes and goals.

We will work with our partners to reduce the impacts of social circumstances on health through:

- 
- ❖ Ensuring services are accessible to all based on need, and barriers to care are addressed
 - ❖ Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups
 - ❖ Supporting services and initiatives to reduce the impacts of inequalities on health and well being
 - ❖ Working with community planning partners to address underlying social inequalities that result in health inequalities
 - ❖ Offering income maximisation assistance to families and access to specialist benefits and money advice

Prevention and Early Intervention

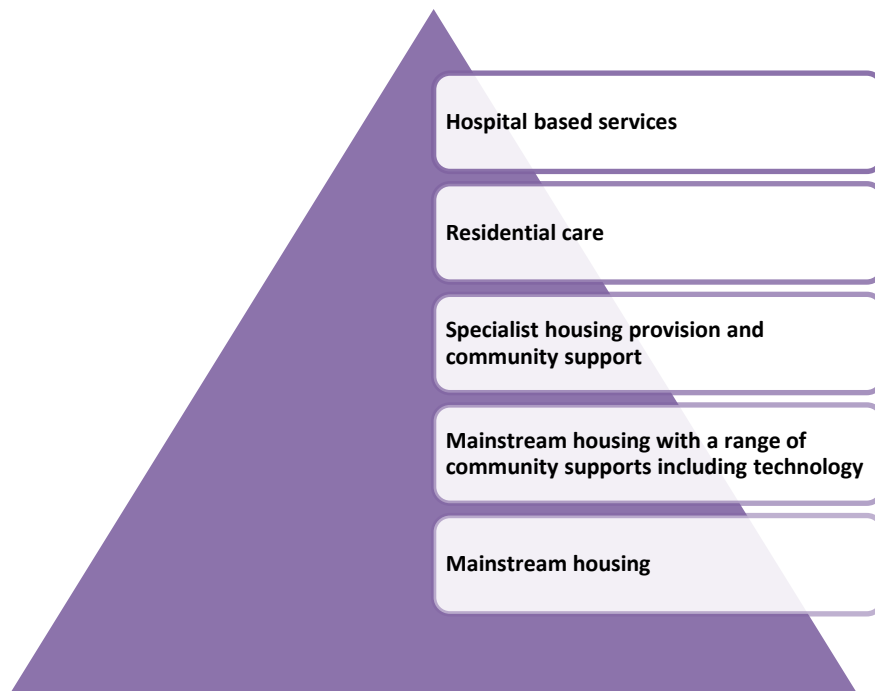
West Lothian's population is changing. Based on projected demographics we know that we must deliver our services in different ways and must focus on early intervention. We will continue to develop community supports and housing models to support those at greatest risk ensuring that people are able to live independently in local communities for as long as possible. Further development of care teams will transform how day-to-day health and social care is provided by the right person at the right time.

Integrated and Coordinated Care

The messages from our recent public engagement events show that people want to be able to live in their own homes for as long as possible. They want services to be personalised to their specific needs and delivered in a joined up way that offers consistency and opportunities to access the local community.

Development of mental health services in West Lothian will focus on avoiding admission to hospital, supporting discharge from acute care and maintaining patients in the community wherever possible. The aim is to develop a service model which moves towards a preventative and

outcomes focussed approach with an emphasis on caring for people in their own homes and communities whilst providing safe in-patient care for those who need it. We will continue the development of our multi-disciplinary mental health teams to ensure that care is co-ordinated and person centred.



Managing Our Resources Effectively

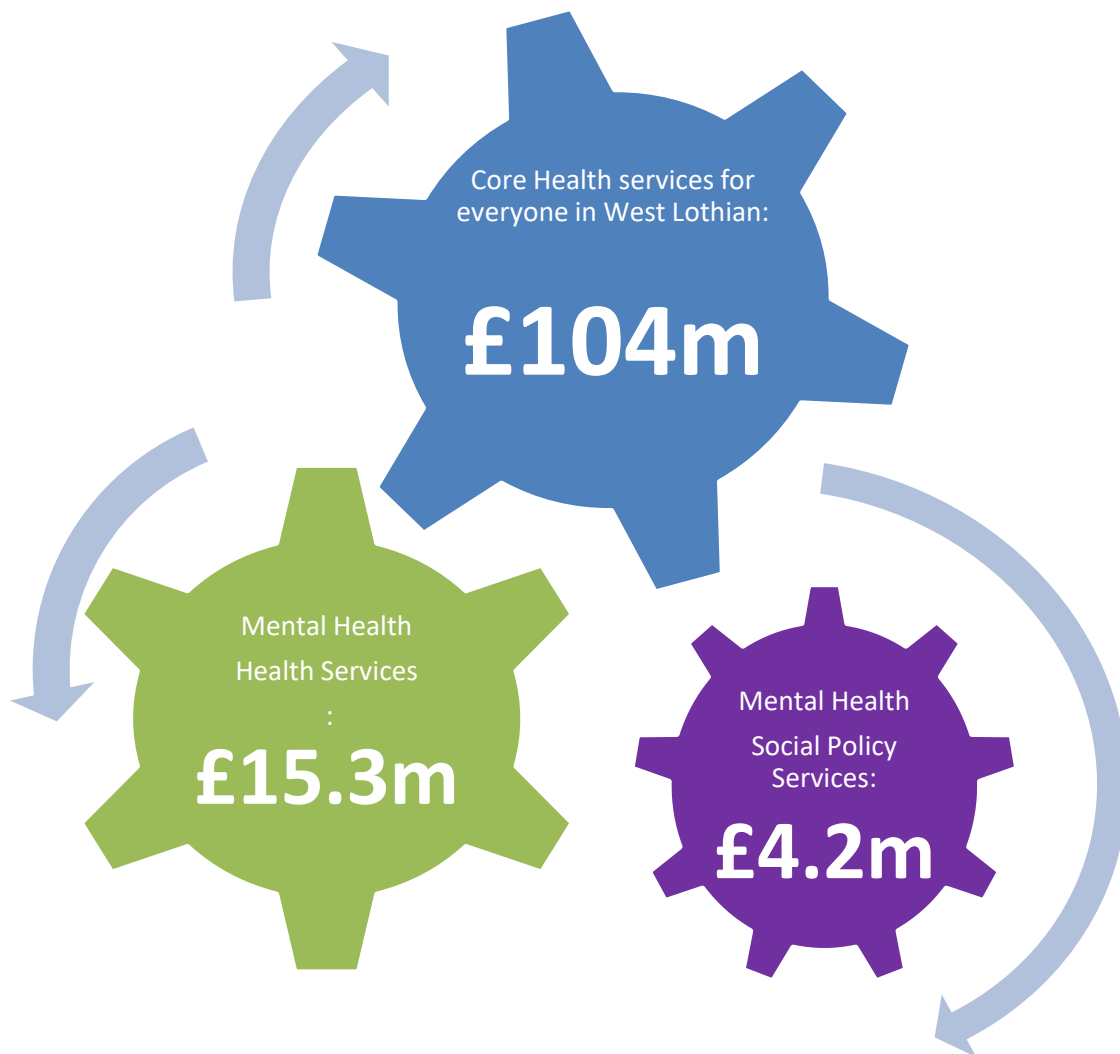
To improve experience, reduce waiting times and ensure people get faster access to the treatment they need, we will review and develop our services to ensure that people are directed at the right time to the supports and services which best meet their needs.

We recognise there are substantial challenges in the recruitment of health and social care staff in Scotland. Having a workforce with the right skill, at the right time and in the right place provides the foundation for the delivery of effective health and social care services. Our transformational change programmes will link closely to the IJB's Workforce Development Strategy to ensure that development of our workforce aligns to our strategic priorities.

8. Finance

Budget plans continue to be developed across health and social care functions with officers working collaboratively with partners to ensure that strategic plans for delegated health and social care functions across the IJB, Council and Health Board are aligned to financial plans.

Deatiled below is an annual average of total planned spend in West Lothian during 2020/2021 on services for those living with mental health problems.



9. Next Steps

The Mental Health Commissioning Plan is designed to run for 4 years from 2019 to 2023. Some of the priorities outlined in the plan have an end date beyond the life of the commissioning plan as they are linked to developments with a longer timescale. Decisions on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

A comprehensive action plan will support the development of services for people with mental health problems and will incorporate the strategic priorities contained in this commissioning plan. Progress will be monitored via the Mental Health Planning and Commissioning Board and the IJB's Strategic Planning Group.

The MH Commissioning Plan will be reviewed annually against the IJB's Strategic Plan in the form of an annual report which will summarise activity, progress and performance for the year.

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
1. Community Mental Health Team							
	Build on work from previous plan to establish Community Mental Health Teams (CMHT) in the East and West Localities of West Lothian	- Implement agreed Community Mental Health Team model	1,2,4,5	ICC P&EI	CMHT standards & accreditation	January 2020	General Manager Mental Health/Clinical Director
		- Develop performance framework for measuring the impact of the teams through the cycle of the commissioning plan	3,9	MRE	Performance framework developed and performance reported	June 2020	General Manager Mental Health/Clinical Director

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
2. Develop an accommodation model and supports which are fit for the future							
	Build on work completed as part of the previous plan and develop accommodation model to support people in the community	- Complete profiling work to determine needs of the local population including those supported out with West Lothian and establish baseline position for performance monitoring	2,9	ICC, MRE	Service user profiling completed - projection of future need included	January 2020	Service Manager Community Mental Health Group Manager Adult Services
		- Through service user and stakeholder engagement, finalise a vision and model for mental health housing and community supports which includes a range of housing options to deliver flow of supported people to the community	2, 4,9	ICC, MRE	Proportion of people cared for within West Lothian increased Reduction in delayed discharges	March 2023	General Manager Mental Health Service Manager Community Mental Health
		- Commission services which provide care and support aligned to new models of housing and support to better meet the needs of people living with mental health problems	1,2,4	P&EI, TI	Revised support contract in place with third sector	June 2020	Senior Manager Older People
		- Link in with development of Housing First model to ensure the needs of people living with mental health problems are reflected	1,2,4,	P&EI, TI	Housing First model developed	June 2020	Group Manager Community Mental Health Senior Manager - Housing

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
3. Shifting the balance of care							
	Integrated Mental Health Service management team structure	- Implement a revised model of management which integrates the management structure for acute and community based services across health and social care	8, 9	MRE, ICC	New team structure operational	April 2020	General Manager Mental Health
	Maximise opportunities to work with the Third Sector for community supports	- Develop a strategy for growing Third Sector involvement in community mental health drawing on learning from community wellbeing hubs. Work alongside identified organisations to maximise the funding opportunities available to the Third Sector to develop range of community supports	1,4,5	TI, P&EI	Third Sector strategy in place	December 2020 to March 2023	General Manager Mental Health
	Development of a 'safe space' model of care	- Explore options for the development of a safe space/place of safety to support people who are intoxicated or in distress as an alternative to hospital attendance	7,9	EI, MRE	Model of care and support developed and implementation plan agreed	April 2023	General Manager Mental Health

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
4. Supporting families and carers							
	There is a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria	- Review unpaid carers Advocacy in West Lothian	1, 2, 3, 4, 6, 8	EI&P, TI	Review in line with Carers Strategy	2020	Team Manager Business Support
		- Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016	1, 2, 3, 4, 6, 8	EI&P, TI	Strategy published	2020	Team Manager Business Support
		- Support all carers to access information, support and services in line with the Council's Carers Eligibility Framework	1, 2, 3, 4, 6	EI&P, TI	Review of Commissioned Services	2023	Group Manager Business Support
5. Ensuring choice through Self-Directed Support							
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	- Ensure practitioners and business support services and other stakeholders are involved in shaping market development	2, 3, 8, 9	ICC, MRE	Market Facilitation plan updated and published	Annual update 2020-2023	Team Manager Business Support
		- Ensure service users and carers have a say in how future services should be developed.	1, 3, 4, 8, 9	EI&P, TI, MRE	Feedback provided through Service users Forums	Annual update 2020-2023	Team Manager Business Support
		- Ensure those receiving SDS have information and advice to allow to support them to achieve their personal outcomes.	1, 3, 4, 9	EI&P, TI	Review of Commissioned Services	2021	Group Manager Business Support

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
6. Access to services and waiting times							
	Consider development of a robust service for people requiring assessment for Neuro-Developmental Disorders (NDD)	- Explore staffing resource required and synergies with national and pan-Lothian developments	1,3,4,9	ICC, MRE	New service operational	December 2020	General Manager Mental Health Clinical Director
	Review Liaison Service as part of wider pan-Lothian review of liaison services	- Explore staffing model required and synergies with national and pan-Lothian developments	1,3,4,9	ICC, MRE	Revised service operational	December 2020	General Manager Mental Health Clinical Director
	Ensure people who need services have access to them within agreed timescales	- Through analysis of Demand, Capacity, Activity and Queue (DCAQ), develop a clear understanding of waiting times for psychology and psychiatry services -	3,9	MRE, P&EI	Report on findings	April 2020	General Manager Mental Health Clinical Director Psychology Lead
		- Develop an action plan for delivery of sustained improvement in access and waiting times for both psychology and psychiatry services	3,9	ICC	Actions plans developed	June 2020	General Manager Mental Health Clinical Director Psychology Lead

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
		- Explore staffing resource required and synergies with national and pan-Lothian developments	9	MRE ICC	New service operational	December 2020	General Manager Mental Health Clinical Director
		- Explore staffing model required and synergies with national and pan-Lothian developments	9	MRE ICC	Revised service operational	December 2020	General Manager Mental Health Clinical Director
7. Suicide strategy							
	Development of a strategic approach to suicide prevention in West Lothian	- Through consultation and engagement, develop West Lothian Suicide Prevention Strategy	3,4,5,7	P&EI TI	Strategy in place	July 2020	General Manager Mental Health
		- Develop an action plan to implement the recommendations of the strategy	3,4,5,7	P&EI TI	Action plan developed	September 2020	General Manager Mental Health
8. Mental Health Officer Service							
	Establishing a sustainable MHO service	- Review existing provision and implement a revised model to ensure a sustainable Mental Health Officer service across West Lothian	9	MRE	Revised structure in place	March 2021	General Manager Mental Health Head of Social Policy

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
9. Supporting good physical health							
	People with mental health problems have opportunities to improve physical health	- Benchmark services against agreed standards for physical health care checks for people with long term psychiatric treatment and implement improvement plan	5	TI, P&EI	Improvement plan in place and performance measures identified	June 2021	Service Manager Community Mental Health Clinical Nurse Manager
	Develop community links to support people to achieve better physical health	- Explore opportunities to move away from medical models of support to encourage people to access local leisure opportunities which support improved physical health	1, 5	TI, P&EI	Performance measures to be identified	March 2023	General Manager Mental Health
10. Mental health and wellbeing - focus on prevention							
	Focus on prevention through involvement with the Community Planning Partnership's Health and Wellbeing Group	- Develop work via the Community Planning Partnership's Health and Wellbeing Group which has a specific focus on mental health in communities	1,4	TI, P&EI	Implementation of public mental health approach	March 2023	Head of Strategic Planning
		- Link with CMHT and hub developments to ensure people have access to college, employment and social opportunities	4	TI, P&EI	To be developed	March 2023	General Manager Mental Health

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
11. Access to information							
	People have access to the information they need, when they need it and in an appropriate format.	- Ensure appropriate arrangements are in place for both carers of people living with mental health problems and service users themselves to access information and advice. This should include options for technology enabled care.	1, 2, 3, 4, 6, 7, 8	EI&P, TI, ICC, MRE	Review of Commissioned Services	2021	Group Managers Business Support and Support at Home
		- Ensure all information, advice and advocacy services are reaching those living with mental health problems	1, 2, 3, 4, 6, 7, 8	EI&P, TI	Review of Commissioned Services	2021	Team Manager Business Support
12. Transitions							
	Refine transition pathways to ensure better experience for people using services	- Undertake a review of operation of the Lothian wide transitions policy from CAMHs to adult services in West Lothian	4	P&EI ICC	Review complete with action plan developed	March 2022	Service Manager Community Mental Health Clinical Nurse Managers
		- Consider further work to be done in relation to early onset dementia linking in the commissioning plan for older people	1,6	P&EI	Measures to be identified in OP commissioning plan	March 2022	Service Manager Community Mental Health Clinical Nurse Managers

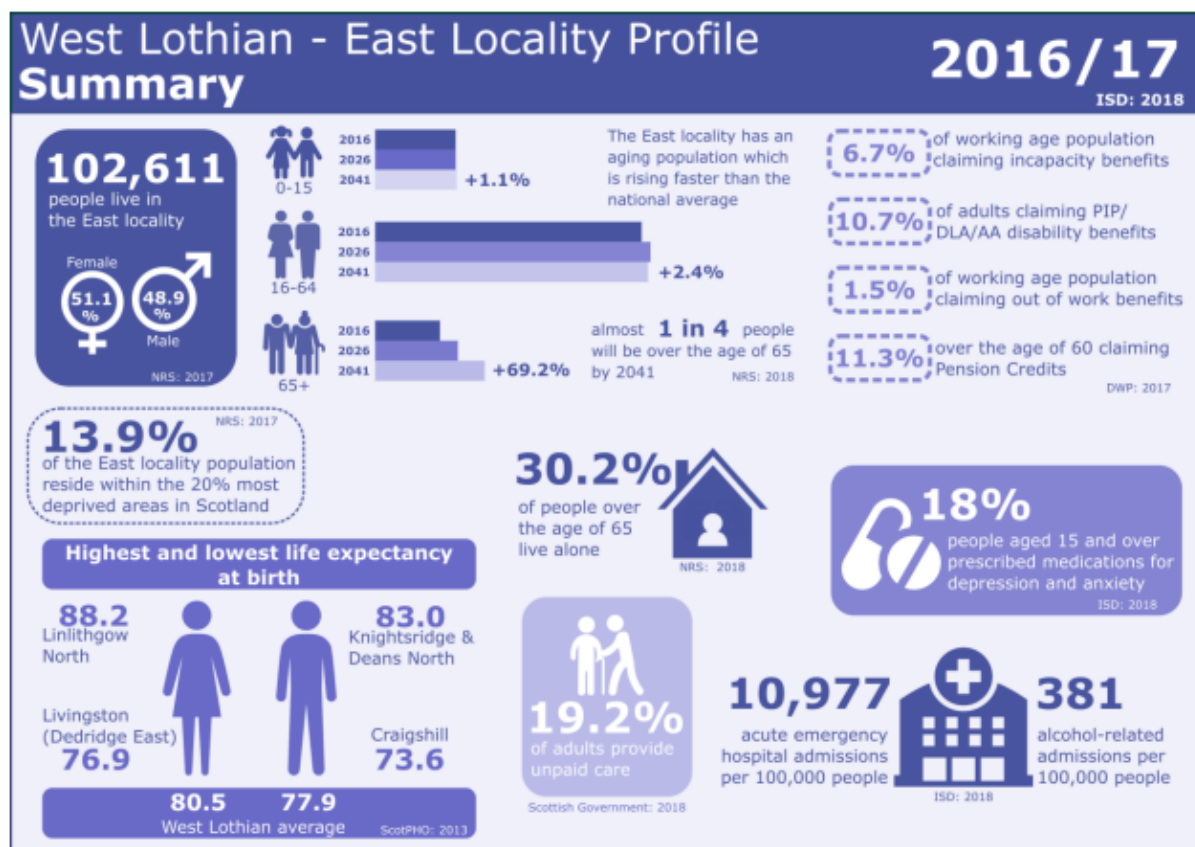
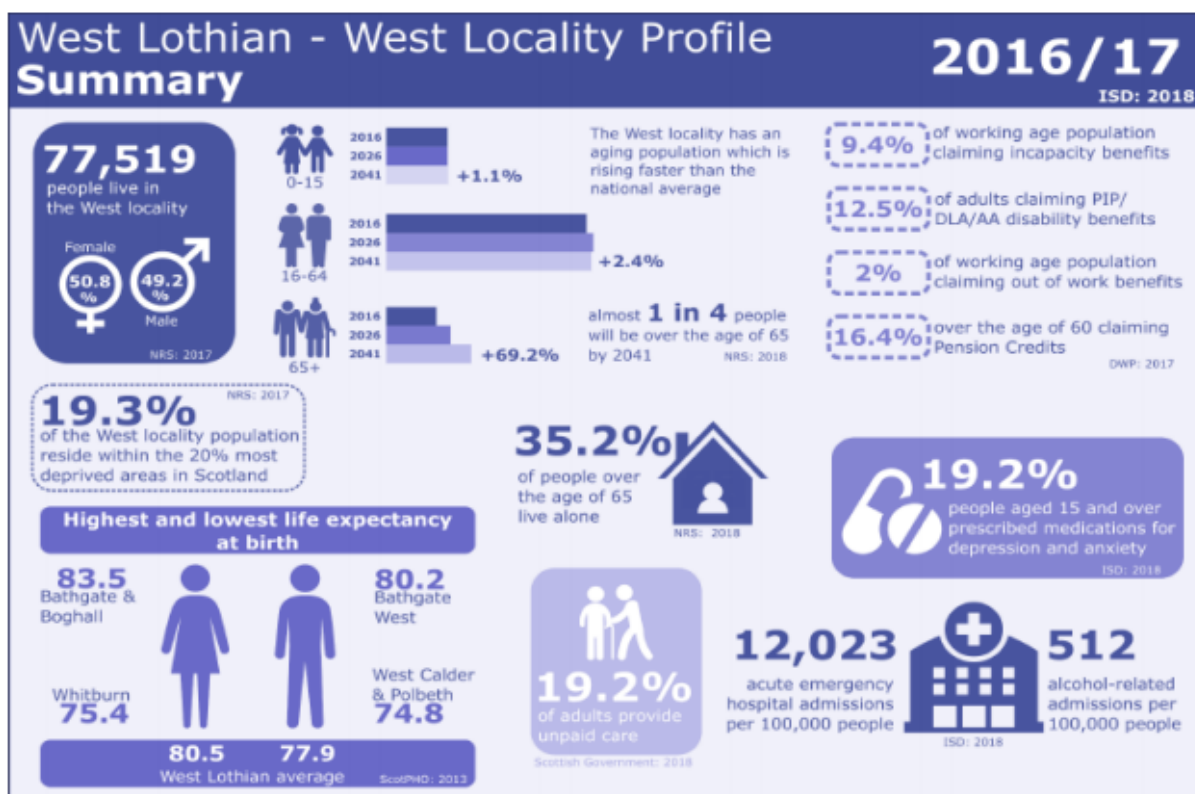
10. Monitoring and Review

A performance management framework will be developed to underpin the strategic commissioning plan. The performance framework will provide a mechanism for measuring progress and impact in relation to each of the priorities outlined in the plan.

The Mental Health Planning and Commissioning Board which meets at least 6 times per year will oversee the implementation of the Mental Health Commissioning Plan. The Board will provide performance and progress reports to the Strategic Planning Group.

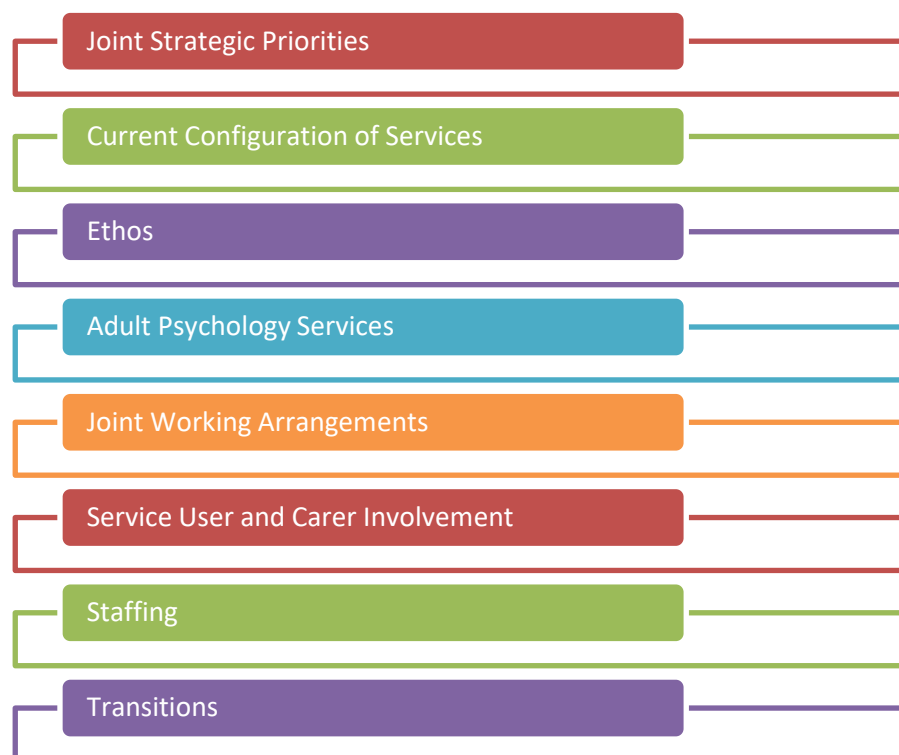
Formal updates on progress in relation to the commissioning plan will be submitted to the Integration Joint Board every 6 months.

Appendix 1 - Details



Appendix 2 - 2016 Needs Assessment

The following 14 recommendations were identified in the independently commissioned needs assessment completed in 2016 grouped into the following areas:



- ✓ **Recommendation 1:** In future, these priorities should be needs-led and not service-led.
- ✓ **Recommendation 2:** Consideration should be given to strengthening the contribution of the Third Sector; particularly in areas of lower speciality community based supports.
- ✓ **Recommendation 3:** Inclusion of 'support for carers' in future priorities.
- ✓ **Recommendation 4:** Taking cognisance of the recent NHS National Clinical Strategy and accepting issues of resource constraint and growing demand, the Integrated Joint Board to reassess the current balance of regionally and locally delivered mental health services to ensure the most beneficial and sustainable arrangements are put in place to deliver quality care as close as practicable for service users and carers; such a review to include consideration of opportunities arising from GP clusters.
- ✓ **Recommendation 5:** A comprehensive review is required, to address issues of capacity, capability and flow across the Acute, Rehab and Community Support services.
- ✓ **Recommendation 6:** A review of management arrangements for Mental Health services in light of the evidence provided in this study.

- ✓ **Recommendation 7:** A review of services for the 'Distressed' with the aim of delivering an expanded range of services and enhanced early intervention. It would seem appropriate that future services are based on a Stepped Model of Care.
- ✓ **Recommendation 8:** The Integrated Joint Board to develop a statement of Vision and Values to which all Mental Health services should subscribe; this to emphasise the centrality of Recovery and the benefits of engagement and co-production with service users and carers.
- ✓ **Recommendation 9:** We would recommend consideration of developing an enhanced psychological therapies service, including implementation of a robust and well-resourced Stepped Model of Care; where a broader range of non-specialist staff and organisations (including the third sector) deliver psychological therapies (such as advocated in 'The Matrix - A Guide to Delivering Evidence Based Psychological Therapies in Scotland' NHS Education for Scotland, 2014).
- ✓ **Recommendation 10:** Given the evidence of variable joint working between agencies and disciplines, we would recommend consideration of strengthened multidisciplinary teams across both in-patient and community settings.
- ✓ **Recommendation 11:** Consideration be given to a single point of referral for Adult services.
- ✓ **Recommendation 12:** Given this study has noted variable engagement with, and empowerment of, service users and carers, we would recommend consideration of developing a Service User and Carer Involvement Framework and Strategy.
- ✓ **Recommendation 13:** Development of a workforce strategy for Mental Health services to address identified issues of recruitment, retention, sickness absence and an ageing workforce.
- ✓ **Recommendation 14:** A review is required of transition arrangements between CAMHS and Adult Services given the evidence supplied in this study.

Appendix 3 - National Health and Wellbeing Outcomes

The 9 Scottish Government Health and Wellbeing outcomes:

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those 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 to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 4 - Links

Below are several strategies and strategic plans that complement the development of the Commissioning plans:

[West Lothian IJB Strategic Plan 2019-23](#)

[West Lothian IJB Participation and Engagement Strategy 2016-26](#)

[West Lothian Autism Strategy 2015/25](#)

[Active Travel Plan for West Lothian 2016-2021: Making Active Connections](#)

[West Lothian Children's Services Plan 2017-20](#)

[West Lothian Local Housing Strategy 2017-22](#)

[West Lothian People Strategy 2018/19-2022/23](#)

[West Lothian Anti-poverty Strategy 2018/19-2022/23](#)

Legislative context

[Community Empowerment \(Scotland\) Act 2015](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Mental Health \(Scotland\) Act 2015](#)

[Public Health etc. \(Scotland\) Act 2008](#)

[Community Care and Health \(Scotland\) Act 2002](#)

[Social Work \(Scotland\) Act 1968](#)

[The Equality Act 2010](#)

[The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#)

[Transport \(Scotland\) Act 2005](#)

National Strategies

[Mental Health Strategy 2017-2027](#)

[Suicide prevention action plan: every life matters](#)

Strategic Commissioning Plan Services for Older People & People Living with Dementia 2019-2023

*"Increasing wellbeing and reducing health inequalities across all
communities in West Lothian"*

Contents

1. Introduction	3
2. Our Approach	4
3. Previous Commissioning Plan Priorities and Key results	8
4. West Lothian Context	19
5. Developing the Strategic Commissioning Plan for 2019 -2023	21
6. Consultation and Engagement	22
7. Our Strategic Priorities	24
8. Finance	29
9. Next Steps	30
10. Monitoring and Review	38
Appendix 1 - Details	39
Appendix 2 - Older People Commissioning recommendations in 2015	40
Appendix 3 - National Health and Wellbeing Outcomes	42
Appendix 4 - Links	43

1. Introduction

In West Lothian we believe in providing support and services that allow our citizens to live well. The Older People and People Living with Dementia Commissioning Plan will act as a tool to allow us to work to this common goal across our organisation.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. As a result of this we have published the [West Lothian Integration Joint Board Strategic Plan 2019-23](#) setting out both our aims and strategic priorities to achieve this ambitious goal. The vision of the plan is:

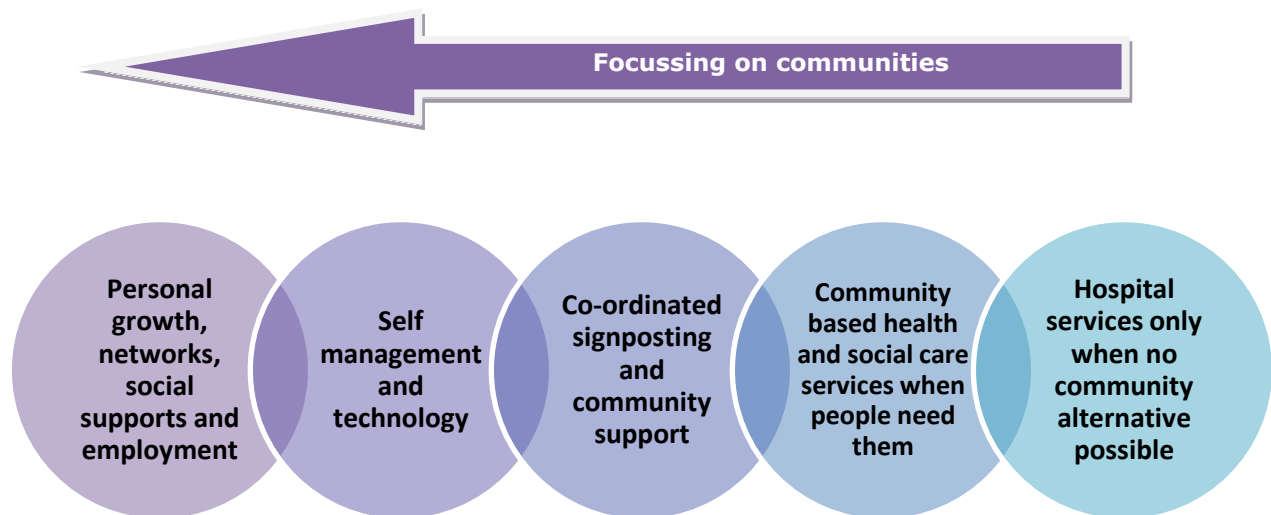
"To increase wellbeing and reduce health inequalities across all communities in West Lothian"

By working to the values of both West Lothian Council and NHS Lothian, The Integration Joint Board (IJB) has developed a set of values that will underpin the future commissioning of the services outlined in this plan.



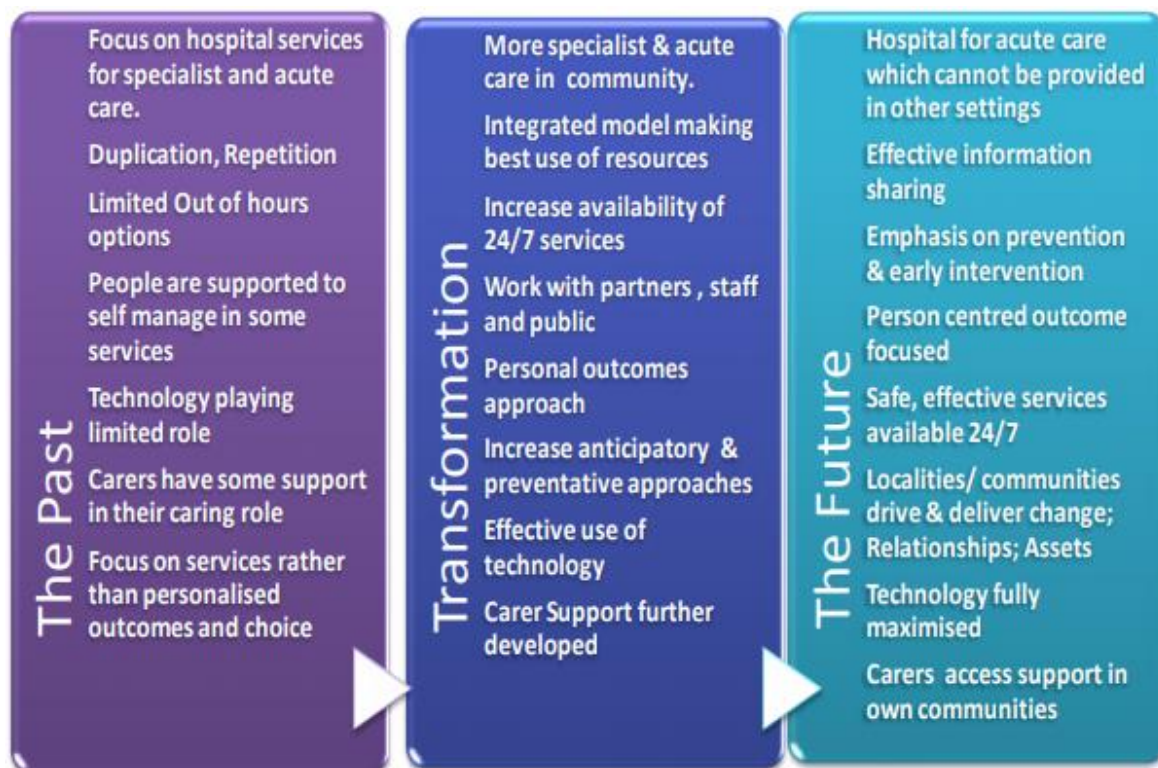
2. Our Approach

We have adopted a whole system approach to reviewing and developing older people and dementia commissioning in West Lothian. This means that we are thinking about how we invest our resources in hospital, community health and social care services in the future, recognising that in many instances services are delivered best when they are offered locally. We are working on the principle of offering health and care services in community settings unless there is a very good reason not to. We are focussing on how we shift the balance of care towards delivery of care and support at the right time in local communities.



Significant transformational change takes time and we recognise that it may take longer than the span of this plan to achieve all the changes we need. This plan, however, builds on previous work and provides a firm foundation for developing our older people and dementia services in West Lothian over the next three years. We need to think carefully about how we use our financial resources and develop our workforce to deliver new ways of working. It will be necessary to invest in some services and disinvest in others as our plans develop. We also need to build a sustainable workforce to address some of the workforce challenges we face, and to deliver the changes we need. We will ensure that we focus on maximising opportunities for integrated and partnership working.

The vision for transformational change in Health and Social Care in West Lothian is described in more detail below:



Development of this commissioning plan for older people and people living with dementia services has involved both targeted and open consultation processes with service users, carers, families, service providers from the third and independent sectors and staff from across the West Lothian Health and Social Care Partnership (WLHSCP) in the identification of our priorities. The consultation and engagement undertaken has allowed the WLHSCP to identify what matters most to those directly affected by the commissioning of existing and new services in West Lothian.

In March 2009, the Ministerial Strategic group for Health and Wellbeing (MSG) agreed to develop a strategy for reshaping care for older people to improve quality and outcomes of current models of care being mindful of projected demographic increases and financial pressures which impact resources. The Scottish Government published Reshaping Care for Older People programme 2011 to 2021 which contained the guiding ambition

The strategy focuses on improving:

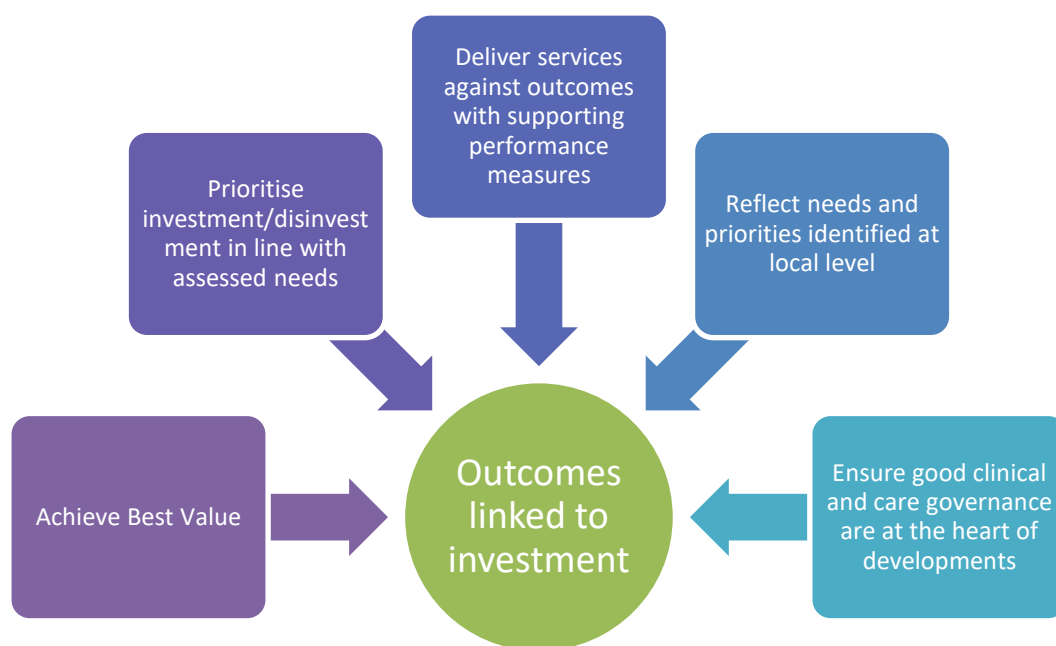


- Prevention and early intervention
- Access to services to joined up services which enable older people to stay in their own home
- Partnership working
- Rights, information and planning

The Scottish Government published Health and Social Care Standards: My Support, My Life in June 2017. The new Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld. The development of our services will continue to be based on the following underpinning principles:



The development of the new West Lothian Commissioning Plan for Older People and People Living with Dementia has involved consultation with the Integration Joint Board’s Strategic Planning Group, the Older People Commissioning Board, service providers and service users, and carers and aims to:



Climate Change

West Lothian Integration Joint Board acknowledges its position of responsibility in relation to tackling climate change in West Lothian.

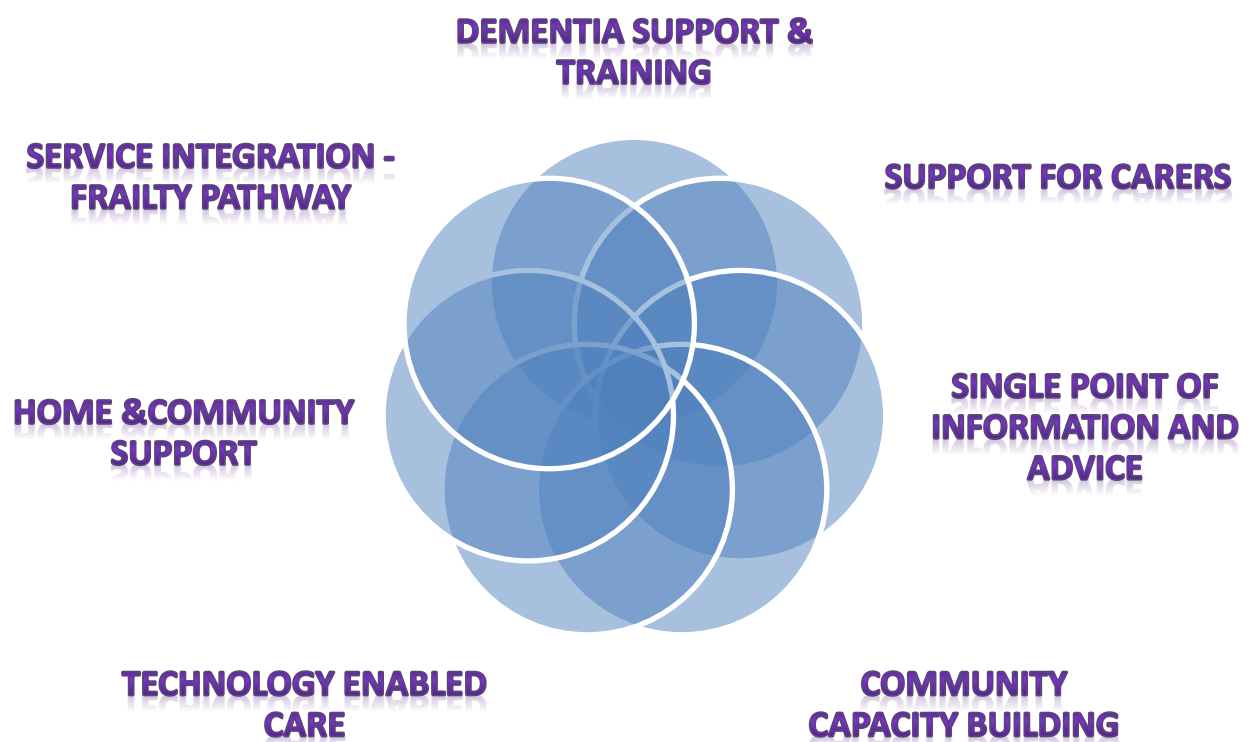
Organisations have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper or emissions produced from vehicles and machinery, or simply disposing of waste materials in an environmentally conscious manner.

West Lothian IJB commits to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in West Lothian wherever possible, through its strategic aims and decision-making processes.

3. Previous Commissioning Plan Priorities and Key results

In 2015, independent specialists in research were commissioned by the WLHSCP to develop a comprehensive [needs assessment - part 1](#) & [needs assessment - part 2](#) which was used as the basis for the 2016/17 to 2018/19 commissioning plan for older people services. The principles and key measures identified in that research continue to provide the foundation of our new commissioning plan, however, the priorities identified have been updated to take account of the current position in West Lothian and the themes emerging from recent consultation and engagement.

The main priorities for development identified in the previous plan were:



Service Integration- Frailty Pathway

Integrated Discharge Hub

During the course of the plan, significant problems were experienced with delays in discharging people from hospital. Many of the delays related to difficulties in securing sufficient supply of care at home services and care home places in the community. It was also recognised that we needed to identify patients to be discharged at an earlier opportunity and ensure there was a more integrated approach to planning their ongoing care and support in the community.

In response to rising levels of delayed discharge and in an effort to ensure that people received the right care and support at the right time, a multi-agency, integrated discharge planning hub was launched at St John's Hospital in December 2018. The purpose of this hub was to bring together health and social care teams and Carers of West Lothian based in the hospital to improve 'real time' discharge planning and improve the discharge experience and outcomes for patients and carers.

Discharge to Assess

For hospital discharges, we reviewed how assessments for ongoing care and support in the community were undertaken to allow multi-disciplinary assessment of ongoing need to take place at home rather than in hospital – known as 'discharge to assess'. Discharge to assess means that people with complex needs can now go home when they are medically 'fit to transfer' with assessment of ongoing care and support needs taking place in the more appropriate setting of home. The aim of the approach is to:

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

We strengthened the partnership between hospital, community health and social work staff within the integrated hub to deliver a more co-ordinated approach. We also invested additional resources in the internal Reablement Service to allow more people to receive rehabilitation and care at home.

The integrated discharge hub, has seen a positive impact on the average length of stay bed days on medical and rehabilitation wards:

10% reduction in the average length of stay to 6.5 days bed days

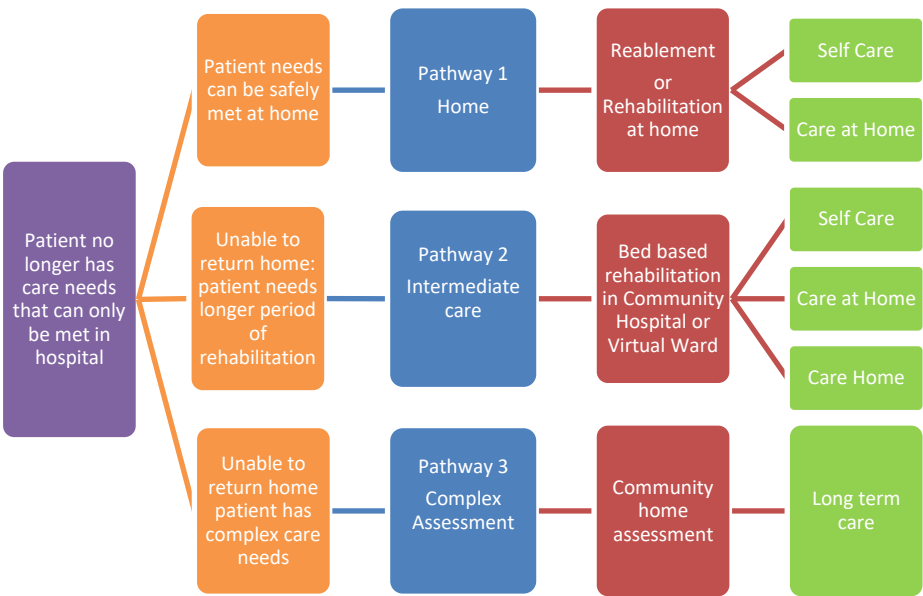
Investment in 'discharge to assess' has seen a further:

3% reduction in the average length of stay bed days

What we need to do going forward.....

Whilst the work we have done so far has had significant impact on how people are discharged from hospital, we still have further work to do to bring about more integrated and sustained improvement. For this reason, we will include further development of pathways to support hospital discharge in our new plan. Importantly, alongside that work, we will also consider how we can build capacity in the community to prevent people being admitted to hospital wherever possible to reduce pressure on hospital services.

Figure 1 below provides an overview of the discharge to assess model and the pathways we are building.



Frailty at the Front Door

West Lothian Health and Social Care Partnership successfully participated in a national health improvement collaborative led by Healthcare Improvement Scotland 'Frailty at the front door'.

The aim of the collaborative was to improve the process of identification, screening, coordination of care, experiences and outcomes, for people living with frailty, who present to the local hospital. While this specific work focused on the front door of acute care, it is driven by an approach to recognise the importance of thinking about flow of patients across the whole health and social care system.

Intermediate Care

Intermediate care provides short-term interventions as a safe alternative to hospital admission when a person's health deteriorates, but can also provide short term rehabilitation support after a hospital stay.

We tested a bed based model of intermediate during the course of the previous plan and also developed ways to deliver more intermediate care through a rehabilitation and reablement approach in people's homes.

During financial year 2018-19 we made a significant investment into our Reablement services. This investment has seen an increase in community capacity to discharge people with complex needs from hospital back to the community for ongoing assessment and care.

In addition our community Rapid Elderly Assessment and Care Team (REACT) including hospital at home continue to make a significant contribution to delivering care, treatment and rehabilitation in the community. A rapid access clinic was a recent addition to REACT services and is providing urgent access for comprehensive geriatric assessments for our frail elderly population.

What we need to do going forward.....

We now need to build on previous work and agree a model of care for the future. Consideration of the approach to intermediate care needs to be undertaken alongside a review of beds across the health and social system including acute, community hospitals and care homes to develop a whole system approach.

Home and Community Supports

Care at Home Contract

Like most other areas of Scotland, securing sufficient supply of care at home services in the community remains a significant problem. Additional care at home providers were introduced to the area when things were most challenging and had a positive impact on unmet need. We also reviewed the administrative arrangements for matching care packages with providers which also had a positive effect.

A substantial piece of work was undertaken to review existing care at home provision to inform the development of a new care at home contract. A new contract was implemented towards the end of 2019 and commissioning officers are working with new providers in an effort to bring about sustained improvement in supply.

The care at home market in West Lothian, however, remains challenging with providers experiencing problems with the recruitment and retention of staff. Development of a sustainable model of community care is central to our commissioning approach and will therefore remain a key priority in the new plan.

Care Homes

Residents in nursing homes are frail with complex care needs, and unplanned hospital admissions are not always helpful. The GP lead for care homes in West Lothian worked with the Medicine of Elderly Team at St John's Hospital to develop an anticipatory care planning summary document to record residents' wishes around, for example, transfer to hospital during episodes of ill health or at the end of life. There has also been a focus on increasing the level of staff training and support within the care homes.

The REACT Care Home Team is continuing to work with care home staff to ensure there are good anticipatory care plans in place. The team is providing training for staff and developing a frailty passport to ensure patient care plans can travel with them and that their wishes are evident to everyone they meet on their journey. The team can support hospital avoidance and ensure medical treatment is provided at home where possible. We plan to continue this work and 2 Advanced Nurse

Practitioners have been appointed to support the needs of the nursing home population.

Availability of care home places in West Lothian was challenging over the past three years and contributed to rising levels of delayed hospital discharge. We reviewed arrangements for purchasing care home places to improve supply but need to think further about demand for care home places in the future and the models of care we need to develop for older people and people living with dementia.

What we need to do going forward.....

We recognise that a sustainable community care system is central to shifting the balance of care and central to many of the developments we propose. For that reason, we will maintain focus in the new plan on working with internal and commissioned care services to monitor performance and service delivery

Personalisation and Choice

We have worked on ensuring that a wide variety of options are available to allow people to have choice and control over how they live well and how they receive care and support when required. We developed a Market Facilitation Plan to support the IJB's new Strategic Plan which builds on previous joint commissioning work between our partners and stakeholders. It provides the basis for dialogue and collaborative working between the West Lothian Health and Social Care Partnership (WLHSCP), service providers, service users, carers and other community stakeholders to shape the way in which more personalised care and support are offered to the people of West Lothian in the future.

What we need to do going forward.....

We need to continue to develop how we support choice through Self-directed support with increasing recognition of the service user as the commissioner of future services rather than the NHS or the local authority.

Housing

Although most of those who use older people and dementia services will live independently with little or no special housing support needs, there are some people who, because of their complex health and social needs, will require more specialised accommodation and support.

During the planning cycle 2015-2018, key housing developments to support more older people to live independently included:

- West Main St, Broxburn, completed in January 2017. The homes are purpose-built amenity housing for older people and aimed at enabling individuals and couples to live as independently as possible in their own tenancy.
- Rosemount Gardens, Bathgate was completed in June 2016. This development offers 30 one-bedroom, two-person flats allowing for independent living. The communal facilities include a restaurant, a café, a hairdresser, a launderette, 2 multi-purpose rooms and 3 offices. Sixteen bedsits have also been refurbished at Rosemount Court and these are now self-contained, one-bedroomed flats.

What we need to do going forward.....

The strategic development of housing, care and support models for older people and people with dementia remains a key priority for the partnership. We will work alongside housing colleagues, to analyse future demand and ensure that we have plans in place to address the needs of the growing older people's population.

Community Capacity Building

Voluntary and 3rd Sector

The Voluntary Gateway and 3rd Sector organisations continue to play a pivotal role in helping people to remain active and engaged in their communities. Within West Lothian there is strong sense of purpose and commitment to developing communities through intergenerational activities, specialised supports for groups and individuals, and the volunteering opportunities. The Voluntary Sector Gateway began work on

the development of a locator tool which will help people to have greater oversight of voluntary sector resources in the community.

What we need to do going forward.....

The partnership has a long history of working with the voluntary sector but in the next planning cycle we will explore how those relationships can be further strengthened to enhance our approach to early intervention and prevention and integrated working. We also need to work with the Voluntary Sector Gateway to develop how we make information available to people in communities.

eFrailty

General Practitioners (GPs) identified meeting the needs of frail older people with mild to moderate frailty and those with longer term conditions as a key area for development. Discussions have been held and proposals are being considered with reference to the use of an e-frailty tool by GPs, to better understand levels of frailty within their practice populations. Once the data is available it will be important to have developed supporting community infrastructure to support onward referral and signposting.

What we need to do going forward.....

A key consideration of the new plan will be how community infrastructure can be developed to support people who are frail or may have long term conditions to improve or maintain their health and wellbeing.

Technology Enabled Care

During the last planning cycle we extended use of range of technologies which support self-management and encourage independence. For example, a 'myCOPD' app was used within general practice to support people with Chronic Obstructive Pulmonary Disease (COPD) to self manage their respiratory conditions. In addition we piloted a medication prompt service which reminds people by text message to take their medication and encourages independence. We continue to use 'just

checking' sensors to monitor service user activity, and to help in the assessment and evaluation of care.

What we need to do going forward.....

We will continue to focus on prevention, early intervention and promotion of independence by developing further our approach to technology enabled care. In addition, we will explore how we can better support our staff to use technology in their work to improve both staff and service user experience.

Support for Carers

The Carers (Scotland) Act 2016 was implemented on 1st April 2018. The Act is designed to help carers continue in their caring role whilst being supported to look after their own health and wellbeing. There is a requirement to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. Where people are eligible for support, adult carer support plans and young carer statements are developed to identify carers' needs and personal outcomes. Arrangements have been put in place within West Lothian to meet the requirements of the Act.

Carers of West Lothian is the 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.

What we need to do going forward.....

We recognise the importance of ensuring that we continue to support people in caring roles and the critical contribution carers make to the health and social system. For this reason, the ongoing support of carers will be a key area of development across all commissioning plans.

Single Point of Information and Advice

The Health and Social Care Partnership commissioned an advice and support contract from a 3rd sector organisation.

What we need to do going forward.....

The next phase of the plan will focus on reviewing that contract and considering opportunities for strengthening how people access advice and information within their local communities.

Dementia Training

The Health and Care partnership has continued to implement the dementia learning pathways through training to heighten awareness of dementia and enhance practice levels:

- Dementia Raising Awareness: - 4 courses have run from 2016 to 2019
- 3 cohorts of staff have completed Professional Development Awards in Promoting Excellence in Dementia Skilled Practice (PDA) between 2016 and 2018

The awareness raising course is generally delivered to new staff in the Support at Home service. As a Scottish Qualifications Authority (SQA) centre there are plans to explore delivery of a PDA module in Supervision next year.

Our West Lothian Psychological Approach Team (WeLPAT) has enhanced its service within care homes, by offering both training and interventions for individuals, living with dementia, who need support in managing stress and distressed behaviour. There has also been a focus on developing dementia champions within homes to provide a forum for shared learning and development.

The Health and Social Care Partnership recently embarked on a pioneering dementia venture, being the first partnership to induce a specialist advanced dementia nurse practitioner role into the care team. This role will be pivotal in taking forward delivery of a diagnosis (following clinical discussion with the medical team) within a person's home. This will ensure that support is provided immediately following diagnosis by someone with advanced skills.

What we need to do going forward.....

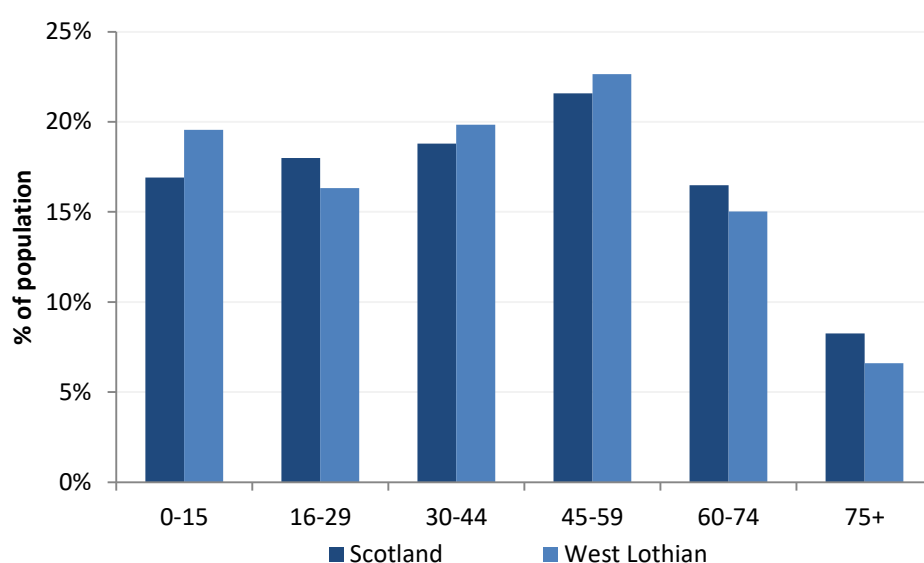
We need to review our current practice against the National Dementia Strategy for Scotland and prepare a development plan to support the 8 pillars approach.



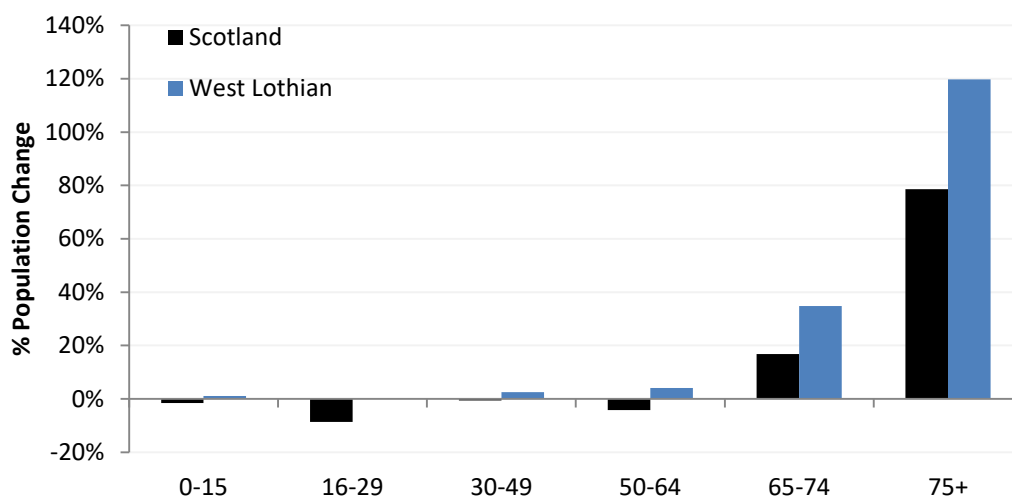
4. West Lothian Context

According to National Records of Scotland, the 2017 population for West Lothian was 181,310; this is a 3.5% increase of the population figures reported in 2011 Census (175,118). In relation to the comparison areas, mid-year estimates for 2017 show West Lothian has a higher population than Falkirk (160,130) and Renfrewshire (176,830), and lower than South Lanarkshire (318,170). Scotland's overall population is also shown (5,424,800).

In terms of age, the West Lothian population is broken down below.



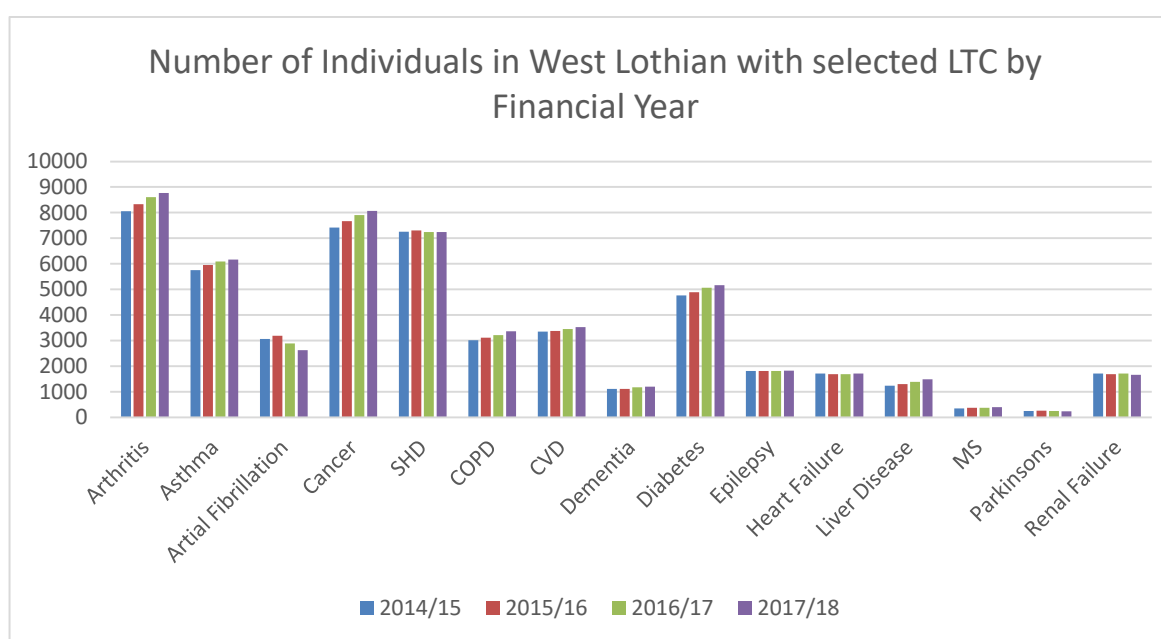
West Lothian is facing an aging population profile that represents a significant challenge. Compared to other local authorities West Lothian will see significantly higher level of growth (2016 to 2041) in number of over 75s and 85s, who will typically have increasing social care needs.



