DATA LABEL: Public

Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

12 February 2021

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Webex Virtual Meeting Room** on **Thursday 18 February 2021** 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 17 December 2020 (herewith)

5. West Lothian Suicide Prevention Action Plan 2020-2023 - Report by West Lothian Suicide Prevention Lead (herewith)

6. West Lothian Alcohol and Drug Partnership (ADP) Update and Drug Related Deaths - Report by Depute Chief Executive (herewith)

7. Community Planning Health and Wellbeing and Anti-poverty Covid-19 Update - Report by Depute Chief Executive (herewith)

8. Strategic Commissioning Plan for Services for Older People and People

Living with Dementia - Report by Depute Chief Executive (herewith)

9. NHS Lothian Board - Report by Depute Chief Executive (herewith)

10. West Lothian Integration Joint Board - Report by Depute Chief Executive (herewith)

11. 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

March 2019

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 WEBEX VIRTUAL MEETING ROOM, on 17 DECEMBER 2020.

Present – Councillors George Paul (Chair), Pauline Clark, Tom Conn (substituting for Councillor Andrew McGuire), David Dodds, Charles Kennedy and Damian Timson

Apologies – Councillors Harry Cartmill and Andrew McGuire

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The panel approved the minute of its meeting held on 6 February 2020 as a correct record. The Chair thereafter signed the minute.

3 JOINT INSPECTION OF THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

The panel considered a report (copies of which had been circulated) by the Depute Chief Executive presenting the action plan to address the recommendations made in the report of the joint inspection of the effectiveness of strategic planning in the West Lothian Health and Social Care Partnership.

It was recommended that the panel note the contents of the report.

Decision

To note the terms of the report.

4 WEST LOTHIAN CARERS STRATEGY 2020-2023 AND SHORT BREAK SERVICE STATEMENT 2020-2023

The panel considered a report (copies of which had been circulated) by the Head of Social Policy informing members of the development of the West Lothian Carer Strategy for 2020-23 and the Short Break Service Statement 2020-23.

It was recommended that the panel note the contents of the report.

Decision

To note the terms of the report.

5 2019/20 FINANCIAL PERFORMANCE - MONTH 12 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 Health & Care portfolio for the General Fund Revenue budget.

It was recommended that the panel:

1. Note the financial performance of the Health & Care portfolio for 2019/20;

2. Note that the Health & Care portfolio position for the year formed part of the outturn reported to Council Executive on 23 June 2020; and

3. Note any actions required to be taken by Heads of Service and budget holders to manage spend within available resources.

Decision

To note the terms of the report.

6 2020/21 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 Health & Care portfolio for the General Fund Revenue budget.

It was recommended that the panel:

1. Note the financial performance of the Health & Care portfolio as at month 6;

2. Note that the Health & Care portfolio position at month 6 was part of the overall council budget position which was reported to Council Executive on 17 November 2020; and

3. Note any actions required to be taken by Heads of Service and budget holders to manage spend within available resources.

Decision

To note the terms of the report.

7 SOCIAL POLICY MANAGEMENT PLAN 2020 - 2021

The panel considered a report (copies of which had been circulated) by the Head of Social Policy informing members of the contents of the Social Policy Management Plan 2020–2021.

It was recommended that the panel note the details of the Social Policy Management Plan 2020–2021.

Decision

To note the terms of the report.

8 WEST LOTHIAN IJB - ANNUAL PERFORMANCE REPORT 2019/20

The panel considered a report (copies of which had been circulated) by the Depute Chief Executive informing members of the Integration Joint Board's Annual Performance Report 2019/20.

It was recommended that the panel note the details of the West Lothian Integration Joint Board's Annual Performance Report 2019/20.

Decision

To note the terms of the report.

9 NHS LOTHIAN BOARD

The panel considered a report (copies of which had been circulated) by the Depute Chief Executive updating members on the business and activities of Lothian NHS Board.

It was recommended that the panel note the terms of the minutes of Lothian NHS Board dated 8 January 2020, 12 February 2020, 4 March 2020, 18 April 2020, 13 May 2020, 24 June 2020, 12 August 2020 and 29 September 2020 in the appendix to the report.

Decision

To note the terms of the report.

10 WEST LOTHIAN INTEGRATION JOINT BOARD

The panel considered a report (copies of which had been circulated) by the Depute Chief Executive updating members on the business and activities of West Lothian Integration Joint Board.

It was recommended that the panel note the terms of the minutes of West Lothian Integration Joint Board dated 21 January, 10 March, 30 June 11 August and 22 September in the appendix to the report.

Decision

To note the terms of the report.

11 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE - POLICY DEVELOPMENT AND SCRUTINY PANEL

WEST LOTHIAN SUICIDE PREVENTION ACTION PLAN 2020-2023

REPORT BY WEST LOTHIAN SUICIDE PREVENTION LEAD

A. PURPOSE OF REPORT

To present the published West Lothian Suicide Prevention Plan 2020-2023 and inform PDSP of the future reporting arrangements in relation to the actions.

B. RECOMMENDATION

It is recommended that the Panel notes the contents of the report.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	– Focusing on our customers' needs – Being honest, open and accountable – Providing equality of opportunity – Developing employees – Making best use of resources – Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Mental Health (Care and Treatment) (Scotland) Act 2003 Adult Support and Protection (Scotland) Act 2007 The Public Bodies (Joint Working) (Scotland) Act 2014
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	All activities and actions have performance indicators and targets applied.
V	**Relevance to Single Outcome Agreement**	None
VI	**Resources - (Financial, Staffing and Property)**	N/A
VII	**Consideration at PDSP**	N/A
VIII	**Other consultations**	The report has been previously submitted and discussed at: • Integration Joint Board development

session
- Integration Joint Board Strategic Planning Group
- Community Planning Health and Wellbeing subgroup
- Community Planning Partnership Board

Public Consultation also carried out between 10/09/2020 and 25/10/2020.

D. TERMS OF REPORT

D1 Background

The West Lothian Mental Wellbeing and Suicide Prevention Group was established in July 2020. Although the production of a local suicide prevention action plan was planned to be complete for April 2021, It was felt that this work held great significance due to the COVID-19 lockdown and recent probable suicides reported in the media over the period March 2020 – July 2020 in West Lothian.

D2 The group met for the first time on Tuesday 11th August 2020 and is made up from the following teams and organisations:

- Police Scotland
- West Lothian Council (Education, community Regeneration and Community planning)
- NHS Lothian Public Health
- WLHSCP
- NHS Lothian CAMHS
- The West Lothian Mental Health Advocacy project (MHAP)
- West Lothian College
- Third Sector providers

The full membership of the group can be seen in appendix 1.

D3 The group ran a social media campaign for world suicide awareness day in line with the new National campaign, 'United Against Suicide' which also saw the launch of the public consultation to inform the development of an action plan. This was well received and allowed the group to create focused content for the launch of the plan in December 2020.

D4 **Consultation.**

To ensure that a robust and well evidenced local suicide prevention action plan was produced there is a requirement to work with the public, those that have had lived experience and those working in services that have a direct impact on suicide prevention. As a result the West Lothian Mental Wellbeing and Suicide Prevention Group, in line with the National Standards for Community Engagement ran a public consultation between 10/09/2020 and 25/10/2020. The Mental Health Advocacy project (MHAP), who are represented on the working group, also carried out service user consultation to best inform the plan.

D5 The consultation asked how the Scottish Government's Framework domains, detailed within National Suicide Prevention strategy can be applied in West Lothian to support the prevention of suicide.

There were 129 respondents to the survey, contributing over 500 individual comments. The full detail of the public facing survey can be found in Appendix 2.

D6 **Themes and publication.**
The following themes were identified from the public consultation and have been used to inform the action plan:

- Access to service
- Stigma and discrimination
- Access to information
- Role of the third sector and the community
- Addictions and substance misuse
- Targeted support
- Physical Health
- Training and learning
- Education

The themes have greatly informed the actions which can be found on page 12 and 13 of the plan which was published in December 2020 alongside a training resource and Festive Wellbeing Guide. The launch of the plan was complemented by some targeted social media, supported by West Lothian College, which has resulted in positive working connections to support the plan going forward.

The full action plan can be seen in Appendix 3.

D7 **Delivery of Actions and reporting**
The chair of the Mental Wellbeing and Suicide Prevention Group has established two sub groups be set up to look at service response and training needs across West Lothian. The groups will inform the planning and delivery of the actions.

The group will prepare and deliver a bi-annual updates for the Community Planning Health and Wellbeing Group and deliver updates to the Community Planning Partnership Board and Integration Joint Board as requested.

E. CONCLUSION

In conclusion, the panel is presented with the West Lothian Suicide Prevention Action Plan 2020-2023. The plan outlines the approach to have a positive impact on the number of deaths by suicide in West Lothian over the next three years.

F. BACKGROUND REFERENCES

Appendices: Appendix 1 – West Lothian Mental Wellbeing and Suicide Prevention Group Membership.

Appendix 2 – Public Consultation response

Appendix 3 – West Lothian Suicide Prevention Action Plan 2020-2023

Contact Person: Greg Stark
Senior Development Manager: Mental Health &
West Lothian Suicide Prevention Lead
West Lothian HSCP
Greg.Stark@nhslothian.scot.nhs.uk

Date: 18th February 2021

Appendix 1:

West Lothian Mental Wellbeing and Suicide Prevention Group Membership.

Service / Organisation	Name
Police Scotland	Steven McMinn
NHS Lothian Public Health	Gillian Amos
WLC Community Planning	Susan Gordon
WLC Community Regeneration	Dougie Grierson & Michelle Kirkbright
WLC Education	Karen Brown &Amy Miller
HSCP Mental Health Services	Greg Stark
CAMHs	Susan Abbott-Smith
MHAP (Advocacy)	Kathy Hamilton
S.M.I.L.E Counseling (Counseling)	Declan Harrigan
L.A.M.H / Community Wellbeing Hubs (Social Care)	Wendy Carmichael
Neil's Hugs (Bereavement Support)	Donna Paterson-Harvie
Training lead	Kate Marshall & Shiona Jenkins
West Lothian College	Marion Darling

Suicide prevention Local Action Plan Public Consultation response.

Date: 10/10/2020 – 25/10/2020

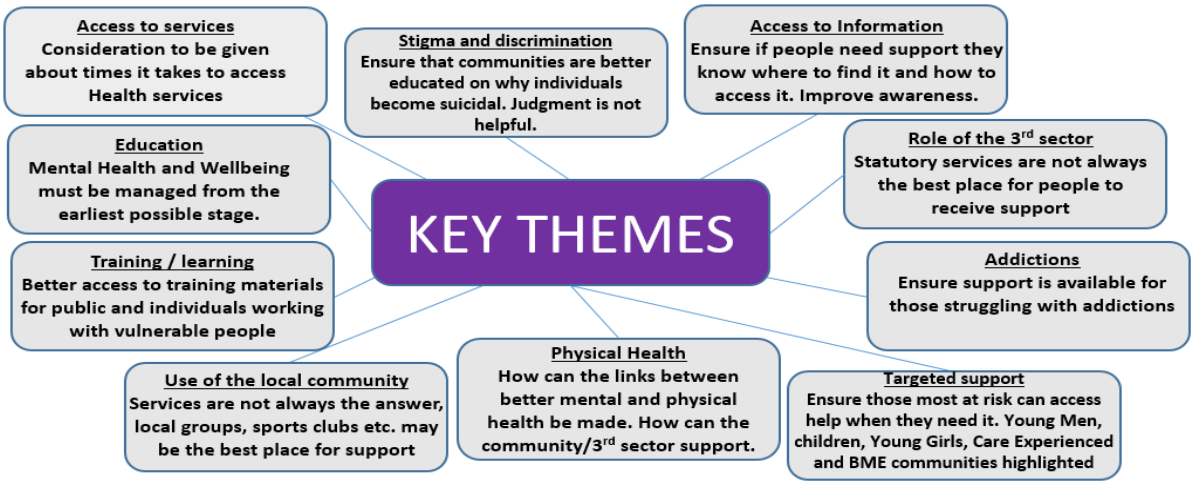
Analysis of the public consultation feedback has been noted and will be used to inform the development of the West Lothian Suicide Prevention Action plan.

Please note that some of the content has been redacted from this document however will still be used to inform the development of the plan.

The document has been redacted in part for two reasons:

1. To protect individual identity
2. To protect those that may be vulnerable to sensitive information around suicide.

The following themes have been identified from the analysis of the data:



Please remember to access any of the following support if needed.

Sources of Support and Advice

If you or someone you know experiences mental ill-health – or if you or someone else is feeling suicidal – support and advice is available from the following sources:

- Local General Practitioner (GP) / Primary Care Practices
- NHS24 – free 24 hours on shortcode 111
- Breathing Space – free on 0800 83 85 87 6pm to 2am Monday to Thursday; and 6pm Friday through the weekend to 6am Monday www.breathingspace.scot
- Samaritans – free 24 hours on shortcode 116 123. http://www.samaritans.org/your-community/samaritans-work-scotland
- Childline – free on shortcode 0800 1111

Consultation Questions for West Lothian Suicide Prevention Action Plan

1. 1. Please tell us your age category: *

   Number of participants:
   116

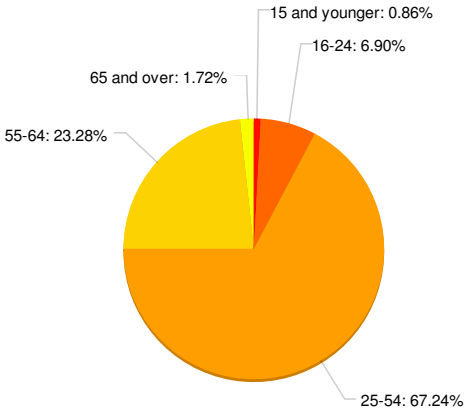
   1 (0.9%): 15 and younger

   8 (6.9%): 16-24

   78 (67.2%): 25-54

   27 (23.3%): 55-64

   2 (1.7%): 65 and over

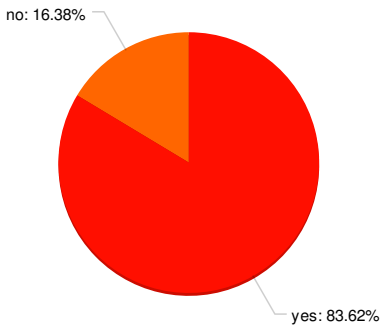


2. 2. Do you live in West Lothian: *

   Number of participants:
   116

   97 (83.6%): yes

   19 (16.4%): no



3. If yes, which ward do you live in? *

Number of participants:
114

- (0.0%): Linlithgow

6 (5.3%): Broxburn, Uphall and Winchburgh

20 (17.5%): Livingston North

16 (14.0%): Livingston South

7 (6.1%): East ivingston and East Calder

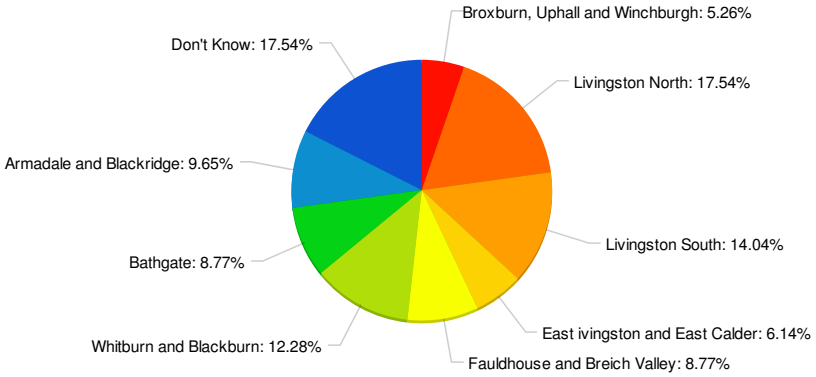
10 (8.8%): Fauldhouse and Breich Valley

14 (12.3%): Whitburn and Blackburn

10 (8.8%): Bathgate

11 (9.6%): Armadale and Blackridge

20 (17.5%): Don't Know

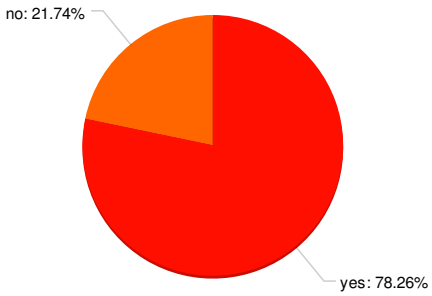


4. 3. Do you work in West Lothian?

Number of participants:
115

90 (78.3%): yes

25 (21.7%): no



5. If yes, please tell us where: *

Number of participants:
108

10 (9.3%): NHS Lothian

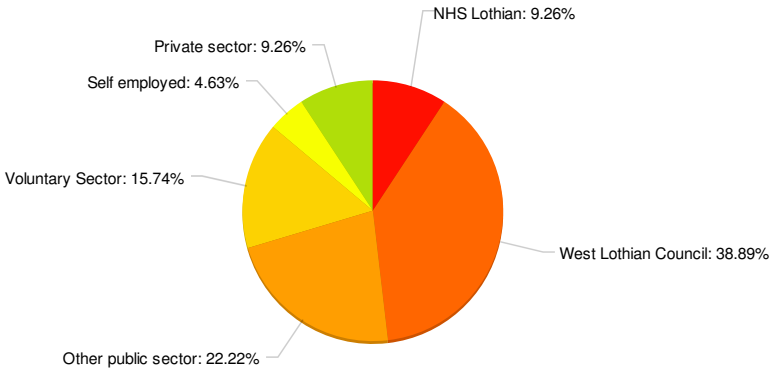
42 (38.9%): West Lothian Council

24 (22.2%): Other public sector

17 (15.7%): Voluntary Sector

5 (4.6%): Self employed

10 (9.3%): Private sector



6. The Scottish Government suicide prevention leadership group has set out six framework domains (see below). We would like to hear your thoughts on how we can implement these in West Lothian. How can we work together in our communities to implement these on a local level here in West Lothian:

a. Promote good mental health and mental wellbeing *

Number of participants: 108

View all 73 previous answers

- online training at present
- Access to outdoor space exercise gyms, healthy eating, support for unemployment support for homeless, more local third sector organisations
  Reduce the need to travel to edinburgh to access groups and support via the third sector organisation
- Be more visible
- THIS IS SO IMPORTANT and this is something that a variety of groups (especially third sector organisations) can provide at a very low cost and high efficacy. This aspect needs much more support and focus.
- Hubs drop in centres
- Make access to Mental Health support more accessible and less of a waiting time
- Get DBT back up and running absolutely an amazing group to have been in n helped massively
- Education. I would say a lot of suicide is down to the way people are treated by others.
  Promote mental health.
  I would say encourage people to get out more.
  Combat the alcohol abuse and drug abuse in Livingston.
  As it is rife.
  If these people stop abusing themselves and being septic towards other people that will solve many problems
- promote more nature related activity groups.
- Safer walking routes that are well lit
- Newsletters, social media, telephone calls to vulnerable people, emergency contact number.Wor
- Having a more robust plan to deal with mental health issues and improving mental wellbeing.
  Most people I work with complain that there is not enough out there to help them. It is extremely difficult to access psychiatric and psychology services, the waiting times are extremely long. There is a feeling that health services are looking to quickly discharge people and follow ups seem to be inadequate. CPN service is only temporary where there are people who are experiencing mental health problems that are severe and enduring.
  More practical help is needed for people who are in crisis. People describe presenting at A & E and being turned away when they are in quite a distressed state.
  I am aware of wellbeing hubs, but unfortunately I don't have a lot of knowledge about them. It doesn't seem to be well

advertised and there is some confusion about when you are allowed to access them.

- Had a good experience of services from Health Services and Advocacy so can't think of anything else to improve. Could do with more advertising of services to help people get back on feet.
- Improve housing. Many clients I have worked with have their mental health worsen due to the quality of house they live in. Improve their wellbeing at home is only one step but an important one.
- People should have better knowledge of the services available. Maybe a good old fashioned newsletter/flyer of service information, phones lines, web sites etc. People don't know how to access help or get information and not everyone is able to access the internet.
  Services should be more accessible i.e. bus routes can be difficult. Services are also overwhelmed and can have long waiting lists. Therefore more investment is required.

  Example: mental health hubs are a good idea but difficult to access as rely on GP referral.
- Education within schools to teach young people about mental health from an early age.
  Provide services in the workplace to encourage discussion of mental health and well-being.
- Video tips disseminated on social media and through industry partners e.g. West Lothian College
- Providing funding to help prevent social isolation, by encouraging and promoting inclusive community groups.
- More work in schools about maintaining good mental health. Not just about how to fix it when it's poor.
- Tackle discrimination. Maybe more help in local health services. Have groups in surgeries run by nurses. Promote more self help groups
- Advertising services more that can help. General awareness of mental health among the community.
- Education about this should start at primary school level all the way to academy level. There should be more modules in high school about life skills, self care & mental health. Kids don't just need education in maths, English etc. Mental health first aid training for S5/6 has proven successful in some high schools in West Lothian.
  Workplaces should have mandatory mental health modules as well as appointed mental health first aid person who can sign post to external support & agencies.
- Meetings in local community centres for men and women also perhaps mixed groups or couples meetings ie: married couples / partners
- Make more groups availavble for people to talk about someone they have lost to suicide
- Begin within schools - primary school age upwards. Change the curriculum, teach self care, meditation, calming methods, personal development, etc etc. Counselling is not enough - too late by then.
- We must have access to services to intervene before you are at your end stage of suicide.
- Desperate need to educate and promote issues regarding mental health in schools, colleges and workplace. Measures need to be put in place to accommodate this.
- Lives can change in a second. Fund raisers, sponsored walks,do anything to make the public more aware about mental health.
- Work on decreasing the amount of drug use and educating young people on the mental health impact drugs can have on young people.
  Provide more funding into St. John’s mental health ward to have it better sectioned, and actually split up the ward for different illnesses rather than having everyone in the same ward.
- • Make it clear to people in West Lothian what services are available.
  In addition to NHS services, there are many small charities and help organisations in the area. Many have been set up by families on the back of family tragedy and offer niche services e.g. some suicide prevention charities are just for men. However, they are not well known about. We recommend a central point research all of the services available and communicate to the public about them.

  • Have leaders speaking openly about the fact we all have mental health and the importance of looking after it.
  In private organisations, good mental health and mental wellbeing is promoted from the top i.e. from Chief Executives speaking about the importance of looking after mental health. The Chartered Institute for Professional Development (CIPD) promoted this at its annual conference in 2019 and highlighted the organisations that were leading from the senior management team (e.g. RBS and the John Lewis Partnership). West Lothian Council has links with so many local services and as an overarching public body, it could lead by example by the senior team putting out messages about promoting good mental health and mental wellbeing. This could be done via social media as well as through various departmental policies.

  • Proper training for staff in West Lothian Council coming into contact with vulnerable people.
  West Lothian Council and its employees have contact with many residents. How they communicate with all their service users can impact on their mental health – either to better support someone in a difficult time or to promote positive dialogues. It may be helpful to consider what further mental health training can be given to council

employees, so that they are better able to spot the signs of poor mental health and to ensure that they are promoting good mental health in the conversations they are having with the many residents that contact them. It is also important to ensure that they are supported with their own mental health, as they are undoubtedly exposed to a significant amount of distressing and harrowing information and to be able to continue to support people this needs to have an appropriate outlet.

• Tackling social inequalities and treating people with dignity.
Poorer mental health and wellbeing is associated with poorer socio-economic conditions (employment, housing etc) and we know that West Lothian has many deprived areas where people experience problems with poor housing, health and so on. Treating people with dignity goes a long way.

Some people we support who would like to access local services for mental health, such as local talking therapy groups, do not have access to transport or funds to travel there. It would be helpful to create a fund to support those in this situation.

• Embrace joined up working of services.
At the moment, the system seems clunky and disjointed. There is an air of fatigue when new problems arise rather than a recognition that they need tackled. For example, we understand CAMHS has seen an increase in cases of autism this year. We, as an office, hear about cases piecemeal and try to tackle them on an individual basis. It would be helpful if all of the services (council, education, health) could be joined up and proactive about promoting better mental health.

One way to knock down the silos and encourage a more joined up approach would be to organise a series of meetings with stakeholders in the community, such as support groups, surgeries, mental health professionals, MP/MSP staff, council, health service. The first aim of this group would be to discuss the challenges they face and the gaps they see in the system, followed up by an action plan with tasks on each representative to work towards closing the gaps. This may have to be carried out virtually in the short term, but we believe this would not only benefit those suffering poor mental health in the area but could well benefit the stakeholders in improving communications in other areas where collaboration would be beneficial.

When we, as an office, contact GPs surgeries in West Lothian, the responses are often very hostile. There are NHS consent forms allowing us to contact a GP on behalf of a constituent. Yet, even then communication is often met with reluctance. Communication and joined up working is key if people are to gain trust and benefit from help they are seeking. GPs no doubt see it all and have good insight into this therefore have a role to play in getting more involved, training, listening and helping at an earlier stage.

• Do more to promote the good mental health resources that are available in West Lothian
It is important to better promote the good mental health resources that are available in West Lothian. For example, the natural spaces that are maintained for community use, the network of community spaces and sports facilities. Whilst there are indoor sports facilities provided by Excite there is not a central leisure centre in Livingston, which could help to promote better wellbeing through physical health benefits. The links between physical and mental health are undeniable. The feedback locally from people about positive things to come out of the Covid-19 situation include spending more time in nature. There are many good walks and much outdoor space in West Lothian that ought to be promoted more.

- Provide easier access for people to speak to who are struggling with mental health and mental well-being - let people know about Neils Hugs foundation
- There needs to be immediate access for people who need help. They can't wait weeks months or years to be seen. They need appropriate help to suit them.
- Not sure
- Make more use of social media to encourage people to look after their mental health.
- This should start in school, higher education and into employment.

7. b. Tackle mental health inequalities , stigma and discrimination *

Number of participants: 107

Number of participants: 107

View all 72 previous answers

- online training at present
- Ensure equity of care across specialties in nhs
  Ensure that mental health patients get physical health cover by medical physicians and gps not psychiatrists
  Ensure mental health services are adequately resourced
  Look at why death from suicide is seen as an adverse event and failure yet death from cancer is not
- Encourage care providers to be trained in what to look for.
- this is a long term project because these issues are prevalent and will take time (generations) to shift.
- Not sure
- Ensure it you are admitted to A&E due to Mental Health the right professionals are there to support you
  I have been admitted a number of times due to suicide attempts and the A&E staff haven't been supportive or understanding as they aren't trained in that sector
- I don't know think it's always been stigmatised although has cam long way
- As before.
  Usually the discrimination is coming from poorly educated people who target well educated people like myself.
  They target people in minority groups.
- make applying for disability benefits more understanding to those who are analysing the report.
- Take people seriously
- work place visits, poster campaigns. Be visible librarys etc
- Regular education at school level upwards. This would include health professionals. Continued funding for support services including Independent Advocacy, Council Advice service, Citizen's advice, specialised advice for those with mental health issues.
- More help from GP. GP asked if I had a CPN which I did not. I had to go searching for a CPN myself.
- By creating opportunities for more young people in particular to get help and training.
- More positive mental health work conducted in schools. Use our youth to promote issues such as these and also how they can promote well-being amongst their peers etc.
  Training and advice for employers, services etc. (including medical services)
  Increased resources for mental health Advocacy to provide more collective forums and get people who experience mental health difficulties to have more of an input..

