



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

14 April 2021

A meeting of the **West Lothian Integration Joint Board** will be held within the **MS Teams Virtual Meeting Room** on **Tuesday 20 April 2021 at 2:00pm**.

BUSINESS

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business and declarations of interest in any urgent business
3. 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
4. Confirm Draft Minutes of Meeting of West Lothian Integration Joint Board held on Thursday 18 March 2021 (herewith)
5. Minutes for Noting
 - (a) West Lothian Integration Joint Board Appointments Committee held on 1 April 2021 (herewith)
 - (b) West Lothian Integration Joint Board Audit, Risk and Governance Committee held on Wednesday 24 February 2021 (herewith)
 - (c) West Lothian Integration Joint Board Strategic Planning Group held on 11 February 2021 (herewith)
6. Membership & Meeting Changes -

Consider any changes to be made to Board, Committee or Strategic Planning Group membership or amendments to meeting arrangements.

7. Interim Performance Report - Report by Chief Officer (herewith) (carried forward from adjourned meeting of 18 March 2021)
8. Review of Strategic Planning Structure - Report by Head of Strategic Planning and Performance (herewith) (carried forward from adjourned meeting of 18 March 2021)
9. Member Roles and Responsibilities - Report by Chief Officer (herewith) (carried forward from adjourned meeting of 18 March 2021)
10. Alcohol and Drugs Services Update - Report by Nick Clater (herewith)
11. Development of Home First - Next Steps - Report by Director (herewith)
12. Interim Workforce Plan 2021-22 - Report by Director (herewith)
13. Market Facilitation Plan (Update) - Report by Head of Strategic Planning & Performance (herewith)
14. Equality Mainstreaming Report and Equality Outcomes 2021-2025 - Report by Chief Officer (herewith)
15. Chief Officer Report (herewith)
16. Chief Finance Officer Report (herewith)
17. Appointment of Chief Officer - Report by Standards Officer (herewith)
18. Workplan (herewith)

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

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 18 MARCH 2021.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Damian Doran-Timson, Martin Hill and Katharina Kasper

Non-Voting Members – Allister Short, Elaine Duncan, Steven Dunn, Jo MacPherson, Alan McCloskey, Ann Pike and Patrick Welsh

Apologies – Dom McGuire, George Paul, David Huddlestone, Mairead Hughes, Caroline McDowall and Rohana Wright

In attendance – Jennifer Boyd (NHS Lothian), Neil Ferguson (NHS Lothian) Carol Holmes (NHS Lothian), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Isobel Meek (Business Support Team Manager), James Millar (Standards Officer) and Fiona Wilson (Team Manager, Community Health and Care Partnership)

Martin Connor, Damian Doran-Timson and Martin Hill left the meeting during agenda item 17, at which time the meeting became inquorate.

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on 19 January 2021.

3 MINUTES FOR NOTING

The Board noted the minutes of the meeting of the West Lothian Integration Joint Board Strategic Planning Group held on 10 December 2020.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised members that the Health Board had reappointed Bill McQueen as a voting member of the IJB 1 April 2021 to 31 January 2022. The IJB noted the appointment.

5 TIMETABLE OF MEETINGS 2021/22

A proposed timetable of meetings for 2021/22 session as well as a

proposed timetable of meetings for the Strategic Planning Group had been circulated for approval.

Decision

1. The Board approved the IJB timetable of meetings and agreed to the following amended dates: 13 January 2022, 17 March 2022 and 21 April 2022.
2. The Board approved the Strategic Planning Group timetable of meetings and agreed to authorise the Chief Officer to adjust the Strategic Planning Group meeting dates if required.

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 updating 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 PROGRESS REPORT - STRATEGIC COMMISSIONING PLANS

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on strategic commissioning plans and providing assurance that progress was being made with the actions contained within the plans.

It was agreed during discussion that communication should be made with Public Health Scotland regarding the ongoing analyst vacancy resulting in certain Strategic Commissioning Plan actions falling behind planned timescales.

It was also clarified that the Strategic Planning Group would review social care contract timescales in due time.

It was recommended that the Board:

1. Note progress in relation to five strategic commissioning plans;
2. Note areas where progress was falling behind, the reasons for this and the actions being taken to address;
3. Note that plans and dates for completion of actions would be reviewed and updated following further consultation with IJB's Strategic Planning Group in April 2021; and

4. Agree assurance.

Decision

1. To approve the terms of the report.
2. Officers to prepare communication addressed to Public Health Scotland regarding provision of analytical support.

8 2020/21 FINANCE UPDATE AND QUARTER 3 FORECAST

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2020/21 budget forecast position for the IJB delegated health and social care functions based on the outcome of the Quarter 3 monitoring.

It was recommended that the Board:

1. Consider the forecast outturn for 2020/21 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2020/21 budget; and
3. Note the current position in terms of the year end management and that significant assurance could be provided to the Board that a breakeven position was deliverable for 2020/21.

Decision

1. To note the terms of the report.
2. To note thanks from the IJB to the Chief Finance Officer and his team for delivering a balanced budget despite the challenges presented by Covid.

9 SCOTTISH BUDGET REPORT 2021

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Scottish draft budget announced on 28 January 2021 and subsequently approved on 9 March 2021.

It was noted that there was a typographical error on Table 5 and that the date in the second line should read '2021/22' and that the core funding had increased, and not decreased as indicated in the table.

It was recommended that the Board:

1. Note the issue of the Scottish Draft Budget 2021, which included departmental spending plans for 2021/22;

2. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Budget;
3. Note the funding implications for Local Government and Health Boards resulting from the 2021/22 Scottish budget;
4. Note that the IJB Chief Officer and Chief Finance Officer had worked with NHS Lothian and West Lothian Council to assess the impact of the Scottish Budget and the funding related to the 2021/22 financial contribution to the IJB from partner bodies; and
5. Note that taking account of the Scottish Budget, the IJB Chief Finance Officer had provided a financial assurance report to this meeting of the Board setting out the 2021/22 IJB budget plan.

Decision

To note the terms of the report.

10 WEST LOTHIAN IJB 2021/22 BUDGET – FINANCIAL ASSURANCE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the outcome of the financial assurance process on the budget contributions West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2021/22, and seeking approval for the issue of Directions to partner bodies for delivery of 2021/22 delegated functions in advance of 1 April 2021.