Over the period 2016 to 2041 West Lothian's population of over 75s will have increased by 46% compared to the national average of 27%

Long term Conditions

With people living longer, it is inevitable that community services will see more people living with one or more chronic illness. The graph below shows growth in longer term conditions and a rise of 6.32% between 2014/15 and 2017/18. Planning future services will need to focus on the preventative and proactive management of these conditions to prevent further deterioration.



Dementia prevalence

According to Alzheimer's Scotland, over 93,000 people had dementia in Scotland in 2017, around 3,200 of these people are under the age of 65 (3.4%). The following table shows the number of people with dementia in Scotland and West Lothian in 2017.

Area	Female	Male	Total
West Lothian	888	1532	2,421
SCOTLAND	32,326	60,956	93,282

Source: <https://www.alzscot.org/campaigning/statistics>

5. Developing the Strategic Commissioning Plan for 2019 -2023

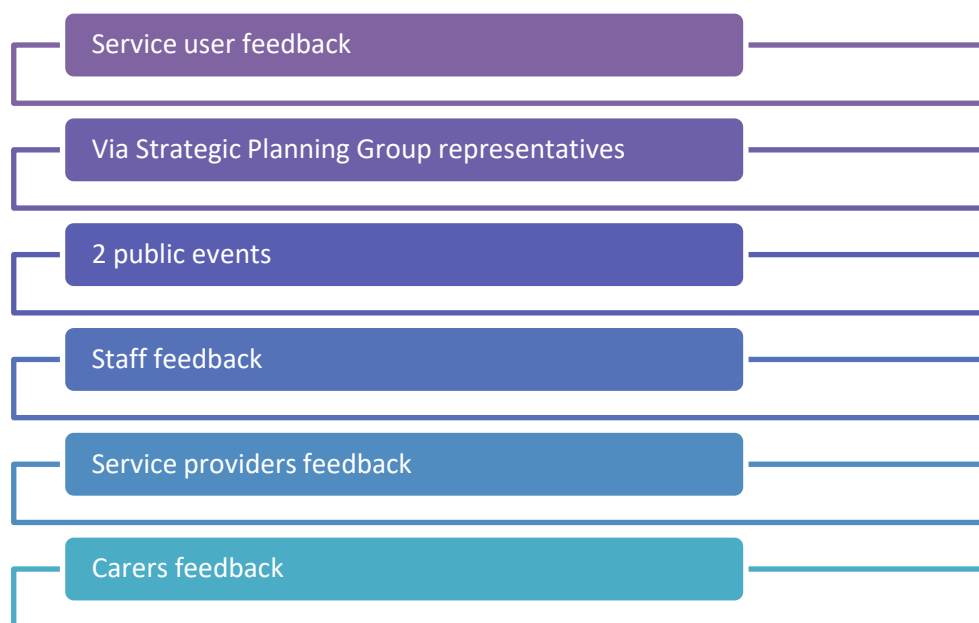
Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Commissioning is commonly described as a cycle of strategic activities similar to that shown below:



In this model, based on that developed by the Institute of Public Care (IPC), the Commissioning cycle (the outer circle) drives purchasing and contracting activities (the inner circle), and these in turn inform the ongoing development of Strategic Commissioning. We have used this model in the development of our plans.

6. Consultation and Engagement

The engagement process for the Older People Commissioning Plan comprised a range of methods as follows:



West Lothian Health and Social Care Partnership initiated the wide range of engagement activities from August through to mid-November 19 to ask service users, carers and families, staff, and service providers to identify what was currently working well, and to suggest areas for development to inform the Commissioning plan.

The engagement activity was tailored within each care group to the needs of stakeholders. This involved attending existing network groups, setting up face-to-face meetings and workshops with 3rd and Voluntary sector and their service users and carers, using a variety of feedback forms.

Engagement with staff groups across health and social care services also took place. Feedback forms were completed by adult community health and social care rehabilitation teams, district nurses, older people social work teams, GP practices and inpatient hospital teams.

Two public engagements events were held covering the commissioning plans which included older people, people living with dementia, people living with a learning disability, people living with physical disabilities and people living with mental health problems. Information about these events was circulated widely, posted on West Lothian Council's social media and

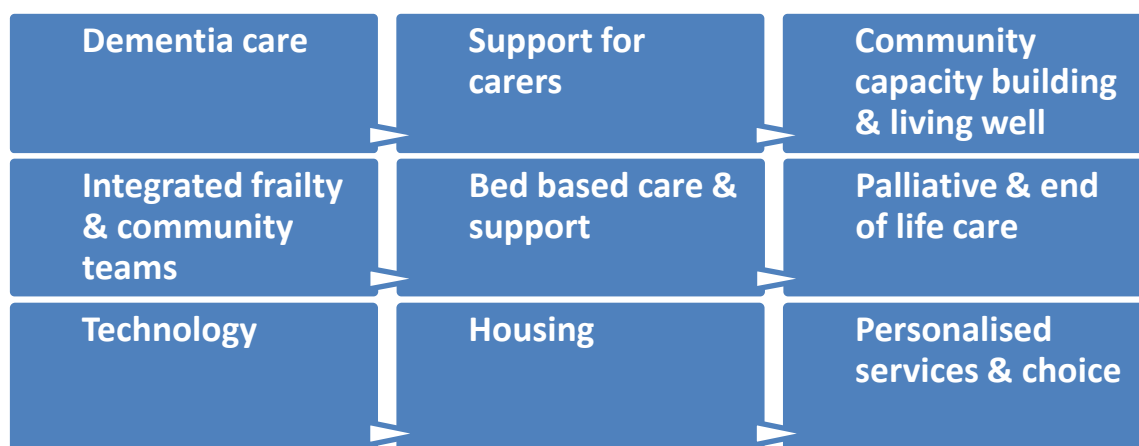
shared with older people providers, community centres, contacts and projects throughout West Lothian. The events were held on the afternoon of 8 October in Howden Park Centre and in the evening of 10 October in Bathgate Academy, with a total of 44 people attending.

Specific service user, carers, families, Black and minority ethnic carer group, advocacy and volunteers' feedback was gathered through facilitated workshops, meetings and one to one discussions by 3rd sector leads and commissioners. Feedback pro-formas were completed for those groups also.

Two dedicated Dementia engagement events were also held on 11 and 12 Nov 19 in partnership with Alzheimer Scotland, to offer a supported structure for groups of 10 service users and their families to have their collective voices and views heard. Specific focus was given to understanding the needs of both early onset dementia affecting people under 65 yrs and over 65 yrs.

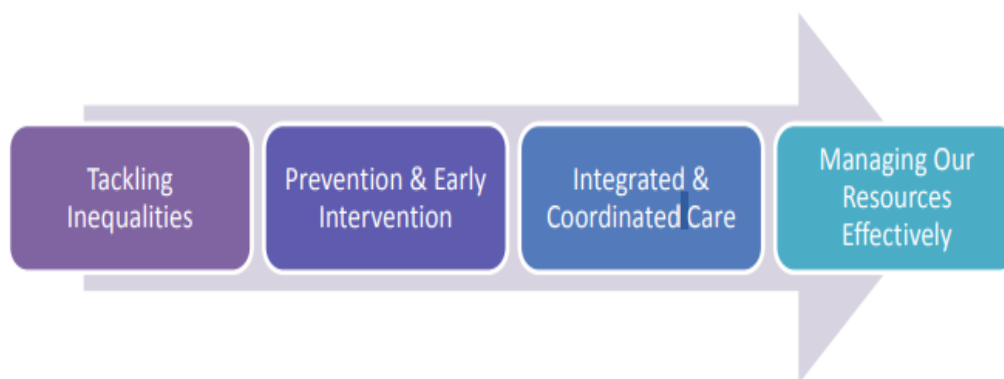
Completed pro-formas and feedback was discussed at meetings of the Older People Planning and Commissioning Board, where ideas were compared across all engagement groups to identify common emerging themes.

A copy of the full feedback summary can be accessed [here](#). The feedback from the engagement process is one part of the information gathering to inform the commissioning plan along with data and expert opinion from clinicians/service providers. The engagement feedback has provided a clearer idea of the emerging priorities that we will focus on going forward as follows:



7. Our Strategic Priorities

Achieving sustainable health and social care systems and improving health and wellbeing outcomes in West Lothain requires transformational change over time. The Integration Joint Board's Strategic Plan 2019 to 2023 identifies four strategic priorities for service development:



Tackling Inequalities

We recognise that addressing both health and social inequalities within our communities must be at the heart of our commissioning plans. Social circumstances such as those outlined below can impact our health and wellbeing:

Childhood Experience	Housing	Education	Social Support
Family Income	Employment	Sense of Community	Access to Health Services

Deprivation plays a significant part in how well we live. People living in some communities are more likely to be living in poorer health and to die younger with higher rates of cancer, stroke, diabetes and heart disease. People with disabilities are more likely to have lower educational achievements, higher rates of poverty and poorer health outcomes. Unpaid or family carers are more likely to have poorer health than the general population which can impact people achieving their own personal outcomes and goals.

We will work with our partners to reduce the impacts of social circumstances on health through:

- ❖ Ensuring services are accessible to all based on need, and barriers to care are addressed
- ❖ Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups
- ❖ Supporting services and initiatives to reduce the impacts of inequalities on health and well being
- ❖ Working with community planning partners to address underlying social inequalities that result in health inequalities
- ❖ Offering income maximisation assistance to families and access to specialist benefits and money advice

Prevention and Early Intervention

West Lothian's population is changing. Based on projected demographics we know that we must deliver our services in different ways and must focus on early intervention and prevention. We will continue to develop community supports and housing models to support those at greatest risk ensuring that people are able to live independently in local communities for as long as possible. Further development of community care teams will transform how day-to-day health and social care is provided by the right skilled person at the right time.

We know that we need to continue the development of an integrated approach to the delivery of health and social care within communities. We want to explore opportunities to develop locally based, integrated services which allow people to self-manage where possible and access agencies and community supports when they need them. A key priority will be to consider how we strengthen our partnership with the third and independent sectors to deliver our strategic intentions around early intervention and prevention.

A priority will be to strengthen the existing resources and pathways across health and social care for people with complex health needs through a combination of medical, nursing, pharmaceutical, social care supports based in the community.

We aim to develop sustainable community health and care services which support hospital admission only when there is clinical need for this and only when a community alternative is not appropriate.

Integrated and Coordinated Care

Health and Social Care Scotland issued a statement of intent in September 2019 which outlined the key elements involved in building a stronger community care system and is summarised in the diagram below. We will use this model in our approach to commissioning services for older people in partnership with stakeholders in West Lothian.



During the span of the commissioning plan, we will continue to explore opportunities to shift the balance of care closer to community settings to deliver the Scottish Government's vision for:

- integrated health and social care
- focus on prevention, anticipation and supported self-management
- hospital treatment when required, and cannot be provided in the community, day case treatment will be the norm
- care will be provided to the highest standards of quality and safety with the person being at the centre of decisions irrespective of the setting
- focus on ensuring that people get back into their home environment as soon as appropriate, with minimal risk of readmission.

Models of Care and Support

To progress our vision of shifting the balance of care, we intend to review existing bed based provision across the entire health and social care estate and agree a model which maximises opportunities for community based support, wherever possible. This will mean looking at hospital beds, beds in community hospitals and care homes across West Lothian and considering the best way to invest our resources going forward.

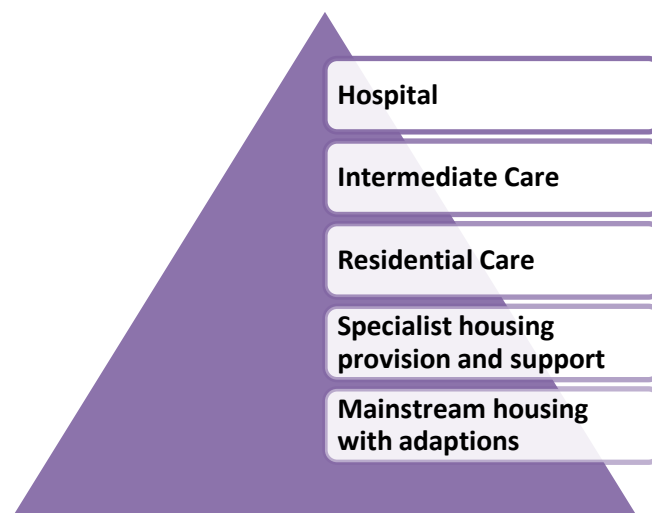
Community Integrated Teams

There is a need to explore how we further strengthen and integrate existing community services, working closely with West Lothian's primary care practices. We want to make sure that we have responsive community based teams which can deliver the right care at the right time. We will explore opportunities to integrate health and social care teams in the community further and opportunities to align with primary care services. We will consider the development of information points and geographically placed, integrated community hubs in close partnership with the third and voluntary sectors.

Another priority for community teams will be consideration of how they work with people frailty and on/long term conditions as early as possible to allow them to have care and treatment in a community setting. Development of this work will take place in conjunction with a review of how outpatient services are delivered.

Housing

West Lothian's population is changing and we recognise that. With projected increases in all age demographics in the coming years, we must aim to deliver housing models which meet the needs of our population.



Care should be delivered in an individual's home or community whenever possible. Clinical necessity will continue to be the procedure for admitting an individual to hospital or community bed.

End of Life Care

End of life care was identified as a priority for development during consultation. A palliative work stream has been developed to lead a review of existing arrangements and develop a commissioning plan for palliative care. The work is being led by the partnership's Chief Nurse.

Managing Our Resources Effectively

We know that growing pressure on our health and social care system means that the way in which we are currently delivering services is unsustainable. We will explore investment in approaches which focus on avoiding admission to hospital, supporting discharge from acute care without delay and supporting people to live as well as possible in their own homes.

We need to better understand existing demand and capacity across health and social care partners through more effective use of data and performance information to inform future developments.

We recognise there are substantive challenges in the recruitment of health and social care staff in Scotland. As a result of this, we aim to work closely with service providers to ensure that the right people are in the right roles to offer good quality support to those that need it. We recognise that our workforce needs to transform. This means attracting and securing future supply, up-skilling existing staff and exploring new roles and new ways of working.

Having a workforce with the right skill, at the right time and in the right place, provides the foundation for the delivery of effective health and social care services. Our transformational change programmes will be underpinned by this ambition and will link to the IJB's Workforce Development Strategy.

8. Finance

In line with the approach to IJB financial planning, budget plans have and continue to be developed across health and social care functions and officers supporting the IJB are at the forefront of ensuring overall health and social care considerations are taken into account in a collaborative approach to IJB and partner financial planning. This should importantly help ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, Council and Health Board. Detailed below is an annual average of total planned spend in West Lothian during 2020/2021 on services for older people.



9. Next Steps

The Older People and Dementia Plan is designed to inform service development from 2019 to 2023. Decision on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

The following action plan will support the development of services for older people and people living with dementia in West Lothian over the next three years and will incorporate the strategic priorities contained in the IJB's Strategic Plan. The Older People Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
1. Dementia Care and Support							
1.1	Dementia care pre and post diagnostic support	- To map existing dementia services to outcomes under the 8 pillar national dementia strategy domains and identify opportunities for enhancing service user experience	1,2,3,4,5,6,7,8,9	P&EI,TE, ICC,MRE	Map and agree aligned pathways	2020	Clinical Nurse Manager
1.2	Dementia Training	- To continue to deliver 'Promoting Excellence' training, knowledge and skills to staff, service users and families	1,2,3,4,5,6,7,8,9	P&EI,TE, ICC,MRE	Training courses delivered	Annually	Clinical Nurse Manager/ Business Support Team Manager
1.3	Complex dementia needs	- Review need for specific dementia models, to meet long term complex dementia need, for both Care at home and Beds (Alzheimer Scotland - 'Transforming Specialist Dementia')	1,2,3,4,5,6,7,8,9	P&EI,TE, ICC,MRE	Evidence of transition plans	2020-2023	Senior Manager Community Care

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
2. Support for Carers							
2.1	There is a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria	- Review unpaid Carers Advocacy support in West Lothian	1,2,3,4,5,6,7,8,9	P&EI, TE, ICC, MRE	Review in line with Carers Strategy	2020	Team Manager Business Support
2.2		- Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016.	3,4,5,6,7,9	TE, ICC	Strategy Published	2020	Team Manager Business Support
2.3		- Support all carers to access information, support and services in line with the Council's Carers Eligibility Framework.	1,2,3,4,5,6,7	TE, ICC	Review of commissioned services	2023	Group Manager Business Support
2.4	Access to Information	- Ensure appropriate arrangements are in place for carers of older people including dementia have to access information and support. This should consider options to expand technology enabled care.	1,2,3,4,5,6,7	P&EI, TE, ICC	Service User forum feedback	2020-2023	Senior Manager Community Care
3. Community Capacity Building and Living Well							
3.1	Community Capacity building	- Develop an approach to build community capacity/ social prescribing across partner organisations (i.e. inter-generational, increasing volunteers, mentors/ peer support etc)	1,2,3,4,5,6,8,9	P&EI, TE, ICC,	Approach Agreed	2020-2023	Head of Strategic Planning

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
3.2	Align voluntary and 3 rd Sector Activity	- Explore areas to further align capacity of voluntary/ 3 rd sector and community health and social care to continue to develop joint connected pathways and person centred plans	1,2,3,4,5,6, 7,8	P&EI,TE, ICC, MRE	Pathways, demand and capacity reviewed	2021-2023	Senior Manager Community Care
4	Integrated Frailty Community Teams & Access to Information						
4.1	Access, community demand and capacity	- Develop a better understanding of community demand, activity and waiting times to establish a baseline for planning and evaluation of improvement work	1,5,7,8,9	TE,MRE	Agree a demand and capacity community baseline	2020	Heads of Health & Social Policy – Programme Manager
4.2	Integrated Community Teams & Access to information	- Scope the costs and benefits of integrated health and social care community teams with a single point of access, linked to GP Clusters and 3 rd sector alongside consideration of information points/hubs' across Wards in West Lothian for access to community preventive/ early interventions and advice and support across West Lothian	1,2,3,4,5,6, 7,8,9	P&EI,TE,I CC,MRE	Options Appraisal	2020	Heads of Health & Social Policy/ Clinical Director - Programme Manager
		- Scope how community information hubs could support mild and moderate frail people/long term conditions/co-morbidities within general practice to prevent deterioration in health with the aim of reducing re-occurring GP appointments - linked to use of e-frailty tool	1,2,3,4,5,6, 7,8,9	P&EI,TE,I CC,MRE	Options Appraisal	2021	Clinical Director - Programme Manager

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
5. Care Pathways and Service Delivery							
5.1	Proactive care and long term conditions	- Further develop care models and pathways for frailty and long term conditions/co-morbidities to manage proactively people in the community	1,2,3,4,5,6,7,8,9	P&EI,TE,ICC,MRE	Community models developed	2020-2023	General Manager Senior Manager Community Care Outpatient Manager Acute Hospital Medical Lead Associate Nurse Director – Acute
5.1.1		- Continue to embed health and social care support to Care Homes in preventing unnecessary admissions	1,2,3,4,5,6,7,8,9	P&EI,TE,ICC,MRE	Reduction in hospital admissions from care homes	2020	General Manager Primary Care
5.2	Crisis/ Deterioration At risk of hospital admission	- Continue work to effectively stream and redirect of frail/ older people within the Community, Medical Assessment Unit, Primary Assessment Area and Accident & Emergency to offer connected pathways which optimise independence in the community and prevent unnecessary hospital admission.	1,2,3,4,5,6,7,8,9	ICC,MRE	Clearly defined alternative pathways with agreed access criteria Reduction inappropriate hospital admission	2020-2023	Medical Director - Acute Head of Health Senior Mgr Community Care General Manager Mental Health General Manager Medicine- Acute

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
		- Review pathways to manage acute admissions for people with delirium and dementia.	1,2,3,4,5,6,7,8,9	P&EI,TE,I CC,MRE	Define model, pathways with agreed KPIs	2020-2023	General Manager Mental Health
5.3	Recovery Rehabilitation& Reablement	- Develop integrated functions and responsibilities across partner organisations to streamline hospital discharge planning pathways	1,2,3,4,5,6,7	TE,ICC	Agree functions and responsibilities of all discharge planning processes	2020	General Manager Primary Care/Senior Manager Community Care/General Manager Acute
		- Monitor that care at home provision and supply to meet the needs of an individuals.	1,2,3,4,5,6,7,8,9	P&EI,TE,I CC,MRE	Reduction in delayed discharges	Ongoing reporting	Team Manager Business Support
		- Scope opportunity to further strengthen the integrated delivery model for rehabilitation and reablement.	1,2,3,4,5,6,7,8,9	P&EI,TE,I CC,MRE	Integrated rehabilitation and reablement care model	2020-2023	Senior Manager Community Care/General Manager Primary Care
		- Develop an agreed Guardianship pathway, with consideration of alternative care arrangements for patient awaiting Guardianship rather than hospital care	3,4,5,6,7,9	TE,ICC,M RE	Guardianship pathway mapped with associate processes and KPIs	2020-2021	Senior Manager Community Care
6. Bed Based Care and Support							
6.1	Intermediate Care Beds -	- Review the current use of bed based assets across health and social care	1,2,3,4,5,6,	P&EI,TE,I	Reduced admissions/	2020-2023	Consultant Geriatrician/

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
	link to 4.2 and 4.3 actions	including hospital beds, community hospitals and care homes	7,8,9	CC,MRE	delayed discharges		Head of Health/Senior Manager
7. Palliative Care & End of Life							
7.1		- Priorities and actions to be identified and agreed within the WL Palliative Care Strategy Group				2020	Chief Nurse
8. Technology Enabled Care							
8.1		- Continue to review, identify tech solutions and make recommendations on applications that support older people and carer to optimise care and minimise social isolation.	1,2,3,4,5,6,7,8,9	P&EI,TE,I CC,MRE	Develop plan for increasing technology enable care	2020-2023	Senior Manager Community Care
8.2		- Optimise Telehealth and Telecare – consider technology enabled care options for use in assessment and evaluation of care	1,2,3,4,5,6,7,8,9	P&EI,TE,I CC,MRE	% of older and people with dementia accessing technology enabled care and remaining in the community	Annual reporting	Senior Manager Community Care
8.3		- Develop technology solution to strength community teams integrated working within older people and dementia services	1,2,3,4,5,6,7,8,9	P&EI,TE,I CC,MRE	Develop a technology development plan	2020-2023	Senior Manager Community Care/General Manager

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
9. Housing							
9.1		- Through service user and stakeholder engagement, finalise a vision and model of care for current/future older people housing- to include community supports/ housing options to improve flow and pathways	1,2,7,8,9	P&EI,TE,ICC,MRE	Proportion of people cared for within West Lothian increased Reduction in delayed discharges	2020-2023	Senior Manager Housing Senior Community Care Manager
9.2		- Develop a need and a demand assessment for older peoples housing	1,2,7,8,9	P&EI,TE,ICC,MRE	Map existing capacity and anticipate future need and gaps in housing provision	2020-2023	Senior Manager Housing
10. Ensuring choice through Self-Directed Support							
10.1	Focus on market development to ensure people have access to opportunities which enable personal outcomes to	- Ensure practitioners and business support services and other stakeholders are involved in shaping market development teams and care managers are involved in shaping market development	ICC,MRE	TE,ICC,MRE	Market Facilitation plan update and published	Annual update 2020-2023	Team Manager Business Support
10.2		- Ensure service users and carers have a say in how future services should be developed.	1,3,4,8,9	P&EI,TI,MRE	Feedback provided via Forums	Annual update 2020-2023	Team Manager Business Support

	Area of Development	Actions	Outcomes (appendix 3)	Strategic Priorities	Measures	Timescale	Lead Officers
10.3	be met	- Ensure those receiving SDS have information and advice to allow to support them to achieve their personal outcomes.	1,3,4,9	P&EI,TI	Review of Commissioned Services	2021	Group Manager Business Support

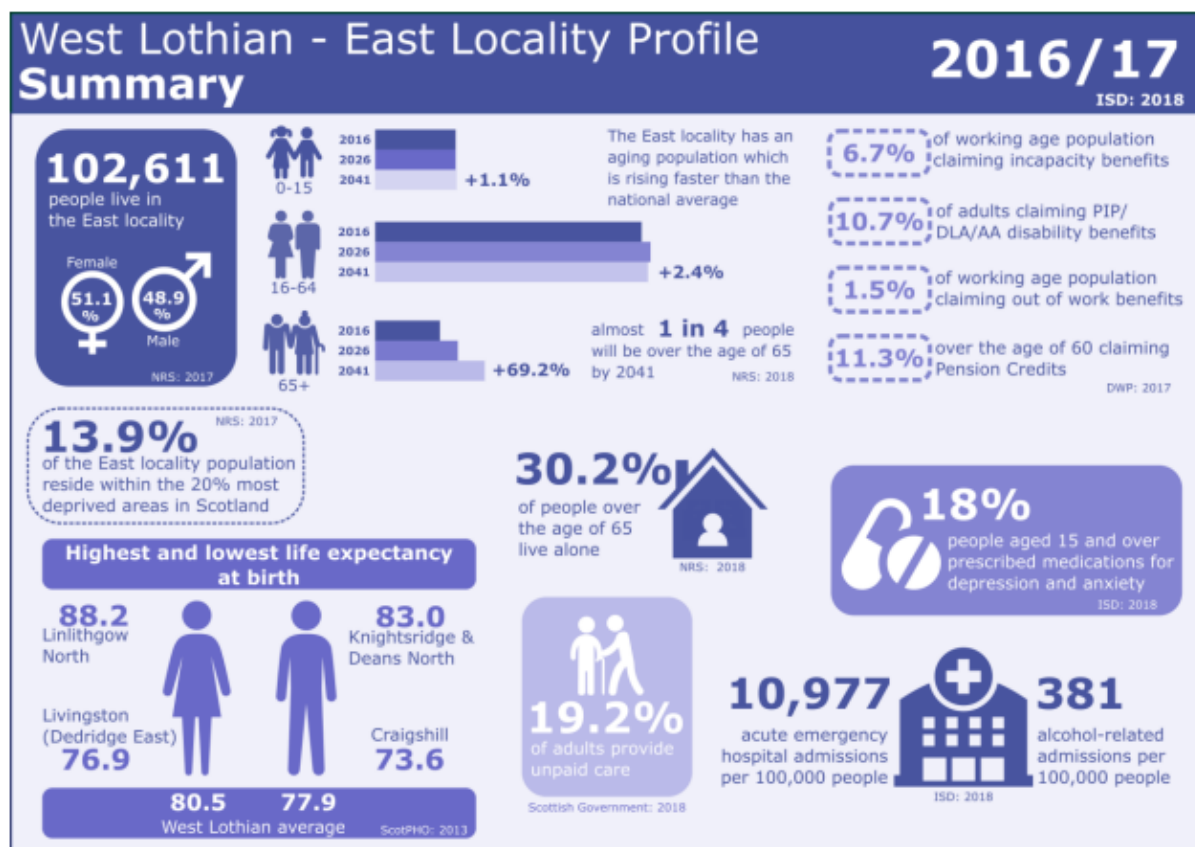
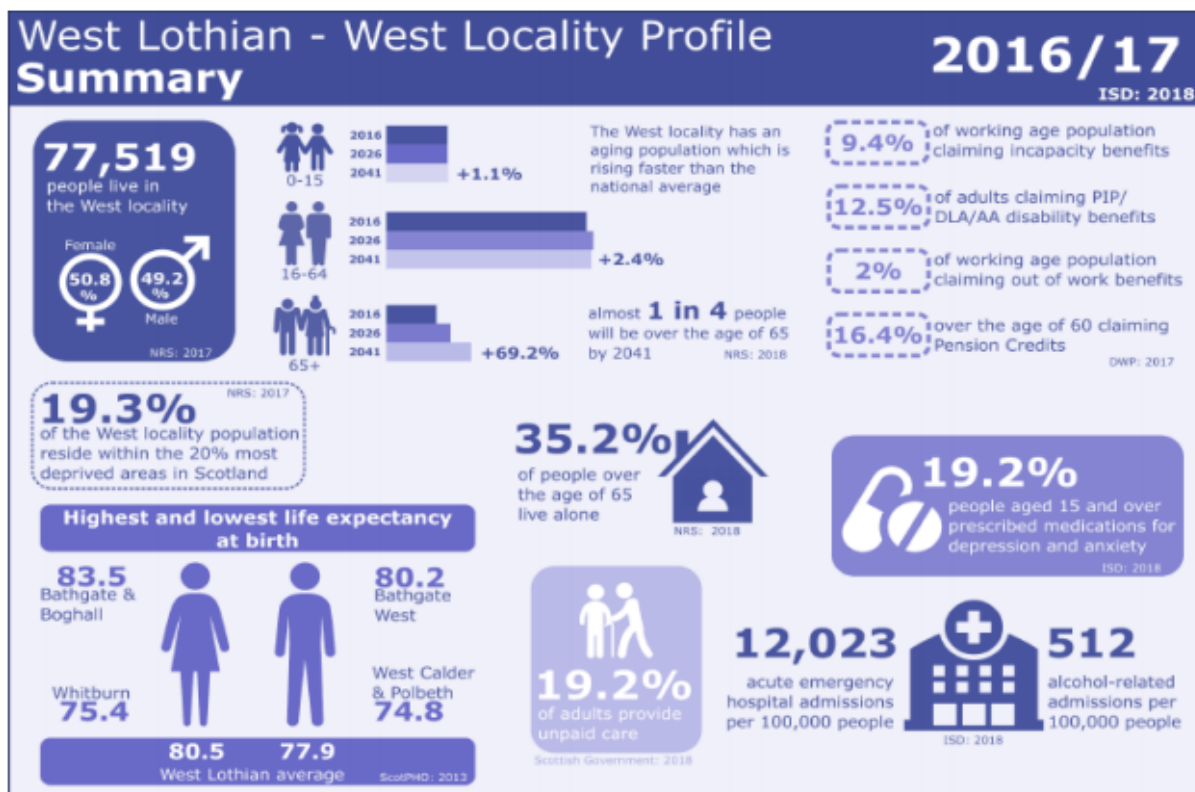
10. Monitoring and Review

A performance management framework will be developed to underpin the strategic commissioning plan. The performance framework will provide a mechanism for measuring progress and impact in relation to each of the priorities outlined in the plan.

The Older People Planning and Commissioning Board which meets at least 6 times per year will oversee the implementation of the Older People Commissioning Plan.

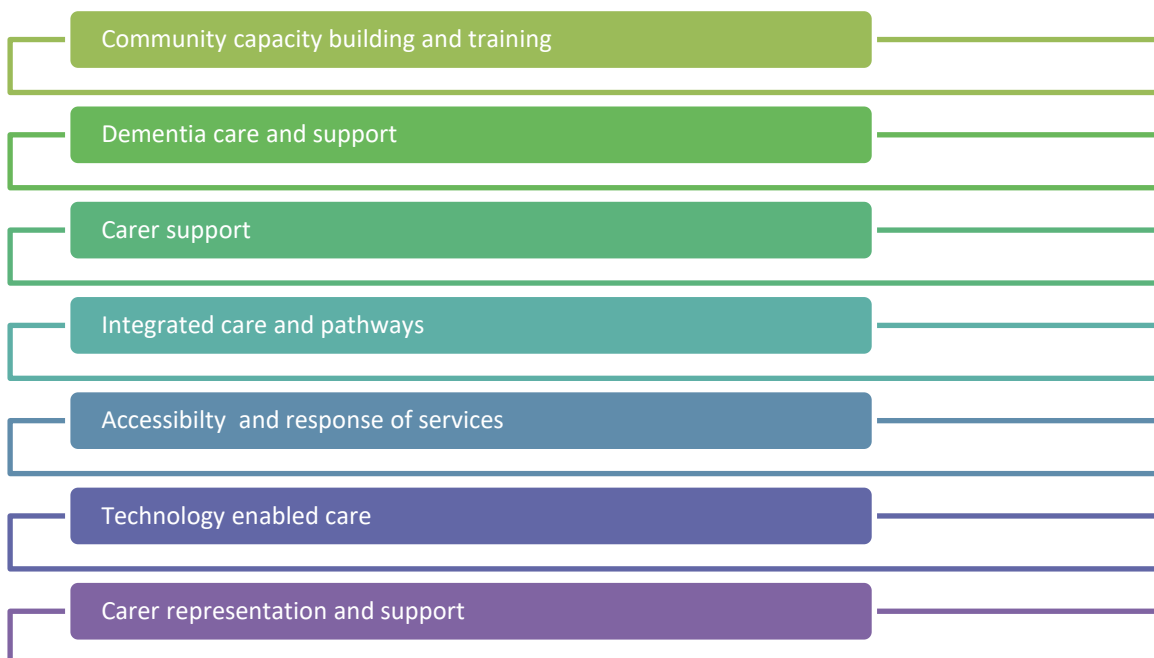
Formal updates on progress in relation to the commissioning plan will be submitted to the Integration Joint Board every 6 months.

Appendix 1 - Details



Appendix 2 - Older People Commissioning recommendations in 2015

The following 14 recommendations were identified under 7 key themes:



Recommendation 1: In future development of Joint Strategic Priorities should be needs – led, with key focus on early prevention and early intervention.

Recommendation 2: Dementia care in general requires higher prioritising and particular attention needs to be given to improving post diagnostic support.

Recommendation 3: Interfaces with the 3rd sector should be strengthened and the review of 3rd sector involvement should include pathway planning.

Recommendation 4: Consideration needs to be given to including support for carers in future priorities.

Recommendation 5: In order to provide the best conditions for sector sustainability and growth, commissioning practices need to avoid short term funding cycles. (e.g. year on year funding arrangements)

Recommendation 6: Current performance monitoring arrangements should be reviewed to develop an appropriate and proportionate (long term) monitoring framework to audit performance against outputs and

outcomes, as well as to provide equity of compliance across all statutory and commissioned provision.

Recommendation 7: Consideration should be given to establishing a single point of information for Older People Services and supports which provides written information in addition to online availability. This is especially important for those with dementia who tend not to use the internet.

Recommendation 8: The challenges created by a culture of 'silo working' by services was consistently highlighted throughout the needs assessment. Opportunities to move away from the practice of 'silo working' should be sought during all developments of integrated health and social care.

Recommendation 9: Consideration needs to be given to realising the significant opportunities for community capacity building.

Recommendation 10: Where future emphasis is placed on community capacity building there will need to be a need to provide training and learning opportunities for a much wider 'workforce' (including family carers, volunteers etc)

Recommendation 11: Strategic planning for older people's services needs to take account of the challenges created by the issue of recruitment and retention of care staff.

Recommendation 12: The West Lothian Older People's Forum should be reviewed to ensure it is representative of the demographic it represents.

Recommendation 13: Specialist Mental Health provision stops at the age of 65, and with the life expectancy of people with severe and enduring mental health increasing there is a gap in how specialist services should be planned and budgeted for.

Recommendation 14: Current priorities to increase technology assisted care could be having an adverse effect on social isolation for older people, however, technology enabled care could provide significant opportunities for helping to connect older people with a wider range of help and support (e.g. peer support, connection through social media and online virtual activities).

Appendix 3 - National Health and Wellbeing Outcomes

The 9 Scottish Government Health and Wellbeing outcomes:

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those 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 to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 4 - Links

Below are several strategies and strategic plans that complement the development of the Commissioning plans:

[West Lothian IJB Strategic Plan 2019-23](#)

[West Lothian IJB Participation and Engagement Strategy 2016-26](#)

[West Lothian Autism Strategy 2015/25](#)

[Active Travel Plan for West Lothian 2016-2021: Making Active Connections](#)

[West Lothian Children's Services Plan 2017-20](#)

[West Lothian Local Housing Strategy 2017-22](#)

[West Lothian People Strategy 2018/19-2022/23](#)

[West Lothian Anti-poverty Strategy 2018/19-2022/23](#)

[digital transformation strategy west lothian - Google Search](#)

Legislative context

[Community Empowerment \(Scotland\) Act 2015](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Mental Health \(Scotland\) Act 2015](#)

[Public Health etc. \(Scotland\) Act 2008](#)

[Community Care and Health \(Scotland\) Act 2002](#)

[Social Work \(Scotland\) Act 1968](#)

[The Equality Act 2010](#)

[The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#)

[Transport \(Scotland\) Act 2005](#)

National Strategies

[A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections - gov.scot](#)

<https://www.ageing-better.org.uk/sites/default/files/2017-12/Inequalities%20insight%20report.pdf>

[Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study - The Lancet](#)

[Transforming Specialist Dementia Hospital Care | Alzheimer Scotland](#)

[Scotland's National Dementia Strategy-2017-2020](#)

[A Fairer Scotland for Older People: framework for action - gov.scot](#)

[Care of older people in hospital standards](#)

[Living Well in Communities | ihub | Health and social care improvement in Scotland - Living Well in Communities](#)

[Frailty at the Front Door | Acute Care | ihub - Frailty at the front door](#)

<https://hub.careinspectorate.com/media/1323/reshaping-care-for-older-people-a-programme-for-change-2011-2021.pdf>

http://www.parliament.scot/S4_PublicAuditCommittee/Reports/pauR-14-06w.pdf

[Age, Home and Community: next phase - gov.scot](#)

[Age, home and community: a strategy for housing for Scotland's older people 2012-2021 - gov.scot](#)

<https://hub.careinspectorate.com/media/1182/full-report-on-the-future-of-residential-care-for-older-people-in-scotland.pdf>

<https://www.alzscot.org/sites/default/files/2019-07/Transforming%20specialist%20dementia%20hospital%20care.pdf>

[Health and Social Care Integration Partnerships: reporting guidance - gov.scot](#)

[Transforming social care: Scotland's progress towards implementing self-directed support 2011-2018 - gov.scot](#)

Physical Disability Strategic Commissioning Plan

2019-2023

***"Increasing wellbeing and reduce health inequalities
across all communities in West Lothian"***

Contents

1. Introduction	3
2. Our Approach	4
3. Previous Plan and Key Results	8
4. West Lothian Context	10
5. Developing the new plan	12
6. Consultation and Engagement	13
7. Our Strategic Priorities	15
8. Finance	21
9. Next Steps	22
10. Monitoring and Review	30
Appendix 1 - Locality profiles	31
Appendix 2 - Strategic needs assessment recommendations	32
Appendix 3 - Scottish Government Health and Wellbeing Outcomes	34
Appendix 4 - Legislation, local and national strategies	35

1. Introduction

In West Lothian we believe in providing support and services that allow our citizens to live well. The Physical Disability Commissioning Plan will act as a tool to allow us to work to this common goal across the West Lothian Health and Social Care Partnership (HSCP).

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. As a result of this we have published the [West Lothian Integration Joint Board Strategic Plan 2019-23](#) setting out both our aims and strategic priorities to achieve this ambitious goal. The vision of the plan is:

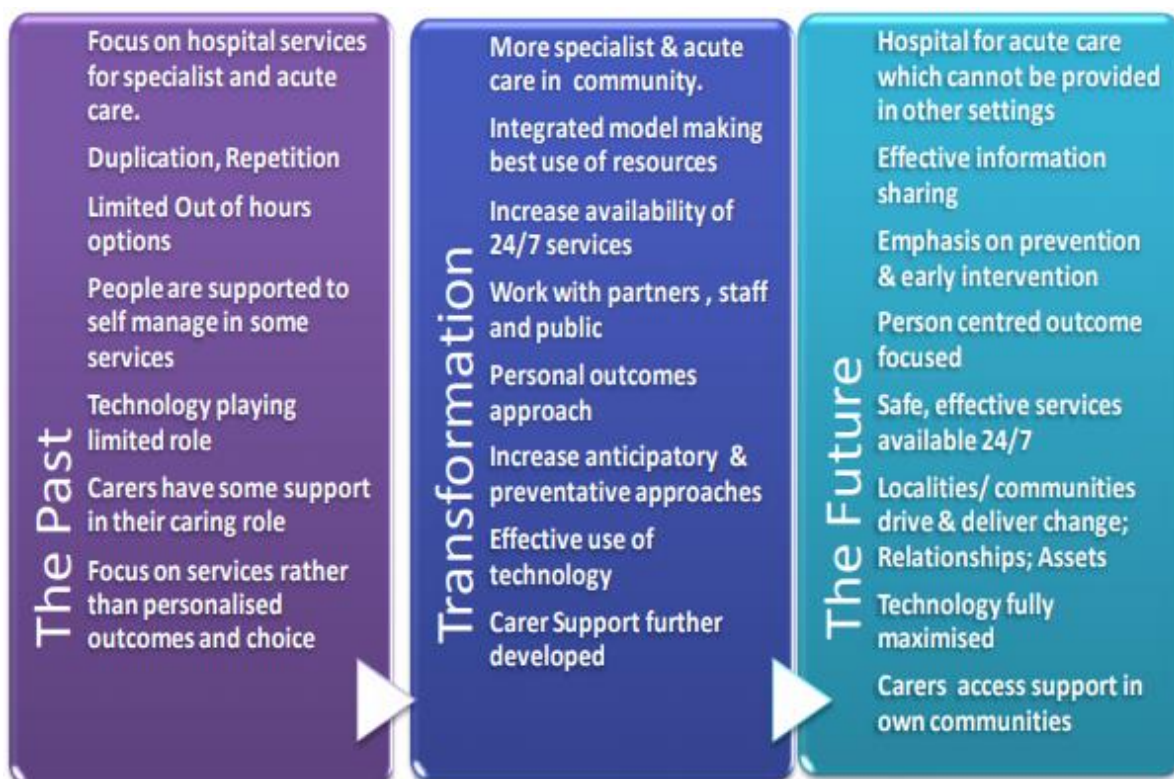
***"To increase wellbeing and reduce health inequalities
across all communities in West Lothian"***



By working to the values of both West Lothian Council and NHS Lothian, The Integration Joint Board (IJB) has developed a set of values that will underpin the future commissioning of the services outlined in this plan.

2. Our Approach

We have adopted a whole system approach to reviewing and developing physical disability commissioning for adults in West Lothian. This means that we are thinking about how we invest our resources in hospital, community health and social care services in the future, recognising that in many instances services are delivered best when they are offered locally. We are working on the principle of offering health and care services in community settings unless there is a very good reason not to. We are focussing on how we shift the balance of care towards delivery of care and support at the right time in local communities.



Significant transformational change takes time and we recognise that it may take longer than the span of this plan to achieve all the changes we need. This plan builds on previous work and provides a firm foundation for developing our services for adults with a physical disability in West Lothian over the next three years. We need to think carefully about how we manage our financial resources and our workforce to deliver new ways of working. It will be necessary to invest in some services and disinvest in others as our plans develop. We also need to build a sustainable workforce to address some of the workforce challenges we face, and to deliver the changes we need. We will ensure that we focus on maximising opportunities for integrated and partnership working.

The principals and key measures identified in this engagement will continue to be the basis of our commissioning plan, using refreshed data to continue to reflect the position of living in West Lothian today and in the future.

Following engagement through the adults with disability Commissioning and Planning Board, service provider forums, service user groups and open public forums, the physical disability in line with the national strategy, will:

- Reflect the needs and plans as articulated at a local level for West Lothian
- Confirm the desired outcomes and link them to investment
- Detail what services will be delivered against outcomes and the associated performance indicators
- Prioritise investment and disinvestment in line with assessed needs
- Ensure the resource deployment and performance is consistent with the duty of best value
- Ensure sound clinical and care governance is delivered



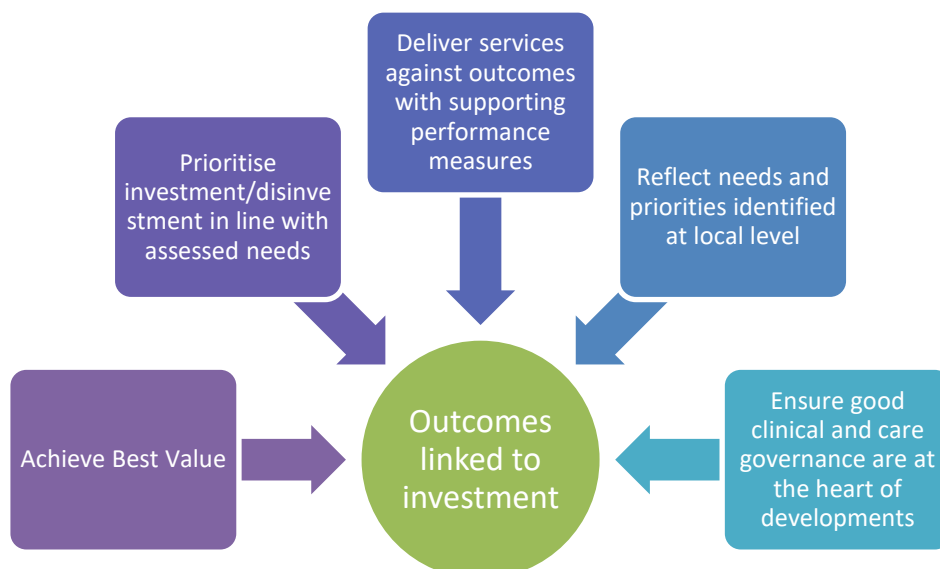
Alongside the direction set out in 'A Fairer Scotland for Disabled people' (2016), other key strategies and action plans have been produced by the Scottish Government to ensure that people living with disabilities can live independently and well where appropriate. Some examples would be the plan to address the disability employment gap and the Charter for Scottish Social Security which sets out the future direction for national welfare reform, including the introduction of disability assistance in 2022. West Lothian HSCP supports the direction of the mentioned strategies and has embedded the supportive principals detailed in the Commissioning strategy.



The Scottish Government published Health and Social Care Standards: My Support, My Life in June 2017. The new Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled too are upheld. The development of our services will be based on the following underpinning principles:



The development of new West Lothian commissioning plan for physical disability services has involved consultation with the Integration Joint Board's Strategic Planning Group, the Adults with Disabilities Planning and Commissioning Board, service providers and service user sub groups and carers. The commissioning plan aims to:



Climate Change

West Lothian Integration Joint Board acknowledges its position of responsibility in relation to tackling climate change in West Lothian.

Organisations have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper or emissions produced from vehicles and machinery, or simply disposing of waste materials in an environmentally conscious manner.

West Lothian IJB commits to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in West Lothian wherever possible, through its strategic aims and decision-making processes.

3.Previous Plan and Key Results

In 2015, independent specialists in research were commissioned by the HSCP to develop a comprehensive needs assessment which was used as base for the 2016/17-2018/19 commissioning plan for physical disability. This needs assessment alongside engagement and consultation, created the priorities and action plans for the commissioning of services in West Lothian between 2016/17-2018/19.

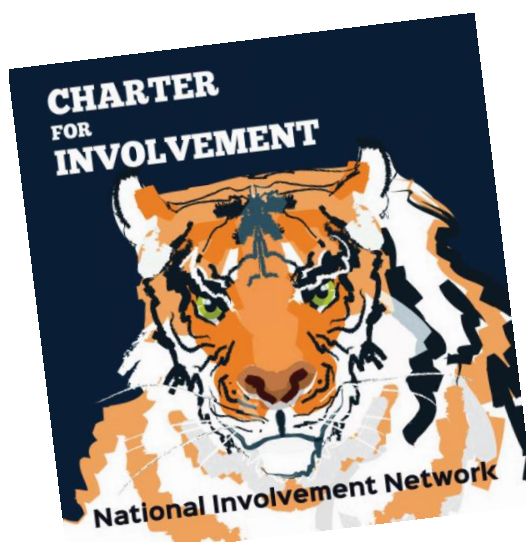
Over the duration of the previous plan there has been great progress made within the partnership to ensure adults within West Lothian living with a physical disability have been supported to live well.

Some key successes have been detailed below:

Residential care

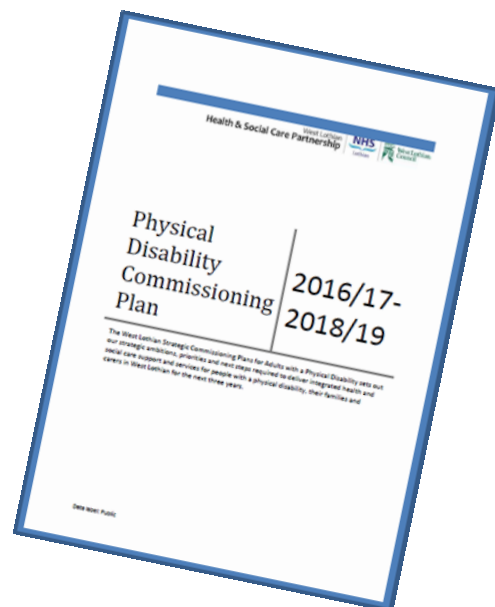
Adults with a physical disability living in West Lothian have been supported through the successful contract award to Cornerstone Care, providing a care home setting for adult's complex needs.

Access to Information



A contract was awarded to one of our local third sector partners to deliver disability information and advice services, alongside their existing carer's services. This has allowed those living with a disability to access information and advice about local services and support that may be available to them. The new Health and Social Care Partnership website was also launched in 2019 to support the promotion and streamline information of services to those in need. We have closely aligned the National Involvement Network *Charter of*

Involvement's 12 statements to ensure that services we commission are available in local communities and those using the services have a say in how they are developed.



Transitions

In West Lothian transitions workshops were run in partnership with 3rd sector providers to promote knowledge of good transition from full time education into adulthood. A dedicated officer developed operational support pathways for professionals, something which will be a key feature of this commissioning plan alongside the work that ARC and the Scottish Transitions forum have developed promoting the 7 principals of good transition.

Housing options

In terms of housing, West Lothian Council in partnership with our registered social Landlords (RSLs) have completed construction of 76 wheelchair accessible houses over the lifespan of the previous plan (2016/19). This is in line with the expansive house building programme in West Lothian and has supported many people into a more suitable tenancy that has supported the principals of independent living. This work has been informed by the 2015 Partnership's needs assessment.

Employment

Opportunities for those living with a physical disability wishing to access paid employment have also increased in West Lothian. The development and promotion of the Support Employment service has allowed those who wish to work 16 hours a week or want to explore working in NHS Lothian through the project Search project have been supported to do so.

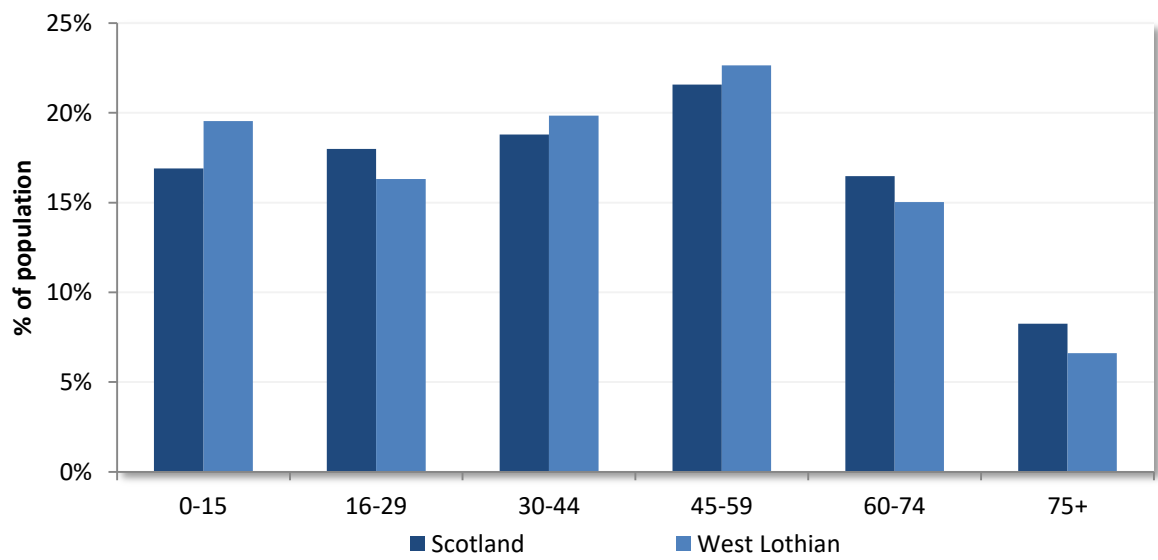
Sensory Impairment Services

Contracts were issued to several third sector providers to support those living in West Lothian with sensory impairment. West Lothian HSCP also continued to develop their internal sensory impairment and support service, offering front line social work support to those requesting help.

We also recognise that there is always more to do. We will continue to work with our providers and other strategic partners to build upon our market facilitation plan to ensure our future specialist framework for adults with a disability offers a menu of choice for those living with a Physical Disability living in West Lothian. Alongside this we will continue to ensure all advice, information services and supports are accessed and ensure we work together within our communities to break down many of the barriers that adults with a physical disability, sensory impairment or acquired brain injury face. The priorities and actions detailed in section 9 detail this further.

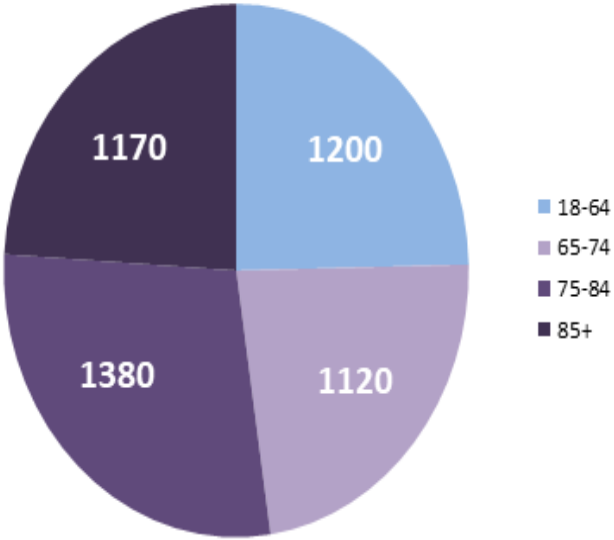
4. West Lothian Context

According to National Records of Scotland, the 2017 population for West Lothian was 181,310; this is a 3.5% increase of the population figures reported in 2011 Census (175,118). In relation to the comparison areas, mid-year estimates for 2017 show West Lothian has a higher population than Falkirk (160,130) and Renfrewshire (176,830), and lower than South Lanarkshire (318,170). Scotland’s overall population is also shown (5,424,800). In terms of age, the West Lothian population is broken down as follows:



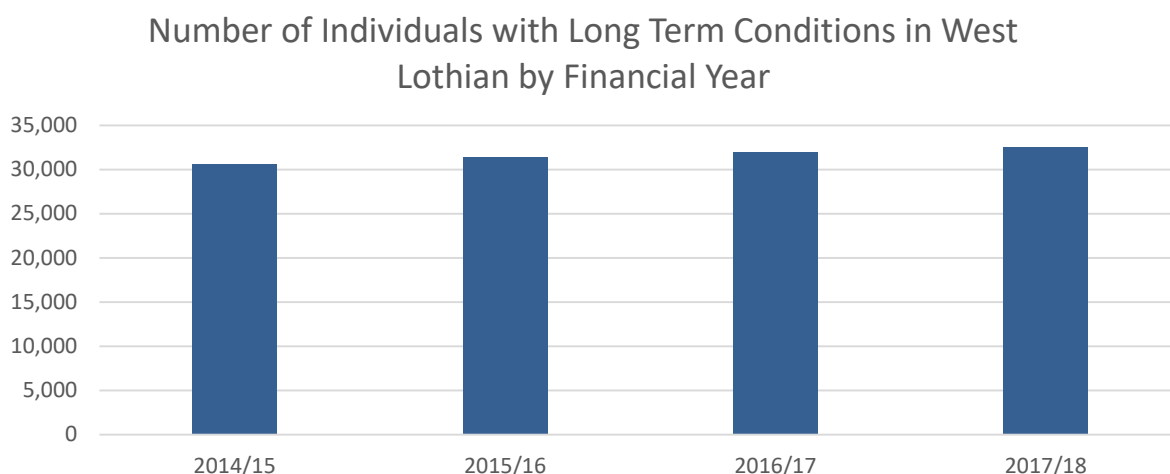
In West Lothian there are an estimated 4930 people living with sight loss, 630 are blind and 4300 living with partial sight loss. With West Lothian’s growing elderly population it is expected that this total number may rise as high as 5760 by 2030. The physical disability Commissioning plan will focus on the support and services for adults in West Lothian between the ages of 18-65, which accounts for approximately 1200. It is important to say however that the See Hear strategy to support those in Scotland with sensory impairment is a ‘cradle to the grave’ strategy.

Sight loss profile - West Lothian (age)

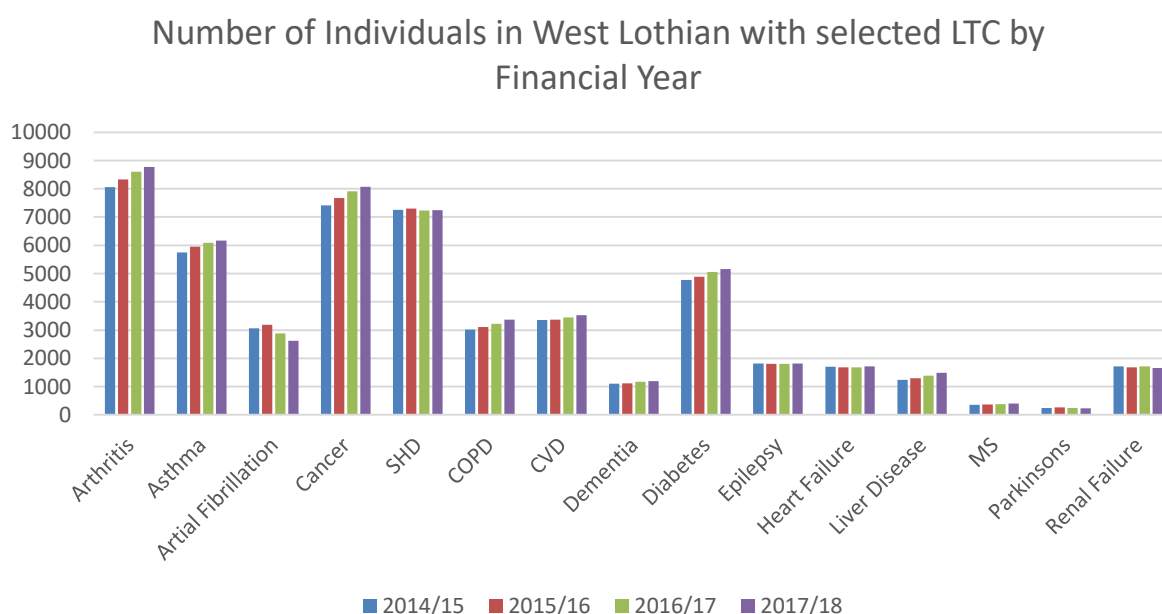


Source: [RNIB](#)

It is widely recognised that there is limited data available to best understand the deaf community within West Lothian. As the group of adults we aim to support through this plan includes those who are deaf, hard of hearing, suffer from deafness and are deafblind, we will use the guidance from the See Hear Strategy and internal contract monitoring reports to best understand the numbers of adults our commissioned services will be required to support.



As seen above there is a large number of adults living in West Lothian with a self-declared long term health condition. Understanding the population of those that declare themselves as physically disabled proves difficult as the Census reports more generally on those living with a long term health condition, as reported above. This can be broken down as follows:



5.Developing the new plan

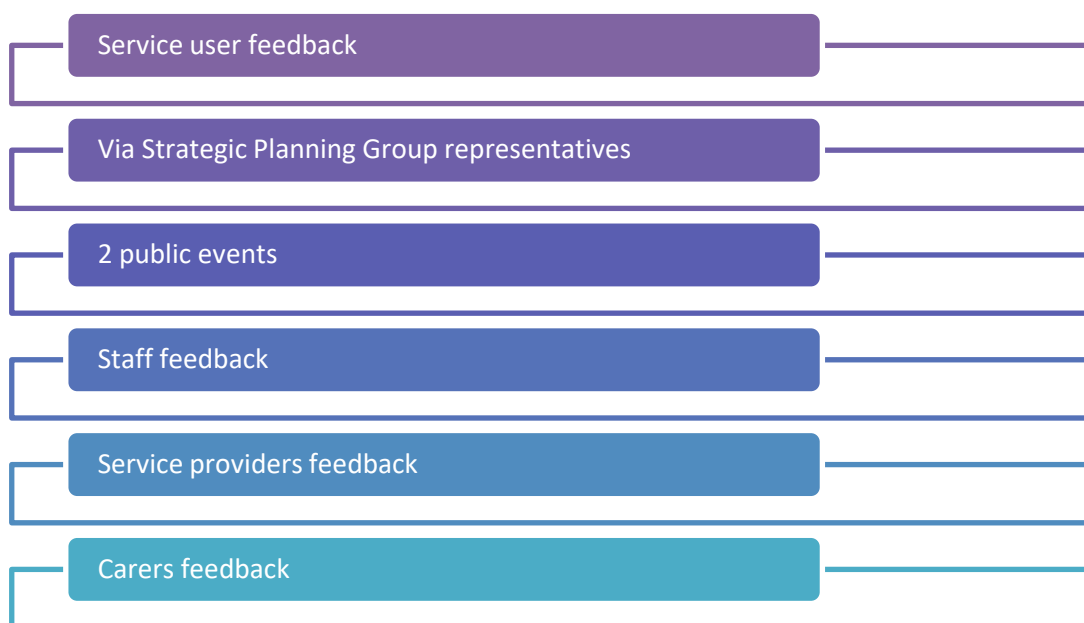
Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Commissioning is commonly described as a cycle of strategic activities similar to that shown below:



In this model, based on that developed by the Institute of Public Care (IPC), the Commissioning cycle (the outer circle) drives purchasing and contracting activities (the inner circle), and these in turn inform the ongoing development of Strategic Commissioning.