  It can be very difficult for people to access resources when the are dependant on GP (one person's opinion of their mental health) before they can get referrals for services.
- Provide information in clinics, schools, workplaces, etc about mental health issues and conditions so people are more aware of conditions and how to support someone struggling with it.
- Case studies of those who have been through it
  Workshops in schools/ college
- Providing education and awareness events, and encouraging people to speak about their experience of mental health issues.
- More education in school. I have been criticised by teachers for coming forward and telling them my concerns about someone self harming.
- Advocacy is good for this as they are independent. More awareness raising .. even GPs and other professional get it wrong sometimes.
- Educating people from schools to workplaces.
- Mental health charities going into schools & work places to provide insight into mental health & how it can affect peoples lives. Education is crucial as a lot of the stigmas & discrimination comes from lack of knowledge & experience of mental health. People who suffer with their mental health maybe talking too to give a deeper insight from someone who has experienced mental health.
- Talks in schools , youth groups etc
- Make lots off posters telling people men woman that there is help make big bold so they see it and its out there so they feel safe so than can talk if they cant talk to family
- As above
- Have real people to talk to accross West Lothian and be allowed to discuss what is in your head. This goes hand in hand with good strategies for keeping well. The vulnerable must feel they have choice and control.
- Should be done as early as young people can understand. The #itsoknottobeok is everywhere, however I feel there is still a stigma attached to mental health and people don't take it seriously enough until it's often too late.

- People should know about people with mental health issues who have become the best they can be, and who have helped others. People with mental health issues are not just junkies, weirdos, loonies, they are people who feel, hurt, love, and just need a little help, love, and support.
- Speak about it more within schools, at home and in work. Have more councilling services offered within work and school and make sure that parents know how to speak to their children about their mental health.
- • Better training for GPs and others on the front line

GPs often seem like the gatekeepers to mental health services. So often, we hear of constituents who have really plucked up a lot of courage to visit their GP to discuss their mental health, only to be met with a knock back that involves a long waiting list or worse, judgment. In these cases, we have seen people in despair, ready to take their own lives. Obviously, we only have one side of the story, but we cannot ignore the numbers of people who tell us their GP is not listening. Is there better training that can be offered to GPs? SAMH undertook a survey of GPs in 2014 – It was found that:

49.9% of GPs said they last undertook accredited training on any aspect of mental health more than a year ago.

11.4% said they have never undertaken accredited training on any aspect of mental health.

87.3% of GPs wanted information guides on local services for referral, including social prescribing opportunities.

81.6% wanted resources to help people self-manage their conditions.

Source: https://www.samh.org.uk/documents/A_SAMH_Survey_of_general_practitioners_in_Scotland_1.pdf

Mandatory training for all civil servants, teachers and front line staff would better identify the level of crisis a patient/claimant/client/pupil presents with, leading to more tailored support to that person's specific needs at an earlier stage, rather than a general-purpose approach.

• Research/monitor where referrals to CAMHS are coming from

We are concerned that more CAMHS referrals might come from GP surgeries in affluent areas and would suggest West Lothian looks into the statistics around this. It is clearly a mental health inequality if those in more deprived areas who are likely to have poorer mental health than those in more affluent areas, are actually referred for help less and this needs to be tackled with GPs surgeries. Is there a lack of thoughtful consideration given to the complex needs of patients from deprived areas? What is the threshold for referrals? What are the attitudes of GPs? Is there systemic class discrimination? Should mental health knowledge and awareness form a bigger part of Medical Professionals yearly appraisals?

• Recognise that not all mental health problems are best dealt with by mental health services

There is a lack of timely access to adequately resourced services for patients with mental health problems and lengthy waiting times. However, not all mental health problems are best resolved by mental health services.

Schools have a bigger role to play – WLC schools speaking to parents and grandparents about mental health would help them be better equipped for speaking to their children about mental health. We know lots of young people are feeling pressure more with social media and sometimes older generations pass on the stigma about mental health when we should be educating them that everyone has mental health. Could we create parent/ grandparent support groups?

It may also be helpful to directly contact specific groups who are usually harder to reach through the conventional services, for instance our office has engaged with the BAME community through a local group FJSS.

Some young men are reluctant to engage with traditional counselling and support therapy but we know from speaking with the StrongMen Charity that encouraging them to take part in activities (e.g. climbing) with others in a similar situation, bonding and sharing experiences has proved to work. Indeed, young men were more open to trying counselling after such activities. I believe collaborating with and/or launching similar initiatives in the health board area could have a significant impact for young men struggling with poor mental health.

• Being creative about how to reach those who are struggling but who will not speak out

It is well documented that suicide rates are higher among men, but there is a problem in particular with younger men in their 20s. Frequent social media users will regularly see a post about someone losing their friend. One local young man has lost five male friends to suicide since the beginning of lockdown.

While we want to avoid sweeping generalisations, the type of young men in question are often popular, have partners or girlfriends, children, frequent local pubs and football supporters clubs to attend matches etc. In the example given above, recreational drugs and alcohol are often prevalent in their lifestyles, which will also have a detrimental effect on mental health. Often the way they feel goes unnoticed because they may not reach out to people enough. This speaks for a need to target and reach these groups and their peers and families.

One way to reach these groups could be in collaboration with football supporters clubs, specifically the organisers of local buses that take people to SPL games in Glasgow and Edinburgh. These often leave from designated stops and pubs in which an initiative may be arranged that could attempt to change the culture in these spaces, turning them into potential hubs for accessing mental health resources, stigma and judgement free. Generally, more attention could be paid to finding a way to bridge the gap between mental health services and GPs and informal settings in which these groups circulate and feel comfortable.

- You can only do that if people change their attitudes - let people know about Neils Hugs foundation
- They need help with whatever situation they face. They need people who care and not people who have been in the job too long and become synical and wrapped up in red tape.
- Not sure
- More support groups available for individuals who are struggling.
  As a West Lothian council employee who has suffered with poor mental health the absence management policy and the way it is implemented for mental health needs to be adapted. I have had additional anxiety and fear of losing my job when I have been absent due to mental illness.
- Education about mental health is where it needs to start. Training for frontline staff is urgently needed as this is where inequality, discrimination and stigma lies.

8. c. Support people in distress or crisis *

Number of participants: 107

View all 72 previous answers

- online training at present
- Access to resource out with the secondary care to manage people's distress
  Focus back to gps to manage stress and distress
  Allowing secondary care to focus on true mental health crisis
- Training in how to do this.
- We feel this should be handled by specific qualified professionals.
- Emergency telephone number
- Ensure a befriending/safe space 24/7
- More trained cpns all bands. Drop ins
- More support.people are distressed or in a crisis for a reason like myself.
  I was the subject to bullying as I'm transgender.had a good job nice home.i become suicidal after abuse from people [redacted] who think they are better even rho no job make no effort to get are job.spend all their dole money on drink and drugs and abuse the nice people.
  There is no support not from the police anyway.just say nothing they can do.[redacted] was threatened with violence [redacted] due to bullying.
  No support whatsoever.talking to somebody over the phone is not support.
- sort out mental health waiting times soo they can get seen by a professional quicker instead of waiting an average of 1 year before any help is given.
- Have more support available
- Dedicated contact number, 121 visits if necessary
- Increased funding for emergency service. A drop in service for people in crisis to attend. 24 hour service, central and easy to use transport links to get to. Staffed with experienced mental health professionals.
- Be there for people. Services getting back to people as quick as possible.
- Stop gatekeeping.
- More crisis services should be available and immediately accessible. Maybe a local phone crisis line dedicated to helping people with the added knowledge of knowing the local area and services and how to get appropriate long-

term support.

People/services need more training to know how to support people in a distress and what to do.

- Offer 24 hour helplines so people have a point of contact when in distress
  Offer an telephone or face to face appointment soon after initial crisis call to follow up and make referrals or a plan to help support them
- Utilising local charity groups e.g Behind your mind
- Through named and experienced organisations who can give dedicated and imediate support, and which is in line with the individual needs of the person requiring the support.
- There are hardly any services for young people in West Lothian. camhs has a very long waiting list and GP's are reluctant to help without specialised input. There is nowhere to go in a crisis especially if you don't want your parents to know.
- Not enough services. Everything has a waiting list. People might feel strong enough to get help but if they have to wait it might be too late. 18 month wait for psychology .. !! Surely more specialised nurses in clinics could do some front line intervention.
- Ensure robust services are in place for when people are in crisis. Don't put up blocks. Feels like services are blocked to some people. Have to jump through hoops to get help.
- Charities & the NHS have to work together as they are fighting the same battle. The NHS do not have adequate resources therefore should collaborate with charities more.
  Early intervention is essential as well as consistent support. Too many people in crisis are being sent away from hospital without adequate support in place.
  More emphasis on advertising where people can go for help especially from charities.
- Lists of available groups
  Phone lines / numbers
  24 hr places for people with no where or no one to turn to for example , community centre , church halls somewhere secure and safe
- Have local areas with a call away if anyone needs to talk day or night a hard ask but dooable
- As above. Also additional staff in schools/workplaces/community hubs who can support and deal with those in crisis.
- Give them solid foundations to rebuild their minds and body. Sign post. We already have an excellent organisation in West Lothian that is doing it's
  utmost to meet the crisis need, Neil's Hugs. This is the only organisation that I know of. It is well advertised on Social media and throughout West Lothian. However, it is not an emergency service and is not available 27/7 and if professional support is also required there is nowhere that can be accessed in a reasonable time scale throughout Lothian far less in West Lothian.
- More support is desperately needed for peoole who are suicidal and for families bereaved by suicide. I am a mother who sadly lost my daughter to suicide in May 2020. The devestation this causes to families is unbearable with very little or no support available. People who are suicidal need intervention there and then, not told to come back tomorrow or wait lengthy times to speak to someone.
- People can be supported in many different ways, there has to be Shelters where people live, get support, information, and respect. Help to show how to run a home, do laundry budget, and help cope with everyday life.
- Self refer check in to the hospital, and even regular check ups. The fact that there’s months of waiting lists is shocking when people who’s ready suicidal are clearly at breaking point when they’re asking for help.
- • Where do people go?
  Mental health and suicide prevention charities recommend calling 999 or advising people to go to their local A&E if they are feeling suicidal or have self-harmed. However, there are constituents my team is currently supporting who have done just that and tell us that they have been badly let down by the care and treatment they received when they attended A&E. While I appreciate the impact of Covid-19 on resources, people who present with severe mental health issues should be treated as emergencies, in the same way that victims of car crashes or serious assault are - self-harm and suicidal thoughts are as much a risk to life and must be recognised as such. If A&E is not the right place for them to be, we must be more creative in finding a place that is. For example, it could be that a local drop in centre running 24/7 is set up as a place those in distress can go for help. Somewhere rapport and trust can be built up is key.

• Investment
Ensuring that planned investment in mental health support results in specialist mental health services being supported with additional resource to support people who have feelings of suicide and self-harm.

Anyone who has displayed suicidal thoughts and receives a psychosocial assessment should have the option of

receiving a suitable community-based or NHS-provided service in line with their level of distress and the intensity of their needs.

The points raised above on improved mental health training would be helpful here, for instance if more council employees could be trained as mental health first aiders.

- Provide better support and access - turnaround times need to be quicker - let people know about Neils hugs foundation
- They need the support at that time not at a later date. They can't afford to wait on appointments. There needs to be emergency access for different groups. Children, alcohol/drugs. Postnatal/ bearvement and all mental health problems.
- Have call lines and online chats open for people to contact any time they need someone to talk to just for someone to listen. Also for advise for people who may know someone in distress or crisis. Have drop ins in the community that isn't too obvious that people would be noticed going etc.
- Easier access to support groups or counselling services and increase awareness of the support available.
- This needs a joined up approach and a dedicated service.

9. d. Promote resilience and recovery *

Number of participants: 105

View all 70 previous answers

- online training at present
- Education on resilience in schools is excellent and should be expanded
  Should some educational resource on resilience for adults in the local community
  Improve the community knowledge on resources available to help their resilience and recovery
- Be more visible.
- This is really important and something the 3rd sector can contribute to in an effective way and with a lower cost to traditional services.
- Not sure
- Promote from the horses mouth advice from survivors and how they have dealt with these situations
- Self help hubs to help socialisation
- Suicide prevention and mental health if people are actively being trolled and bullied how can u become resilient or recovery.
  I contacted police then get told I am a dirty little grass.
  [redacted]

  [redacted]
- more activities and support within the community.
- Advertise there is help available locally
- support network, dedicated number, people to talk to.
- Increased funding to provide follow on support. Services are currently very limited in their duration and how often they can provide support. It is important for people to be able to access support easily and quickly if they are feeling they need that bit of help.
- Consistency with mental health help and help to find activities to help recovery and get support that way
- Greater public awareness of services out there that can help people
- More self-help services/groups .. encourage peer support.
- Support groups for people through different stages of recovery to support each other and provide insight in how to promote others resilience and recovery
- Tap in to free advertising space using connections and industry partners e.g. The Centre, Bulletin, Courier and Metro will offer free space for good causes
- Giving the person time and the information to feel able and supported to begin making a recovery, and knowing that they won't be left to struggle alone.
- Don't know
- Again more early support rather than having nowhere to turn for a bit of help. It then becomes more severe requiring a lot of help

- Tackle the causes of mental health. Not all can be tackled but things like jobs, recreation and housing can increase people's mental health
- Use social media to show actual real life stories of people who live with mental health illnesses to show there is light at the end of the tunnel. Also use this in schools to show there is no shame in suffering a mental health illness. People also going into schools & work places to talk about their experience with mental health illness.
- One to one counselling
  Follow up sessions
  Record keeping by both parties
- Lots off care and groups who can meet up and talk on a one to one and group some people cant do a group talking thing a safe palce for meeting and talking
- As above
- This is not achievable without services.
- Definite need to promote resilience and recovery for young people with suicidal ideations and for families bereaved by losing a loved one to suicide.
- Places need to be freely available for people with mental health to go and get advice on their personal situation ie: where they can be assessed, given options on different medications and treatments, to recover. Mental illness can be treated/or managed with or without medication for a brighter, happier future.
- Keep up to date with patients after they have began recovery.
  Schools should have regular check ins with all pupils, even if it's a form rather than a conversation to just see how everyone is doing.
- • Creating and building trust between patients and staff
  We have seen constituents following suicide attempts and can comment by way of example on what we have seen be done badly versus what eventually worked well in promoting recovery and resilience. In all examples, trust between patient and worker was key. Where trust was gained, people generally started to recover and made big improvements. Where trust was lacking, people did not begin to recover.

  • Consistency of staff
  We have been told about negative experiences with the ACAST team following hospitalisation after a suicide attempt. This consisted of different team members visiting each time (even though there were only three follow up visits in the week after, five different professionals attended), which made it difficult to build up trust to allow the patient to open up and start to deal with their mental health problems. A more comprehensive follow up after a failed suicide attempt, with more visits made by the same professional would help to avoid getting into a cycle of readmission to hospital.

  • Supported accommodation or other temporary measure
  Some people who have contacted our office are actively seeking further treatment but report being discharged from hospital too soon. We understand that hospital capacity is stretched but perhaps some supported accommodation that could act as half-way house, to allow further recovery after a suicide attempt, would be helpful. We have heard reports of people being discharged back home 24 hours or less after a suicide attempt, with home situation sometimes being a contributing factor, which fails to give a full intervention to allow recovery to begin.

  • Connected to local support
  Also, it is important to ensure that patients discharged are connected/ signposted to local support groups, for instance Neil's Hugs Foundation evening meetings. This ensures there is some support in place if there is a lengthy waiting list for NHS treatments.
- More services are needed - let people know about Neils hugs foundation
- There needs to be follow up treatment. Not a generic treatment then left to get on with it with no follow up.
- Have people talking about experiences just to show it's normal and lots of people from small communities like ours and that we aren't all alone.
- It would be good to have a support group specifically for education staff throughout the council who have struggled or are struggling with mental illness.
- Each community/local authority area would need an approach suitable for their needs.

10. e. Prevent self harm or suicide *

Number of participants: 106

Number of participants: 100

View all 71 previous answers

- online training at present
- This needs to be viewed as a community problem and not a mental health problem
  Look at Improving housing, employment
  Improve relationship support resources
  Target high risk groups such as males 18-30
  Education in schools
- Encourage people to get along side on a one to one basis. Trained people.
- We feel this should be handled by specific qualified professionals.
- Hub drop in service
- Again provide advice on other ways to tackle these times when you feel like this and not just go to A&E or call Samaritans
- I think there are not bad amounts of places to contact now than ever. Unfortunately breathing space has gone down hill. It lacks caring it's just pay at end of month. Beginning of breathing space had empathy. I don't think is there anymore
- Prevent it.if a person is going to do it they will.some people are pushed to the limits and as mentioned usually to do with outside factors.main one I'd say is being bullied by knuckle dragging nethanderals
- Most people i've talked to that have self harmed/attempted suicide are afraid to talk about it as they dont want to look bad, i think we should be aiming to talk more openly about suicide soo they dont feel bad, growing up i would often have friends say "suicide is selfish" and related words, i think we should tackle that.
- Advertise there is help available and support people who live alone
- robust support network 24/7
- Improving services that can be accessed when feeling suicidal or want to self harm. Specialised healthcare professionals that could provide some input at crisis point. Better support at times when not feeling suicidal/like self harming to help to prevent crisis point developing.
- Unsure.
- Again access to services. No delays if someone needs help. Create opportunities for people.
- Need more awareness of how to spot the signs i.e. Schools could help to educate parents on the signs and what they offer in schools.

  Again more crisis support. The only place for people to go in a crisis is A&E or phone the Police. Maybe we need a WL crisis telephone support / dedicated service.
- Talk about it! Have more than just one day a year to talk about suicide prevention and self harm. By bringing up thoughts of self harm and suicide to people, it can be less taboo and normalised in the sense that it's easier to communicate with each other about it.
  Should start educating on the subject in schools, talked about in health clinics, more open in workplaces and allowing employees mental health days off.
- Utilising local charity groups e.g Behind your mind
- Contine to promote the dedicated crisis care teams, and provide funding to continue to have information and education on personal safety.
  Recognise the extremely desperate point that a person can get to very quickly.
- Need more crisis help. Places to go or phone don't really exist for young people, especially out of hours.
- More crisis services. A 4 hour wait in a&e is no good for someone in a mental crisis. Maybe a dedicated hub for people to drop in in all hours
- Awareness. Look at what some football clubs do by creating conversation on mental health that it's ok to talk.
- Signposting available help & advice available.
  Early intervention is essential.
  Education is vital so people are aware of mental health illnesses & what it involves.
  Training for carers, parents to they can support their loved ones more.
- Availability of places to go with trained councillors
  People who themselves have been in this position and have managed to recover
  Helplines
  Meetings
- Call lines in each area and as i said lots off adverts posters and stuff with numbers on it so they can acess help day or night a lot off people are on there own feel on there own and maybe just that local call to someone mught just be

enough to stop that person thinking they csnt do it anymore that they are a worth that it doesnt matter what they have done it can always always be talked about

- As above
- Again accessible services, funds and resources.
- Something needs to be done to help people who suffer and contemplate this every day.
  The waiting lists for services are unrealistic to someone who needs help there and then.
  [redacted]
- Places where people can go to learn they are not alone, get advice on where they can get help, councilling, medication, and places they can stay until they are mentally stronger. People need to know they aren't the odd one out, they need to know People Care.
- Listen to young people when they are begging for help. There are so many young people who have lost their fight even when they are getting “help” because they’re not getting the right help. Authorities all pass the problem to each other as if it isn’t their own problem, and it’s so hard to even get help to begin with so many people are just not even trying to get it. It needs to be as easy as phoning with a flu to get help.
- • Encouraging active listening
  Listening to people is key. People often know that they have problems which are difficult to fix or have suffered from events that they cannot change. However, the value of listening cannot be underestimated. Anyone who works in the service sector could be encouraged and provided with access to mental health training for when they are dealing with members of the community e.g. people who work in hair salons, gyms, beauty salons, anywhere people talk. If more people were better informed about mental health it would help to reduce stigma and allow people to open up more about feelings of self-harm or suicide.

  • Run a campaign
  Encouraging people to talk with a campaign including posters etc in places they’re not traditionally seen would be recommended to reach people where not normally reached, football clubs, supporters buses, pubs, gyms, hair salons etc

  • Designated mental health advocates
  Having designated mental health advocates that actively go out and speak about mental health, including to:
  - Local businesses
  - Community groups
  - Schools
  - Public services
  - Etc

  This would help to link up the services, to make people aware of the issues and of what support is available in their community. Get the conversation started and help people to know that help is out there.
- More services are needed - let people know about Neils hugs foundation
- This is hard as although there are signs this will happen you never believe it will. When people attempt this or ask for help they should get it. If family show a concern they should be listened to and measures put in place. When people beg for help as they are suicide there should be somewhere for them to do. There is nothing just now except phone the Samaritans
- Have talks in schools from people from village or Somali areas etc to relate to.
- Easier access to counselling services or talking therapies.
- This needs a whole system approach to the underlying issues .

11. f. Improve the quality and length of life for people living with mental ill health *

Number of participants: 105

View all 70 previous answers

- online training at present
- Ensure that their physical health needs are investigated and assessed by gps or medics and ensure that this doesn’t fall to psychiatrist who are not as qualified as medics to monitor or treat physical health .
  Their should be access to physical health care for all mental health patients that is equal to those without mental health diagnosis

Eg you don't want a psychiatrist managing you heart failure or diabetes if you can have a cardiologist or physician. This is a problem in psych wards and rehab units

- Help them to know they are not alone.
- This is really important and something the 3rd sector can contribute to in an effective way and with a lower cost to traditional services.
- Ongoing support via phone hub drop in centre
- Normalize the illness and not refer to many mental health illnesses as disorders
- Giving training n understanding more about there mental health. Positive things like dbt cbt distress tolerance
- Improve the quality.
  People like myself who had a good job well educated can pay their bills on time.no addictions.we are the invisible ones.we are just told to call a helpline.
  What would have made me.feel better is the people who cause the problem to be dealt with.making somebody mentally ill is abuse so they should be treated acvordingly
- more support, more community activities and support and more awareness.
- Support them fully
- Care and support from hospital and G.P
- Increased facilities. For example, services at Strathbrock Partnership - the Brock garden centre and woodwork provide great purpose and a improved quality of life to the service users using them.

  Service users used to be able to meet up in Strathbrock mental health resource centre and do group activities together but this seems to have been cut leaving the people to spend more time without contact with others.
- Could be a lot more help from hospitals, rehab and making safe environments for people to live in. Some people are neglected and stems from attitude of GP.

  My brother had a bad experience compared to me - he was in and out of hospital and it took a psychotic breakdown for him to get the help he needed.
- Being as inclusive as possible of their thoughts and needs. Act on peoples opinions. Improve housing and opportunities to get training and employment if that's what the person wants.
- Essentially the things already said in this questionnaire. Unfortunately due to reduction in services and introduction of care contributions people are not always aware of how to get access to services etc that can help them or can no longer afford the care.

  This can include self help techniques. These are available on the westspace site but not every one has internet access or know how to navigate the internet. Maybe consider training people to help at local services such as CIS, Libraries i.e. something similar to the McMillan drop-ins.
- Address the issue of substance abuse and financial burden put on people causing mental ill health. Offering support through food banks, clothing, drop in sessions to chat to someone face to face without judgement all helps to create a better quality of life for people.
- Utilising local charity groups e.g Behind your mind
- Prevent isolation.
  Encourage contact within community.
  Show understanding of the person's situation.
- More help in younger years. Self help techniques practised/given in schools for anxiety. Educate people more on how to help themselves. More frontline access to care than having to wait for a gp and then a referral
- As said above.
- I'd go back to jobs, housing and recreation again. Make sure people have a sense of purpose.
- Adequate support & therapy is essential. Signposting available help so people are aware of where they can go.
- All of the aforementioned.
- I feel there needs to be more activities for people just to go along to join in without judgement of who and where they are from there background its just good to talk and they may realise there is more to life and a purpose to go on
- As above
- Person centred planning with intense support up front, reduced overtime and an excellent plan sitting behind it going forward. Accepting that when someone is doing well, but fall off their path all they may need is small intervention to get them steady again.
- I have seen nmny groups available for men but rarely any for women. When my daughter enquired about a group she was told she was in the wrong post code so couldn't attend!

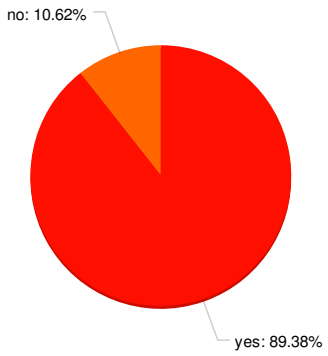
- People should be helped not for just a week or a fortnight but for as long as it takes them to get well. Find homes learn how to budget, clean, food shop. People should be given the chance to get education, work, money.
- Have support groups aimed at specific mental illnesses. It's unfair to group them together as they are all so so different.
- Remove the residential social care charge. Many people we have spoken to have had to cancel their support package as they cannot afford it, often this was their main social contact or provided them their only opportunity to leave the house. Without this undoubtedly there is a huge decrease in quality of life.
- Better support - let people know about Neils hugs foundation
- They should be listened to and plans on place for every situation they might face. Support for them and their families to help.
- Not sure
- Far more support groups for people that meet at different times of day. Subsidising gym memberships for council facilities to encourage people to exercise more.
- Listening to people who have lived experience will help shape this.

12. 4. 4. Would you be interested in learning more about suicide prevention? *

Number of participants:
113

101 (89.4%): yes

12 (10.6%): no



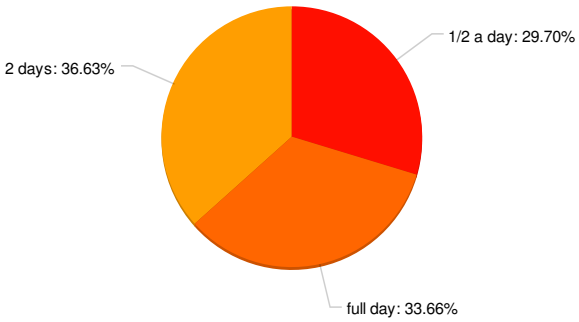
13. If yes, how much time would you be willing to spend in a training session?

Number of participants:
101

30 (29.7%): 1/2 a day

34 (33.7%): full day

37 (36.6%): 2 days

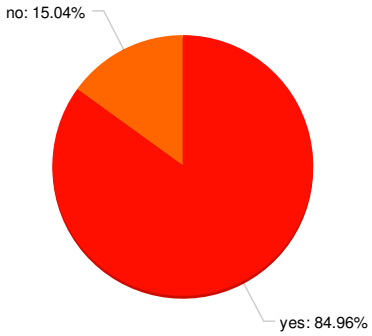


14. 5. Would you be interested in any other mental health and wellbeing training? *

Number of participants:
113

96 (85.0%): yes

17 (15.0%): no



15. 6. If yes, please tell us what specific aspects of mental health and wellbeing you would like to learn about?

Number of participants: 82

View all 47 previous answers

- I have already done Mental Health first aid training and train the trainers course but would like more specific training about supporting young people and ways we can engage with young people around mental health issues and support suicide prevention.
- Young People
- Impact on mental health through drug use.
- All types
- I have suffered from mental health problems since i had a break down four years ago due to mental torure from my ex partner. Im struggling to speak to friends or family so i keep myself to myself and push everyone away
- All mental health aspects
- Most common mental health illnesses such as depression, anxiety and eating disorders.