It was recommended that the Board:

1. Note the financial assurance work undertaken to date on Partner budget contributions;
2. Agree that council and NHS Lothian 2021/22 core budget contributions be used to allocate funding to Partners to operationally deliver and financially manage IJB delegated functions from 1 April 2021;
3. Agree that the Directions attached in Appendix 5 to the report be issued to West Lothian Council and NHS Lothian respectively;
4. Note current assumptions around Covid-19 funding and expenditure for 2021/22, including one off funding carried forward from 2020/21 to be used to meet additional one-off costs arising in 2021/22;
5. Agree that an update to the existing IJB medium term financial plan should be provided to the Board on 29 June 2021; and
6. Agree the updated IJB Annual Financial Statement attached in Appendix 6.

Decision

To approve the terms of the report.

11 CIPFA FINANCIAL MANAGEMENT CODE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the CIPFA Financial Management Code which has been designed to support good practice in financial management and assist in demonstrating financial sustainability.

It was recommended that the Board

1. Note the new CIPFA Financial Management Code that would apply to integration authorities from 2021/22;
2. Agree the IJB would adopt and seek to comply with the code for financial year 2021/22;
3. Note the officer responses in the action plan which demonstrated how existing processes in the IJB met the standards of the code following the publication of the guidance notes; and
4. Agree the action plan so as to ensure full compliance with the code.

Decision

To approve the terms of the report.

12 IJB BEST VALUE FRAMEWORK REVIEW

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an updated Best Value framework for consideration and approval, which reflected latest Scottish Government guidance on Best Value published in 2020.

It was recommended that the Board:

1. Note the review carried out of the IJB's Best Value framework, taking into account the most recent guidance from the Scottish Government;
2. Note the proposed changes to guidance for external auditors and the increased scrutiny of Best Value;
3. Agree the revised Best Value Framework is used to assess the IJBs compliance with Best Value from 2020/21; and
4. Agree the Framework should be reviewed after a further period of three years.

Decision

1. To approve the terms of the report.
2. The Chief Finance Officer to consider how the IJB could demonstrate compliance and evaluate performance against sustainable development framework and to coordinate relevant information gathering from both partner bodies between the time of this meeting and the June meeting of the IJB.

13 INDEPENDENT REVIEW OF ADULT SOCIAL CARE

The Board considered a report (copies of which had been circulated) by the Chief Officer updating members on the release of the final report from the Independent Review of Adult Social Care (IRASC) which was published on 3 February 2021.

It was recommended that the Board:

1. Note the publication of the Independent Review of Adult Social Care; and
2. Consider the findings of the Review and to provide initial comments and thoughts on the recommendations.

Decision

1. To note the terms of the report except recommendation 2.
2. Officers to organise a development session for members to further reflect on potential structural changes and opportunities to strengthen integration and to recommend a course of action.
3. Officers to invite the Review Team to a development session.
4. To hold recommendation 2 in abeyance until after the development session and any resulting recommendations.

14 EU EXIT UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer providing assurance to members that any potential European Union (EU) Exit implications for health and social care service delivery were currently being managed and there had been no immediate detrimental impact to service delivery.

It was recommended that the Board:

Note the potential risks to delivery of health and social care functions that might impact on the IJB's strategic planning role; and

Note the assurance provided by officers supporting the IJB on EU Exit preparations related to health and social care functions.

Decision

To note the terms of the report.

15 INTERIM PERFORMANCE REPORT

The meeting became inquorate at this item and was therefore adjourned.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD APPOINTMENTS COMMITTEE held within MS TEAMS VIRTUAL MEETING ROOM, on 1 APRIL 2021.

Present – Martin Hill (Chair), Martin Connor, Dom McGuire and George Paul

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 PRIVATE SESSION

The committee resolved under the West Lothian Integration Joint Board Standing Orders Appendix 2, Category 1, that the public be excluded from the meeting during consideration of the following items of business on the grounds that they involved the likely disclosure of exempt information.

3 MINUTES

The committee confirmed the minute of its meeting held on 28 June 2019 as a correct record.

4 RECRUITMENT AND APPOINTMENT OF CHIEF OFFICER

The committee considered a report (copies of which had been circulated) and a verbal update by the Chief Executives presenting the outcome of the recruitment process for the post of Chief Officer.

The HR Services Manager (West Lothian Council) provided a verbal update advising members that the Appointment Panel had met on 1 April 2021 and had recommended that Alison White be appointed to the post of Chief Officer.

It was recommended that the committee consider the terms of the report and:

1. Appoint the recommended candidate to the post of Chief Officer.
2. Delegate to the Chief Executives of council and health board the making of the necessary arrangements for the successful candidate to take up the post, including the date of commencement of employment in that post, subject to confirmation that the health board and the council have agreed to the appointment within those organisations.

Decision

To approve the terms of the report and verbal update.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within MSTEAMS VIRTUAL MEETING ROOM, on 24 FEBRUARY 2021.

Present – Martin Connor (Chair) and Bill McQueen; and Councillors Damian Doran-Timson and George Paul

In Attendance – Allister Short (Chief Officer), Jo MacPherson (Head of Social Policy), James Millar (Standards Officer), Kenneth Ribbons (Internal Auditor), Sharon Leitch (Senior Auditor) Patrick Welsh (Chief Finance Officer) and Rob Jones (EY, External Auditor)

Apologies – Caroline McDowell, NHS Lothian

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The committee confirmed the minute of its meeting held on 2 December 2020.

3. TIMETABLE OF MEETINGS 2021/22

The committee considered a timetable of meetings for the twelve month period starting from 1 August 2021.

Decision

To approve the timetable of meetings for 2021/22.

4. IJB RISKS - REPORT BY CHIEF OFFICER

The committee considered a report (copies of which had been circulated) by the Chief Officer advising of the IJB's risks.

It was recommended that the Audit, Risk and Governance Committee considers the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact

Decision

To note the terms of the report.

5. DATA PROTECTION COMPLIANCE

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

by the Chief Officer providing an update on compliance with data protection law and to recommend that the Chief Officer formally writes to both the council and the health board to request that a Data Protection Officer is appointed to the IJB as necessary support service

It was recommended that the committee :-

1. Note the impact of the EU Exit on data protection law is minimal;
2. Note that the IJB is largely compliant with data protection law and has limited exposure to personal data;
3. Note the appointment of a suitable Data Protection Officer (DPO) remains outstanding;
4. Note the DPO arrangements in other Integration Authorities; and
5. Agree that the Chief Officer will formally request support in the form of an appointed DPO from council and health board.

Decision

1. To approve the terms of the report
2. To agree that the Chief Officer start a dialogue with fellow Chief Officers in the Lothian area with regards to a collaborative approach for the appointment or use of a Data Compliance Officer for the IJB

6. INTERNAL AUDIT OF FINANCIAL PLANNING

The committee considered a report (copies of which had been circulated) by the IJB Internal Auditor advising of the outcome of an internal audit of the IJB's financial planning arrangements.