6.Consultation and Engagement

The engagement process for the Adults with Disability Commissioning Plan comprised a range of methods including:



Engagement with staff groups across health and social care services took place and staff were asked to identify what was currently working well and to suggest areas for development. Completed feedback forms were discussed at meetings of the Adults with Disability Planning and Commissioning Board where ideas were collated and refined.

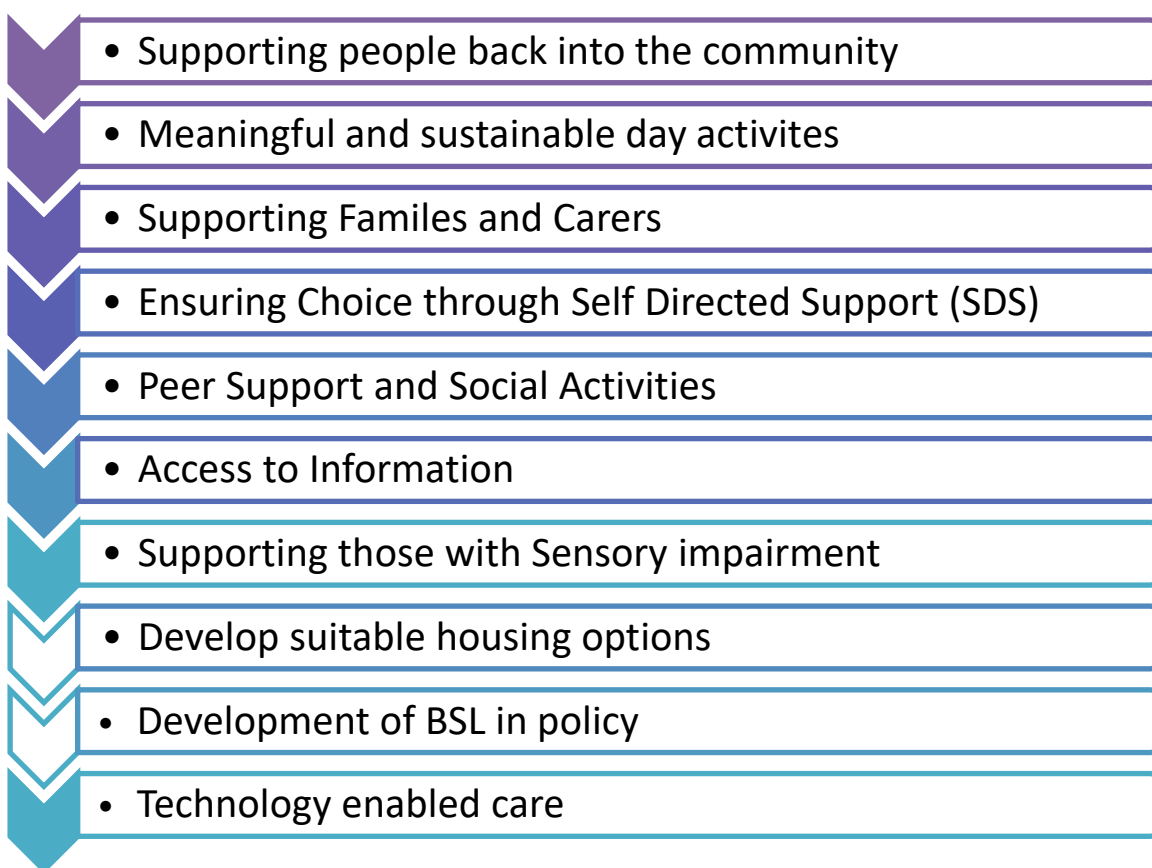
There was significant staff engagement with pro forma feedback being completed by staff groups representing adult social work, adult disability community services, psychological therapy services and community health services to name a few. Feedback in relation to services for sensory impairment and acquired brain injury was also included in the feedback for the physical Disability Commissioning plan.

Two public engagements events were held covering all of the commissioning plans which are older people, people living with a learning disability, people living with physical disabilities and people living with mental health problems. Information about these events was circulated widely, posted on West Lothian Council's social media and circulated to disability social care providers, community centres, contacts and projects throughout West Lothian. The events were held on 8 October in Howden

Park Centre in the afternoon and on 10 October in Bathgate Academy in the evening. 44 people attended the events and 8 people participated in the physical disability discussions, the main groups that were represented were from third sector service providers and parents and carers of those living in West Lothian.

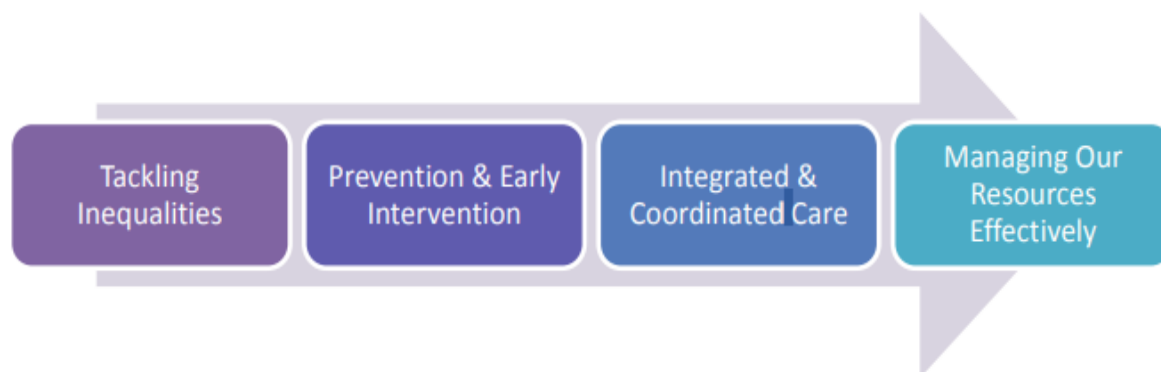
Key partners in social care services for those with a physical disability were invited to discuss the emerging priorities in an open forum which was well attended. Attendees included those offering advocacy services, housing provision, care in the community and information and advice. The strategic officer for the plan also engaged with several social care providers, local and national organisations focusing on both physical disability and services for adults with sensory impairment.

A copy of the full feedback summary can be accessed [here](#). Feedback was analysed and emerging key themes are detailed below. The feedback from the engagement process is one part of the information gathering exercise to inform the commissioning plan along with data and expert opinion from clinicians/service providers. The engagement feedback has supported the development of the priorities and actions detailed in section 9.

- 
- Supporting people back into the community
 - Meaningful and sustainable day activities
 - Supporting Families and Carers
 - Ensuring Choice through Self Directed Support (SDS)
 - Peer Support and Social Activities
 - Access to Information
 - Supporting those with Sensory impairment
 - Develop suitable housing options
 - Development of BSL in policy
 - Technology enabled care

7. Our Strategic Priorities

Achieving sustainable health and social care systems and improving health and wellbeing outcomes in West Lothian requires transformational change over time. This will better support the transition to a future model of care. In light of this four strategic priorities have been identified:



Tackling Inequalities

We recognise that as a partnership both health and social inequalities within our communities must be at the heart of our commissioning plans. As a result, we must ensure that services are accessible and aim to break down the barriers individuals face to good quality care. Working alongside community partners we aim to ensure everyone has access to income maximisation and specialist benefits and money advice in line with the principals of Scottish Social Security. Prioritising preventative, primary and community based services will allow those living in West Lothian, in the most disadvantaged groups to live well.

Inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

Social determinants of health are the conditions in which we are born and in which we live and work. They can impact on our health and wellbeing and include:

Childhood Experience	Housing	Education	Social Support
Family Income	Employment	Sense of Community	Access to Health Services

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measure of deprivation which ranks all data zones in Scotland from 1 (most deprived) to 6,976 (least deprived) and is the Scottish Government's official tool for identifying areas of multiple deprivation. West Lothian has 239 data zones, 38 of which fall within the most deprived 20% of the SIMD index. SIMD pulls together data on 38 indicators covering seven domains: employment, income, housing, crime, health, education and access.

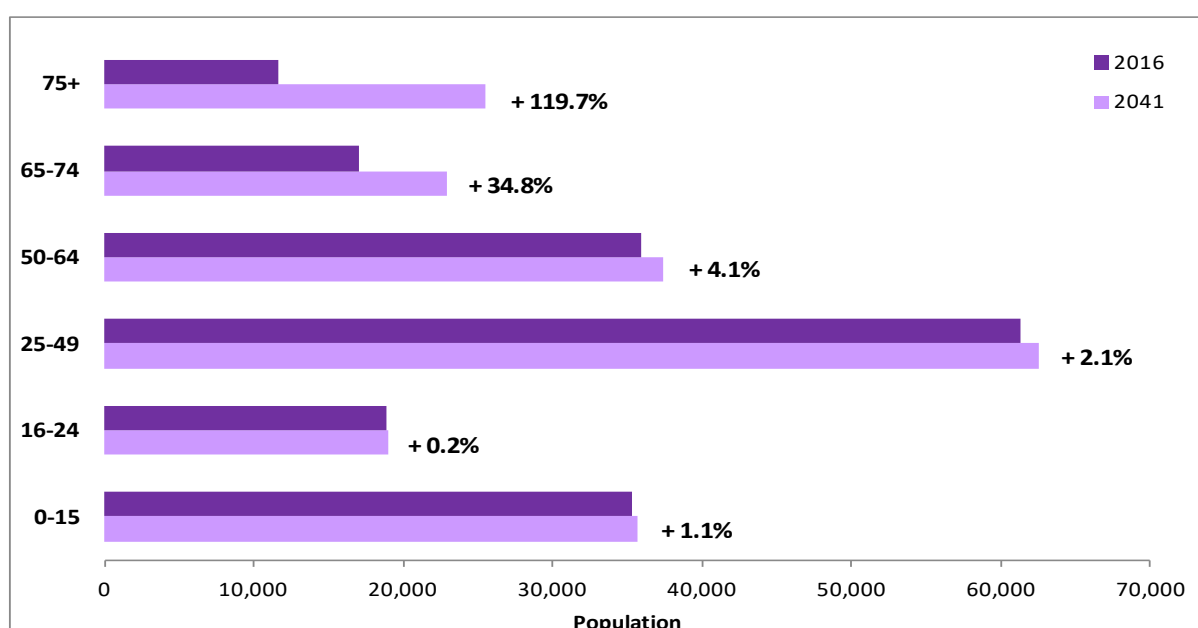
We will work with our partners to reduce the impacts of social circumstances on unfavourable health through:

- ❖ Ensuring services are accessible to all based on need, and barriers to care are addressed
- ❖ Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups
- ❖ Supporting services and initiatives to reduce the impacts of inequalities on health and well being
- ❖ Working with community planning partners to address underlying social inequalities that result in health inequalities
- ❖ Offering income maximisation assistance to families and access to specialist benefits and money advice

People living in some communities are more likely to be living in poorer health and to die younger with higher rates of cancer, stroke, diabetes and heart disease. People with disabilities are more likely to have lower educational achievements, higher rates of poverty and poorer health outcomes. Unpaid carers are also more likely to have poorer health and creating barriers to them achieving their own personal outcomes and goals.

Prevention and Early Intervention

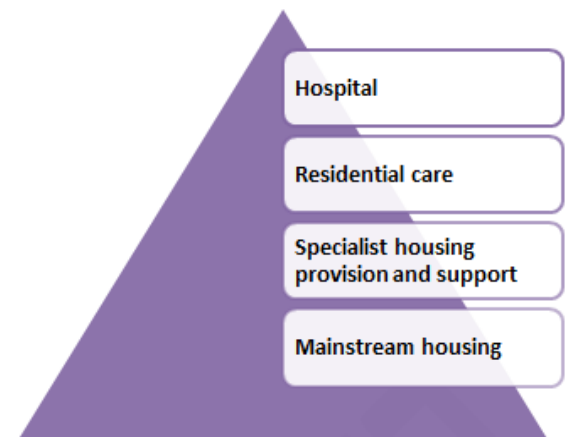
West Lothian's population is changing and we recognise that. With projected increases in all age demographics in the coming years, we must aim to deliver on Housing contributions statement given to ensure that population needs are met. Supporting people to remain in the most appropriate form of accommodation or housing will allow us to ensure that those at risk of facing barriers to independent living will be addressed at the earliest possible stage. Promotion of community based services included those provided by the 3rd and Independent sectors will continued to be developed to transform day-to-day health and social care to ensure support is provided by the right person at the right time.



A key aim for the West Lothian IJB is to support people to become more familiar with the range of digital options available to them and support those living in West Lothian into the digital age to allow everyone to both access information and services. We will continue to develop a digital workforce and improve the use of technology enabled care to ensure we are supporting those at the earliest possible stage. Early intervention, through technology enabled assessment for care, will also continue to support those requiring health and social care services to remain at home and live more independently.

Integrated and Coordinated Care

Care should be delivered in an individual's home or community whenever possible. Clinical necessity will continue to be the procedure for admitting an individual to hospital as we recognise individuals recover better in comfortable and homely surroundings. The aim of our strategic Commissioning is to ensure more care is delivered in the community.



Alongside being involved with the decisions made in their care, individuals will be discharged from hospital as soon as possible to allow them to regain independence and access local services through a smooth transitions process. This will include improving use of technology to support people at home.

Our focus will be on ensuring we deliver the right care, in the right place, at the right time for each individual so that people are:

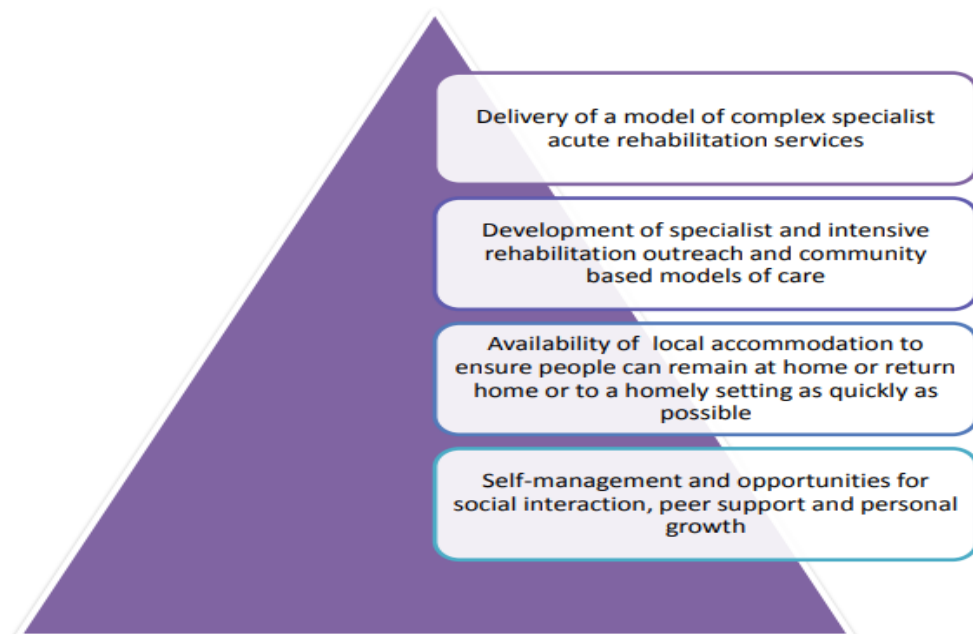
- ❖ Assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary
- ❖ Discharged from hospital as soon as possible with support to recover and regain their independence at home and experience a smooth transition between services
- ❖ Safe and protected and have their care and support reviewed regularly to ensure these remain appropriate
- ❖ Actively involved in decisions about how their health and social care needs should be met through placing 'good conversations' at the centre of our engagement with them

Managing Our Resources Effectively

To improve experience of those using our services, we aim to ensure there is a wide choice of community based services and we will signpost people to the most appropriate resource to meet their needs. The age profile of the workforce together with fewer people choosing a career in health and social care is impacting on sustainability making it harder to recruit and retain a skilled health and social care workforce. As a result of this we aim to work closely with service providers to ensure that the right people are in the right roles to offer good quality support to those that need it.

A programme of change for people with physical disabilities will be based on the principle that people have the opportunity to live independently within local communities, with partners working to develop a range of supports which enable people and their families to set and achieve rehabilitation goals.

Our approach will draw on the ambitions set out by the Scottish Government' in 'A Fairer Scotland for Disabled People' (2016). The Scottish Government and NHS Lothian are working in partnership to deliver a major programme of redesign at the Royal Edinburgh Hospital. The programme will provide an opportunity to develop community focused services which are more streamlined and better integrated. Planning with focus on key areas such as:

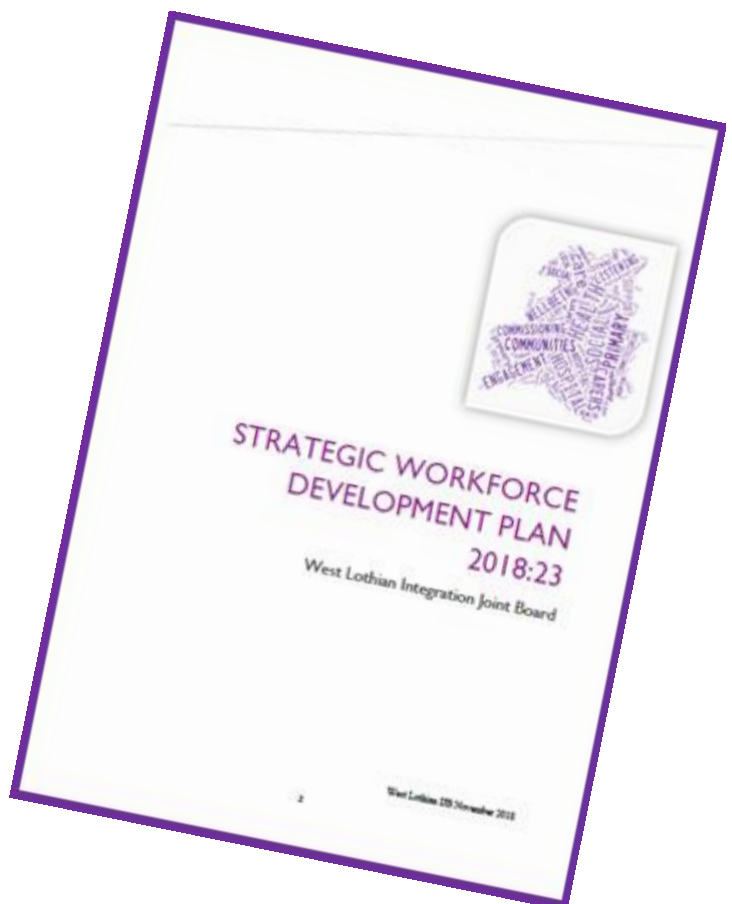


Such is the size of transformational change over the coming 3 years there will need to a strong focus on supporting the workforce to be agile in responding to rapidly changing in care needs now and in the future.

To achieve our objective of providing high quality care and support for adults living with a physical disability in West Lothian we need to ensure that our workforce within the HSCP are provided the skills and training to do the job, with an emphasis on utilising the right skill for the right intervention in the right place. There is an opportunity to continually develop partnership and align the workforce to the development of West Lothian Strategic priorities and local outcomes.

A clear message from our recent public engagement events show that people want to be able to live in their own homes for as long as possible. The direction will be to ensure services are personalised to their specific needs and delivered in a joined up way that offers consistency, opportunities to access community support and services and prevent social isolation.

To meet these challenges, our workforce needs to transform like never before. This means attracting and securing a vibrant future supply, upskilling our existing staff, creating and embracing new roles, mobilising innovation and exploring new ways of working. Ensuring compassionate and inclusive leadership will also be key to the success of our Strategic Commissioning going forward. Drawing upon best practice examples developing within Scotland and further afield, we will learn from our public engagement exercises and will strive to ensure the knowledge, skills, values and attitudes of the workforce are the right ones to empower those using self-directed support.



Having a workforce with the right skill, at the right time and in the right place provides the foundation for the delivery of effective health and social care services. Our transformational change programmes will be underpinned by this ambition and will link to the IJB's Workforce Development Strategy.

8. Finance

In line with the approach to IJB financial planning, budget plans have and continue to be developed across health and social care functions and officers supporting the IJB are at the forefront of ensuring overall health and social care considerations are taken into account in a collaborative approach to IJB and partner financial planning. This should importantly help ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, Council and Health Board.

Detailed below is an annual average of total planned spend in West Lothian (2019/20) for those living with a physical disability:



**Total budget, not specific to Physical Disabilities.*

9.Next Steps

The Physical Disability Commissioning Plan is designed to run for 4 years from 2019 to 2023, at a time of continued re-shaping of the commissioning environment within health and social care. Some of the priorities outlined in the plan have an end date beyond the life of the commissioning plan as they are linked to developments with a longer timescale. Decision on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

The following action plan will support the development of services for people living in West Lothian with a physical disability and will incorporate the strategic priorities contained in this commissioning plan. Progress will be monitored via the Adults with Disability Planning and Commissioning Board.

The Physical Disability Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

The 2015 commissioned needs assessment made 19 recommendations to improve service provision for those living in West Lothian with a physical Disability (Appendix 2). Those recommendations have been mapped against the National Health and Wellbeing Outcomes (Appendix 3) and other Council strategies (Appendix 4) to develop the Commissioning plan priorities detailed below:

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to IJB Strategic Priorities	Measures	Timescale	Lead Officer(s)
1.	Supporting people back into the Community						
	Using the conclusions and recommendations from the Scottish Governments 'Coming Home report', develop local supports and services to allow adults with complex needs to remain and also return to living in West Lothian.	- Ensure discharge planning is carried out from point of admission to ensure people with physical disabilities are supported to return home when appropriate.	2, 3, 4, 9	ICC, MRE	No of days between being medically discharged and returning home.	2022	General Manger Primary Care/ Group Manager Occupational Therapy
		- Work with the Lothian wide collaboration to ensure people with physical disabilities living in West Lothian are considered through the Royal Edinburgh Campus redesign.	2, 3, 4, 9	ICC, MRE	No. of adults with a physical disability living at home.	2023	Senior Manager Adult Services
		- Deliver a model of acute complex rehabilitation services.	2, 3, 4, 9	ICC, MRE	Service model operational	2023	General Manger Primary Care/ Senior Manager Adult Services
		- Develop specialist and intensive rehabilitation pathways which are built around community based models of support and care.	2, 3, 4, 9	ICC, MRE	Service models operational	2023	General Manger Primary Care/ Senior Manager Adult Services

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to IJB Strategic Priorities	Measures	Timescale	Lead Officer(s)
2.	Develop Suitable Housing options						
	Continue to develop a range of housing options to enable people with physical disability to live within local communities.	- Contribute to the West Lothian Local Housing Strategy to ensure a range of suitable housing model for those living with a physical disability are reflected.	2,3,4,8,9	TI, MRE	Strategy published	Annual update 2020-2023	Team Manager Housing
		- Establish an adults with disabilities Housing project board to ensure strategic vision is delivered throughout all related services.	2,8,9	TI, MRE	Board established and reporting into planning and commissioning board	2020	Senior Manager Adult Services / Team Manager Housing
		- Continue to deliver wheelchair accessible housing and other specialist housing provision in line with the targets set out in the Strategic Housing Investment plan (SHIP).	2, 4, 9	TI, MRE	Target delivered	2023	Team Manager Housing
		- Ensure built in and standalone technology is used where appropriate to ensure independent living is maximised.	1, 2, 7, 9	P&EI, ICC, MRE	No. of adults with a physical disability living at home.	2023	Senior Manager Adult Services / Group Manager Assessment

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to IJB Strategic Priorities	Measures	Timescale	Lead Officer(s)
3.	Meaningful and sustainable day opportunities.						
	People in West Lothian living with a physical disability should have a range of day activities to choose from when accessing support.	<ul style="list-style-type: none"> Continue to offer a range of services and resources to meet a spectrum of need, recognising that for some people traditional centre based day activities continue to play an important part in their overall support arrangements. This will be delivered in regard to the efficiency of £755,000 detailed in the West Lothian Transforming your council strategy. 	2, 4, 9	ICC, TI, MRE	No of adults with a physical disability using alternatives to building based day services.	2022	Senior Manager Adult Services
		<ul style="list-style-type: none"> Work collaboratively with our 3rd and independent sector to enable freedom of choice when accessing activities during the day in West Lothian. 	2, 3, 4, 8, 9	P&EI, TI, ICC, MRE	Further day activates available in West Lothian	2022	Group Manager Business Support
4.	Supporting Families and Carers						
	There is duty for local authorities to provide support to carers, based on the carer's	<ul style="list-style-type: none"> Review unpaid carers Advocacy in West Lothian. 	1, 2, 3, 4, 6, 8	P&EI, TI	Review in line with Carers Strategy	2020	Team Manager Business Support – Contracts and Finance

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to IJB Strategic Priorities	Measures	Timescale	Lead Officer(s)
	identified needs which meet the local eligibility criteria.	- Continue to deliver commitment to meaningful and sustainable respite opportunities to support carers and families in West Lothian.	1, 2, 4, 6, 7, 9	P&EI, TI, ICC, MRE	Review complete and recommendations given to Planning and Commissioning Board	2023	Senior Manager Adult Services
		- Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016.	1, 2, 3, 4, 6, 8	P&EI, TI	Strategy published	2020	Team Manager Business Support – Strategy
		- Support all carers in our communities to access to information and advice in line with the Council's carers eligibility criteria.	1, 2, 3, 4, 6	P&EI, TI	Review of Commissioned services	2021	Group Manager Business Support
5.	Ensuring choice through Self-Directed Support.						
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	- Ensure practitioners and business support services and other stakeholders are involved in shaping market development	2, 3, 8, 9	ICC, MRE	Market Facilitation plan updated and published	Annual update 2020-2023	Team Manager Business Support – Contracts and Finance

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to IJB Strategic Priorities	Measures	Timescale	Lead Officer(s)
		- Ensure service users, service providers and carers have a say in how future services should be developed.	1, 3, 4, 8, 9	P&EI, TI, MRE	Feedback provided through physical disability service users forum	Annual update 2020-2023	Team Manager Business Support – Customer and Community
		- Ensure those receiving SDS have information and advice to allow to support them to achieve their personal outcomes.	1, 3, 4, 9	P&EI, TI	Review of commissioned services	2021	Group Manager Business Support
6.	Peer support and social activities						
	People with a physical disability are able to access their local community and have opportunities for socialisation and engagement in leisure activities.	- Ensure that everyone in West Lothian has access disability information and advice, to allow them to better utilise local services.	1, 2, 3, 4, 9	P&EI, TI	Review of commissioned services	2021	Group Manager Business Support
		- Support the promotion of Social Activities through the wider West Lothian networks.	1, 2, 3, 4, 8	P&EI, TI	Feedback provided to service user forums.	2022	Group Manager Business Support

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to IJB Strategic Priorities	Measures	Timescale	Lead Officer(s)
7.	Access to Information						
	People have access to the information they need, when they need it and in an appropriate format.	- Ensure appropriate arrangements are in place for carers of people with a physical disability to access information. This should include options for technology enabled care.	1, 2, 3, 4, 6, 7, 8	P&EI, TI, ICC, MRE	Review of commissioned services	2021	Group Manager Business Support / Group Manager Assessment
		- Ensure all information, advice and advocacy services are reaching those living with a physical disability, sensory impairment or acquired brain injury.	1, 4, 5, 8	P&EI, TI	Review of Commissioned Services	2021	Team Manager Business Support – Contracts and Finance
8.	Technology Enabled Care (TEC)						
		- Explore the use of emerging mainstream and specialist technologies alongside physical devices which may provide support to those living with a physical disability.	1, 2, 4, 7, 9	P&EI, ICC, MRE	No. of adults with a physical disability living at home	2023	Team Manager Business Support – Strategy / Group Manager Assessment
		- Through the use of assistive technology and technology enabled care, support those living with physical disabilities to continue to live within their home.	1, 2, 4, 7, 9	P&EI, ICC, MRE	No. of adults with a physical disability living at home	2023	Senior Manager Adult Services / Group Manager Assessment

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to IJB Strategic Priorities	Measures	Timescale	Lead Officer(s)
9.	Supporting those with sensory impairment						
		<ul style="list-style-type: none"> - Work with the pan-Lothian See Hear strategy Group to ensure that those living with Sensory impairment in West Lothian can access local services, in the right place at the right time. 	4, 5, 9	P&EI, TI, MRE	No. of adults with a sensory impairment supported to live with in their community	2021	West Lothian See Hear Lead
		<ul style="list-style-type: none"> - Develop new models of support for those living with sensory impairment to maximise independence through delivering the right services at the right time. 	4, 5, 9	P&EI, ICC, MRE	Review of Commissioned Services.	2020	Team Manager Business Support – Contracts and Finance
10.	Development of BSL in policy						
		<ul style="list-style-type: none"> - Deliver the actions outlined in the West Lothian Council British Sign Language (BSL) Local plan 2018-2024. 	3, 4, 5	TI	Actions delivered	Annual update 2020-2023	Equality and Diversity Officer

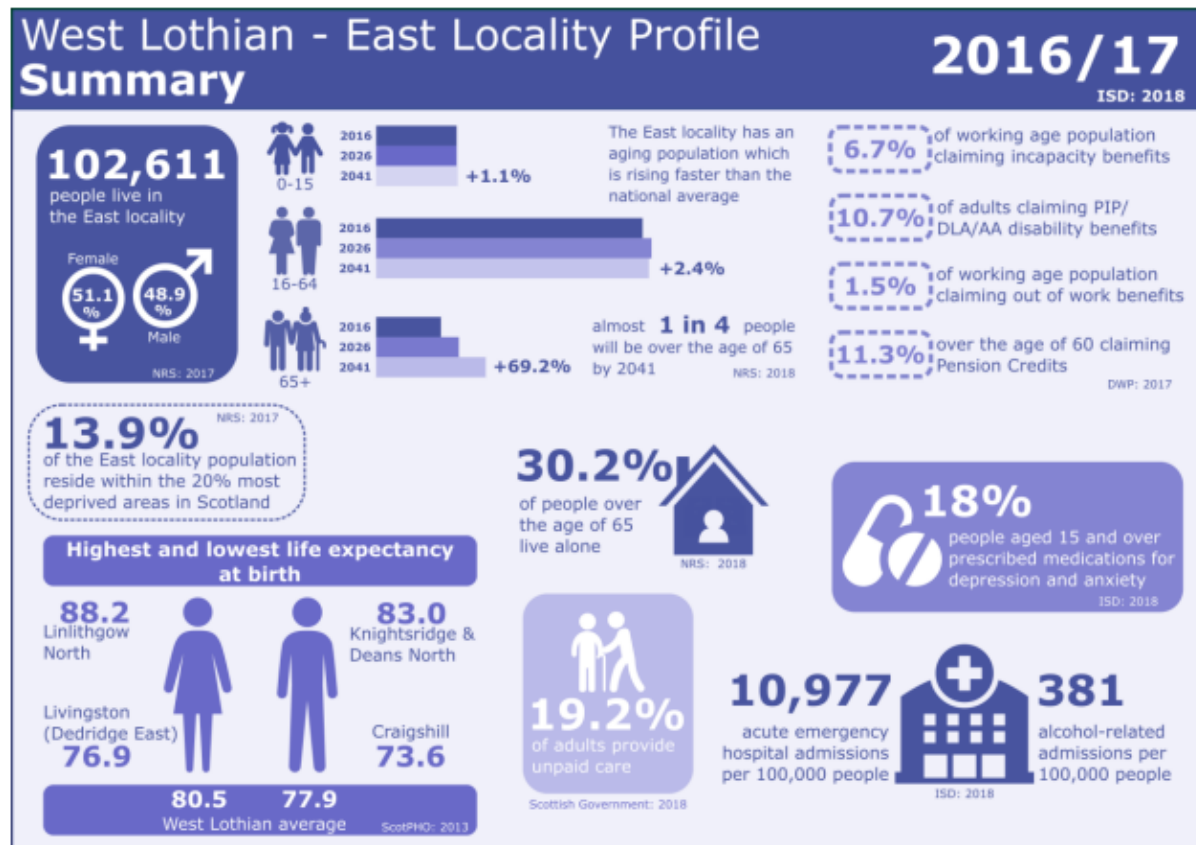
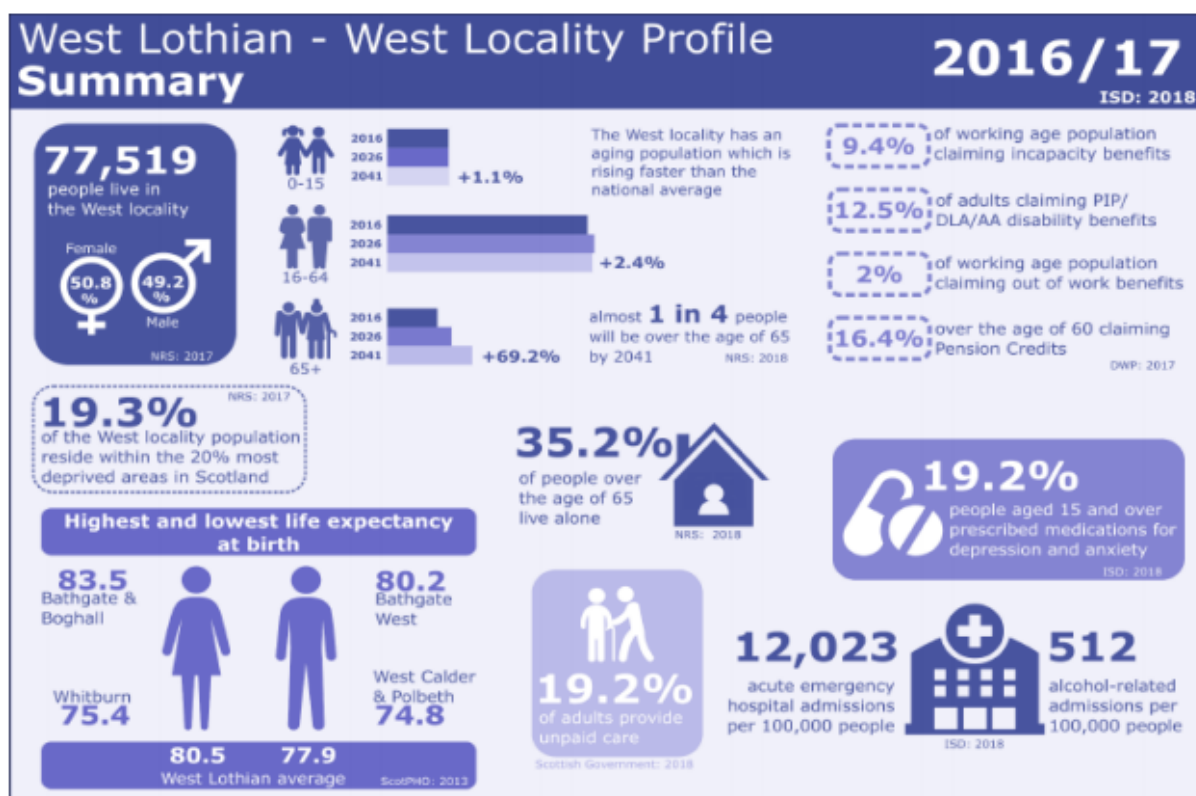
10. Monitoring and Review

A performance management framework will be developed to underpin the strategic commissioning plan. The performance framework will provide a mechanism for measuring progress and impact in relation to each of the priorities outlined in the plan.

The Adults with Disabilities Planning and Commissioning Board which meets at least 6 times per year will oversee the implementation of the physical disability Commissioning Plan. The Board will provide performance and progress reports to the Strategic Planning Group.

Formal updates on progress in relation to the commissioning plan will be submitted to the Integration Joint Board every 6 months.

Appendix 1 - Locality profiles



Appendix 2 - Strategic needs assessment recommendations

The following 19 recommendations were identified under 5 key themes:



- An Integrated Health & Social Care Physical Disability (including Sensory Loss and Acquired Brain Injury) Strategy should be developed with a broad range of stakeholders, considering and agreeing a set of joint principles for action to be addressed through the lifetime of the strategy.
- In order to involve all relevant stakeholders as equal partners in developing an overarching strategy, underpinned by a set of joint principles for action (Recommendation 1), it is recommended that commissioners consider resourcing a disability 'change agent'. A primary function of the 'change agent' would be to ensure a full communication strategy is developed and engaged with across all services and stakeholders.
- Commissioners need to work with providers, service users, carers and other stakeholders to consider how innovation and creativity can be further developed within the physical disability sector.
- The development of an inclusive strategy which needs to address accessibility of services within West Lothian; must include a conversation around transport provision to and from services, as well as access to community activity and work, for people with physical disabilities across the whole of West Lothian. There is a current opportunity for all stakeholders to engage in a current West Lothian Transport Policy consultation (which is at the early stage of updating the previous 2001 West Lothian Transport strategy).
- Create a West Lothian commissioning strategy for physical disability services; and commission and manage transparent, needs led, good

quality and integrated services to maximise opportunities in respect of service user outcomes.

- Encourage, identify, affirm and recognise good practice through commissioner engagement.
- Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all physical disability services across West Lothian.
- Undertake regular needs assessment and specific, targeted research to address areas of unmet need and inequality.
- Produce, maintain and coordinate West Lothian wide disability information from a single, central source, in order to ensure ready availability and accuracy.
- Implementation of an information sharing protocol for use across all physical disability services.
- Construct an integrated working guide involving physical disability specialist services, learning disability services, housing, employability, GPs, other relevant services (e.g. criminal justice and alcohol/drug) and peer led networks.
- Develop clear strategic approaches to reducing; and where possible, preventing dependency or deterioration of physical disabilities.
- Services need to be developed to be more responsive including ensuring that waiting time targets are consistently met, having clear access criteria, being available for longer hours and also ensuring that staff understand what services are available and how to appropriately refer.
- Commissioners need to work with providers to look at how IT can be more effectively used to enhance appropriate support.
- Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.
- Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the commissioning, delivery, development, and commissioning of specialist physical disability services, and the wider system.
- Devise a long-term programme of workforce development opportunities.
- Promote empowerment and personal independence; and celebrate achievement.
- Learn from experience and emerging evidence; and forge alliances to support networks and communities.

Appendix 3 - Scottish Government Health and Wellbeing Outcomes

The 9 Scottish Government Health and Wellbeing outcomes:

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those 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 to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 4 - Legislation, local and national strategies

Below are several strategies and strategic plans that complement the development of the Commissioning plans:

[West Lothian IJB Strategic Plan 2019-23](#)

[West Lothian IJB Participation and Engagement Strategy 2016-26](#)

[West Lothian Autism Strategy 2015/25](#)

[Active Travel Plan for West Lothian 2016-2021: Making Active Connections](#)

[West Lothian Children's Services Plan 2017-20](#)

[West Lothian Local Housing Strategy 2017-22](#)

[West Lothian People Strategy 2018/19-2022/23](#)

[West Lothian Anti-poverty Strategy 2018/19-2022/23](#)

Legislative context

[UN convention on the rights of persons with disabilities](#)

[Social Work \(Scotland\) Act 1968](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Community Care and Health \(Scotland\) Act 2002](#)

[Transport \(Scotland\) Act 2005](#)

[Public Health etc. \(Scotland\) Act 2008](#)

[The Equality Act 2010](#)

[The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#)

[Self-Directed Support \(Scotland\) Act 2013](#)

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Community Empowerment \(Scotland\) Act 2015](#)

[Mental Health \(Scotland\) Act 2015](#)

National Strategies

[A Fairer Scotland for Disabled People: delivery plan](#)

[See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland](#)

Learning Disability Strategic Commissioning Plan

2019-2023

***"Increasing wellbeing and reduce health inequalities
across all communities in West Lothian"***

Contents

1. Introduction	3
2. Our Approach	4
3. Previous Plan and Key Results	8
4. West Lothian Context	10
5. Developing the new plan	12
6. Consultation and Engagement	13
7. Our Strategic Priorities	15
8. Finance	21
9. Next Steps	22
10. Monitoring and Review	31
Appendix 1 - Locality Profiles	32
Appendix 2 - Strategic needs assessment recommendations	33
Appendix 3 - Scottish Government Health & Wellbeing outcomes	35
Appendix 4 - Legislation, local and national strategies	36

1. Introduction

In West Lothian we believe in providing support and services that allow our citizens to live well. The Learning Disability Commissioning Plan will act as a tool to allow us to work to this common goal across the West Lothian Health and Social Care Partnership (HSCP).

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. As a result of this we have published the [West Lothian Integration Joint Board Strategic Plan 2019-23](#) setting out both our aims and strategic priorities to achieve this ambitious goal. The vision of the plan is to:

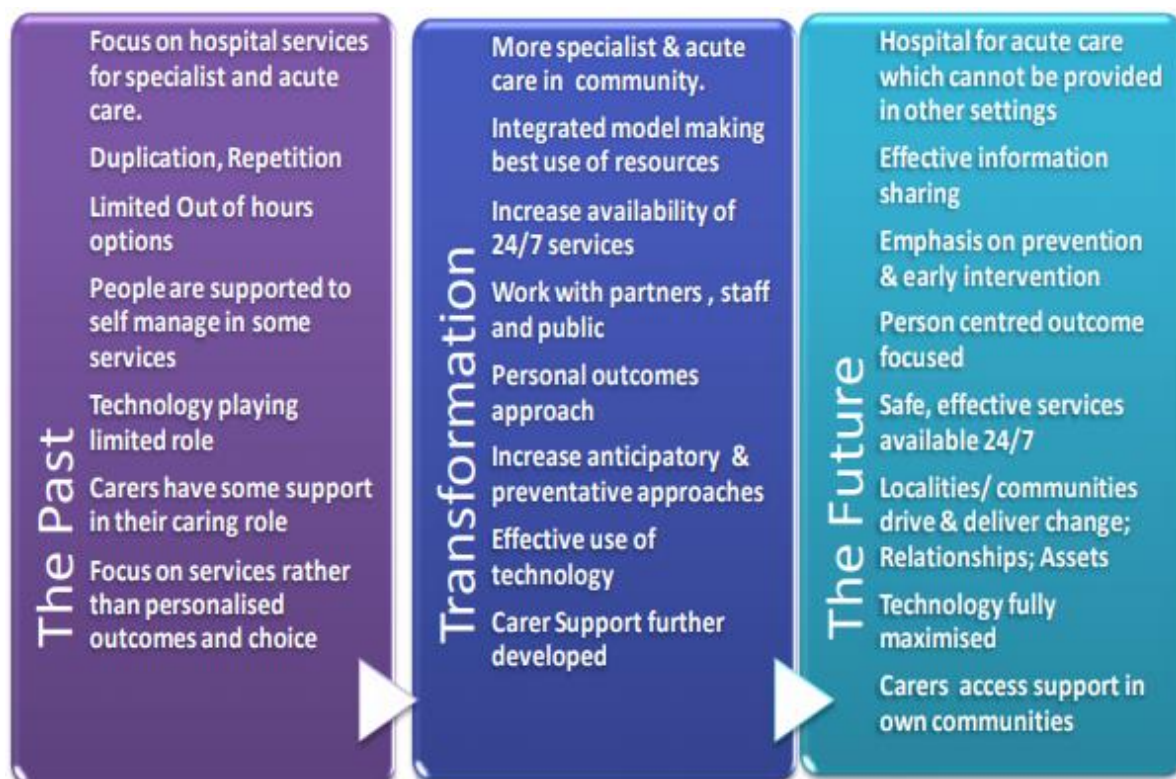
"increase wellbeing and reduce health inequalities across all communities in West Lothian"



By working to the values of both West Lothian Council and NHS Lothian, The Integration Joint Board (IJB) has developed this set of values that will underpin the future commissioning of the services outlined in this plan.

2. Our Approach

We have adopted a whole system approach to reviewing and developing mental health commissioning for adults in West Lothian. This means that we are thinking about how we invest our resources in hospital, community health and social care services in the future, recognising that in many instances services are delivered best when they are offered locally. We are working on the principle of offering health and care services in community settings unless there is a very good reason not to. We are focussing on how we shift the balance of care towards delivery of care and support at the right time in local communities.



Significant transformational change takes time and we recognise that it may take longer than the span of this plan to achieve all the changes we need. This plan builds on previous work and provides a firm foundation for developing our mental health services for adults in West Lothian over the next three years. We need to think carefully about how we manage our financial resources and our workforce to deliver new ways of working. It will be necessary to invest in some services and disinvest in others as our plans develop. We also need to build a sustainable workforce to address some of the workforce challenges we face, and to deliver the changes we need. We will ensure that we focus on maximising opportunities for integrated and partnership working.

The principals and key measures identified in this engagement will continue to be the basis of our commissioning plan, using refreshed data to continue to reflect the position of living in West Lothian today and in the future.

Following engagement through the adults with disability Commissioning and Planning Board, service provider forums, service user groups and open public forums, the learning disability in line with the national strategy, will:

- Reflect the needs and plans as articulated at a local level for West Lothian
- Confirm the desired outcomes and link them to investment
- Detail what services will be delivered against outcomes and the associated performance indicators
- Prioritise investment and disinvestment in line with assessed needs
- Ensure the resource deployment and performance is consistent with the duty of best value
- Ensure sound clinical and care governance is delivered

A FAIRER SCOTLAND FOR DISABLED PEOPLE



Our Delivery Plan to 2021 for the
United Nations Convention on the
Rights of Persons with Disabilities



Our aim is for people with a learning disability to be included in society and live life as equal citizens. Through the development of the Keys to Life strategy four strategic outcomes were identified which we are committed to supporting in West Lothian:

The keys to life

Improving quality of life for people
with learning disabilities



A Healthy Life: People with learning disabilities enjoy the highest attainable standard of living, health and family life;

Choice and Control: People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse;

Independence: people with learning disabilities are able to live independently in the community with equal access to all aspects of society;

Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society.

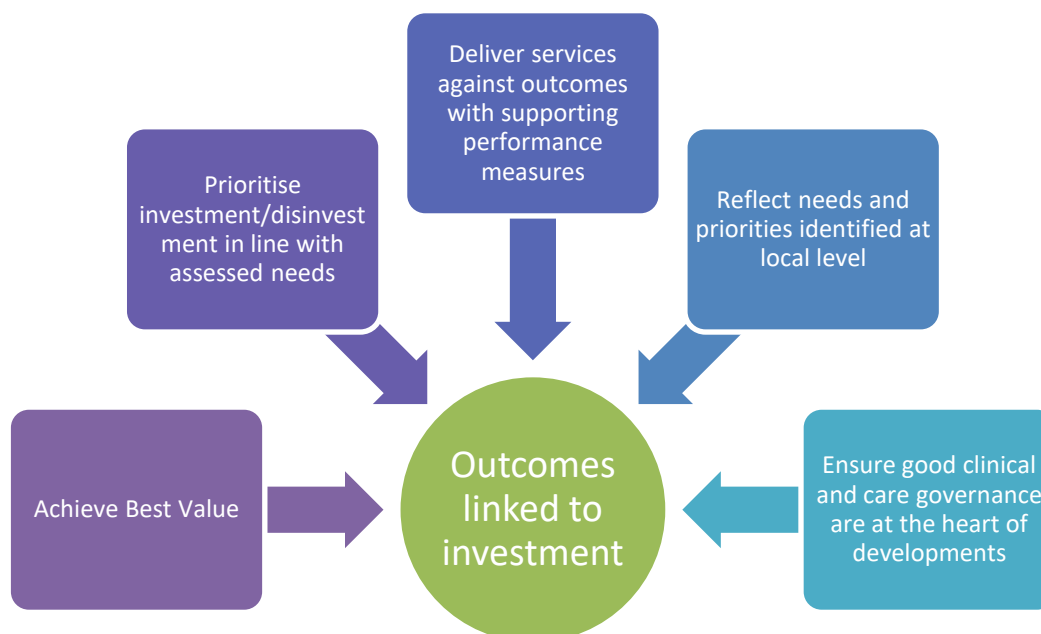


Our approach in West Lothian draws on the priorities outlined in the Mental Health Strategy and puts prevention and early intervention and the heart of service development.

The Scottish Government published Health and Social Care Standards: My Support, My Life in June 2017. The new Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled too are upheld. The development of our services will be based on the following underpinning principles:



The development of new West Lothian commissioning plan for Learning Disability services has involved consultation with the Integration Joint Board's Strategic Planning Group, the Adults with Disabilities Planning and Commissioning Board, service providers and service user sub groups and carers. The commissioning plan aims to:



Climate Change

West Lothian Integration Joint Board acknowledges its position of responsibility in relation to tackling climate change in West Lothian.

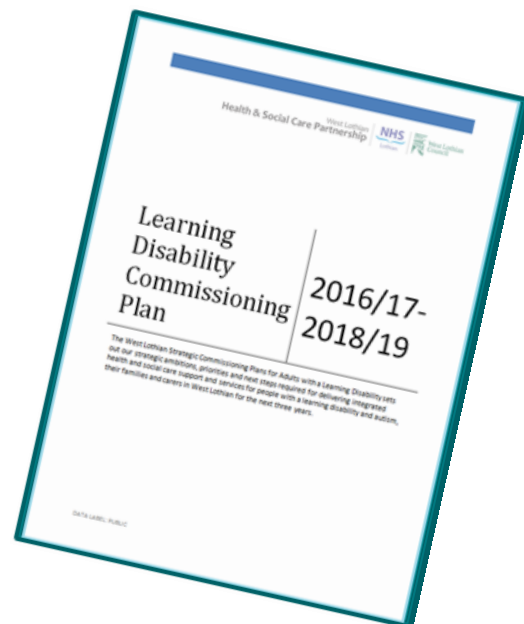
Organisations have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper or emissions produced from vehicles and machinery, or simply disposing of waste materials in an environmentally conscious manner.

West Lothian IJB commits to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in West Lothian wherever possible, through its strategic aims and decision-making processes.

3. Previous Plan and Key Results

In 2015, independent specialists in research were commissioned by the HSCP to develop a comprehensive needs assessment which was used as base for the 2016/17-2018/19 commissioning plan for Learning Disability. This needs assessment alongside engagement and consultation, created the priorities and action plans for the commissioning of services in West Lothian between 2016/17-2018/19.

Over the duration of the previous plan there has been great progress made within the partnership to ensure adults within West Lothian living with a Learning disability have been supported to live well.



In the lifespan of the previous plan many key successes can be noted:

Development of 'core' housing models

Two core housing services have been developed supporting adults with learning disabilities to secure a mainstream tenancy. The developments in both Blackburn and Livingston were identified due to their links to local services and would support the promotion of independence. The Core and Cluster model of housing is one we are committed to continuing to deliver in West Lothian and which can be seen in the West Lothian Council Housing Strategy. There was also good progress made in supporting the NHS Lothian modernisation and re-design programme, shutting several health care houses across the Lothians to ensure that adults with a learning disability could live within their local community.

Health Screening

The 'Strengthening the Commitment' programme was used as a guiding tool to improve the uptake on health screening services at a local level. Work has also been completed on redesigning care planning tools to ensure that those living with a learning disability are registered with a dentist and regularly attend to improve oral health. In line with this programme, training was offered to both paid and unpaid carers of people with learning disabilities to improve to knowledge of oral health practice and services.

Transitions

In West Lothian transitions workshops were run in partnership with 3rd sector providers to promote knowledge of good transition from full time education into adulthood. An officer developed operational support pathways for professionals, something which will be a key feature of this commissioning plan alongside the work that ARC and the Scottish Transitions forum developed promoting the 7 principals of good transition.

Access to Information

A contract was awarded to one of our local third sector partners to deliver disability information and advice services, alongside their existing carer's services. This has allowed those living with a disability to access information and advice about local services and support that may be available to them. The new Health and Social Care Partnership website was also launched in 2019 to support the promotion and streamline information services to those in need.

Complex needs relating to challenging behaviour

In line with the Royal Edinburgh campus design programme and overall move towards shifting the balance of care into local communities West Lothian HSCP is committed to developing a complex care housing development that support 16 adults. These mainstream tenancies will support those adults that display stressed and distressed behaviour due to their complex needs. Due to the size of the project and complex work plan this development will continue to be a focus in this Commissioning plan.

Employment and Social Enterprise

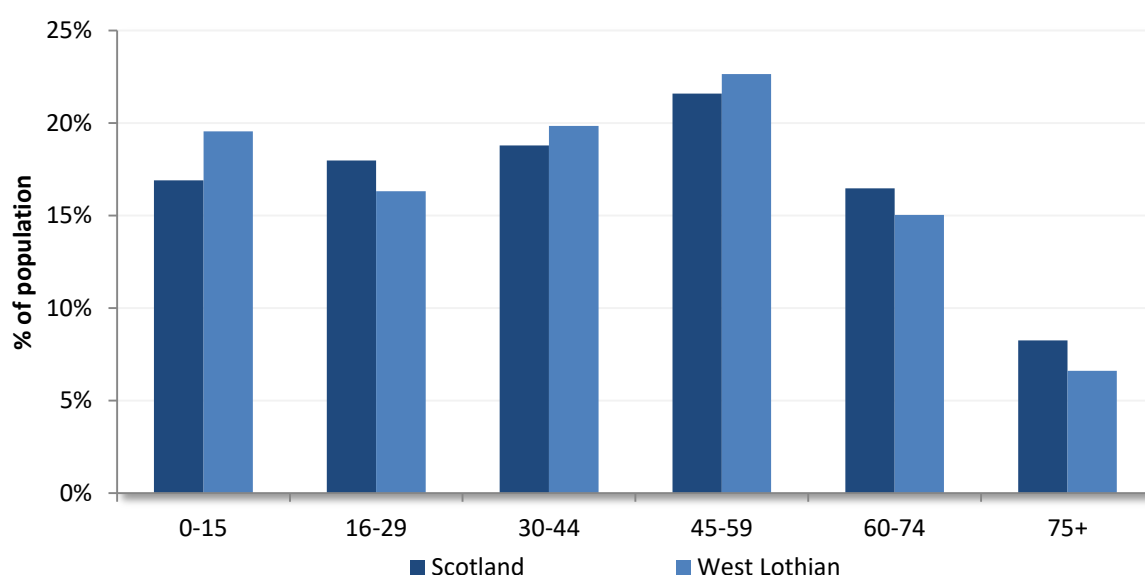
Opportunities for those living with a Learning Disability wishing to access paid employment has also increased in West Lothian. The development and promotion of the Support Employment service has allowed those who wish to work 16 hours a week or want to explore working in NHS Lothian through Project Search, have been supported to do so.

We also recognise that there is always more to do. We will continue to develop the complex care housing development mentioned in the 2016/17-2018/19 plan and work with colleagues in the HSCP, alongside education to improve transitions pathways for those moving from children to adult social work services. Ensuring choice through self-directed support will also be key in delivering many of the transformational changes discussed in the West Lothian IJB Strategic Plan 2019-2023. The priorities and actions in section 9 details this further.

4. West Lothian Context

According to National Records of Scotland, the 2017 population for West Lothian was 181,310; this is a 3.5% increase of the population figures reported in 2011 Census (175,118). In relation to the comparison areas, mid-year estimates for 2017 show West Lothian has a higher population than Falkirk (160,130) and Renfrewshire (176,830), and lower than South Lanarkshire (318,170). Scotland's overall population is also shown (5,424,800).

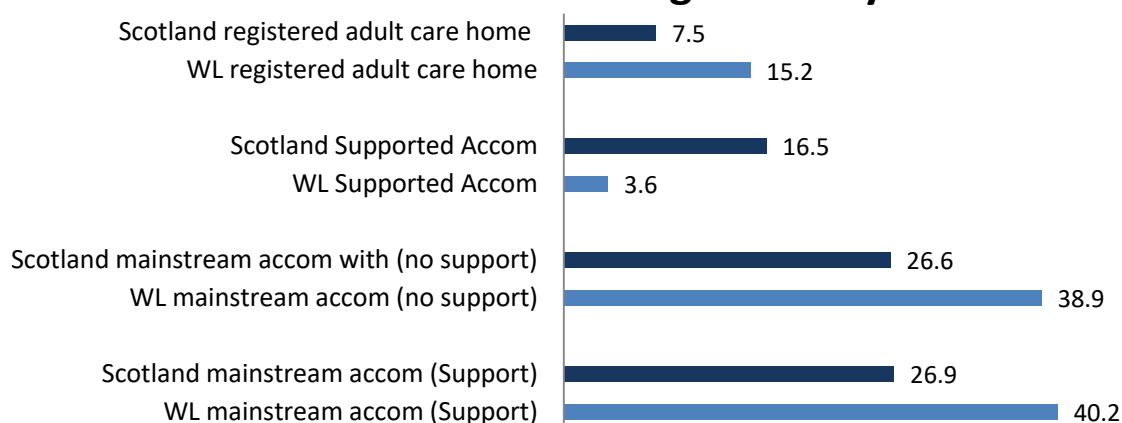
In terms of age, West Lothian's population is broken down as follows:



As reported by the Scottish Commissioning for Learning Disability in 2018 approximately 1 in every 200 (4.9%) adults in West Lothian live with a Learning Disability, this equals to a total of 722 adults in total. This is slightly lower than the national average of 5.2%. 21.7% of these adults with a learning disability are autistic. It is important to mention that the statistics do not account for those autistic adults that do not have a learning disability, something that has been taken into account when developing the Commissioning plan.

There is an even split in West Lothian between those that live with a family carer (49.4%) and those that don't (51.6%). Also detailed is the rate of adults with a learning disability sharing accommodation; 14% (101) living with up to three other individuals and 6% (43) living in a more traditional residential settings, with four or more.

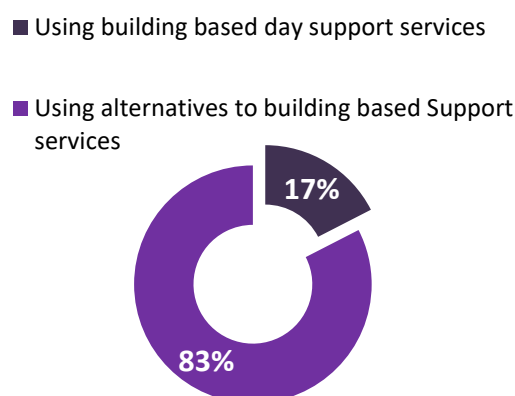
% of Accommodation options used by adults with a learning disability



It can be seen above that in West Lothian that access to mainstream tenancies, although 12% higher than the national average, there is still much to do to ensure that adults with a learning disability have the option to live within their community and not go into traditional care home settings if they do not wish.

In West Lothian there is a commitment to ensure there are a range of meaningful activities during the day for adults living with a learning disability. The HSCP will work closely with the third and independent sector to continually develop the IJB Market Facilitation plan to ensure the values of personalisation are expressed throughout. It is key to ensure that the HSCP can offer a range of sustainable options to support those living in West Lothian that require support to live independently.

West Lothian LD day center usage



Positive destinations will continue to be a focus for the West Lothian HSCP in relation to supporting those living with a learning disability to achieve their personal outcomes. With 5.2% in Further or higher education, compared to 4.4%, West Lothian is higher than the national average however this needs to improve further.

Source: <https://www.sclid.org.uk/2018-report/>

5. Developing the new plan

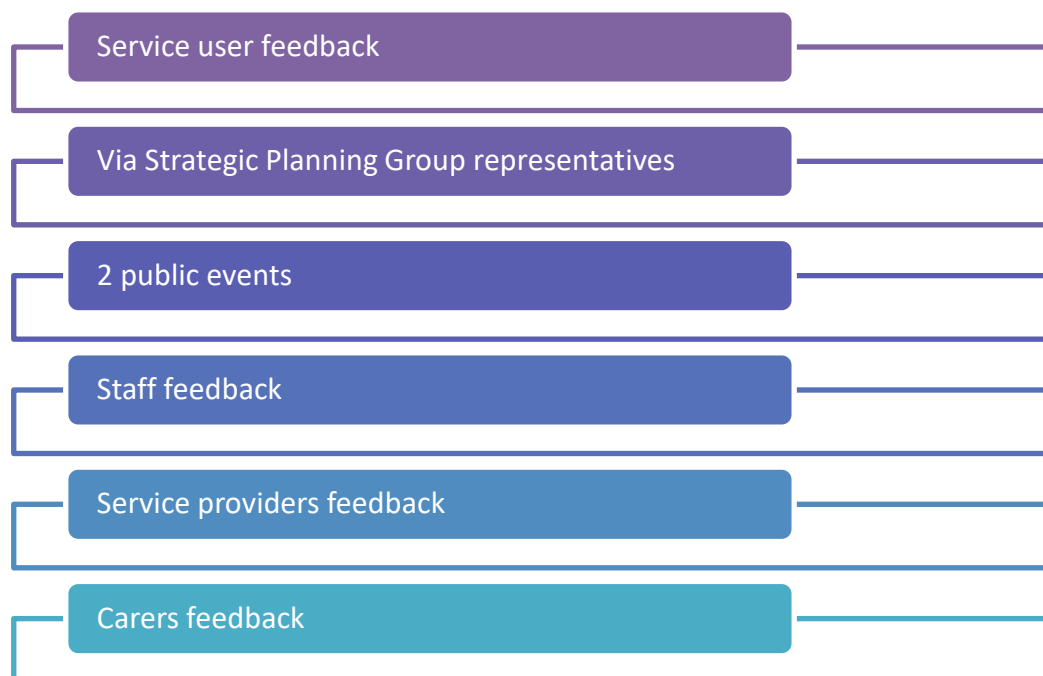
Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Commissioning is commonly described as a cycle of strategic activities similar to that shown below:



In this model, based on that developed by the Institute of Public Care (IPC), the Commissioning cycle (the outer circle) drives purchasing and contracting activities (the inner circle), and these in turn inform the ongoing development of Strategic Commissioning.