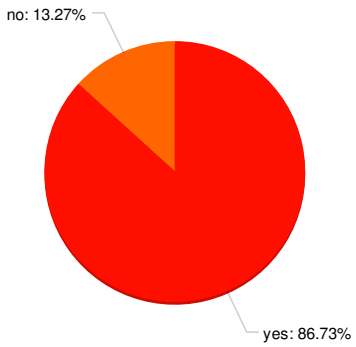
- All aspects of MH and Wellbeing. Especially MH first aid.
- mental health in young people, how to support them.
- A general interest but it is not really essential for my job
- Prevention of illness
  Learn about mindfulness, yoga exercising healthy eating
- Loneliness, encouragement, councelling
- trauma informed approaches
- The psychological side of why this can happen and when should further action be sought when a person is going through an episode
- Distress tolerance
- Na
- depression and anxiety related illnesses.
- Suicide prevention, trigger signs.
- Anything relevant to west lothian services.
- How to cope with a mental illness on your own.
- Learning about conditions like depression, anxiety, borderline personality disorder, bipolar, etc. I have heard of them all but don't know how it affects people in their daily lives and how to support some one I meet with it.
- Suicide prevention
  Spotting the signs of depression/ anxiety
  Depression medication and the side effects/ stigma
  What support is available/ most suited for each person - lots of groups/ charities but what one should people contact?
- The impact of The Covid Virus on mental health and how to manage this during the current restrictions.
- Self help techniques
- How to manage anxiety and low mood
- After losing my niece to suicide when she was 16 I would love to have training in crisis intervention & suicide. Also looking at positive ways on how someone can take care of their mental health.
- Understanding how to help in crisis without being taken to same place as sufferers. For example a mother helping a son
  A wife her husband
- Any just would like to be that person that helped somone having lost someone to suicide and trying to move on and trying to insill in them theres always a reson to stay
- I get excellent training at my work, so it would depend on what was offered and if I haven't had that opportunity previously to attend.
- I'd like to work with young adolescents who have behavioural problems. I'd like to help at least one person to reach therir potential and reach their goals.
- Bipolar
- How to speak to people who are struggling
- How to help give people advise if they are worried about a friend. And how to help people cope in situations.
- Self harm prevention
- Train the trainer for mental health first aid

16. 7. As we cannot deliver face to face learning opportunities at the moment due to Covid -19, would you be able to access online training via zoom/skype/teams?

Number of participants:
113

98 (86.7%): yes

15 (13.3%): no



West Lothian Suicide Prevention Action Plan 2020-2023

WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

1

Contents:

Sources of Support and Advice

If you or someone you know experiences mental ill-health – or if you or someone else is feeling suicidal – support and advice is available from the following sources:

- Local General Practitioner (GP) / Primary Care Practices
- NHS24 – free 24 hours on shortcode 111
- Breathing Space – free on 0800 83 85 87 6pm to 2am Monday to Thursday; and 6pm Friday through the weekend to 6am Monday www.breathingspace.scot
- Samaritans – free 24 hours on shortcode 116 123. http://www.samaritans.org/your-community/samaritans-work-scotland
- Childline – free on shortcode 0800 1111

West Lothian
COMMUNITY PLANNING PARTNERSHIP

"Treating people with dignity goes a long way"

Public consultation response – 10/09/2020 – 25/10/2020

WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

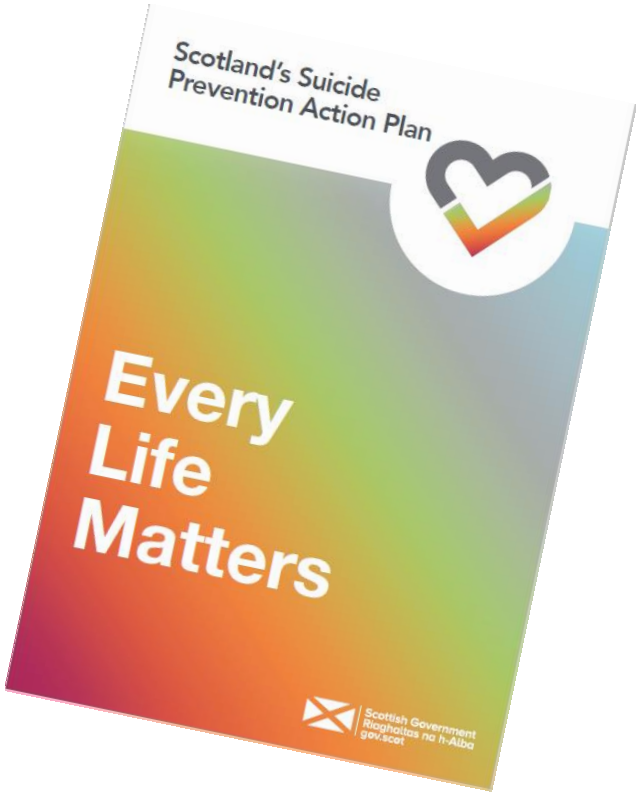
West Lothian
COMMUNITY PLANNING PARTNERSHIP

West Lothian Suicide Prevention Action Plan 2019-2023

In 2018 the Scottish Government published 'Every Life Matters', a national suicide prevention strategy.

Scotland's Vision

The vison of the plan is detailed as follows:



Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone's business.

National Strategic Aims

The vision is supported by 5 key strategic aims:

- people at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support;
- people affected by suicide are not alone;
- suicide is no longer stigmatised;
- we provide better support to those bereaved by suicide; and
- Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

National Actions

Ensuring that West Lothian share the national vision to raise awareness of suicide prevention, mental wellbeing and mental health training will support our goal to success in reducing stigma, starting conversations and reducing the number of completed studies. The Knowledge and Skills Framework for Mental Health and Wellbeing demonstrates the key domains that we will build into our action plan.

1. Promote good mental health and wellbeing
2. Tackle mental health inequalities, stigma and discrimination
3. Support people in distress or crisis
4. Promote resilience and recovery
5. Prevent self-harm or suicide
6. Improve the quality and length of life for people living with mental ill health

Suicide prevention forms a key part of revised mental health and wellbeing training in a framework from universal awareness raising to specialist training

(Scottish Government Suicide Prevention Leadership Group: Annual Report 2019. September 2019)

WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

The plan also detailed key actions that the Scottish government would take to support its vision and aims. The actions were detailed as follows:

1. The Scottish Government will set up and fund a National Suicide Prevention Leadership Group (NSPLG) by September 2018, reporting to Scottish Ministers – and also to COSLA on issues that sit within the competence of local government and integration authorities. This group will make recommendations on supporting the development and delivery of local prevention action plans backed by £3 million funding over the course of the current Parliament.

2. The Scottish Government will fund the creation and implementation of refreshed mental health and suicide prevention training by May 2019. The NSPLG will support delivery across public and private sectors and, as a first step, will require that alongside the physical health training NHS staff receive, they will now receive mental health and suicide prevention training.

3. The Scottish Government will work with the NSPLG and partners to encourage a coordinated approach to public awareness campaigns, which maximises impact.

4. With the NSPLG, the Scottish Government will ensure that timely and effective support for those affected by suicide is available across Scotland by working to develop a Scottish Crisis Care Agreement.

5. The NSPLG will use evidence on the effectiveness of differing models of crisis support to make recommendations to service providers and share best practice.

6. The NSPLG will work with partners to develop and support the delivery of innovations in digital technology that improve suicide prevention.

7. The NSPLG will identify and facilitate preventative actions targeted at risk groups.

8. The NSPLG will ensure that all of the actions of the Suicide Prevention Action Plan consider the needs of children and young people.

9. The Scottish Government will work closely with partners to ensure that data, evidence and guidance is used to maximise impact. Improvement methodology will support localities to better understand and minimise unwarranted variation in practice and outcomes.

10. The Scottish Government will work with the NSPLG and partners to develop appropriate reviews into all deaths by suicide, and ensure that the lessons from reviews are shared with NSPLG and partners and acted on

West Lothian
COMMUNITY PLANNING PARTNERSHIP

"This is a long term project because these issues are prevalent and will take time (generations) to shift"

Public consultation response – 10/09/2020 – 25/10/2020

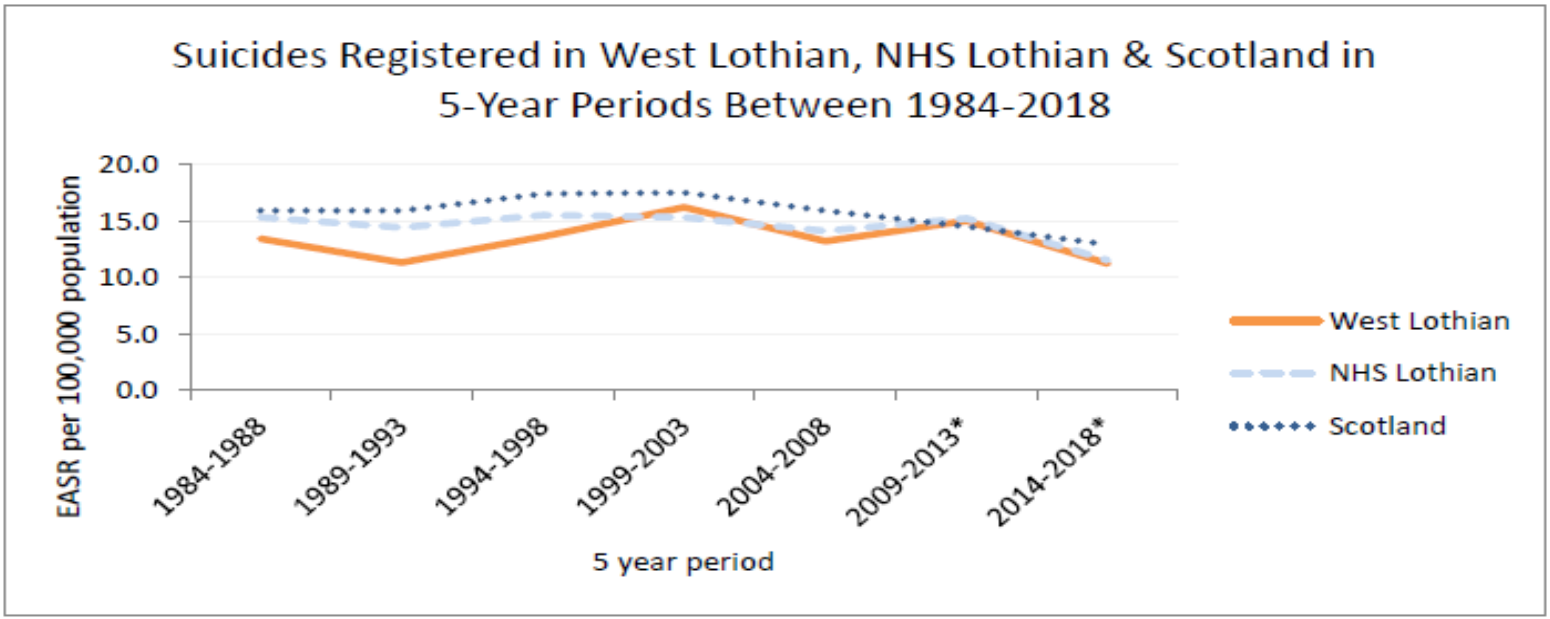
WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

West Lothian COMMUNITY PLANNING PARTNERSHIP

Suicide in West Lothian

In West Lothian we also believe that every completed suicide is a tragedy. This a tragedy that requires a holistic and person centred approach to address to reduce the impact that suicide has on individuals, families and communities.

West Lothian has a lower rate of completed suicide than the other areas of NHS Lothian and the national average. Male deaths by suicide are almost three times higher than females, which is consistent with the NHS Lothian and Scottish average. The rate of suicide in West Lothian over the 35 year period below has been 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.



WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

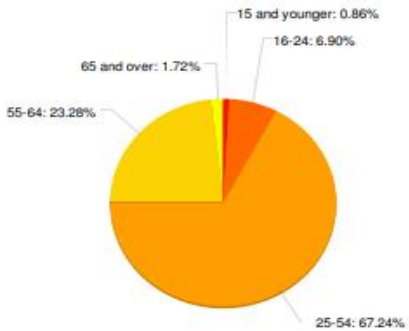
Consultation and Engagement.

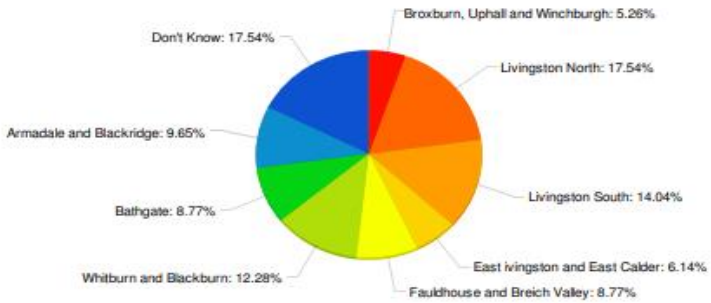
By engaging with local communities and those that have used services, we will continually develop services and community based supports to ensure that they are able to live well. Ensuring the principals an of the National Standards for Community Engagement are followed closely when designing and updating the Wets Lothian Action plan, we will ensure that our communities are engaged in the activities and training programmes proposed.

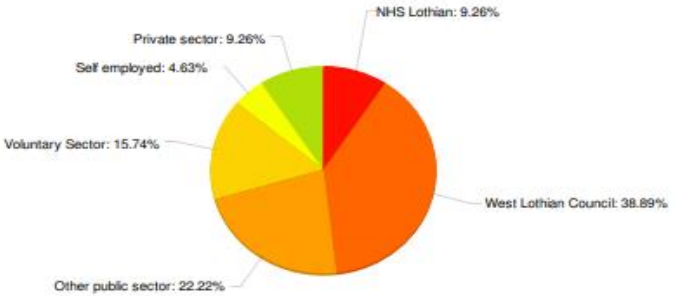
By investing in local support services, ensuring colleagues are trained in suicide prevention and intervention and those in need of help can access support at the right time; we would fully expect to see a positive impact and support the prevention of suicide in the future. The West Lothian Suicide Prevention Lead will work closely with others across the partnership to deliver the actions that follow.

Public Consultation

Between 10/09/2020 and 25/10/2020 a public consultation was available online for anyone to fill out to inform the West Lothian Mental Wellbeing and Suicide Prevention Group and support them to developing a local action plan. A total of 116 people completed the survey, demographic information can be seen below:



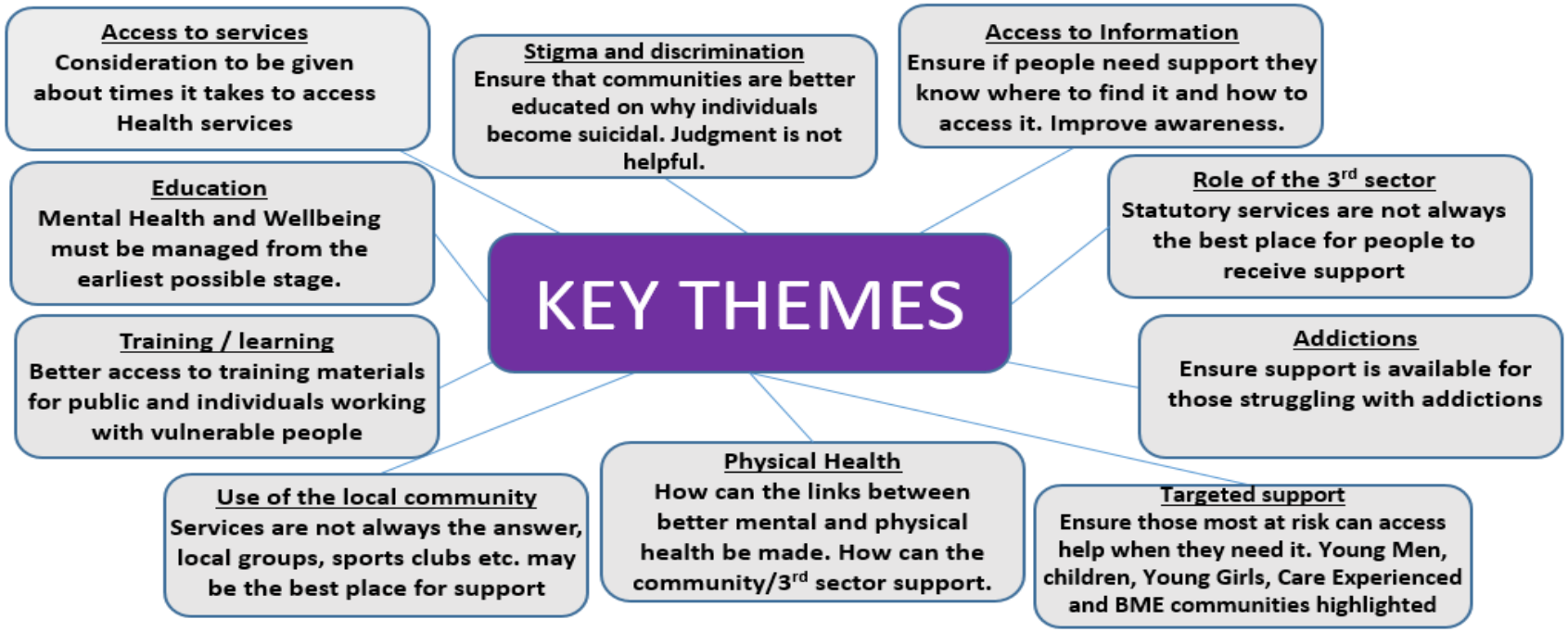




WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

A copy of the public consultation feedback can be found online **here**. Alongside the public consultation online, the West Lothian Mental Health Advocacy project (MHAP) also supported individuals that they work with to complete the survey and ensure their voices were heard. A total of 13 individuals submitted feedback in this way. As a result a total of 129 responses have been recorded. A thematic analysis was carried out of all feedback and the following themes have been identified that have supported the development of the local action plan. Full details can be found on page 12 onwards.

There is also clearly an appetite to learn more about suicide prevention with 89.4% of the survey respondents stating they wish to progress this and 85% of respondents stating they wish find more about other forms of mental health and wellbeing training. 86.4% of respondents were also happy to receive this training online.



WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

West Lothian
COMMUNITY PLANNING PARTNERSHIP

"Look at why death from suicide is seen as an adverse event and failure, yet death from cancer is not"

Public consultation response – 10/09/2020 – 25/10/2020

WEST LOTHIAN MENTAL WELLBEING AND SUICIDE PREVENTION GROUP

West Lothian Action Plan

The West Lothian Mental Wellbeing and Suicide Prevention Group has produced an action plan to prevent Suicide. The plan will be reviewed within the stated timescales and an update will be given to the Health and Wellbeing Partnership Group twice per year or more frequently if requested.

Action	Review date	Relevance to Theme from public consultation	Relevance to Framework Domains	Other relevant work
Create a tiered approach to Mental Wellbeing support to allow the CPP to target training and identify gaps in provision across both the statutory and non-statutory sectors.	March 2021	- Access to services - Role of the 3rd sector - Targeted support for at risk groups - Community response - Training and Learning	1,3,5,6	
Create a training plan for West Lothian focusing mainly on the lower tiers for Mental Health, Wellbeing and the Suicide Prevention. Ensure this is accessible to community members and organisations as well as staff working directly with individuals experiencing poor mental health and/or suicidal thoughts.	March 2021			
Community Planning Partners to work with SEE ME to develop a locally targeted suicide prevention campaign to reduce stigma and discrimination. The West Lothian Mental Wellbeing and suicide Prevention Group will lead this.	September 2021	- Stigma and Discrimination	2,5	SEE ME local campaigns

Contribute to the ongoing development of WESTSPACE and support a West Lothian consultation on how individuals would like to access information on Mental health and Wellbeing service and suicide prevention.	June 2021	- Access to information	1,2,4,5	Westspace
Support the ongoing work of the Mental Health and ADP Commissioning Boards to develop services to best support those with poor mental health and Suicidal thoughts.	Ongoing	- Access to services - Addictions - Access to information	1-6	MH Plan ADP Plan
Use the findings from the SAMH charter on physical health and sport, amongst other key studies to provide evidence based recommendation to the CPP to promote the links between physical activities and improved mental health and wellbeing.	September 2021	- Physical Health and wellbeing	1,4,5,6	SAMH Mental Health and Sport Charter Whole Systems Approach Work stream
Support colleagues in Education to support children to develop skills to learn about looking after mental wellbeing. Continue to support the role out of Mental Health training/learning for staff within West Lothian Schools.	Ongoing	- Education - Training and Learning	1-6	West Lothian Children's Services Plan Moving forward in learning

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

WEST LOTHIAN ALOCOHOL AND DRUG PARTNERSHIP(ADP) UPDATE AND DRUG RELATED DEATHS

REPORT BY THE DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To update members on the business and activities of West Lothian Alcohol and Drug Partnership (WLADP) and present the specific data and future actions to be taken to prevent drug related deaths in West Lothian.

B. RECOMMENDATION

The panel to note the contents of the work of WLADP and specific actions on drug related deaths.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs Being honest, open and accountable Making best use of resources Working in partnership.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The Misuse of Drugs Act (1971) The Medicines Act (1968) The Psychoactive Substances Act (2016) Licensing (Scotland) Act 2005 The Alcohol (Minimum Pricing) Scotland Act 2012
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	The Strategic Commissioning Plan Alcohol and Drug Services 2020-2023 support various outcomes in the SOA
V	**Relevance to Single Outcome Agreement**	We live longer, healthier lives and have reduced health inequalities People most at risk are protected and supported to achieve improved life chances

VI	**Resources - (Financial, Staffing and Property)**	All activities carried out within relevant available budgets.
VII	**Consideration at PDSP**	None
VIII	**Other consultations**	None required.

D. TERMS OF REPORT

D1 Background

WLADP is a multi-agency partnership that has strategic responsibility for coordinating actions to address local issues with alcohol and drugs. Its members include NHS Lothian, West Lothian Council, Police Scotland, HMP Addiewell, and the Voluntary Sector.

There are three main treatment services; West Lothian Drug and Alcohol Service (WLDAS), Community Addictions Service West Lothian (a team consisting of colleagues from both NHS Lothian and West Lothian Council), and Change Grow Live (CGL).

D2 Recent Performance

The ADP has continued to deliver and maintain performance during the pandemic with services remaining open for referrals and the delivery of treatment. A letter dated 16th April 2020 from the Minster of Public Health, Sport and Wellbeing and the Interim Chief Medical Officer to all ADP's and Chief Officers confirmed that these services were to remain essential services during this period and ensuring access to treatment and support for these individuals has remained a priority.

In 2019 there were 2,119 referrals for treatment, 1,519 in the community and 600 in HMP Addiewell. In 2020 there was 1,903 referrals for treatment, 1,599 in the community and 304 in HMP Addiewell. The reduction in treatment figures in the prison was due to lower numbers in custody and early release. Community referrals did drop in presentations in the first few months of the pandemic and we suspect this was, in the main, due to the "Stay at Home "message. Referrals for treatment then increased towards the end of the calendar year ending with a slight increase of 80 referrals overall.

The ADP's main performance indicator is the A11 standard, this is defined as '90% of people who need help for their drug or alcohol problem will wait no longer than three weeks for treatment'. The target has consistently been met since June 2019.

D4 Drug Related Deaths

The national statistics on Drug Related Deaths are produced annually by the National Records Service (NRS) and the 2019 data was released on 15th December 2020. This shows that drug deaths in Scotland hit a new record high in 2019 with 1,264 drug-related deaths (DRD's). The number of drug deaths in West Lothian in 2019 was 23. This is reduction of 2 from the figure for 2018 which was 25. In 2017 the number was 22.

WLADP views all of these deaths as an individual and preventable tragedies and the recent trend of an increase in DRD's is a high priority. Action specific to DRDs is included in the Strategic Commissioning Plan Alcohol and Drug Services 2020-2023, these are:

- Increase naloxone distribution across service users, family and carers, health touch points such as pharmacy and health centres and other places in

the community. This should include regular replacement and training. A specific Naloxone Champion for West Lothian came into post in January 2020.
- Establish an effective anticipatory care system including for follow up of people who have had a non- fatal overdose or who are at extreme risk of harm from drug use.
- Same day prescribing to be available for those assessed as requiring Opioid Substitution Therapy (OST).
- Optimise Public Health Surveillance increase input from the Lothian Combined Health Intelligence Node (CHIN)

On the 20th January 2021 the Scottish Government announced five clear priorities to reduce drug deaths as a result of the new high record these include:

- fast and appropriate access to treatment;
- access to residential rehabilitation;
- increased capacity of front-line, often third sector, organisations;
- a more joined-up approach providing proactive support following a non-fatal overdose; and
- overcoming the barriers to introducing overdose prevention facilities.

The First Minister's Statement outlining these priorities included an additional £5 million funding for this financial year (2020-21) and a further £50 million per annum for the next five years to support these priorities. A significant proportion of this additional funding is expected to got to ADPs.

On the 4th February 2021 the Chair of ADP and the IJB Chief Officer were informed that a further allocation of £62,799 for this financial year 2020-21 was to be allocated to West Lothian to support these priorities. The ADP partners have been asked to formulate a plan for this additional funding.

D5 <u>Alcohol Related Deaths</u>

There are 2 definitions of alcohol-related deaths. A new definition used to report alcohol deaths came into place in 2017. Further information is available in the link in Background References about these definitions. Both definitions are reported on. The 2019 figures were released on 24th November 2020 by National Records of Scotland (NRS):

New National Statistics Definition:
In the West Lothian Council area there were 28 alcohol-related deaths in 2019. This is a decrease from 35 in 2018. The 5 -year average from 2014- 2019 is 31.

Old National Statistics Definition:
In the West Lothian Council area there were 32 alcohol-specific deaths in 2019. This is a decrease from 41 in 2018. The- 5 -year average from 2015-2019 is 34.

Alcohol related deaths and alcohol related harm remain a priority for ADP and are of a higher number in West Lothian than DRD's.

E. CONCLUSION

It is recommended that the panel notes the contents of the report and welcomes the recent performance of WL ADP and its specific actions in relation to Drug Related Deaths.

F. BACKGROUND REFERENCES

The Strategic Commissioning Plan Alcohol and Drug Services 2020-2023

https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths

Appendices/Attachments:

Contact Person: Nick Clater
General Manager – Mental Health and Addictions
Chair of WLADP
Tel.: 01506-523807
e-mail: nick.clater@nhslothian.scot.nhs.uk

CMT Member: Allister Short, Depute Chief Executive

Date: 18th February 2021

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

COMMUNITY PLANNING HEALTH AND WELLBEING AND ANTI-POVERTY COVID-19 UPDATE

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The purpose of the report is to provide the Health and Care PDSP with an update on the activity undertaken in response to social needs related to COVID-19.

B. RECOMMENDATION

It is recommended that the Health and Care PDSP noted the contents of the 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)**	None
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**	None
VIII	**Other consultations**	West Lothian IJB

D. TERMS OF REPORT

In recognition of the potential long-term impacts of COVID-19, colleagues involved in the West Lothian Community Planning Partnership (CPP) Anti-Poverty Task Force and the Health and Wellbeing Partnership have worked together to gather evidence of activity in response to social needs related to COVID-19, to understand the COVID-19 policy landscape and also the potential policy and financial barriers and challenges. This process has captured key activity during the first phase of the pandemic (see Appendix 1) and helped to identify future needs which will support the CPP in planning for the future. This short paper provides an update on this work.

This work has been informed by community surveys and group activity. The West Lothian Council Regeneration team led on a community survey supported by Voluntary Sector Gateway. The Gateway also hosted the 'Covid-19 Recovery summit – 'Creating a new West Lothian'. The West Lothian Integration Joint Board Strategic Planning Group has also captured activity and future priorities. The council also facilitated community listening events on behalf of the Scottish Government's Social Renewal Advisory Board. The West Lothian Anti-Poverty Plan 2020-21 includes many practical measures that West Lothian Council and partners have agreed already to mitigate some of the challenges.

The initial consultation with CPP colleagues between July and September 2020 highlighted a number of social and economic challenges arising from the pandemic: income; employment (and unemployment) and business support; housing and homelessness; longer-term resilience arrangements particularly for third sector; mental health and wellbeing.