It is recommended that the Committee notes that control is considered to be effective.

Decision

To note the terms of the report

7. EXTERNAL AUDIT PLAN 2020/21

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer advising of the external auditor's 2020/21 annual audit plan, a copy of which was attached to the report. Committee noted that Rob Jones, EY, was also in attendance at the meeting to talk to the external audit plan.

It is recommended the Committee notes and considers the external auditor's 2020/21 annual audit plan.

Decision

To note the contents of the report and the 2020/21 annual audit plan.

8, IJB INTERNAL AUDIT PLAN - REPORT BY IJB INTERNAL AUDITORIJB INTERNAL AUDIT PLAN 2021/22

The committee considered a report (copies of which had been circulated) by the IJB Internal Audit providing a copy of the 2021/22 internal audit plan, a copy of which was attached to the report.

It is recommended that the Committee approves the 2021/22 internal audit plan.

Decision

1. To approve the terms of the report
2. To agree that the Chief Officer seek clarity from fellow Chief Officers/Chief Finance Officers in the Lothian area to discuss the offer from NHS Lothian about assisting IJB's with internal audits and to report back to the June meeting with a recommendation.

9. LOCAL GOVERNMENT IN SCOTLAND - FINANCIAL OVERVIEW 2019/20

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the Local Government in Scotland – Financial Overview 2019/20 report prepared by the Accounts Committee. The report also provided an update on the Accounts Commission's review of the 2018/19 annual audit of Fife IJB.

It was recommended that the committee :-

1. Notes and considers the key messages set out in the Local Government in Scotland – Financial Overview 2019/20 report
2. Notes and considers the findings in the Fife IJB 2018/19 audit report and the relevance to other IJBs
3. Considers the key themes / recommendations contained in the reports and agree any actions required

Decision

To note the terms of the report

10. CIPFA FINANCIAL MANAGEMENT CODE

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the CIPFA Financial Management Code which had been designed to support good practice in financial management and assist in demonstrating financial sustainability.

It is recommended that the committee notes and considers the following recommendations which are intended to be submitted to the Board for approval:

1. Note the CIPFA Financial Management Code and key messages included in the report
2. Agree the IJB will comply with the code for financial year 2021/22
3. Note the officer responses to demonstrate how existing processes in the IJB meet the standards of the code following the publication of the guidance notes
4. Agree the action plan to ensure full compliance with the code

Decision

To approve the terms of the report

11. IJB BEST VALUE FRAMEWORK REVIEW

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing an updated Best Value framework, a copy of which was attached to the report. It was noted that the framework reflected latest Scottish Government guidance on best value published in 2020.

It is recommended that the committee:

1. Notes the review carried out of the IJB's Best Value framework, taking into account the most recent guidance from the Scottish Government
2. Notes the proposed changes to guidance for external auditors and the increased scrutiny of Best Value
3. Agrees the revised Best Value Framework should be reported to the Board for approval

Decision

To approve the terms of the report

12. WORKPLAN

A workplan and reporting cycle had been circulated for information.

Decision

To note the contents of the workplan and reporting cycle.

West Lothian Integration Strategic Planning Group

Meeting Held on 11 February 2021 at 14.00, Held virtually on Microsoft TEAMS

MINUTE & ACTIONS

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| Present: | Bill McQueen (Chair), Yvonne Lawton, Jo MacPherson, Fiona Wilson, Sheila Hook, Kathleen Mathieson, Gordon Edwards, Alison Wright, Robert Telfer, Alan McCloskey, Andreas Kelch, Elaine Duncan, Jeanette Whiting, Caroline McDowall, Douglas Grierson, Tim Dent Lorna Kemp, Sandra Bagnall, Joanne McKenzie, Clare Slater, Isobel Meek, Jennifer Boyd, Abigail Locke |
| Apologies: | Allister Short, Brenda Coulter, Robin Allen, Marjory Mackie, David Morrison, Carol Holmes, Martin Higgins, Mairead Hughes, Nick Clater |

| | Discussion/Decision | Action | By Whom | By When |
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| 1. | Introductions and Apologies Apologies were noted as above. | | | |
| 2. | Order of Business including notice of urgent business | | | |
| 3. | Declarations of Interest No declarations of interest. | | | |
| 4. | Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 10 December Minute confirmed as an accurate record. Mapping of services – Yvonne confirmed that this work was progressing via the short-life working group and that this would be reported back to the Group in due course. | | | |

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| | <p>Sustainability – Lorna confirmed that Jane Hopton from NHS Lothian and Peter Rogers from West Lothian Council would present to the IJB at its next Development Session.</p> <p>Shared Lives – Gordon confirmed that he and Robin had discussed and Robin will explore further with Glasgow counterparts.</p> <p>Membership and meeting dates – Lorna confirmed she will circulate these to the Chair and Chief Officer.</p> <p>Primary Care Improvement Plan – Elaine advised that West Lothian was progressing well and will provide an update the Group.</p> | | | |
| 5. | <p>Draft Minute of West Lothian Health and Wellbeing Partnership – 16 December 2020</p> <p>Not yet available – will be rolled forward to next meeting.</p> | | | |
| 6. | <p>Presentation – Improving the Cancer Journey</p> <p>Sandra Bagnall was in attendance to talk to the Group about Macmillan's Improving the Cancer Journey.</p> <p>Sandra advised that West Lothian is well represented on the programme board and the local planning group is led by Elaine Nisbet. The programme supports patients with finances and managing journey through treatment through a link worker delivery model. The top concerns following diagnoses are usually money, mental health and managing symptoms.</p> <p>Sandra advised that Data Sharing Agreements were in place. A letter will be issued inviting patients to contact service after a diagnosis. Link workers have been recruited in West Lothian and Joanne will be line managing these link workers. Two FTE staff are funded by Macmillan for 4 years. They are responsible for contacting the service, making an appointment with the link worker and then a 'what matters to you' conversation takes place. A plan is</p> | | | |