6.Consultation and Engagement

The engagement process for the Adults with Disability Commissioning Plan comprised a range of methods including:



Engagement with staff groups across health and social care services took place where staff were asked to identify what was currently working well and to suggest areas for development. Completed feedback forms were discussed at meetings of the Adults with Disability Planning and Commissioning Board where ideas were collated and refined.

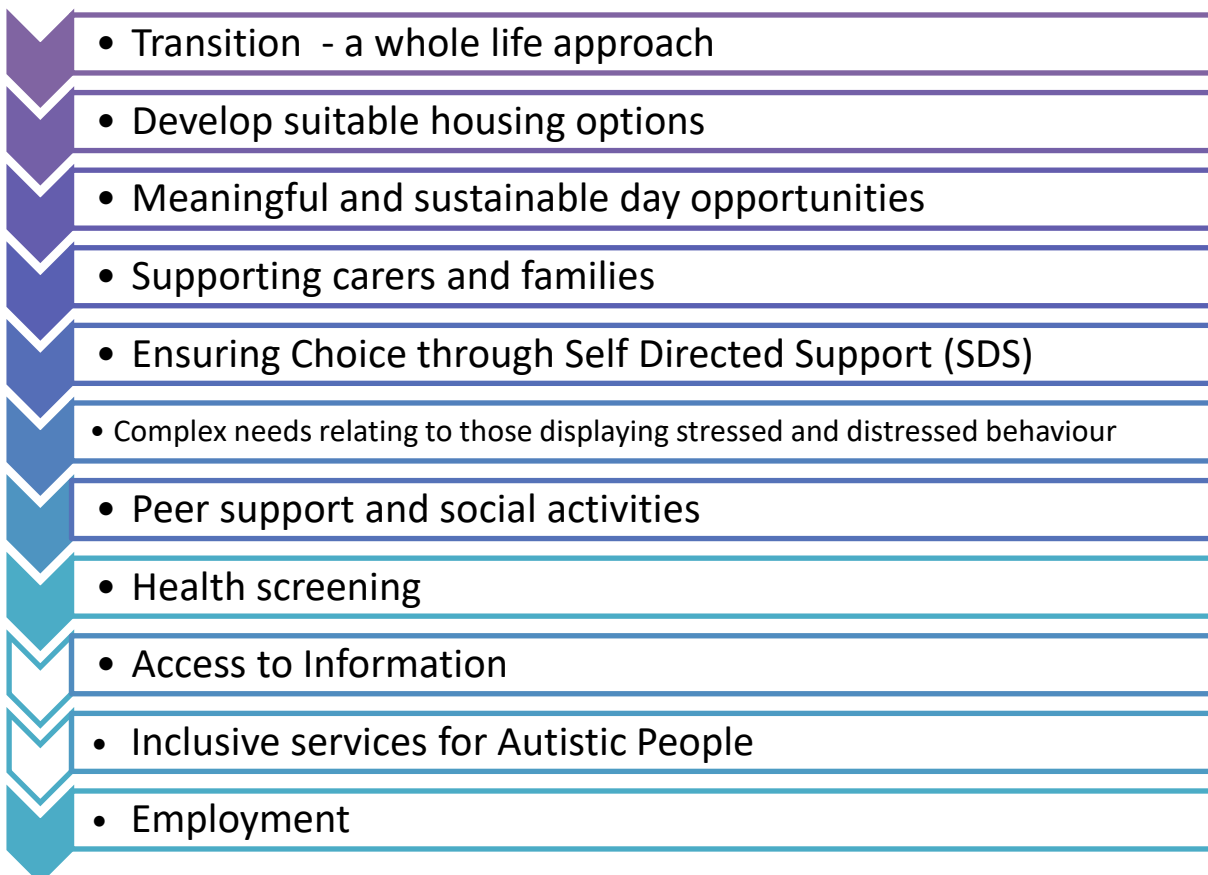
There was significant staff engagement. Feedback forms were completed by staff groups representing adult social work, adult learning disability community services, psychological therapy services and community health services to name a few. Feedback in relation to services for autistic people was also included in the feedback for the Learning Disability Commissioning plan.

Two public engagements events were held covering all of the commissioning plans which are older people, people living with a learning disability, people living with physical disabilities and people living with mental health problems. Information about these events was circulated widely, posted on West Lothian Council's social media and circulated to learning disability social care providers, community centres, contacts and

projects throughout West Lothian. The events were held on 8 October in Howden Park Centre in the afternoon and on 10 October in Bathgate Academy in the evening. 44 people attended the events and 12 people participated in the learning disability discussions, the main groups that were represented were from third sector service providers and parents and carers of those living in West Lothian.

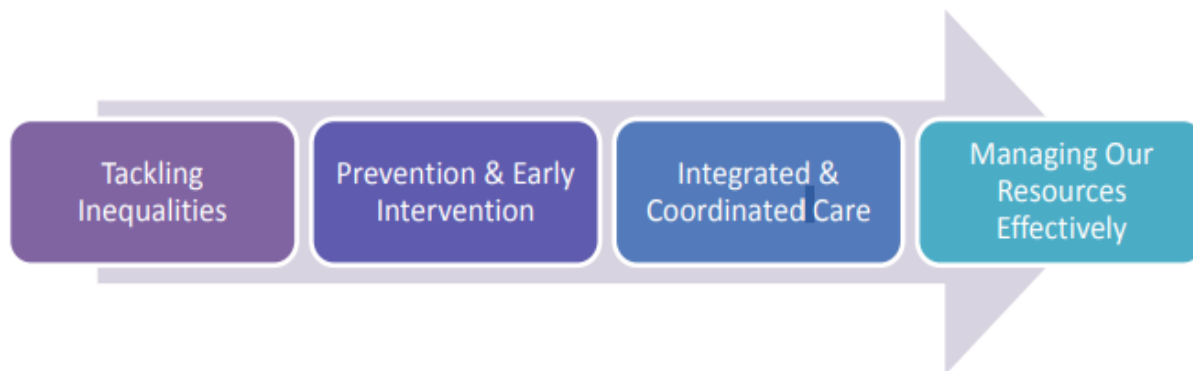
Key partners in social care services for those with a learning disability were invited to discuss the emerging priorities in an open forum which was well attended. Attendees included those offering advocacy services, housing provision, care in the community and information and advice. The strategic officer for the plan also engaged with several social care providers, local and national organisations focusing on both learning disability and services for Autistic people.

A copy of the full feedback summary can be accessed [here](#). Feedback was analysed and emerging key themes are detailed below. The feedback from the engagement process is one part of the information gathering exercise to inform the commissioning plan along with data and expert opinion from clinicians/service providers. The engagement feedback has supported the development of the priorities and actions detailed in section 9.

- 
- Transition - a whole life approach
 - Develop suitable housing options
 - Meaningful and sustainable day opportunities
 - Supporting carers and families
 - Ensuring Choice through Self Directed Support (SDS)
 - Complex needs relating to those displaying stressed and distressed behaviour
 - Peer support and social activities
 - Health screening
 - Access to Information
 - Inclusive services for Autistic People
 - Employment

7. Our Strategic Priorities

Achieving sustainable health and social care systems and improving health and wellbeing outcomes in West Lothian requires transformational change over time. This will better support the transition to a future model of care. In light of this four strategic priorities have been identified:



Tackling Inequalities

We recognise that as a partnership both health and social inequalities within our communities must be at the heart of our commissioning plans. As a result, we must ensure that services are accessible and aim to break down the barriers individuals face to good quality care. Working alongside community partners we aim to ensure everyone has access to income maximisation and specialist benefits and money advice in line with the principals of Scottish Social Security. Prioritising preventative, primary and community based services will allow those living in West Lothian, in the most disadvantaged groups to live well.

Inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

Social determinants of health are the conditions in which we are born and in which we live and work. They can impact on our health and wellbeing and include:

Childhood Experience	Housing	Education	Social Support
Family Income	Employment	Sense of Community	Access to Health Services

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measure of deprivation which ranks all data zones in Scotland from 1 (most deprived) to 6,976 (least deprived) and is the Scottish Government's official tool for identifying areas of multiple deprivation. West Lothian has 239 data zones, 38 of which fall within the most deprived 20% of the SIMD index. SIMD pulls together data on 38 indicators covering seven domains: employment, income, housing, crime, health, education and access.

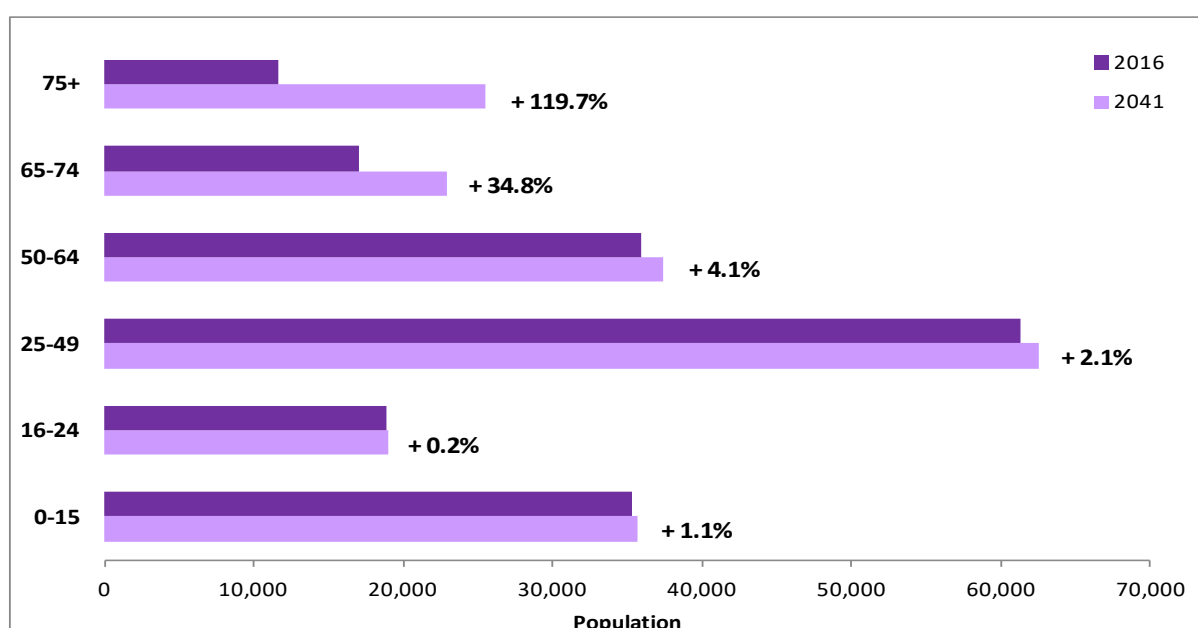
We will work with our partners to reduce the impacts of social circumstances on unfavourable health through:

- ❖ Ensuring services are accessible to all based on need, and barriers to care are addressed
- ❖ Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups
- ❖ Supporting services and initiatives to reduce the impacts of inequalities on health and well being
- ❖ Working with community planning partners to address underlying social inequalities that result in health inequalities
- ❖ Offering income maximisation assistance to families and access to specialist benefits and money advice

People living in some communities are more likely to be living in poorer health and to die younger with higher rates of cancer, stroke, diabetes and heart disease. People with disabilities are more likely to have lower educational achievements, higher rates of poverty and poorer health outcomes. Unpaid carers are also more likely to have poorer health and creating barriers to them achieving their own personal outcomes and goals.

Prevention and Early Intervention

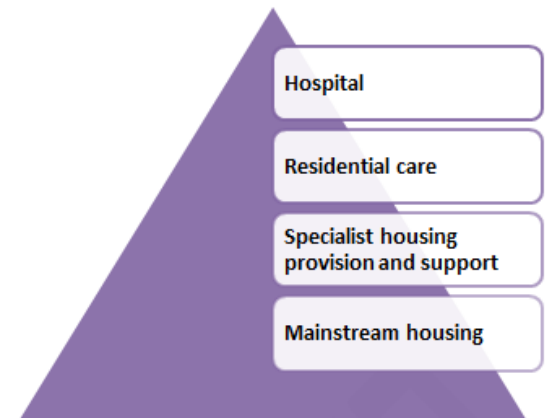
West Lothian's population is changing and we recognise that. With projected increases in all age demographics in the coming years, we must aim to deliver on Housing contributions statement given to ensure that population needs are met. Supporting people to remain in the most appropriate form of accommodation or housing will allow us to ensure that those at risk of facing barriers to independent living will be addressed at the earliest possible stage. Promotion of community based services included those provided by the 3rd and Independent sectors will continued to be developed to transform day-to-day health and social care to ensure support is provided by the right person at the right time.



A key aim for the West Lothian IJB is to support people to become more familiar with the range of digital options available to them and support those living in West Lothian into the digital age to allow everyone to both access information and services. We will continue to develop a digital workforce and improve the use of technology enabled care to ensure we are supporting those at the earliest possible stage. Early intervention, through technology enabled assessment for care, will also continue to support those requiring health and social care services to remain at home and live more independently.

Integrated and Coordinated Care

Care should be delivered in an individual's home or community whenever possible. Clinical necessity will continue to be the procedure for admitting an individual to hospital as we recognise individuals recover better in comfortable and homely surroundings. The aim of our strategic Commissioning is to ensure more care is delivered in the community.



Alongside being involved with the decisions made in their care, individuals will be discharged from hospital as soon as possible to allow them to regain independence and access local services through a smooth transitions process. This will include improving use of technology to support people at home.

Our focus will be on ensuring we deliver the right care, in the right place, at the right time for each individual so that people are:

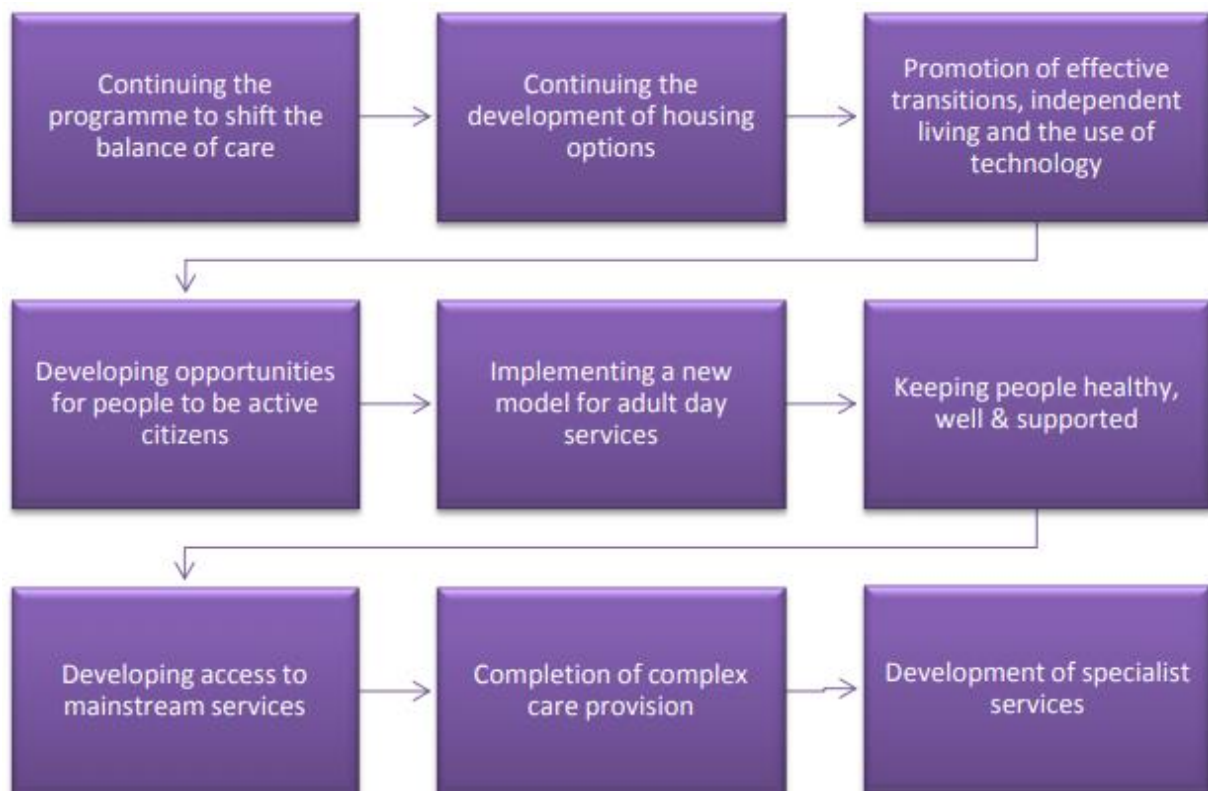
- ❖ Assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary
- ❖ Discharged from hospital as soon as possible with support to recover and regain their independence at home and experience a smooth transition between services
- ❖ Safe and protected and have their care and support reviewed regularly to ensure these remain appropriate
- ❖ Actively involved in decisions about how their health and social care needs should be met through placing 'good conversations' at the centre of our engagement with them

The Mental Welfare Commission for Scotland has published its Annual report (2019) detailing recommendations for integrated authorities to consider when planning services for those with Autism and complex needs. All recommendations have been considered through the development of this strategy.

Managing Our Resources Effectively

To improve experience of those using our services, we aim to ensure there is a wide choice of community based services and we will signpost people to the most appropriate resource to meet their needs. The age profile of the workforce together with fewer people choosing a career in health and social care is impacting on sustainability making it harder to recruit and retain a skilled health and social care workforce. As a result of this we aim to work closely with service providers to ensure that the right people are in the right roles to offer good quality support to those that need it.

Based on these outcomes transforming Learning Disability services in West Lothian will be focused on the following:



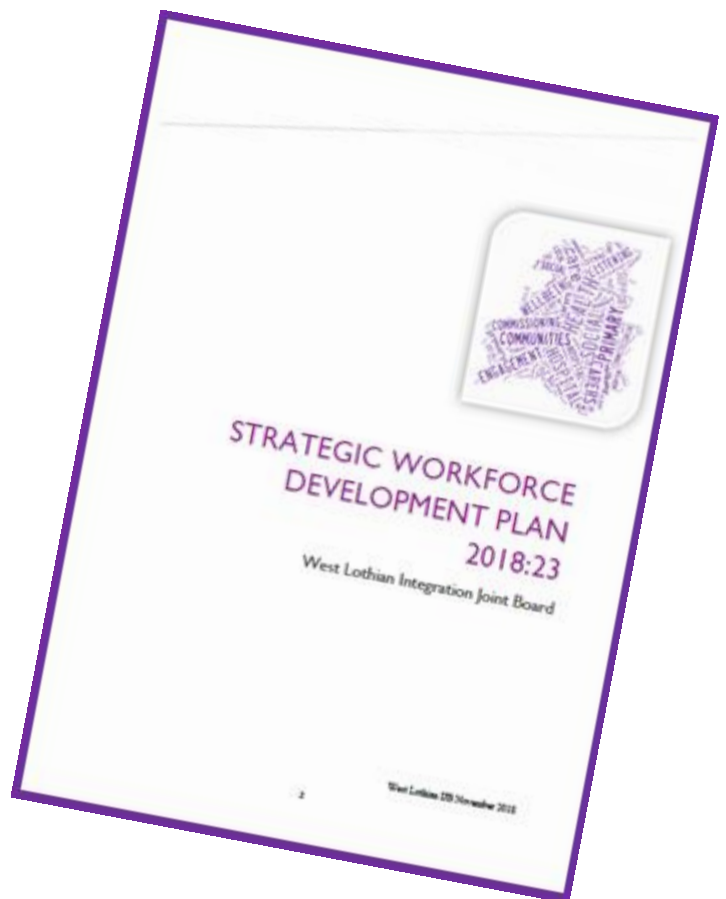
Such is the size of transformational change over the coming 3 years there will need to a strong focus on supporting the workforce to be agile in responding to rapidly changing in care needs now and in the future.

To achieve our objective of providing high quality care and support for adults living with a learning disability in West Lothian we need ensure that

our workforce within the HSCP are provided the skills and training to do the job, with an emphasis on utilising the right skill for the right intervention in the right place. There is an opportunity to continually develop partnership and align the workforce to the development of West Lothian Strategic priorities and local outcomes.

A clear message from our recent public engagement events show that people want to be able to live in their own homes for as long as possible. The direction will be to ensure services are personalised to their specific needs and delivered in a joined up way that offers consistency, opportunities to access community support and services and prevent social isolation.

To meet these challenges, our workforce needs to transform like never before. This means attracting and securing a vibrant future supply, upskilling our existing staff, creating and embracing new roles, mobilising innovation and exploring new ways of working. Ensuring compassionate and inclusive leadership will also be key to the success of our Strategic Commissioning going forward. Drawing upon best practice examples developing within Scotland and further afield, we will learn from our public engagement exercises and will strive to ensure the knowledge, skills, values and attitudes of the workforce are the right ones to empower those using self-directed support.



Having a workforce with the right skill, at the right time and in the right place provides the foundation for the delivery of effective health and social care services. Our transformational change programmes will be underpinned by this ambition and will link to the IJB's Workforce Development Strategy.

8. Finance

In line with the approach to IJB financial planning, budget plans have and continue to be developed across health and social care functions and officers supporting the IJB are at the forefront of ensuring overall health and social care considerations are taken into account in a collaborative approach to IJB and partner financial planning. This should importantly help ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, Council and Health Board.

Detailed below is an annual average of total planned spend in West Lothian (2019/20) regarding services for those living with a learning disability:



9.Next Steps

The Learning Disability Commissioning Plan is designed to inform service development from 2019 to 2023, at a time of continued re-shaping of the commissioning environment within health and social care. Some of the priorities outlined in the plan have an end date beyond the life of the commissioning plan as they are linked to developments with a longer timescale. Decision on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

The following action plan will support the development of services for people living in West Lothian with a Learning disability and will incorporate the strategic priorities contained in this commissioning plan. Progress will be monitored via the Adults with Disability Planning and Commissioning Board.

The Learning Disability Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year. Further detail can be found in section 10.

The 2015 commissioned needs assessment made 17 recommendations to improve service provision for those living in West Lothian with a Learning Disability (Appendix 2). These recommendations have been mapped against the National Health and Wellbeing Outcomes (Appendix 3) and other HSCP strategies (Appendix 4) to develop the Commissioning plan priorities detailed below:

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
1.	Transition - a whole life approach						
	Build on existing work to develop the transition experience of people with a learning disability and autism based on the 'Principles of Good Transition'.	- Ensure transition planning begins two years prior to an individual leaving full time secondary education.	1, 3, 4	EI&P, ICC	% of children with a learning disability in a position of an integrated transition plan	2023	Senior Manager Adult Services
		- Develop and publish an integrated transitions policy.	4, 5, 8, 9	ICC, TI	Policy published	2022	Team Manager Strategy - Business Support
		- Consider transition planning in terms of housing and reflect housing needs for LD population in the West Lothian Local Housing strategy.	2, 4, 8, 9	TI, MRE	Strategy published	Annual update 2020-2023	Team Manager Housing
		- Review transitions planning and produce pathways to ensure good transition.	3, 4, 8, 9	EI&P, ICC, TI, MRE	Pathways document published	2022	Group Manager Adult Services / Associate Specialist Learning Disability
2.	Develop Suitable Housing options						

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
	Continue to develop a range of 'core' housing models to enable people with learning disability to live within local communities.	- Contribute to the West Lothian Local Housing Strategy to ensure the core and cluster housing model is reflected.	2, 3, 4, 8, 9	TI, MRE	Strategy published	Annual update 2020-2023	Team Manager Housing
		- Establish Adults with Disabilities Housing project board to ensure strategic vision is delivered throughout all related services	2, 8, 9	TI, MRE	Board established and reporting to Planning and Commissioning Board	2020	Group Manager Adult Services / Team Manager Housing
		- Continue the development of the Core and Cluster model of housing to ensure additional core services are available in West Lothian, having regard for the efficiency of £774,000 detailed in the West Lothian Transforming your Council Strategy.	2, 4, 9	ICC, TI, MRE	No. of adults with a learning disability living out with traditional residential settings	2023	Team Manager Housing
		- Review all out of area placements, in line with Scottish governments 'Coming Home report' to better determine demographics for those who may be considered for specialist housing options.	2, 3, 4, 9	ICC, TI, MRE	No. of out of area placements	2021	Group Manager Adult Services
3.	Meaningful and Sustainable range of day opportunities						

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
	People in West Lothian living with a learning disability should have a range of day activities to choose from when accessing support.	- Continue to offer a range of services and resources to meet a spectrum of need, recognising that for some people traditional centre based day activities continue to play an important part in their overall support arrangements. This will be delivered in regard to the efficiency of £755,000 detailed in the West Lothian Transforming your Council Strategy.	2, 4, 9	ICC, TI, MRE	No. of adults with a learning disability using alternatives to day centre services	2022	Senior Manager Adult Services
		- Work collaboratively with our 3 rd and independent sector to enable freedom of choice when accessing activities during the day in West Lothian.	2, 3, 4, 8, 9	EI&P, TI, ICC, MRE	Further day activities available in West Lothian	2022	Group Manager Business Support
4.	Supporting Families and Carers						
	There is a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.	- Review unpaid carers Advocacy in West Lothian.	1, 2, 3, 4, 6, 8	EI&P, TI	Review in line with Carers Strategy	2020	Team Manager Business Support - Contracts and Finance
		- Continue to deliver commitment to meaningful and sustainable respite opportunities to support carers and families in West Lothian.	1, 2, 4, 6, 7, 9	EI&P, TI, ICC, MRE	Review complete and recommendations given to Planning and Commissioning Board	2023	Senior Manager Adult Services

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
		<ul style="list-style-type: none"> - Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016. 	1, 2, 3, 4, 6, 8	EI&P, TI	Strategy published	2020	Team Manager Business Support
		<ul style="list-style-type: none"> - Support all carers to access information, support and services in line with the Council's carer's eligibility criteria. 	1, 2, 3, 4, 6	EI&P, TI	Review of Commissioned Services	2021	Group Manager Business Support – Strategy
5.	Ensuring choice through Self-Directed Support.						
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	<ul style="list-style-type: none"> - Ensure practitioners and business support services and other stakeholders are involved in shaping market development. 	2, 3, 8, 9	ICC, MRE	Market Facilitation plan updated and published	Annual update 2020-2023	Team Manager Business Support - Contracts and Finance
		<ul style="list-style-type: none"> - Ensure service users and carers have a say in how future services should be developed. 	1, 3, 4, 8, 9	EI&P, TI, MRE	Feedback provided through Service users Forums	Annual update 2020-2023	Team Manager Business Support – Customer and Community
		<ul style="list-style-type: none"> - Ensure those receiving SDS have information and advice in order to support them to achieve their personal outcomes. 	1, 3, 4, 9	EI&P, TI	Review of Commissioned Services	2021	Group Manager Business Support

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
6.	Complex needs relating to those displaying stressed and distressed behaviour						
	Development of resources for people from West Lothian whose needs require a high level of support	- Develop complex needs housing development that will support those that demonstrate stressed and distressed behaviour as a result of their complex needs.	2, 4, 7, 9	TI, ICC, MRE	Complex care housing development open and residents offered tenancies	2022	Senior Manager Adult Services
		- Ensure that the vision for LD accommodation, including provision for people with complex needs related to stressed and distressed behaviour, is reflected in the West Lothian local Housing Strategy.			Demographics are reported through Housing Project Board.	Annual update 2020-2023	Team Manager Housing
		- Implement, support and develop the Positive Behavioural Support (PBS) model to ensure those demonstrating stressed and distressed behaviour as a result of their complex needs are supported to live in West Lothian.	1, 2, 4, 7, 9	EI&P, TI, ICC, MRE	No. of out of area placements.	2023	Group Manager Adult Services / Clinical psychologist (PBS Lead)
7.	Peer support and social activities						
	People with a learning disability are able to access	- Ensure that everyone in West Lothian has access to disability information and advice, to allow	1, 2, 3, 4, 9	EI&P, TI	Review of Commissioned Services.	2021	Group Manager Adult

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
	their local community and have opportunities for socialisation and building friendships	<p>them to better utilise local services.</p> <p>- Support the promotion of Social Activities through the wider West Lothian networks.</p>	1, 2, 3, 4, 8	EI&P, TI	Feedback provided to service user forums.	2022	Services Group Manager Adult Services
8.	Health Screening						
	Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or condition	<p>- Use learning from the Health Equality Framework to improve uptake of screening and to inform service development.</p> <p>- Review commissioning approach to ensure health screening is identified as a component of effective care planning.</p>	1, 4, 5, 8	EI&P, TI, ICC	% of adults with a learning disability accessing core health services.	2022	Clinical Nurse Manager
			1, 4, 5, 8	EI&P, TI, ICC	Review of Commissioned Services	2021	Clinical Nurse Manager/ Mhairi Walker
9.	Access to Information						
	People have access to the information they need, when they need it and in an	- Ensure appropriate arrangements are in place for both carers of people with a learning disability and service users themselves to access information and advice. This should	1, 2, 3, 4, 6, 7, 8	EI&P, TI, ICC, MRE	Review of Commissioned Services	2021	Group Manager Business Support / Group

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
	appropriate format.	include options for technology enabled care.					Manager Assessment
		- Ensure all information, advice and advocacy services are reaching those with a learning disability and autistic people.	1, 2, 3, 4, 6, 7, 8	EI&P, TI	Review of Commissioned Services	2021	Team Manager Business Support - Contracts and Finance
10.	Inclusive services for Autistic people						
	Autistic people vary greatly in their support needs. Services should reflect this varying need.	- Refresh and publish Autism Strategy and action plan to support Autistic people in West Lothian to live independently.	1, 3, 4, 7, 8	EI&P, TI	Strategy and action plan published	2022	Autism Strategy Group Lead
		- Review information and advice services to ensure they are best placed to support autistic people living in West Lothian.	1, 3, 4, 8	EI&P, TI	Review of Commissioned Services	2021	Group Manager Business Support
11.	Employment						
	People with a learning disability and/or Autistic people have access to a range of employment opportunities and are supported by clear pathways to	- Continue to deliver <i>Project Search</i> in collaboration with West Lothian College.	1, 2, 3, 4	TI	% participation in <i>Project Search</i>	2022	Group Manager Adult Services
		- Continue to deliver supported employment and review the model to offer maximised capacity to service users.	1, 2, 3, 4, 9	TI	% of adults with a learning disability in employment	2022	Group Manager Adult Services

	Area of Development	Actions	Relevance to Outcomes (Appendix 3)	Relevance to Strategic Priorities	Measures	Timescale	Lead Officer(s)
	the open labour market	<ul style="list-style-type: none"> - Review and implement new referral routes into supported employment projects. 	1, 3, 9	TI	Referral routes established and published on HSCP website.	2022	Group Manager Adult Services

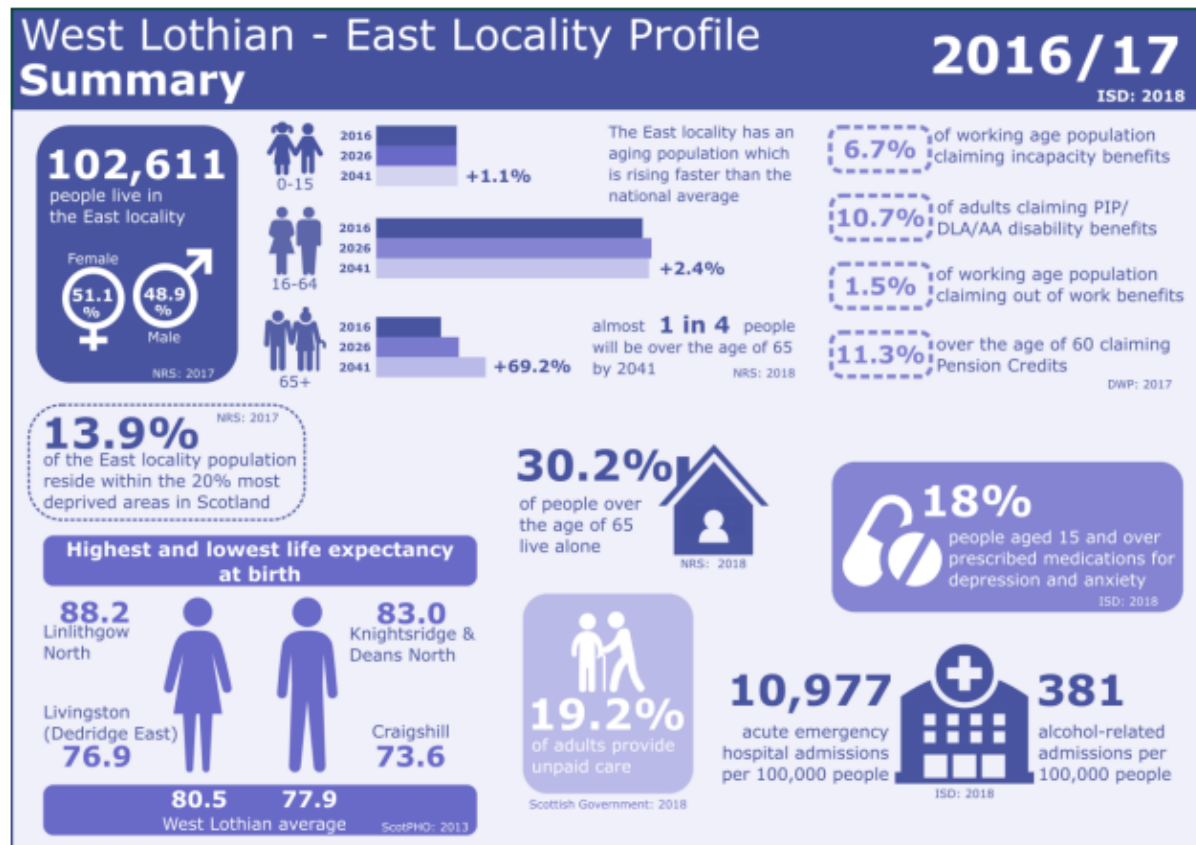
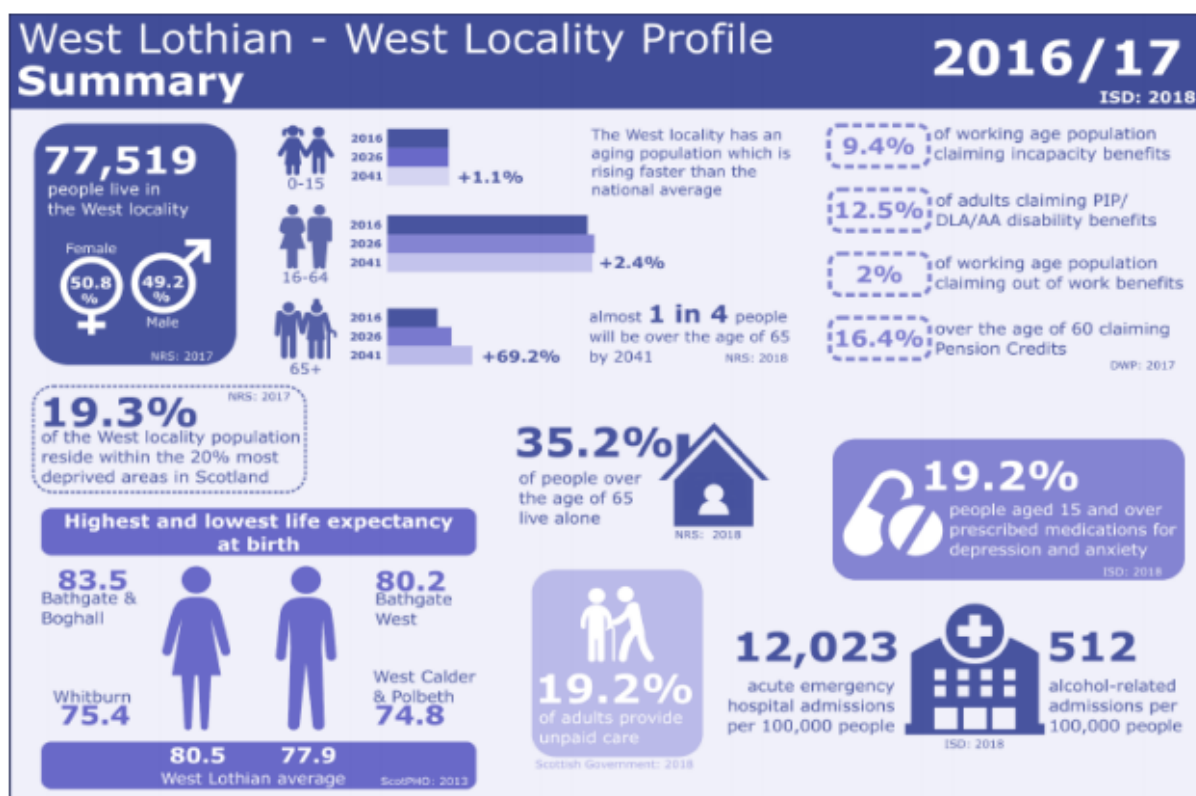
10. Monitoring and Review

A performance management framework will be developed to underpin the strategic commissioning plan. The performance framework will provide a mechanism for measuring progress and impact in relation to each of the priorities outlined in the plan.

The Adults with Disabilities Planning and Commissioning Board which meets at least 6 times per year will oversee the implementation of the Learning Disability Commissioning Plan. The Board will provide performance and progress reports to the Strategic Planning Group.

Formal updates on progress in relation to the commissioning plan will be submitted to the Integration Joint Board every 6 months.

Appendix 1 - Locality Profiles



Appendix 2 - Strategic needs assessment recommendations

The following 17 recommendations were identified under 5 key themes:



- An integrated Health & Social Care Learning Disability Strategy should be developed with a broad range of stakeholders. The strategy should be inclusive of people who have both autism and a learning disability, and should be cross-referenced to the existing 2015 Autism Strategy for West Lothian
- An integrated Health and Social Care Autism Implementation/Action Plan should be developed, in order to fully operationalise the existing 2015 Strategy
- A full Communications Strategy, with one work stream targeted at professionals and one work stream targeted at service users and their families/carers to be developed to support the strategy
- The development of strategy must include transport provision to and from services, as well as access to community activity and work
- Commissioners are encouraged to consider reviewing and strengthening the availability and profile of transition services within West Lothian
- Commissioners should review the pattern of service provision and contracting for people with learning disability aged 55+ to ensure that it strengthens the co-ordination of care and effective partnership working and communication and provides appropriate care and end of life provision
- Future joint planning for services needs to take account of research into prevalence, the local knowledge of each known person, whilst at the same time seeking as much information about 'hidden' populations

- A housing strategy for people with a learning disability is developed in collaboration with housing strategy and community planning partners
- The West Lothian Partnership should work with the local Housing Strategy Group to seek opportunities which will provide core and cluster for permanent living and a resource for short breaks which can be purchased on a flexible basis for others (for example, older people, people with sensory needs)
- Commissioning strategies and plans should be reviewed in respect of daytime opportunities
- Construct an integrated working guide involving learning disability and autism services and mainstream service provision in housing, health care and other relevant services (e.g. criminal justice)
- Respite services and short break opportunities need to be further developed to be more responsive to the needs of an ever changing population including ensuring that staff and parents/carers understand what services are available and how to appropriately refer and access
- Support for all staff in SDS development is essential to progress. A stronger message of the SDS approach being the mainstream approach and there being no choice in its use would be beneficial. Commissioning plan should focus on the market development aspect of SDS
- West Lothian needs to continue being a full partner in the pan-Lothian plan regarding provision for those people with a learning disability who have complex needs
- Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.
- Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the delivery, development and commissioning of learning disability services
- There is a clear need for a comprehensive training needs analysis to inform the development of a long-term programme of workforce development opportunities.

Appendix 3 - Scottish Government Health & Wellbeing outcomes

The 9 Scottish Government Health and Wellbeing outcomes:

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those 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 to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 4 - Legislation, local and national strategies

Below are several strategies and strategic plans that complement the development of the Commissioning plans:

[West Lothian IJB Strategic Plan 2019-23](#)

[West Lothian IJB Participation and Engagement Strategy 2016-26](#)

[West Lothian Autism Strategy 2015/25](#)

[Active Travel Plan for West Lothian 2016-2021: Making Active Connections](#)

[West Lothian Children's Services Plan 2017-20](#)

[West Lothian Local Housing Strategy 2017-22](#)

[West Lothian People Strategy 2018/19-2022/23](#)

[West Lothian Anti-poverty Strategy 2018/19-2022/23](#)

[Scottish Transitions Forum – Principals of Good Transition](#)

[Mental Welfare Commission for Scotland: Autism and complex care needs report](#)

Legislative context

[UN convention on the rights of persons with disabilities](#)

[Social Work \(Scotland\) Act 1968](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Community Care and Health \(Scotland\) Act 2002](#)

[Transport \(Scotland\) Act 2005](#)

[Public Health etc. \(Scotland\) Act 2008](#)

[The Equality Act 2010](#)

[The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#)

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Community Empowerment \(Scotland\) Act 2015](#)

[Mental Health \(Scotland\) Act 2015](#)

National Strategies

[The Keys to life - Improving the quality of life for people with Learning Disabilities](#)

[The Keys to Life - Unlocking Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021](#)

[A Fairer Scotland for Disabled People: Delivery Plan](#)

[Scottish Strategy for Autism: outcomes and priorities 2018-2021](#)

West Lothian Integrated Joint Board

Stakeholder Engagement prior to developing Commissioning

Plans 2020-2023

Sponsoring Director	Allister Short
Author	Jeanette Whiting
Executive Summary	<p>This paper outlines our engagement approach, activity and feedback from stakeholders within West Lothian in shaping our commission plans for:</p> <ul style="list-style-type: none">• Older People• Learning Disabilities• Physical Disabilities• Mental Health <p>Engagement underpins our commitment to work with all health, social, voluntary sector & 3rd sector partner organisations; we employed a joined-up process to optimise service-user experience, health and well-being, with a focus on self-help, staying well, maintaining independence and prolonging the need for longer-term care.</p>
Legislative and National Standards to Public Engagement	<p>Community engagement and empowerment is relevant to all parts of the public sector and is an area of increasing importance, particularly given developing legislation and policies. The Community Empowerment Act 2015 requires community planning partners to secure the participation of community bodies in community planning, in particular those that represent the interests of people who experience inequalities of outcome from socio economic disadvantages and hard to reach groups.</p> <p>Reference to</p> <ul style="list-style-type: none">• The Social Care (Self-directed Support) (Scotland) Act became law in Jan 2013. It aims to create a fairer, person-centred social care and support system, with an increased focus on user participation.• National Standards for public engagement Voice Scotland

West Lothian Commissioning Plans Stakeholder Engagement Paper

Version Control

Version	Date	Description of change and person responsibility for making change
V1	16 November 19	Draft Paper – Jeanette Whiting
V2	19 December 19	Revised

Contents

	Page(s)
1. Introduction -Engagement and Communication Strategy.....	5
2. Engagement Process.....	6
2.2 Overview of Engagement Approach.....	6
2.3 Aims of the Engagement.....	7
2.4 Engagement Activity.....	7-9
2.5 Key Themes Emerging from our Engagement.....	10-11
Appendix 1 Engagement Feedback Log Older People.....	12-34
Appendix 2 Engagement Feedback Log Mental Health.....	35-48
Appendix 3 Engagement Feedback Log Adults with..... a Disability	49-61

1. Introduction - Engagement and Communication Strategy

'Engagement is important to the way we work; engagement with people delivering and receiving services, results in safer and better outcomes'

West Lothian Health and Social Care Partnership is committed to transparency and meaningful engagement in all of areas of our service improvement and development of person-centred care. To improve care for people, families, carers, health and social services need to work together in new ways. This means the public, carers, GPs, hospitals, local health and social care partnerships, voluntary and wider community services need to agree joint plans to improve local care groups experience and outcomes. This includes helping people and families to plan ahead, maintain their independence by 'staying well' using preventive measures and enabling support at the earliest opportunity to prevent/reduce health deterioration, and by supporting using resources as appropriately and effectively as possible.

Engagement and communication with partners, stakeholders and public in whole system planning, design and delivery of our community work is essential, if we are to get this right. For example, this includes providing good quality accessible information, and understanding the way to access, co-produce and engage with each care group in meeting their needs.

Working in Partnership

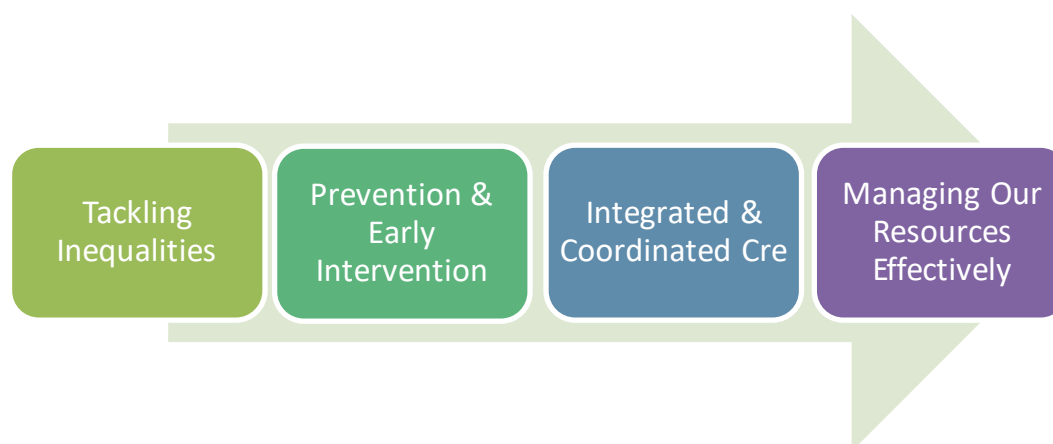
A key principle in developing robust commissioning plans is to continue working in partnership with all organisations, voluntary and independent sector, where existing relationships already in place at a local level. We shall also reach out to the wider community and organisations that could support, influence and shape the development of our commissioning plan. Our engagement activity will focus on informing, sharing, listening and responding.

Strategic Plan

West Lothian's Strategic plan has been developed in conjunction with the IJB Strategic planning group with member ship from key stakeholders including Service Users, Families, Carers, West Lothian Council, NHS Lothian, public sector partners ,third and independent sectors and health and social care professionals, staff partnership.

The Strategy aligns to the Our health, Our Care, Our Future, West Lothian Council's Corporate Plan 2018-2023 and NHS Lothian Strategic Plan 2014-2024.

West Lothian's strategic priorities extracted from the strategic plan 2019-2023 below



2. Engagement Process

2.1 Overview, Engagement approach for commissioning plans

This paper describes the engagement activity undertaken by West Lothian Health and Social Care Partnership, in collaboration with key stakeholders; public, service providers, service users, carers, families, independent, voluntary, 3rd sector and housing in relation to the following care groups

- ❖ Older People
- ❖ Mental Health
- ❖ Learning Disabilities
- ❖ Physical Disabilities

It was agreed that our commissioning leads would reach out to both internal and external stakeholders (see figure 1) in identifying areas of 'what is currently working' and 'what areas of improvement / development and or gaps in shaping our next 3 yrs Commissioning planning cycle 2020- 2023. The views and opinions gained during the engagement period will be used to help inform future option appraisals and commissioning activity during the next planning cycle.

It was proposed that each of the Commissioning Boards for the above care groups communicate and engage with both internal and external

stakeholders, to capture views and determine the priorities going forward.

2.2 Aims of the engagement

- ❖ To underpin the development of a strategy and commissioning plan for communicating the compelling vision around need for change
- ❖ To raise awareness and understanding of why it is important that the Health and social care Partnership has a plan to deliver sustainable and viable services for the next 3 yrs 2020-2023
- ❖ To ensure that appropriate mechanisms are in place so that the public, key stakeholders and partners feel engaged and informed throughout the process
- ❖ To contribute to shaping public, and health and social care staff, expectations of NHS and Social services in West Lothian
- ❖ To maintain credibility by being open, honest and transparent throughout the engagement process
- ❖ To monitor and gauge public and stakeholder perception and respond appropriately.
- ❖ To maintain trust between NHS, Social, Independent, Voluntary, 3rd sector and the public that actions are being taken to ensure high quality whole system connection service provision
- ❖ To demonstrate that the Partnerships are planning for the future

2.3 Engagement Activity

West Lothian Health and Social Care Partnership initiated a wide range of engagement activities during August, September and early October 19, designed to generate a wealth of feedback from key audience groups. The focus was to tailor the engagement activity within each care group to the needs of stakeholders.

This involved attending existing network groups, forums but also setting up separate meetings to with specific care group providers, carer and advocacy groups. The work was enhanced further by reaching out to the voluntary and 3rd sector organisations and individual meetings with their stakeholder groups both in and out of hours. A full log of engagement events can be found in section 2.3.1

The stakeholders that we engaged with in developing our commissioning plans can be seen in diagram figure 1 below

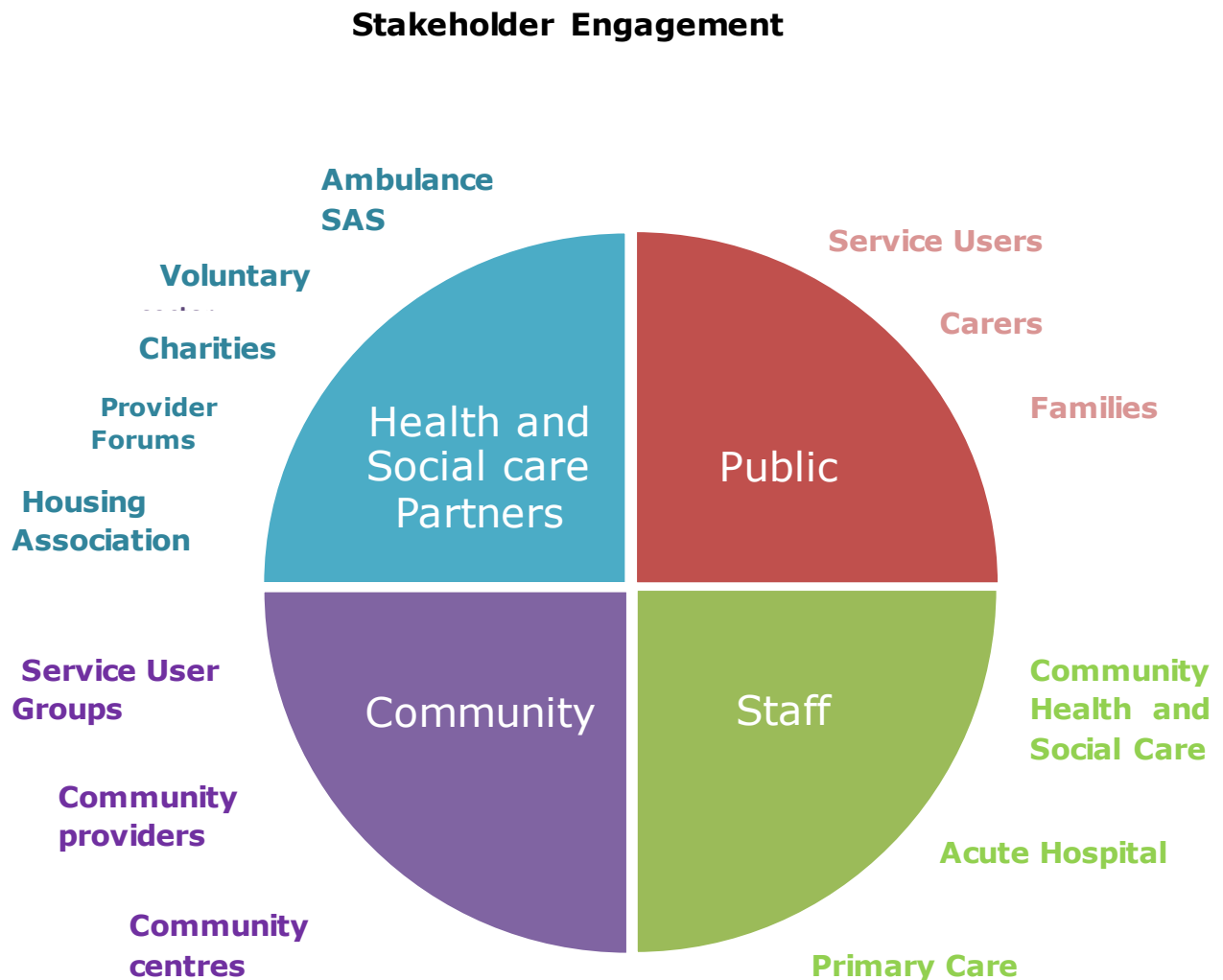


Figure 1

2.3.2 Public Engagement Events

The commissioning planning team held two public events

8 Oct 19 2-4 pm Howden Park, Livingston

10 Oct 19 6-8pm Bathgate Academy, Bathgate

These engagement events were disseminated widely through existing forums, networks but also advertised on social media ' West Lothian Council' Facebook and Twitter page. The team also ensured the event was

shared with a request to display in all the Community Centres in West Lothian.

The Howden Park event was well represented by 3rd sector mental health providers, carers, parents and general members of the public with an audience of 38 people. However the event at Bathgate was not well attended and was not help by being dark and inclement weather and attracted in the region of 10 people, parents/families and providers largely interested in contributing to learning disability and mental health commissioning plans.

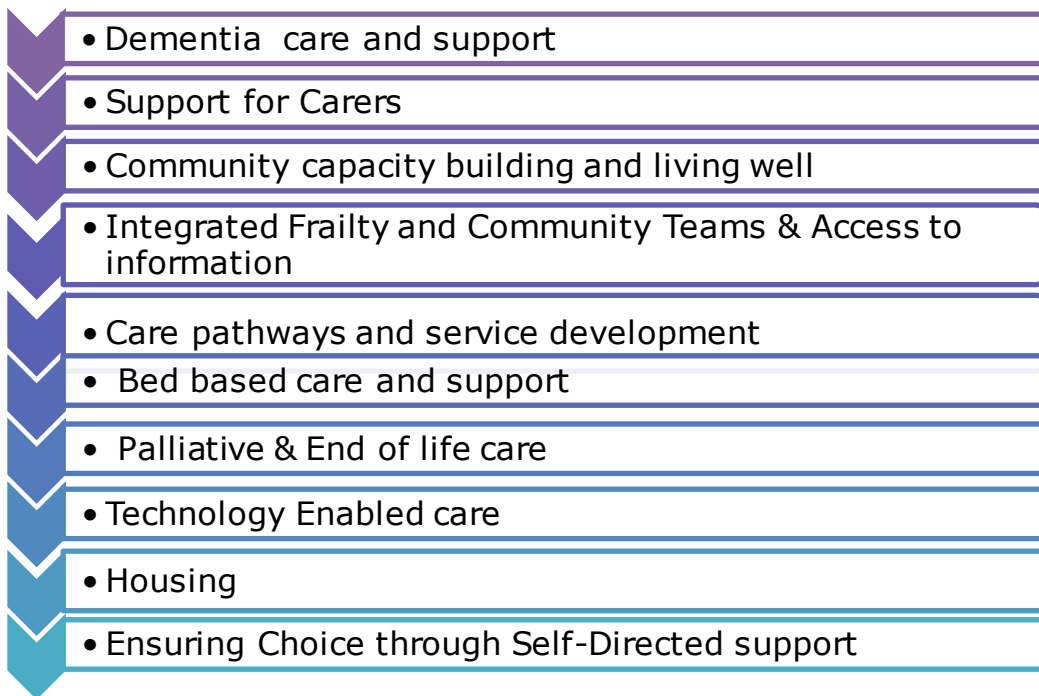
Both public events were 'drop in' in their nature, with 4 facilitated tables representing the care groups and a wall area to post comments on. Attendees were encouraged to have group and or individual discussions – but also to move to other tables where they wished to contribute to the conversation or add comments.

2.2 Key Themes Emerging from the Engagement

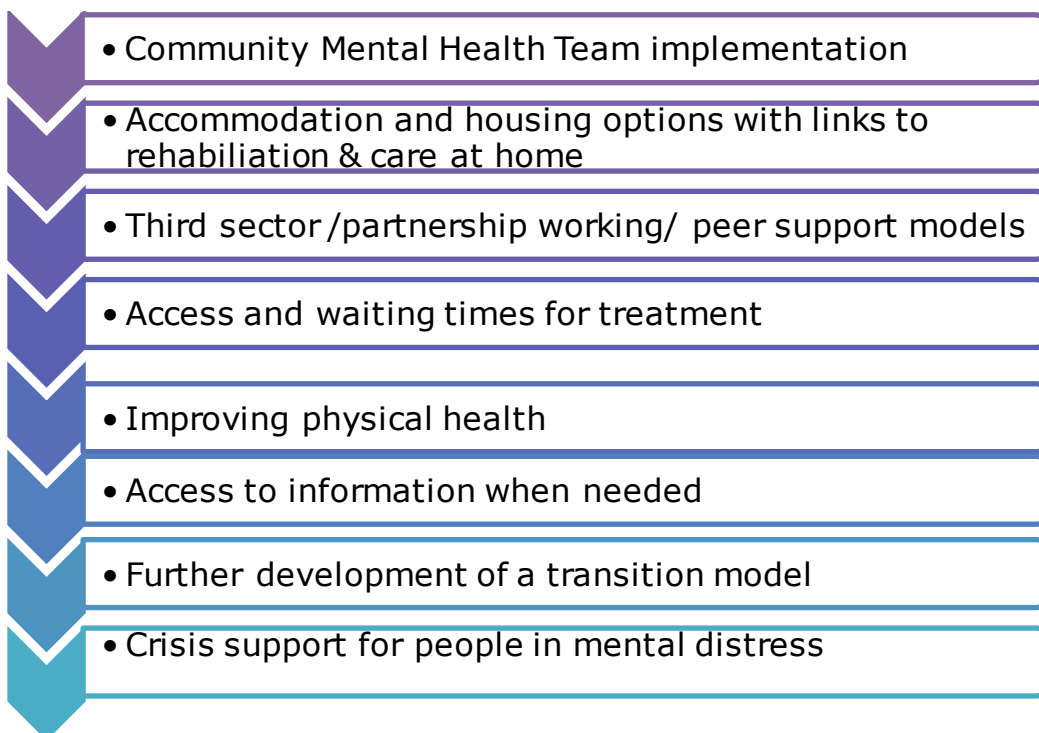
Over 645 carers/advocates, service users, service providers, members of the public have received direct face to face contact and responded to the engagement activity. There was a significant number of people who were elderly, vulnerable, limited mobility or were living with mental health and or long-term conditions. Respondents were drawn widely across the whole of West Lothian.

Several key themes emerged from the engagement work which are outlined, below. Full details of all the responses received can be found in appendices 1-3.

Older People and People Living with Dementia emerging themes



Mental Health emerging themes



Learning Disability emerging themes

- 
- Transition - a Whole life approach
 - Develop suitable housing options
 - Meaningful and sustainable day opportunities
 - Supporting carers and families
 - Ensuring Choice through Self Directed Support (SDS)
 - Complex needs relating to those displaying stressed and distressing behaviour
 - Peer support and social activities
 - Health screening
 - Access to information
 - Inclusive services for Autistic People
 - Employment

Physical Disability emerging themes

- 
- Supporting people back into the community
 - Meaningful and sustainable day opportunities
 - Supporting Families and Carers
 - Ensuring Choice through Self Directed Support (SDS)
 - Peer Support and Social Activities
 - Access to information
 - Supporting those with Sensory impairment
 - Develop suitable housing options
 - Development of BSL in policy
 - Technology enabled care

These emerging themes have been identified as areas for improvement & development will be expanded upon as part of the care group commissioning plans 2019-2023.