In July 2020, the HSCP pursued a number of actions to increase mental health provision including increased access to Community Wellbeing Hubs; a review of Third Sector mental health payments; and the completion of the West Lothian Suicide Prevention Action Plan. A new Third Sector Mental Health Collaborative Group has been established with the aim of ensuring mental health support providers and referral agencies work in a collaborative manner to improve services (see Appendix 1 for examples of activity).

Work focusing on the other major themes is being led by CPP partners as outlined in Figure 1. Income maximisation and support is part of the remit of the council Anti-Poverty service while the council's Economic Development service is leading work to support on employment and business support. The Rapid Rehousing Transition Plan is adjusting to needs presented by the pandemic, notably challenges around the availability of temporary accommodation and longer-term housing options. The Community Regeneration team has worked with other council departments and the Voluntary Sector Gateway and other key stakeholders to shape the pandemic recovery focus of the Voluntary Organisations budget and the new council Third Sector Community Support Fund.

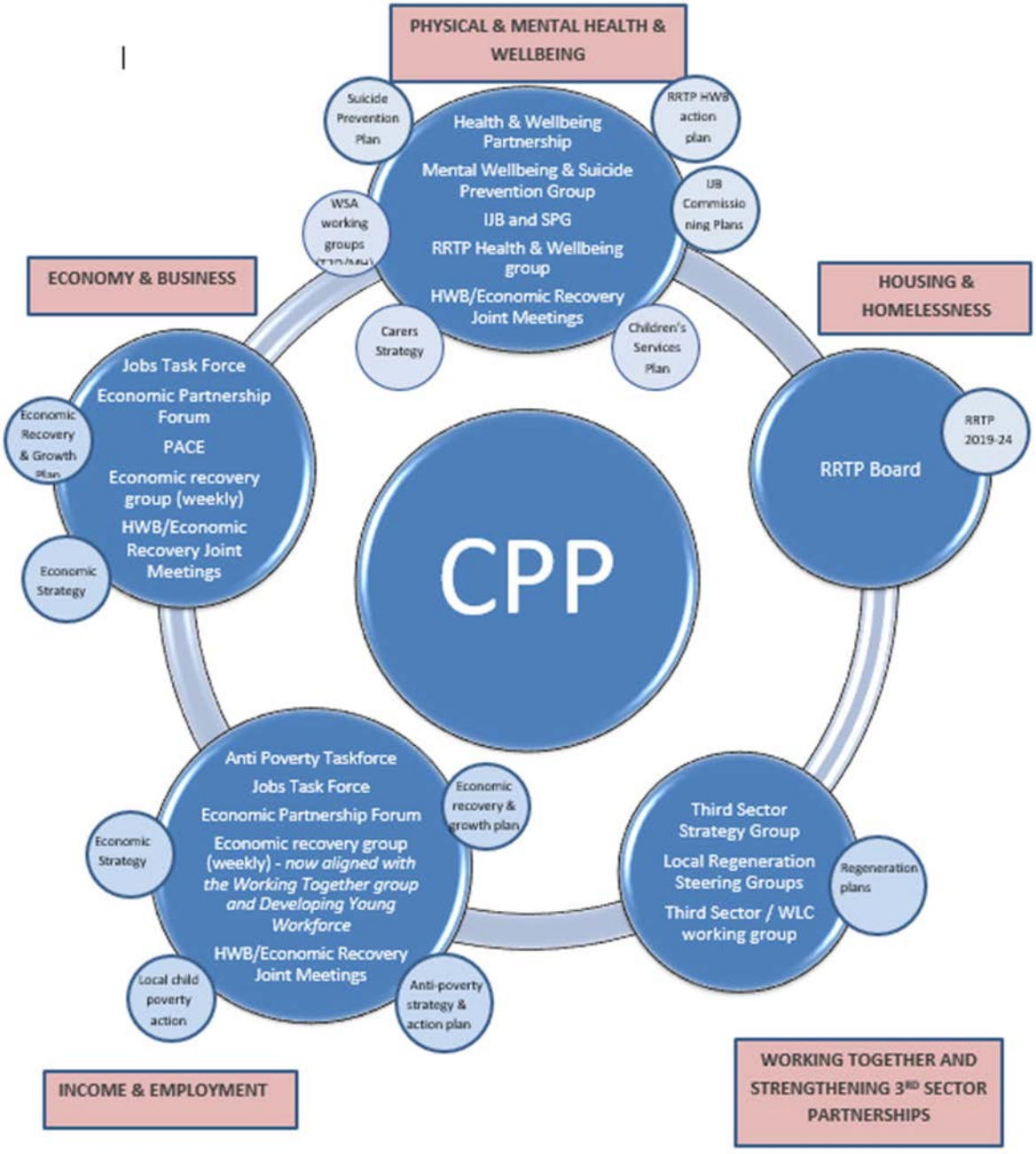


Figure 1: Mapping COVID-19 themes to CPP groups

The remaining work on the Community Planning pandemic priorities relates to physical health. This is being picked up by the Health and Wellbeing Partnership. All of these priorities will inform the Local Outcomes Improvement Plan review. This review has been delayed by the pandemic but the last CPP Board meeting agreed that work should resume on the LOIP in 2021. There was discussion of the pandemic impacts on physical health and the last Integration Joint Board Strategic Planning Group. It was agreed that this pandemic mitigation work could inform and shape IJB plans with regard to physical activity referrals.

A COVID-19 sentinel dataset has also been established by the working group. The paper presented to the CPP Board on 30 November is appended as Appendix 2 and an update will be provided at future CPP Board meetings. The data are intended to provide a snapshot over time of some of the high level impacts of COVID-19 in West Lothian. Key points include:

- Unemployment numbers doubling in the last year but currently at a plateau
- The unemployment among 18-24 year olds higher than the Scotland average
- A high proportion of people aged 51-60 years old being made redundant due to COVID-19
- Concern about more redundancies in early 2021
- More than 4,000 food parcels being distributed on a monthly basis
- More than £900,000 has been granted from the Scottish Welfare Fund between late March and the end of October 2020
- Strong economic activity in research and pharmaceutical sector in West Lothian

E. CONCLUSION

It would be desirable to have up to date data in relation to mental health and wellbeing. Existing data tends to focus on service/input measures and acute mental health. There is less data and intelligence around whole population mental health and wellbeing. There may be some more useful information from the mental wellbeing hubs and this is currently being explored.

F. BACKGROUND REFERENCES

Appendices/Attachments:	Appendix 1 West Lothian Third Sector Mental Health Collaborative Group activity Appendix 2 West Lothian COVID-19 sentinel dataset commentary (WL CPP Board briefing paper, 30 November 2020)
Contact Person:	Martin Higgins, NHS Lothian (on behalf of the WL CPP Health and Wellbeing and Anti-Poverty COVID-19 response working group)
CMT Member:	Allister Short, Depute Chief Executive
Date:	18th February 2021

Appendix 1: West Lothian Third Sector Mental Health Collaborative Group activity

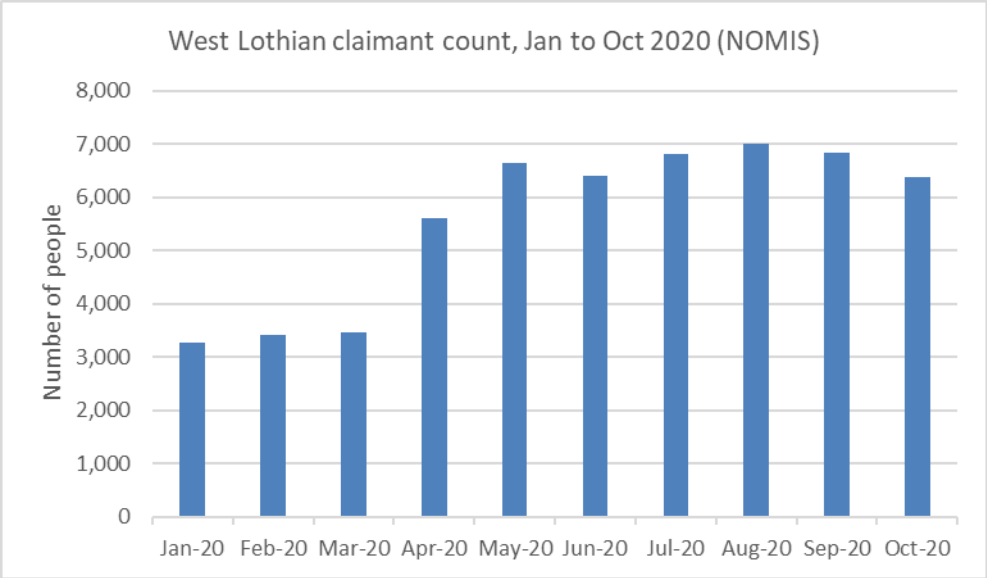
West Lothian Third Sector Mental Health Collaborative Group The Bridge Community Project	1:1 Counselling for adults living in the West Lothian area.
Positively Able CIC	Professional Peer counselling for adults experiencing disability
Beechbrae	Branching Out, an outdoor woodland programme to support mental health
Carers of West Lothian	Support and counselling to disabled adults and unpaid carers (including young carers).
Mood Project - Mental Health & Well-being	Group activities and telephone support for mental health
EnvironMentalHealth CIC	Support plus Learning & Development including First Aid For Mental Health training
The Brock Garden Centre SCIO	Therapeutic activities in the garden centre for people with chronic mental health conditions
Polbeth Community HUB	Person Centred Counselling for adults living and/working in the Polbeth area
S.M.I.L.E Counselling	One to one Counselling to children and young persons aged 11 years to 24 years
Men Matter West Calder	Primarily social and peer support although signpost to partners who deliver counselling
Neil's Hugs Foundation	Support groups for people bereaved by suicide
Cyrenians OPAL	Support to clients age 60+ with low mood

Appendix 2: West Lothian COVID-19 sentinel dataset commentary (WL CPP Board briefing paper, 30 November 2020)

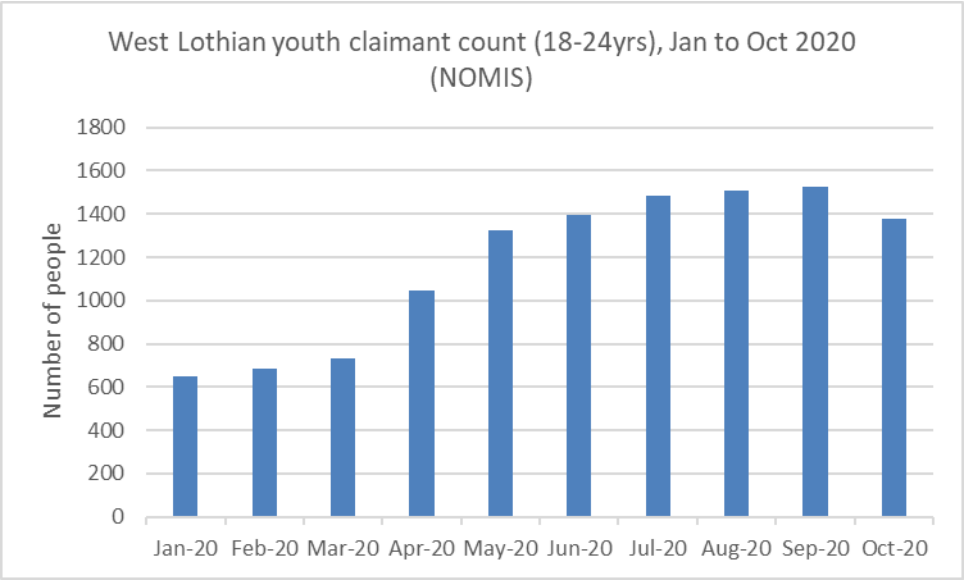
Claimant Count

Since September 2019, unemployment claims have doubled in West Lothian. This upward trend started in April 2020. There were almost 7,000 people claiming unemployment related benefits September (6,835), but have dropped back down closer to 6,000 in October. At 5.5% for October, the West Lothian unemployment rate is still below the Scotland average of 6.0%.

From the claimant count data and the fact that the Claimant Count statistics for September and October are slightly lower than those recorded in August it would look as though the initial shock to the labour market has dissipated and, at least in West Lothian, a stabilising of the situation. The end (and restart) of furlough may have had some impact on September and October numbers; there is also an annual reduction in unemployment claims as universities and colleges return in September. Most economic forecasters had suggested that there may be a significant rise in unemployment in January and February as seasonal employment comes to an end. The extension to the Job Retention scheme announced by the Chancellor on the 5th November should support jobs at least until the end of January or possibly to the end of March.



The 18-24 age group has been particularly affected by the COVID-19 economic downturn. Since September 2019, unemployment claims in this age group have also doubled. This upward trend started in March 2020 and now there are just under 1,400 young people claiming unemployment related benefits. At 9.8%, the West Lothian unemployment claimant rate is higher than Scotland (8.8%) and UK (9.2%) although a decrease in the rate from September 1,525 (10.8%) and August 1,510 (10.7%). Many young people have been employed in sectors such as the hospitality and the retail sectors, which have both been hard hit by the lockdown. At the same time, job vacancies in the UK between April to October 2020 have been at the lowest levels since the ONS vacancies survey began in 2001.



We can drill this data down to a more local level and we are currently investigating this as we go forward.

It should be noted that many West Lothian residents work in Edinburgh and Glasgow. Job cuts in Edinburgh may have impacted the West Lothian claimant count numbers.

Job Retention Furlough Scheme and Self-Employment Income Support

By August 2020, 27,600 West Lothian jobs had been protected by the furlough scheme. But gradual withdrawal of support meant that the number of jobs protected dropped significantly to 7,800 in September.

The Self-Employment Income Support Grant Scheme began on 13 May 2020 and has provided support to the self-employed in West Lothian. Take up rate has been substantial, with 73% initial take up to June (4,400), peaking in in July and August at 76% (4,600). In the latest month, take up of support has dropped slightly to 69% (4,100). The average value of grant claims was £2,800, although this has dropped off to £2,500 in the last couple of months. Uptake is likely to increase over the coming months with the extension of SEISS in the form of two further grants, each available for 3 month periods covering November 2020 to January 2021 and February 2021 to April 2021.

Total Employment

The economic development team has been monitoring key employers in West Lothian. These 207 businesses employ almost 21,000 people in the area. 103 companies provide no cause for concern; 66 businesses are at amber status and 28 businesses are showing cause for concern. There is no information on the other 10 companies. There has not been much change in the status of these companies over the last two months.

There are signs of business growth in the pharmaceuticals and life sciences sector.

PACE data

The PACE scheme means that Skills Development Scotland works with local economic development teams to support employees who face redundancy in companies with more than 20 staff. It is, however, difficult to monitor the economic wellbeing of smaller businesses as there is no system to identify their difficulties. The West Lothian Business

Gateway support team has identified some smaller companies that have made redundancies and is providing support to staff in these organisations. In addition, a local PACE line via West Lothian Council's contact centre has been introduced.

Food Support

Since food support started in mid-May until the end of September, 73,624 food parcels have been delivered in West Lothian. This equates to more than 3,600 per week. It is worth noting that the 'nature' of the need relating to food has changed. During lockdown (April to June) the need arose from the fact that people could not access food. More than 4,100 food parcels were delivered on average during each week in June. In recent months, the need has been due to people having less money and unable to afford food.

Scottish Welfare Fund

There has been a significant increase in the amount of Scottish Welfare Funding disbursed in West Lothian. More than £900,000 has been granted between late March and the end of October with a significant increase in the crisis grants awarded and, as the 2020-21 financial year has progressed, and there has been movement in rented housing stock a steady rise in community care grants.

People can apply for grants if they are advised to self-isolate by Test and Protect. But successful applicants are low, mostly due to difficulties in meeting all the criteria; in the first three weeks of the scheme, less than 10% of applications have met Scottish government criteria for the grant.

Schools: Education Maintenance Allowance, Free School Meals and Clothing Grants

The Education Maintenance Allowance figures are not complete until the end of the academic year however there will be an increase in figures when the second cohort of the school year becomes eligible (January).

There is an increase of 1,674 (37%) in the total number of children eating free school meals in this academic year. During the lockdown period prior to summer break, free school meal uptake increased; uptake then levelled out during the summer holiday period. Average uptake in May was 60% which fell to 55% in June and to 42% in July. Uptake of free school meals during the September and October holidays was notably lower than during lockdown and the summer holidays.

The eligibility criteria for clothing grants have been extended to include those receiving council tax reduction so that more children can receive this grant. This may have contributed to the increased uptake of almost 10% for this grant; 7,714 children in West Lothian have benefitted from this award.

Rent and Council Tax Arrears

Housing continues to maintain a high collection rate for rent, with the 2019/20 collection rate at 98.23%. Income management is being monitored continuously and corrective actions taken as needed. Income so far this year has been higher from customers and the average transaction value has increased. Both of these increases are over and above the previous year even after adjusting for the rent increase applied in April 2020.

Rent arrears has increased since March. The rise is within the forecast projections made each year and includes known rises due to customers paying on a monthly schedule and charges being applied on an accelerated schedule due to non-collection weeks which will resolve by the end of the year.

The largest real debt driver is the transition of customers from legacy Housing Benefit onto Universal Credit due to the break in benefits during the initial Universal Credit assessment period. Maximum debt on accounts has increased largely due to the removal of eviction actions while court processes are suspended.

Most wards are within target with only one ward, Breich Valley, underperforming at this stage. There are historical debt issues with this area so this underperformance cannot be attributed to the pandemic pressures.

There has been an increase in council tax arrears which is complemented by an increase in the council tax reduction caseload. The council's Revenues team is projecting a loss on council tax receipts due to COVID-19.

Ongoing Work on the Data Set

Data for many of these indicators is only available at a West Lothian level. Further work is ongoing to look at where robust, reliable data can be captured at a more local level.

There is a lack of useful, up to date data in relation to mental health and wellbeing. Existing data tends to focus on service/input measures, and the more acute aspect of mental health. There is less data and intelligence around whole population mental health and wellbeing. There may be some more useful information from the mental wellbeing hubs and this is currently being explored.

More work is also required to capture indicators pertaining to community physical and mental health and wellbeing. There are many third sector organisations that support their communities to address many of the health and wellbeing issues that are key to any preventative approach. But this work may be under the radar and many organisations may not even see their work in this light. For example, befriending, sport and exercise, community events, older people groups and youth activities all play a key role in prevention of poor health and promotion of wellbeing but are perhaps not captured statistically or reported elsewhere. It would be desirable to capture this activity needs so that it can be recognised, better integrated and understood by the CPP.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

STRATEGIC COMMISSIONING PLAN FOR OLDER PEOPLE AND PEOPLE LIVING WITH DEMENTIA

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The purpose of the report is to inform the Health and Care PDSP of the revised strategic commissioning plan for services of older people and people living with dementia.

B. RECOMMENDATION

It is recommended that the Panel note the contents of the strategic commissioning plan for services for older people and people living with dementia as detailed in appendix 1 of 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)**	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	The commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
V	**Relevance to Single Outcome Agreement**	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes as they relate to health and social care.
VI	**Resources - (Financial, Staffing and Property)**	Financial resources as detailed in the IJB's Strategic Plan 2019 to 2023. Implementation of the commissioning plan will require to take account of available resources.
VII	**Consideration at PDSP**	None

VIII Other consultations None required.

D. TERMS OF REPORT

D1 The Integration Joint Board approved a revised Strategic Plan for the period 2019 - 2023 at its meeting on 23rd April 2019. The plan detailed how high level outcomes were to be achieved through a process of strategic commissioning and included a commitment to developing a series of care group commissioning plans. Plans have already been approved by the IJB for mental health, learning disability, physical disability and addictions services.

D2 Commissioning Plan for Older People

The IJB considered a first draft of the strategic commissioning plan for older people and people living with dementia in January 2020 when it was acknowledged that there was further work to be done to develop the action plan associated with it.

D3 Much has happened since the first version of the commission plan was presented. Different areas of the partnership have had to adapt to different ways of working in the face of rapidly changing circumstances associated with the Covid-19 pandemic.

D4 New ways of working have been introduced over recent months, some services have stopped and others have been stepped up, all of which have had significant impact on service users, carers and staff. The pandemic has, however, also allowed tests of change to be undertaken in a range of areas more quickly that might otherwise have been possible and the learning from this is important

The experience of developing services in recent months in the Integrated Discharge Hub at St John's Hospital, for example, has raised questions about how community services should be organised in the future to support a more preventative, community based approach. The third and independent sectors have also played a critical role in supporting people in communities during the pandemic and further exploration of how partnership working can be enhanced will be an important area of development in future plans.

Implementation of technological solutions has been a key feature over the past 7 months and is an area that the partnership would wish to develop further. The use of 'Near Me' has allowed GPs and mental health services, for example, to carry out consultations via video conferencing, and work now needs to be done to explore in more detail how greater use of technology can enhance future provision. Development of a digital strategy will allow the partnership to set out plans for developing its use of technology to support service development and delivery over the next 3 to 5 years.

D5 The Strategic Planning Group held a development session in July 2020 to allow members an opportunity to reflect on their own experience during recent times. The findings of that session were collated and have been used alongside the outcomes of previous engagement activity to determine the priorities outlined in the revised strategic commissioning plan for older people and people living with dementia.

It is now proposed that the commissioning plan for older people is divided into three distinct programmes:

- Programme 1- Prevention and Early Intervention
- Programme 2 – Integrated Community Services
- Programme 3 – Acute Specialist Care

D6 Given the scale of the transformation proposed and the wide range of services that support the older population of West Lothian and those living with dementia, consideration is being given to how the programmes are to be resourced. It must also be borne in mind, however, that the partnership continues to operate under difficult and uncertain circumstances which may impact progress as resources are used to respond to operational priorities.

D7 Work is underway to develop performance measures to underpin all the strategic commissioning plans. This will be an evolving process given the level of transformation proposed in the plan for older people.

D8 The Older People Planning and Commissioning Boards meets at least six times per year and reports in to the IJB's Strategic Planning Group. Implementation and progress of the commissioning plan will be monitored by the Strategic Planning Group with formal updates to the IJB every 6 months.

E. CONCLUSION

In conclusion, the report presents to the Health and Care PDSP, a revised commissioning plan for older people and people living with dementia which takes account of priorities developed through stakeholder engagement and learning from the COVID-19 pandemic response.

F. BACKGROUND REFERENCES

Integrated Joint Board Meeting 23rd April 2019.

Appendices/Attachments:	Appendix 1 Strategic Commissioning plan for Older people and People Living With Dementia Appendix 2 Strategic Direction
Contact Person:	Yvonne Lawton, Yvonne.lawton@nhslothian.scot.nhs.uk, 01506 283949
CMT Member:	Allister Short, Depute Chief Executive
Date:	18th February 2021

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

Strategic Commissioning Plan Services for Older People & People Living with Dementia

2020-2023

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

Contents

1. Introduction

In West Lothian we believe in providing support and services that allow our citizens to live well. The commissioning plan for older people and people living with dementia will act as a tool to allow us to work to this common goal across our communities.

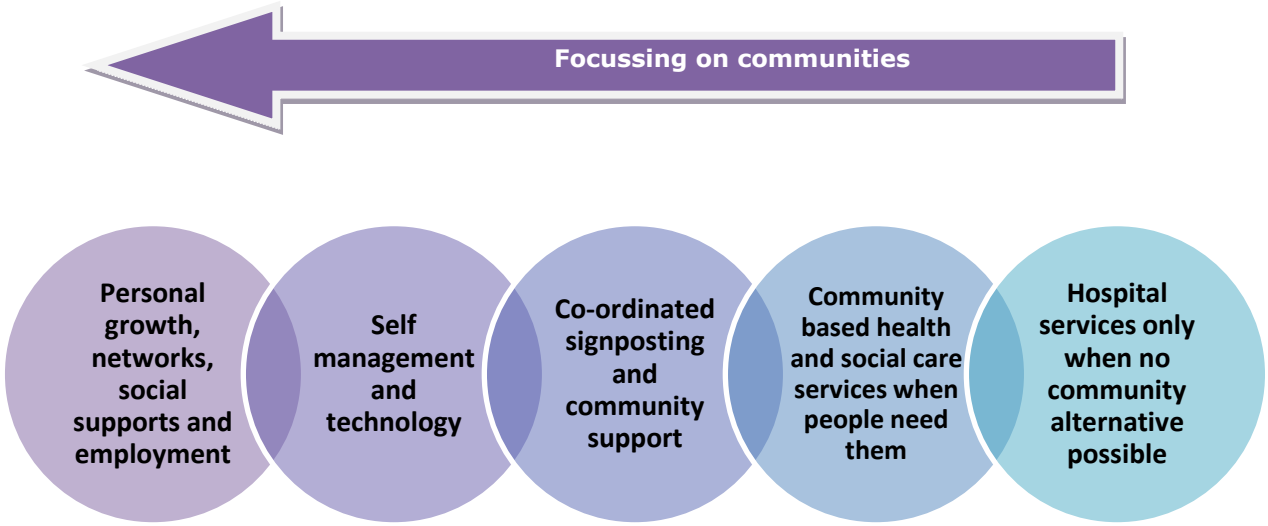
The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care services. As a result of this we have published the West Lothian Integration Joint Board Strategic Plan 2019-23 setting out both our aims and strategic 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"***

The Integration Joint Board (IJB) has developed a set of values that underpin the commissioning of the services which are outlined in this plan.

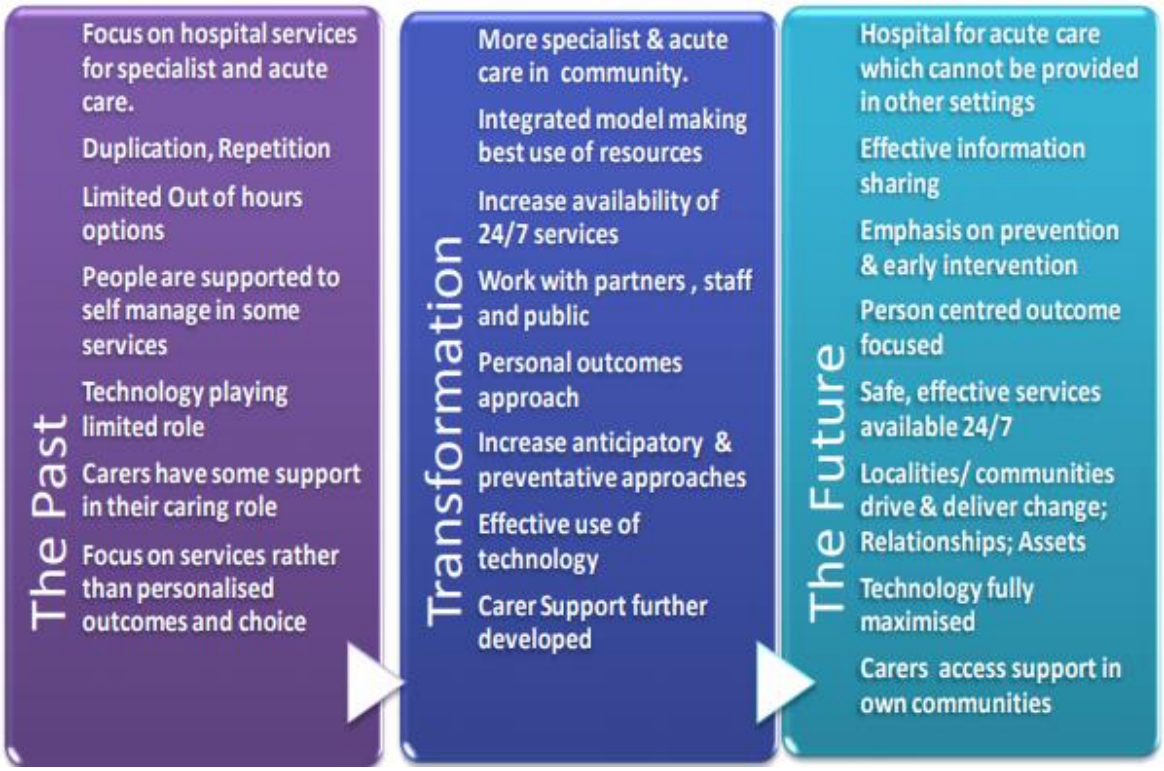
2. Our Approach

We have adopted a whole system approach to reviewing and developing 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 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 our services for older people and those living with dementia 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 deliver the changes we need to make. We will ensure that we focus on maximising opportunities for integrated working across the West Lothian Health and Social Care Partnership (WLHSCP).