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| | <p>agreed between the link worker and patient and self- management is encouraged. There is a keeping in touch process a follow up assessment. You can re-join the service at any time. Sandra hopes that the new roles will start on 1 March and there will be a thorough induction programme before going live in April. The service would usually be face to face but due to COVID will be offering telephone or Near Me. This could impact numbers but would expect this to pick up. Sandra invited questions.</p> <p>Bill commented that the Fife video was powerful and asked if the letter was sufficient to contact potential clients. Sandra agreed that there could be barriers to translating the letter into contact. Glasgow get most of their referrals from secondary care colleagues – Sandra hopes to build confidence in the service and build up to more direct referrals. Will be doing a lot of local comms and Joanne and Clare have been doing a lot of work to build relationships in West Lothian.</p> <p>Sandra commented that staff have been placed within an existing team/structure as planning for the “exit strategy”. An evaluation will look at outcomes. As we go live and start collecting this data Sandra would hope to come back to this group to discuss where it fits in with the Strategic Plan. Bill would welcome a mid-term report.</p> <p>Alison would like to refer carers and Sandra confirmed that anyone affected by cancer 16+ years of age can be referred.</p> <p>Andreas commented that it sounded like a wonderful service and advised that this would be a very helpful route for cancer patient referrals. It was a large and often challenging group. Sandra happy to come along to Primary Care groups to build relationships.</p> <p>Bill asked that Sandra and Yvonne discuss an appropriate date to come back.</p> | | | |
| 7. | Presentation – Digital Strategy | Agree date to return to SPG | Y Lawton | Following meeting |

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| <p>Yvonne introduced the item and highlighted that acceleration of the digital agenda has helped us cope with COVID-19.</p> <p>Abigail introduced herself as the Management Trainee working in the health and social care partnership for the previous 9 months with a focus on a new Digital Strategy. Abigail summarised her work so far in a presentation.</p> <p>The Digital Strategy will be aligned to the council and NHS Lothian and will build on the changes brought about by COVID.</p> <p>Abigail invited questions and feedback and offered to meet with anyone who would like to feed in via a Teams meeting.</p> <p>Abigail advised that she has spoken to a number of partnerships and taken examples of practice from them. The timescale of this work will be set out in the final strategy but Abigail will get a document to the group before her time in the partnership ends.</p> <p>Yvonne confirmed that we would like to align to the Strategic Plan and acknowledged the significant impact on workforce of the pandemic. Capital funding in NHS Lothian has been committed to support hardware for staff. We have made rapid progress in some areas due to COVID and Yvonne is keen to capitalise on this. Yvonne took part in national conversation on the digital agenda and what can be done nationally to support this, including examining the role of the IJB in bridging the gap between the council and health board, identifying gaps and commonalities.</p> <p>Alison asked if there was plans to encourage third sector organisations to write their own strategies and linking in to this work. Dougie commented that there is potential for Community Regeneration to help reach out to areas of deprivation and those hard to reach communities.</p> | Feedback to Abigail | All | Following meeting |
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| | <p>Caroline suggested that it might be helpful to see an overview of the council and NHS Lothian strategies.</p> <p>It was agreed a report would come back to SPG around June. A short-life working group will be set up to develop specific actions and outcomes. Yvonne asked those interested in joining to express interest to Lorna so Abigail can arrange fairly quickly.</p> | Express interest in joining short-life working group | All | Following meeting |
| 8. | <p>Performance Management Framework</p> <p>Yvonne introduced the item and advised that work has been ongoing to try to better integrate services across council and health. Yvonne introduced Jenny Boyd and Isobel Meek who were presenting.</p> <p>There have been challenges in resourcing within LIST with over 40 vacancies in the organisation as a whole but efforts continue to recruit analysts.</p> <p>Reporting landscape includes developing an integrated suite of indicators for the health and social care partnership's management team. The main challenge is understanding what is causing trends and changes. Jenny and Isobel are working with senior managers to better understand this. Similarly challenging is the use of multiple performance management tools across the health and social care partnership. There are also multiple reporting tools used by our partners.</p> <p>Short, medium and long term goals have been identified following establishing a working group in February 2020. This is a true example of integrated working but COVID has delayed meeting in person.</p> <p>Jenny advised that the data coming out from PHS is quite time lagged which is why data needs to be extracted from Trak. Jenny and Isobel would like to be able to pick up issues with data and correct them.</p> <p>Alan asked if they had linked in to the South East Scotland City Region Deal who are focus on health data and are currently doing a project on COVID-19. Jenny will</p> | | | |

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| | <p>look into this and is keen to learn from any good practice. Isobel added that it is important to be able to measure outcomes for service users. We currently collect very granular data but there is a need to better understand how we are addressing the overall outcomes for individuals.</p> <p>It was agreed that Yvonne would discuss when to take this item to the IJB with Allister and the Chair after the meeting.</p> <p>Yvonne highlighted the risk to development in this area due to the vacancies in Public Health Scotland and advised that we are looking at alternatives to support this work.</p> | Agree timing for discussion at IJB | Y Lawton | Following meeting |
| 9. | <p>Review of Strategic Planning Structure and Membership</p> <p>Lorna presented a report reviewing the strategic planning structure that was approved with the strategic plan last year. The report sought the views of the group on whether the new structure was fit for purpose, if the SPG was involved at the right stage, and if the membership of the SPG was appropriate to fulfil its remit.</p> <p>Comments from the Group included that the new structure was felt to be an improvement with members better able to inform on strategy going to the IJB; papers were felt to be received in a timely manner and it was a welcoming environment.</p> <p>Lorna suggested that any feedback be emailed to her.</p> | Feedback on SP structure | All | 5 March |
| 10. | <p>Discussion on COVID-19 Learning</p> <p>It was agreed that the Group reflect on the learning from COVID-19 once again. The Group last reflected on the pandemic in July 2020 and the document produced was considered useful and was widely shared.</p> <p>Yvonne advised that this would be a first step in working towards a new Strategic Plan in 2023 and proposed that dates be canvassed for March.</p> | Identify dates for workshop in March | Lorna | Following meeting |

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| 11. | <p>Work Plan</p> <p>The workplan was noted and it will be populated on an ongoing basis.</p> <p>Yvonne advised that we are awaiting more information on the next stage following the report on the Independent Review of Adult Social Care. Jo advised that there will be a parliamentary debate and commented that the review could trigger radical change. It was agreed to schedule a discussion for the SPG once timescales were clearer.</p> | Add discussion of review to workplan | L Kemp | TBC |
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| Date | 20 April 2021 |
| Agenda Item | 7 |