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Third sector Service Provider Forum	12	Access, Inequalities	Local inclusive groups Age Scotland Benefits guides Access to 'Help' to benefits i.e. winter fuel, TV licences, council tax, one off payment boiler breakdown etc	<ul style="list-style-type: none"> Transport required to access local groups
Older People Provider third sector – Hill group	7	Prevention and early intervention		<ul style="list-style-type: none"> Need to improve communication between all health , social and voluntary and 3rd sector Increase demand on services for dementia patients 3rd sector would like to be more involved and funded to increase preventative and early intervention work i.e. proactive wash floor to prevent fall, tackling loneliness before a person becomes isolated Increase social prescribing i.e. Art link, Art in Hospital , linked to GP practices Early intervention for example grow existing malnutrition education and supported intervention after leaving hospital Early intervention – gap in ability to provide Carer respite to enable people to stay in their homes for longer Develop intergenerational work (circle of support) to keep people in their own homes. Exercise classes are needing to adapt to give access to people with an increasing number of mobility aids, people coming to groups that are older and with more needs Transport issues of not being able to attend groups and strain on existing resources to provide minibus to support this group Missing housebound older people group that the 3rd sector is unaware of or the older people don't know of the groups. Better connected Health, social and 3rd sector providers will lead to better identification of people in need. Lack of information about 3rd sector organisations and associated groups and support can lead to inequalities in access to provision

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
				<ul style="list-style-type: none"> Need to map services across health, social and voluntary/3rd sector to manage person centred resources across organisational boundaries
GP Practice 2 Oct 19		Older People and Dementia	<ul style="list-style-type: none"> Patients referred to the memory clinic presently receive a very good detailed and reasonably timely CPNE assessment 	<ul style="list-style-type: none"> Too big a delay to the consultant appointment (also very good when it happens) We need to ensure that our secondary care colleagues are following the Shared Care Agreement re prescriptions
Sheltered Housing 4 Oct 19	30 flats	(Access) Inequalities	Social Company active in mind, enjoy actives	<ul style="list-style-type: none"> Need bus service, outside toilet and paths need clearing in winter Post office
Retirement home 4 Oct 19	31	Prevention / early intervention	Dial a bus Mobility service Livingston Opal groups Other groups Keep Bingo	<ul style="list-style-type: none"> Local café to meet people Pathway clear and smooth for mobility Exercise classes fit for older people
Unknown – Care Home	1	(Access) Inequalities	Company meeting people and activities in Opal	
Silver Sunday Event 6 Oct Whitburn	150 Older People Attended	Care in own homes	Company meeting people and activities in Opal	<ul style="list-style-type: none"> Inadequate care for neighbours currently with care commission. In-house teams provided better care than independent providers. Questioned- what level of training and qualifications do the independent providers receive as medication had been left – <i>advised public that all care providers were registered with Care Inspectorate</i>
Silver Sunday		Integrated Care	Once a GP is aware of health conditions the care is good	<ul style="list-style-type: none"> No changes suggested

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Event 6 Oct Whitburn				
Silver Sunday Event 6 Oct		Prevention and early intervention		<ul style="list-style-type: none"> Not happy waiting time to see a dermatologist at SJH 12 months GP Stoneyburn closed really impacted on Older people and young mothers with prams, challenges with buses to Fauldhouse More social inclusion activities Withdrawal of access to High school swimming pools 26 Oct 19 i.e. Deans- huge impact on older people group for social and exercise
Silver Sunday Event 6 Oct Whitburn		Prevention /early intervention		<ul style="list-style-type: none"> Stoneyburn GP closure, bus infrequent to Fauldhouse,-steep hill from bus to practice difficult for older people Wish to top withdrawal of swimming to public within schools
Silver Sunday Event 6 Oct Whitburn		Prevention/early intervention		<ul style="list-style-type: none"> Pavements need improvement, not getting treated the way they should. Waited long time to get a chemist open in Pumpherston
Silver Sunday Event 6 Oct Whitburn		Prevention/early intervention		<ul style="list-style-type: none"> Remove drug addicts in Pumpherston, concern about damage to properties More awareness of clubs – maybe list in local papers Key safe can have a friend/support to hold number as friend moved away?
50+ West 7 Oct 19		Prevention/early intervention		<ul style="list-style-type: none"> Good few clubs, a few closed recently (disappointing) Bins removed from bus stops (Deans road) rubbish everywhere
Silver Sunday Event 6 Oct Whitburn		Prevention/early intervention		<ul style="list-style-type: none"> Currently waiting 52 weeks for Physiotherapy appointments within GP practice.
Silver Sunday Event 6 Oct Whitburn	Unknown	Access Inequalities		<ul style="list-style-type: none"> Train passes cuts – feedback that service users worried as they use the train frequently.

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Ambulance Staff/ Crews	50	Integrated and joined up care		<ul style="list-style-type: none"> Easier access to up to date DNACPR and ACP. Access to patient's medical history/assessment (hx) as some patients are unable to tell us their hx /what is normal for them. At 3am there is no way of finding that out! Emergency palliative care teams made available to treat patients at home. Emergency care for elderly people whose carers need taken into hospital, at the moment we have to take both into hospital. Ways for crews to refer straight to a ward when appropriate rather than take vulnerable elderly people to A/E. Also set areas in A/E for elderly people as it can be a distressing experience for them.
HSCP Community staff	25	Integrated joined up care	<ul style="list-style-type: none"> Our District Nursing teams are attached to GP practices which promotes person-centred care through effective communication and well established relationships with GP's and wider Primary Health Care team Community equipment store provides an efficient and timely supply of a large variety of equipment to facilitate hospital discharges and to enable patients to stay at home longer Good collaborative working with the Community Palliative Care team based at St Johns Hospital to provide safe effective care 	<ul style="list-style-type: none"> Provision of packages of care delivered by an in-house service
HSCP Community	15	Integrated and	<ul style="list-style-type: none"> Integrated discharge hub at St Johns Hospital 	<ul style="list-style-type: none"> Prevention and early intervention posts required, e.g. Occupational therapists based in Primary care/ GP practices - patients can get the

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Occupational and Physio therapy therapists		coordinated care	<ul style="list-style-type: none"> Having Reablement located in the Integrated discharge hub makes communication easier Having a 72 hr response to Reablement request is excellent for ESD Quicker response by REACT and day of discharge visits Day today communication within ward teams and within occupational therapy service Ability to be flexible with staffing to meet fluctuating demands. Availability of COWL on site Good access to all agencies based in St Johns via Integrated Discharge Hub SORT collaborates with CRABIS (room for improvement) for onward referral and have assisted with reducing amount of referrals to their service SORT enables patient centred 	<p>care and advice they need in a timely manner from the most appropriate professional in their own local area, without waiting to be referred on. (reduce attendances at GP/A&E/admissions to hospital, increased confidence (patients and carers) and ability to cope at home)</p> <ul style="list-style-type: none"> Increase capacity and scope of role of Occupational therapist in Emergency department (OT's can immediately assess and treat people directly in the Emergency Department and determine whether a discharge directly home is feasible) Immediate responsive care and assessment available in the community that can be tailored quickly to patients' needs. Occupational Therapist in/linked to REACH team/linked in with early frailty pathway to improve quality of early intervention if patient is admitted to hospital. Responsive Duty OT based at Strathbrock as tend to end up playing phone ping pong Responsive equipment stores delivery who can also assist with relocation of furniture Lack of information from social care partnerships especially from Edinburgh re organisational change Develop relationship between health and social work occupational therapy services to work together on common goals Manage public expectations through education, information Develop REACT and Reablement services to work more closely

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
			<p>care to occur in the home environment</p> <ul style="list-style-type: none"> • SORT developed due to feedback from stroke patients • Stroke ward aiming to develop a self-management group for discharged patient (pilot study to be run - April?). Again this was highlighted as a need from feedback from stroke patients and is in line with stroke strategy plan. Aiming to also involve CHSS + potentially CRABIS, if able. 	<p>together</p> <ul style="list-style-type: none"> • Support for carers – Not just training required ongoing support should be considered. • Technology – Far more possible than medication prompts – e.g. Edinburgh smart house. • End of life care • Changing environment and growing public expectations are areas that can be improved. Often left to the OT to make patient + family members aware of criteria for items such as equipment (costings / stair lift / showering items) and packages of care. Would be beneficial if there could be leaflets / TV adverts that informed the general public of these changes. If family members are educated / aware of the criteria / process this would assist with more appropriate referrals to OT being made and manage family expectations. Educating other health professionals on these changes will also ensure all patients are receiving the same, correct information. • Prevention + Early Intervention - ? Telecare / home safety service could have more of an input in d/c planning and reducing package of care needs • Integrated + Coordinated Care – at times Reablement Assessor Assessment can be risk adverse / duplicate work/ Assessment (Ax) already completed by ward therapist – more joined working / trust could reduce this. Need for Reablement assessor can at times interrupt patient flow.

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Community Staff	20		<ul style="list-style-type: none"> • REACT Hospital at Home and Rehab at Home supporting early discharges from SJH • REACT supporting complex discharges • REACT as a team works really well • REACT development in new areas such as care homes, respiratory service • Emergence of community led projects • Consideration of implementing home first 	<ul style="list-style-type: none"> • Need a more systematic approach for identifying suitable patients as early as possible in their journey. REACH nurses are a good source of referrals, but they are limited to MAU only We need equivalent roles on the downstream wards and rehab wards, and this is needed 7/7 • Interface with integrated discharge hub can be greatly improved. • The role of the discharge coordinators is unclear. • Handover from wards can be improved. • Need clear and realistic expectation setting for patients and families from wards. • The team is increasingly stretched to compensate for infrastructure lacking elsewhere – eg. Primary care, care provision, case management, St Michaels Hospital – all without adequate increase in resource. • Need to ensure these services are sustainable • Need to promote professional growth within all members of the team. • Considerable lack of prevention and early intervention focused services, engrained culture of reactive response without any consideration of a proactive approach. • Very limited poorly coordinated and resourced rehabilitation services which are essential in ensuring better wellbeing in the ageing population. • Links between statutory and community based services required

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
				<p>development.</p> <ul style="list-style-type: none"> Very poor integration between health and social care, overly bureaucratic processes and lack of strategic vision to ensure the best outcomes for patients. Implementation of home first requires integration, leadership and clarity of what this term actually means.
Acute Staff SJH			<p>Identification of Frailty in Medical Admissions Unit (MAU) by the REACH team</p> <p>A consultant geriatrician based on each Gen Med Ward to help with management of frail elderly patients</p> <p>Integrated working as demonstrated by the Discharge Hub, REACH assessment and frailty pathways</p>	<ul style="list-style-type: none"> Currently limited to MAU Mon-Fri. We need a Frailty service 7 days a week, 12 hours per day, to keep up with current and future volume and complexity of medical admissions, which are predominantly frail elderly. This service should be extended to other wards, including Gen Med wards, surgical and oncology patients. A Stroke Outreach Nurse to improve the stroke pathway and meet national standards of stroke care. Regular MDT meetings currently only available on wards 21 and 25. Need this across all wards, including boarded patients. Robust and consistent AHPs for each ward, to ensure continuity for MDT working. Social work presence would be helpful. More consultant geriatricians, to be on par with other areas of Lothian and Scotland (per head of population) More responsive domiciliary care providers that can provide POC on a needs basis. More stringent review of twice daily POC to release capacity. Reduction in delayed discharges. Proactive role for the Integrated Discharge Hub coordinating the Daily Dynamic Discharge huddles on

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
			<p>the wards.</p> <ul style="list-style-type: none"> An agreed Guardianship pathway, with consideration of alternative care arrangements for patient awaiting Guardianship rather than hospital care. More co-ordinated approach to case management for individuals with LT conditions in community to manage exacerbation in their condition at an earlier stage. Patient client education programmes re specific disease self management Explore further the use of technology to support specific LTC as the older population becomes more IT efficient. <p>Close working with Old Age Psychiatry</p> <p>Community Hospitals in West Lothian</p> <ul style="list-style-type: none"> Timely input from Old Age Psychiatry team to assess and manage acute admissions with delirium, dementia and other psychiatry issues on the medical wards, in order to facilitate a plan for safe discharge. Reduction of dementia patients admitted to hospital because of behavioural issues. More support for carers and families to enable individuals to remain at home. Increase dementia support facilities in the community. Clarity of use and model of care for these facilities. One geographically accessible dedicated HBCCC unit for West Lothian with the appropriate number of beds and staffing levels at the right skill mix in line with other HBCCC facilities in Lothian and nationally. Regular palliative care input providing good end of life care for those who are unable be at home, but should not be in an acute hospital setting. 	

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Public Event 8 Oct	37	Community based review/ Carer Support	<ul style="list-style-type: none"> West Lothian Social work team are excellent, very responsive. Social workers and community care workers do an excellent job. <p>District nurses excellent</p>	<ul style="list-style-type: none"> Recruitment of new care staff, we are not encouraging young adults at school to go for a career in caring. <ul style="list-style-type: none"> We need to raise the profile for the job, currently new employees have to pay for their own disclosure and some young adults will not have the money to do this whilst still at school. Encourage the carer's job as an entry path to the start of a lifetime career with opportunities. Make the job more attractive, promote the service more. Need more done from educational point within schools as not promoted within schools, as like other careers. Colleges have students in the carer education path working towards HNC (theory), needs to be more linked up to SVQ2 (practical training), therefore more aligned with what the qualifications required for the role. Currently cannot put young adults at 17 into a caring role, therefore many leave school and take up other positions whilst waiting to turn 18 to apply for the caring role and end up not applying as they have another job in different sector. Missed opportunities. Consistency of staff for clients <ul style="list-style-type: none"> It is very difficult to have consistency for clients due to staff sickness/ holidays and turnover. The care provider tries very hard to have consistency but this proves to be very difficult. Care provider service <ul style="list-style-type: none"> Care plans are set out very difficult, so very hard to support client adhoc, for example client needing additional help at time of visit. The task was completed that the carer was there for and there was time left over, the client wants you to change batteries – if caught doing this time will be cut from the agreed POC, for instance 30 minutes would be cut to 20 minutes as they see this time sufficient as the carer had time to do an additional task. Need more flexibility

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Public Event 8 Oct Continued				<p>with contract to give best care to client.</p> <ul style="list-style-type: none"> ➤ Council implementing too many changes, that it is very difficult for the service provider to retain staff, example of this all staff have phones now to log in and log of at every visit – very controlling and making the job very stressful for the staff as they are under too much pressure for very little pay. ➤ Introducing the phones also has an additional cost to the service provider, they have to currently pay £8000 a month for the phones, contracts and sims and co-ordinators to run the system scheduling for log on and log off. <ul style="list-style-type: none"> • Family/ friend carers <ul style="list-style-type: none"> ➤ Important to have support for younger carers. ➤ Need more respite beds in West Lothian, currently not enough respite beds – you have to book 18 months in advance...sometimes this is not feasible. ➤ Reduced day centres or day centres now too expensive to allow carers to have more time. ➤ Within East Lothian, care provider used to offer training for identified family members who help look after their parent/spouse etc. This training could be handling and moving or similar. This helped reduce the amount of care required from care provider as families were enabled to support their loved one. • Dementia training <p>Need more training for carers to work with clients that have dementia, especially those that live with someone that has dementia</p>

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Third Sector Charity OP Stakeholders forum	6		<p><u>One to one</u></p> <ul style="list-style-type: none"> Befriending to build confidence getting out again, meet new people, be more active Telephone Befriending providing conversation – particularly if housebound and not seeing many people Older people have talent – showcasing older people in the community Local groups – allowing people to get out, come together and have some fun <p><u>Groups</u></p> <ul style="list-style-type: none"> Age Scotland – access to help Volunteer Activity like OPAL MP's do house calls Company- meeting people at groups Dial a bus service Mobility service, Livingston Post Office services OPAL group Other support groups available Bingo OPAL group - Social, company, active mind 	<ul style="list-style-type: none"> Shopping service to take people to shops to pick their own foods Accessible/Affordable transport for older people Day care facilities – costs are too high and were a place to socialise people. Get out for many older people Lunch clubs – many older people mention it would be nice to get out and have coffee and food Transport Need more communication about events, services, activities – TV and local radio campaigns Leaflets for those who can't get out Advice shop visits to support form filling Taxi cards/dial a bus re-instated Difficulty accessing by telephone Pavement clearing in bad weather – consistent throughout WL Local café to meet people over tea

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Public Event 10 Oct	1 (representing friends from Opal)			<ul style="list-style-type: none"> Consider how we can access housebound older people that aren't aware of services and social provision <ul style="list-style-type: none"> Can this be shared through the WLC Bulletin to each household – i.e. section on news from 3rd sector/voluntary – only have access only a care plan is initiated Also consider connections circular within WL Use of GP practices, chemists to share 'what is going on in community Only OP who have accessed 3rd sector organisations are known and invited to future events thus missing a huge number of OP that are isolated at home without access to the community. Need for more sustainable transport to get people to groups i.e. Opal provider transport for people who know about their groups if more people were aware then the transport would be over capacity. More funding for additional minibuses to access groups by Older People. There was reference that OP would be willing to pay a small amount to support transport costs i.e. 50p per trip Need to increase the number of volunteers able to drive Op to groups Wish to see housing developed involving OP in the design and preferable to have individual private housing units with wrap around model of support as the needs present to allow flexibility in increasing and decreasing support. Consider including a telephone number for future public events for more information
Third Sector Charity stakeholders	10			<ul style="list-style-type: none"> Increase the number of advice shops and additional support with completing forms- took 5 days to complete form for someone with MS People are unaware of services that exist 10 mins care visits insufficient to meet needs of older people, time to chat to be built into care plans

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
				<ul style="list-style-type: none"> • Reference to training for dementia for care at home providers as they are taking what dementia client says at Face value • Older people need a service to take them to the shops, described lack of connected communities and access to public transport at a reasonable cost to older people • Dissatisfaction with the closure of day services and the un affordability of attending these services • Positive discussion about the need for more intergenerational working and initiatives • Joint working i.e. police and WLC on keeping communities safe from dangerous sex offenders • Develop trigger support mechanisms that ensure services are linked to other services as need arises i.e. not taking inhaler noted by care at home link to District nurse and to 3rd sector where appropriate to holistically support someone • Develop an understanding of what other services cover i.e. shopping, housework, befriending etc • Knowledge and awareness of power of attorney at an earlier stage.
Third Sector stakeholders and volunteers	17	<ul style="list-style-type: none"> • Access and joined up care 		<ul style="list-style-type: none"> • Directly affected by contribution policy – care and cost for visits to be found by older people – 2 hr visits being withdraw will lead to further isolation and more pressure on carers • Need customer point of contact into health and social care system • Need to build network of voluntary organisations and networks ‘going to neighbours to help’ • Increase the number of volunteers within West Lothian – coordinated volunteer recruitment campaign by 3rd sector – approach large businesses i.e. Sky to support, radio grapevine local radio • Education in primary schools to develop ‘intergenerational’ initiatives to develop community connectivity, networking, capacity and resilience i.e. write a letter to an old person • Introduce an adopt or sponsor a ‘granny or granddad’ scheme

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
				<ul style="list-style-type: none"> • Introduce TV afternoons in community centres • Concern about people being a prisoner in own home following operation and having to navigate steps to their house • Need a service to change beds and small jobs around the home i.e. bed moves – miss the old care repair contractor • Need for first responder training, how quickly would community respond if an ambulance wasn't called • Interest in developing an holistic ' Out to Home' package from hospital to include (Assessment, food, check heating is working, check power is on, contact NOK, keypad etc)
HSCP Social care team	19			<ul style="list-style-type: none"> • Significant gap in ability to provide personal care for palliative patients. Previous Palliative team within domiciliary team provided short term support for EOL this dedicated team for short term care in now not in place which means that all service user groups are using the same resource which has impacted on the ability to provide flexible short term personal care • Concern that Marie Curie can only offer 7 day EOL support but there are challenges to extend this when required putting further pressure on the system • Breaks from care (often referred to as Respite) Need to define respite in terms of need and risks. Currently 5 beds available within WL – current challenges with restriction on types of service users suitable resulting in out of area placements. Whilst these beds were appropriate a few years ago there is a need to review these beds in terms of access and demand needs of service users and models of care - also explore whether sheltered housing and care homes can be used differently. Noted that the system has lost Westport (Bield) for short term respite • Suggestion that co-location would significantly help the team in setting up care in the community – Care Mgt team in Bathgate, reablement and community OT in Strathbrock with DNs being central, unaware of changes (staff aligned to what area) unknown community capacity-

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
				<p>significant time spend telephoning emailing leading to delays, 'lack of real time conversations' but too often not being in a position to put care in place.</p> <ul style="list-style-type: none"> Challenges with existing processes- Care Mgt team often given 2 days notice to provide care package – need more whole system robust response Opportunity to develop holistic integrated palliative care assessment inc (DS1500) Health/Social/ Marie Curie and other 3rd sector
Housing Association Forum providers	12			<ul style="list-style-type: none"> Acknowledged need for understanding the needs for main stream and specialist housing for the future older people Recognise emerging needs for bespoke support from 24 hours to wrap around support for individual needs whilst maintaining independence as much as possible Seeing a young group 55+ requiring affordable accommodation with complex longer term needs Initial work with dementia and adapting environment has been tested by West Lothian in Rosemount gardens Faced with challenges of recruiting and retaining staff to deliver care within 20mins if and when required. Need to develop the infrastructure, model, evidence and demand before considering how to respond to housing/care need Need to consider flexible models in the future that take into account of differing physical and mental deterioration within joint tenants Acknowledge that majority of older people are entering into affordable housing at an older age which is presenting more complex long term conditions and adaptations to manage Need to consider how technology can support housing developments in the future
Third Sector Hard to Reach	5			<ul style="list-style-type: none"> Access to services – linked to self service at GP, language barriers to access, cultural training needed to mainstream services Benefits system – process is distressful, demeaning

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Groups				<ul style="list-style-type: none"> Participation – real opportunity to have voice heard and shape services Social Isolation – challenges to engage, need to be culturally motivated and language barriers. Need to support carers at an earlier point
West Lothian Senior People Forum	15-20			<ul style="list-style-type: none"> Strong feelings about the increased costs to carers to provide day care with the rationalisation of day places in West Lothian. Cited examples such as home gardens charge for the service and people can't afford this. The rationalisation was linked to the usage of the existing facilities. Discussion about older people being proud and their mindset not being aware of the benefits and services available to them. Need to raise awareness through GP practices for Carers and relatives as this is a well known access point. Need to consider how to access older people, suggestion of a mobile app and locator tool although helpful – there is a need to access this group through more traditional methods i.e. written- one size doesn't fit all. Notes that GPs in Craigshill used to provide a circular to about 9,000 people but the vast majority don't Need to education and generational work i.e. Artwork in the library – collaboration between offbeat and art generations Another area of good practice of intergenerational work is the 'forest groups' making charcoal inter generational coming together General conversation about the need for early intervention, not being afraid of condition and focus on the individual need for positive recovery. Older people to integrate and build and expand support around geographical zones and communities
Dementia Early Onset Service Users and Carers < 65yrs	10			<ul style="list-style-type: none"> Referred to old age psychiatry despite being younger than 65 yrs – <ul style="list-style-type: none"> Had brain scanned but had to fight to have sight of the doctors report, which signalled that the person shouldn't be driving – financial challenges with working employment resource allowance without diagnosis One person waited 6 months and another 9 months for a link

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
workshop				<p>worker and about 3 months for Alzheimers Scotland, links to Community psychiatric nurses, Carers of west Lothian and food train</p> <ul style="list-style-type: none"> - Once they received a link worker the service both NHS and Alzheimers was great - Received a service user/carer pack of Dementia information about local services – this resource is not targeted to the under 65yrs who have family members working – They would have preferred a link worker visit within 1 week of diagnosis – family in turmoil processing the diagnosis and the information in main not helpful at that time - Had to seek a review of medication the appointment was not automatic? Needed to go back to GP as person appeared to get worse with medication - One Carer stated that she had received a copy of letter sent to her GP re diagnosis - One Carer had to stop working and move home within 6-8 weeks of diagnosis due to rapid deterioration and felt access to a link worker immediately would have been helpful. - The Carers all felt that access to established peer support networks at each stage of illness would be invaluable – often linked to others much further in diagnosis which doesn't reflect their day to day challenges ie one person diagnosed continued to actively play golf and feels this has slowed the process down and is still driving - Information packs are pitched at someone with advanced dementia- need to be more specific to the needs of an individual (person centred) - The service users interviewed were really keen to take part in research/trials. One service user was recently involved in a trial at Ninewells hospital this has withdrawn. It was suggested that Scotland should be engaging in research on dementia with other countries ie research for dementia consortium?
Dementia Early Onset Service Users and Carers < 65yrs workshop				

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Dementia Early Onset Service Users and Carers < 65yrs workshop				<ul style="list-style-type: none"> - Discussion about the benefits to own or have links to a dementia dog - Many views about the need to maintain as much independence as possible ie walk to local shop and preventing loss of confidence - Challenges with accessing dementia day ops to enable spouse to continue working – recent SDS changes had resulted in one of carers waiting over a year to be awarded 4 hours break but still awaited access carer budget (Processes in Social worker too slow, lost paperwork and multiple assessments over telephone and 1-1) - Significant waiting time for community OT to assess need for a wet room to shower person with Dementia - Went to 6 week group – a lot pitched at older people. <p><u>Key areas for improvement</u></p> <ul style="list-style-type: none"> - Responsive link worker – start within week of diagnosis - Dementia service to be more joined up, right information/pack at the right time linking NHS and 3rd sector - Improve the time delays between assessments - If an information pack is shared there should be one for under 65yrs and one for over 65yrs - Social teams to have more knowledge of assessment times and Carer entitlements and be clear and transparent when undertaking an assessment. - Need to find a balance between future planning and managing needs of the service user/Carer at the point in their journey post diagnosis. - Flu jab to be offered for Carers that are not in the vulnerable group - More communication, not send a letter with a diagnosis prefer face to face conversation - Education for the professional workforce on the needs of under

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
				65yrs with dementia diagnosis – keep focus on social aspects as the majority are generally very mobile.
Dementia Service Users and Carers >65yrs workshop	12		<p>Service User</p> <ul style="list-style-type: none"> • Attending group 5 Sisters café/ enjoyed chat with students/ inter-generational involvement important to feel connected • Peer support • Being out and about and going to things • Advice shop good at supporting filling in for benefits • Good support in times of illness when wife was admitted • Prefers dementia café to normal café • Enjoy the Alzheimers scotland afternoon tea and chat 	<p><u>Service User feedback</u></p> <ul style="list-style-type: none"> • Experience fear and anger (don't want to!). If can't answer question then leave situation as this makes me angry - Often stand there 'like a lemon' • Family and Friends don't understand dementia – 'how do you put up with them' hurts Carer • Worry about spouse as they are doing too much • Like to say that 'they are Ok to spouse (but not ok!) • Driving simulator – had to use automatic and not manual at test – challenging if unfamiliar with automatic car 'Worse thing took driving license away' – driving assessment not explained properly, Japanese care and traffic horrendous - didn't know what I had done wrong! License removed in a very unsupportive manner • Felt it was good to provide feedback without Carer/Spouse • Unhappy with doctor for sending letter to DVLA which activated an driving assessment – upset and anger – used to get out – Holidays main thing to look forward to as lost so much – don't hide dementia but results in many responses from others • Information sometimes ok other times too much, depends on the doctor when information is given • The post diagnostic support link was a total stranger • Challenges with different doctors and there support with completing the

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Dementia Service Users and Carers >65yrs workshop (continued)			<p><u>Carer Feedback</u></p> <p>-Peer support -Lots of information – but could be simpler -Caring Café Linlithgow monthly Boness Dementia – Falkirk are excellent</p>	<p>forms for benefits</p> <ul style="list-style-type: none"> Difficult to join a pre-formed group – try and bring new people together at the same time groups need to share experiences of people at each stage of their illness <p><u>Carer Feedback</u></p> <p><u>Experience 1</u> - Post diagnostic worker did ask how he was,' when asked what the support worker thought- she stated that the spouse lived with him', focus on life story book and not the person Felt isolated when PDS finished – 'feel very alone' Referred to Carers of WL – not heard</p> <p><u>Barriers</u></p> <p>No contact from Carers of WL – not joined up Can't drive Don't do face book /internet Meetings too early in the morning If person with dementia deteriorate call GP – 7/8 weeks wait for social care assessment.</p> <p><u>Experience 2</u></p> <p>4 yrs since diagnosis 6 week peer support group (Alzheimer Scotland / OT) – valued – information, lawyer, social team etc Need to offer peer support immediately PDS should have a link worker visit within 1 week of diagnosis instead of information as it is too much to process just after diagnosis Would like an option to delay PDS until needed as person cared for remained well – visits a waste of time at that stage – need help now 4 yrs on No consistency – link worker off sick for 4-6 months in the middle of PDS</p>

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
Dementia Service Users and Carers >65yrs workshop (continued)				<p>support with no replacement</p> <p><u>Experience 3</u> Spouse became unsteady (unbalanced) – assessment for handrails – Council put in the cheapest steel rails (when wet slit, when hot burns , and cold freeze – Sister within another council area was offered rubber rails for a contribution – happy to consider contributing to the cost if given a choice – no choice offered? Care line used to be free – now has to be paid for – choice- but risk if this isn't taken up</p> <p><u>Experience 4</u> Memory Clinic 4 hr assessment – daughter CPN and asked allot of questions Scan decided not to scan - diagnosed Alzheimers on that day. – Would have been helpful to see a scan as it would help family process the diagnosis – why do some people have scans and offers not? Medication gave 'Mum very bad headache and her condition didn't noticeable improve with medication</p> <p><u>Experience 5</u> Diagnosed 1.5yrs ago Initial GP didn't listen – never looked up at patient Changed GP referred to hospital – stopped test half way through 2 month wait from GP to memory assessment clinic Then wait of further 5 months for a scan Diagnosis of Alzheimers disease via letter Return to GP to adjust tablets – didn't notice any difference – now declining Feeling frustrated as no support now available post 1 yr</p> <p>Concern expressed about the withdrawal of day care opportunities – using attendance allowance and family topping up – council invoiced for more</p>

Engagement Feedback form	Event Representing number (s)	Themed Priority	What works well	Suggested areas of improvement
				<p>than the person placing directly into day opportunities. Essential for family as daughter works. No support in evening and weekends for respite to allow family to be out for the evening – respite for evening deemed a priority for family - need a sitter</p> <p>-Informed by Carers of west Lothian that there are 5 respite beds in West Lothian</p> <p>-Links to financial assessment – cost more for a package of care from the council – cheaper to pay privately – not offered SDS option</p> <p>-Spent days trying to speak to social care team – not responsive</p> <p>-Blue Badge – received form can't be signed by GP to support person with dementia – took to psychiatrist never seen this form before. Council rejected application because a section referred to 'see above' Psychiatrist then crossed out section and didn't initial change and again rejected – very frustrating</p> <p>Wanted to appeal decision but criteria doesn't fit people with dementia – some people getting if adding mobility – need consistency.</p> <p><u>Carer Priorities</u></p> <p>Different caring relationships – need respite at right time, someone you can trust</p> <p>When you ask for respite you need an assessment quickly to prevent the carer role breaking down – can't relax and can't go out.</p> <p>Social support as Carers feel shut away from people</p> <p>Need help at later stage of illness – not at early stage - roles have reversed with person suffering from dementia calling daughter mum</p> <p>Need links to befriending</p>

Appendix 2 Commissioning Plans Engagement Feedback Log

Care Group: **Mental Health**

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
Engagement Event Howden Park 8 October	Total number at event 37 8 people participated in Mental Health Discussion Including Third Sector providers	Access to Information Accommodation & Housing Review Peer Support and Natural networks Transitions Across All Ages Develop Community Mental Health Teams	Willingness to engage by HSCP	<ul style="list-style-type: none"> • Provider Framework driven by activity i.e. hours and not outcomes • Identification of people with mental health required support for employment not traditionally access to Job Centre • Greater flexibility in the commissioning response by exploring different models of commissioning • Individual and collective development with/ through a commissioning focus • Use case studies to illustrate the potential of an individual and collaborative approach • Supported Accommodation post discharge unknown demand • Variety of opportunities and supports • Peer support through sharing interests and purposeful activity • Greater emphasis on individual potential and capacity • Prevention such as support for teen mental health in schools-funding withdrawn service mainly delivered by volunteers (feedback this to children and families) • No Mental Health provider forum or service user forum need to identify gaps • Focus on young people in transition • What is the need /demand across mental health tiers • Crisis care a lack of support or links to voluntary sector

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
		<p>Crisis care/support</p> <p>Prevention/early intervention</p>		<ul style="list-style-type: none"> • Need for more social prescribing • New models of commissioning whole system Health/ Social Care and 3rd sector • Impact of eligibility criteria and contributions – against aims of prevention and early intervention • Circa 25% loss of referrals – where are these referrals? • Reduced referrals to voluntary sector • Links to other community focus e.g. fitness, angling, woodwork etc. • Current commissioning models are failing • Natural connections and opportunities • Greater opportunities for joint working – case studies create examples and stimulate ideas • Strength based approach – linked to strengths of other organisations • Organisations being clear about what they offer • Map of existing services but how do we share practice and purpose? • How to set up forums to identify capacity and resources in other organisations • Interesting model in Dundee around housing fair community model • Robertson Trust – investment fund tests of change • Community opportunities are getting less and less • Offer a platform for ongoing discussions to enable sharing of information • Illustrations of what people have done and how they are sharing examples • People going through PIP process can be stressful • Not enough options for holistic opportunities – many fewer opportunities now
Public Engagement event 10 October	Total number at event 7 3 people participated	Accommodation and Housing Review		<ul style="list-style-type: none"> • Long term plan for Barony developing estate across the piece • WL Housing Partnership new builds due to completed in 2021. Opportunity for core and cluster with common areas and amenity provision

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
	in the mental health discussion including Third Sector Providers and HSCP staff	<p>Access to Information</p> <p>Prevention /Early Intervention</p> <p>C & YP Mental Health</p> <p>Prevention/ Early intervention</p>	<p>Almondale Hub Health in Mind over 55 project</p> <p>Wellbeing Hubs a positive development</p>	<ul style="list-style-type: none"> Barony keen to replace 3 accommodation services to core and cluster Consider structural issues to support this e.g. Broadband in housing developments as part of the infrastructure Mental health/social delays in Acute Hospital not just MH acute Develop Contact Point for adults with mental health issues based in community Peer support prevents people from reaching critical and substantial and accessing service Falkirk Framework unifying commissioning cycles Children and Young People's Team only available resource. WL Youth Action Project counselling service is the only service. Referrals rejected by CAMHS suggest C and YP team first (pass this on to C and Families) Gaps for older people as age limitations for Hubs
Adult Social Work			LAMH as a provider. They are outcome focussed, adopt a pragmatic approach to support LAMH has good management	<ul style="list-style-type: none"> Increase in number of referrals for self-neglect/ hoarding. No pathway to manage the complexities of these cases. The practise is usually to be managed under ASP given the risks however it is becoming more evident that this approach does not offer any benefit

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>leadership.</p> <p>There has been some good example of multi-agency working within the team.</p> <p>SW staff has found addictions model/ service beneficial for clients and offer good communication with staff.</p>	<p>and service users find it too restrictive.</p> <ul style="list-style-type: none"> Supported accommodation – consensus that current contracts are not suitable to support the needs of the current client group. There is a gap in service for clients who have complex needs and would not manage in current supported accommodation provisions but do not require specialist care placements. Some of these clients have long hospital stays as a result. SW tends to offer more crisis intervention work (especially via duty system). Agreement by staff that early intervention work would be beneficial to client group, especially Personality disorders
ACAST nurse led service provide unscheduled same day MH assessments			<p>70% of the mental health referrals within the ED are returned to the GP.</p> <p>ACAST offer a least restrictive option of care at home as an alternative to hospital providing intensive home treatment 7 days a week.</p> <p>Recent increase in establishment of the multi-disciplinary team</p> <p>In reach into Ward 17 to support early discharge</p>	<ul style="list-style-type: none"> Current waiting times for all other community follow up i.e. CPN / OT/ psychiatry /drug and alcohol services Consultant input/ sessions Inappropriate referrals from GP and ED due to lack of other mental health services
HSCP staff business support		Access to Information	Multi-Disciplinary Teams working together to deliver services. i.e. Community Wellbeing Hubs	<ul style="list-style-type: none"> Better resourced Admin support for teams such as CPN & CPNE's Development or use of existing Mobile Apps for CCBT and similar therapies such as mindfulness Accessible up to date data base
HSCP community mental health staff		Supported accommodation	OPD 5 Nurse led clinic has been established to help manage the demand for psychiatry outpatient activity helped reduce waiting list	<ul style="list-style-type: none"> Supported accommodation/housing Reviewing all supported accommodation placement currently provided and funded in West Lothian include a review of out of area placements.

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
		Early Intervention/ Prevention	<p>Community Wellbeing Hubs</p> <p>The Brock Garden, Woodwork and Craft Centre. It provides training and experience in woodwork horticulture and arts and crafts.</p>	<ul style="list-style-type: none"> Redesigning community services to form two (East & West) Multi-disciplinary Community Mental Health Teams (CMHTs). This will enable the delivery of a more person centred and holistic model of care treatment and support for each patient/client who needs these services due to the complex nature of their Mental Health Condition Physical health for people with long term use of neuroleptic medications focused review of the physical health care needs of this client group.
HSCP Staff MHO service		Supported accommodation	<p>Advocacy Services – good relationships with advocacy services although some issues related to available advocacy resources being able to meet demand.</p> <p>MH Act Administration – good quality service and good lines of communication from MH Act Administrator at St John's.</p> <p>Provision of Duty MHO Service – Day-time on call rota to address requests for MHO assessments continues to provide flexible and responsive service.</p>	<ul style="list-style-type: none"> Lack of integration between various service areas, Adult MH, OP MH, LD, CAMHS – suggestions made around 'ageless service Lack of appropriate supported accommodation provision in West Lothian to meet the needs of a core group of patients/service users resulting in bed-blocking, costly out of area placements and pressure on existing resources Significant issues for recruitment and retention of MHOs in West Lothian, inefficiencies in model of work and challenges to meet statutory requirements on an ongoing basis. Review of service model would be beneficial. Lack of incentive and career pathway for social workers to encourage MHO training and retention of MHO workforce. Review would be beneficial. Recruitment and retention of Consultant Psychiatrists/Approved Medical Practitioners leading to reliance on locum cover which can leads to inconsistent and poor quality care. Lack of provision of a Duty Consultant/AMP rota leads to use of Emergency Detention Certificates during day-time hours which impacts on detained patient's rights and leads to multiple assessments, inefficiencies and duplication of work.
HSCP staff			Occupational Therapy staff are	<ul style="list-style-type: none"> Current group service is limited however with recent investment this

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
OT community/ outpatient			<p>flexible and keen to look for new ways to deliver service in this area. There is an enthusiasm for development of a variety of group interventions.</p> <p>Recent additional funding to provide Occupational Therapy in Wellbeing Hubs and also in new CMHTs will enhance opportunities for multidisciplinary approach for patients referred to these services</p> <p>Occupational therapy approach closely linked with the ethos of recovery</p>	<p>will provide opportunities to enhance the interventions available for patients referred in the future through CMHT providing an occupational focussed service.</p> <ul style="list-style-type: none"> • Increase opportunities for supporting people to access and retain employment and be active part of society/ build the skills required to engage in meaningful occupations, education and employment
HSCP staff OT inpatient			<p>Addition of OT post in ACAST</p> <p>Physiotherapy input at Pentland Court has been of great benefit in promoting movement and physical exercise.</p>	<ul style="list-style-type: none"> • Frequent admissions of a number of patients. Could address this by co-ordination of the delivery of interventions and inclusion of relapse prevention plans
HSCP staff OT Older Adult		Early Intervention and Prevention	<p>Addition of Occupational Therapy post to WELPAT and OPCMHT has enhanced the opportunity for timely multidisciplinary working for this client group</p> <p>Close professional links with OT colleagues working within elderly service, having regular meetings as a team to improve service delivery and continuity of care within elderly.</p>	<ul style="list-style-type: none"> • It would be appropriate to have some sort of group for the elderly with the aim of keeping well? So the people going to the group does not necessary have to have a diagnosis, it would be a group to discuss a bit about mental health promotion and to self-manage...along the lines of early prevention • Early intervention at post diagnostic stage for Occupational Therapy to facilitate early teaching of strategies for cognitive decline • Having a designated physiotherapist input for ward 3, with specific time allocated to spend on the ward, (which is already implemented

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			Group programme delivered on ward 3	on ward 17, ward 1 and Pentland Court) could increase the opportunity for more timely and in-depth interventions for the elderly inpatient service.
HSCP Staff MH rehabilitation Pentland Court			Multi Disciplinary and Interagency working	<ul style="list-style-type: none"> Some patients are admitted to Hospital from their own tenancy where they live alone, have no or limited family contacts, accept minimal support or decline it altogether from service providers. When admitted from home it is secured but in many cases not checked. If admission lasts a lengthy period conditions within the house can deteriorate to the extent whereby it becomes temporarily uninhabitable. This can delay discharge for up to several weeks and have a financial cost especially if a deep clean is required. The suggestion is that on admission to Hospital a home visit should be carried out at the earliest opportunity to assess conditions. It is recommended that a comprehensive Home Assessment checklist is used to ensure that all aspects of home living is checked including; Tenancy details, Utilities, safety factors/ hazards both internal and external, condition of building and contents and bathroom facilities. Issues highlighted can then be dealt with promptly ensuring that on discharge the patient has a habitable and fully functional dwelling to return to.
HSCP Staff Inpatient ward			<p>Management of inpatient beds within west Lothian.</p> <p>Patient flow is at a level of average 50 admissions and discharged PCM. This is reflected in our strategy to manage local patients locally.</p> <p>We have input from various AHP including now psychology for first time in order for our acute patients to receive 1 to 1 psychology whilst in the ward to aid a significant recovery</p>	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			and longstanding recovery.	
Mental Health Advocacy Project Community Representatives Group	7		<p>The OPD5 drop in works well. Keyworkers at Strathbrock usually works well. Pentland Court works well I like support from my keyworker, they encourage me and provide emotional issues.</p>	<ul style="list-style-type: none"> • A&E needs to be improved and a CPN should be available at all times (24 hours a day) • W17 staff need to be more involved in patient care – hard to see keyworker. • Getting help when you have a severe illness e.g. not dressed for the weather, chest infection • Consultant appointments are not working, I haven't seen one for over a year. • I waited a year and a half so I use the drop in at OPD5 • Consistent keyworker would help I have had 6 in the last couple of years. • Need more Pentland court type service • I didn't get into hospital when I needed • Better supported housing – some people have to leave West Lothian - leaving friends, supports and family – very difficult for people on top of illness. • There are people who were in Bangour Village Hospital who are in Pentland Court how can that be? • I went through a PIP assessment with a keyworker I didn't know and it didn't work out – I did the form on my own with the Advice Shop and lost my PIP. I was so anxious and disturbed I didn't answer properly, didn't tell them about my symptoms – I hear voices. I lost my PIP and now having to go through an appeal process – very stressful, I started drinking and now getting help from WLDAS – they are very good but that could have all been prevented. • Difficult to get GP appointments – sometimes have to wait weeks • NHS Lothian should get the money to West Lothian! • ACAST didn't work for me, I felt interrogated, I was up to high doh. • Don't know who to phone out of hours, would be helpful to know better what options are so providing helpful information could be improved.

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
Bathgate House Service User Groups between 7 October and 17 October 2019	42		<ul style="list-style-type: none"> • Enjoy coming to Bathgate house drop ins, feel it is a chance to meet people, see different views and feel that they are in a safe environment • Enjoy the walking group, the men's group, the music group • Generally find the staff very pleasant • Works well (Step Out) • Having the opportunity to open up at Step Out is great for making that first step • Good having a place to be listened to • Support to get out of the house and have someone listen to you and not feel alone • Having groups to attend long term • Being able to trust and feel safe in a group • Confidentiality • Lack of judgement • Using different alternative therapies to find out what works for you • Feeling of progression 	<ul style="list-style-type: none"> • Would like more services for people to get on outings and to have more choices • Would like more social events at Christmas e.g. used to go to the bowling club for a meal and a disco • Would like more recognition that mental illness is not like a physical illness as mentally ill people do not always look ill • Enjoy local walks • Would like more convenient bus routes or provision of taxis to make current services accessible • Would like more groups such as a group for card and board games, computer groups, local interest groups, quizzes and sports groups • Would like to get input from the college • Would like outings with staff such as the cinema, theatre, transport museum, safari, butterfly farm, bird sanctuary, Museum of Childhood • Would like more groups to be based in Bathgate • Would like easier access to services • Would like more outings, used to go to the theatre, cinema, out for meals • Previously outings were 2 or 3 times a year with choices but these have been cut • Would like night groups: Burns night, bingo, quizzes, movie nights etc • Seeing different psychiatrists results in repeating yourself • People are being over medicated when they could be making improvements through talking therapy • GPs just want to write prescription straight away • Treatment could be more person centred • Nowhere near enough groups, Step Out is one of the only ones and it is voluntary • Not all are suitable for Step Out e.g. people with anger management issues

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<ul style="list-style-type: none"> • Sharing experiences • Easier for attendees when the facilitator is a volunteer • Feel more like a normal person after attending the group • Would be lost without the group • Talking to others is the best therapy • Works both ways – you get out what you put in • General good points • Finding the right psychiatrist • Consistency - seeing a familiar face as opposed to a changing constantly <p>Good points (about Step Out)</p> <ul style="list-style-type: none"> • Very efficient group • Would not get out of the house otherwise • Gets things done • Everyone supports one another • Don't all suffer from the same issues but feel like they have all been in the same boat • This is more of a support group than others <p>In other groups you have to</p>	<ul style="list-style-type: none"> • Not enough CPNs • Time between appointments with psychiatrists • Receptionists asking for details for appointments – this puts people off of phoning for appointments and causes mental health to get worse without seeking help • Mental health service users are easily mistreated as they are less likely to stand up for themselves e.g. one service user said she cancelled a psychiatry appointment due to having surgery and was told she would be sent out another appointment but never was • Different psychiatrist every time is like starting again every time • Some psychiatrists don't live in the real world • Feel there is no support out there • Groups and organisations are not advertised • Having to travel from Polbeth to Carmondean for the only group available • Step Out is vital but difficult to get to, attendees rely on one another for lifts etc • No continuity with psychiatrists/locums – do same things over and over again and feel like they don't read their notes • Some psychiatrists are good, some terrible, one asked an attendee "Why are you here?" "What is wrong with you?" • Would be good to have a group for advocacy in St Johns <p>Problems/limitations</p> <ul style="list-style-type: none"> • Rely heavily on a group run by a volunteer • Nothing to fall back on if Marilyn gets ill • Marilyn tries to coach them not to be too dependent • They are happy knowing it will be back on and for Marilyn to take time off • Some expect too much • Not for everyone

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>watch what you are saying' Other groups can be cliché-ish Other groups more about activities and getting out than peer support</p> <ul style="list-style-type: none"> • Great at identifying problems • Learn things to take to everyday life • Volunteer gets a lot of enjoyment and reward out of it <p>Good points (about groups in general)</p> <ul style="list-style-type: none"> • Big spaces Good to do exercise activities Get to do activities that are more fun/have a laugh Can use the space for different forms of therapy and activity 	
HSCP staff West Lothian Psychological Approach Team (WeLPAT)			<p>Strong collaborative team work. Effective communication. Building relationships with care home staff.</p>	<p>Access to out of hour/crisis response service for care homes</p> <p>Clarification of REACT service remit – in supporting care homes with the physical health checks required prior to mental health assessment taking place.</p> <p>Designated psychiatric liaison team</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
				Formal post diagnostic support for residents in care homes.
HSCP staff Psychological Therapies Service			<p>The service has developed from a Psychology Service to a Multi Disciplinary Psychological Therapies Service with a broad skill mix. Having a single PTS makes managing issues which relate to (A12) psychological therapies more straightforward – i.e. management of waiting lists, development of services, training, workforce planning, and governance.</p> <p>Positive working relationships within and between teams. Formal & informal channels of communication.</p> <p>Development of a group programme with over 30% of patients being offered a group intervention</p>	<ul style="list-style-type: none"> It is positive that in the near future West Lothian will have Psychology posts at all tiers of service – Wellbeing Hubs, Psychological Therapies (PTS), CMHT & In-patient (IPCU & Ward 17). Ensuring patients gets triaged to most appropriate service most directly. It is not always clear from referrals received which service at which tier might be best to meet needs –perhaps particularly useful to consider with the development of the above. Need for clear & accessible referral criteria for all services & guidance regarding information needed by Triage team– Provide details on Ref Help. Use of PHQ9 & GAD 7 (free to use) by GPs as a measure of severity (rather than current use of HADS which requires licence) Joint assessments by different professionals for patients where it is unclear which service may be most appropriate – This would have a cost in terms of staff capacity but may reduce need for repeat assessments & contribute to above aim of services being more able to do a generic assessment
GP representation Strategic Planning Group		Early Intervention and Prevention	<p>The mental health hubs are very welcome but it is a bit too soon to judge whether they are working well.</p> <p>The linkworkers about to come on stream are also welcome</p>	<ul style="list-style-type: none"> The CPN's to do 'first contact' appointments at some point in the next few months will be even more welcome. Waiting times from referral to actual treatment remain far too long in clinical psychology. Waiting times for initial psychiatry appointments are also too long Review dates for psychiatry long or not seen within timeframe expected and this generates GP appointments. Gaps in support for adolescents.
HSCP Staff			Engaging with patients, carers to	<ul style="list-style-type: none"> Social infrastructure resources are declining for patients with needs

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
Older People's Community MH Team			<p>access resources in the local community through joint working, carrying out detailed assessments that are person centred and effect positive change, identifying follow up support pathways through effective team working and signposting relevant services, team constantly updating their knowledge to deliver better care</p> <p>Working within a Multi disciplinary team to delivery high levels of care, assessment and follow up within the hospital and community</p> <p>Early intervention or anticipatory information that follows people to try and maintain their independence to reduce and prevent services pushing people to require higher levels of intensive supports that they do not require leading to dependence.</p>	<p>impacting on suitable alternative options surrounding care in the community for over 65. Impact of cost of day services.</p> <ul style="list-style-type: none"> Feedback highlighted concerns surrounding the amount of ageism and attached stigma when patients become 65 years of age they are suddenly transferred or not suitable for the service provision leaving over 65 services to pick up patients. Health inequalities are a major issue for this age group as mental health and deprived areas have been evidenced to contribute to shorter life spans and less follow up support in the patient's local community. Staff and health professionals have good intentions to address this in short-term but on their own cannot promote positive change large scale as this needs legislation to effect real changes that provide follow up care in the local community for all. Once assessed and supports identified with follow up in place using robust care pathways and supports, due to shortfalls in services within social and third sector from funding, staff shortages and a non consistent support follow up in the community patients are not receiving the care they need leading to patients being misdirected back to CPNE services as only viable options when resources are stretched. Currently a lack of Old Age Consultant cover within the service has a dramatic impact at times on service provision and delivery for patient and CPNE staff which can impact on patient not being assessed in a collaborative team based approach
Scottish Ambulance Service		Crisis Services/Support		<ul style="list-style-type: none"> There are no mental health pathways in West Lothian at the moment that we can use; it's A/E or nothing. Triage tool available for risk assessment. On call mental health assessment team that we can liaise with while at patient's home. At the moment we have no support and that leaves us no choice but to take patients to hospital as we are not qualified to make assessments or decisions regarding care of mental health patients. When patients refuse to travel this takes up

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
				<p>a lot of the SAS and Police's time as we can't leave them at home when they are a potential threat to themselves or others but we also can't take them to hospital against their will.</p> <ul style="list-style-type: none"> • On call drug and alcohol teams that can deal with patients who are detoxing, or somewhere to refer these patients to in times of crisis. • Separate area in A/E for mental health patients, it is often inappropriate to take them into a busy A/E department. This can distress the patient further and also distress other patients if the patient is volatile or distraught. They often have to sit for hours waiting on a psych assessment, another area where they could wait would be less distressing and take the pressure off the A/E department as they do not have the time or resources to constantly monitor/comfort these patients • Easier access to Social Work.

Appendix 3 Commissioning Plans Engagement Feedback Log

Care Group: Adults with a Disability

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
Autism Strategy Sub Group – Active Citizenship	3	Inclusive services for Autistic people	<p>General comments:</p> <ul style="list-style-type: none"> - Within the Lothians there is not a strong enough focus on ensuring the themes identified for those living with ASD are consistent. - One of the biggest concerns highlighted is the mapping of services for those living with ASD. One of the points raised at the strategy group was that if you are living with Autism in Wets Lothian, there is no 'one stop shop' for information on service. I explained the new HSCP would be soft launched by the end of July and Shiona Jenkins (BSO) was currently acting as the lead on this. See PASDA resource for Edinburgh and the Lothians. - Both Cath and Christine asked if it was possible for a dedicated member of staff from the council to be in control of the information or a third party could be contracted to do it. I explained in a smaller local authority we would potentially look at 'access to information' as a priority on a wider scale, not simply focusing on Autism. We may look at LD, disability or all services under this work stream. - Midlothian's Two Trumpets strategy for Autism has received a lot of praise. - Discussion on Autism Awareness week (April 2020) was focused on how to reach a new audience and ensure that services in West Lothian are highlighted and participation increases as a result. - A question was raised about how much money is provided for Autism services, West Lothian was not able to provide information during recent FOI request. - Project Search and Supported Employment was mentioned where I provided more information of how these models are delivered in WL. Questions were raised around the waiting list for Project Search in which I explained the model has a service user/staff ratio that must be met and agreed between the Council, West Lothian College and the host employer. - Cath and Christine asked what the purpose of Autism Champions within the council was and is this something that is a focus. I explained this point would be best raised at the strategy group as it will cover all four priorities. - Transport was raised as a concern. I explained the commissioning process in which transport and providers being able to access service users to meet their needs was key. - Individual cases were raised where SDS was not a focus of service user annual reviews. I explained the 	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			care inspectorate monitor this through inspection. This however will be a focus on two of our priorities; SDS development and Access to Information.	
Employability Review	4	Employment	<p>The supported Employment service is working at capacity and supporting a good number of individuals into employment in West Lothian.</p> <p>The presence of the supported employment service is well known within West Lothian and works closely with other services.</p> <p>Project Search continues to attach a full cohort every year and continues to deliver a high percentage of individuals with a learning disability accessing the open labour market.</p>	<p>The uncertainty around European Social Funded posts within the supported employment programme.</p> <p>Some referrals coming into the supported employment programme are not able to be taken on due to a lack of understanding of the need to desire 16 hours paid employment. The access to information around the support employment service could improve.</p>
Artlink – Autism Strategy Development and Commissioning Intentions	3	Inclusive services for Autistic people	<p>General Feedback: <i>Note, the priorities were not covered off one by one, this was an open conversation about what works and doesn't in service.</i></p> <ul style="list-style-type: none"> - Some of the most important things to Autistic people and their families can be very straight forward. Examples given were the right support made available at the right time, teachers/social workers/other professionals have a basic understanding of the conditions those they support live with. - One strong example came out of the two trumpets strategy (one trumpet at home, one at school) demonstrated that if those supporting Autistic people are allowed to 'bend the rules' or be flexible with the support they give, better, holistic and many times more cost effective solutions can be found. - Local Authorities must take a radical look at how commissioning works. Paying providers by an hourly rate to deliver hourly support does not support individuals in the best way. - Older people with Autism can be harder to engage with, many live without a diagnosis and many are not aware of the services available to them. Mapping out services would be beneficial for this service users group; however this is needed across the board. 	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<ul style="list-style-type: none"> - There are people out there that are Autistic and do not have a Learning disability or other additional support need. Service can be confusing for these individuals. - There is no teacher training in Autism, this is unacceptable. - Transitions pathways to adult services are concerning as it is very difficult to navigate. - Families and carers of Autistic people need people to talk to whether this is a drop in service or networks with other families and carers. 	
Community Learning Disability Team – OT specific	Email feedback	Access to information; Suitable housing options	<p>Specialist OT in Community Learning Disability Team (CDLT)</p> <p>Links with Housing OT and CLDT OT</p> <p>Ability Centre</p> <p>Outreach groups</p> <p>Pulmonary rehab</p> <p>Stroke group</p> <p>Cares of West Lothian</p>	<p>Clear pathway to involve community OT when client returning/moving into independent living</p> <p>Specialist OT is part time and has a waiting list, shared resources to support increase community OT links</p> <p>Better promotion of existing services i.e. staff not aware of the Autistic Spectrum Disorder Team</p> <p>SMART centre – hub or link with West Lothian</p> <p>Communication between services could be better regarding any changes/available resources</p> <p>More awareness of technology e.g. Alexa system</p> <p>Available directly of resources</p> <p>Addressing social isolation</p>
National Autistic Society meeting regarding services for Autistic people in	3	Inclusive services for Autistic people	<p>General Feedback:</p> <ul style="list-style-type: none"> - The Scottish Strategy for Autism Outcomes and Priorities 2018-2021 will soon be up for review. It is unclear what investment the Scottish Government will place into producing a new priority plan, if they do at all. This may shape the way in which Autism services may look. - NAS priorities currently are looking into social isolation, mental health and the lifecycle of autism diagnosis as a focus. - Services to address the risk of social exclusion are key, you can put all the services in world in place 	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
West Lothian			<p>however if people cannot leave their own house, they will never access the help and support.</p> <ul style="list-style-type: none"> - One area that was shared was potential solutions to those suffering public “meltdowns” and demonstrated challenging behaviour. Better services must be in place to support these incidents that could be avoided with better care planning. The “Crash pads” example demonstrated in Durham was given. - The discussion around provision within exiting mental health hubs was discussed however this proved problematic as to take an autistic individual to a mental health hub when they are having a bad day doesn’t support the need for culture and public perception change that is needed. - NAS would like to see more One Stop Shops. Edinburgh service is no good for those in West Lothian. - Hubs, information, crisis points etc. can work but must have an Autism focus with trained professionals. - There will allow be a need for Autism specific social care providers however better training and understanding across the social care sector is needed. There is no one service that will support everyone with Autism. - When discussing transitions, it was clear to see from NASplus experience that in West Lothian schools the support Autistic individuals receive does not mirror the support that West Lothian College offers. - The difference in children and adult services autistic individuals is vastly different. This must be addressed and supported by better transitions support from aged 14 at least. - Broxburn Academy’s Autism hub/base was proving to be successful, this is a local decision made by the school. NASplus supported the development of this. - Schools and organisations must work closer together to support Autistic individuals to transitions into adult service/ education/ training or employment. - Skills Development Scotland workers in schools provide an excellent type of support to those that don’t have additional support needs, however there is no effective service mirrored for those that do. - An effective supported employment service can benefit those who wish to work however West Lothian’s service has a waiting list. - The local authority must have a closer working relationship with providers and organisations if it wishes to commissioning effective services that will produce better outcomes for those engaging. - West Lothian must commission more community based services and work with organisations and providers to attract funding to do the same. Partnership working would benefit service users greatly. 	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
West Lothian Council Housing Team	2	Suitable Housing Options; Access to information; Transitions	<p>Adequate collaboration on core & cluster accommodation as part of the new build council housing programme.</p> <p>Engagement on housing for people with complex care needs has been positive.</p>	<p>Improve knowledge and understanding of the housing needs of people with learning disability so that accommodation can be planned for.</p> <p>Every effort should be made to ensure that properties that are allocated and occupied quickly to ensure best use of housing stock.</p> <p>Identifying concealed households with learning disability that are at risk so that their accommodation needs can be planned for rather than presenting as an emergency.</p> <p>Potential for greater collaborative working between services and agencies that support people with learning disability to ensure that they receive to sustain their tenancies and live safely within their community.</p> <p>Greater collaboration between Social Policy, Health, Housing and Planning to identify opportunities for housing development for people with Learning Disability. This would ensure that adaptations to homes can be built in at the design stage of a property to avoid the need for retrofit.</p>
Community Learning Disability Team	Email feedback	all	<p>Excellent Positive Behavioural Support plans in place for some patients with significant challenging behaviour. Some care providers providing excellent standard of care for these individuals. This has improved the quality of life of the individual, prevented hospital admissions and re housing in expensive placements.</p> <p>Employment support including project search</p> <p>Multiagency working in emergency</p>	<p>We have completed a demand analysis and concluded the increase in resource required across all CLDT disciplines to meet future demand and PBS in particular – this resource increase to be met ASAP. Particular requirement on nursing and psychology</p> <p>There is only one part time psychologist who is qualified to write PBS plans. No funding in place to help care providers implement these plans. Some care providers are not implementing these plans despite significant health involvement and support.</p> <p>Adequately funded positive behavioural support service for those with significant levels of challenging behaviour is required, probably using a small number of handpicked organisations to work with health team on implementing these plans.</p> <p>Community support is required for those who do not meet criteria for</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>situations. MHO team, social work team, and health team work well together to solve complex problems related to the care of individuals with LD in an emergency.</p> <p>High quality day services such as Pathways and the Community Inclusion team and the commissioning of effective care providers who provide individuals with the opportunity to meet their goals, increase their confidence and contribute to society. Highly competent social workers and team managers are motivated to support individuals to access this support.</p> <p>Health component of LD specialist services: dietetics, OT, Physio, Psychology, Psychiatry, SALT and nursing.</p> <p>Specialist services should be maintained at current levels and in the case of nursing they should be increased.</p>	<p>critical and substantial care as they are developing mood disorders including suicide thoughts. They are increasingly socially isolated and not participating in community life. This support would include employment support, benefits advice, housing advice, volunteering opportunities, gig buddies etc and would ideally be based in health or other community centres. Perhaps this could be in a different location each day of the week. This would encourage informal peer support. Somewhere with a cafe!</p> <p>Sometimes individuals require emergency placements eg when a parent/carer dies or they have to be removed from the family home due to adult protection concerns or challenging behaviour. A variety of resources must be in place to accommodate these individuals. If this does not happen they could end up in inappropriate placements, often costing large amounts of money, to support them.</p> <p>This support and development of individuals with LD is vital but often is not provided timely. People will wait for several months to be allocated a social worker, their assessments can be lengthy. Once these assessments are completed the individual is placed on the unmet needs list. There are several stages to go through after that before the support is provided and there is a significant delay at each stage. Communication between all the agencies involved can be difficult. It can often be 18 months between referral and commencement of support. During this time individuals often have a significant deterioration in their mental state, carers can become burned out and, as a result the individual requires higher levels of health and social care than they would have done if their support had commenced in a timely manner</p> <p>Reduction in the bureaucracy of this process would release council workers time and result in timely and more effective support.</p> <p>Additional nursing staffing or a redefining of nursing role as a long waiting list of 1 year plus is not in my opinion sustainable long term.</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
				<p>A generic assistant post. Maybe future service development might include a generic Assistant post instead of a purely Physiotherapy assistant post. However that would be dependent of course on budgetary changes from the current system</p> <p>Additional core and cluster accommodation would be good. This would be along the lines of the Ark project in Blackness Road, Linlithgow.</p> <p>Additional ground floor accommodation is going to be necessary as out LD population ages.</p>
Social Work practice team – physical disabilities	Email feedback	all	<p>Respite – Forrest Walk. Service users and carers are able to book planned respite in their local area. The respite bed can also be utilised in an emergency (if available) to alleviate carer stress, facilitate carer hospital admissions or any unforeseen circumstances.</p> <p>Day Care – Forrest Walk. This provides smaller scale support for those who cannot cope with group/busy environments.</p> <p>Day Care – Ability Centre. This provides opportunities for PD service users to interact with their peers, develop relationships, access their local community, reduce social isolation and it often provides carers with a break from their caring role.</p> <p>Income Maximisation – As part of</p>	<p>Ensure the unit is used to its maximum capacity.</p> <p>Utilise the respite bed for emergency situations to potentially reduce hospital admissions.</p> <p>Make sure service users/professionals are aware of this and it is utilised fully.</p> <p>Utilise the free days to support carers who are experiencing stress and minimise the risk of home situations breaking down.</p> <p>Promote services users independence and encourage them to develop additional opportunities to meet out with the Ability Centre.</p> <p>In line with WLC's anti-poverty strategy ensure and signpost service users to the Advice Shop and request home visits where appropriate.</p> <p>In line with the Carers (Scotland) Act 2016 ensure that health and wellbeing of carers is supported by actively encouraging the uptake of ACSP.</p> <p>Develop a better working relationship with CWL and signpost accordingly.</p> <p>Develop these links further with joint team meetings at regular intervals.</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>the contributions policy services users as getting income maximisation assessments.</p> <p>Carers West Lothian – Adult Carer Support Plan (ACSP).</p> <p>CRABIS – Multi- disciplinary team. There is evidence of good joined up working which ensures a holistic assessment for service users.</p>	
Community Learning Disability Team – Clinical psychology	Email feedback	Complex needs relating to challenging behaviour	<p>There has been some progress made in the past 18 months regarding how multi-agency and third sector services work together to support those who present with significant behaviours that challenge. Some people have comprehensive specialist plans in place and there are some providers who provide excellent support for who require highly specialist support in this area. There has been some Lothian wide work done on developing a Lothian wide PBS strategic plan incorporating information on training, competence and supervision.</p> <p>There is close, collaborative working between the social work, mental health officers, police and the NHS team when it comes to</p>	<p>To develop, and implement, a West Lothian specific strategy to support those who present with significant behaviour that challenges and who are likely to require highly specialist multi-agency input within a PBS framework. This plan should be in keeping with best practice guidelines from NICE and the PBS Academy. The plan needs to clearly outline: roles and responsibilities for different parts of the integrated team and third sector services; training needs and planning to improve competence and upskill across the board; integrated care planning which incorporates clear lines of accountability and governance processes; supervisory structures and arrangements; the interface between the multi-agency team and the third sector teams implementing this service and, related to this, improved and clear processes to address issues around difficulties with implementation within third sector agencies. The resources required to implement this are not currently in place. This will require need to be addressed before developments can be implemented.</p> <p>Maps onto:</p> <ul style="list-style-type: none"> • Integrated Co-ordinated Care • Managing Our Resources Effectively • Prevention and Early Intervention • Live Healthy and Active Lives • Learn to Reach their Full Potential