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



Development of this commissioning plan has involved both targeted and open consultation with service users, carers, families, service providers, representatives from the third and independent sectors and staff from across the partnership. The IJB's Strategic Planning Group has also played an important role in shaping the direction set out in this plan.

Consultation and engagement has allowed the WLHSCP to identify what matters most to those using existing services and to identify areas that we need to develop over the next three years.

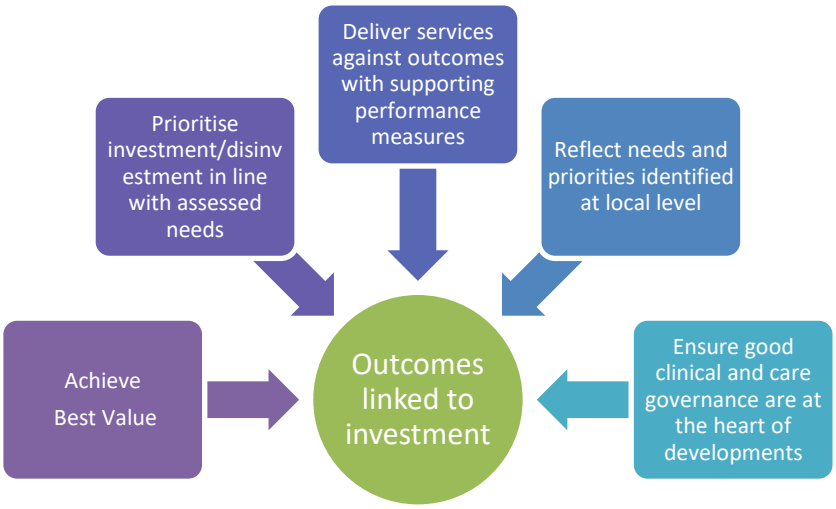
The Scottish Government's strategy, 'Reshaping Care for Older People', 2011 to 2021 contains the guiding principles for the development of this plan.

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:

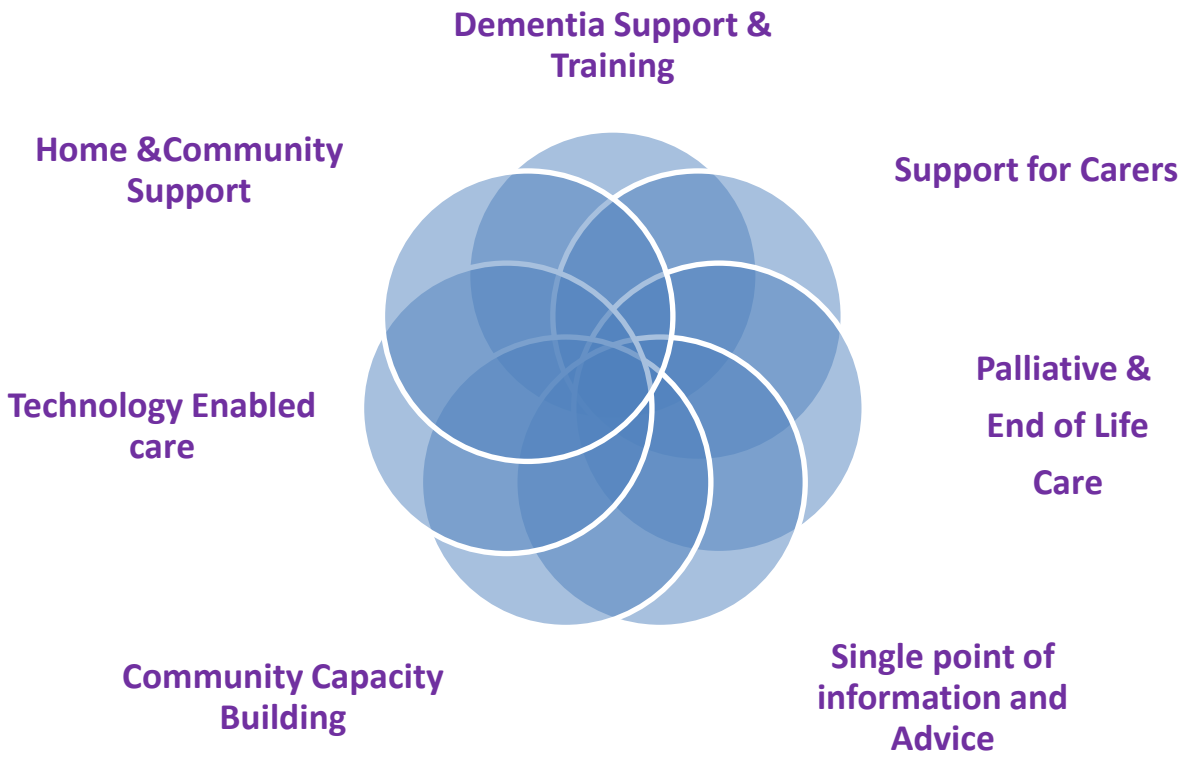
This commissioning plan also aims to:



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 which was published in two parts (part 1 & part 2) which was used as the basis for the 2016/17 to 2018/19 commissioning plan for services for older people. 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 in the previous plan were:



Those priorities were built into the following programmes of work:

Service Integration- Frailty Pathway

Integrated Discharge Hub

During the course of the previous 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 representatives from Carers of West Lothian in the hospital to improve discharge planning and enhance 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 completed to allow multi-disciplinary assessment of ongoing need to take place at home rather than in hospital – known as 'discharge to assess'. The discharge to assess approach means that people with complex care needs can go home when they are medically fit to do so. Assessment of ongoing care and support needs can then be done at home which is a much more appropriate setting for identifying goals for rehabilitation and personal outcomes. 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 to discharge. We also invested additional resources in the

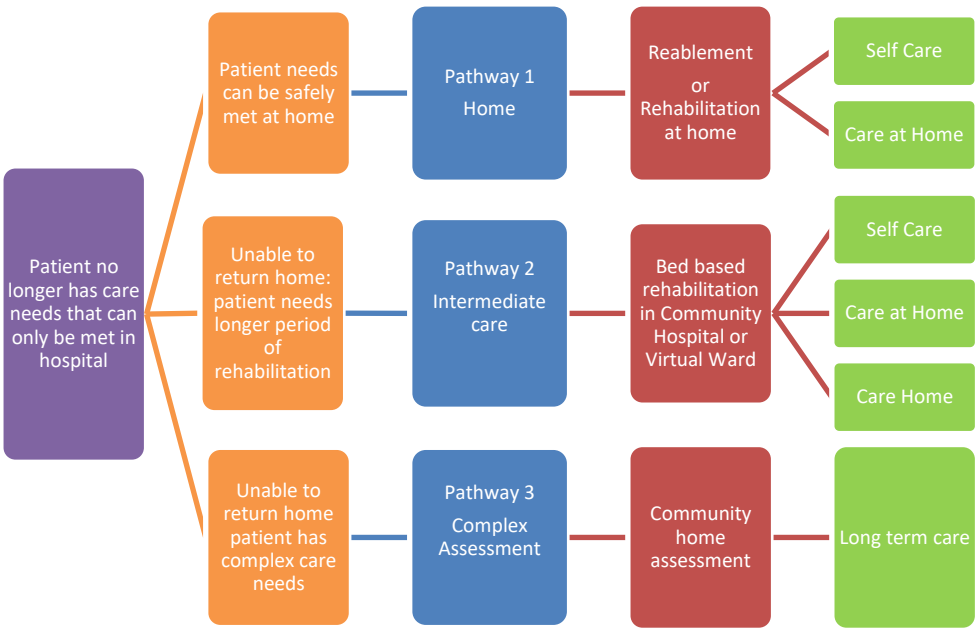
internal Reablement Service to allow more people to receive rehabilitation and care at home.

The integrated discharge hub and the discharge to assess approach have resulted in positive impact on the average length of stay on medical and rehabilitation wards.

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 timely hospital discharge in our new plan. Importantly, alongside that work, we will also consider how we can build capacity in the community under a single point of access (SPA) to prevent people being admitted to hospital unnecessarily wherever possible.

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 participated in a national health improvement collaborative led by Healthcare Improvement Scotland, 'Frailty at the Front Door'. The collaborative was successful in improving the identification and coordination of care for people living with frailty who presented to the local hospital.

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

We need to ensure that the identification of frailty is done from the point of presentation at all acute front door areas to facilitate specialist frailty input. High quality frailty care needs to be embedded within the design and culture of all acute care areas.

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 care 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.

We also made significant investment in our reablement services. This investment has seen an increase in community capacity to discharge people with complex care needs from hospital back to the community for ongoing assessment and care.

In addition, our community Rapid Elderly Assessment and Care Team (REACT), including the Hospital at Home service, continued to make a significant contribution to the delivery of care, treatment and rehabilitation in the community. A rapid access clinic was added to REACT services and is providing urgent access to 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 remained 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 to 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.

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 care homes.

REACT Care Home Team

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 two 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 identify future requirements based on a clear understanding of anticipated growth in our population of older people and changing models of care.

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

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

- West Main St, Broxburn opened 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 increasing number of older people.

Community Capacity Building

Voluntary and 3rd Sector

The Voluntary Sector Gateway and third 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 commitment to developing ways in which volunteers can support older people to remain

connected to their community. 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.

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.

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 considered with reference to the use of an e-frailty tool by GPs, to better understand levels of frailty within their practice populations.

What we need to do going forward……

> A key consideration in the new plan will be on how community infrastructure can be developed to support people who are frail and those with long term conditions to improve or maintain their health and wellbeing.

Technology Enabled Care

During the last planning cycle we extended use of a 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. West Lothian's Strategy for Carers was published in 2020.

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 work continues to support carers to maintain their health and wellbeing and to enable people 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 to ensure that people had access to timely information and advice.

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 Social Care partnership has continued to implement dementia learning pathways through training to improve awareness of dementia and enhance practioners' skills. Dementia awareness raising courses ran from 2016 to 2019 and 3 cohorts of staff completed Professional Development Awards in Promoting Excellence in Dementia Skilled Practice (PDA) between 2016 and 2018.

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

The Health and Social Care Partnership embarked on a pioneering dementia venture, being the first partnership to introduce a specialist advanced dementia nurse practitioner into the care team. This role will allow support to be provided at an early stage by a practiotioner 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.

We also acknowledge that whilst the development of services for people living with dementia sits within the plan for older people, there is significant overlap with the mental health commissioning plan. As developments progress, lead officers will ensure that there is discussion across all planning and commissioning boards to ensure that services of the future reflect the needs of the entire adult population.

Palliative and End Of Life Care

Within West Lothian there is a strong partnership with Marie Curie & McMillan in providing coordinated, person-centred palliative and end of life nursing care, advice and support. The partnership expanded the team by introducing advanced nurse practitioners within community hospitals who are working on the development of enhanced community services.

Community teams have focused on anticipatory care both at home and in care home settings, and have also had the opportunity to shadow the Marie Curie team to develop the range of supports on offer. The community nursing team continues to play a critical role in assessing and delivering palliative and end of life care, both in and out of routine hours.

The health and social care partnership meets regularly with partners to identify opportunities for continuous improvement and has undertaken engagement work with service users, cares and families to inform the priorities detailed below:

What we need to do going forward……

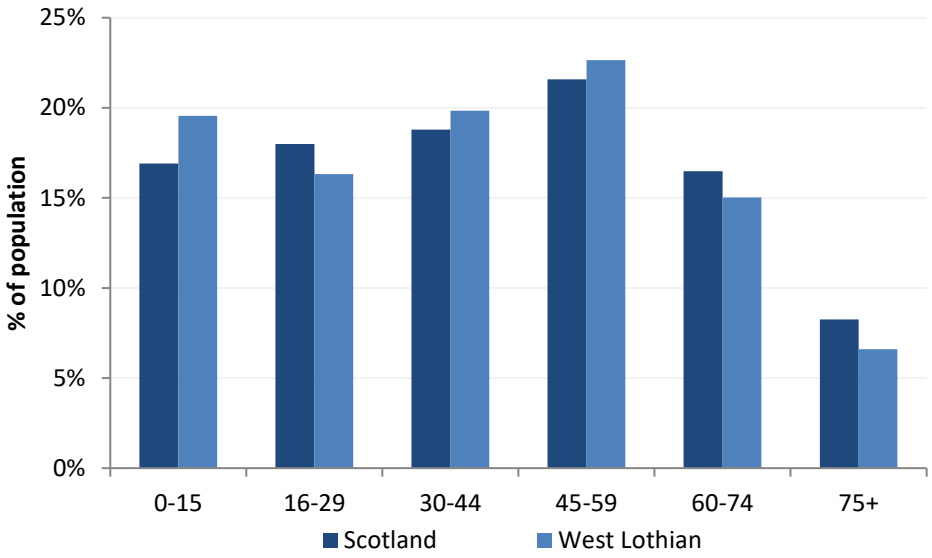
Key considerations of the new plan will be to improve:

- the early identification of palliative and end of life needs
- accessible inpatient end of life care locally
- care pathways
- education and training

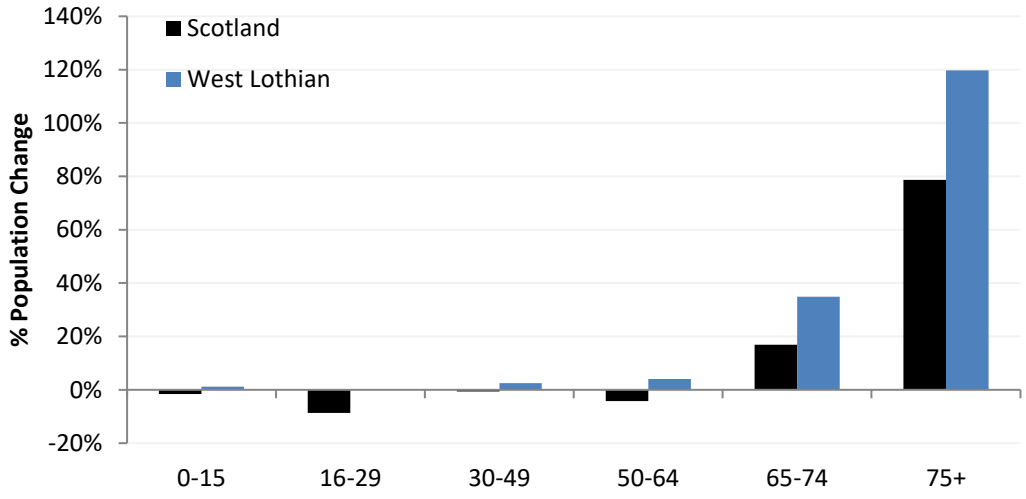
4. West Lothian Context

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.



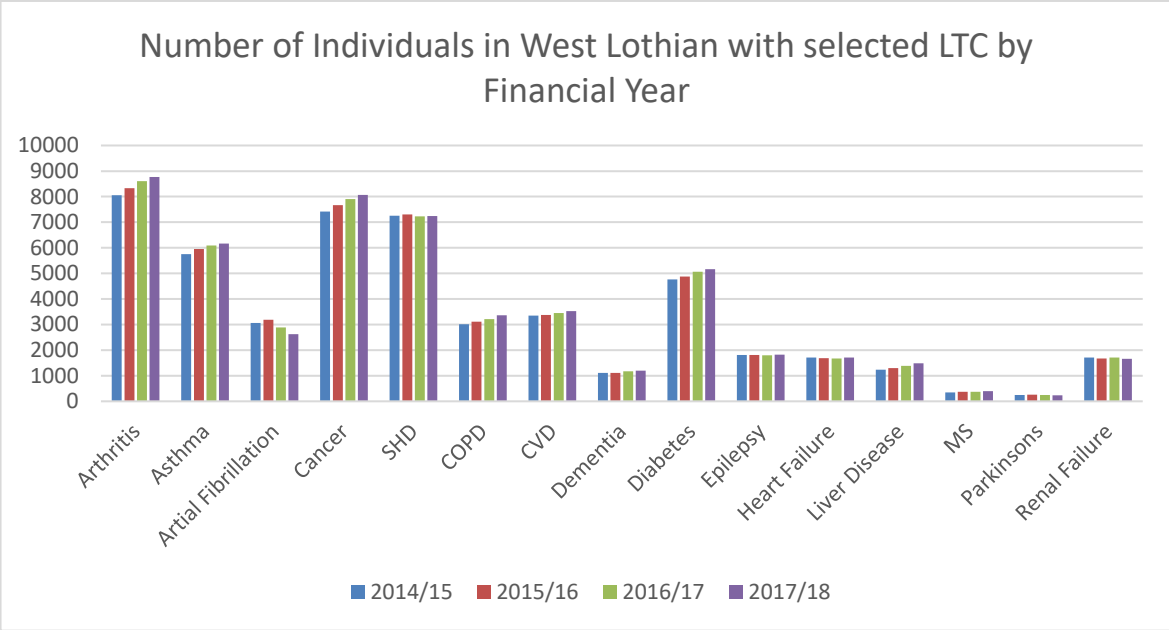
West Lothian is facing an aging population profile that represents a significant challenge. Compared to other local authorities West Lothian will see significantly higher level of growth (2016 to 2041) in number of over 75s and 85s, who will typically have increasing social care needs.



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

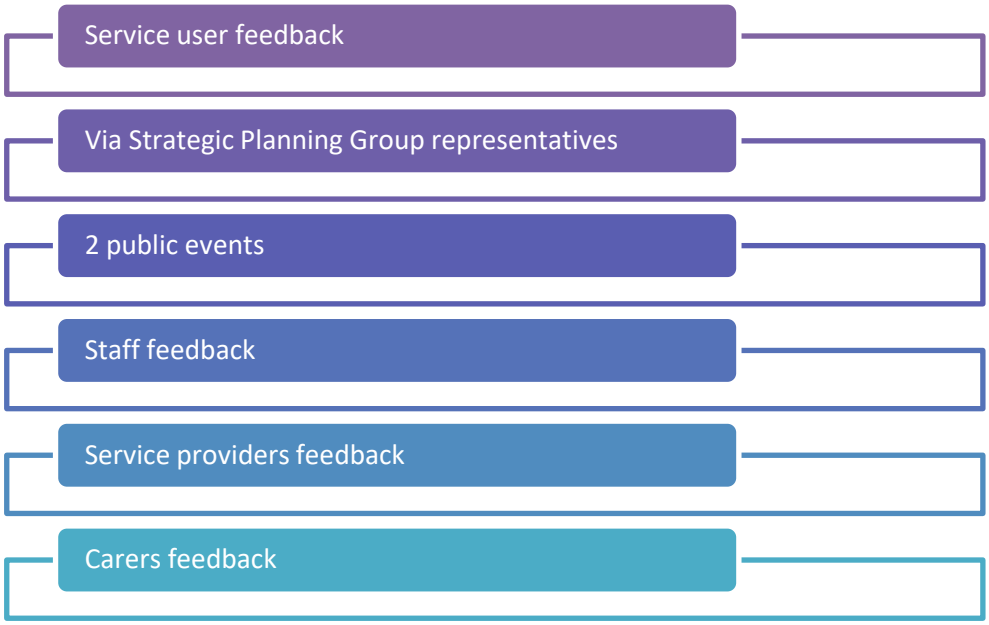
5. Developing the Strategic Commissioning Plan for 2019 -2023

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 a 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 provide an opportunity for people 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 the third and voluntary sectors, and direct engagement with 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 a learning disability, people living with physical disabilities and people living with mental health

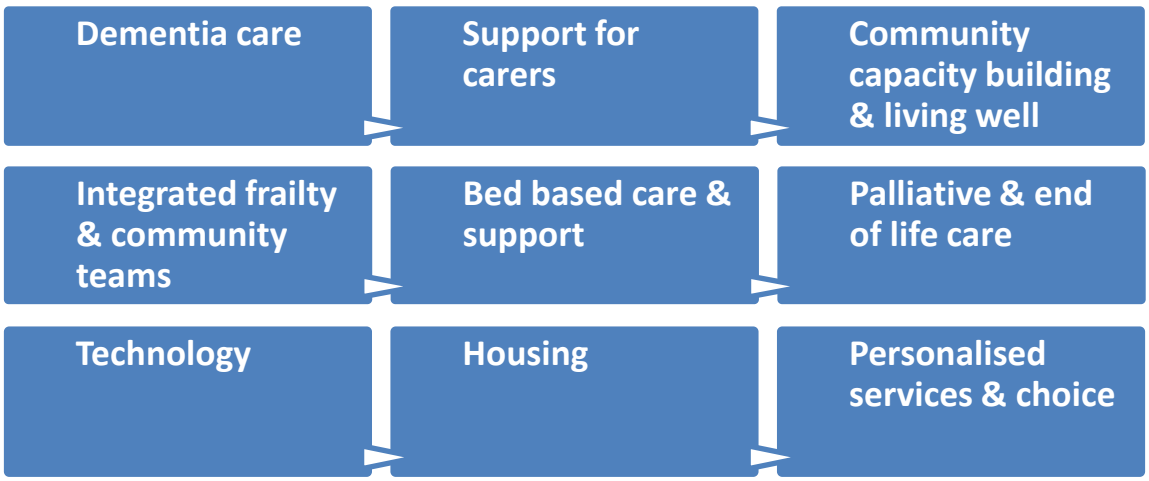
problems. Information about the events was circulated widely, posted on West Lothian Council's social media pages and shared with providers, community centres, contacts and projects throughout West Lothian.

Specific feedback from service user, carers, families, Black and minority ethnic carer group, advocacy and volunteers' 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 people aged under 65 with early onset dementia as well as the needs of those aged over 65.

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 emerging themes.

A copy of the full feedback summary can be accessed here. The feedback from the engagement process was used alongside a range of other information such as local and national 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:

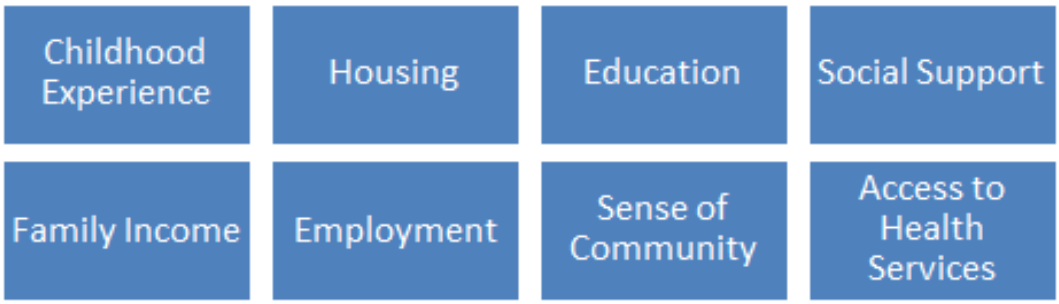


7. Our Strategic Priorities

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

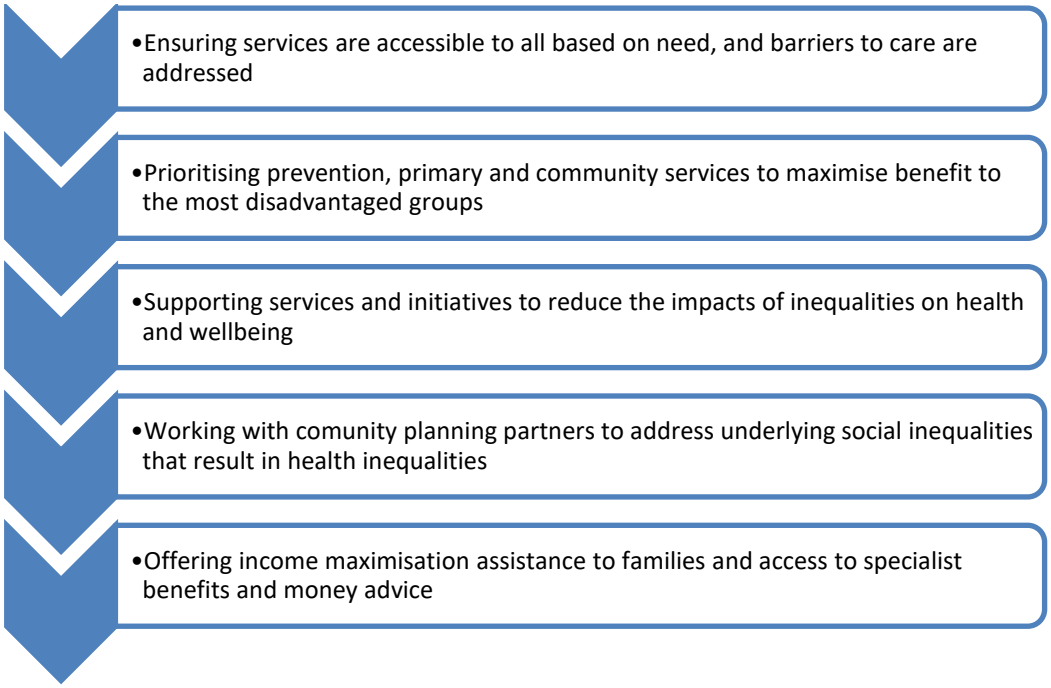
We recognise that addressing both health and social inequalities within our communities must be at the heart of our commissioning plans. Social circumstances such as those outlined below can impact our health and wellbeing:



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 also more likely to have poorer health than

the general population which can impact people achieving their own outcomes and goals.

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



Loneliness

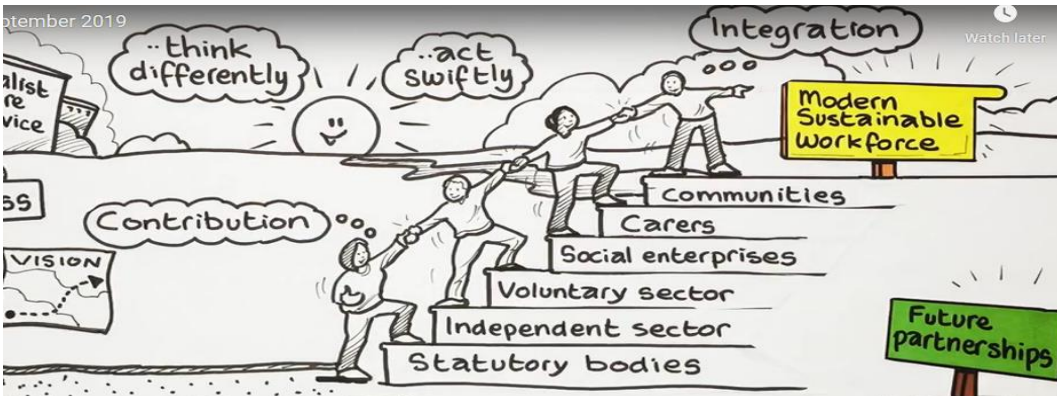
As society changes, there is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental health.

Whilst greater access to information and technological resources has enabled people to feel more connected, many people are affected by digital exclusion which can further exacerbate loneliness.