Report to West Lothian Integration Joint Board

Report Title: Interim Performance Report

Report By: Chief Officer

| Summary of Report and Implications | |
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| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input checked="" type="checkbox"/> |
| | - is to provide assurance <input checked="" type="checkbox"/> |
| | - is for information <input type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| | The purpose of the report is to present to the Integration Joint Board (IJB) a performance report based on the latest data available on the Core Suite of Integration Indicators and social care benchmarked data to provide assurance over the development of an integrated approach to performance management as agreed in the strategic inspection action plan. |
| Recommendations | <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Note the content of the performance report and confirm assurance • Note the presentation on progress in relation to the development of an integrated approach to performance management as recommended in the strategic inspection • Agree risks arising from current vacancies within the performance team to be added to the risk register until the situation is resolved |
| Directions to NHS Lothian and/or West Lothian Council | A direction is not required. |
| Resource/ Finance/ Staffing | The resources allocated to the delivery of the Integration Joint Board's functions are set out in the Strategic Plan 2019 to 2023. |
| Policy/Legal | Performance Reports will be prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance. |

| | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk | Current vacancies within the performance team present a risk to the future development and delivery of integrated performance reports to the IJB. The IJB is asked to agree that this risk will be reflected on the Risk Register. |
| Equality, Health Inequalities, Environmental and Sustainability Issues | A full integrated impact assessment was carried out on the IJB's Strategic Plan 2019-2023. The performance data supports delivery of that plan and does not require a separate impact assessment to be completed. |
| Strategic Planning and Commissioning | Performance reporting is designed to provide assurance to the IJB on delivery of the Strategic Plan. |
| Locality Planning | Reporting is currently done on a West Lothian basis and data is not broken down by localities. |
| Engagement | Senior Management Team |

| Terms of Report | |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Background |
| 1.1 | <p><i>National Health and Wellbeing Outcome Indicators</i></p> <p>The Scottish Government identified a core suite of 23 integration indicators to demonstrate progress in achievement of the nine national health and wellbeing outcomes. This report includes the most up to date published data set for these indicators which allows comparison with the Scottish average.</p> |
| 1.2 | <p>The first nine indicators within the core suite of indicators are based on the Biennial Scottish Health and Care Experience Survey (HACE). This survey is sent randomly to around 5% of the Scottish Population every two years. Publication of the most recent HACE data was delayed by the pandemic, however, was published on 27th October 2020. It should be noted that the Scottish Government changed the question in the care section of the 2019/20 survey which means that direct comparisons with previous years' data is not currently possible.</p> |
| 1.3 | <p><i>Local Government Benchmarking Framework</i></p> <p>Where possible, the core suite of indicators has been benchmarked against the Local Government Benchmarking Family (LGBF) for adult care. The LGBF for West Lothian includes Clackmannanshire, Dumfries and Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire</p> |
| 2. | Strategic Inspection Recommendations |
| 2.1 | <p>The report of the strategic inspection on the effectiveness of strategic planning in the West Lothian Health and Social Care Partnership made recommendations for progressing an integrated performance framework for the partnership.</p> |

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| 2.2 | <p>Arrangements have been made to bring NHS and council performance teams together to develop a more integrated approach to performance management. Weekly meetings provide a platform for reviewing progress and agreeing objectives for the development of performance reporting. However, there are challenges too in the development of a fully integrated approach mainly because management information is recorded in a range of places and systems across the partnership which do not link together. Enquiries to other partnerships across Scotland revealed similar challenges with automated data collection and reporting.</p> |
| 2.3 | <p>Notwithstanding the challenges with systems and processes, good progress has been made with the development of an integrated monthly performance report for the partnership's senior management team. The format of the report continues to evolve but now enables greater oversight of operational and strategic performance across all service areas. In addition, the format of the report to the IJB has been reviewed to ensure that it reports health and social care integration indicators in a way which is more clearly align to the IJB's priorities as detailed in the Strategic Plan.</p> |
| 2.4 | <p>Work is also underway to review performance data currently used across all service areas within the partnership to ensure that data is current and aligned to operational and strategic priorities. This is a significant piece of work to undertake but it is hoped that the outcome will be clearer performance indicators which allow greater oversight of performance and achievement of actions and outcomes. Work has been completed to develop performance indicators for both the learning disabilities and physical disabilities commissioning plans and this work is being extended across all other plans.</p> |
| 2.5 | <p><i>Risk</i></p> <p>Current vacancies within Public Health Scotland (PHS) present a risk to the ongoing development of performance management and reporting within the partnership. The partnership has for the past few years purchased analytical support from Public Health Scotland (PHS) in the form of a full time data analyst. The previous post holder left in October 2020 and PHS has been unable to provide a replacement member of staff since then despite ongoing recruitment attempts. In addition to this, analytical support has also been provided via the PHS Local Intelligence Support Team (LIST) which has supported health and social care partnerships across Scotland for the past four years. The support from LIST is also at risk as post holders have moved on or have been moved to support the pandemic response which, combined with the recruitment challenges mentioned before, means that it is currently difficult to progress developments as quickly as intended. Turnover within the Social Policy Business Support Team is adding to the risk.</p> |
| 2.6 | <p>Arrangements are in place to recruit replacement analytical and business support staff directly to the partnership in the hope that a more permanent solution to the current staffing problems can be secured. It is recommended that this risk is reflected on the IJB's Risk Register in terms of impact on delivery of the Strategic Plan.</p> |
| 3. | <p>Reporting on Delayed Discharges</p> <p>Information on the number of patients delayed, and the associated bed days lost, is published monthly by Public Health Scotland and included in performance reports to the IJB. The Scottish Government issued a letter on 10 February 2021 outlining its desire to see changes in the way delayed discharge information is presented. A consultation has been launched to seek views on proposed changes and other associated data changes that may be required to delayed discharge data collection. The consultation closes on 24th March 2021.</p> <p>Data at the moment is currently broken down mainly into standard (community delays) and 'code 9' (complex delays). Proposals centre on developing an approach to reporting which reflects recent trends in standard delays and gaining a better understanding of the more complex ones.</p> |

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| 4. | <p>Presentation on Performance Management and Development</p> <p>The performance report submitted to the IJB will be supplemented by a presentation to give an overview of the development work undertaken to date and insight into the complexities involved in developing an integrated approach to data collection and reporting.</p> |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | 1. Interim Performance Report |
| References | <ul style="list-style-type: none"> Public Bodies (Joint Working) (Scotland) Act 2014 |
| Contact | <p>Yvonne Lawton, Head of Strategic Planning and Performance Email: Yvonne.lawton@nhslothian.scot.nhs.uk Phone number: 01506 283949</p> |

West Lothian Interim Performance Report

March 2021

Core Suite of Integration Indicators with Social Care
Indicators with National Comparisons and
Benchmarking

Jennifer Boyd and Stephen Forrest

Purpose of the Report

The Integration Joint Board (IJB) is required to assess how it has performed in the areas it has responsibility for. This interim report summarises progress toward the IJB's vision to "increase wellbeing and reduce health inequalities across all communities of West Lothian", and delivery of the nine national health and wellbeing outcomes through the strategic priorities and transformational change programmes.