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>supporting those who present with significant risk of harm around exploitative relationships. The multi-agency team works within the existing legislative frameworks.</p> <p>There are a range of high quality services (Employment team; Pathways; CIT; Bloom House; Eliburn) which offer our client group structure, connected relationships and meaningful activities. These are some of the core pillars which underpin good mental health.</p> <p>Multiagency working in crisis situations.</p>	<p>To explore whether there is potential to develop a more nuanced approach in supporting those who are being, or are at risk of, sexual exploitation. It is identified within the multi-agency context that the all or nothing approach to reducing the risk of harms in these cases often results in significant distress and disempowerment and can sometimes result in increasing the risk of harm in the future. Developing a more nuanced approach would be influenced by the sexual exploitation risk assessment framework and also the British Psychological Society's recent guidelines on assessing capacity to consent to sexual relationships.</p> <p>Maps onto:</p> <ul style="list-style-type: none"> • Integrated & Co-ordinated Care • Live healthy and active lives • Reaching their full potential • Contribute to a fair, equal and safe Scotland. <p>Robust, community support is required for those who do not meet the threshold of critical or substantial care as they cannot independently search and access resources which provide meaningful activities and connected relationships resulting in deteriorating mental health.</p> <p>This maps onto:</p> <ul style="list-style-type: none"> • Prevention and early intervention • Managing our resources effectively • Live Healthy and Active Lives • Learn to Reach their Full Potential <p>There is a gap in the availability of residential resources in response to emergency situations or when specialist placements are required (ie for those who present with significant behaviour that challenges). There are families who support their loved one with significant risk of harm towards themselves as a result of the person with LD presenting behaviour. There are some cases where the family have asked for appropriate residential placement but there is none available and they have to experience</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
				<p>significant risk and heightened stress over an extended period of time. Whilst there is a medium term plan that may address some of this demand (in the complex care unit) there continues to be unmet need within the short term.</p> <p>This maps onto:</p> <ul style="list-style-type: none"> • Prevention and early intervention • Managing our resources effectively • Integrated and co-ordinated care • Live Healthy and Active Lives • Learn to Reach their Full Potential <p>Contribute to a fair, equal and safe Scotland.</p>
Community Learning disability Team – Nursing Response	Email Feedback		<p>Day services/Care providers</p> <p>Timely intervention of the onsite learning disability health services at Eliburn. There is a current proposal to remove the nurses from Eliburn. Retention of nurses on site at Eliburn is vital as they have the ability to provide proactive early health interventions. This cannot be replicated by nurses within the community team.</p> <p>Providing training to paid and unpaid carers often preventing inpatient admission or readmission.</p> <p>MDT</p> <p>Being in the same building as social work colleagues and having</p>	<p>Nursing response</p> <p>Service affected by current staffing levels. Four vacancies are substantive posts. Additional staff required to allow for percentage of per capita of increasing WL population. Due to above noted staff deficit, We are unable to provide input to patients with regard to Scottish Government LD Vision and IJB Strategic Priorities.</p> <p>Full complement of Nursing Staff would allow us to make an impact in the following areas.</p> <p>Patients –</p> <p>Reduce the lengthy wait for a service, currently 17 months, this wait is causing stress, anxiety and risk of harm. This wait does not comply with Scottish government targets.</p> <p>Prevention of injury to carers, both support staff and parents/families as well as prevention of the patient sustaining injury.</p> <p>Breakdown of placements.</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>the ability to discuss cases directly</p> <p>They are some areas of excellent service provision for example, Local Authority Service Provision, (Deans House and Burnside, Pathways, Eliburn) Enable Supported Living, The Action Group. New Directions.</p> <p>Patients</p> <p>Patients, carers families, and service providers that we are able to provide a service to have reported that we provide an excellent service.</p>	<p>Forward planning, and promotion of independent living skills, leading to a prevention of patients who have relatives or parents who are dying or have died with no service in place and no strategy in place to provide long term care. Nursing used to be able to provide a Carer Support service, which could identify elderly parents providing support to adults. Crisis intervention. Nursing being able to provide a robust service to patients to prevent crisis, and breakdown of placement.</p> <p>Nursing staff</p> <p>Retention of staff will reduce stress levels and improve mental health of nurses.</p> <p>The Scottish Government has identified that there is currently a shortage of nurses in Scotland and the Government have recruited more student nurses. As a result of current nursing levels within the West Lothian team, the nursing team have had to refuse requests for nursing students. Edinburgh Napier University recently completed an audit and have now reduced the number of students on placement. This is a temporary situation as it is a requirement of Nurse Registration, to mentor student nurses and 50% of Student's training requires to be on placement to comply with Lothian Health / Napier agreement ,</p> <p>IJB.</p> <p>An increase in understanding of the challenges faced by learning disability nurses.</p> <p>PBS</p> <p>There is currently no PBS service in West Lothian, this lack of service is having a detrimental impact on patient's families and their carers, there is high risk of injury, stress and breakdown of placement and potential out of</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
				<p>area placement as there are rarely Health board beds available in Lothian with a planned reduction in the number of beds available n. A prompt resolution of this is required.</p> <p>Context</p> <p>E-mail was received 13/08/2019, the nursing team were able to discuss a nursing response at the nursing team meeting, however it would have been beneficial to discuss this as a whole team, with the views of the different disciplines taken into consideration.</p>
Learning Disability Day services	Email feedback	Day services	<p>Access to CLDT for support in specialist areas.</p> <p>Reliability of council run day services/ the key working role/ for many service user's consistency and routine are important/ we are open five days a week and there is always staff on hand/ service users and parents/carers are able to develop positive working relationships with familiar staff / staff build up a good working knowledge of their key clients and are committed to providing the best service for each individual with the resources available.</p> <p>Joint work with SRUC Oatridge</p> <p>Joint work with Healthy Living</p>	<p>Transition from children to adults services. Would dedicated transition workers help make this process smoother for parents/carers/service users by working with the schools and services from an early onset/ getting them into adults services in a timely fashion? How are parents/carers finding this process? If social workers are carrying heavy workloads would bringing back the role of social work assistant's help?</p> <p>Transition from adult to older peoples services. Should the retirement age for service users be increased in line with the rest of the country to an optional 67yrs? (We currently have a spritely older client who is clear that he doesn't want to retire at 65 yrs).</p> <p>Could the Supported Employment team also handle voluntary placements? As it stands, service users are supported only if working toward employment. Many of our substantial/critical service users are not working toward employment but would gain a lot from volunteering experience. They would need a dedicated worker to take them through this process.</p> <p>Training tailored specifically for LD staff/ raise awareness of LD issues e.g. supporting people with Autism / Down Syndrome / other genetic syndromes e.g. fragile X / associated health issues e.g. NEAD / mental / emotional / physical development / BSL / working with people who are</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
				<p>hard of hearing / vision /aids /Makaton</p> <p>Modernise day service resources/ provide onsite computer stations and/or tablets /provides access to a plethora of free interactive learning resources that engage younger and older customers alike/ support service users learning important life skills such as using a touch screen/using a mouse/literacy/numeracy etc.,</p> <p>Self-travel support: Adults with LD regularly complain that their bus pass has run out. Most are unable to read the expiry dates on the cards. They usually find out when they go out to get their bus and are told they can't get on without buying a ticket. Could this upset be avoided/ a notification system be devised that works for them? I believe most buses now have modern technology/ might that be able to give card holders an early warning e.g. you've got two weeks left on your card?</p> <p>More accessible self- travel support to increase independence – I have been told that there are issues with getting accepted with present provider i.e. block funding means that this can only go ahead once certain number of people require</p> <p>Looking at setting up Social Enterprise to give opportunity for supported employment</p> <p>Investment in IT eg Wi-Fi, tablets or up to date PCs & other forms of media specifically for communication or skills development this could range from simple matching programmes or apps that enable people to talk to development & maintenance of webpages or Facebook pages.</p> <p>This could lead to having technology and skill to hold presentations of film or music of activities, drama productions, event or make own music.</p> <p>Explore appointing communication workers accessible within Units to better facilitate things like Easy Read & use of technology</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
West Lothian College	3	all	<p>General comments:</p> <ul style="list-style-type: none"> - Gap in service provision for those that are risk of becoming socially isolated. - Transition for children leaving full time secondary education going into college or another positive destination require more focused support. This also needs to be down further in advance. - Sharing information could be better between the college, schools and social work department. - Pupils at the college would benefit if they better understood what they could use their SDS for to support them to maintain a college placement. - No formal planning when it comes to children moving into adult services, this is apparent when they leave school. Seems to be very ad-hoc around dates for children leaving school. - There has been some positive progress made recently with one of the special education schools in West Lothian. Children are being identified and highlighted for college placements earlier. - MCMC supporting children into positive destinations is a plus. - FABB are an excellent programme however limited in spaces. - The hour between 8am and 9am in the morning when the college delivers additional service is a lifeline for many students with additional support needs. 	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
Thera Scotland	2	Peer support and social activates	<p>Good routes of communication to inform services users of activities</p> <p>Great sense of community in West Lothian</p> <p>Social activates hosted by Thera are always well attended</p> <p>Parents and carers are always happy to share advice amongst each other.</p> <p>Starting to run West Lothian inclusive club nights</p>	<p>With a large geographical area and a reducing number of services it is becoming more difficult to find meaningful activities for those living with a learning disability in West Lothian.</p> <p>Public transport is a barrier.</p> <p>Dedicated co-ordinator has been employed for West Lothian to support the growth of activities available to people with a learning disability.</p> <p>It is a barrier to get volunteers in West Lothian; more work could be done with the Volunteer fair to open it up to a wider range of people. It is noted that this may be specific to Thera, it may simply be down to bad luck.</p> <p>Younger people (+16) face barriers to activities that their non-disabled peers experience.</p> <p>Travel training for those without a social worker is a problem; people are at risk of becoming socially isolated.</p>
West Lothian Council Adult Protection Lead	2	all	Funding received from the Scottish Government to deliver training programme for appropriate adults.	With new legislative powers that will ensure the local authority will provide an appropriate adult to those that are in custody with a learning disability. Unknown the amount of resource this will require when launched later in 2019.

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
COWL – research into local services for people with a disability	78	all	<p>General Comments:</p> <p>COWL carried out research in March 2019 which they were happy to share to shape the priorities for Learning disability and physical disability commissioning.</p> <p>Highlights:</p> <ul style="list-style-type: none"> - Over 60% of people with a disability got their information and advice from either parents, carers or the internet. - Over 65% of those asked stated they preferred to have their information and advice delivered face to face. - 62.67% of those asked stated it was difficult to develop friendships and relationships. - 58.67% of those asked stated they don't feel confident - Around 70% of those asked felt they couldn't do what they wanted to do - Due to this research COWL stated that they have attached additional funding from a national funding source to deliver social activities to those with a learning disability and physical disability in West Lothian. COWL felt this was a gap based on their research. 	
Learning Disability Providers Forum – CIC, Arc Housing, A.I, Leonard Cheshire, EARS, COWL and The Action Group.	8	Complex needs relating to challenging behaviour; Access to Information	<p>General Comments:</p> <ul style="list-style-type: none"> - There is a gap in provision that supports young people to see a clear pathway into adult services. "Full Life Approach" - There seems to be a lack of understanding of assessment process between providers and LD social work. Can this be mapped out better? Process seems very ad-hoc. - Parents become "desperate" and that is when they end up at service. A more supportive pathway to show how to access STAT and non-STAT service would be good. - Should there be an automatic referral process if you are on the LD register. 	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
				<ul style="list-style-type: none"> - Peer volunteering would be beneficial to show those how to access service. - Information shared with providers with allow providers to support smother transition process. - Clearer pathways and relationship built between social workers and providers to access care home spaces. This could free up a tenancy for someone looking. - More Core services would be welcomed. - Providers keen to bid to deliver these services. - Providers keen to continue to de register residential units to allow those eligible to claim housing benefit. - There needs to be a better understand of what housing options are available. RSLs could support by ensuring that housing stock is available to Learning Disabled people. - What are we doing about waste land, can providers work closer with the council to develop housing options. - Those living out of area due to no suitable housing options should be seen as homeless. This should be a priority. - Community Assets transfers could be better used. - Seeking further thoughts if the council can work with providers to promote ILF? Would this be beneficial with new contributions policy and eligibility criteria? - Gig buddies is good however can't support everyone. - Group activities and emotional support are needed. - Council transport is not being used, yet providers cannot get people to social clubs, this makes no sense.

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<ul style="list-style-type: none"> - Can the council facilitate a West Lothian provider's forum, to discuss what's happening in West Lothian with regards to service? Closer working relationships are needed. - Placed based approached must be taken. - Peer volunteering must be allowed in contracts. - Mapping out services. Vol sector gateway is a start, however all info must be maintained and kept up to date. - There must be a liaison officer that understands the contracts. This has recently been lost at WLC. - One stop shop would be welcomed, people having to travel to No.6 in Edinburgh makes no sense. - Info and advice should be delivered by an autism specific provider. This could be done in partnership. - Providers would welcome training in Autism services, paid for. Providers, with no training budget feel that this a challenge. - Diluting service too much is dangerous. - Can West Lothian College offer placements again? If they are can they be opened to allow more people to benefit from them? - Can the council support to hold events to better network provider and college to ensure that people are better supported in the community ensure they don't reach crisis and accessing STAT services? - Asset transfers, can the council encourage those to build employment into their plans when buying over space to develop. - There are great challenges in recruitment and retention of staff in social care. Scot Gov, Local authorities, 3rd sector and independent sector must work together to tackle this. - Some ways in which West Lothian could support is advertising vacancies in one place (HSCP website?) 	

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>Case studies around working in social care. Can events be ran to promote social care as a career.</p> <ul style="list-style-type: none"> - Inverclyde and Aberdeen Council have looked into and are now delivering Outcome based commissioning. Can West Lothian consider the same? 	
West Lothian public engagement events	44	all	<p>General Comments:</p> <p>Two public engagements events were held covering all of the commissioning plans which are older people, people living with a learning disability, people living with physical disabilities and people living with mental health problems. Information about these events was circulated widely, posted on West Lothian Council's social media and circulated to learning disability social care providers, community centres, contacts and projects throughout West Lothian.</p> <p>The events were on 8 October in Howden Park Centre in the afternoon and on 10 October in Bathgate Academy in the evening. 44 people attended the events and 12 people participated in the learning disability discussions, the main groups that were represented were from third sector service providers and parents and carers of those living in West Lothian.</p>	
CRABIS	Email feedback	all	<p>Pain Management team and Fatigue Management service good communication between clinicians</p> <p>Lanfine Unit – good relationships and cross agency working</p> <p>Weight management clinics</p> <p>Stroke Unit, St Johns Hospital – joint working and handover of clients in preparation for discharge</p>	<p>could be better with other disciplines and satellite clinics would be helpful as it is difficult for patients to travel particularly can be 2 hours travel to Edinburgh which would exacerbate symptoms and stops clients in engaging with the service. Subsequently other services are then requested to pick up on areas of pain management that essentially is not their remit.</p> <p>Fatigue management is similar to pain management</p> <p>see comments above additionally there is no OT specialist within this service which evidence supports increase benefit to the clients.</p> <p>Due to changes in the restructure of the Lanfine there is a lack of clarity on the service that is available and when/ who can access it.</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>planning and further rehabilitation in the community</p> <p>Keycomm – works well as it bridges gaps between health and council – no issues with funding</p> <p>Ability Centre – short term rehab – helps self-management and input timely</p> <p>Excite – community based and provides (most gyms) accessible</p> <p>Stroke Club – good resource</p> <p>Clinical nurse specialists; MS, MND, Brain Injury, stroke, Huntingtons – good outreach to WL who provide good support to clients awaiting input from CRABIS and ensures that they don't slip through the net.</p> <p>Housing Options – resource to support clients who have housing issues</p> <p>Carers of West Lothian – good communication and changes to support a wider range of residents with physical disabilities</p> <p>Hydrotherapy – good resource</p>	<p>Inpatient support for symptoms that prevent ongoing rehab would be an advantage if this was available.</p> <p>Limited support available and lacks flexibility for clients who have difficulty engaging and lack of psychology/psychiatric support in the community.</p> <p>Pathway could be clearer with regards discharge planning and the services involved pre and post discharge.</p> <p>No exercise for wheelchair users</p> <p>Transport can be a barrier</p> <p>AHP leadership required to embed rehabilitation approached into the development of services.</p> <p>Emphasis on work and vocational rehabilitation required for individuals with physical disabilities, this requires exploration in partnership with GP's and local employers.</p> <p>Opportunities required developing and trial preventative and early intervention approaches, current intervention is often reactive and provided too late in someone's journey. AILP offers AHP led focus for projects.</p> <p>Investment in developing and exploring technology options and solutions required. This again would benefit from AHP leadership as is successfully implemented elsewhere.</p> <p>AHP leadership and engagement in community development/ community lead support to work with 3rd sector organisation to embed rehabilitation approaches.</p> <p>Pathway development required in the community for PD.</p>

Engagement Feedback From	Event Representing numbers	Themed Priority	What works well	Suggested areas of improvement
			<p>Headway – good resource</p> <p>Local community centres – range of activities and supports available within local area</p> <p>CRABIS offer multi-disciplinary participation focused rehabilitation to individuals in West Lothian this is a valuable model providing effective rehabilitation. The scope of this is however limited due to minimal resource, waiting lists are often long and intensity of intervention limited.</p> <p>Vocational rehabilitation is available from CRABIS, widening the access to vocational rehabilitation and developing AHP's skills in this area is essential.</p> <p>Provision of equipment however disjointed.</p> <p>Provision of care however disjointed.</p>	<p>Improvement with west Lothian integration essential.</p> <p>Pathway for equipment provision needs for PD to be streamlined.</p> <p>More integration with primary care /GP regarding rehab input and outcome.</p> <p>Improvement around encouraging health promotion & self-management.</p> <p>Improvement around training managing clients with PD.</p>



HEALTH AND CARE - POLICY DEVELOPMENT AND SCRUTINY PANEL

NATIONAL ADULT SOCIAL CARE RECRUITMENT CAMPAIGN

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To inform the panel of the Scottish Government's national adult social care campaign, '*There's more to care than caring*'. The report is also to inform that panel of West Lothian Health Social Care Partnership's Health and Social Care recruitment event which was held on the 5th of February 2020.

B. RECOMMENDATION

It is recommended that the Health and Care PDSP notes the contents of the report.

C. SUMMARY OF IMPLICATIONS

I Council Values	<ul style="list-style-type: none"> – Focusing on our customers' needs – Being honest, open and accountable – Providing equality of opportunity
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	<ul style="list-style-type: none"> - Social Work (Scotland) Act 1968 - Equality Act 2010 - Self-Directed Support (Scotland) Act 2013 - Public Bodies (Joint Working) (Scotland) Act 2014 - Scottish Government Health and Social Care: Integrated Workforce Plan (2019)
III Implications for Scheme of Delegations to Officers	N/A
IV Impact on performance and performance Indicators	N/A
V Relevance to Single Outcome Agreement	<ul style="list-style-type: none"> • Caring for an aging population • Reducing health inequalities • Increased Learning
VI Resources - (Financial, Staffing and Property)	N/A
VII Consideration at PDSP	N/A
VIII Other consultations	

D. TERMS OF REPORT

Background

The Scottish Government introduced their Integrated Workforce Plan for Health and Social Care on the 19th of December 2019. To support this vital plan, the campaign '*There's more to care than caring*' was launched on the 27th of January, focusing on front line adult social care workers.

Recruitment pressures have been increasing in adult social care particularly for frontline workers, and some vacancies are becoming harder to fill. The campaign is in response to these pressures, and the National Health and Social Care Workforce Plan which includes a recommendation to deliver a national campaign to promote social care as a meaningful, valued and rewarding career choice. This campaign aims to attract new recruits into adult social care, in particular in care homes, care at home and housing support.

To support the campaign a bespoke microsite has been developed, www.CareToCare.scot hosting more information on adult social care and a range of case studies featuring people already working in adult social care. It also includes links to national recruitment websites and to SSSC web links providing advice on career pathways, skills and qualification requirements and additional case studies of people already working in social care. A stakeholder's toolkit has also been developed.

A review of existing research and bespoke insight research was undertaken to inform the development of the campaign approach and target audience. The campaign was developed in collaboration with the Scottish Social Services Council (SSSC), a key partner. The campaign's development and messaging was also informed by:

- People who use services
- Focus groups with the campaign's target audience and the existing workforce
- A Campaign Advisory Group

The recruitment campaign '*There's More to Care than Caring*' encourages the primary target audience, men and women between the ages of 22 and 45, to consider a career change to work in adult social care. To maximise effectiveness, the campaign also targets a secondary audience of 46-54 year olds, and a tertiary audience of key influencers such as careers advisers or employers.

The campaign launches on 27 January 2020 and runs for eight weeks.

West Lothian HSCP is also currently developing an action plan in response to the National Integrated Workforce Plan actions.

West Lothian Recruitment event

In response to the launch of the national plan and continued pressures on the health and social care force in West Lothian, the Health and Social Care Partnership held a recruitment event on Wednesday 5th of February at Livingston Football Club.

Over 1000 West Lothian school children aged between ages 9-11 and 14-18 were invited to explore a future career in Health and Social Care. The rationale is to target those school aged pupils that have not yet considered a career in West Lothian's HSCP. Professionals and front line colleagues across the partnership presented information and hosted stalls.

E. CONCLUSION

The Scottish Government have launched '*There's more to care than caring*' to response to the continued pressures on the frontline adult social care workforce. West Lothian held a recruitment event for selected school aged pupil on the 5th of February to support the campaign. Health and Care PDSP are asked to note the contents of this report for information.

F. BACKGROUND REFERENCES

Appendices/Attachments: Appendix 1 – Scottish Government Health and social Care: Integrated Workforce plan (2019).

Appendix 2 – Adult Social Care – Guide.

Contact Person: Rob Allen,
Senior Manager, Adult Services

Tel: 01506 281851

Email: robin.allen@westlothian.gov.uk

Jo MacPherson, Head of Social Policy

Date of Meeting: 06/02/2020.

An Integrated Health and Social Care Workforce Plan for Scotland

Contents

Joint Scottish Government and Convention Of Scottish Local Authorities (COSLA) Foreword	2
Executive Summary and Summary of Commitments	4
Introduction.....	8
What does demand look like?	11
Elective Centres	12
Waiting Times Improvement Plan	12
The Health and Care (Staffing) (Scotland) Act.....	13
Technology.....	13
Supply: the skills and people we need	15
Skills.....	15
People	15
Impact of potential EU withdrawal on workforce supply	16
Changing shape of our workforce	16
Vacancies and Turnover	16
Scenario Planning	17
Actions we will take to meet those needs & challenges.....	19
Overall Investment in Health and Social Care	19
Growing the Numbers in Training or Employment	20
Supporting Recruitment into Health and Social Care Careers.....	28
Developing and Retaining our Existing Workforce.....	31
Improving Workforce Planning Across Health and Social Care	39
Delivering the Plan	42

Joint Scottish Government and Convention Of Scottish Local Authorities (COSLA) Foreword

We share a common aim: to ensure everyone in Scotland receives the high-quality health and care services they need, at the right time and in the right place.

Central to that aim is the need to anticipate, gauge and respond effectively to the changing needs of our population; understanding the health and social care workforce we need to deliver services is crucial to this.

Every day the many thousands of people who work in our health and social care services display extraordinary leadership, professionalism, skill and knowledge. In everything they do they demonstrate outstanding personal commitment. It follows that the planning carried out to recruit, deploy, nurture, and retain this vital workforce must also be exemplary.

As people's health and social care needs change we are seeing a renewed focus on prevention and wellbeing, on early intervention and in supported self-management. This work will require us collectively to:

- embed and sustain health and social care integration;
- transform mental health services;
- improve access to services;
- respond to innovations and advances in treatment and care, as well as how people experience services.

This Plan reflects these requirements, in setting out:

- the key workforce factors we must consider in assessing growing and changing demand;
- the skills and size of the workforce we will need to meet demand;
- the actions we are taking to ensure a sustainable workforce – how we grow and retain our community-based workforce, our mental health workforce, and the workforce needed to support improved access in other key areas of health and social care.

We have known for many years that workforce planning is not an exact science. It is often described as a multi-dimensional and iterative process, capable of handling changing circumstances as they emerge. We must ensure Scotland's people continue to benefit from a fully sustainable health and social care workforce into the future, which remains a huge challenge. There is much still to do to further develop our collective knowledge, for example on the growing demands for social care. This in turn will support informed decision-making and the workforce skills we require.

This Plan represents an important milestone because it is tackling these issues at a national level and in an integrated context for the first time. It will support employers and workforce planners to address the complex interactions between demand and supply across all parts of the health and social care system. It reinforces that having a skilled, supported and sustainable workforce remains absolutely critical to delivering safe, effective and person centred care – at the right time and in the right place – wherever in Scotland it is being provided.

In developing this first Integrated Plan, individuals and organisations have shared their experiences of workforce planning across the statutory, third and independent sectors. It has provided a solid base for future work in further iterations of this Plan. It has also promoted a shared recognition of how specific workforce challenges confront different employers and organisations, and what they can do to meet them - locally, regionally and nationally.

One specific aim for this Plan, and its supporting guidance, is to equip planners and employers in local authorities, the NHS, the third sector, and the independent sector, with the planning resources they need to help build sustainable services. To do this to the best of their abilities, all sectors need better coordinated and more comprehensive workforce intelligence and insight, as well as the capacity to undertake appropriate workforce planning.

Working alongside COSLA and other stakeholders, the Scottish Government has an important part to play in leading this work and ensuring the continued development of a whole-system approach to workforce planning.

We are pleased to jointly commend this Plan to the many colleagues working across all of our health and social care organisations across Scotland. We encourage them to make good use of the revised guidance and scenarios published alongside it.

As we enter the third decade of the 21st century we believe this Plan now elevates workforce planning to its rightful position - fundamental to securing the best possible health and care outcomes for Scotland's people.

Executive Summary and Summary of Commitments

This Plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. It underlines the need for better evidence which can support the many national actions we are taking to address the challenges our services face. Crucially this Plan reflects our approach to effective workforce planning in an integrated environment – essential to delivering and sustaining the world-class services we all rely on.

How services and support are planned, designed, developed, commissioned and delivered is also a key part of the reform of adult social care. As part of that, we are reviewing national data for social care support, to put in place measures and evidence that better reflect policy intentions to support independent living and promote sustainability.

With key partners, we recognised in Parts 1, 2 and 3 of the National Workforce Plan that delivering integrated services where people in Scotland need them depends on shared understanding and trust. It also requires robust data and intelligence about the highly skilled and committed workforce who deliver them. Building, sharing and using that intelligence effectively, in integrated ways across different systems, is essential.

Better planning and intelligence can also help decision-making where pressures are most immediate and where skilled staff are most needed. That applies across the health and social care workforce operating in very distinct landscapes of service commissioning, provision and employment. Scottish Government has already delivered on ambitious commitments to expand and strengthen the health and social care workforce – for example, delivering 100 more GP specialist training places and 500 more health visitors in the workforce. The Scottish Government has also supported the introduction of the real Living Wage for adult social care workers, while the registration and regulation of the social services workforce will complete its final phase of implementation in 2020, resulting in regulation of around 80% of the social care workforce.

We have also seen recent successes in medical trainee recruitment, such as:

- an increase in the overall fill rate to medical training places to 92% in 2019, from 85% in 2018;
- 37 specialities achieved a 100% fill rate (out of a possible 60);
- 33 more GP Speciality Training places were filled in 2019 compared to 2018;
- a 100% fill rate in ST1 Clinical Radiology training places.

And we remain on track to deliver:

- access to Pharmacist support for all GP practices by the end of 2021;
- 250 community link workers working in GP surgeries by 2021;
- 2,600 more nursing and midwifery training places by 2021;
- 500 additional Advanced Nurse Practitioners trained by 2021;
- 1000 more paramedics training in the community;

- 800 additional Mental Health Workers in A&E departments, GP practices, police custody suites and a range of other settings;
- 250 additional School Nurses by 2022;
- 80 additional counsellors in Further and Higher Education over the next four years;
- all children and young people (over the age of 10) will be able to access counselling services in every secondary school by September 2020;
- an increase to the GP workforce of 800 by 2027.

To ensure these commitments have maximum effect a strengthened workforce planning base has been put in place through:

- developing strong national governance structures for workforce planning, via the National Workforce Planning Group and National Workforce Planning Programme Board;
- delivering the TURAS Data Intelligence Platform, bringing together workforce data in one place;
- commissioning a new Labour Market Survey research to give us a better understanding of the national and local challenges;
- delivering a new GP Contract which clarifies and strengthens the roles of GPs as Expert Medical Generalists working as leaders within the primary care system; and of Health and Social Care Partnerships in planning and delivering a far broader multi-disciplinary team to support GPs. The contract and improvements to IT systems are also significantly improving the data available on activity and workforce in general practice.

Initiatives to enhance staff numbers have been particularly successful with record numbers of staff now working in NHS Scotland and in Scottish Social Services. National workforce statistics from September 2019 show that:

- NHS Scotland's staffing levels are at a record high, up by over 14,300 WTE – an 11.3% increase between September 2006 and September 2019;
- numbers of Consultants working in our NHS are at a record high, up 51.4%;
- numbers of Qualified Nurses & Midwives have increased 6.7%;
- numbers of Nursing & Midwifery support staff are at a record high, up 2.8%;
- AHP numbers are at a record high, up 17.5%, or by 1,547.9 WTE (8,842.1 WTE to 10,390.0 WTE);
- numbers of staff in the social care workforce have risen by 1.2% since 2017, the highest level recorded since reports began.

We must consider this in the wider UK context, where:

- NHS staffing per head in Scotland is higher than NHS England – there are 26 staff per 1,000 people in Scotland (Sept 2019), while in England the figure is 19.7 (August 2019);
- there are also more Qualified Nurses and Midwives per 1,000 population in Scotland than in England: 8.1 WTE in Scotland (Sept 2019) compared to 5.5 WTE in England (August 2019).

We must continue to ensure our efforts are targeted, and support delivery of integrated services in Scotland. Some of the challenges we face are not unique to

Scotland, as recognised in a report by the Health Foundation in March 2019 which reported that “most high income countries are facing the social, health and economic challenges of an ageing population”. The report identified that, unless the supply of health workers was addressed there would be “a global needs based shortage of more than 14 million health workers in 2030”. International challenges are particularly acute in developed countries in nursing, where it is estimated up to 40% of nurses will leave the profession in the next decade. In other, less developed, countries there are significant challenges linked to the appropriate training and skills mix of consultants and their migration.

This Plan focusses on national challenges including further embedding integration, improving waiting times and improving mental health support. The recommendations we are making below will significantly augment our capacity to address these challenges. The steps we can take to further improve workforce planning in Scotland, will also equip our staff with the right skills to meet them.

The key commitments in this Plan are:

Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce.
Support the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.
<p>Increase the Cardiac Physiologist workforce thereby increasing capacity to carry out diagnostic testing by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology.</p> <p>Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSc. Programmes.</p>
Create up to 120 more Pharmacists to work in primary care settings, increasing Pharmacy pre-registration training places by 40 each year over the next 3 years.
<p>Support an additional 60 Clinical Psychologists in training by:</p> <ul style="list-style-type: none"> – Increasing the training programme intake by 10 students per year for the next three years. – Maintain the current intake level (30 per annum) for the two existing Masters training programmes. This will continue the additional 10 places which have been available in recent years.
<p>Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23.</p> <p>In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on mental health services workload and demand for MHOs.</p>

Increase Reporting Radiography training places by 30 (10 in each of the next 3 years).

In partnership with NHS Tayside the Scottish Government will develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC.

Scottish Government , working with COSLA, will design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.

Over the next 12 months Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification - building a strategic approach to developing workforce planning education and skills for the health and social care workforce.

Provide additional support in 2019/21 to the third and independent social care sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.

Introduction

The approach we are taking

In Scotland improving workforce planning is vital to sustaining our high quality and safe services into the future. National comparisons of healthcare workforce planning¹ have underlined the need for a range of responses to global supply and demand challenges. That is why we have focused on implementing clear methodologies, generating better quality data to help assess gaps, and building collective knowledge around workforce planning.

It is important to recognise the variance in the aims and needs for workforce planners, considering different areas of the health and social care workforce. For example, social services are commissioned from a range of providers, with the workforce employed by more than a thousand providers in the public, independent and third sectors, many of whom employ less than 50 people. The majority of social service staff achieve their qualification after they have started work in the sector, in contrast with many professional groups in health services. These differences have implications for workforce planning arrangements and needs for different parts of the system, and for the levers available to influence workforce supply.

Complex, constantly shifting dynamics around the health and social care workforce mean that difficult choices around resources and priorities will continue to arise. For example, the shift in emphasis from planning for single professions towards multi-disciplinary, team-based care needs further progress to be made on workforce data to develop the evidence base required.

The modelling assumptions in this Plan and the associated scenarios therefore range in robustness, reflecting our best assessment at this point. However they provide a base for building our collective workforce planning capabilities, and future iterations of this plan will develop these still further – for example by including improved intelligence on social care career pathways. These developments in service delivery, data quality and understanding of demand underpin the need for workforce planning to be an iterative process.

The workforce we require

Cumulatively our current health and social care workforce stands at over 368,000 headcount. This translates to 291,000 Whole Time Equivalent (WTE - calculated using the most up to date available data on the NHS workforce and Scottish Social Services Council official statistics on the social services workforce).

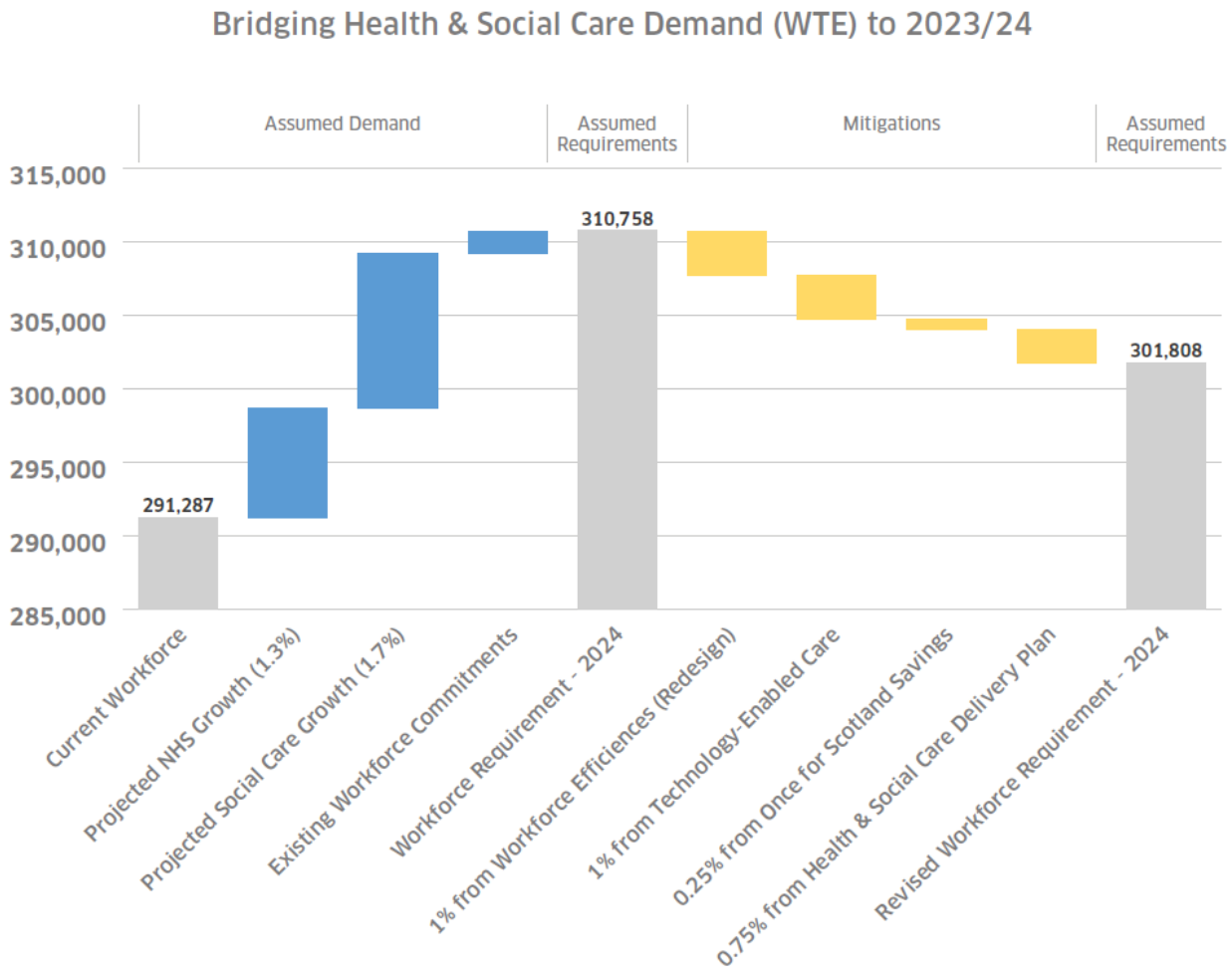
The Scottish Government's Medium Term Financial Framework² (MTFF) estimates that to address the effects of demand, we will require 1.3% per annum more NHS employees and 1.7% per annum more social care employees in the period to 2023/24.

¹ [Health Workforce Planning in OECD Countries, June 2013](#)

² [Health and Social Care: medium term financial framework, Scottish Government, October 2018](#)

In terms of these estimates, and to address the likely effects of health and social care demand, we estimate that Scotland will require around 20,000 WTE more health and social care employees in the period to 2023/24.

While the steps taken in successive Programmes for Government will help, growing this number of staff in response to demand is a challenging target to achieve in a comparatively short timeframe, particularly when services are subject to sustained pressure.



Assessing and addressing need and demand

As set out in the diagram above mitigating actions may help reduce this requirement by up to 10,000 WTE, by enabling redesigned workforce roles, realising technology-enabled care, and examining how we deliver services.

For technology-enabled care, for example³, the MTFF equates technology-enabled care with a 1% saving in terms of staffing demand. The MTFF also identifies potential efficiency savings of 0.25%, accruing from regional working and other approaches set out in Once for Scotland. Recognising the need for sustained change over the longer term Scottish Government estimates that the policies to shift

³ [The Topol Review Health Education England - February 2019](#)

the balance of care and set in play in the Health and Social Care Delivery Plan⁴ published in December 2016, will help to reduce the demand in the numbers of staff we need by around 0.75%.

Analysing the evidence

As Audit Scotland has observed⁵ broader analysis is needed to support planning for a different type of workforce. Alongside other organisations, we recognise that wider evidence will be essential in developing national modelling and scenario planning capacity for the future. National modelling being undertaken around the Delivery Plan by ISD Scotland already includes a workforce dimension alongside service planning and financial planning elements. In addition to this NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are both working to develop a more comprehensive evidence base around the health and social care workforce.

This work will help workforce planners to fully understand the impact of change on our health and social care staff and service delivery, and help to forge new partnership approaches. For example, the Scottish Government is working alongside Cancer Research UK to help determine the shape of the future cancer workforce, and expects to do so with many more stakeholder groups and organisations in the coming months and years.

Successive iterations of this Plan will continue to build and sustain these collaborative links – assessing demand and providing analysis to ensure our health and care services have the right numbers of staff that people in Scotland need and deserve, well into the future.

⁴ [The Health and Social Care Delivery Plan](#)

⁵ NHS in Scotland 2019: <https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2019>

What does demand look like?

Workforce planning is shaped by the increasing demand for health and social care services as we live longer lives, often with more complex and intensive needs.

A number of studies have attempted to quantify this demand based on forward projections of need including analysis carried out by the Health Foundation, the Fraser of Allander Institute, the International Monetary Fund and the Organisation for Economic Co-operation and Development. Most conclude that demand for health and social care will increase faster than the rate of growth of the wider economy and that, over time, expenditure on these services will gradually increase in three main areas:

- **Price Effects:** general price inflation within health and social services;
- **Demographic Change:** this includes the effect of population growth on the demand for health and social care services, the impact of a population living longer, and demographic change in the workforce itself;
- **Non-Demographic Growth:** demand-led growth, generated by increased public expectations and advances in new technology or service developments, for example expenditure on new drugs.

We have drawn on these national and international analyses in defining an approach to assessing future demand in Scotland's health and social care services. The Scottish Government MTFF⁶ provided additional funding for the health portfolio of £3.3 billion by 2023-24. That sits alongside a rigorous reform agenda as set out in the Health and Social Care Delivery Plan⁷. An example of Scottish Government's commitment to the reform agenda was announced in the Programme for Government 2019/2020: Scottish Government will support Social Work Scotland to work with local authorities and others to design and test a framework of practice for self-directed support across Scotland, including approaches to assessment and resource allocation. This will result in more consistent experiences, making it easier for supported people to move from one area of Scotland to another. Local flexibility will ensure authorities can work with their communities to develop systems that suit local strengths and needs, particularly in remote, island and rural areas.

This twin approach of investment and reform is essential to create sustainable health and social care services for the future.

We recognise there is a plethora of published material expressing varying views on the rates of growth in the Scottish Economy, the Health and Social Care sector being no exception. For the purposes of this Plan we have used the growth assumptions outlined within the MTFF. The Framework projects that over the next five years **future demand would rise by 3.5% per annum for health and 4% for social care**, based on inflation, demographic pressures, non-demographic growth and the dampening of growth created by efficiency and reforms. In reflecting the impact of the NHS pay deal and similar expected impact for social care (2.2%-2.4% per annum), we have assumed a non-pay **average annual growth of around 1.3% for health and around 1.7% for social care**.

⁶ [Health and Social Care: medium term financial framework](#), Scottish Government, October 2018

⁷ [The Health and Social Care Delivery Plan](#), Scottish Government, December 2016

In this Plan we use these figures as the starting point to assess future workforce planning needs. However we cannot simply apply them across the health and social care workforce. For example, the overall number of care at home and housing support workers increased by 12% between 2009-2018, while the number of care home for adults staff decreased by 1% over the same period⁸. To make our workforce planning as robust as possible we must adjust the figures to take account of particular demand and supply issues which affect all or individual staffing groups.

In assessing how demand will be met we need to take account of new forms of provision such as the creation of Elective Centres, the Waiting Times Improvement Plan, The Health and Care (Staffing) (Scotland) Act and technology enabled care.

Elective Centres

Projections indicate that our elderly population will be 25-30% higher by 2035 than it is now. This will mean a substantial increase in demand for treatments such as cataract surgery and hip and knee replacement operations.

The elective centres aim to provide additional capacity to accommodate the increasing demand for age related treatments, such as those mentioned above, as a result of an increasingly elderly population. The new centres will separate emergency and non-urgent services, resulting in shorter waiting times and improved outcomes which result in an overall improvement in the population's health as well as better value and financial sustainability.

Elective centres are being created in Highland, Grampian, Tayside and Lothian with an expansion of facilities at the Golden Jubilee Foundation and Forth Valley and will start to come on stream from this year. These centres will create additional capacity and provide a more efficient way of delivering services to meet the increasing demand for these treatments.

The creation of the centres will have particular impact on workforce demand in specialties such as Orthopaedics, Ophthalmology, General Surgery and Dermatology. The impact on these specialties will be as a result of the increasing demand for the age related treatments as detailed above and skill mix and roles will need to evolve to support this increase in demand.

Waiting Times Improvement Plan

Timely access to care is a critical aspect of delivering better health and care, and we recognise that performance in key areas such as waiting times must improve substantially and sustainably.

The Waiting Times Improvement Plan, which is a key Scottish Government commitment published in October 2018, directs more than £850 million of investment to substantially and sustainably improve waiting times by spring 2021. This investment focusses on the future shape of services, capital planning and workforce sustainability. While this Plan is predominantly set in the context of NHS waiting times, there is a recognition that a whole-system approach to tackling long waiters is

⁸ [Scottish Social Service Sector Report on 2018 workforce data, Scottish Social Services Council, November 2019](#)

required if the ambitions set out in the Plan are to be achieved. In our workforce planning, we need to reflect the fact that delivery of the Improvement Plan will have particular impact upon workforce demand in specialties such as Urology, Dermatology and General Surgery, as well as Diagnostics. We set out in this Plan the steps we are taking to build the workforce which will improve our waiting times. This includes targeted actions on diagnostic capacity and efficiency and plans in the medium term for a recruitment campaign targeting the medical specialties which support our waiting times priorities.

The Health and Care (Staffing) (Scotland) Act

The Health and Care (Staffing) (Scotland) Act 2019 introduces into legislation guiding principles for those who commission and deliver health and care, which explicitly state that staffing is to provide safe and high quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multi-disciplinary approach which is open with and supportive of staff.

The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. It enables rigorous, consistent assessment of workload, based on assessment of acuity, patient need and the delivery of patient outcomes. The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff.

For Care Service providers, the 2019 Act places a statutory duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, and the provision of high-quality care. Providers are also required by the Act to ensure staff are appropriately trained for the work they perform.

Implementation of the legislation will generate a significant amount of data on the staffing needed across services based on the needs of people who use services and will therefore inform workforce planning at local and national level.

Technology

Technology is playing an increasing role in the services we deliver, providing better online services and helping people to manage their health at home through initiatives such as video clinics, digital access to records, test results, outpatient booking and online services for triage and repeat prescriptions. SSSC, NES and others continue to make long term commitments to develop resources that support the workforce to use and embrace technology. Technology – when used appropriately and innovatively – offers the opportunity to automate some tasks and to use artificial intelligence to free up the time of healthcare and social care professionals, enabling them to focus on high value activities, leading to better and improved outcomes for everyone. Technology can also have a positive impact on staffing demand, as recognised in the Topol Review.⁹

⁹ [The Topol Review Health Education England - February 2019](#)

An example of the use of technology to deliver the best care is the introduction of the Attend Anywhere service, a web-based platform, which gives patients the opportunity to video call their healthcare provider. In the past year, the Attend Anywhere Scale-up Challenge has seen increased usage and reports of significant savings in both patient and clinician travel. As announced in Scottish Government's Programme for Government, this will now roll out to primary care and social care services so more services can be delivered closer to people's homes. The Blood Pressure service for remote diagnosis and management of hypertension will also be scaled up.

Another example of technology playing an increasing role in the delivery of care is the telecare services provided by local authorities and providers. Telecare is the provision of technology enabled solutions which can support daily living activities such as cooking or prompting and dispensing medication. These services allow individuals to continue to live at home by supporting their independence and enhancing their wellbeing and safety. Utilising telecare means that services can be delivered more efficiently by freeing up the workforce who have traditionally been involved in delivering some of these daily living activities to focus on the more complex areas of holistic care and support.

However, to take full advantage of these opportunities our workforce must have the necessary digital skills. In this Plan we set out how we are addressing this through the workforce development aspect of our Digital Health and Care Strategy.

Supply: the skills and people we need

Meeting demand requires us to look at both the types of skills and numbers of people we need, taking into account any additional supply factors.

Skills

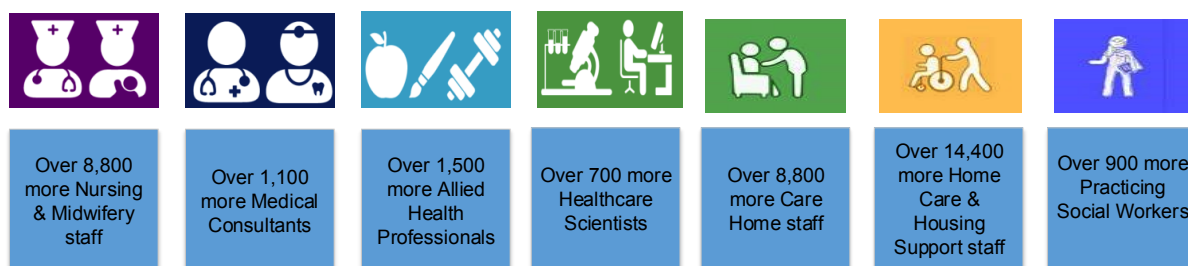
We need a workforce that is flexible and adaptable to the demands of a changing health and care environment, digitally confident and able to work effectively in multi-disciplinary teams. As an illustration of what this might mean for the skills required, we will have particular need for:

- **Team working** skills to work well in multi-disciplinary teams delivering joined up services that focus on anticipatory and preventative care, respond to people's needs and ensure vulnerable people's rights are supported and protected;
- Skills to provide **more complex support and care** to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings, in a way that ensures a meaningful continuity of care and support for the person receiving it. For example, many care home workers are taking on a wider range of tasks such as the administration of medication, delivering end of life and palliative care and specialist dementia care;
- **Working with health and care service users and their families.** In a community setting this will focus on promoting self-care, prevention and shared decision making¹⁰;
- Understanding of **mental health issues** and how to support people – across the workforce;
- An understanding of how **digital solutions** can improve care and how to effectively implement and use these solutions in delivering care.

The actions we take to improve training, create and develop career pathways and support continuous professional development need to reflect these developing skills requirements.

People

Using an assumed average annual growth, where no mitigating actions have been taken, of around 1.3% for the healthcare workforce and around 1.7% for the social care workforce (from the MTFF, referred to earlier in this Plan), we can estimate what this means for the **overall** numbers that may be required in key staffing groups over the next 10 years.



¹⁰ [Workforce Skills Report 2016-17](#). Scottish Social Services Council, 2017.

However these need to take account of the particular supply issues as well as the demand factors identified earlier. Significant current factors which need to be taken account of in considering supply are the impact of potential EU withdrawal, the changing shape of our workforce and particular supply issues in certain job families and areas of Scotland.

Impact of potential EU withdrawal on workforce supply

Potential EU withdrawal poses a significant risk to the recruitment and retention of staff in the health and social care workforce. These sectors employ considerable numbers of EU citizens, with particular concentrations of EU staff in some regions and specialties. Based on the best information available we estimate that in Scotland non-UK EU nationals make up:

- 7.3% of registered nurses employed in adult social care;
- 5.9% of Scotland's doctors;
- 5.9% of people employed in care homes for adults;
- 4.1% of people employed within housing support and care at home services;
- 1.5% of (band 5) nurses and midwives.¹¹

Potential withdrawal from the EU is already having an impact. The number of EEA qualified nurses and midwives currently practising across the UK decreased by 5.9% between March 2018 and March 2019. When this figure is extrapolated, this is just over 1% of the 69,047 nurses and midwives currently practising with a registered address in Scotland¹².

Changing shape of our workforce

We also have to take into account the changing shape of our workforce. Many staff now have different expectations of their career and are looking for greater flexibility from their employers to accommodate different, more flexible work patterns, career breaks and less linear careers.

Vacancies and Turnover

While there has been an upward trend in the numbers of staff working in health and social care, ¹³¹⁴ turnover and vacancy rates are generally above the Scottish average.

- In medicine, more than half the long term vacancies are at consultant level, with particular pressures in Clinical Radiology, General Practice and Psychiatry;
- In nursing and midwifery turnover and vacancy rates have also been rising in part due to the number of leavers;
- In the allied health professions, turnover remains steady but increasing numbers of workers are nearing retirement and there has been an increase in vacancies with the highest rate and numbers in physiotherapy;

¹¹ [EU Workers in Scotland's social care workforce: contribution assessment, July 2018](#)

¹² [Nursing and Midwifery Council Register data, March 2019](#)

¹³ [NHS Scotland Workforce Statistics, ISD June 2019](#)

¹⁴ [Scottish Social Service Sector Report on 2018 Workforce Data, Scottish Social Services Council, August 2018](#)

- There are also particular issues in parts of the health and social care workforce, where the age profile of staff suggests high levels of retirements in the next 10 years. One area where this could have a significant impact is nursing and midwifery, where 19.2 % of the workforce is expected to retire in that period;
- There are similar challenges in social care, which has an overall vacancy rate almost twice the Scottish average¹⁵. The care home and care at home workforce is experiencing high vacancy levels with many services reporting problems filling jobs. Nursing posts in care homes also have relatively high levels of vacancies;
- Many Local Authorities are also reporting a shortfall around their ability to provide sufficient numbers of Mental Health Officers to deliver key statutory services¹⁶. For social workers, recent trends have seen a small decrease in numbers and relatively steady vacancy rates. However, there is evidence that a significant number of Mental Health Officers are approaching retirement and this, aligned to a forecast increase in demand for social workers, may impact on vacancy rates.

Remote, Rural and Island Sustainability

There are distinct recruitment issues across health and social care in remote, rural and Island areas driven by specific patterns of demographic change¹⁷. For example, parts of the west of Scotland and all the island council areas are expected to have smaller working age populations by 2026.¹⁸ Work to explore these issues and develop actions to address them has commenced under Part 2 of the Workforce Plan and we will learn from actions already in progress to address recruitment challenges in remote and rural areas in primary care.

We must do all that we can to ensure equity and sustainability of health and care services and delivery across the geographic landscape of Scotland. The actions we are taking, and will take, aim to address the specific challenges in delivering health and care services in remote, rural and island settings.

All of this must be taken in the context of employment forecasts for Scotland being generally cautious. Scotland is already at a near record high for employment. The Scottish Fiscal Commission, in its May 2019 Economic and Fiscal forecast¹⁹, projected an average increase in employment in Scotland of around 0.1% per year over the next 5 years. Labour market forecasts produced by Oxford Economics indicate that over the next 10 years there could be significant churn in our labour market – although this is not a new feature of our labour market.

Scenario Planning

We are creating an increasingly robust evidence base for workforce planning decisions through a greater understanding of these complex demand and supply issues. This is informing the decisions and actions we take and is enabling us to plan ahead, rather than ‘firefighting’ at the point when a workforce issue is identified.

¹⁵ [Care Inspectorate, Scottish Social Services Council \(2018\) Staff vacancies in care services 2017 report](#)

¹⁶ [Mental Health Officers \(Scotland\) report 2018, Scottish Social Services Council, August 2019](#)

¹⁷ [NHS Scotland Workforce Statistics, ISD June 2019](#)

¹⁸ [National Records of Scotland: Population Projections for Scottish Areas, March 2018](#)

¹⁹ [Scottish Economic and Fiscal Forecasts, May 2019](#)

This can be done through scenario planning, which uses evidence-based assumptions that can be revised annually and triangulated with workforce data. It is also an important tool for workforce planning at national, regional and local levels, where it can help employers to visualise the workforce they need and informs the decisions they take in the future. Workforce planning is a statutory responsibility for the NHS. Local government and other sectors are generally at an earlier stage of developing workforce planning approaches.

The annex published alongside this Plan sets out scenarios illustrating potential workforce changes. Alongside core staffing groups we have produced scenarios on some key groups which can make a significant contribution in our three priority areas – building the community based workforce, mental health and waiting times performance:

- Care Home for Adults;
- Care at Home and Housing Support;
- Practicing Social Workers;
- Social Work – Mental Health Officers;
- Primary Care Advanced Musculo-Skeletal Practitioners;
- Pharmacists;
- Dentists;
- Nursing and Midwifery;
- Clinical Radiology;
- Reporting Radiographers;
- Cardiac Physiologists;
- Clinical Psychology.

As well as overall increase in demand, the scenarios take into account current vacancies, age profiles and assumed retiral ages, outflow (leavers) and inflow (joiner) trends and student numbers and assumed education course completion rates.

The use of high level scenario planning starts to offer a way of workforce planning across health and social care. However, in the social care sector, with 32 local authorities and thousands of providers, workforce planning is extremely complex and will take some time to mature.

These are only a selection of the scenarios which could be developed. This Plan signals a commitment to developing workforce planning beyond the NHS, by offering support and guidance for integration bodies and others to develop their local approaches to workforce planning. We will work closely in partnership with stakeholders to further develop the scenarios, outlined in the annex to this document, and to develop scenarios for additional staffing groups. The scenarios form part of the evidence base for the actions we will take, set out in the next section.

Actions we will take to meet those needs & challenges

As we have set out earlier in this Plan, the demand and supply landscape for the health and social care workforce is a complex one. There is no one simple solution to address these issues and ensure that we have a sustainable workforce for the future. The solutions lie in a range of national and local actions to attract, retain and develop our whole workforce, which are based on the best available evidence and flexible enough to adapt to changing circumstances.

In this section we set out the actions which are underway or which we are committing to through this Plan. We are taking actions on:

- overall investment in health and social care;
- increasing the supply of staff into training or as qualified staff;
- supporting recruitment into health and social care careers;
- widening access to grow the workforce;
- supporting the development and retention of the current workforce;
- improving workforce planning across health and social care;
- improving fair work practices across the social care workforce.

In doing so we have a particular emphasis on building the workforce in our key priority areas to address the demand and supply issues identified in this Plan.