In order to tackle social isolation more effectively, there must be greater focus in our plans on improving inclusion amongst vulnerable groups such as older people, people living with dementia, carers and homeless people.

Person-centred approach to Prevention and Integrated Priorities

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 as summarised, below. This model has been used in the approach to commissioning services for older people 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, through integrated partnership working 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 where this 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.

Dementia Care from identification to post diagnostic support

In Scotland, improving care and support for people with dementia and those who care for them has been a major ambition of the government and partner organisations since 2007. Over the last decade dementia services have made significant progress in developing pathways and delivering comprehensive post diagnostic support that has strengthened integrated person centred care.

The National Dementia Strategy 2017-2020 challenged services to go further for people and families around earlier diagnosis, anticipating care needs, increasing support for carers and improving outcomes at each stage of the illness. It is acknowledged that individuals who are diagnosed early with dementia will continue to need care throughout their illness. Within West Lothian we will continue to support the national dementia 8 pillars approach as outlined below

Recent dementia stakeholder engagement workshops highlighted a need for further development of integrated partner pathways and access to targeted information to meet the needs of individuals.

A review carried out by Alzheimer Scotland' Transforming Specialist Demenetia Hospital Care' identified that the majority of patients did not

have a clinical need to be in hospital and could be cared for in a community setting.

Part of the 8 pillar work will scope the right models of care and level of support required within a care home setting to manage longer-term complex care for people with dementia. The Integrated Joint Board will need to consider the level of capacity required for community resources to safely transition people to a community setting. There will be a need to invest in multi-disciplinary approches to support care homes and people living at home, and for consideration to be given to the level of specialist acute beds required.

Palliative and End of Life Care

It is widely accepted that palliative and end of life care is related to all people with a life limiting illness, not just those who are diagnosed with cancer. People are living longer with more illnesses and long-term conditions which will lead to increased demand on our services.

Within West Lothian we are committed to delivering the Scottish Government's ambitious framework for action on palliative and end of life care.

By 2021 there is an aim to ensure that everyone who needs palliative care will get hospice, palliative or end of life care. It also aims for people who would benefit from having a 'Key Information Summary' (where information on care needs, long-term conditions, care plans and end of life preferences are held) to have one.

Scottish National data identifies that people with palliative care needs have greatest impact on hospital unplanned bed days.

Between 2004-2016, the proportion of home and care home deaths in Scotland increased: up to 23% at home and by 18% in care homes. If this trend continues, and the number of deaths at home and in care homes increase, this could mean that two-thirds of the population will die outside hospital by 2040.

In responding to this within West Lothian, our focus will remain on continuing to shift the balance of people enabled to die at home or in a homely setting, whilst improving outcomes and enabling a shift of resources across the health and care system. We aim to ensure a person's needs are met in the most appropriate and preferred setting.

For the Commissioning plan this will mean a focus on:

- Early identification of palliative and end of life needs
- Compassionate person centred conversations
- Access to the right support & care, at the right time, closer to home
- Education and up-skilling the health and social care workforce and wider community on matters of where a person is on their trajectory of illness, dying and death.

It has been agreed that the development of palliative and end of life care will be hosted and reported within this plan. However, it is acknowledged that people of all ages may require palliative or end of life care and there will be a requirement to ensure that the needs of the entire adult population are reflected in future developments.

Technology Enabled Care

Over the next three years there will be an emphasis on exploring and testing new and emerging technology, to support and increase the number of people enabled to remain in their own homes for longer. We will continue to focus on prevention and early intervention in assessing and providing interventions to maximise a person's independence.

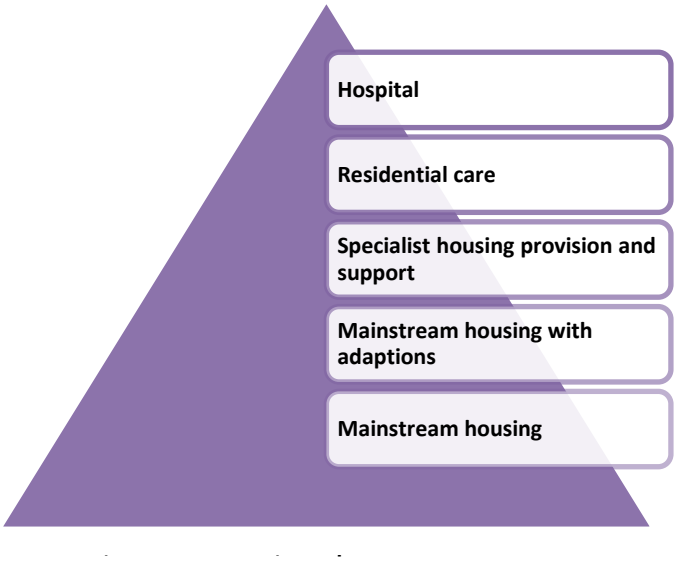
In addition, we will explore how we can better support our staff to use technology in their work, to improve both staff and service-user experience and outcomes.

Support for Carers

A strategy for supporting carers (insert link) was approved by the Integration Joint Board in September 2020 and will provide the basis for developing appropriate supports for carers in West Lothian for the duration of this plan.

Housing

West Lothian's population is changing. Given the projected increase in all age demographics in the coming years, there is a requirement to contribute to the development of a housing strategy which aims to ensure that population needs are met. We will continue to develop housing models to ensure that the needs of those facing barriers to independent living are addressed at the earliest possible stage.



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.

Our Workforce

We recognise there are substantial 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 which will mean attracting a future supply, up-skilling existing staff and exploring new roles and new ways of working. Those requirements will be reflected in our workforce plans.

Self Directed Support

The Social Care (Self–directed support) (Scotland Act 2013) requires public bodies to give people a greater voice in decisions about local services and greater involvement in designing and delivering them.

In West Lothian, the HSCP continues to work with stakeholders to realise this vision for self–directed support in effective and innovative ways. The fundemental principles of participation, dignity,involvement, informed choice and collaboration are central to our local practice.

Learning From Covid-19

When we first embarked on the development of the commissioning plan for older people in 2019, we could not have imagined how dramatically the world would have changed just months later as a result of the COVID-19 pandemic.

The West Lothian community, like the rest of Scotland, has faced unprecedented circumstances and has needed to find new ways of living and working. The spirit of cooperation that has been evident between health and social care staff, service users, their families, carers, and the many commissioned services and other stakeholders that make up the West Lothian Health and Social Care Partnership, has been remarkable and we want to capture the positive work that has been evident over the past seven months in the development of our future services.

The IJB's Strategic Planning Group held a development session for key stakeholders in September 2019 to allow an opportunity for reflection on the pandemic response. A summary of the experiences described by

participants was published (insert link here) and has been used to inform the future programmes of work outlined in this plan.

There has been opportunity during the pandemic to progress change at a quicker pace than might otherwise have been possible and we want to ensure that we continue to build on the learning we have taken from that.

We know that technology will play an increasing part in the future delivery of health and social care and we will develop a digital strategy for the partnership to ensure that services maximise opportunities in that area too.

8. Our Future Programmes of Work

Taking account of all the priorities outlined in this report, we have identified three programmes of work to develop our future services for older people and for those living with dementia.

1. Prevention and Early Intervention

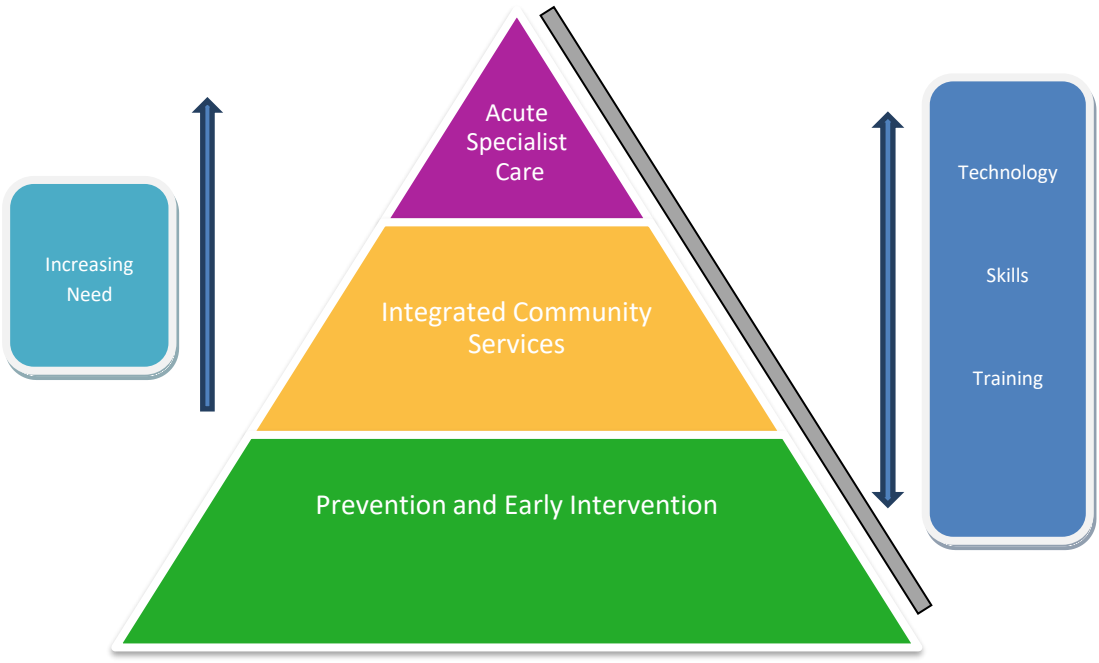
This programme will focus on helping people stay healthy and preventing deterioration in health and wellbeing.

2. Integrated Community Services

This programme will support individuals who are unwell and at risk of hospital admission, who are recovering from illness post hospital admission or who require support to maintain health &well being and independence within the community.

3. Acute Specialist Care

This programme will help those who need specialist care and treatment within the health and care system.



The triangle represents the total population of older people in West Lothian. People will transition between the tiers of the triangle as their

health and care needs change. The grey shared area on the triangle represents opportunities to join up statutory and voluntary sector resources to create new and ambitious models of care.

Each programme focuses on improving quality of care and on progression of more integrated approaches to health and social care delivery.

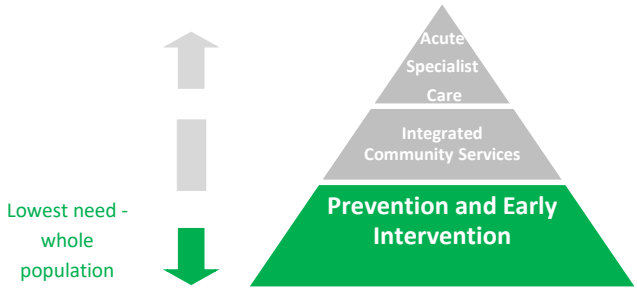
The three programmes of work will require decisions to be made on how services are resourced in the future, the configuration of our community hospitals and care homes, the use of acute hospital beds and development of more community based services for older people.

Broad Category	Broad health category	Broad service use	What needs to be developed (grey shaded area)	Examples interventions for people who need something different
Prevention and early Intervention	**Broadly well with lowest level of needs** Most of population, reasonable levels of health & wellbeing for much of their life. Some health needs may start to arise	**Universal pathways sufficient** Most services delivered in community but occasional use of specialist services or voluntary sector help	Improvements in access to community supports including third sector and other community resources	Improving access to early joined up support with the third sector
Integrated community services	**More complex needs** Some people will have complex health and care needs such as long term conditions; multiple morbidity	**More complex needs** Universal services will meet needs through short term intermediate care and or supported by specialist services	**More complex needs but universal services** May need assessment and care management if at risk	Link workers, multi-disciplinary teams, e-frailty screening, medicine reviews, social prescribing, additional support
Acute Specialist Care	**High need** Small numbers of people with acute or complex care needs	**Complex Pathways** Often complex patient pathways to navigate	**High intensity/ complex needs** People at high risk of hospital admission	Joining up specialist community, out-patient and community interventions

Programme 1

Prevention and Early Intervention

Aims to continue to improve access to advice and support to enable people to live healthy lifestyles and remain independent for as long as possible making an active contribution to their communities.

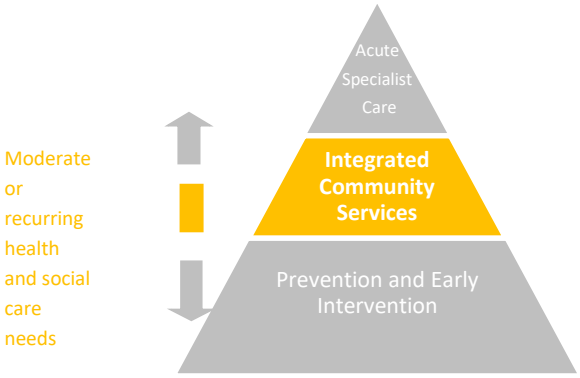


Key Priorities	Description	Outcomes/Impact Areas
Building resilient communities & promoting volunteering and social inclusion	Strengthening partnerships between health, social care, voluntary and third sectors aligned to an agreed strategy. Localised community pathways of care. Increasing volunteering opportunities and social inclusion using community asset based approach. People are in the main able to live independently.	• Neighbourhood cohesion and belonging and safety • Timely and effective hospital discharge, reduction in deterioration of health and increased community capacity • Reduced isolation and inequalities of older people and people living with dementia • Increased capacity in the health and care system from early supports from volunteers
Improving access to timely local advice, information and social prescribing to improve health and wellbeing	Local & easy availability, via a single point of access, to advice, information, technology enabled care and support to reduce unnecessary use of healthcare and social care services. Solutions explored on social prescription/ signposting. Carers supported in line with priorities within West Lothian's Carers Strategy.	• Reduced inequalities • Improved access to timely advice, information and support • Improved health and wellbeing and reduction in unnecessary use of health and social care services • Reduction in unnecessary A&E presentations • Unpaid carers feel support and have access to breaks from caring
Health + Social care prevention and early intervention delivered locally	Integrated health and social care teams delivering care and support closer to home and strengthening links with GP clusters and partner organisations. Local teams empowering people with long term conditions to manage their own health and well being and to provide intermediate care and longer term interventions to maintain independence in the community.	• Patient self manages • Increase in personal support network • Increased use of technology enabled care

Programme 2

Integrated Community Services

Aims to continue to build a community model that strengthens local, person-centred, integrated care and support. It will include proactive, intermediate care, longer term and palliative care to meet the needs of older people and people living with dementia.



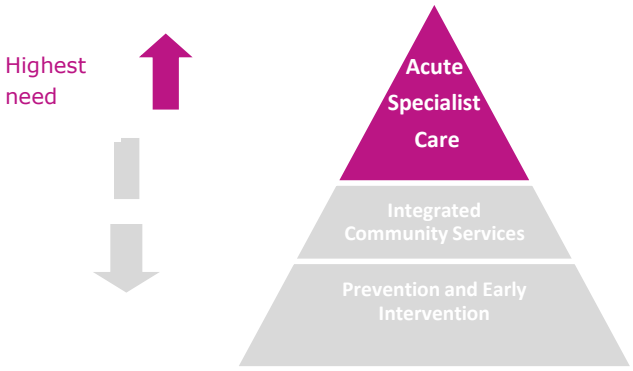
Key Priorities	Description	Outcomes/Impact Areas
Proactive / complex and scheduled care longer term care	Coordinated, proactive care, targeted management from health and social care professionals and third sector supports for individuals with complex needs. Dementia services that deliver the 8 pillar national dementia strategy and meet demand. Delivery model for health teams and community and hospital social work teams to be developed to support all programmes of work with an integrated focus. Enhanced support and training in care homes to help them respond to urgent and routine health and well being needs and reduce A&E attendances.	• Seamless community care and support delivered to people by the right service at the right time • Improve EQ-5D-5L (Quality of Life outcomes) for people with 1+ long term condition • Increase number of people dying in their preferred place of care • Reduction in unnecessary hospital admissions from care homes
Urgent/ Intermediate Care – Home **Rapid Access to Primary and Community Care**	Same day access to appropriate health and social care professionals to avoid wherever possible further deterioration/crisis in health. Aligned out of hours and same day services. 24/7 services. New community models of care that identify what care can be delivered in the community to strengthen existing provision and offer consistent and effective primary care and community mental health services.	• Timely local intervention to prevent further deterioration of health & unnecessary escalation and admission • Strengthen resources aligned to GP practices releasing GP time to reinvest into complex proactive care • Reduction in A&E and attendances and unnecessary hospital admissions • Acute hospital more able to focus on patients that require their specialist expertise • Reduction in Scottish Ambulance Service conveyances to A&E • Delivery of high quality services consistently across the week

Enhanced discharge support in the community	Single approach to assessing, coordinating and meeting discharge care needs in the community for older people and people living with dementia. Optimising technology enabled care to maintain people in their own homes. Single point of access for community care at home services.	• Streamlined, timely, coordinated access to assessment treatment &support, reducing duplication of resources • Improved long term outcomes for individuals through integrated approach to rehabilitation and reablement • Reduction in occupied hospital bed days & readmissions • Increased use of technology enabled care • Increase in personal support networks, focus on health and wellbeing outcomes and improved carer support
Intermediate Care – Community Beds *Community Hospitals and Care Homes*	Effective bed based rehabilitation (step up/down) delivered via an agreed intermediate care model across West Lothian. Whole system partnership review of medical model across the rehabilitation beds in West Lothian.	• Reduced unnecessary hospital admission and improved system flow • Improved independence scores - avoiding or delaying need for longer term care • Reduction in the average length of time spent in a care home
Longer term beds *Care Homes*	Longer term care should be diverse, focusing on the importance of home and community and providing environments for older people that are flexible and provide high quality care. Opportunities should be taken to explore new models of care within specialist housing and care homes, to meet the longer term needs of older people and people living with dementia. Current capacity and models of care within care homes reviewed to ensure account is taken of demographic changes and changing care needs.	• Person centred, tailored support to meet individual needs • Reduction in the median time people spend in a care home setting, optimising opportunities to remain at home wherever possible • Care home provision across west Lothian that meets changing demand and demographic pressures
Palliative and End of Life Care	Person centred, palliative/end of life care to relieve suffering and improve quality of life for people with deteriorating health. Support for the person and their families and carers in their preferred setting.	• Improved palliative care and end of life support that offers choice and control to people using services • Increase in the number of people able to die in their preferred place of care

Programme 3

Acute Specialist Services

Aims to deliver specialist acute care that provides access to specialist input to meet complex physical and mental health needs, minimising harm and ward moves. To join up specialist outpatient treatment with proactive case management work within the community.



Key Priorities	Description	Outcome/Impact Areas
Front Door	Effective hospital frailty model to avoid unnecessary admission and provide rapid advice from specialists to inform the inpatient care plan. Scottish Ambulance Service to increase their 'hear, see and treat' services and divert to community services to avoid the need for acute care.	• Individuals to receive the right care, at the right time by the right skilled teams • Reduction in Scottish Ambulance Service conveyances to Hospital
Specialist Inpatient	Acute bed capacity the right size for West Lothian. Hospital internal care optimises outcomes and efficiency. Comprehensive interdisciplinary assessment embedded within hospitals and informed by community team. Inpatients that require support on discharge will be tracked and case managed by a 'single point of access' with focus on maximising the number of people who are able to return home.	• Only acutely ill patients are treated in the hospital setting • Reduction in number of bed days lost due to delays in transfer of care. • Reduction in older people losing independence whilst in hospital and impacting on their ability to continue to live within their own home • Improved, timely, person centred discharge planning with patients and families • Improved patient satisfaction and improved outcomes on discharge • Reduction in readmission rates
Outpatient	Specialist outpatient staff to participate and share expertise with multi-disciplinary teams in the community to join up the pathways and outcomes for delivering proactive care to patients.	• Reduced hospital admission for ambulatory care sensitive conditions • Improve patient experience and outcomes • Increased use of technology enabled care

9. 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.

10. Next Steps

The Older commissioning 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. As such, the outcome measures determined in the action plan will need to be refined over the course of the commissioning cycle to ensure they remain relevant and reflect the decisions taken at each stage of the transformation journey.

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
Programme 1 – Prevention and Early Intervention							
1.1	Building community resilience, & promoting volunteering and social inclusion	- Develop an approach to build relationships with the third sector, and include the third sector as a pathway linked to social prescribing	1,2,3,4,5 6,8,9	P&EI TE, ICC MRE	Evidence of alignment of 3rd sector pathways to HSCP and increased use of social prescribing Surveys Reduction in number of people feeling isolated Increase in the number of people who feel supported.	March 2022	Head of Strategic Planning/ Programme Manager
1.2	Improving access to timely advice, information & social prescribing	- Establish community 'pop up' information hubs to improve access to timely information, advice and support from health, social care	1,2,3,4,5, 6,7,8,9	P&EI TE,	Impact on demand for health and social care community services	December 2021	Senior Manager Social Policy

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
		teams and wider community partners to prevent further deterioration and maximise health and wellbeing		ICC MRE	Increase in number of carers accessing support and feeling supported		
1.3	Delivery of preventative approaches to health and social care and early intervention in community locations	- Scope delivery options for integrated community health and social care/social work teams working within a community 'Single Point of Access' (to deliver programme 2 & 3 aligned to clusters; directly linked to information 'pop up' hubs. - Undertake demand and capacity modelling to identify a baseline for developing delivery models, pathways and processes.	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Options Appraisal / Business case and agree demand/ capacity baseline.	September 2021	Heads of Health/Social Policy, Clinical Director
Programme 2 – Integrated Community Care							
2.1	Proactive and complex care – scheduled (Linked to action 2.5,3.4)	- Map and strengthen existing proactive care pathways to case manage people at risk of hospital admission (e.g. integrated Frailty, Respiratory, Falls etc)	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Reduction in unnecessary hospital admissions Improvement to EQ-5D-5L tool to measure quality of life outcomes for people with 1+Long term conditions	December 2021	General Manager Community Care Outpatient Manager Acute Hospital Associate Nurse Director or Medical lead – Acute

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
2.2	E-Frailty	- Increase the use of the e-frailty tool, using the Livingwell approach and, MDT partnership working to manage and support people who are frail	1,2,3,4,5, 6,7,8,9	P&EI, TE ICC MRE	Reduction in the occupied acute bed days per GP practice that uses e-frailty tool and MDT care management approach	September 2021	Clinical Director
2.3	Day opportunities (Linked to 1.1 and 1.2)	- Work with all partners, to review models of support offered through day opportunities for older people ensuring links with revised models of care and support	1,2,3,4,5, 6,7,8,9	P&EI TE ICC, MRE	Number of eligible people accessing the right day opportunities Carers feel supported to continue their caring duties.	Jul 2021	Senior Manager Social Policy
2..4	Care Homes and future models of delivery	- Review current care home support and scope future need, including opportunities to provide new models of care and support for both physical and mental health needs, to prevents unnecessary hospital admission.	3,4,5, 7,8,9	P&EI TE ICC,	Use of Scottish Health And Care Experience (HACE) survey Reduction in median length of stay in WL care homes for longer term care Reduction %/ Number of people admitted to hospital from a care home	July 2021	Primary Care General Manager/ MH Senior Manager/ Senior Manager Social Policy
2.5	Intermediate Care – Home Crisis/ Deterioration and Recovery (Urgent care & short term ICT support)	- Strengthen community rapid response pathways with GPs focussing on hospital admission avoidance and supporting national scheduling of unscheduled care work.	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Reduction in calls to 111 Reduction in number of patients that are diverted from SAS to community pathways Reduction in A&E Attendances	March 2021	General Manager Community and Senior Manager Social Policy

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
2.6	Home First	- Further implement the Home First, Early Supported Hospital Discharge community model, joining up services to maximise Home-First capacity: - Develop joint health and social care community pathways and assessment models focussing on the following: - Discharge to Assess/Reablement – care at home pathway - Rehabilitation AHP only - Palliative care/End of Life - Guardianship pathway - Complex care	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Increase number of days older people who remain independent at home following discharge (Baseline 163days) % Readmission rates Reduction in delayed occupied bed days Evidence of increased use in home technology	June 2022	General Manager Primary Care and Senior Manager Social Policy
2.7	Externally Commissioned Care at Home Services	- Ensure future care at home services are aligned to changing models of care and that contractual arrangements for care at home reflect the need for joint working and the timely delivery of support to those who are eligible. - Care at home contract to be reviewed in accordance with required timescales ensuring it aligns with commissioning priorities.	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Measure improvements in health and well being outcomes for people receiving care at home support Reduction in delayed discharges and delayed occupied bed days Reduction in rates of hospital admission from the community	Ongoing reporting	Senior Manager Community care
2.8	Intermediate Care Bed based provision	- Review learning from a test of change during winter 2020-21 on intermediate care model comprising 8 beds in a community	1,2,3,4,5, 6,7, 8, 9	P&EI TE,	Evaluate the impact of the intermediate care palliative	June 2021	Primary Care General Manager and Senior

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
		hospital to help to inform future planning of intermediate care provision		ICC MRE	model Reduction in occupied bed days linked to cohort's frequency of hospital presentations to hospital		Manager Social care
2.8.1		- Develop an intermediate care bed-based (step up/down) operational delivery model using the learning from the test of change having regard to existing and projected demand	1,2,3,4,5, 7, 8, 9	P&EI TE, ICC MRE		March 2022	Consultant Geriatrician/ Head of Health/Senior Manager Community Care
2.8.2		- Undertake modelling of bed based provision for frail elderly and older people living with dementia to ensure WL commissions and realigns resources to enable people to be cared for in the right bed, closer to home - Review above to include community hospitals, LA care homes, housing with care, commissioned care homes and unscheduled acute beds for frail/ older people	1,2,3,4,5, 6,7, 8, 9	P&EI TE, ICC MRE	Evidence of plan to align bed to community interventions and resources. (no patient to be in an acute bed that doesn't require acute care i.e. have a 'reason to reside')	March 2023	Head of Health/Head of Social/Hospital Director/ Lead MOE Consultant/ Lead Nurse

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
Programme 3 – Specialist Acute Care							
3.1	**Front Door** (Linked to action 2.2)	- Identification of frailty from presentation at all acute front door areas to facilitate specialist frailty input. High quality frailty care to be embedded within design and culture of all acute care areas (linked to future community Single point of Access)	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Percentage of frail patients identified on admission and receive specialist frailty input	November 2020	Head of Health/ General Manager Acute Programme Manager
3.2	Inpatient (Linked to actions 2.1,2.5,2.6)	- Delivery of assessment and interventions for frailty syndromes to be carried out in tandem with addressing acute medical issues. - Joint multidisciplinary care from relevant specialists (e.g. MOE, Psychiatric, Palliative care) in best environment	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Define model, pathways with agreed KPIs	March 2022	General Manager Community/ Mental Health/ Senior Manager Social Policy/MOE Consultant
3.3	Hospital Discharge Planning (linked to action 2.6)	- Proactive discharge planning from the earliest point in acute pathway focusing on patient centred goals - To include reviewing all hospital discharge processes including housing	1,2,3,4,5, 6,7	TE ICC	Agreed functions and responsibilities of all discharge planning staff roles & processes Reduction in unnecessary occupied bed days associated with awaiting for emergency housing	July 2021	General Manager Primary Care/Senior Manager /General Manager Acute Housing Officer