National Health and Wellbeing outcomes

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

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

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

Priority 1: Tacking Inequalities

| Indicator Number | Indicator Name | Source | Latest Available Data |
|------------------|------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|
| NI-11 | Premature Mortality Rate per 100,000 population | Core Suite of Integration Indicators (Health) | 2019 |
| N/A | Male Life Expectancy | National Records of Scotland | 2018 |
| N/A | Female Life Expectancy | National Records of Scotland | 2018 |
| NI-1 | Percentage of adults able to look after their health very well or quite well | Core Suite of Integration Indicators (HACE) | 2019/20 |

Priority 2: Prevention and Early Intervention

| Indicator Number | Indicator Name | Source | Latest Available Data |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|
| NI-2 | Percentage of adults supported at home who agree that they are supported to live as independently as possible | Core Suite of Integration Indicators (HACE) | 2019/20 |
| NI-3 | Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided | Core Suite of Integration Indicators (HACE) | 2019/20 |
| NI-4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | Core Suite of Integration Indicators (HACE) | 2019/20 |
| NI-5 | Total percentage of adults receiving any care or support who rated it as excellent or good | Core Suite of Integration Indicators (HACE) | 2019/20 |

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|-------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| NI-6 | Percentage of people with a positive experience of the care provided by their GP practice | Core Suite of Integration Indicators (HACE) | 2019/20 |
| NI-7 | Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | Core Suite of Integration Indicators (HACE) | 2019/20 |
| NI-8 | Total combined % carers who feel supported to continue in their caring role | Core Suite of Integration Indicators (HACE) | 2019/20 |
| NI-9 | Percentage of adults supported at home who agreed they felt safe | Core Suite of Integration Indicators (HACE) | 2019/20 |
| NI-12 | Rate of emergency admissions for adults (per 100,000) | Core Suite of Integration Indicators (Health) | 2019/20, and 2020/21 Q1 and Q2 ^P |
| NI-13 | Rate of emergency bed days for adults (per 100,000) * | Core Suite of Integration Indicators (Health) | 2019/20, and 2020/21 Q1 and Q2 ^P |
| NI-16 | Falls rate per 1,000 population aged 65+ | Core Suite of Integration Indicators (Health) | 2019/20, and 2020/21 Q1 and Q2 ^P |
| NI-17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | Core Suite of Integration Indicators (Scottish Government) | 2019 |

P= Provisional

Priority 3: Integrated and Co-ordinated Care

| Indicator Number | Indicator Name | Source | Latest Available Data |
|------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|
| NI-15 | Proportion of last 6 months of life spent at home or in community setting | Core Suite of Integration Indicators (Health) | 2019/20 |
| NI-18 | Percentage of adults with intensive care needs receiving care at home | Core Suite of Integration Indicators (Health) | 2019/20 |
| NI-19 | Number of days people aged 75+ spent in hospital when they are ready to be discharged (per 1,000 population) | Core Suite of Integration Indicators (Health) | 2019/20 |
| SW3a | Percentage of people aged 65 or over with long-term care needs receiving personal care at home | Improvement Service | 2019/20 |

P= Provisional

Priority 4: Managing Resources Effectively

| Indicator Number | Indicator Name | Source | Latest Available Data |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|
| NI-14 | Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges) | Core Suite of Integration Indicators (Health) | 2019/20 |
| NI-20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | Core Suite of Integration Indicators (Health) | 2019/20 |
| SW1 | Home care costs per hour for people aged 65 or over | Improvement Service | 2019/20 |
| SW2 | Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+ | Improvement Service | 2019/20 |
| SW5 | Residential costs per week per resident for people aged 65 or over | Improvement Service | 2019/20 |

P = Provisional

Update to the Health and Care Experience Survey, 2019/20 (HACE)

National Integration Indicators NI-1 to NI-9 are reported in the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. The survey is sent randomly to around 5% of the Scottish population every two years. In 2019/20, the survey was sent to 14,836 people in West Lothian and 3,894 responses which equates to a response rate of 26%. The response rate across Scotland was 26%.

The Scottish Government changed the questions in the Care section of the 2019/20 survey. The Scottish Government analytical team have advised Public Health Scotland that straight comparisons to previous years should not be made for the following indicators:

| Indicator Number | Indicator Name |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| NI-2 | Percentage of adults supported at home who agree that they are supported to live as independently as possible |
| NI-3 | Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided |
| NI-4 | Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated |
| NI-5 | Percentage of adults receiving any care or support who rate it as excellent or good |
| NI-7 | Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life |
| NI-9 | Percentage of adults supported at home who agree they felt safe |

The Scottish Government is working on a methodology on how to show time series trends these indicators which should be published in due course. For this IJB Report, the 2019/20 results have been included, with comparisons made to Scotland for all indicators, but no time series comparisons have been made to previous years for the indicators listed in the above table.

West Lothian Summary Position

West Lothian is largely performing very similar to the national average. Time series analyses for each indicator is included further in this report where available.

| | Indicator Number | Indicator Name | West Lothian 2019/20 | Scotland 2019/20 |
|---------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|
| West Lothian is outperforming Scotland | NI-8 | Carers who feel supported to continue in their caring role | 36% | 34% |
| | NI-11 | Premature Mortality Rate | 390 | 426 |
| | NI-13 | Emergency Bed Day Rate | 100,461 | 117,457 |
| | NI-16 | Falls rate for 65 + population | 21 | 23 |
| | NI-20 | Percentage of health and care resources spent on emergency admissions | 22% | 23% |
| | SW3 | Percentage of people aged 65 or over with long-term care needs receiving personal care at home | £64.71 | £61.65 |
| West Lothian's performance is similar to Scotland (within 5% of Scotland) | NI-1 | Adults are able to look after their own health quite well or well | 92% | 92% |
| | NI-2 | Adults supported at home who agree that they are supported to live as independently as possible | 68% | 70% |
| | NI-3 | Adults supported at home who agree that they had a say in how their help, care or support was provided | 59% | 63% |
| | NI-5 | Adults receiving any care or support who rated it as excellent or good | 67% | 69% |
| | NI-6 | People with a positive experience of the care provided by their GP practice | 75% | 79% |
| | NI-9 | Adults supported at home agreed that they felt safe | 70% | 73% |
| | NI-12 | Emergency Admission Rate | 12,627 | 12,408 |
| | NI-15 | Proportion of last 6 months of life spent at home or in community setting | 89% | 89% |
| | NI-17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 81% | 82% |
| | NI-18 | Adults with intensive care needs receiving care at home | 68% | 63% |
| Where performance needs to improve (greater than 5%) | NI-4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | 60% | 67% |
| | NI-7 | Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | 61% | 67% |

| | | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------|------|-------|
| NI-14 | Re-admission rate to hospital within 28 days | 112 | 103 |
| NI-19 | Number of days people aged 75+ spent in hospital when they are ready to be discharged | 934 | 774 |
| SW2 | Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+ | 8.8% | 10.7% |

Performance at a Glance

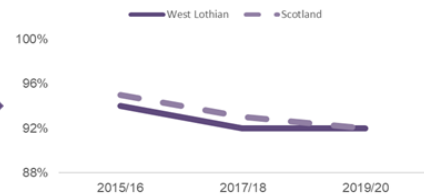
This section summarises West Lothian's performance of the Integration Indicators as well as some social care indicators between 2013/14 to 2019/20. Time series data is provided as well as benchmarking to Scotland, apart from HACE indicators 2,3,4,5,7, and 9.