Overall Investment in Health and Social Care

Underpinning all of our commitments is investment in health and social care services. The investment Scottish Government has made to these services will continue, and over the remainder of this parliamentary term, the Scottish Government's main health and social care expenditure commitments will:

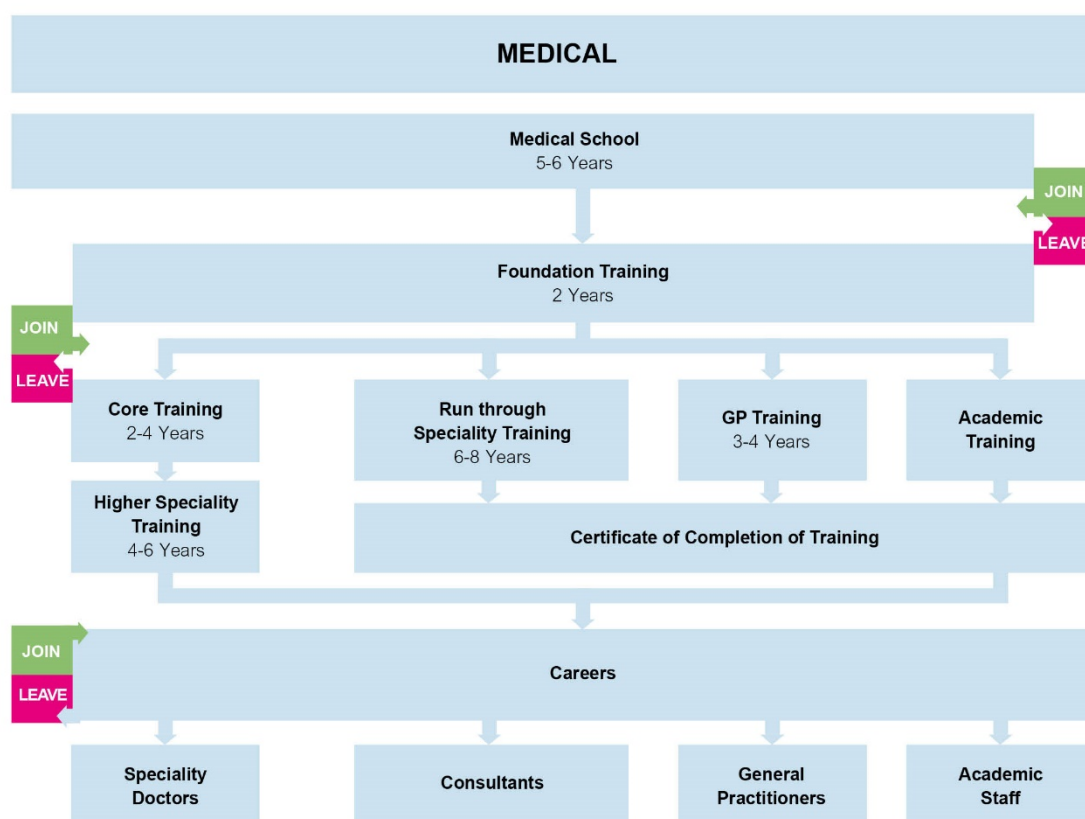
- **Maintain baseline allocations** to frontline Health Boards in real terms, with additional funding over and above inflation to support the shift in the balance of care and protect health expenditure from rising prices;
- Increase the share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care in every year of the Parliament;
- More than 50% of frontline NHS expenditure will be **community-based** – so that a greater proportion of care is provided in settings close to a person's home rather than in a hospital;
- In 2019/20, we are increasing the package of investment in **social care and integration** to exceed £700 million. This includes support for the Living Wage, the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s;
- Funding for **primary and community care** will be increased to 11% of the frontline NHS budget by 2021/22, enabling increased spending of about £500 million - with around half of this growth invested directly into GP services, and the remainder invested in community primary care;
- Scottish Government have delivered the commitment to invest £1 billion in mental health, and over the life of this Parliament investment will exceed £5 billion. The Programme for Government 2018-19 announced an additional £250 million over the next five years to introduce a package of measures to improve

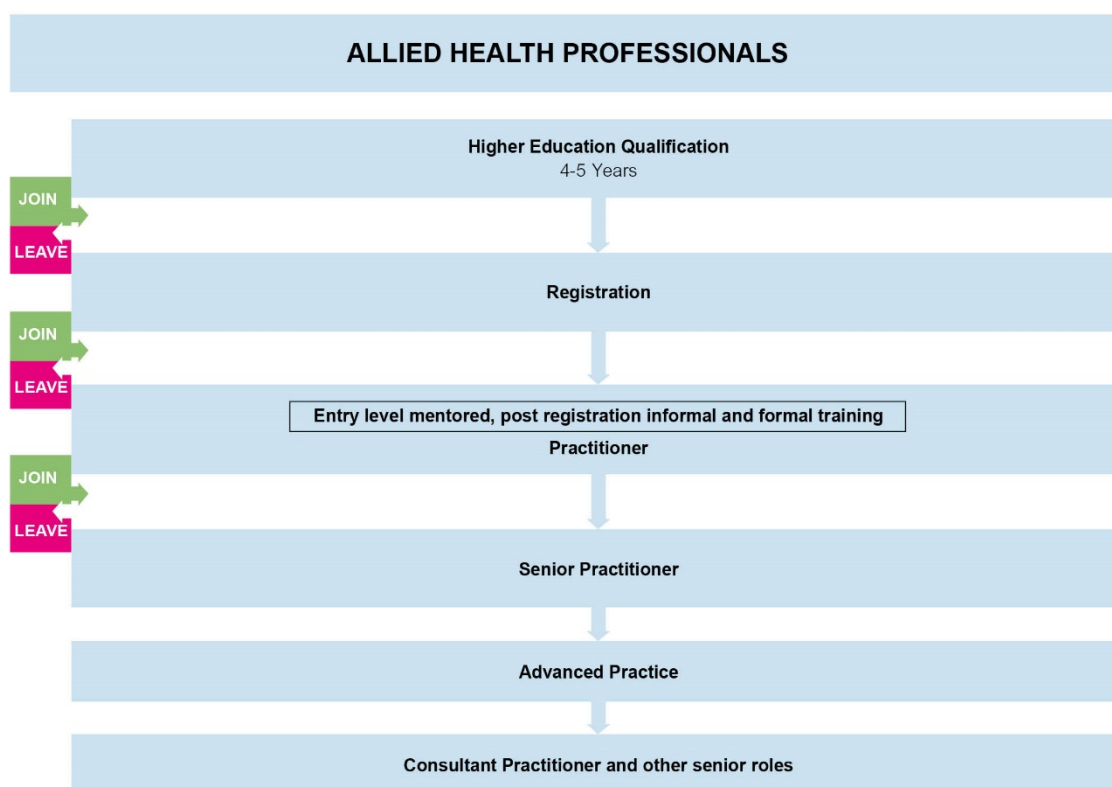
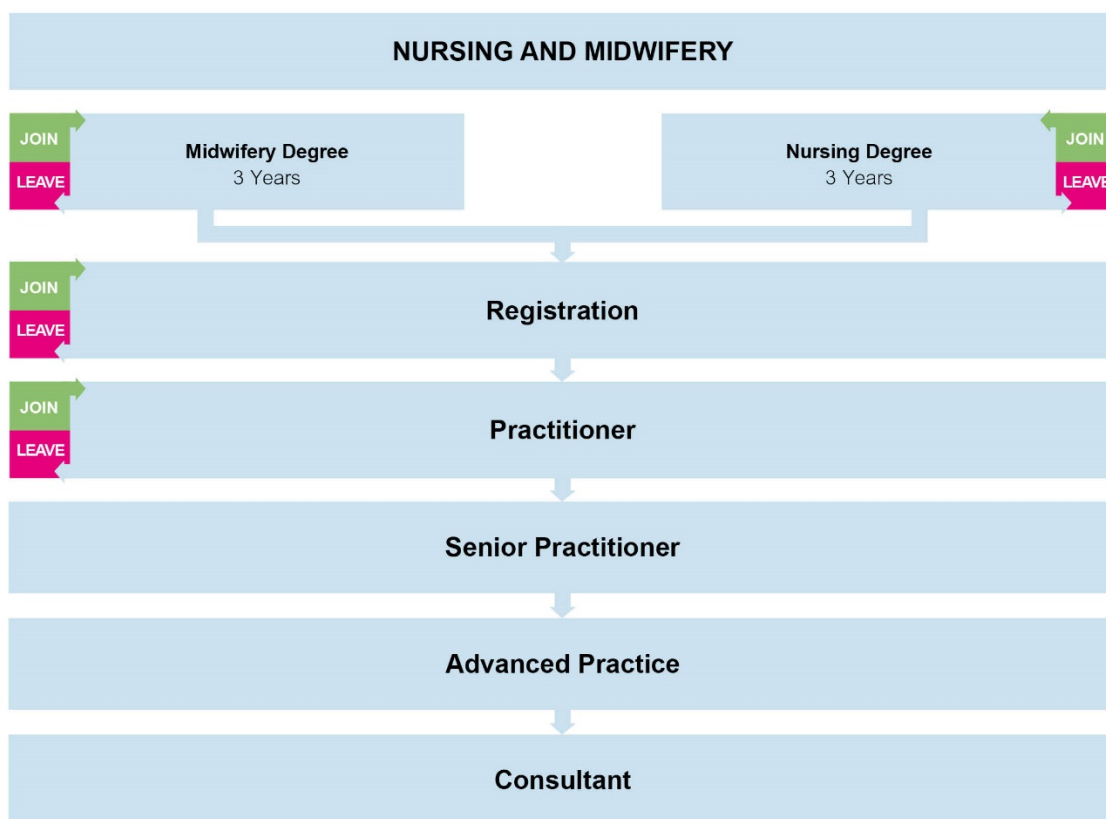
services for children, young people and adults, and embed support for good mental health across public services.

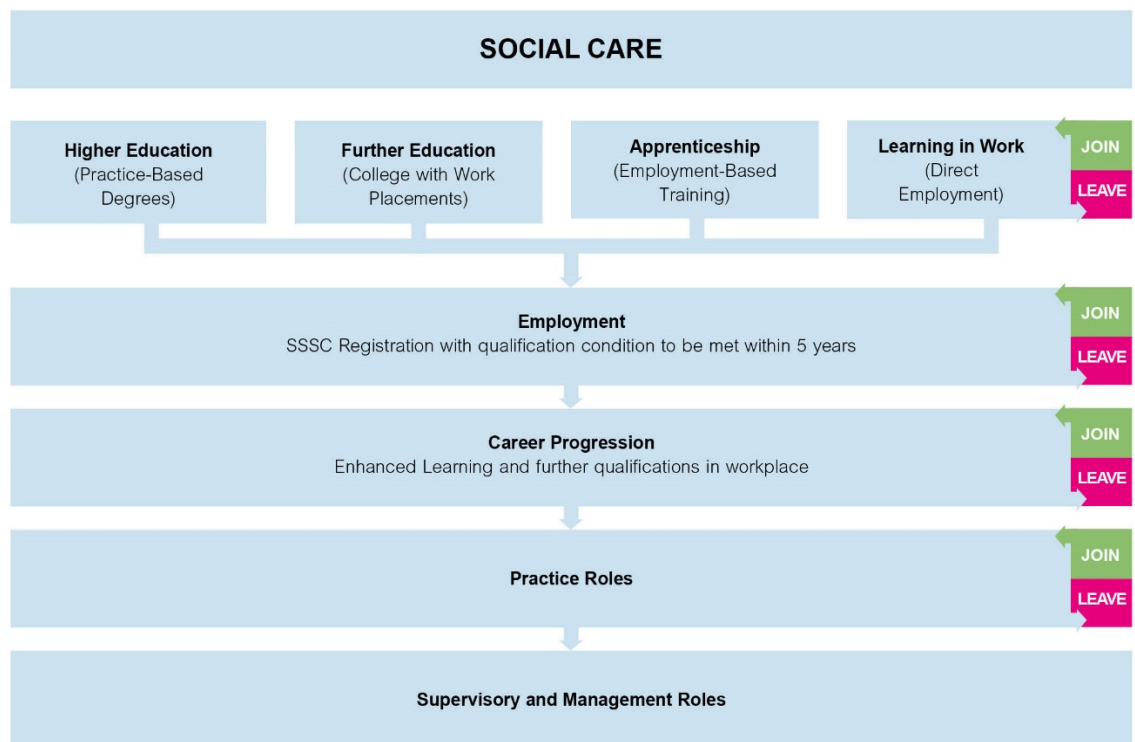
Growing the Numbers in Training or Employment

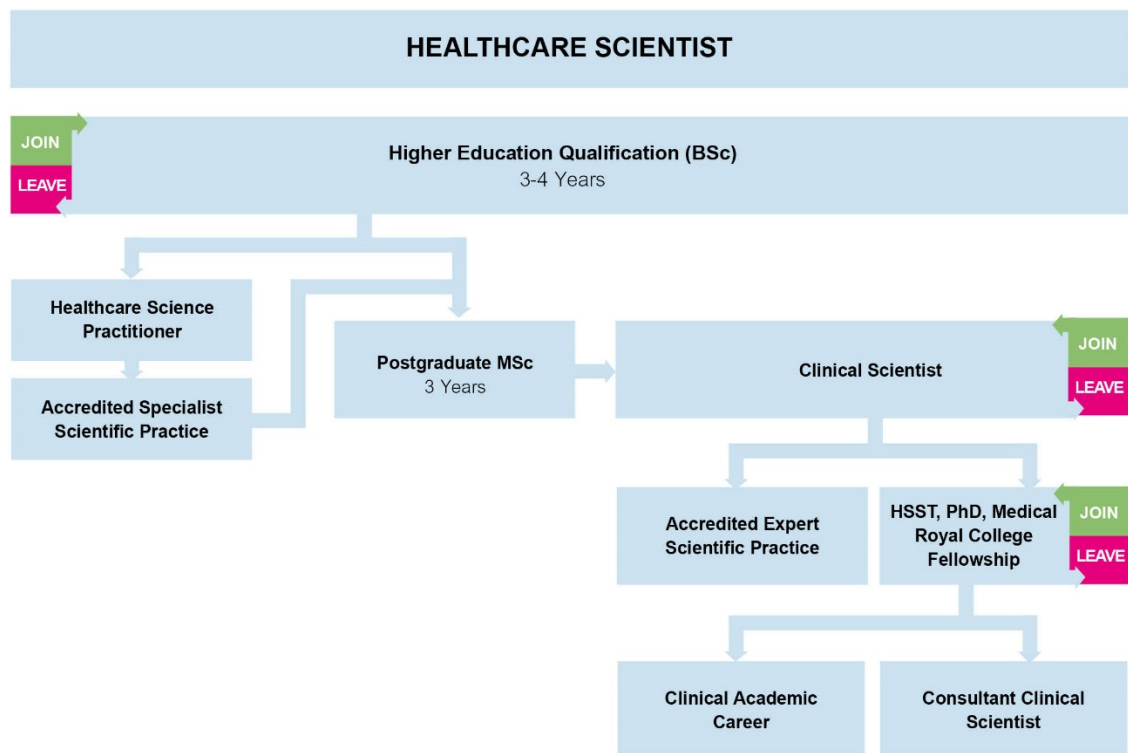
Growth in Training Numbers

The health and social care workforce enter their roles in a variety of ways. There are also a number of points at which they are more likely to leave, and we need to focus actions on retaining and attracting staff at those key points of the pipeline. This is represented below.









Most staff groups within NHS Scotland are required to achieve formal qualifications in advance of securing permanent roles. Social Workers achieve a graduate/post-graduate qualification in advance of entering the profession. However, within social care, the majority of staff typically achieve qualification once in employment.

The Scottish Government sets, and thereby controls, the numbers entering training for nurses and midwives, dentists and doctors (at undergraduate, foundation level and specialty training levels). Sufficient numbers of undergraduates need to both graduate and elect to remain in Scotland through post-graduate training to provide the necessary supply into the specialities that services require.

At national level the Scottish Government has very limited control over the supply pipeline for social care workers. The number of workers entering the social care sector is significantly influenced by the funding available for social care services, the commissioning of services and market forces affecting competition from other sectors and employment.

Decisions on those numbers are informed by workforce planning and provide a mechanism through which we can respond nationally to changes in demand and supply. Given that it takes a minimum of 10 years to train a GP (and in some medical specialties substantially longer) and to train a consultant doctor, this presents a particular workforce planning challenge.

Scottish Government have already increased or maintained training places in these controlled staffing groups.

- Scottish Government is on track to create 2,600 more **nursing and midwifery** training places by 2021, with a particular focus on increasing places in mental health, learning disability and midwifery;
- Scottish Government has committed to increasing the **Student Nursing** intake from 4,006 to 4,206 in 2020/2021;
- Scottish Government funds pre-registration nursing places through University of the Highlands and Islands (UHI) at its campuses in Inverness and Stornoway. Ensuring access to training and qualification to those from more remote, rural and island communities;
- To meet regional demand, particularly in remote, island and rural communities, for **midwives** in the Highlands and Islands, a pilot programme at UHI has been funded to allow nurses to retrain as midwives in a shortened time frame;
- Scottish Government will have created 190 additional **Medical Undergraduate** places by 2021 (a 22% increase over 2016 levels);
- To accommodate the additional undergraduate medical trainees Scottish Government will increase the number of **Medical Foundation training** posts by 51 in 2021 and by a further 54 in 2022. These will accommodate the first of the additional graduates and enable them to proceed to the next stage of their training in order to become qualified doctors. The new places will create a greater range of placements for trainee doctors, particularly in general practice and psychiatry and in remote or rural parts of Scotland;
- Scottish Government have increased **Medical Specialty training** posts by 190 since 2014, particularly specialties such as Paediatrics and Radiology and also increasing GP Specialty Training numbers by 100 to 400 per year;
- To grow the **Pharmacy** workforce in hospitals, GP practices and community settings, Scottish Government increased the number of **funded pre-registration** places from 170 to 200 in 2018-19;
- Scottish Government has committed to maintaining the Dental Student Intake numbers, funding 135 places in 2020/2021.

Training numbers for other staffing groups such as AHPs, healthcare scientists, pharmacists and social workers, who undertake formal qualifications in advance of employment, are not centrally controlled. Instead they reflect decisions on intake by the universities providing qualifying programmes and demand from potential students. However there are actions we can take to improve workforce planning for these groups.

Following the recent review of social work education, a Social Work Education Partnership between employers and academic providers of qualifying programmes is being established with support from the Scottish Government and COSLA. Part of the remit of the Partnership will be to work with SSSC to monitor supply and demand of qualified social workers and contribute to effective workforce planning for social workers at a national level, including through a shared approach to significant changes in student numbers.

In pharmacy, the one year pre-registration course is nationally funded by Scottish Government and managed by NHS Education for Scotland. In line with previous evidence there is an expectation that at least 80% of pharmacy students will remain in Scotland after qualification.

In Optometry, we continue to fund Optometrists to become independent prescribers, which helps reduce demand on GPs and hospitals. The number of independent prescribing (IP) optometrists is growing every year, with more than a fifth of the workforce now having the qualification (representing approximately a third of all IP optometrists in the UK).

In addition to growing the numbers entering the training pipelines in the staff groups where numbers are controlled, the Scottish Government is taking a number of actions to create the workforce to deliver in our three priority areas.

Building up our Community Based Workforce

If we are to embed and sustain health and social care integration and shift the balance of care, with a focus on early intervention and prevention, we need to build up the capacity in our community based workforce to treat people closer to home and prevent unnecessary admissions to hospitals.

In part we can achieve this by a growth in the overall numbers in some of the core community based staffing groups. Scottish Government are delivering on commitments to train 1,000 more paramedics by 2021 and we have increased health visitor numbers by 500. In addition to this we are making a further commitment, based on the scenarios developed, to train and introduce an additional 375 nurses into the district nursing service, based upon the current skills mix.

Supporting the shift in balance of care into community settings by delivering care in homes and reducing rates of admission to acute hospital service. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.

Recognising that General Practice is at the core of community based healthcare services actions have also been taken to grow the numbers of both GPs and other practice based staff. A commitment has been made to expand the GP workforce by at least 800 by 2028 with, by 2021, all GP practices having access to pharmacists with advanced clinical skills and up to 250 community link workers working in GP surgeries.

We continue to look at further opportunities to grow our multi-disciplined community based healthcare teams. We have set out workforce scenarios for Advanced Musculo-Skeletal (MSK) Practitioners, Pharmacists and Pharmacy Technicians. These roles can reduce the workload on GPs by delivering care closer to people's homes and reducing unnecessary admissions to hospital – ensuring people see the right person at the right time. The scenarios set out the particular demand and supply situations for these staffing groups, and in light of these findings we will:

Create 225 more Advanced MSK Practitioners in Primary Care by increasing MSc training places for the Physiotherapy workforce.

Increase Pharmacy pre-registration training places by 40 each year over the next 3 years, creating the opportunity for more Pharmacists to enter primary care.

More broadly, we will ensure that we shape existing training programmes to increase the time spent in community settings. As well as gaining valuable experience in these settings, time spent in the community during training may have a positive influence on trainees choosing future community based careers. We are therefore taking the following actions:

- A five year integrated initial education programme for Pharmacists is being developed in Scotland, which will include more time spent in primary care and out-of-hours services during their undergraduate training;
- The *Increasing Undergraduate Education in Primary Care Working Group* established jointly by the Scottish Government and the Board for Academic Medicine is considering ways of increasing medical undergraduate education in primary care settings to encourage more medical students to choose General Practice. The report is due to be published shortly;
- Scotland's first graduate entry programme for medicine has an emphasis on experience in General Practice to produce doctors more likely to choose a career in General Practice;
- To meet regional demand, a new Optometry course is starting at the University of the Highlands and Islands from September 2020. It is aimed at improving recruitment and retention of Optometrists in remote and rural areas in the Highlands and Islands.

Building our Mental Health Workforce

To achieve our ambitious aims for mental health services in Scotland, we are supporting the creation of the multi-agency, multidisciplinary teams that will deliver them. Significant steps have already been taken to grow this workforce with a commitment to an additional 800 mental health workers in A&Es, GP practices, police custody suites and prisons by 2022.

The Children and Young People's Mental Health Taskforce has taken steps to build workforce capacity in early intervention and prevention, including:

- £4 million investment to recruit 80 additional mental health professionals to work with children;
- An additional 250 school nurses recruited by 2022 to help provide a response to mild and moderate emotional and mental health difficulties experienced by young people, helping to ensure that every secondary school has access to counselling services;
- An investment of over £60 million to provide around 350 counsellors in school education across Scotland;
- In further and higher education, an investment of around £20 million to provide an additional 80-90 counsellors over the next four years.

Through actions such as making mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training, we are also developing a better understanding of mental health issues across our health workforce.

Targeted action to further grow our mental health workforce is also being taken. In the annex published alongside this Plan we set out workforce scenarios for Clinical Psychologists and Mental Health Officers (MHOs).

Clinical Psychologists work across a number of different specialty work areas providing services across Child & Adolescent, Adult and Older Adult mental health. They support people to understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. They are a particularly valuable resource because of their flexibility in working across these groups.

Mental Health Officers (MHOs) are social workers with a minimum of two years qualifying experience. They carry out statutory roles for local authorities in a range of areas including welfare guardianship orders, Emergency Detention Certificates and Compulsory Treatment Orders; they are required to complete the Mental Health Officer Award.

The scenarios set out the particular demand and supply situations for these two staffing groups and in light of those findings we will:

Support an 60 additional Clinical Psychologists in training by:

- **Increasing the training programme intake by 10 students per year for the next three years**
- **Maintain the current intake level (30 per annum) for both Masters training programmes. This would continue the additional 10 places which have been available in recent years.**

Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23.

In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on MHS workload and demand for MHOs.

Building the Workforce to Improve Waiting Times

In light of the potential impact the Elective Centres will have on workforce demand, a specific workforce plan for the centres is being developed, which focuses on the clinical teams required to provide increased capacity and the support these teams will need to function effectively. Using the new data platform developed by NES, indicative workforce figures for the centres have been collated. These will be refined as the models of care are developed to reflect modern work practices, which will be adopted in the centres.

To build the workforce capacity required we are building on existing academy models currently in place in several health boards and the new NHSScotland Training Academy that will be established at the Golden Jubilee Foundation. We are also linking with the *Accelerating the Development of Advanced Practitioners* programme which has been successfully tested and implemented in NHS

Lanarkshire to increase the number of advanced practitioners required for the centres. Where there may be a shortfall, for example in medical specialties, we will develop a strategy to mitigate the risks and look at solutions including combined elective and acute roles and joint appointments.

In a general hospital, Cardiac Clinical Physiologist investigations include specialist echo cardiography, pacemaker checks and implantable cardioverter-defibrillator work. In terms of in-patient work, diagnostic testing is a critical part of a patient's assessment, and delays in the system affect the patient flow. For every one additional trained Physiologist, capacity would rise by an additional 600 echos per week and 40 pacer ICD checks. The scenario developed shows the identified gap and that is why we will:

Increase the Cardiac Physiologist workforce, thereby increasing capacity to carry out diagnostic testing, by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology.

Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSC Programmes.

Ophthalmology is the largest hospital outpatient specialty. Enabled by a new shared Electronic Patient Record, we are providing funding to enable 80 independent prescribing (IP) Optometrists to become accredited to safely manage 20,000 low risk glaucoma and treated ocular hypertension patients in the community. The first cohort of IP Optometrists will commence training in January 2020, with the first low risk glaucoma patients being discharged to their management in early 2021. Once fully rolled out in 2024, this shift in the balance of care will free up approximately 30,000 appointments per annum in the hospital eye service.

In addition we are taking targeted action in this Plan to increase diagnostic capacity which is key to further reductions in waiting times. In the workforce scenarios we set out a scenario for clinical Radiology and reporting Radiography, which draw on the workforce planning work undertaken by the Scottish Radiology Transformation Programme. We have already recognised the need for high growth in the clinical radiology medical specialty with increases in Radiologist training places since 2014 and continued growth going forward. By 2021 these training places will have grown from 103 to 175. Reporting Radiographers also have a key role in creating capacity in the Radiology multi-disciplinary team. The scenario developed sets out the particular demand and supply situation for this staffing group and in light of those findings we will:

Increase Reporting Radiographer trainee places by 30 (10 in each of the next 3 years).

Supporting Recruitment into Health and Social Care Careers

While NHS Boards, Local Authorities and Social Care employers have responsibility for recruiting and employing their staff, we are supporting them in that national and international recruitment role with a number of national actions.

We are investing £4m in recruitment campaigns for adult social care, nursing, and medical recruitment campaigns with targeted recruitment into professions such as

GPs, Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine. All of the campaigns are designed to reflect the particular demand and supply issues with those staffing groups:

- A national recruitment campaign for nursing, midwifery, allied health professionals (NMAHPs) and healthcare scientists was launched in November 2019, targeting students applying to universities. The campaign will promote the contribution NMAHPs and healthcare scientists make to positive outcomes in Scotland, and the range of positive career opportunities available in order to attract individuals into NMAHP and healthcare science careers and ensure a sustainable workforce is available to meet Scotland's future requirements;
- A national GP marketing campaign promoting Scotland as a positive place to work has been developed. The aim is to promote Scotland as a great place to work for GPs. This has been done through marketing stand representation at number of events and conferences throughout 2019/20. We are also developing a marketing strategy to design our approach to international recruitment of GPs;
- As part of the reform of adult social care programme, a national campaign to promote social care as a meaningful, valued and rewarding career choice is being developed. The campaign will support recruitment of frontline workers in care home services for adults, care at home services for adults and housing support workers. The campaign's primary focus will be on attracting people from early to mid-career stages, which form key entry points to the sector. The campaign is due to launch in early 2020;
- The medical campaigns in Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine are targeting consultant level staff. The choice of those specialties are based on current vacancies, cross-referenced against the data we have on EU doctors living and working in Scotland. In the medium term, we will undertake further campaign activity across other medical specialties that support our Waiting Times priorities such as Dermatology and Urology.

These campaigns build on existing recruitment work. The SSSC delivers a range of support for recruitment and retention of the social services workforce including resources on career pathways and promotional materials for schools, colleges, employment services and employers; management and promotion of routes into careers (Foundation and Modern Apprenticeships); and a network of Ambassadors for Careers in Care. In addition, a Recruitment Working Group (RWG) established by the Coalition of Care and Support Providers in Scotland is stimulating change by providing information, analysis and support to improve recruitment outcomes in the Social Care Voluntary Sector. As a part of this process, three workshops were delivered to partners in the Voluntary Sector last year to explore key points in the recruitment process.

While recognising the diversity of the sector, future work will look at areas where there is benefit in collaborative and shared approaches to recruitment practice.

Improving fair work practices across the social care sector is a key element of the reform of adult social care programme. This is why the Scottish Government has also committed to taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report to improve fair work practices across the health and social care workforce.

In medicine, we will learn from the recent experience of our national recruitment campaign on Radiology. Also over the last 5 years we have been working in partnership with NES and the medical Royal Colleges to recruit international doctors to non-Consultant posts by developing and supporting schemes such as the International Medical Training Fellowship and the Medical Training Initiative. Designed to provide high quality training and to support service delivery, the schemes typically offer 1 year posts, which can be extended. To date over 90 posts have been approved across medical specialties. We continue to assess and refine our approach to these schemes to ensure we are maximising benefit and attraction.

Alongside this, we are working with the General Medical Council (GMC) and the Royal College of General Practitioners to streamline and accelerate the Certificate of Eligibility for GP Registration process which support doctors trained outside the EU to come and work as substantive GPs in Scotland. We are already seeing a positive impact, with Australian GPs being able to get almost reciprocal registration with the GMC.

We have also established an International Recruitment Unit to improve Scotland's effectiveness in recruiting internationally and support the resilience of NHS Scotland as we approach potential EU Withdrawal. To this end, the unit is providing expert support on the immigration process and regulatory requirements to work in Scotland, as well as matching people to job opportunities. The unit is currently heavily involved in co-ordinating medical recruitment and will help successful candidates with relocation advice and on-boarding. Moving forward, a more systematic and collaborative approach to recruitment events will achieve economies of scale and capitalise on the strength of the NHS Scotland brand.

Widening Access to Grow the Workforce

In addition to attracting people from the rest of UK and internationally to work in health and social care in Scotland we also need to grow our own talent.

Around 360,000 people work in health and social care in Scotland. To maintain and grow that workforce, we must continue to attract significant numbers into these careers. We are committed to building on initiatives to help widen access to careers for young people and other under-represented groups in this sector.

A good illustration of the work we are doing to achieve this aim is the three year employability partnership between NHSScotland and Prince's Trust Scotland. "*Get into Healthcare*" will support around 400 young people from disadvantaged backgrounds to achieve their potential and develop their skills through a career in the health sector. We will also support similar schemes being delivered for social care in Scotland, in partnership with employers in the sector. This work will explore pilot approaches suitable for smaller employers that form a significant part of social care provision.

Modern Apprenticeships (MA) are available to young people aged 16-24 to widen access to health and social care careers. There are apprenticeship frameworks available with social services, clinical and non-clinical pathways, which give young people the opportunity to start a career in a range of job families in social care and the NHS and to work and earn whilst gaining a qualification. MA Frameworks that are available include Social Services and Healthcare, Healthcare Support (clinical and non-clinical), Business and Administration, Estates and Facilities, and IT.

Foundation, technical and professional apprenticeships are also available in the social care sector. New routes and pathways are also being considered to provide a diverse range of career opportunities for young people in health and social care.

Within Nursing and Midwifery, work is being taken forward on recommendations from the Chief Nursing Officer's commission into widening participation to nursing and midwifery education careers. Recommendations include establishing a route from school into pre-registration nursing and midwifery through the apprentice route; adopting a positive approach to commissioning pathways into nursing careers for healthcare support workers; attracting people into the professions (particularly men); and extending existing routes such as the funded HNC and the Open University (OU) options to deliver a pre-registration nursing programme for health care support workers, with a particular focus on remote and rural areas.

The OU distance learning and part-time model means healthcare support workers can still work and earn during their studies. Funding has already been provided for 300 pre-registration nurses through the University of Highlands and Islands.

The NHS Professional Careers Programme is a two-year employment opportunity for disabled graduates to prepare for a long-term sustainable career. Since 2015 the programme has helped over 40 disabled graduates (90% of participants) go into a career of their choice.

In our medical education we have acted in recent years to support a greater number of students from areas of social deprivation into medical careers. 50 of the additional undergraduate medical places have been designated as 'Widening Access' places and we are also seeing some positive results from pre-medical courses at the Medical Schools in Glasgow and Aberdeen. These pre-medical courses provide students from more socially deprived backgrounds with the educational knowledge, skills and confidence to enter into medicine. 40 out of 42 from the first course intake progressed to medicine, a result that exceeded expectations. This will lead to an increase in the number of more "home grown" students from all sectors of Scottish society studying medicine. We know that Scottish domiciled students tend to be retained in NHS Scotland at a higher rate than students from elsewhere.

Developing and Retaining our Existing Workforce

Increasing workforce numbers alone will not ensure the sustainability of our health and social care services. We need to retain the workforce we already have by supporting them, investing in training and offering attractive and rewarding careers. We also need to ensure that they are well equipped to be able to adapt to new ways of working and different ways of providing services; and to ensure that we make best use of their skills.

Training and Career Development

Access to high quality learning and clear qualification pathways with opportunities to progress have the potential to raise the status and attractiveness of careers across health and social care. This area is one of particular focus in the social care sector.

In social work, we are working with the sector to provide an improved approach to social work professional development throughout careers through:

- delivering improvements to consistency and quality of social work education through a Social Work Education Partnership between employers and Universities providing qualifying programmes;
- piloting a supported year for Newly Qualified Social Workers;
- developing a Professional Framework for Practice for Social Work up to Advanced Practice level.

These initiatives seek to support career development and improve access to high quality training opportunities that reflect current and future developments in policy and practice.

In social care, we are seeking to improve career development opportunities and progression through:

- the development by the Scottish Social Services Council (SSSC) of a new careers resource that illustrates the qualification and career pathways open to staff working in the sector;
- taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report²⁰ which specifies that key stakeholders in the social care sector should apply the Fair Work Framework and commit to improving opportunities for progression for social care workers;
- work by SSSC to understand barriers and enablers to progression and identifying options for improvement, including facilitating interchange and movement between health and social care;
- undertaking research into the local and national labour markets for social care, which will also identify factors that influence employees to join or leave social care.

Registration and qualifications in the social care workforce

The majority of the social services workforce must register with the SSSC within six months of starting work. With the exception of social work, registration does not require workers in front-line roles in social care to have formal qualifications before they enter employment. However they are required to attain the appropriate qualification for their role within five years of registration. The majority of qualifications required for registration are Scottish Vocational Qualifications (SVQs), and assess the individual's ability to carry out their role and function in a specific area of care. Modern and Foundation apprenticeships are one of the mechanisms through which this training is delivered.

A number of actions are under way to support this skills development:

- Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS) are working closely with the SSSC and Skills Development Scotland to ensure planning is in progress to support employers and the workforce to attain the qualifications they need for registration with the SSSC. As part of this work, the SSSC have analysed training provision and the qualifications of those on the register. The results will be used in considering how best to focus support.

²⁰ [Fair Work in Scotland's Social Care Sector, February 2019](#)

- Scottish Government is also working with the Scottish Funding Council and Skills Development Scotland to ensure adequate training capacity is in place to support the expansion of the early learning and childcare workforce
- Scottish Care and CCPS are working with SSSC and Skills Development Scotland to support independent and third sector providers to access Modern Apprentices. This recognises that smaller employers in the third and independent sectors may find the level of support required for Modern Apprenticeships hard to resource. The demand for MAs from the registration of support workers in housing support and care at home is also likely to increase.
- Work on how best to support innovative approaches and encourage further uptake of Modern Apprentices in the sector will be explored over the next year.
- Scottish Government provides grants to the third sector to assist with training requirements for registration. Since 2008 funding of nearly £11.5 million has supported over 12,000 individuals to attain their qualifications. Grants are currently available for workers in Care at Home and Housing Support, nearly half of whom are employed in the third sector.

Attracting and retaining registered nurses in care homes

As part of the National Care Home Contract reform, COSLA and Scottish Care have established a Workforce Subgroup to consider the challenges facing care homes for older people. Attracting and retaining registered nurses in care homes is a key aspect of this work and actions being taken include on this include:

- Defining the role of nurses in care homes and introduce new roles such as more Advanced Nurse Practitioners;
- Developing a suite of education and training materials that care home staff can access including exploring access to NHS training, specialist training for care homes and a more streamlined mentorship programme;
- Working with the education sector and providers to ensure support for training and learning including pre-registration training support and mentoring;
- Promoting the image of care homes as a good place to work – in particular for students and registered nurses;
- Developing a skills and competency framework/passport for registered nurses and care support workers working in care homes to reduce the need to retrain staff who may move from one care home to another and to help support revalidation for nurses working in care homes.
- Additional support from the Scottish Government to Scottish Care in 2019-20 to enable engagement of the independent sector in these workstreams.

There is also work underway across the health and care workforce to improve training and career development:

- We are investing and supporting career development in our workforce through Project Lift, identifying and developing our leaders of the future at all levels. Recognising that leadership development is not a 'one size fits all' it provides a range of opportunities – informal and formal, including individual and collective approaches. More than 3,000 staff have registered with the App and around 1,600 have completed the self-assessment questionnaire, which identifies

leadership strengths and areas for development. Our talent management database uses that to match individuals to opportunities. Over 100 Career Conversations have been offered to aspiring directors and we have developed a new bespoke Scottish leadership development opportunity for this cohort, named Leadership³. Moving forward, we are commencing a pilot with SSSC to extend these development opportunities beyond NHS staff and those working in Health and Social Care Partnerships into the social care workforce;

- As part of our Global Citizenship programme, an innovative project is being taken forward by our remote and rural NHS Boards and Edinburgh University. The project is testing whether designing medical consultant roles which enable work overseas alongside service delivery in our Rural General Hospitals can attract and retain staff in permanent roles by giving them the career development they are seeking, while also making services sustainable in locations where this has been a challenge such as our rural island communities;
- An additional £3.9 million over three years is being invested in training and education for **district nurses**;
- We are taking actions to ensure more flexible **postgraduate medical training**. The future needs of the population demands more generalist care, where our medical workforce can implement new technologies and innovations in patient care, and more easily change career paths;
- We are working with the General Medical Council (GMC) and others to ensure that **medical credentialing** is implemented. This affords national training bodies and employers more influence over the training content for doctors and the means to more rapidly upskill doctors to support national priorities;

Upskilling Clinicians

In response to a recommendation by the Shape of Training Group (which advises Scottish Ministers on medical intake numbers) the Scottish Government is training and developing the medical workforce to meet the changing needs and priorities of patients and service providers, particularly in terms of new technologies. This involves developing credentials in medical skills that are approved by the General Medical Council (GMC).

A clear need identified is to upskill clinicians to deliver Mechanical Thrombectomy (MT) across Scotland.

MT is a new procedure used to treat stroke patients; the earlier the procedure is done (within 24 hours of the onset of the stroke) significantly contributes to improved patient outcomes, particularly in terms of reduced long-term disability.

Given the lack of trained doctors to perform MT, the Scottish Government in partnership with NHS Tayside has prioritised the upskilling of Interventional Radiologists to be able to provide MT.

Under the supervision of an experienced neurointerventional Radiologist skilled in MT, a bespoke training programme is now underway and includes:

- Investment in state of the art simulation facilities for the training of MT in Dundee with a view to developing a training centre;
- The combining of mechanical simulators with the unique Thiel cadaver model

based in Dundee, which helps provide accelerated practical learning and will be the basis for initial external assessment of the participants, and is supported by the University of Dundee for the clinical training aspects and post-procedure care. The early outcomes are to have a cohort of upskilled IR consultants able to deliver a 24/7 service for the North region and for these MT skills to be recognised as GMC-approved credentials.

- In the new **GP** contract, we have refocussed the role of GPs as Expert Medical Generalists in the community. This includes a renewed focus on improving quality, providing clinical leadership and focusing on undifferentiated and complex patient care, within a multi-disciplinary environment. We have also redesigned our GP Specialty Training posts, improving the quality of training and making them more attractive.

Digital Skills

As set out earlier, technology has the potential to have a positive impact on workforce demand, but we need our workforce to have the necessary digital skills to take advantage of these opportunities. Workforce development is an important part of the Digital Health and Care Strategy²¹ and focusses on four key areas of skill development:

- **Digital Leadership:** The skills required by all staff at all levels to champion digital as an enabler in transforming health and care;
- **Workforce Skills:** The digital skills required by the general workforce to effectively deliver services to meet patients' and service users' expectations;
- **Workforce Skills (specialist):** The skills and development of those in specialist digital roles (ICT staff) to deliver digital solutions in health and care;
- **Future Workforce:** The skills that will be required and shaped by our ongoing transformation of services, in line with patient and service user demand.

NES and SSSC (working with COSLA and Health and Social Care Partnerships), are taking forward a programme of work to support implementation of this in the health and social care environment and providing the necessary leadership to drive changes. This approach includes:

- partnership with the Scottish Government's Digital Academy, to improve access to high quality digital skills training;
- developing digital leadership skills through partnership with bodies such as NHS Digital Academy and others;
- working with our universities and colleges to ensure that digital skills are an integral part of education and training for our future workforce;
- building capacity and capability across specialist digital, IT and data professions;
- promoting existing and new solutions that enable more mobile and flexible working;
- identifying solutions that bring the most modern of technologies to our business and administrative requirements, freeing up staff to focus on frontline services;

²¹ [Scotland's Digital Health and Care Strategy. Digital Health and Care Scotland, April 2018.](#)

- providing productivity and collaboration services and tools, such as shared calendars, email, video and instant messaging, to support effective, efficient and secure ways for working across organisational boundaries.

Returns

Staff who have recently left or retired from health and social care services have a wealth of knowledge, skills and experience that we do not want to lose. We already have some schemes to encourage staff from the health workforce to return, and we are looking to develop these further and wider across the health and social care workforce. We are:

- Establishing a 'one point of contact' co-ordinated process to support **AHPs who wish to return to practice**;
- Enhancing our GP retainer scheme which enables qualified GPs who are currently unable to commit themselves to a full-time post, to continue working part-time in general practice and enter a permanent post when their circumstances permit;
- Creating a flexible resource of **recently retired or part-time doctors**, who are willing to take on short-term work to support our Rural General Hospitals. To date 30 Surgeons and Anaesthetists have expressed an interest in the Clinical Collaborative which was launched in March, and already, services in Fort William and Stornoway are being supported;
- Launching an innovative Professional Practice Adviser pilot offering **recently retired nurses and midwives** the opportunity to coach and advise newly qualified staff in midwifery, health visiting, district nursing and advanced nursing practice settings;
- Encouraging **former nurses and midwives** to return by providing the opportunity for them to undertake a Return to Practice programme. Since April 2015, almost 600 former nurses and midwives have taken up the opportunity to retrain.

Support to the Existing Workforce

While working in health and social care is extremely rewarding, we recognise the pressures that come with such roles and we need to do all we can to support staff and encourage them to stay in their roles.

Listening and acting upon staff concerns and issues is a key element of any successful organisation. One of the aims of the Health and Care (Staffing) (Scotland) Act is to improve working conditions for NHS clinical staff. Staffing levels are matched to workload and employers are required to take the views of staff and staff wellbeing into account when making staffing decisions. The legislation also puts in place real-time staffing assessment and escalation procedures that will ensure the professional voice is heard.

This is also being supported through the iMatter model, a continuous improvement tool designed to help individuals, teams and Health Boards understand and improve staff experience by taking actions at these different levels within the system. iMatter was initially used by NHS Boards, and is now being used in almost all of Scotland's Health and Social Care Partnerships and has recently been successfully tested in East Renfrewshire Council with their staff. Key to the system is that staff at all levels

feel empowered and enabled to make improvements to support improved patient and client experience.

We also need to provide support for staff who are training and/or working in health and care to deal with the pressures of that career. Some examples of this to address issues doctors were facing include the new Lead Employer model introduced for all Doctors in Training. This new arrangement provides a continuous contract during training that avoids tax code complications and makes it easier for doctors in training to secure mortgages, as well as avoiding unnecessary administration related to changing employer.

For GPs, a package of support has been developed within their first five years of qualifying. This includes a mentoring scheme and training for a new group of 40+ mentors in 2018/19. We are also supporting Continuing Professional Development access and Quality Improvement project opportunities for up to 200 “First 5” GPs each year. Wider support for GPs also includes the rollout of the existing confidential wellbeing service GP across remote and rural areas of Scotland and a new coaching service launched last year and has now extended to 125 places in response to demand.

Recognising the particular issues faced by our workforce from other parts of the European Economic Area (EEA), we are ensuring that all such staff have access to advice and information and are supported through the process of applying for EU Settled Status. Through the Scottish Government’s ‘Stay in Scotland’ campaign, this includes a support and advice service for EU citizens with more complex needs or particular challenges and a toolkit for employers.²²

Pay and Reward

Pay and reward is an important factor in attracting and retaining our health and social care workforce and we continue to take action to ensure that these careers remain attractive employment options:

- While we recognise there have been some challenges in implementation, the introduction of the Real Living Wage for those working in adult social care has had a positive impact on pay in the sector²³;
- In 2018, a three year pay deal for NHS Agenda for Change staff (which includes all nurses, paramedics, healthcare scientists and allied health professionals) was agreed from 1 April 2018 to 31 March 2021. This will restructure pay bands meaning higher starting pay and a shorter journey to the top of scales, as well at least a 9% pay rise over 3 years for all staff;
- On 27 August 2019, a pay uplift of 2.5% for medical and dental NHS Scotland staff from 1 April 2019 to 31 March 2020 was announced. The announcement means junior doctors working on typical rotas in Scotland can be up to £6,000 a year better off than their English equivalents, and specialty doctors, associate specialist doctors and consultants will remain the best paid in the UK. This will

²² [Stay in Scotland, Scottish Government, April 2019](#)

²³ [Implementing the Scottish Living Wage in adult social care: An evaluation of the experiences of social care partners and usefulness of Joint Guidance, I Cunningham et al, Coalition of Care and Support Providers Scotland, 2018](#)

help ensure that NHS Scotland remains an attractive employment option for medical and dental staff;

- We are also targeting specific financial incentives where it will help to attract staff to train or work in rural area. Actions include:
 - expansion of the GP Golden Hello scheme from 44 to 160 practices in rural and remote areas, offering £10,000 for GPs taking up post in their first eligible rural practice;
 - a £20,000 bursary for GP trainees taking up placements in rural and other harder to fill areas. 101 GP trainees have taken this offer up in 2018, an increase from 60 in 2017;
 - an enhanced relocation package is being offered to GPs moving to work in rural practice to cover expenses such as removal costs, rent etc. The maximum rate has been increased from £2,000 to £5,000.

Efficient Use of the Workforce

Alongside growth and retention, we need to make more efficient use of existing resources. This will involve a range of approaches, including improvements in rostering. We are procuring a NHS wide e-rostering system which will lead to implementation of a fully automated rostering system for all staff groups. This will create efficient rosters with full gap analysis and be responsive to real time situations, ensuring the most efficient and effective use of staffing resources clearly linked to demand. Alongside this a national rostering policy is being developed, which will provide roster rules and ensure more effective rosters, reducing the reliance on supplementary staffing where poor rostering is a cause.

Implementation of the Health and Care (Staffing) (Scotland) legislation will contribute to the efficient use of the workforce by providing consistent and robust analysis of the workload associated with patient need and real time assessment of staffing in those areas covered by the common staffing method to ensure safety and efficiency.

We are also looking at how new service models can maximise the efficiency of the existing workforce. An example is set out below.

Maximising workforce efficiency

The Reporting Radiographer pilot is testing how we might maximise efficiency of the current Radiology workforce and create greater capacity. It will assess the potential for a national Radiographer Reporting service by:

- Nationally coordinating Radiographer “plain film” reporting capacity and activity testing the new IT connectivity;
- Assessing the potential to utilise consultant Radiographer skills across boundaries;
- Assessing the potential to utilise a cross boundary consultant Radiologist support model;
- Establishing whether a Radiographer plain film reporting service could better utilise the existing workforce.

It will measure whether, in reality, there are sufficient numbers of reporting Radiographers to ensure adequate cover for the service. This will also allow us to quantify the workforce required to optimise this service and present an opportunity

to manage this capacity differently. The pilot commenced in March 2019.

Improving Workforce Planning Across Health and Social Care

To most effectively plan for the future health and social care workforce, taking account of the changing demand and supply issues, we need to develop our workforce planning infrastructure. We will:

- further develop workforce planning capability;
- clarify roles and responsibilities on workforce policy and planning;
- encourage more consistent use of workforce planning tools across sectors;
- provide workforce planners across sectors with access to better data.

Further Develop Workforce Planning Capability and Examine Capacity

We need the health and social care sector to have the capability to develop more effective workforce plans and to understand, and use, scenario planning methodology that reflects their particular requirements.

Revised workforce planning guidance for NHSScotland, Integration Authorities and their commissioning partners in local authorities is being published alongside this Plan. The guidance introduces improvements to the existing workforce planning process and proposes a more collaborative approach in an integrated landscape. As workforce planning requirements and practices differ substantially across health and social care organisations, the guidance signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also references the need to consider the implications of planning activities for third and independent sector employers delivering commissioned services.

In addition to planned actions to improve the capability of existing workforce planners, the National Workforce Planning Board has also committed to examining the issue of capacity for workforce planning across social care employer sectors. Work will be designed by the Scottish Government, COSLA and partners, to improve understanding of workforce planning capacity and to make recommendations accordingly.

To further support development of the competencies and skills required to effectively undertake workforce planning roles across Social Care employers, NHS Boards, IJBs and Primary Care, we will:

Design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.

Over the next 12 months, Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification as part of a strategic approach to developing workforce planning education and skills for the health and social care workforce.

Provide additional support in 2019/20 to the third and independent sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.

Clarifying Roles and Responsibilities

As we improve workforce planning in an integrated way, it is important to be clear about respective roles in workforce policy and planning. The guidance being issued alongside this Plan sets out these roles for workforce planners nationally, regionally and locally across the sectors.

Greater Consistency of Workforce Planning Tools Across Sectors

Workforce planning requirements and practices differ substantially across health and social care organisations. A level of variation is entirely appropriate given that an independent company with a few employees will have very different workforce planning needs than an NHS Board with thousands of employees. Nonetheless if we are to workforce plan in an integrated way, there is benefit in a level of consistency in the methodological approach used. The guidance we are issuing along with this Plan signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also considers the implications of planning activities for third and social sector employers delivering commissioned services.

On workforce planning tools, the Nursing and Midwifery Planning tool has already been reviewed and improved and we are exploring workforce prediction tools for skill-mixed AHP services. A scoping exercise has reviewed and mapped the landscape of workforce planning tools within the Scottish Government, NES and ISD. Following this, work will start on ensuring consistency and transparency between tools, filling gaps where appropriate.

Improving Workforce Data

Better workforce data will support more informed decision making. Significant progress has been made on creating a single workforce data platform, and work is under way to better understand the labour market for social care.

As recommended in Part 1 and Part 2 of the National Workforce Plan, NES have brought together existing workforce data sources in a new supply side platform, which was launched in April 2019. Data from the platform is already being used to inform decisions on controlled group numbers, to identify workforce gaps, and develop enhanced roles and new staffing models to mitigate them. Work will continue to identify and add to the data available and to refine social care and primary care data, so that as the platform evolves, health and social care workforce data can increasingly be accessed in one place and analysed using an integrated approach. Extensive data on the social care workforce is already published as official statistics by the SSSC and is available for interrogation in an interactive data visualisation tool.²⁴

²⁴ <https://data.sssc.uk/component/ssscvisualisations/local-level-data>.

The work being taken forward by NES is complemented by the legislative requirement being placed on Healthcare Improvement Scotland (HIS) in the Health and Care (Staffing) (Scotland) Act 2019. Under the Act, HIS is required to monitor Health Board compliance with staffing duties, monitor and review staffing tools and methodology and develop new staffing tools. In doing so, HIS, and NHS Boards, will generate robust data on the workload required to deliver high quality care which will, in turn, inform and improve workforce data. The procurement of an NHS wide e-rostering system, in addition to creating efficient rosters, will provide further data evidence clearly linking efficient and effective use of staffing resources to demand.

The Scottish Government has also commissioned NHS National Services Scotland to develop an online tool to collect workforce information as part of the National Primary Care Workforce Survey, which ISD regularly carries out on behalf of Scottish Government. This is an important source of information to support workforce planning for primary medical care services. This workforce data may also be used to develop workforce metrics to support sustainability work at a board, cluster and practice level.

Existing staffing tools and methodology for nursing and midwifery already contribute to improving workforce planning across health by providing access to better data. This will be further improved by effective implementation of the Health and Care (Staffing) (Scotland) Act and the oversight provided by HIS. HIS will continue to improve the existing tools and develop new tools with a focus on developing multidisciplinary tools and including staffing groups beyond nurses and midwives. The Act will also require Health Boards to report annually on how they carried out their staffing duties. This will create transparency in the staffing decisions being taken across all boards and better inform national workforce planning.

As we set out in this Plan, there are significant challenges in the supply of staff for social care. As indicated earlier in this Plan, a better understanding of national labour markets can help employers to understand issues and trends and plan ahead. The research we have commissioned on national and local labour markets and their interactions with the Social Care and Early Learning and Childcare workforce will incorporate ongoing analysis by the SSSC into movements within the registered social services workforce. The findings will aim to help workforce planners to anticipate and manage recruitment and retention issues.

Delivering the Plan

This first Integrated Plan will help achieve better integrated workforce planning across health and social care in Scotland. It initiates a programme of work for the future, covering many different employers and settings. And it sets a steady future direction for those who plan for the workforce in this complex landscape.

Getting this right is of national importance – everyone in Scotland will rely on this workforce at some point in their lives.

That is why this Plan highlights the need to build our workforce; to strengthen the workforce planning infrastructure; to build on our knowledge of the effects on our workforce of changing demand, services, technologies and population; to sharpen our analytical skills and competency, locally, regionally and nationally; and to co-ordinate these actions effectively to ensure the highest quality of health and social care services.

Building on earlier recommendations made in Parts 1-3 of the National Workforce Plan, this integrated Plan sets out a series of specific actions to meet demand and to grow the workforce. These actions focus on enhancing training numbers across a broad base of professions involved in delivering national priorities for health and social care. They augment and complement existing Programme for Government actions, and we have carried out scenario planning which for the first time takes account of estimates of demand in coming years, linking closely to Medium Term Financial Strategy projections.

The benefits of workforce modelling and scenario planning against a range of future demand factors are clear, and we will refine, improve and embed this approach as better intelligence develops. More effective links also need to be forged between workforce planning, service planning and financial planning, and the Plan's associated guidance sets out how we will do this.

Using and interrogating workforce data has been a continuing challenge for planners, due in part to a lack of a consistent approach to data collection. We continue to tackle this by bringing together existing data sources. In particular, the progress made with NHS Education for Scotland on its national TURAS data platform is beginning to yield better quality information, more consistently accessible and useable across both health and social care. The work being done with NHS Health Improvement Scotland on implementing the provisions of the Health and Care (Staffing) Act 2019 will benefit from this. The evidence needed to inform important decisions about the future shape of our services will depend on it.

All of us need to do more to observe, analyse, plan and prepare for future challenges. As the importance of effective workforce planning in this has become more widely recognised, so the demands made of planners have increased. To help address this, employers in health and social care need more people with the right skills and expertise, and an infrastructure which supports their development. The large numbers of providers, of many different sizes, across a complex landscape present particular challenges. This Plan therefore sets out what we will do to strengthen workforce planning capacity and capability across the health and social care sectors.

Along with this Plan we are publishing revised Workforce planning guidance, co-produced with members of the National Workforce Planning Group. The guidance has been developed for use by NHS Scotland, Integration Authorities and their commissioning partners in local authorities. It will be kept under review, and added to, as part of more regular and structured communications on workforce planning issues with employers.

The actions detailed in this Plan form a programme of work which will be overseen by the National Workforce Planning Group's Programme Board, in addition to its existing role in delivering earlier recommendations and commitments from Parts 1-3 of the National Workforce Plan. With representation from across health and social care, the Board will reflect contributions from all parts of the system.

The Board will also be responsible for publishing regular future iterations of the Plan. These will reflect further progress in our understanding of workforce demand and supply and add to the sum of our collective knowledge and intelligence around workforce planning issues. Importantly, future iterations of the Plan will link more closely to developing policies, such as work progressing on reform of adult social care.

Individually, the actions set out in this Plan will therefore enhance our capacity and capability, deliver tangible improvements, and provide a better evidence base in an integrated context.

But taken together, they elevate workforce planning to the strategic, whole-system position it needs to inhabit – right at the core of high quality health and social care services, now and into the future.



© Crown copyright 2019



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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

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

ISBN: 978-1-78781-323-6 (web only)

Published by The Scottish Government, December 2019

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS628090 (12/19)



YOUR GUIDE TO WORKING IN ADULT SOCIAL CARE

If you're understanding and responsible, look into a career in adult social care at [CareToCare.scot](https://www.caretocare.scot)

THERE'S MORE TO CARE THAN CARING

WHAT IS ADULT SOCIAL CARE?

Adult social care is a satisfying and worthwhile job. As an adult social care worker, you'll have the opportunity to make a real difference to the lives of adults from different backgrounds who need support.

If you're kind and patient, a good listener and someone who lives their life treating people with dignity and respect, then adult social care could be the career for you. The sector also offers genuine pathways for significant career progression and development opportunities if you want it.

This helpful guide will tell you all you need to know about starting a job in adult social care, including the roles available, how to apply for jobs and details on career progression.



Finding your role

The types of adult social care roles include:

Care at home

Supporting people in their own homes to live a more independent life. This could include people with learning difficulties, mental health conditions, sensory or physical disabilities. You'll be helping individuals with taking medication, eating meals, support for personal care and more.

Housing support

You'll be supporting people to live at home. This could include supporting access to work, health services, community facilities and education, so they can socialise, maintain their tenancy and do the things that are important to them.

Residential care

Supporting people living in care homes. People in care homes may have complex needs or conditions like dementia or be experiencing crisis, and require the extra support that living in a care home provides.

There's so much to working in adult social care

The Scottish Social Services Council (SSSC) is the regulator for the social services workforce in Scotland. You can learn more about the roles above, plus other areas such as working with people experiencing homelessness or addiction, on their careers website.

Learn more at

<https://learn.sssc.uk.com/careers/social-services-and-healthcare/index.html>

STARTING IN ADULT SOCIAL CARE

You don't need any specific qualifications to start your career in adult social care. What you need is the right attitude and attributes – kindness, patience, respect and teamwork. Many employers hire people based on this and their positive attitude, and will invest in their training and development in the workplace.

Once you've decided on the type of role in adult social care that you'd like, it's time to find it. Search for roles near you via the sites below:

- myjobscotland.gov.uk
- sjobs.com
- indeed.co.uk
- goodmoves.com
- findajob.dwp.gov.uk
- myworldofwork.co.uk



Apprenticeships

Apprenticeships are another entry point for work in adult social care. There are several different types, including modern apprenticeships (MAs), technical apprenticeships (TAs) and professional apprenticeships (PAs).

Modern apprenticeships are for all ages, and they're a great way for you to gain the skills you need in your adult social care job; all the while being paid. The qualifications are developed by Sector Skills Councils (SSC), and deliver training at SCQF level 6 (SVQ2). They enhance the core skills needed for your role.

Search for a Modern Apprenticeship in Social Services and Healthcare at apprenticeships.scot or contact colleges and local training providers to find out about vacancies. If you're still in school, ask your careers adviser about the Foundation Apprenticeship in Social Services and Healthcare.

Technical apprenticeships and professional apprenticeships are higher-level apprenticeships that offer career skills – like building teams and managing budgets – rather than core skills.

Like MAs, they are flexible work-based training – a way of improving your skills in line with specific business requirements. TAs deliver industry-specific training to the level of SCQF level 9 (SVQ4) and PAs to the level of SCQF level 10 (SVQ4).

You can find more information on all types of apprenticeships at sssc.uk.com or through the [SSSC's online qualification pathways tool](#).



How to apply

Most adult social care organisations, including local authorities, will ask you to complete an application form.

These are designed so you can tell the employer a little bit more about you: your skills, background, strengths and values. It's an opportunity for you to demonstrate why you're the right person for the job.

Learn more at myworldofwork.co.uk.

LEARNING WHILE YOU WORK



Registration

When you begin a job in adult social care, you'll need to register with the SSSC within six months of starting work.

Registration makes you part of one of the biggest workforces in Scotland who take pride and passion in the work they do to improve the lives of people across the country. It also allows you to access to a wide range of support and resources.

Learn more about registration at <https://www.sssc.uk.com/registration/>



On the job training

Once you're a registered social services worker, you'll need to complete a qualification within five years of registration. This might be an apprenticeship or Scottish Vocational Qualification (SVQ), a college qualification or a university degree.

You can use the SSSC's online qualifications pathways tool to learn which qualification is right for you and how to apply. Access the tool at [sssc.uk.com](https://www.sssc.uk.com).



Career progression

Careers in adult social care readily lend themselves to on-the-job training, and there are many ways to progress. Taking vocational courses such as dementia care, communication skills and team leadership whilst you work is a great way to advance your career, whether that means moving into management or having a basis for transferring into other care specialisms or other areas of healthcare.