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
3.3.2	Rehabilitation pathway Linked to actions 1.3,2.6)	- Single point of access for rehabilitation to facilitate the right pathway for each patient based on individual circumstances, needs and goals, aiming to deliver rehabilitation at home or as close to home as possible	1,2,3,4,5, 7,9	TE ICC MRE	% of people achieving their rehab goals % of patients receiving the right rehab from the right team in the right care environment straight home from Edinburgh or out of areas without transfer to SJH for rehabilitation	March 2021	OT/ Physio Acute Lead/React Manager
3.4	Specialist input in the community	Prompt access to the right specialist input from the community Planned multidisciplinary proactive frailty management to reduce risk of unscheduled crisis admissions	1,2,3,4,5, 6,7,8,9		% of people having access to specialist input in the community	March 2022	MOE Consultants/ Clinical Director HSCP
The following priorities cut across all aspects of Programmes 1 to 3							
Dementia Care and Support							
4.1	Early Onset Dementia Programme 1&2	- Review existing model/processes that identify and support people referred with a diagnosis of early onset dementia & establish a user group to shape interventions that improve experience, outcomes and reduce inequalities .	1,2,3,4,5, 6,7,8,9	ICC MRE P&EI TE	Survey – improved older people experience- establish a baseline % of people accessing post diagnostic within 12 months of diagnosis	September 2021	General Manager MH/ Senior Manager Social Policy

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
4.2	Complex dementia needs (Links to actions 2.1, 2.6,2.8,3.2 and 5.1)	- Review need for specific dementia models to meet long-term complex dementia needs, (care at home and bed based care aligned to intermediate care model) with reference to Alzheimer Scotland - 'Transforming Specialist Dementia' - Provide high quality dementia care during acute inpatient admission and deliver support in community for managing advanced dementia, including anticipatory care discussions and end of life care.	1,2,3,4,5, 6,7,8,9	ICC MRE P&EI TE	Evidence of transition plans and modelling and pathways for complex dementia care needs	March 2023	General Manager MH/Senior Manager Social Policy
4.3	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	Number of Training courses delivered per year Annually report the number of people trained	Ongoing	Clinical Nurse Manager MH
4.4	Technology enabled care for dementia	- Explore and test home digital reminiscence therapy software to be used at home. .Full review to be completed of available technology to promote independence and maintain people in their own homes for as long as possible.	1,2,3,4,5, 6,7,8,9	ICC MRE P&EI TE,	% increase in patient experience	September 2022	General Manager MH/Senior Manager Social Policy
	Integrated Care pathways Home Team and WeLPAT	- Explore opportunities for more integrated working and pathways between the care home team and the West Lothian Psychological Approaches team).	1,2,3,4,5, 6,7,8,9	ICC	To be agreed	To be agreed	General Managers MH/Primary Care

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
Palliative and End of Life Care (EOL)							
5.1	Early Identification of palliative/EOL needs	Clinical teams in all settings to increase the number of people being identified earlier with Palliative or EOL needs and ensure each person has access to anticipatory care plans co-created with the person, carer & family with appropriate support.	1,2,3,4,5, 6,7,9	TE ICC MRE	Pathways developed that support early identification.	December 2021	GP/ Palliative care team
5.2	Accessible in-patient end of life care locally (Linked to actions 2.8.1, 2.8.2)	- To deliver local provision for inpatient end of life care in West Lothian (linked to Intermediate Care) following a review of existing provision and modelling	1,2,3,4,5, 6,7,9	TE ICC MRE	Increase % of the number of people dying in their preferred setting	March 2022	General Manager Community/ Senior Manager Social Policy
5.2.1		- Assess the increasing demand and ability deliver end of life care in the community for people dying in WL	1,2,3,4,5, 6,7,9		Monitor waiting times from identification to support / care being put in place	Ongoing	General Manager Community/ Senior Manager Social Policy
5.3	Education and Training	- To develop health and care staff through training to support palliative and end of life care, enabling earlier patient conversations on disease management	1,2,3,4,5, 6,7,9	TE ICC MRE	Information on number of people trained	Ongoing	General Manager Community/ Senior Manager Social Policy
5.4	Pathways of Care	- To improve the experience of patients and carers in accessing appropriate and timely palliative & end of life care and support -	1,2,3,4,5, 6,7,9	TE ICC MRE	Reduction in face contacts where appropriate	Ongoing	General Manager Community, Senior Mgr Social Policy

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
Technology Enabled Care							
6.1	Linked to Programmes 1, 2,	- Scale up and optimise existing Telehealth and Telecare provision – consider new technology for use in assessment and evaluation of care. - Enable more people to self-manage and provide alternatives to tradition forms of service delivery i.e. using 'near me' and 'just checking'.	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Annual reporting/ increased numbers of people self managing their health and well being via telecare	March 2022	Senior Manager Community Care
6.2		- Develop digital technology solution to strengthen community teams and integrated working within older people and dementia services. - Consider the introduction of an electronic scheduling tool into REACT Care and consider whether this is used for D2A modelling to support capacity building.	1,2,3,4,5, 6,7,8,9	P&EI TE ICC MRE	Develop a technology development plan	2020-2023	Senior Manager Community Care/General Manager
Support for Carers							
7.1	There is a duty for local authorities to provide support to carers, based on the carer's identified needs,	- Review access to unpaid Carers Advocacy support in West Lothian in line with Carers Strategy and existing contractual arrangements.	1,2,3,4,5, 6,7,8,9	P&EI TE, ICC MRE	% increase in carers being supported	December 2020	Team Manager Business support

	Area of Development	Actions	Outcomes Appendix 3	Strategic Priorities	Measures	Timescale	Lead Officers
7.3	which meet the local eligibility criteria	- 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	Health and Social care experience survey – carers	2023	Business Support
7.4	Access to information Linked to programme 1+2	- Ensure appropriate arrangements are in place for carers to access information, support and 'short breaks from caring.	1,2,3,4,5, 6,7	P&EI TE ICC	Service User forum feedback	July 2021	Senior Manager Community Care
Housing							
8.1		- 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	2020-2023	Senior Manager Housing Senior Community Care Manager
8.2		- Develop a need and a demand assessment for older peoples' housing and explore opportunities for people requiring specialist housing for long term conditions.	1,2,7,8,9	P&EI TE ICC	Map existing capacity and anticipate future need and gaps in housing provision	2020-2023	Senior Manager Hosing
Ensuring choice through Self-Directed Support							
9.1	Market development to ensure people have access to opportunities which enable personal	- Ensure practitioners and business support services and other stakeholders are involved in shaping market development.	ICC,MRE	TE ICC MRE	Market Facilitation plan update and published	Annual update 2020-2023	Group Manager
9.2		- 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	Group Manager

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

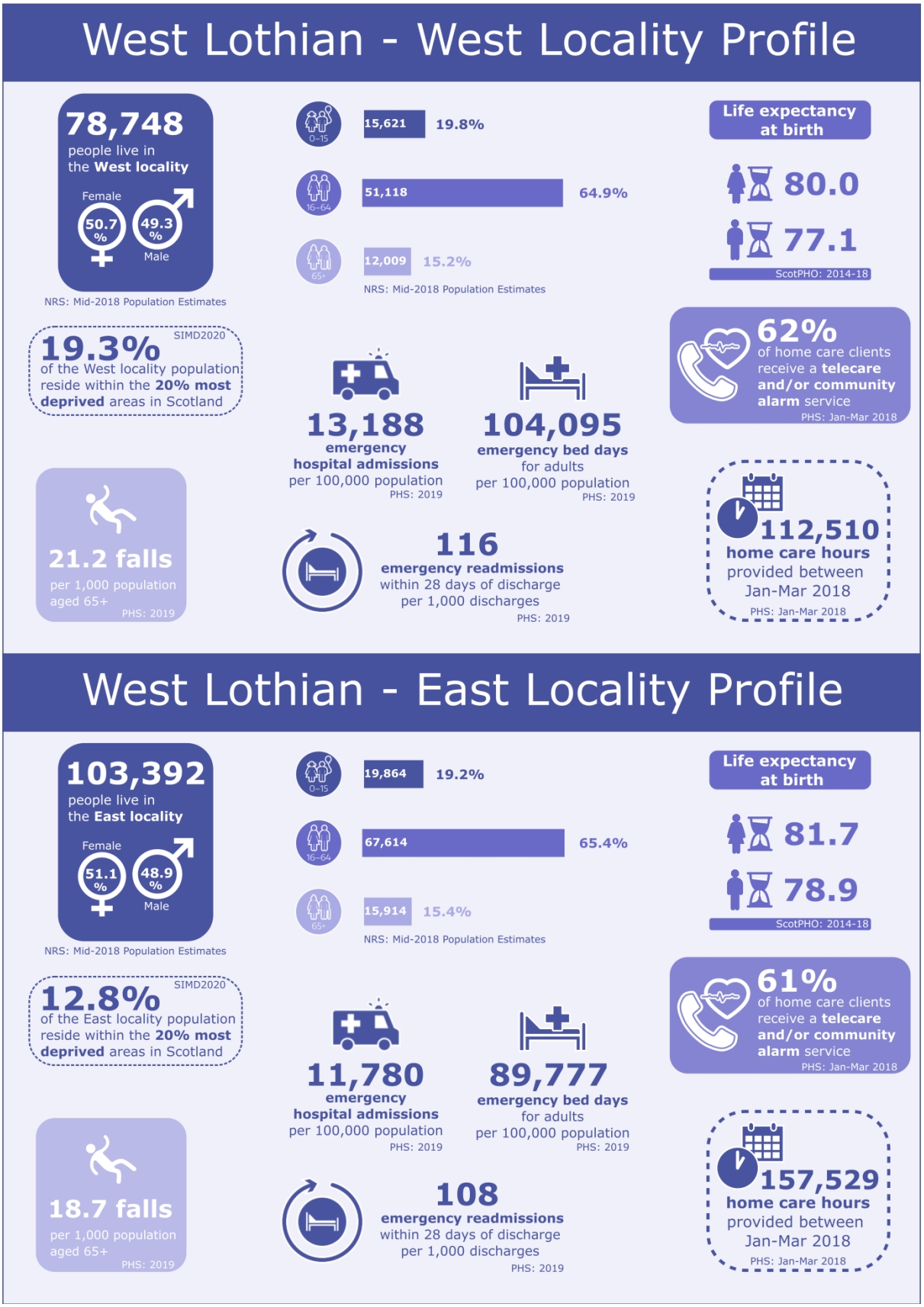
11. Monitoring and Review

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.

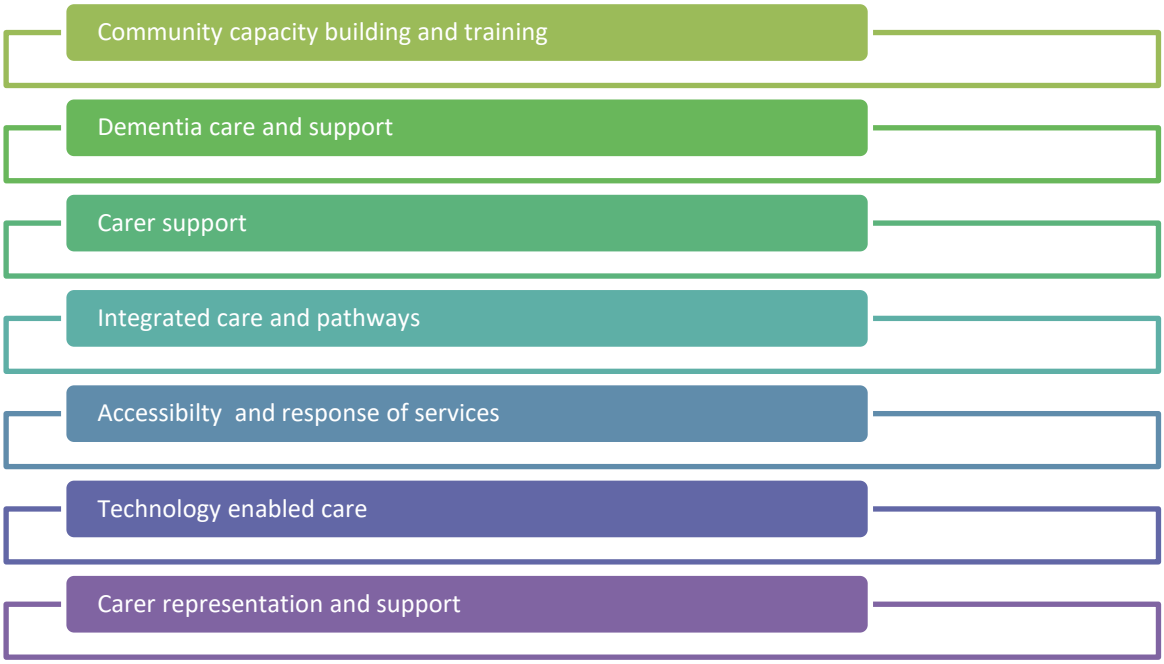
Formal updates on progress in relation to the commissioning plan will be submitted to the Integration Joint Board every 6 months.

Appendix 1 - Locality Profiles



Appendix 2 - Older People Commissioning Recommendations 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 give 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 - The Scottish Government Health and Well Being 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

Carers (Scotland) Act 2016

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

West Lothian Integration Joint Board

Direction – WLIJB8

1.	Implementation date	10 Novevember 2020
2.	Reference number	WJIJB8
3.	Integration Joint Board (IJB) authorisation date	10 November 2020
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Older People, Care Homes and Housing with Care** In order to shift the balance of care, there is a need to develop community based services for older people which offer different types of provision which reflect the needs and preferences of people and deliver the capacity required both now and in the future.
6.	Does it supersede or amend or cancel a previous Direction?	Yes- WLIJB8 – 23 April 2019
7.	Type of function	Integrated function
8.	Function(s) concerned	Social Work (Scotland) Act 1968 Social Care (Self-directed Support) (Scotland) Act 2013 Intermediate Care
9.	Required Actions/Directions	NHS Lothian and West Lothian Council are directed to implement the Strategic Commissioning Plan for Older People 2019 to 2023 which sets out commissioning intentions in relation to delivery of services for older people in the community and people living with dementia. NHS Lothian and West Lothian Council should progress the actions to develop community resources which support people living independently in communities as long as possible and services and support which prevent unnecessary admissions to hospital.

		Focus should be on the following priority areas of development: • Dementia care • Support for carers • Community capacity building and living well • Integrated frailty and community teams • Review of bed based models of care and support • Technology enabled care • Housing for older people • Personalised services and choice.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on financial implications associated with developing community based services.
11.	Principles	Are integrated from the point of view of service-users Takes account of the particular needs of different service users Takes account of the particular characteristics and circumstances of different service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care) Best anticipates needs and prevents them arising Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	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 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services Resources are used effectively and efficiently in the provision of health and social care services

		Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services People who provide unpaid care are supported to look after their own health and wellbeing including reducing any negative impact of their caring role on their own health and wellbeing
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Prevention and early intervention Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance reporting will be managed via the Older People's Planning and Commissioning Board and the Frailty Programme Board.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes in services will need to be planned to ensure stability during transition phases.

DATA LABEL: PUBLIC

West Lothian Council

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 14th October 2020 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 appraised 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:	Appendix 1 Minutes of the meeting of NHS Lothian Board held on 14th October 2020
Contact Person:	Allister Short, Depute Chief Executive allister.short@westlothian.gov.uk
CMT Member:	Allister Short, Depute Chief Executive
Date:	18th February 2021

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 09.30am on Wednesday 14 October 2020 using Microsoft Teams

Present:

Non-Executive Board Members: Ms E Roberton (Chair) Mr M Ash; Mr M Connor; Dr P Donald; Cllr G Gordon; Mr M Hill (Vice-Chair); Ms C Hirst; Ms F Ireland; Mr A McCann; Cllr D Milligan; Mrs A Mitchell; Mr P Murray; Mr W McQueen; Cllr F O'Donnell; Mr T Waterson ; Professor M Whyte and Dr R Williams.

Executive Board Members: Mr C Campbell (Chief Executive); Ms T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPs – Executive Lead REAS & Prison Healthcare).

In Attendance:); Mr N Bradbury (Capital Finance Manager for item 74); Mrs J Butler (Director of HR & OD); Mr C Briggs (Director of Strategic Planning); Ms D Calder (General Manager for item 74); Ms L Cameron (Strategic Programme Manager for item 74); Mrs J Campbell (Chief Officer, Acute Services); Mr J Crombie (Deputy Chief Executive); Ms K Dee. Deputy Director of Public Health and Health Policy); Dr B Hacking (Director of Psychology for item 73); Dr L Hayworth (Consultant Medical Microbiologist for item 74); Mr P Lock (Director of Improvement); Mrs J Mackay (Director of Communications & Public Engagement); Mr D Pickering – Gummer (General Manager for item 73); (Mr D A Small (Director of Primary Care Transformation); Mr C Stirling (Site Director Western General Hospital for item 74) Mr A Payne (Head of Corporate Governance) and Mr D Weir (Business Manager , Chair and Chief Executive's Office)

Apologies for absence received from Ms K Kasper.

66. Declaration of Financial and Non-Financial Interest

66.1 The Chair 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.

66.2 There were no declarations of interest.

67. Chair's Introductory Comments

67.1 The Chair advised that Ms Kasper had delivered a baby boy and had been discharged from hospital the previous day. She would try to join the meeting briefly at some point in the proceedings

67.2 It was noted that there were no members of the media at the current meeting although it was hoped that there would be at the next meeting.

67.3 The Chair commented that this would Professor McCallum's last meeting before she went on secondment. Ms Dee would act as the Interim Director of Public Health in the meantime. The Chair thanked Professor McCallum for her contribution over the previous 15 years and wished her well in the future. The advertisement for the Director of Public Health and Health Policy had been placed.

Items for Approval

68.1 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as "the consent agenda". The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. There had been no such requests.

68.2 The Board agreed items 2.1- 2.11 on the agenda without further discussion.

Items for Discussion

69. Board Chair's Report – October 2020

69.1 The Chair advised that her report was verbal although she would be happy to produce a written update if the Board preferred. Board Members would advise off line.

69.2 The Chair advised in respect of the Edinburgh and Lothian Health Foundation that she had attended a workshop to review the Strategy.

69.3 The Board were advised that the Chair had participated in a planning meeting for Non-Executive Board Member recruitment. She was optimistic that a pool of good candidates would be identified. The shortlisting and timescale for recruitment to the various vacancies was detailed to the Board.

69.4 The Chair updated on discussion at a meeting of Chairs and the Cabinet Secretary Meeting where the focus of discussion had been around Mental Health, Test and Protect in Care Homes and Remobilisation. In terms of face masks there would be a Public Health Campaign. Health Boards and the Scottish Government were working collaboratively around Covid -19 restrictions.

69.5 The Board noted that the Chair had held a productive courtesy meeting with the Chair of IHSL.

69.6 The Chair reported that there had been good attendance at the recent MP/MSP meeting where there had been discussion around Care Homes, Test, and Protect amongst other issues. She had met with Mr T Sheppard MP separately. It was noted that Dental Practices would offer a full range of services from 1 November 2020.

69.7 The Board were advised that the Chair had also met with the City of

Edinburgh and Edinburgh Poverty Commission colleagues who were keen to engage with the Board.

69.8 A further meeting had been held with the Chairs and Vice Chairs of Integration Joint Boards (IJBs) where discussion had touched on Non-Executive workloads.

69.9 The Chair advised of further engagement she had had around the Edinburgh Cancer Centre and the engagement of the Royal Society of Arts in work streams moving forward.

70 Board Executive Team Report – October 2020

70.1 The Chief Executive summarised his entry in the circulated report and reminded the Board that this would be Professor McCallum's last Board meeting before she left to take up a Secondment opportunity. He reported in relation to Test and Protect that Mr Crombie and Ms Dee had done sterling work in getting the numbers up. The Board were advised that the planning for the Regional Covid 19 Testing Hub continued with the expectation that this would be in place in mid-December, which would give an increase in capacity of 6000 tests in the East per day.

70.2 Unscheduled Care planning continued and was jointly chaired by the Chief Executive of NHS Lothian and NHS 24 respectively. The Call Mia initiative was being rolled out for Minor Injuries.

70.3 The Chief Executive advised that he and Mrs Goldsmith had attended the Scottish Parliament Health and Sport Committee on 15 September 2020 to provide evidence on the financial impact of Covid for NHS Lothian.

70.4 The Chief Executive advised that the IJB Chief Officers would be invited to attend future Board Meetings.

70.5 The Board noted in respect of media coverage around the Influenza Vaccine programme and shortages of vaccine that in Lothian the correct priority groups were being targeted – the over 65s and vulnerable groups.

70.6 The Chair commented that the system had experienced a difficult few weeks with issues around Covid at Ward 15 at the Western General Hospital and in a West Lothian Care Home.

70.7 Mr McQueen questioned in respect of the Regional Hub what the speed of return was for tests and whether this would be quick enough. He also sought advice on whether the capacity would be as high as the system wanted. He advised that he would also welcome an update on the fact that 15 Dental Practices would be unable to restart seeing patients. In conclusion, he also asked for additional information around Thrive Edinburgh and their efforts in helping people in distress and whether lessons could be learned for use in the rest of Lothian and indeed the Prison population.

70.8 The Chief Executive advised in respect of Test and Protect that if the additional 6000 daily tests were secured and if the laboratories were up and running this would provide significant additional NHS capacity. It was anticipated that test results would be available within a 24-hour maximum period. The Scottish Government had agreed to fund the engagement of more contact tracers. The increasing incidence of Covid was putting pressure on Contact staff and ways of streamlining the process were being worked through with NSS. Contact Tracing would remain under pressure until Covid incidences reduced.

70.9 Mr Small commented in terms of Dental practices coming back on stream that there was a need to look in more detail about who could restart services. Mr McQueen was advised that initially Thrive Edinburgh had focussed around Mental Health patients and had been community based. Professor McMahon would provide further information off line.

70.10 Mr Murray commented on media reports about consistency in accessing GP practices who he reminded colleagues were independent contractors. He questioned whether the Board should consider making a statement about what it would reasonably expect in term of patient access. He also sought advice on whether lessons were being learned in terms of infection protection and control following outbreaks and incidents.

70.11 Mr Small advised that he was aware of media GP issues around access and aspects around hidden ill health. Guidance was being worked up that would need to be agreed by the Lothian Medical Committee in term of patients that needed to be seen on a face-to-face basis.

70.12 Professor McMahon commented in terms of infection control and prevention that there had been a number of outbreaks in Care Homes. The Care Inspectorate had carried out unannounced inspections and common themes had emerged around compliance with infection control and the use of PPE. Support had been provided to Care Homes in terms of education and training in these areas. It was noted that the Cabinet Secretary had asked Executive Nurse Directors to put increased focus and resources to support Care Homes. Finding people with the appropriate skills to undertake this work would be challenging. Professor McMahon felt that there were issues around consistency around everyday messages.

70.13 The Board were advised that the Chief Nursing Officer had commissioned a Tertiary Review of 4 Care Homes where there had been significant outbreaks.

70.14 Mr Small updated the Board on the position in respect of the vaccination programme and concerns that had been expressed at the Board about potentially running out of vaccine particularly for older people. He advised that it had been anticipated to deliver 10000 vaccines in 8 weeks and 6500 had been delivered in a 6-week period, which was ahead of the anticipated uptake. Steps were being taken to see if extra vaccine could be secured in early November. There were however no issues about the availability of

vaccine for the over 65 age group. There was a small risk for the under 65-age range. It was noted that there were many options around where people could be vaccinated.

70.15 Professor McMahon reported that electronic prescribing would be available at the end of October at REAS.

70.16 The point was raised that there were staffing challenges around the Short Stay Elective Centre. Work was underway to look at increasing health care professional training opportunities for school-leavers. The Chief Executive reported that even pre Covid it had not been possible to achieve full staffing levels. He commented that staff represented the largest cost in the NHS and if the country were going into economic decline, it would be important to strike a balance to ensure the system was not destabilised.

70.17 The Board were advised that the National Integrated Workforce plan increased that number of controlled staff groups. The point was made that if the NHS continued to rely on traditional recruitment routes it would not deliver the staff numbers necessary to run the service this winter. The Chair agreed advising that there was a need for innovative solutions going forward.

70.18 Ms Hirst welcomed the development of the communication strategy on the redesign of urgent care. The Chief Executive reminded the Board that he Co- Chaired the National Group and that discussions continued about the model. There would be an internal soft launch throughout November but a formal launch could not happen until December when the national position would be available.

70.19 The Board were advised in term of the flu vaccination that 6500 NHS staff had been vaccinated in the first 6 weeks. The system was on track to vaccinate all staff wishing to partake in the programme. The position in respect of Social Care Staff was more problematic as the vaccine came from different sources. The Board noted the generally positive progress being made with the vaccination programme.

70.20 The Board received the Board Executive Team report.

70 Opportunity for committee chairs or IJB leads to highlight material items for awareness.

70.1 The Vice Chair provided the Board with an update on the following issues that had been discussed at the Finance and Resources Committee on 23 September 2020. The first of these had been about the Initial Agreement for the Edinburgh Cancer Centre and this was on the Board agenda for discussion. The second issue had been about the Legal Advice around the Public Inquiry and again this was on the agenda for discussion in the Private Session.

70.2 The Vice Chair reported that the Committee had also discussed the NHS

Lothian Sustainable Development Framework and Action Plan. He commented that this was a comprehensive document although it still required further work as it was currently in draft. The Committee had endorsed the work to date and recognised the importance of this work moving forward. The final Framework would come to the Board for approval in December 2020.

70.3 The final issue that the Vice Chair brought to the Boards attention was the discussion that had been held around the Procurement Annual Report where NHS Lothian had retained its Superior A+ status. The Committee had welcomed this positive assessment.

70.4 Ms Hirst advised as Acting Chair of the Midlothian IJB that she had welcomed the presentations at the last Board meeting around Unscheduled and Scheduled Care. She had felt that these had been valuable presentations and continued input from IJBs would be important in terms of being clear about local impacts. She commented that she would be keen to repeat the process in future.

71 Covid-19 Public Health Update.

71.1 Professor McCallum advised that the number of Covid-19 cases were rising across the community and vulnerable populations. She commented that was a need to get back to lower levels. Test and Protect was essential in the control of the virus. It was noted that for schools a national tool kit would be adopted. The Chair commented that she welcomed the emerging clarity around schools.

71.2 Mr Murray questioned how the impact on deprived communities and ethnic and minority populations would be encapsulated. Professor McCallum advised that monitoring data was available from Public Health Scotland allowing a review of areas of deprivation and individuals. She advised that there were many practical measures that could be used to help affected populations to live with Covid and to help them to self-isolate. The Scottish Government were working to look at what an updated risk assessment for winter would look like. The Chair advised that this would be a long-term issue.

71.3 Dr Donald advised in terms of testing that it would be useful if the Board could have an understanding of testing strategies in terms of who were tested, where and when. It would also be useful to learn whether testing in Care Homes was comprehensive as well as noting the Scottish Governments change to the guidance. Dr Donald felt that there would be benefit in having a constantly updated Lothian position document. Professor McCallum advised that she had an advanced draft covering these issues and would share this before going on secondment.

71.4 Mrs Mitchell sought an update on what had changed over the previous few weeks in terms of admission to ICU. It was noted that admissions were starting to increase across the whole pathway. The Chief Executive

commented that this was the start of a challenging period and upon reflecting on this, he had re instituted Gold Command. If this position continued for any length of time, it would have a significant impact on performance.

71.5 Mrs Mitchell commented on the reference in the paper about the student community and sought advice on how big an issue this was and what was being done to address it. Professor McCallum reported that work was ongoing with all of the Universities and Colleges to develop a shared response. The response to specific outbreaks and clusters was detailed to the Board. The Board were advised that the University of Edinburgh was looking at its accommodation strategy and the number of students in common areas. The position was stabilising and would be reviewed the following week.

71.6 Professor Whyte commented on the combined efforts of the University and Public Health in managing the outbreak at Pollock Halls. The cases were reducing and robust arrangements were in place to manage students who were self-isolating. She commented that there was a need for a policy decision around the testing strategy for the student population.