Please note that due to both the NHS and Council Staff Surveys being suspended due to COVID-19, there is no staff experience data included in this report.



1. Adults are able to look after their health very well or quite well

Performance remained at 92% as in 17/18
Scotland rate is 92% in 19/20

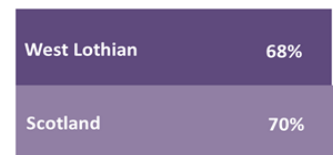


In financial year 2019/20, the percentage of people in West Lothian who thought that they could look after their health very well or quite well was 92%. This is a very positive response, although the percentage has remained the same since 2017/18. The national rate decreased by 1% from 2017/18 to 2019/20.



2. Adults supported at home agreed that they are supported to live as independently as possible

West Lothian's performance was 2% lower than
Scotland's rate of 70% in 19/20



0% 10% 20% 30% 40% 50% 60% 70% 80%

The percentage of adults supported at home whom agreed that they are supported to live as independently as possible, was 68% in 2019/20. The result for West Lothian sits closely to the Scottish average which is 70%. **The data for this indicator cannot be compared with previous years.**



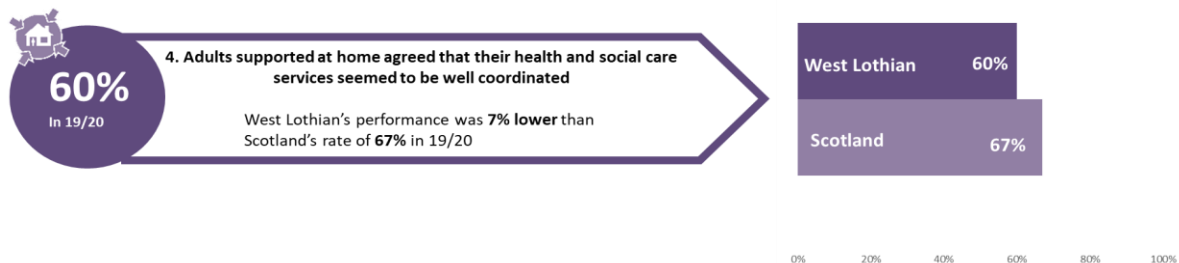
3. Adults supported at home agreed they had a say in how their help care or support was provided

West Lothian's performance is 4% lower than
Scotland's rate of 63% in 19/20

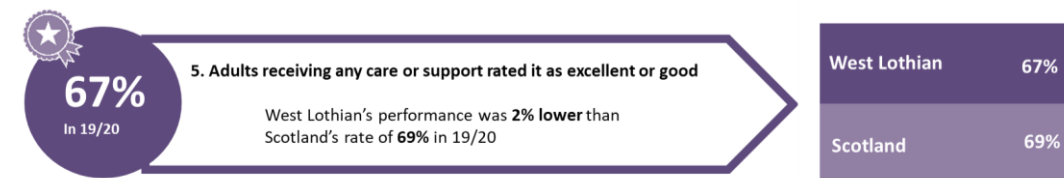


0% 20% 40% 60% 80% 100%

In West Lothian, 59% of people surveyed in 2019/20, agreed that they had a say in how their help, care or support was provided. The result for West Lothian is 4% lower than the Scotland average of 63%. **The data for this indicator cannot be compared with previous years.**



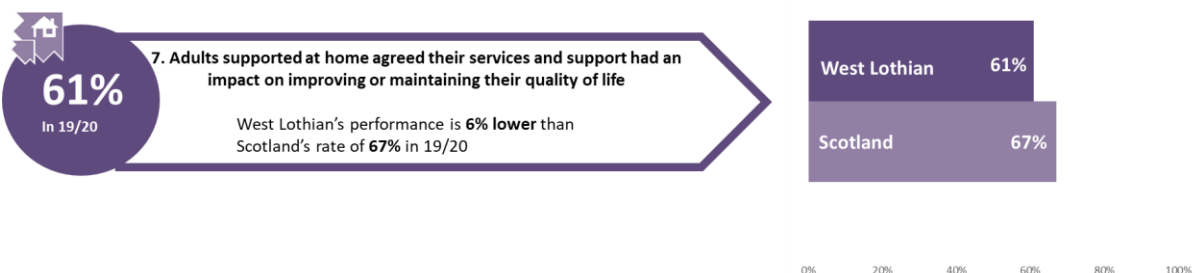
In financial year 2019/20, 60% percentage of adults supported at home, agreed that their health and social care services seemed to be well co-ordinated. West Lothian sits below the Scottish average of 67%. **The data for this indicator cannot be compared with previous years.**



The percentage of adults receiving any care or support, who rated it as excellent was 67% in 2019/20. The Scottish average is only 2% higher at 69%. **The data for this indicator cannot be compared with previous years.**



In 2019/20, the percentage of adults who had a positive experience of the care provided by their GP practice remained at 75%. The Scottish average decreased from 83% in 2017/18, to 79% in 2019/20.

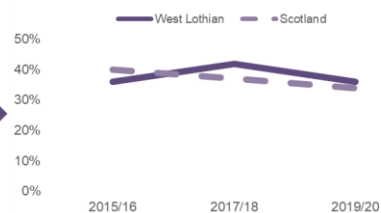


The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life was 61% in 2019/20. The Scotland response rate reduced was 67%. **The data for this indicator cannot be compared with previous years.**



8. Carers feel supported to continue in their caring role

Performance decreased 6% from 42% in 17/18
Scotland rate is 34% in 19/20



In the 2019/20 survey, 36% of carers responded saying that they feel supported to continue in their caring role. This was a decrease of 6% from the previous survey in 2017/18, which is a concern. The Scotland rate also decreased from 37% to 34%, so West Lothian is slightly outperforming the national average.