Where to learn more about **adult social care**

To find out more about adult social care, the types of roles in the sector and jobs available, visit:



[caretocare.scot](https://www.caretocare.scot)



Scottish Social
Services Council

[sssc.uk.com](https://www.sssc.uk.com)



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

WEST LOTHIAN INTEGRATION JOINT BOARD

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To update members on the business and activities of West Lothian Integration Joint Board.

B. RECOMMENDATION

To note the terms of the minutes of West Lothian Integration Joint Board dated 26th November 2019 in the appendix to this report.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs
	Being honest, open and accountable
	Working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Council requires the activities of certain outside bodies to be reported to elected members on a regular basis, as part of its Code of Corporate Governance.
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Working in partnership.
V Relevance to Single Outcome Agreement	We live longer, healthier lives.
VI Resources - (Financial, Staffing and Property)	None.
VII Consideration at PDSP	Reported to Health & Care PDSP for noting.
VIII Other consultations	None required.

D. TERMS OF REPORT

On 29 June 2010 the Council Executive decided that the activities of certain outside bodies should be reported within the council to ensure all elected members are aware of the business of those bodies and to help to ensure their activities are more effectively scrutinised.

In accordance with that decision the business of West Lothian Integration Joint Board was to be reported to this meeting by the production of its minutes. The relevant documents are produced in the Appendix to this report.

E. CONCLUSION

This report ensures that members are kept apprised of the activities of West Lothian Integration Joint Board as part of the council's Code of Corporate Governance.

F. BACKGROUND REFERENCES

West Lothian Council Code of Corporate Governance.

Council Executive, 29 June 2010

Appendices/Attachments: **Appendix 1:** Minutes of the meeting of West Lothian Integration Joint Board held on 26th November 2019,

Contact Person: Allister Short, Depute Chief Executive
Allister.Short@westlothian.gov.uk

CMT Member: Allister Short, Depute Chief Executive

Date: 6th February 2020

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 26 NOVEMBER 2019.

Present

Voting Members – Bill McQueen (Chair), Martin Connor, Alex Joyce, Dom McGuire, Peter Murray (substituting for Martin Hill) and George Paul

Non-Voting Members – Allister Short, Stephen Dunn (substituting for Martin Murray), David Huddleston, Mairead Hughes, Caroline McDowall, Ann Pike and Patrick Welsh

Apologies – Harry Cartmill, Elaine Duncan, Martin Hill, Jo MacPherson, Alan McCloskey, Martin Murray, Damian Timson and Rohana Wright

In attendance – Carol Bebbington (Interim Head of Health), Nick Clater (General Manager for Mental Health and Addictions), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Pamela Main (Senior Manager, Assessment and Prevention), James Millar (Standards Officer) and Kenneth Ribbons (Audit, Risk and Counter Fraud Manager)

1 OPENING REMARKS

It was noted that as Harry Cartmill had submitted apologies, the meeting would be chaired by Bill McQueen.

The Chair welcomed Allister Short, the new Director, and introductions were made by all.

2 ORDER OF BUSINESS

The Chair ruled that agenda item 9 would be considered after agenda item 12.

3 DECLARATIONS OF INTEREST

There were no declarations of interest made.

4 MINUTE

The Board approved the minute of its meeting held on 10 September 2019 as a correct record, subject to marking Caroline McDowall as 'present'. The minute was thereafter signed by the Chair.

5 MINUTES FOR NOTING

The Board noted the minutes of the following meetings:

- IJB Strategic Planning Group held on 6 June 2019; and
- Integrated Care Forum Minute 1 August 2019.

6 MEMBERSHIP & MEETING ARRANGEMENTS

The Clerk advised the Board that Allister Short had been appointed as a non-voting member of the Board.

Decision

To note appointment of Allister Short as non-voting member of the Board.

7 REVIEW OF STRATEGIC PLANNING GROUP AND LOCALITY PLANNING

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on recent discussions at the Strategic Planning Group (SPG) and the locality planning groups; inviting members to consider the role of the SPG in locality planning; seeking approval for a revised Terms of Reference for the SPG; and seeking approval to publish the East and West Locality Plans.

It was noted that a different approach was being sought regarding the SPG and locality planning to strengthen links between locality planning and strategic planning while avoiding duplication of work. The Locality Planning Groups felt that resources could be better used in developing more cohesive and comprehensive community plans; to this end, the Community Planning Partnerships Health and Wellbeing Partnership was established, whose terms of reference could be seen in Appendix 1. The East and West Locality Plans, which the Board was asked to approve for publication, were attached as Appendices 2 and 3 respectively.

The report advised that the SPG remit and membership were due to be reviewed in line with the new strategic planning structure approved by the Board in April 2019. It was also noted that the SPG was not a committee of the IJB but a representative and consultative body with its own statutory role in the integration and service planning process. The original terms of reference for SPG and Locality Groups were attached to the report as Appendices 4 and 5 respectively, while a draft revised set of Terms of Reference was attached as Appendix 6.

Membership and Chair arrangements for the SPG were then discussed; suggestions included the SPG meetings being held in private; membership to include a service user representative; and a member of the Board to hold the SPG Chair.

It was recommended that the Board:

1. Note the need to review the Strategic Planning Group following the introduction of the new strategic planning structure;
2. Note the challenges experienced in locality planning;
3. Approve the East and West Locality Plans for publication;
4. Agree to revise the approach to Locality Planning by contributing to existing Regeneration Plans; and
5. Approve the revised Terms of Reference for the Strategic Planning Group.

Decision

1. To approve the terms of the report.
2. To note the Board's support for:
 - SPG meetings being held in private;
 - Inclusion of a Service User Representative in the SPG membership; and
 - The SPG Chair being held by a Board member.

8 NATIONAL MEMORANDUM OF UNDERSTANDING BETWEEN IJBS AND HOSPICES

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting the National Memorandum of Understanding (MoU) between IJBs and Scottish Hospices for consideration by the Integration Joint Board.

The MoU, which was appended to the report, provided a strategic and financial framework for Integration Authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It set out the policy context and respective responsibilities of the parties. It would be reviewed by the Scottish Hospice leadership Group and the IJB Chief Officers before 31 March 2021.

During discussion, it was noted that the number of West Lothian residents currently in hospices was not specifically tracked. As there was no local hospice provision, arrangements were being considered as to how best to use beds in the area for palliative care. The current collaborative approach with other areas as well as other arrangements such as home care would also continue. Further updates on palliative care and use of resources would come to the Board in due time.

It was recommended that the Board:

1. Note the contents of the report;
2. Consider the National Memorandum of Understanding between IJBs and Independent Hospices;
3. Agree to adopt the MoU and remit this to the Palliative Care Commissioning Board to take forward the development of SLAs, contracts or commissioning plans for palliative care provision; and
4. Note the requirements for collaborative working with other IJBs in Lothian in commissioning of Independent Hospice provisions and agree that this be remitted to the Lothian Chief Officers Group to support facilitation of joint commissioning of the two Lothian Hospices.

Decision

1. To approve the terms of the report.
2. To agree that a further update on palliative care provision would be brought to a future meeting of the IJB.

9 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members of the Board's statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 and asking members to agree the contents of the draft submission.

The draft report was attached to the covering report as Appendix 1. A consultation by the Scottish Government on the proposals to the role of public sector bodies in tackling climate change was attached as Appendix 2.

The Scottish Government had proposed removing Integration Authorities from the list of Public Sector Bodies required to annually report their emissions; during discussion, Board members indicated that they supported this proposal.

It was recommended that the Board:

1. Note the Board's statutory requirement to report on climate change on an annual basis and no later than 30 November each year;
2. Agree the contents of the draft 2018/19 submission to the Scottish Government;
3. Note the Scottish Government consultation on climate change duties for public bodies; and
4. Agree to submit a response supporting removing Integration

Authorities from the list of public bodies required to report.

Decision

To approve the terms of the report.

10 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an overview of the key developments and emerging issues relating to West Lothian IJB.

The report provided an update on NHS Lothian Escalation, recalling that NHS Lothian had been placed at Level 3 on the NHS Board Performance Escalation Framework. The need for an integrated solution across community and secondary care had led to a whole-system approach being taken across Lothian particularly in relation to unscheduled care, delayed discharge and mental health. A Director of Improvement had been appointed by NHS Lothian to support this work, while fortnightly meetings were taking place with Scottish Government to review performance, with good progress made.

A statement of intent had been developed by the Chief Officer Group of Health and Social Care Scotland, which sought to reaffirm the commitment between the Partnerships to develop and deliver integrated health and social care services.

The Chief Officer had been visiting services and noted that he had been very impressed with the commitment of staff and the quality of services delivered. He also suggested that some of the reports coming to the Board could be incorporated into the Chief Officer's report going forward, which members of the Board welcomed.

It was recommended that the Board:

1. Note and support the whole-system collaborative approach involving NHS Lothian and the four Integration Joint Boards, with support from the Council areas, to develop and implement an improvement plan.
2. Agree to receive future updates on progress being made on the delivery of the recovery plans.

Decision

1. To approve the terms of the report.
2. To note members' support for incorporating in the Chief Officer's report some of the issues currently covered in separate reports.

11 PRIMARY CARE IMPROVEMENT PLAN

The Board considered a report (copies of which had been circulated) by

the Chief Officer providing an update on the implementation of the Primary Care Improvement Plan (PCIP) and the progress of each work stream and discussing the PCIP tracker return which was approved by the LMC and submitted to the Scottish Government at end of October 2019.

The revised West Lothian Primary Care Implementation and Improvement Plan 2018–2021, attached to the report as Appendix 1, covered aspects of the new contract development that fell within the remit of West Lothian HSCP, progress with ongoing programmes of support and development new initiatives identified. The Plan outlined actions aimed at supporting General Practice to provide sustainable patient care through a consistent and collaborative approach.

A local implementation tracker, attached as Appendix 2, showed the updated workforce and expenditure projections.

It was noted that the year referenced under D8 should read 2019/20 instead of 2020/2021.

Issues with laptops in surgeries were highlighted during discussion and it was noted that those had been raised with the supplier. It was also clarified that locality planning groups were to be superseded by adapting the remit of the Strategic Planning Group to incorporate this function and that GP representatives would sit on the Strategic Planning Group.

It was recommended that the Board:

1. Note the contents of the report;
2. Note the progress made with implementation of the Primary Care Improvement Plan at end of October 2019;
3. Consider the PCIP Tracker which was returned to the Scottish Government at end of October 2019; and
4. Consider the updated Primary Care Improvement Plan October 2019.

Decision

To approve the terms of the report.

12 MEMBERS' CODE OF CONDUCT - ANNUAL REPORT 2018/19 AND REVIEW

The Board considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in relation to its Code of Conduct in 2018/19 and asking them to consider how the scheduled review of its Code of Conduct should be carried out.

The report provided details of the procedure for complaints and for case reporting and advised of the appointment of a new Ethical Standards Commissioner in April 2019. It also included highlights from the Standards

Commission for Scotland activity for the year. A summary of ESC and SCS activity was shown in the appendix.

The Standards Officer also noted that an advice note for members of health and social care integration joint boards had been published in November 2019, which seemed to impose higher standards of conduct on Board members than the Code itself regarding collective responsibility.

Finally, members were reminded to keep in mind the most significant duties imposed on them by the Code: Review the register twice a year; update the Register of Interests within one month of a change; act in the Board's best interests when doing Board business; not disclose confidential Board information; and treat Board members, officers and the public with respect.

It was recommended that the Board:

1. Note the summary of the work carried out in 2017/18 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland;
2. Note the terms of the Standards Commission's Advice Note for Members of Health and Social Care Integration Joint Boards issued on 6 November 2019;
3. Agree that a presentation by the Standards Officer concerning the Code of Conduct should be arranged to take place at a Board development day;
4. Note that the Board's Code of Conduct was scheduled for review in this calendar year; and
5. Note that the model Code of Conduct for devolved public bodies would be affected as part of the ongoing review of the Councillors' Code of Conduct and so to agree that the review be postponed until December 2020.

Decision

To approve the terms of the report.

13 ACTION 15 OF THE MENTAL HEALTH STRATEGY UPDATE ON PROGRESS

The Board considered a report (copies of which had been circulated) by the Chief Officer informing and updating members regarding the plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy and seeking agreement in principle of the draft outline plan for West Lothian.

The Scottish Government had previously written to Integration Authorities asking for outline plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. The return to

the Scottish Government for West Lothian was attached as Appendix 1 and was based on discussions with a range of stakeholders.

Funding was being provided via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland and it was expected that the key settings focussed on included A&E departments, GP practices, prisons and police custody suites. Lothian Chief Officers had written to the Scottish Government to request clarification on funding arrangements for non-delegated functions.

Members commended the successful recruitment in areas traditionally challenging to recruit.

It was recommended that the Board:

1. Note that the Scottish Government is providing funding via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland; and
2. Note the progress made in West Lothian towards recruiting staff against the priorities set by the Scottish Government in relation to Action 15 of the Mental Health Strategy.

Decision

To approve the terms of the report.

14 RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Chief Executive advising members of the risks in the Integration Joint Board's risk register.

The report recalled that in June 2019, the Board had agreed to review the risk register annually. The IJB currently had ten risks, and Appendix 1 provided details of each risk, while the standard risk methodology was attached as Appendix 2.

It was recommended that the Board consider the risks identified, the control measures in place and the risk actions in progress to mitigate their impact.

Decision

To approve the terms of the report.

15 REVISED INTEGRATION SCHEME

The Board considered a report (copies of which had been circulated) by the Chief Officer informing members of the council and health board's review of the Integration Scheme in line with the Carers (Scotland) Act 2016; the subsequent revision of the Scheme; and approval of the

Scheme by Scottish Ministers.

Since the establishment of the Integration Joint Board, the Carers (Scotland) Act 2016 had imposed new statutory duties on the council and health board in relation to carers, which were set out in Appendix 1 of the report. A review of the integration scheme had been undertaken by the council and health board to reflect these duties. The amended scheme, which was approved by Scottish Ministers in September 2019, was attached as Appendix 2. The scheme was due to undergo a full review by June 2020.

It was recommended that the Board:

1. Note the requirement arising from the Carers (Scotland) Act 2016 to review the Integration Scheme for the West Lothian Integration Joint Board;
2. Note the revised Integration Scheme approved by Scottish Ministers; and
3. Note that the council and health board were required to review the Integration Scheme every five years and that the review was due in June 2020.

Decision

To approve the terms of the report.

16

WINTER PLAN

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an overview of the Lothian Health and Social Care system's Winter Plan 2019/20.

The Lothian Unscheduled Care Committee had produced a Winter Plan that demonstrated safe, effective, patient-centred care for patients and best outcomes for relatives and staff. The plan was attached to the report as an appendix. Funding of £1,425 million had been allocated to NHS Lothian by the Scottish Government to deliver winter performance, while the NHS Lothian Board had also committed to invest £2 million into the plan.

During discussion, it was noted that the allocated funding had already been exceeded and NHS Lothian were looking to reallocate further funds from elsewhere to the plan.

It was also noted that the plan would be published on the NHSL website; Board members suggested that key elements of the plan also be published on the Health and Social Care website.

It was recommended that the Board:

1. Note the contents of the report; and

2. Be assured that a whole system plan had been developed to support the additional capacity required to meet the predicted winter demand.

Decision

1. To approve the terms of the report.
2. To upload a shortened version of the plan, which would include the plan's key elements only, on the Health & Social Care Partnership website.

17 PROGRESS REPORT ON IMPLEMENTATION OF THE IJB STRATEGIC WORKFORCE DEVELOPMENT STRATEGY 2018-2023

The Board considered a report (copies of which had been circulated) by the Chief Officer providing members with an update on progress on the implementation of the Workforce Development Strategy 2018–2023.

The Workforce Planning Development Group had been established to progress implementation of the IJB's Workforce Development Strategy 2018 to 2023, shown in Appendix 1. The remit of the group was shown in Appendix 2. Work was progressing to promote the job opportunities available within Health and Social Care Partnership as careers of choice. Particular focus to date had been on developing the young workforce and on promoting careers in social care. Further priorities for local development would be agreed on completion of strategic commissioning plans.

Both NHS Lothian and West Lothian Council had developed workforce plans as shown in appendices 3 and 4, while a mapping exercise, shown in Appendix 5, had been completed to identify work currently being done and to help with the identification of areas where more local efforts could be targeted.

During discussion, it was noted that workforce plans should underpin changes in the social care landscape; the need for collaborative work to deliver robust services to communities was also highlighted and that local delivery should be a priority within a national context.

It was recommended that the Board:

1. Note the establishment of the Workforce Planning Development Group;
2. Note the content of workforce plans for NHS Lothian and West Lothian Council; and
3. Note actions being taken across the Health and Social Care Partnership to support workforce planning.

Decision

To note the terms of the report.

18 JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members that a Joint Inspection would be undertaken by the Care Inspectorate and Healthcare Improvement Scotland commencing 20 January 2020.

The inspection would use the Evaluating Effectiveness of Strategic Planning: Quality Framework, shown in Appendix 1, and graded evaluations would be produced of all areas inspected, including leadership.

Preparations for the inspection were then discussed. A communication plan would be developed to inform staff and partners of the inspection and expectations of them throughout and meetings would be held and documentation shared with staff involved in the inspection. Draft findings and formal feedback would be communicated to interested parties.

It was recommended that the Board:

1. Note that notice had been received of Joint Inspection (Adults) into the Effectiveness of Strategic Planning within West Lothian Partnership; and
2. Note that evidence in line with the Quality Framework and a partnership position statement would be prepared for submission to the inspection team on 10 December 2019.

Decision

1. To approve the terms of the report.
2. To communicate draft findings and formal feedback from the Care Inspectorate to interested parties through an open invitation.

19 COMPLAINTS AND INFORMATION REQUESTS QUARTER 2 OF 2019/20

The Board considered a report (copies of which had been circulated) by the Chief Officer reporting statistics on complaints and information requests made to the Board in quarter 2 of 2019/20.

No complaints had been received by the IJB to date, while one request for information had been received in quarter 2.

The IJB had taken the necessary steps to ensure compliance with the relevant legislation in relation to complaints and requests for information.

It was recommended that the Board:

1. Note that no complaints had been received in Quarter 2 or since the establishment of the IJB;
2. Note that one request for information had been received in Quarter 2; and
3. Note that complaints and requests for information would continue to be reported on a quarterly basis.

Decision

To approve the terms of the report.

21 IJB QUARTER 2 FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2019/20 budget forecast position for the IJB delegated health and social care functions based on the outcome of the Quarter 2 monitoring.

The report set out the overall financial performance of the 2019/20 delegated resources and provided a year-end forecast which took account of relevant issues identified across health and social care services. A summary of key issues in respect of ongoing risks and emerging pressures as well as a summary of approved savings relating to IJB delegated functions were shown. Appendix 1 showed a budget update for the IJB for the year; a finance risk schedule was attached as Appendix 2, while Appendix 3 showed an update on delivery of savings.

It was recommended that the Board:

1. Note the forecast outturn for 2019/20 in respect of IJB Delegated functions taking account of saving assumptions;
2. Note the current position in terms of year end management of partner overspends and underspends, consistent with the approved Integration Scheme, to allow the IJB to achieve a breakeven position in 2019/20; and
3. Note that further updates on management of the 2019/20 budget position would be reported to future Board meetings during the remainder of this financial year.

Decision

To approve the terms of the report.

22 ST JOHN'S HOSPITAL STAFFING PRESSURES

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer updating members on staffing, recruitment and budget pressures associated with St John's Hospital. The report also provided some benchmarking information against other Lothian acute sites and as well as updates on a number of associated issues.

The analysis undertaken in the report provided additional information on staffing challenges and budget pressures faced at St John's Hospital. The report also indicated that despite recruitment difficulties and resulting requirement for agency and bank staff not being any worse than the other two Lothian acute sites, the budget pressures at St John's hospital were disproportionately high and that those pressures were skewed against IJB delegated areas.

It was suggested that the staffing position and costs associated with the Emergency Department redesign at St John's Hospital be closely monitored and full budget provision included in future budget allocations by NHS Lothian in line with previous assurances. A series of proposed next steps were then discussed. The Board would continue to work closely with St John's Hospital as part of a collaborative approach to mitigating staffing pressures.

It was recommended that the Board:

1. Consider the staffing issues highlighted in the report and the resulting financial implications; and
2. Consider and agree the proposed next steps set out in Section D.7 as a basis for progressing actions to help manage and mitigate staffing budget pressures at St John's Hospital.

Decision

To approve the terms of the report.

23

IJB PERFORMANCE

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting to members the most up to date performance against the health and social care integration indicators and the measures within the Balanced Scorecard.

Appendix 1 of the report provided an overview of the core integration indicators as identified by the Scottish Government. The Balanced Scorecard shown in Appendix 2 had been updated with the latest data for monitoring performance, while in Appendix 3 the core suite of indicators had been benchmarked against the Local Government Benchmarking Family for adult care.

During discussion, officers explained about the new telecare charges and measures in place for those who could not afford them. Members also felt that although the indicator for total combined percentage of carers who

feel supported to continue in their caring role (42%) was green, the percentage was still too low; officers indicated that targets would be reviewed after the Biennial Scottish Health and Care Experience Survey results were published in 2020. Clarifications were also provided regarding the definition of readmission, and it was noted that this did not have to relate to the same condition.

It was recommended that the Board:

1. Note the contents of the report;
2. Note the most up-to-date performance against the core health and wellbeing integration indicators and within the balanced scorecard;
3. Consider the current performance against the core suite of indicators benchmarked against Local Government Benchmarking Family for adult care; and
4. Note that performance reports would be updated in accordance with availability of data and brought 6-monthly to the IJB for discussion.

Decision

To approve the terms of the report.

23

WORKPLAN AND LIST OF CYCLICAL REPORTS

A workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis had been circulated for information.

Decision

To note the workplan and list of cyclical reports.



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NHS Lothian Board

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To update members on the business and activities of Lothian NHS Board.

B. RECOMMENDATION

To note the terms of the minutes of Lothian NHS Board dated 4th December 2019 in the appendix to this report.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs
	Being honest, open and accountable
	Working in partnership.
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Council requires the activities of certain outside bodies to be reported to elected members on a regular basis, as part of its Code of Corporate Governance.
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Working in partnership.
V Relevance to Single Outcome Agreement	We live longer, healthier lives.
VI Resources - (Financial, Staffing and Property)	None.
VII Consideration at PDSP	Regularly reported to Health & Care PDSP for noting.
VIII Other consultations	None required.

D. TERMS OF REPORT

On 29 June 2010 the Council Executive decided that the activities of certain outside bodies should be reported within the council to ensure all elected members are aware of the business of those bodies and to help to ensure their activities are more effectively scrutinised.

In accordance with that decision the business of Lothian NHS Board was to be reported to this meeting by the production of its minutes. The relevant documents are produced in the Appendix to this report.

E. CONCLUSION

This report ensures that members are kept apprised of the activities of Lothian NHS Board as part of the council's Code of Corporate Governance.

F. BACKGROUND REFERENCES

West Lothian Council Code of Corporate Governance.

Council Executive, 29 June 2010

Appendices/Attachments: 2

Appendix 1 Minutes of the meeting of NHS Lothian Board held on 4th December 2019

Contact Person: Allister Short, Depute Chief Executive
Allister.Short@westlothian.gov.uk

CMT Member: Allister Short, Depute Chief Executive

Date: 6th February 2020

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 4 December 2019 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Ms C Hirst; Professor T Humphrey; Mr A McCann; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell and Dr R Williams.

Executive Board Members: Mr T Davison (Chief Executive); Ms T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy) and Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare).

In Attendance: Dr E Bream (Consultant in Public Health and Quality Directorates Lead for Emergency Departments, Primary Care and Mental Health for Item 52); Mrs J Butler (Director of HR & OD); Ms J Campbell (Chief Officer, Acute Services); Ms E Johnstone (Quality and Safety Information Manager – Primary Care for Item 52); Mr P Lock (Director of Improvement); Dr N Maran (Consultant Anaesthetist and Associate Medical Director, Quality Improvement for Item 52); Dr R McGregor (Shadowing Ms T Gillies); Mr C Stirling (Site Director, Western General Hospital for Item 52); Dr S Watson (Chief Quality Officer) and Mr D Weir (Business Manager, Chairman, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Mr J Crombie, Mr M Hill, Ms F Ireland, Mr A Joyce, Councillor J McGinty, Mrs J Mackay, Councillor D Milligan and Professor M Whyte.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

Chairman's Welcome and Introduction

The Chairman welcomed members of the public and press to the Board meeting. In addition he welcomed Dr Richard McGregor advising that he would be shadowing Ms Gillies. He also welcomed Dr Elizabeth Bream, Dr Nikki Maran, Mr C Stirling and Ms E Johnstone to the meeting advising that they were in attendance to participate on the discussion around the NHS Lothian Quality Strategy: Annual Update Report 2018-2019.

50. Items for Approval

- 50.1 The Chairman sought and received the agreement of the Board to agree items 2.1 – 2.9. The following were approved.

- 50.2 Minutes of previous Board meeting held on 2 October 2019 – Approved.
- 50.3 Appointment of Members to Committees – The Board agreed to appoint Stanley Howard and Brian McGregor to the Pharmacy Practices Committee as lay members for the period 4 December 2019 to 3 December 2022. It was also agreed to reappoint Michael Ash as a voting member of Edinburgh Integration Joint Board for the period from 1 February to 31 July 2020. Finally it was agreed to appoint Professor Moira Whyte as a member of the Healthcare Governance Committee with immediate effect and as Chair of the Healthcare Governance Committee with effect from 1 February 2020.
- 50.4 Change to the Schedule of Board Meetings – the amended schedule of Board meetings was approved.
- 50.5 Review of Scheme of Delegation – the Board approved the Scheme of Delegation.
- 50.6 Audit & Risk Committee Minutes 17 June 2019 and 26 August 2019 – Noted.
- 50.7 Staff Governance Committee Minutes 31 July 2019 – Noted.
- 50.8 Finance & Resources Committee Minutes 25 September 2019 – Noted.
- 50.9 Midlothian Integration Joint Board Minutes 22 August 2019 and 12 September 2019 – Noted.
- 50.10 East Lothian Integration Joint Board Minutes 20 August 2019 and 11 September 2019 – Noted.

Items for Discussion

51. **Opportunity for Committee Chairs or Integrated Joint Board (IJB) Leads to Highlight Material Issues for Awareness**
- 51.1 Mr Ash commented that although the Minutes of the most recent meeting of the Audit & Risk Committee were not before the Board he felt it was important to advise of discussion around the internal audit report on the Quality directorate which had been circulated to the Board as part of the debate at the current meeting. He also advised of discussion around the need for internal audit reports once published and posted on the website to be transmitted to the relevant Board Governance Committee for awareness. He advised that these actions would be followed up.
52. **NHS Lothian Quality Strategy: Annual Update Report 2018-2019**
- 52.1 The Chairman welcomed and introduced Dr Watson and his colleagues advising that they would provide an update on the progress, current position and future intentions around the NHS Lothian Quality Strategy. The Board received a short video presentation consisting of enthusiastic participants in the Quality Programme.

- 52.2 The Board were reminded that in 2016 it had approved a prototyping programme about how to put quality and care at the heart of the organisation. It was noted that this had been progressed through networks involving a significant number of people and pathways aligning to areas of operational concern. The process had been progressed with a focus on normal business and making real change at ground level. Progress had been delivered through a core team of improvement advisers and a senior team to support local development, embedding quality into routine business and to coach people. The Board were advised that since the inception of the Quality Strategy that the landscape had changed and Lothian was now seen as a place to undertake the prototyping of national accreditation programmes. Dr Watson advised that all Executive Directors had actively played key roles in the development and introduction of the Quality Strategy and provided details of these to the Board.
- 52.3 The Board were advised that a key issue moving forward was how to resource the Quality Programme given that it did not have national funding. Dr Watson advised that the Director of Finance and her team had been helpful in resourcing the process with the input of the Sustainability and Values Group being welcomed. In order to develop the process the Executive Team had utilised a process of agile meetings to progress issues without the need for significant amounts of paper. Dr Watson commented that there was a need for this agility now to become balanced with a requirement to report progress to the Board and its sub-committees and secondary to the wider NHS Lothian organisation in order to share and celebrate achievements. The key work programmes were explained and categorised against the issues set out in the Quality Strategy. The Board noted that other organisations had been inspired by the Lothian approach.
- 52.4 Dr Watson advised that the pull on central resources was becoming an issue and that there was also a squeeze in the middle of the department which the Executive Team were aware of. He commented that it had been helpful that non-recurrent funding had been made recurrent and this provided security to the Directorate and its staff. The Board noted that work for the following year had been planned and aligned to the recovery actions particularly in respect of high volume clinical pathways where access was an issue i.e. orthopaedics, dermatology and child and adolescent mental health services (CAMHs). This work would be taken forward in conjunction with Health Improvement Scotland (HIS) as part of an accelerator programme with a view to spreading it to other Health Boards.
- 52.5 The Chairman echoed the points made by Dr Watson advising that at a previous NHS Board Chairs Group the virtues of the Lothian approach had been extolled in the presence of the Cabinet Secretary where it had been reported that NHS Lothian was a vanguard Board with details of the detailed progress having been reported.
- 52.6 The Board received a short video presentation covering activity at the Blackford Ward, Astley Ainslie Hospital, mental health project in respect of patient care and safety, CAMHs psychology as part of a HIS accelerator programme in respect of queuing methodology to reduce waiting times, orthopaedics around hip fracture care which had resulted in a reduced length of stay and the identification of "golden patients", primary care and the benefits of sign-posting patients to appropriate services, frailty with a view to giving patients realistic care and reducing prescribing and inappropriate admissions, urology where QI had been used to improve waiting

times with a particular focus around flexible cystoscopy resulting in better access for patients. Finally an update was provided on the Western General Hospital where a site based approach had been adopted with a view to marrying the culture of the site to Quality Improvement. The approach had demonstrated a reduction in cardiac arrest rates as well as an increase in financial efficiency and productivity in a number of areas. It was noted that in infectious diseases work was underway to look at the rate of penicillin usage and the need to use the most cost effective drugs.

- 52.7 Dr Watson advised that the Quality Improvement Programme had strong links into the work being undertaken by the Director of Human Resources and Organisational Development around leadership.
- 52.8 The Chairman welcomed the comprehensive update and invited Board members to participate in a question and answer session.
- 52.9 Mr Murray advised that he had found the report and presentation to be interesting and helpful and commented that he recognised the value of continuous improvement. He commented however as a Board member that he would welcome a triangulation around how to attend to risks through the organisation in respect of clinical care and finance. He felt that the general improvement work needed to be referenced with a focus around issues like the treatment time guarantee report and issues around the 62 day wait for cancer. He commented that he had not seen these issues reflected and questioned whether this was a focus of attention in respect of the Quality Improvement work. He also felt that representation of the Board was an aspect that was missing from a strategic perspective.
- 52.10 Dr Watson commented in respect of clinical care aspects that all of the work had been commissioned through the Executive Team with a focus on areas of significant organisational challenge and provided examples of work undertaken in primary care and mental health. He advised in respect of how to join up the bright spots of work that this was a significant challenge that would be addressed and that NHS Lothian would be one of the first organisations to join up small dots into a wider perspective although there was currently no template on the shelf for undertaking this work. In terms of cancer the point was made that a number of people had been through the training programme although it was recognised that it was difficult to get people fully engaged when they were dealing with other infrastructure issues and this had been drawn to the attention of management and leadership. Dr Watson commented that work with colleagues in cancer would continue.
- 52.11 The Chief Executive commented in respect of 62 day cancer performance that the diagnostic pathway and in particular around endoscopy was a significant challenge and that progress was being made. He advised that the system was constantly striving through opportunities in innovation and research and development etc to focus on organisational challenges a lot of which was down to looking at capacity in the first instance. He commented that a twin track approach was needed as quality in itself would not fix the challenges facing the organisation and there would be a need to invest in capacity. Ms Campbell provided the Board with an update on work around urology and flexible cystoscopy advising that this linked to 62 day pathways and the waiting time. She commented that the focus of available capacity was used to treat urgent patients in the queue. An update was also provided on QI work in dermatology and HIS access collaboratives.

- 52.12 Mrs Hirst commented that the report was useful although she had a concern that it concentrated on a measurable matrix and that as a Board member she was interested in qualitative measures and the impact on patients particularly from a pre and post QI perspective. The point was made that the video presentation had touched on the benefits of the process for patients within the Blackford Pavilion at the Astley Ainslie Hospital and other areas. Professor McMahon commented that as part of the QI work undertaken to date there had been a focus on a patient experience questionnaire where positive outcomes and experiences had been reported. Mrs Hirst commented however that this type of information was not coming through in the narrative in the Board paper. Dr Maran acknowledged this point but assured the Board that all programmes as part of the planning phases included a focus on encouraging users to give their views about the service they received. She commented that all improvement work was focussed on the impact on patients and users. The Board were advised that the Programme Board in the acute sector was absolutely focussed on patient experience as part of the monitoring process which included receiving patient stories which were rich in detail. It was agreed that the issues raised by Mrs Hirst would be captured in future reports to the Board with it being noted that there was a need to also share this type of information in other public facing arenas.
- 52.13 Dr Watson in response to a question about how the Quality Programme dovetailed into the Sustainability and Values Group and whether a big project approach was adopted advised that the Project office approach worked well. He commented that the Quality agenda was a significant part of the Sustainability and Values Group and he felt that the support and challenge from the Group was positive. Dr Watson advised that discussions had been held about what project management needed to look like and the different skill sets required to support the process. He commented that in the early stages of the QI Programme that a different skill set from that adopted in project management was needed to deliver the programme. He commented now that QI had been embedded and that a programme of work had been developed there was now a need to adopt a more gateway type of approach and that he felt that processes were now becoming more aligned. Mr Connor advised that the issue was about making sure that projects were monitored and he felt that the utilisation of a Project office helped to weld together a more systematic approach. Mrs Goldsmith commented that she and colleagues recognised the input of QI into sustainability particularly in respect of increased efficiency and productivity. Prescribing was mooted as an example of joint work with it being noted that the Sustainability and Values process had supported this by providing a project manager who was part of the Academy as well as coaching people and developing networks. Dr Watson advised that now that Quality Improvement was becoming more embedded into business as usual that the previous agile approach now needed to be more formalised in terms of infrastructure.
- 52.14 Dr Donald questioned the position in respect of the use of measurement and impact tools around patient responses. Dr Watson advised that this was an area of constant challenge and that considerable work was undertaken to measure these types of issues although he was conscious there was a danger that the process could end up doing nothing but measuring. He advised that there was a lot of engagement with staff and that the impact of the QI process in terms of staff and patients was being measured. Dr Bream advised that she was looking at toolkits in

order to maximise the measurement benefit and that these were in the process of being developed. Dr Watson commented that he felt there was sometimes too much focus on measurement and that in some instances this could be challenging and off putting to participants. He commented however that measurement tools were in place for all of the 6 dimensions of quality and described the maturation approach that was being adopted. Dr Watson advised that there were a lot of matrixes in play although he was keen to ensure that outcomes were only measured once. Dr Maran advised that the acute quality programme had established outcome measures to track big issues in the programme and advised that every piece of improvement work was registered and followed a project template with clear aims and measures. Dr Watson commented that in Appendix 2 of the report that detail was provided around the impressive work undertaken around patient falls at the Western General Hospital.

- 52.15 Mr Stirling commented from his perspective the main challenge had been that initially there had been a broad base of enthusiastic people and that the key issue was to align this to the bigger picture. His focus had been on moving from enthusiastic amateur status to a more professional approach and that tools were married together for all significant projects with it being stressed that sometimes there was a need to disinvest from areas that were not adding value. He commented that new measurements were being developed and highlighted the "attend anywhere" initiative which resulted in significant reductions in patient miles and carbon footprint. Mr Stirling commented in respect of maturation spread for the Western General Hospital that the focus was on delivering outcomes and financial returns.
- 52.16 Dr Williams advised that he had welcomed the positive and reassuring presentation which was not often seen by Board members and this linked back to earlier debate around the Audit and Risk Committee observations. He suggested that there would be benefit in including a standard section in all Board and Board committee papers referencing quality work.
- 52.17 Professor Humphrey advised that she would also like to echo the positive comments made about the presentation and the progress of the Programme. She suggested that a key issue was about how to scale up the project to make it systemic in the organisation. She commented from her perspective as the Chair of the Healthcare Governance Committee that she did see evidence of the benefits of the Quality Improvement Programme albeit it was not specifically labelled as such. She suggested that there was a need to focus discussion at the Committee to highlight the important work that was being done in this area. Dr Watson advised that as work became more embedded in the fabric of the organisation then the quality logo would probably become less visible. He advised that he was conflicted about the use of branding as there was a possibility that this might disengage some people from the process. He commented however that he was determined to make the quality experience real at the front line and the band width to support this would be an issue. He commented that the internal audit work had been helpful and updated on plans to hold a Quality conference in 2020 to which each Board member would be invited to attend. He advised that he also intended to bring more regular monitoring papers to the Board and that he would welcome the input of Board members in developing the process moving forward.

52.18 Mrs Mitchell echoed the previous comments about the quality of the work and the outputs. She commented however that she was concerned about what was being done with the outputs and the need to train people in the methodology. She questioned where the outputs from the process were being shared. Dr Watson concurred that outputs were not being shared widely enough at the moment albeit good experiences were being publicised through clinical change forums on a local basis. In respect of training he commented that he felt that people had 100 seconds in each hour to participate in quality work it would be important to develop an efficient way of utilising this time with training needing to be relevant and proportionate. He advised that whole day training events were now being held and that this was an efficient way of engaging with people although it was important to recognise that people did not need to have "the badge" to be able to participate in quality improvement work. He advised in terms of scalability that 80% of GP practices in Lothian were actively engaged in the Quality Improvement Programme and were doing outstanding work. Ms Johnstone provided the Board with details of the sharing mechanisms undertaken through the primary care programme including the development of a network web page and the work with the clinical team to write up a clinical support document. Bowel screening was put forward as a good example of where a positive toolkit had been developed. Posters developed for conference events were made available on a virtual basis in order to demonstrate benefits and progress. Ms Johnstone advised that there was a strong focus on the virtual sharing of experiences and information. The Chairman advised that he had been unaware but pleasantly surprised to learn about the spread of the programme within primary care.

52.19 Councillor O'Donnell with respect to the GMS contract questioned how information was shared and the links with IJBs. She asked how quality was defined and how it was measured as well as how the patient experience sat within this. Dr Watson commented that in 2001 the Institute of Medicine had published a paper defining quality of health as being safe, timely, efficient, effective, equitable and patient centred. He advised that in NHS Lothian a further criteria had been added in respect of sustainability in relation to the environment. He commented that the primary care QI programme had been successful because of the good networking arrangements that had been put in place. Ms Gillies commented that the GMS Oversight Group which included IJB members was another way of ensuring that people were sighted on what was happening on the ground.

52.20 The Chief Executive commented that when the Quality Improvement initiative had first been established that the first phase had been to generate interest with the second phase being about sustaining and growing the process with the next steps of the forward programme needing to be considered as the third phase. He felt that the system should congratulate itself and feel good about what had been done to date commenting that in Lothian work was more complex and substantial than other Health Boards. He recognised however that this work was being taken forward using a small infrastructure and was dependent upon a small core of staff. He advised that as part of the previous external support team process lead by Sir Jim Mackay that he had been hugely impressed and congratulatory about the Lothian QI work in the Emergency Department and had intended to implement a similar approach within his own Trust. The Chief Executive commented that despite a lot of hard work there had been an increase of 6% in attendances at the Emergency Department. He advised that the challenge moving forward was to make Quality

part of the heart of the organisation and he felt that this was the fundamental challenge that needed to be addressed. He commented that only a small amount of money was being invested in innovation and robotics and that the future third phase of the QI Programme would require targeted investment in the infrastructure in order to support further progression and to ensure that the Programme did not go backwards as currently it was not possible to scale the process as quickly as he would have liked.

52.21 The Chairman thanked the Quality Team for the excellent update advising that he felt that the Board had received assurance around prioritisation, evaluation and measurement and the need to consider focussing moving forward on the patient outcome and experience. In terms of the points made about visibility and general awareness of reporting the need to spread awareness at Board level and wider into the organisation was recognised. The Chairman advised that he recognised the conflict between making the process more visible and embedding this in business as usual with the debate at the meeting reflecting where the organisation was on this journey.

52.22 The Chairman commented that it would be important to reflect on the proposal that quality should feature as a standard section on Board and Board Committee papers. He felt there was a need to move away from a silo approach and think about how aspects needed to link together.

52.23 The Board agreed the recommendations contained in the circulated paper.

53. NHS Lothian Recovery Plan Update

53.1 The Chairman commented that it was important to remind the Board that whilst addressing the recovery plan that the circulated paper subsumed issues around waiting times and the winter plan.

53.2 Mr Lock advised that the paper was intended as an update and would touch on the process and current position as well as how to progress other performance aspects. He advised that comments had been received from the Scottish Government on the reported plan. He advised the Board there was a factual inaccuracy in the paper in that the recovery plan had been submitted to the Scottish Government the previous Friday and that positive comments had been received on it. Mr Lock advised that he was keen for the project plan to go to the Scottish Government Oversight Board who would then decide where NHS Lothian sat in terms of the escalation framework with there being a possibility that this position would be reviewed downwards.

53.3 The Chief Executive advised that he and colleagues were in active dialogue about how to get into the de-escalation process and he felt that NHS Lothian was now in a more positive position in terms of meeting the criteria for this to happen. He commented however that unscheduled care continued to be a vulnerability albeit that dialog with the Scottish Government was now more positive.

53.4 Mr Lock advised that he felt that good progress was being made although there remained as reported by the Chief Executive significant risks around areas like unscheduled care. He provided a brief overview of progress being made. The

Board were advised in terms of outpatients and treatment time guarantees (TTG) that since September the numbers have reduced in line with trajectory. The Board were advised that a challenging plan for reduction in the second part of the year was in place and that good work was also underway in respect of 62 day cancer care waiting times with the October data providing confidence of sustained improvement.

- 53.5 Mrs Campbell advised that the circulated paper in respect of scheduled care had demonstrated that the outpatient position was showing signs of improvement and although the position was still above trajectory there was confidence around the actions deployed. In terms of the risk to delivery in December the focus was on exploring capacity at East Lothian in the new hospital. She advised that TTG continued to perform better than trajectory with there having been a positive reduction between September and October in terms of the number of patients waiting more than 12 weeks. The Board were advised that one of the recovery actions had been around the utilisation of 2 theatres at Forth Valley with it being advised that at this point in time the second theatre had not come on stream causing a risk to 550 cases with work being undertaken to consider how to mitigate this position. Mrs Campbell advised that another area of risk in respect of TTG was in respect of unscheduled care performance and as result of pressures a number of patients had been postponed specifically in orthopaedics at the Royal Infirmary of Edinburgh.
- 53.6 Mrs Campbell advised that the diagnostic and endoscopy position had improved and that there would be no patients waiting more than 12 weeks at the end of March 2020. She also updated the Board on the previously referenced flexible cystoscopy improvements. The Board were advised that a CT and MRI recovery action was in place involving a change in protocols and pathways particularly in respect of head injury and cardiology. The Board were advised in terms of the 62 day cancer target that there had been a 3.5% improvement between July and October 2019. A weekly monitoring group had been convened and had proved to be beneficial with this approach being expanded to cover lung cancer.
- 53.7 Mr McQueen questioned what impact the pension and taxation issues were having on the ability to run waiting list sessions given the dependency on these. Mrs Campbell advised that this was variable across services although it was clear that there had been a reduction in the number of consultants willing to undertake waiting list initiatives and this was a concern given it was an embedded part of the sustainability process. She commented in terms of job plan sessions that there was a need to quantify the position and that in contracts there was always a focus on out of hour services. Ms Gillies advised that as job plans developed the detail of issues like this would be brought back to the Board.
- 53.8 Mr Murray questioned the risk to patients of NHS Lothian not meeting the TTG guidance. It was pointed out that this depended on the specialty and was the reason why a clinical risk matrix had been deployed for use in areas of limited resource in order to ensure that the most needy patients were prioritised. The Board were reminded of the 'keeping in touch' approach and if during contact with patients their health status had changed then their position on the waiting list would be reassessed. It was noted that currently there were no outcome measures to demonstrate the effectiveness of this approach. Ms Gillies reassured the Board that the system would look at any known negative impacts and instigate an appropriate

investigation although she agreed that social personal and economic impacts were not captured. The Chief Executive commented that data was kept in respect of 'keeping in touch' contacts. It was agreed that the consequence of call back of patients needed escalated and that there was a need to record what had happened to those patients. Mr Murray commented that if NHS Lothian was held to account as a consequence of NRAC detriment then the impact of this needed to be evidenced. The Chief Executive commented that there was a recognition that resourcing needed to be addressed.

- 53.9 Dr Williams advised in respect of paragraph 3.6 in the paper in relation to CAMHS and psychological therapies that reference was made to the fact that once the backlog had been tackled that performance should return to target. He commented that a simple hyperlink to the paper to add in narrative around processes and outcome would be helpful as supporting information. Professor McMahon commented that it was intended to focus on CAMHS and psychological therapies at the January 2020 Board meeting and that this would demonstrate the improvements that had been made. Dr Watson commented that in 2020 as part of the active QI process that consideration would be given to looking at referral pathways and how to manage these.
- 53.10 Cllr O'Donnell sought an update on the role of the private sector and work in respect of quality improvement on patient journeys. She referred to the need to cancel orthopaedic appointments and questioned how the quality of external service providers would be monitored. The Board were advised that the external provider office had created a clinical and service specification which was utilised before engaging with either in service providers or external providers and that this included issues around the management of adverse events. Cllr O'Donnell questioned what processes were in place in terms of comments made about not being able to get patients home as quickly as would be desired. Mrs Campbell advised that the expectation would be that the same number of patients would be treated with consideration being given to the issues that were causing the delays with it being noted that the external provider office were very experienced in this area.
- 53.11 Mr Lock reiterated that unscheduled care remained the biggest point of risk and that there was a need to recognise the position at the Royal Infirmary of Edinburgh and the Western General Hospital with active consideration being given to reducing length of stay and how to get patients out of the hospital more quickly. He advised that a number of actions had been set out to address this position and that this was being taken forward as a priority on management time and attention. Mr Lock commented that it was important to mention that the delayed discharge position had slightly deteriorated in October although it was too early to tell whether this was a trend and there would be a need to see progress in this area. He advised that the key issue was how to improve throughput in the acute sector and that a number of system wide approaches were being considered. In particular a Royal Infirmary of Edinburgh Recovery Meeting had been established with Partnership engagement and in terms of capacity short term actions were being considered. The Board were advised that although the Royal Infirmary of Edinburgh was the largest site that all acute adult sites were full and therefore mutual aid was less available and was impacting on the number of patients waiting at the front door. The Board noted that the circulated paper detailed actions in place for patients fit for discharge and the processes to move them out of a hospital bed in order to be looked after more

appropriately. The focus was on getting patients discharged earlier in the day with a whole system approach with Partnership colleagues being adopted in respect of how to reduce the length of stay. Reference was made to the West Lothian Hospital at Home Team whose focus was on preventing patients presenting at the front door and also reaching in and pulling out patients to get discharged earlier. It was noted that the City of Edinburgh were also looking at exploring the Hospital at Home model to bridge gaps in packages of care using the Red Cross and investing in additional social work. The Board were advised that additional beds were being opened in East Lothian to provide step-down facilities in order to bring people out of the acute hospitals in order to maintain flow in the system.

53.12 The Chief Executive commented that currently there was a worrying tension at management level around the acute and Health & Social Care Partnerships particularly around the front door in respect of concerns around overcrowding. He commented that it was important that the Board recognised that when staff were working under significant pressure that there was a danger that behaviours could become compromised. He felt that there was a need to continue working with Edinburgh in respect of delayed discharge reductions as the current position equated to two wards at the Royal Infirmary of Edinburgh. The Chief Executive commented that the benefit of Mr Lock's engagement was his ability to look at the position on a whole system basis without having an operational management responsibility. He reiterated the earlier point that the earlier discharge of patients would make a significant difference to the current pressures being experienced in the acute sector. He felt that delayed discharges was the systems main achilles heel and needed to be addressed. He commented that NHS Lothian was not unique in this position as this was a central belt phenomenon although other Health Boards have lower rates of attendance. He advised that NHS Lothian was also an outlier in respect of 4 hour waits largely as a consequence of hospitals being full to capacity. The Chief Executive commented that he would like to pay tribute to the management staff at the Royal Infirmary of Edinburgh who were going beyond the call of duty and working stretched hours which was not a sustainable position moving forward. He commented however that an improving position had been evidenced over the previous few weeks.

53.13 Mr McCann advised that he was aware of the problems described and that the IJB had also discussed similar concerns. He questioned what should be done differently in respect of engagement between the Health Board, Council and IJB in terms of coming together more than was currently the case. The Chief Executive commented that the only way out of the current position was to improve performance and until that happened tensions would remain within the system with it being important to stress that overcrowding was a significant safety issue. He advised that there was a need for the City of Edinburgh to improve their delayed discharge position thereby allowing 50 beds to be freed up providing additional headroom within the acute sector. The approach adopted at the Royal Edinburgh Hospital was referenced with it being noted that this had made an improvement in bed occupancy from 105% down to 90% and had therefore reduced the temperature in the organisation. Mrs Goldsmith commented that she did not think that currently there was a consensus about the type of capacity and quantum needed to make a difference and that there was currently not a proper plan in place to get the system into a balance position. Mr Lock advised that this was part of his remit and that he intended to create integrated team working with a lot of the issues being about understanding current

restrictions on what people felt they were able to do. He advised that there were a number of good plans in existence within the City of Edinburgh.

53.14 Professor Humphrey commented that she also felt that unscheduled care was a priority and sought advice on how Board members could be assured that this was also a priority for the Health and Social Care Partnerships. She questioned whether comprehensive plans were in place to address what was a complex issue. She also questioned what evidence was available about actions that would make a difference and were worth scaling up and what steps were taken to step down workstreams that were not working. Ms Campbell advised that she and colleague were looking at multiple actions and considering how best to measure these as the system should not be cancelling elective programmes of work. She assured the Board that consideration was being given to how best to measure outcomes and what could be scaled up and also stopped.

53.15 Cllr Gordon commented that during these debates there was always reference made to issues around Edinburgh in respect of capacity and resource. He felt that there was a need to consider how to get the two organisations to work better together to address capacity issues and agree what plan of action could be put in place as it was important to recognise that Edinburgh did not have the resource available to open up facilities like satellite units. He felt that moving forward there was a need to be clear about the plan. The Chief Executive commented that the main challenge for colleagues in the council was that they needed to make choices about their priorities with it being noted that the City of Edinburgh was a significant outlier in delayed discharges and that in his view there was therefore a requirement for prioritisation around adult social care.

53.16 Mr Murray commented in respect of interactions with the IJBs that the best way to achieve this would be through the Strategic Planning process and interfaces with the Annual Operational Process (AOP) in terms of obtaining clarity about how interaction could be undertaken to deliver results. He felt that there was a need for IJB directions to align to collaboration work and that there was a need for interaction across the two systems. Professor McMahon commented that he felt that a key issue was about all parties using the same narrative at the same time and that there was a need to reflect on that. He advised that he felt that the creation of the Integrated Care Forum (ICF) provided an appropriate vehicle to get relevant people around the table albeit there was a need for more regular engagement. Mrs Goldsmith advised that one of the key reasons why the financial position was only reporting moderate assurance was because of the issues discussed with there being a need to provide resource to get additional capacity.

53.17 The Chairman commented that it was important to recognise the critical situation that the system was in. The Chief Executive advised that the system was in the middle of the budget setting process and it was unlikely that details of the health budget would be available before February 2020 although there was speculation in the system suggesting that there would be a reduction in Health and Social Care resource. He advised that when discussing these issues with Scottish Government colleagues that he was encouraging the adoption of a holistic Health and Social Care budget to counter the perception that health budgets were protected. Board members were advised that part of this process would be to encourage ring-fencing in order to give priority to adult social care budgets. Mrs Goldsmith advised that

section 95 finance officers had agreed to meet to discuss the financial position and the range of options.

- 53.18 The Chief Executive commented that the risk for the NHS Board in respect of the extant tensions was that it was the Health Board that got escalated in terms of the performance and not Councils and that the delayed discharge was a compromising factor in escalation. The Chairman commented that even if the NHS system had not been escalated in the performance framework that the issues would still be on the table to be addressed.
- 53.19 Cllr O'Donnell commented that the Chief Executives concerns were real and that she felt there was a need for political engagement over and above the current officer to officer approach.
- 53.20 The Chairman welcomed the useful discussion and commented that this only reinforced the decision to keep closer order regarding engagement around these issues through the move to monthly Board meetings.
- 53.21 The Board agreed the recommendations considered in the circulated paper.

54. RHCYP, DCN and CAMHS Update

- 54.1 The Chairman commented that for reasons of commercial and contractual issues there would be a further discussion on this item in the private session of the Board to be held immediately following the Public Board meeting.
- 54.2 Mrs Goldsmith advised that there had been considerable work undertaken over the previous few months with support from Ms Morgan the Senior Programme Director appointed by the Scottish Government and others in order to produce a clear programme of work and the delivery timescale to ensure that the new hospital could open safely. It was noted that the main issue of rectification remained around critical care ventilation and that the Board was also taking the opportunity to enhance ventilation in haematology / oncology and elements of fire safety. The other key outstanding issue was the design of the replacement air handling unit.
- 54.3 Mrs Goldsmith advised that the contractual mechanism for delivering these outstanding works was through the change process set out in a project agreement with IHSL. However the scale and nature of the works and the timescale to which they must be delivered meant that the normal change process would need to be adapted to allow progress to be made. The Board had entered into commercial discussions with IHSL which were in the process of being concluded. The principles of the approach had been agreed by the Oversight Board which had established a Commercial Sub-Group. The Finance and Resources Committee had also endorsed the approach being taken.
- 54.4 Mrs Goldsmith commented that at this stage the initial programme received from IHSL remained deliverable within the timelines announced by the Cabinet Secretary to move DCN in spring 2020 and RHSC in the autumn. The Board noted that considerable progress had already been made to address actions to support the existing Sciennes site and DCN at the Western General Hospital through the winter

period and beyond and these were detailed in the circulated paper. The Board were also advised of unannounced HEI inspection visits had taken place in October in both the Royal Hospital for Sick Children and DCN. Verbal feedback had been positive and the draft report was due on 4 December 2019 to be reviewed and signed off by NHS Lothian by 18 December 2019.

- 54.5 The Board noted that an Executive Steering Group currently continued to meet on a weekly basis with the Oversight Board now having moved to a 2 weekly frequency. There was therefore significant engagement in the process.
- 54.6 The Board noted that the Auditor General and the Board's External Auditor were preparing a section 22 report due for publication on the 18 December 2019. The Board had had an opportunity to review the draft for factual accuracy. The Auditor General would brief the Scottish Parliament's Public Audit and Post Legislative Scrutiny Committee on the section 22 report and the committee might decide to take evidence from the Board's Accountable Officer (Chief Executive). The date for this had yet to be agreed.
- 54.7 The Board noted that the Cabinet Secretary had confirmed the appointment of the Right Honourable Lord Brodie QC PC as Chair of the Public Enquiry into the matters of concern that had arisen at the Queen Elizabeth University Hospital campus - Glasgow and the Royal Hospital for Children and Young People – Edinburgh. The Cabinet Secretary would provide an update on the terms of reference and timescales of the enquiry in the New Year. Mrs Goldsmith advised that the Central Legal Office had appointed two solicitors to support this work and that senior and junior counsel would be appointed once the remit of Lord Brodie's work was finalised. In the meantime work was underway in order to concatenate relevant files and ensure these were fit for purpose for use by the enquiry.
- 54.8 The Director of Finance in response to a question from Mr McQueen in respect of the Auditor General section 22 report advised that she and the Chief Executive had had an opportunity to reflect on the report which they had felt was fair and balanced with some issues around nuances having been fed back. It was noted that the section 22 report raised issues for other parts of the NHS system other than just NHS Lothian.
- 54.9 Mrs Goldsmith commented in respect of a budget for the ongoing legal process that she was unclear about this at the moment and had discussed a joint approach with Glasgow. She advised that at the appropriate time she would bring forward an assessment of the financial quantum to both the Board and Finance and Resources Committee.
- 54.10 Mrs Mitchell questioned the risk profile around recruitment and the viability of recruitment to posts. Mrs Campbell advised that recruitment was challenging and was currently under review with efforts being made to make this as flexible as possible. Ms Gillies commented there were specific issues around maintaining the existing site particularly in respect of the parallel running of pharmacy services. An update on nursing recruitment was provided by Professor McMahon advising that different routes were being considered including the utilisation of modern apprenticeships.

- 54.11 At the suggestion of Mr Murray it was agreed that Mrs Goldsmith would pull together key themes discussed at previous meetings of the Scottish Parliament's Public Audit and Post legislative Scrutiny Committee and in the first instance refer this back to the Finance and Resources Committee.
- 54.12 Dr Williams commented on the key risks and noted that NHS Lothian had an action plan and that the Scottish Government Oversight Board was receiving regular progress reports from the Senior Programme Director. He questioned whether there was a parallel process for Board Committees to obtain the same advice. In terms of the public enquiry he advised that he had welcomed the fact that the Cabinet Secretary had said that she would seek patients comments in the development of the terms of reference although he felt that it was important that the Board would also be able to comment. Mrs Goldsmith advised that at this point she did not know whether the NHS Boards input would be sought. She advised that the Senior Project Director provided reports to the Executive Steering Group which to date had not yet reported through the NHS Boards Governance Committee's albeit the Finance and Resources Committee were updated on the commercial position. Dr Williams felt this was a slight disconnect. Mrs Goldsmith advised that she would include such information in future updates to the Finance and Resources Committee.
- 54.13 Mr Connor questioned in terms of the contractual position whether NHS Lothian would sign the contract and whether the Scottish Government were content with the contractual position that was being adopted. Mrs Goldsmith advised that issues were more explicit this time and that the paper to be discussed in the private session would also be submitted to the Oversight Board the following day and had been generated by work undertaken by the Commercial Sub-group which included representatives from the Scottish Government. It was noted that the Oversight Board also included representatives from the Scottish Government. It was noted that the Oversight Board would be asked to sign-off the private Board paper at their meeting the following day.
- 54.14 The Board considered and discussed the issues raised in the circulated report.

55. 2019/20 Financial Position and 2020/21 Financial Outlook

- 55.1 The Board accepted the circulated report as a source of significant assurance that the Finance and Resources Committee had considered the year to date and year end forecast position of NHS Lothian and the required actions to support breakeven and had accepted the moderate assurance currently provided on the achievement of breakeven by the yearend. Mrs Goldsmith advised that as previously reported that the uncertainty around performance and capacity issues meant that only moderate assurance could be taken at this stage.
- 55.2 The Board were advised that for the following financial year that finance colleagues were modelling a 3% pay uplift and that 2020/21 would be a more difficult financial year. The assessment for 2020/21 was that NHS Lothian would see a start position similar to that in previous years once recovery plans were in place. It was noted that if the financial uplift to NHS Lothian reduced to 2% then this would result in an additional gap of £15m. Discussion was also held about some of the consequentials

arising from the General Election. The Board noted the list of financial risks contained in the circulated paper.

55.3 The Board agreed the recommendations contained in the circulated paper.

56. Corporate Risk Register

56.1 Ms Gillies advised that the Corporate Risk Register which had been updated for quarter 2 included templates in the new format for the new risks; The Royal Hospital for Children and Young People and Department for Neurosciences and the lack of bed availability at the Royal Edinburgh Building. It was noted that the template for the new risk; the delivery of NHS level 3 recovery plans was currently being finalised.

56.2 The Board also noted that all of the actions required from the Internal Audit of Risk Management in February 2019 had been completed and agreed as closed. This had been evidenced through the process of developing the corporate risk register in the new format. The point was made in terms of unscheduled care that the report reflected that despite using all of the strategies to mitigate risk that these had had minimal impact.

56.3 Mr Murray applauded the revised report and asked if it would be possible for narrative in future iterations to separate out finance and care elements and provide examples of how care issues were being attended to. Ms Gillies commented in respect of specific issues around the Royal Hospital for Sick Children that the Executive Steering Group had put a lot of extra focus into improving facilities for staff and that this had also been considered by the Oversight Board. It was felt that the risk to the care of patients would be low. She pointed out however that infection risks could not be regarded as negligible in the current environment and that work was under way to make the environment as safe as possible.

56.4 The Board agreed the recommendations contained in the circulated report.

57. Future Board Meetings

57.1 The dates of future Board meetings were agreed.

58. Invoking of Standard Order 4.8 – Resolution to Take Items In Closed Session

59.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in Private. The Board agreed to invoke Standing Order 4.8.

60. Date and Time of Next Meeting

60.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 8 January 2020 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

Chair's Signature.....

Date.....

Mr Brian Houston
Chair – Lothian NHS Board

HEALTH & CARE POLICY DEVELOPMENT AND SCRUTINY PANEL WORKPLAN – 2020

	ISSUE	LEAD OFFICER	PDSP DATE
1	Update report on delivery of Health and Social Care in Prisons in West Lothian	Tim Ward	2 nd April
	Reporting Activities of Outside Bodies –		
2	Minutes of Lothian NHS Board	Allister Short	2 nd April
3	Minutes of West Lothian Integration Joint Board	Allister Short	2 nd April