71.7 Mr McQueen commented that in parts of England there had been reported rates of 600 per hundred thousand of population and questioned whether Lothian was in a different spectrum from this. Professor McCallum advised that the reported English position was an exception and that Lothian with a current rate of 110 per hundred thousand of population was in a different position. She commented that the virus had not changed and there was a need to get the “R” number below one to reflect the position earlier in the summer. Work was underway with the Scottish Government around the October school holidays to reduce the risk. Mr Briggs advised that effective testing was now in place but there was no clear link between positive cases and what was presenting at the front door of the acute sector.

71.8 The Chair advised that the Public Health Minister had been keen to record the amazing job being done by Public Health and other staff.

71.9 Mrs Campbell updated on the number of Covid patients in the general wards and critical care at the RIE, WGH and St John’s Hospital. Gold Command, Tactical Groups and Silver Command had been established for the acute sector to manage people through the system

71.10 The Board received the update report and agreed the recommendations in the circulated paper.

72 Scheduled and Unscheduled Care Performance.

72.1 Mrs Campbell advised that the focus remained on the most urgent patients and that numbers were reducing. Outpatient activity was still seeing a reduction in demand of 13% with activity being at 74% of pre Covid activity and continuing to build. The availability of face-to-face appointments and the

use of Near Me and telephone consultations was discussed. The Board were advised that the focus at the front end meant that routine patients were waiting longer. In order to help with this a “keeping in touch” process had been established with consideration being given to making this a central model.

72.2 The Board were advised that Surgical and TTG remobilised theatres were working at 84% of pre Covid activity. The impacts of turn round times because of social distancing and the donning and doffing of PPE was discussed. Again, the focus was on urgent patients.

72.3 Performance against the 31-day cancer target was positive although the 62-day position was under pressure. The main issues were in Urology and Colorectal. The September position was demonstrating some progress. In terms of the Endoscopy turnaround time, it was noted that additional rooms at the WGH were being looked at. These should be available in mid-November and would increase productivity. An update was provided on the second robot for Prostectomy that would release wards at the WGH for bladder cancer. Radiology performance was positive.

72.4 Mrs Campbell reported in terms of Unscheduled Care that there was a significant focus on Call Mia. The RIE was the site causing most concern in performance terms with mitigating action being considered. Occupancy levels were currently on excess of 95% and this had been discussed at Gold Command with Health and Social Care Partnerships (HSCPs) in term of increasing bed capacity in Community Hospitals.

72.5 Mr Murray referenced the comment in the paper about mitigation around face-to-face appointments and questioned the impact of the changes in approach on patient outcomes. He was clear that there was a need to ensure outcomes were compatible to face-to-face appointments. In terms of Delayed Discharges, he noted that this remained on the risk register as a very high-risk. He questioned whether there was a likelihood that the position would revert to the previously high numbers.

72.6 Mrs Campbell advised in terms of patient outcomes that patient satisfaction from Near Me engagement was compiled nationally. Ms Gillies commented whilst there were benefits to Near Me that there was a need to move to face-to-face appointments. In terms of virtual consultations, she questioned whether this resulted in patients coming back to the service later.

72.7 The Chief Executive advised that in terms of the Delayed Discharge low point in the first wave of Covid that he had asked IJB Chief Officers for an SBAR to come to Gold Command the following week to pull the position back to where it had been and for this to be achieved by mid-December. He reminded the Board that the UK had the second lowest number of acute beds per head of population in Europe. The reality was that acute beds were under pressure hence the need for IJBs to work to sustain low Delayed Discharge numbers.

72.8 The Vice Chair commented in terms of latent demand that it would be important to consider to what extent this would result in a wave of referrals from GPs. He commented that the reported 21% reduction in referrals suggested that the referral pathway from GPs was not operating in the normal way. He questioned whether work was being done in this regard and whether other solutions had been found.

72.9 Mrs Campbell advised that the position was being monitored by trend and by specialty based on urgency using a clinical profile. The use of initiatives like Refhelp were being considered to ensure the best evidence base for referring patient's into secondary care. Ms Gilles advised that there was a need to consider that some of what happened previously had not been the correct way of seeing patients and that the current redesign process would not disadvantage them. There was a need therefore to recognise that some patients would not in future navigate into face-to-face meetings. The Board were advised that the system was now seeing patients that might have previously been seen in Out Patients and who were now presenting with more advanced conditions. The Vice Chair questioned to what extent GPs were involved in the analysis work. It was noted that Refhelp was GP led.

72.10 Ms Hirst commented in terms of the impact on Equality and Health Inequalities that the digital divide would increase. She questioned whether anything could be done in conjunction with The Edinburgh and Lothian Health Foundation and others to address this. It was noted that the completion an Equality Impact Assessment would inform what the Board could potentially do in this area.

72.11 The Chief Executive advised that the Scottish Government recognised that models of care needed to change and that this would need to go through a major change process. Dr Donald welcomed the 6-week trial at the WGH in respect of Same Day Emergency Care. She commended the Flow Centre collaborative approach.

72.12 Dr Williams commented on the backlog of delayed presentations from GPs and commented that 90% of patients continued to be treated in Primary Care. He felt that there was a need to support GPs in anticipation of the tsunami of cases yet to be progressed. He commented that in the past the only way to provide additional resource to Primary Care had been to close acute beds. Given that there were not enough beds he was concerned that he acute sector would be funded at the expense of Primary Care.

72.13 The Chief Executive in response advised that it was a fact that NHS Lothian did not have enough capacity to meet demand and the point made by Dr Williams was true. He commented that any financial resources that NHS Lothian had should be invested in the area of greatest return. This was a challenge for the Board to address. He stressed however that the reality of the position was that there was not enough capacity to meet demand.

73 Lothian Recovery Plan Updates.

73.1 The Chair welcomed Dr Hacking and Mr Pickering – Gummer to the meeting advising that they would update on recovery progress in respect of Psychological Therapies and Child and Adolescent Mental Health Services (CAMHS).

73.2 Psychological Therapies – Professor McMahon reported that the Scottish Governments access target for psychological therapies (PT) was that 90% of patients should commence treatment within 18 weeks of referral. Public Health Scotland had reported that for the quarter April – June 2020 that NHS Lothian had seen 74.1% within 18 weeks and 78% at the end of March 2020 compared to the Scottish average of 74.3%. NHS Lothian was ranked fifth of 12 NHS Boards. The July to September data was reporting an improving position at 81.4%. This masked areas that were not performing well the detail of which were provided.

73.3 Dr Hacking updated the Board on work that was being done to maximise the workforce through job planning and the administrative allocation of patients to reduce the burden on Clinicians. It was noted that although the service (PT) was benchmarking well against Scotland and that there was more work to be done. She advised that she was keen to continue with consistent scheduling of Out Patients and to increase the consistency and standard of PT. Management reports were now being used and this had introduced clarity into individual and team scheduled appointments and returns as well as new appointments.

73.4 Mr McQueen questioned why it was a substantial management challenge to get people to work to job plans as expected. He felt that this would be a key question for the Board and the Chief Executive. He hoped that the forensic approach on reasonable performance continued .He questioned in terms of standards whether other Health bodies in England and Scotland did not have versions that could be adopted in Lothian.

73.5 Professor McMahon advised that the Executive Team echoed the sentiments expressed and that it was important that the Board were supportive of the management focus moving forward. He reminded colleagues that this was a delegated function that sat with IJBs although it had been agreed that REAS would manage the process. It was positive that sustained performance through Covid had been reported. However, there was a need to optimise the Psychology capacity in order to reduce the backlog and start to see new patients. It would be important to maximise capacity to address the Mental Health impacts of Covid on parts of the population. Group therapy and digital options also needed to be maximised.

73.6 Dr Hacking commented in terms of standards that the Scottish Heads of Psychology met three weekly to update each other and to share good practice. The NES Psychological Therapies matrix was also being updated. This was in addition to the Programme Board established by Dr Hacking to monitor progress.

73.7 Mr Murray commented that the culture would have been ensconced over a

period and would take effort to unpick. It would be important to work with staff to solve the challenges that had been identified. In terms of the delegated nature of the service, he advised that in time it would be a useful aspiration to see community orientation to the services provided. He commented that it was important to recognise the point made in the paper that digital consultation was not suitable in every case.

73.8 Professor McMahon commented in terms of the necessary changes that it was important that everyone worked in partnership to achieve the outcome needed. This included working with IJB Chief Officers to maximise capacity and meet the needs of patients. Professor McMahon advised that he and Dr Hacking would be happy to attend IJBs to ensure everyone was on the same page. The Chair advised that the Planning, Performance and Development Committee would get into the detail of issues like this in future.

73.9 Dr Hacking commented in terms of the use of digital that there were still people on the waiting list that only wanted treatment on a face-to-face basis. This was part of discussions with the Scottish Government as there was a need to produce guidance around this position. The key issue was to consider what would be regarded as a reasonable offer. It was noted that digital poverty was a significant issue for some people in this client group.

73.10 Dr Donald commended the work being done and commented on the importance of engaging with the Primary Care and the Third Sector to help people to find some support. Dr Hacking advised that young people and women were struggling most with the pressures of Covid in terms of increased distress. This had not yet manifested in an increase in referrals for PT. Work would continue with other sectors to look at issues like digital poverty.

73.11 Mr McCann commented on the need for good management control and was confident that this was being provided. He commented on the staffing deficit and issues around temporary rather than permanent contracts. Professor McMahon advised that a Programme Board had been established and was chaired by the Chief Officer of the Edinburgh IJB and was attended by all Chief Officers as well as himself and Dr Hacking. Agreement had been reached through this forum to make funding recurrent and this helped with the recruitment position.

73.12 The Board agreed the recommendations in the circulated paper and supported Dr Hacking with the ongoing work around culture.

73.13 Child and Adolescent Mental Health Services (CAMHS) – The Chair commented that the late Dame Denise Coia had presented to Board Chairs the outcomes of the Taskforce that she had led. Professor McMahon advised that the report was reflected in the recommendations in the Board paper.

73.14 Professor McMahon advised that the debate around PT would be echoed when considering CAMHS. He advised that at the beginning of the year a

significant number of new staff had been engaged through the recurrent investment of £3m into the service. Significant work had been done although the impact of Covid had tempered this to some extent.

73.15 The Scottish Government's access target for CAMHS is that a minimum of 90% of patients should commence treatment within 18 weeks of referral. Public Health Scotland had reported that for the quarter April – June 2020 that NHS Lothian had achieved a position of 51.7% and this was below the Scottish average of 59.3%. Across Scotland, the April to June position had fallen drastically because of Covid.

73.16 Mr Pickering –Gummer advised that the focus was on the most vulnerable patients and that a digital Near Me approach had been adopted. The areas of most impact had been in ADHD and Autism. In addition, the use of non-medical prescribers would be of benefit moving forward and this work force would be grown. The Board were advised of a number of other actions that the service wanted to take forward. It was noted that the benefits of the workforce could be maximised through job planning and the better management of patients into the system. Additional administrators would be recruited to work alongside Clinicians. Recruitment to permanent posts would be the key area of focus.

73.17 Mr Pickering – Gummer advised that he was proud of the staff response to Covid although this did not excuse the current performance position. Covid had highlighted the need to understand better data around job planning. The Project Team had been asked to focus on three areas and the detail of these was provided to the Board.

73.18 Dr Donald advised that she was concerned about the significant number of referrals that were returned to the referrer. She questioned what advice was given to GPs about alternative routes. Mr Pickering –Gummer advised that he was working to understand the reasons for this and to ensure that support was in place.

73.20 The Chief Executive commented that it was important that the Board were comfortable about the way that work needed to be driven forward. It was important for the Board to be honest that the system could and should be doing better in this critical area. The Chair concurred advising it was important for the management team to have the backing of the Board moving forward.

73.21 The Board agreed the recommendations contained in the circulated paper.

74 Initial Agreement - Edinburgh Cancer Centre Development

74.1 Mr Crombie advised that there were a number of members of the team available to answer questions around the detail of the Initial Agreement.

74.2 The Board were advised that in developing in the Initial Agreement that a proper oversight and governance process had been undertaken. He felt it

was important to get the support of the Board for this programme.

74.3 Mr Stirling , Site Director, WGH apologised for the length of the document advising that this reflected the complexity of the programme which was being undertaken on behalf of the East Region. It was noted that NHS Lothian was the most populace part of the Region and the area where population growth was most significant. The incidences of cancer were increasing, as were survival rates.

74.4 The Board were advised of the significant drivers behind the programme to support the future of cancer services. It was noted that the Board had recently supported investment in the existing Cancer Centre although this did not represent a long-term solution for cancer services for the Region. The timescale set out in the Initial Agreement reflected the detail of the permanent solution. Oncology enabling works were being carried out for existing services. Mr Stirling advised that the proposals for the new service had significant benefits for patients and families and that there were Regional and National opportunities. There were also economic benefits in terms of jobs in the building phase as well as clinical, academic and research benefits.

74.5 Mr Murray commented that a key issue was that 2029 was a long way away and questioned to what extent the Board could offer ongoing motivation to give momentum to the programme. He questioned the possible contribution of the Edinburgh and Lothian Health Foundation in the mix of funding moving forward. Mr Stirling advised that Foundation funding could only be provided to provide additionality over core requirements and they were not focussed on this proposal at this point. He commented that there were opportunities to develop cancer funding and this had been discussed with the Foundation.

74.6 Mrs Goldsmith advised that the issue went beyond the Foundation. The challenge was around the health component of Capital that was extremely limited with the Cancer Centre not yet being in a position to be funded. The issue was how to raise the profile of the need for the Cancer Centre for the population of the Region. This would include the economic benefits previously referenced. Mrs Goldsmith stressed that the Foundation could only fund enhancements. A potential role for the Foundation would be to work with other partners including the Third Sector to raise the profile of the project through a proactive fund raising position. She commented that the preparation of the site including the demolition of DCN would be beneficial to the wider WGH site master planning process.

74.7 Mr Crombie advised his ambition was to progress quickly whilst still adhering to strict governance requirements. It was noted that the pathway up to the Scottish Government was complex and continued to be worked through. A Communications Strategy was being developed. The Chair advised given that the project benefitted other Health Boards that it would be helpful to obtain their support that would strengthen the overall proposition.

74.8 Mr Ash commented that the presentation to the Finance and Resources Committee had been helpful. He felt that that there was no logical reason not to support the Initial Agreement. There would be a need to prepare an argument with appropriate emphasis for different audiences. He felt that if the paper was accepted by the Board then other Health Boards should be written to formally asking for support. Mr Ash commented that there was a lot of discussion about community support and he felt this needed to focus out with normal NHS structures. He stressed the need for future iterations of any Business Case to be financially viable.

74.9 The Vice Chair commented that during the Finance and Resources discussion it had been noted that clarity around the benefits had not been discernible and that there was a need to make more of the potential for community , Regional and National benefits. He stressed the need to put forward the strongest possible Business Case supported by the widest range of Stakeholders possible. He questioned whether the Board should get involved in supporting the case enthusiastically to the Cabinet Secretary. The Chair and Chief Executive would discuss off line.

74.10 Professor Whyte advised that there would be benefit in engaging with Cancer Research UK as they had access to extensive data and had designed cancer impacts around Covid – 19. They had also played a pivotal role around new facilities in Manchester and Cambridge. Professor Whyte advised that the University could assist in developing the case for the wider economic benefit. The Chair commented on the need to play in links with the University around issues like Research and Development. Mr Stirling would pick up on the offer made by Professor Whyte off line.

74.11 The Board agree the recommendations in the circulated paper subject to enhancing some of the sections to reflect in particular that comments made at the Finance and Resources presentation.

74.12 The Chair acknowledged that there had been a Covid – 19 outbreak in Ward 15 at the WGH. The Board would be briefed on this on Private Session. The Chair on behalf of the Board thanked the team for their support during this difficult period.

75 August 2020 Financial Position and Quarter One Financial Forecast

75.1 Mrs Goldsmith advised that with the passage of time a better understanding of both direct and Covid costs would emerge as well as the impact on service delivery. The circulated paper also provided an assessment of the year-end financial out turn currently estimated at £107m if no action was taken. This excluded Social Care costs that were being discussed by IJB Chief Finance Officers and the Scottish Government.

75.2 The Board were advised that the £107m included estimates of increased capacity to support mobilisation and was dependent upon securing access to the Private Sector. The Scottish Government had issued an allocation of £78m of which £18m was ring fenced to Social Care to support Covid. It was

reported that Test and Protect would be fully funded by the Scottish Government. Mrs Goldsmith advised that her team had received significant requests for resources in respect of the second wave, winter and challenges on capacity. In terms of spending resources, the rate-limiting factor was the ability to recruit staff.

75.3 Mrs Goldsmith advised that an assessment of what the financial position would look like moving into future years would be considered at a forthcoming Finance and Resources Committee. It was noted that work as underway with other Health Boards around step up costs and an assessment of what new capacity would look like.

75.4 Mrs Mitchell questioned whether the key risks assumed current Covid levels. She felt there was need to consider contingency as well as Brexit issues. Mrs Goldsmith commented that the main constraint on the system was around the ability to create or access additional capacity. East and Midlothian HSCP had come forward with proposals around their Community Hospitals to support the Acute Sector. She advised that the replacing of lost capacity would drift into the following year with resilience being a key challenge.

75.5 Mrs Goldsmith advised that questions around Brexit were difficult to respond to with a key issue being around staff availability. The other element was around ward supplies and there would be a need to model the upward cost profile around this.

75.6 Mr Murray commented that previously NHS Lothian had held a degree of pride in managing its financial position and this had been severely impacted upon by Covid. Mrs Goldsmith advised that the Finance Community were working together and sharing intelligence to ensure resources were prioritised to areas of most need.

75.7 The Board agreed the recommendations in the circulated paper.

78 Corporate Risk Register

78.1 Ms Gillies advised work had recommenced in terms of exploring risk around Brexit particularly as the deadline was approaching without an agreed exit. Robust work had been done earlier in the year and would be updated. Issues around the availability of supplies and drugs was discussed within the context of changes in practice and behaviours because of Covid. Patients were also holding more supplies in their own homes. There was a need to work through the consequences of these issues including the financial impact.

78.2 The Board agreed the recommendations contained in the circulated paper.

79 RHCYP, DCN & CAMHS Project Update

79.1 Mrs Goldsmith reported that work on site continued with the date for

handover still reporting as 25 January 2021. Construction issues were being progressed with there being evidence of extra resources being deployed at weekends to deliver to timescale. CAMHS work would be concluded on 26 October 2020.

79.2 The Chair welcomed the positive briefing on progress. She was advised that the CAMHS physical move would occur towards the end of autumn.

79.3 The Board agreed the recommendations contained in the circulated paper.

80 Terms of Reference of Planning, Performance and Development Committee

80.1 The Chair discussed in significant detail the proposed terms of reference of the Planning, Performance and Development Committee. This discussion include consideration of the Chairing arrangements and the desired system wide approach to include community engagement.

80.2 The point was made that the Committee was wide ranging and it would be important to consider how the agenda would be constructed to include not losing the benefits of the existing Board Development Sessions. The Chairing arrangements for the Committee were robustly discussed and would be kept under review. It was agreed that the working of the Committee would be reviewed after 6 months. Initially the Board Chair would Chair the first few meetings. This position would be reviewed following the completion of the Board Member Appointment process at which point the spreads of responsibilities would be considered.

80.3 The Board agreed that the focus of the first meeting would be around Covid, The Edinburgh Poverty Commission and the Sustainable Development Action Plan. Topics for future discussion should be signalled to Mr Payne.

80.4 The Board agreed the recommendations contained in the circulated paper subject to the above points being reflected.

81 Future Board Meetings

81.1 The schedule of Board and Board Committee dates were approved subject to two changes in relation to Finance and Performance Review Committee dates. Diary invites would be issued to Board Members.

82. Next Board Meeting

82.2 The next Board meeting would be held on 9 December 2020.

83 Any Other Business

83.1 There was no other business.

84 Standing Order 5.23 Resolutions to take Items in Closed Session

84.1 The Board agreed to invoke Standing Order 5.23 to allow a meeting of Lothian NHS Board to be held in Private. The reason for this was due to the commercial and confidential nature of the business to be discussed.

Signed by the Chair
Date 09/12/20

Mrs Esther Roberton
Interim Chair – Lothian NHS Board

DATA LABEL: PUBLIC

West Lothian Council

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 10th November 2020 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 appraised 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 IJB held on 10th November 2020
Contact Person:	Allister Short, Depute Chief Executive Allister.Short@westlothian.gov.uk
CMT Member:	Allister Short, Depute Chief Executive
Date:	18th February 2021

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within WEBEX VIRTUAL MEETING ROOM, on 10 NOVEMBER 2020.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Martin Hill, Katharina Kasper and George Paul

Non-Voting Members – Allister Short, Steven Dunn, David Huddlestone, Mairead Hughes, Alan Jo MacPherson, McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

Apologies – Damian Timson

Absent – Dom McGuire

In attendance – Robin Allen (Senior Manager Community Health and Care Partnership), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), James Millar (Standards Officer), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager), Jeanette Whiting and Fiona Wilson (Team Manager, Community Health and Care Partnership

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on 22 September 2020 as a correct record.

3 MINUTES FOR NOTING

a. The Board noted the minutes of the West Lothian Integration Joint Board Audit Risk and Governance Committee meeting held on 9 September 2020.

b. The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 3 September 2020.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised members that the Health Board had reappointed Martin Connor as a voting member of the IJB from 6 December 2020 to 5 December 2023. The IJB noted the appointment.

The IJB appointed Jo MacPherson to the role of Chair on the Health and Care Governance Group on an interim basis until a permanent Chair was

appointed.

5 CARE HOMES UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on the current situation within care homes as a result of the Covid-19 pandemic and setting out current support arrangements. The report also provided an update on the recent Public Health Scotland report on discharges from hospitals to care homes between 1 March and 31 May 2020.

It was recommended that the Board:

1. Note the current situation in care homes as a result of Covid-19 and the support arrangements in place; and

2. Note the recent Public Health Scotland report on discharges from hospitals to care homes.

Decision

To note the terms of the report.

6 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues.

It was recommended that the Board note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

Decision

To note the terms of the report.

7 JOINT INSPECTION OF THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a draft action plan to address the recommendations made in the report of the joint inspection of the effectiveness of strategic planning in the West Lothian Health and Social Care Partnership.

The contribution of carers as a key stakeholder group was discussed and it was agreed that specific mention should be made to carers in the action plan. The ongoing collaboration across finance teams to support

investment & disinvestment decisions was also clarified.

It was recommended that the Board:

1. Approve the action plan to address the recommendations made in the inspection report;

2. Agree the campaign branding for the implementation of the inspection action plan; and

3. Agree the reporting cycle for monitoring progress.

Decision

1. To approve the terms of the report.

2. To include mention of carers as a key stakeholder group at an appropriate point in the action plan.

8 STRATEGIC COMMISSIONING PLAN FOR OLDER PEOPLE AND PEOPLE LIVING WITH DEMENTIA

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a revised strategic commissioning plan for services for older people and people living with dementia, and seeking the Board's approval.

It was recommended that the Board:

1. Approve the strategic commissioning plan for services for older people and people living with dementia; and

2. Approve issue of a strategic direction to NHS Lothian and West Lothian Council to implement the action plan associated with the strategic commissioning plan.

Decision

1. To approve the terms of the report.

2. To note thanks to Jeanette Whiting and Yvonne Lawton and all officers involved in the production of the Strategic Commissioning Plan.

9 WEST LOTHIAN IJB 2020/21 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2020/21 budget position, including updated Covid-19 financial implications and, based on this, a forecast outturn position for the year.

It was recommended that the Board:

1. Note the forecast outturn position for 2020/21 in respect of IJB delegated functions taking account of delivery of agreed budget savings;

2. Note the currently estimated financial implications resulting from Covid-19 in relation to both expenditure and additional Scottish Government funding; and

3. Note that further updates on the 2020/21 budget position and progress towards achieving a balanced budget position will be reported to future Board meetings.

Decision

1. To note the terms of the report.

2. To review set aside resources and consider the position of and potential collaboration with other IJBs.

3. To add implementation of whistleblowing standards to a future agenda.

10 INCLUSION OF IJBS AS CATEGORY 1 RESPONDERS

The Board considered a report (copies of which had been circulated) by the Chief Officer advising of the Scottish Government's intention to include Integration Joint Boards as Category 1 responders under the Civil Contingencies Act 2004 and advising of the current consultation exercise taking place in relation to the proposed changes.

It was recommended that the Board:

1. Note the proposed changes to the Civil Contingencies Act 2004 in relation to the inclusion of IJBs in the list of Category 1 responders; and

2. Consider its response to the consultation, to be issue on behalf of the IJB by the 22November deadline.

Decision

To note the terms of the report.

11 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Board considered a report (copies of which had been circulated) by the Chief Officer advising the Board of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask the Board to agree the contents of the

draft submission.

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 2019/20 submission to the Scottish Government and the proposed improvement actions;

3. Note the outcome of the 2019 Scottish Government consultation on climate change duties for public bodies

4. Agree to submit a response supporting removing Integration Authorities from the list of public bodies required to report; and

5. Consider inviting the council and health board to a future meeting or development session to talk to their respective sustainability plans and how they relate to the commissioning of health and social care services.

Decision

1. To approve the terms of the report.

2. To note recommendation 4 should be removed from the report.

12 PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting performance based on the latest data available on the Core Suite of Integration Indicators. The report also provided the IJB with a copy of the current log of strategic directions for noting.

It was recommended that the Board:

1. Note the contents of the performance report and its limitations;

2. Agree that more up to date performance data will be presented when available;and

3. Note the log of strategic directions issued to NHS Lothian and West Lothian Council.

Decision

To approve the terms of the report.

13 MEMBERS' CODE OF CONDUCT

The Board considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2019/20 in relation to the ethical standards in public life regime and the Board's Code of Conduct.

It was recommended that the Board:

1. Note the summary of the work carried out in 2019/20 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland;

2. Note the resumption of the Scottish Government review of the Model Code of Conduct and the formal consultation on a proposed revised version

3. Since a revised Model Code would require the Board to revise and adopt its own local version, agree that the Board's review of its own Code was further postponed until after the revised Model Code was approved and published; and

4. Agree that a presentation by the Standards Officer concerning the Code of Conduct, covering 2018/19 and 2019/20, should be arranged to take place at a Board development day.

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 Officer advising members of the risks in the IJB's risk register.

It was recommended that the IJB consider the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact.

Decision

1. To note the terms of the report.

2. Risks to be reviewed in due time to ensure transparency and consistency.

15 WEST LOTHIAN ADULT PROTECTION COMMITTEE 2018-2020 ADULT PROTECTION BIENNIAL REPORT

The Board considered a report (copies of which had been circulated) by the Head of Social Policy informing members about West Lothian Adult Protection Committee 2018-2020 Adult Protection Biennial Report.

It was recommended that the Board note the content of the West Lothian Adult Protection Committee 2018-2020 Adult Protection Biennial Report.

Decision

1. To note the terms of the report.

2. To review wording on equality considerations to ensure clarity and transparency.

16 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

HEALTH & CARE POLICY DEVELOPMENT AND SCRUTINY PANEL WORKPLAN – 2021/22

	ISSUE	LEAD OFFICER	PDSP DATE	Comments/Notes
1	Financial Performance Report	FMU	29th April	
2	Update report on delivery of Health and Social Care in Prisons in West Lothian	Tim Ward	Tbc	
3	IJB Annual Performance Report	Yvonne Lawton	Tbc	
Reporting Activities of Outside Bodies				
4	Minutes of Lothian NHS Board	Allister Short	29th April	
5	Minutes of West Lothian Integration Joint Board	Allister Short	29th April	