9. Adults supported at home agreed they felt safe

West Lothian's performance is 3% lower than
Scotland's rate of 73% in 19/20



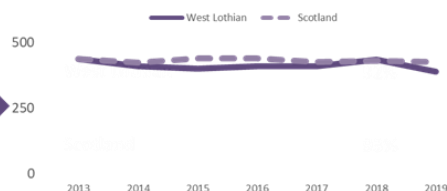
0% 20% 40% 60% 80% 100%

The percentage of adults in West Lothian who responded to the survey, and agreed that they felt safe was 70% in 2019/20. This is lower than the Scottish average which is 73%. **The data for this indicator cannot be compared with previous years.**



11. Premature mortality rate

Performance increased by 10% from 434 in 2018
Scotland rate is 426 in 2019

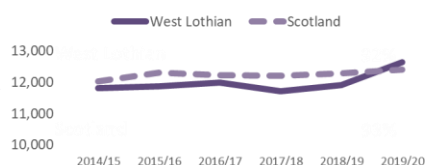


The premature mortality rate, which is the number of people dying before the age of 75, for West Lothian was 390 deaths per 100,000 in 2019. This is the lowest rate of premature deaths in the past seven years. West Lothian's premature mortality rate has consistently outperformed the Scotland average since 2014, apart from 2018 when the rate was slightly higher than the Scottish average. Scotland's premature mortality rate was 426 deaths per 100,000 in 2019.

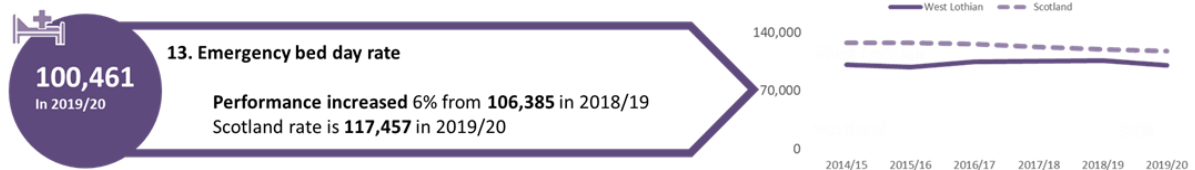


12. Emergency admission rate

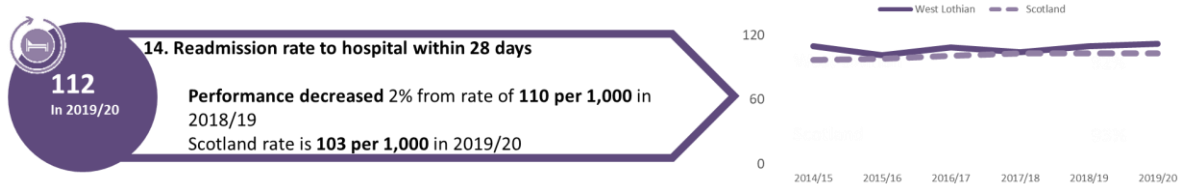
Performance decreased 6% from 11,913 in 2018/19
Scotland rate is 12,408 in 2019/20



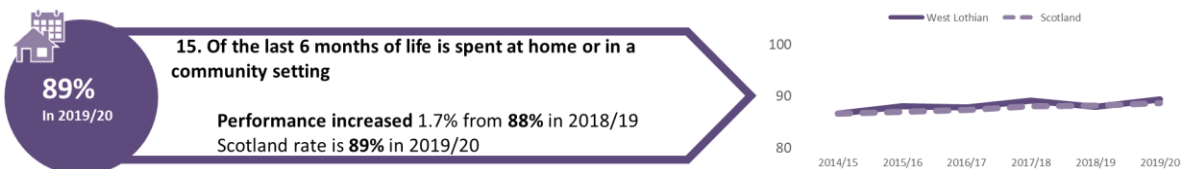
The rate of emergency admissions in adults per 100,000 has been steadily increasing each year from 11,455 emergency admissions in 2013/14, to 12,627 admissions in 2019/20. West Lothian has seen a large increase to its population, especially in people aged over 75 which will partly account for the increase. This increasing trend is also reflected in the Scottish rate. The national average was 12,408 in 2019/20, which is lower than West Lothian.



The emergency bed day rate of adults, per 100,000 population, was 100,461 for West Lothian residents in 2019/20. This was a decrease of 5,924 bed days compared to 2018/19. This implies that patients are staying for a shorter amount of time in hospital. The national rate in 2019/20 was 117,457. West Lothian has consistently outperformed Scotland's emergency bed day rate.



The re-admission rate to hospital for adults within 28 days in 2019 was 112 per 1,000 admissions. The trend has been fluctuating since 2013/14, with the highest rate of 114, and reached as low as 101 in 2015/16. However, the rate has been increasing since then with an increase of 2% between 2018/19 and 2019/20. The national rate has steadily been increasing from 95 in 2013/14, to 103 in 2019/20.



The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 87% in 2013/14, to 89% 2019/20. The trend reflects that of Scotland which has also increased from 86% in 2013/14, to 89% in 2019/20.



The falls rate for adults aged 65 years and older had been decreasing from its highest level of 21.5 in 2014/15, however, it increased back to 21.5 in 2019/20. However, it is encouraging that West Lothian has been performing better than the Scotland average since 2014/15. Further work should be carried out to investigate this increase further.



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



The percentage of adults with intensive care needs was 68% in 2019, which was a reduction of 1% from 2018. The trend has remained fairly constant, fluctuating between 65% and 70%. The trend for the Scottish average has remained below the West Lothian rate since 2013, and is currently 63%



The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2019/20, was 964. This is higher than the national rate of 793, however, West Lothian has improved performance in this area with a decrease of 23% compared to 2018/19. This is a positive result since this area remains a challenge.



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

Social Care Indicators

West Lothian are committed to shifting the balance of care and one of the aims detailed in the Integration Joint Board Strategic Plan is that more care and support is delivered at home or in the community. In order to do this, the partnership has worked with and supported service users to exercise more choice in how their care is delivered. The partnership has also worked with providers to increase the capacity of the sector; this is reflected in the increase in hours provided by our external partners.



Telecare is an important element of the Scottish Governments strategy to support older people for as long as possible in their own home. West Lothian was an early implementer of technology at scale and there is therefore a high volume of provision. Nevertheless, performance in 2018/19 against that in 2017/18 reduced by 672 households. This is due to the introduction of a charge for the service which resulted in a number of existing and new customers concluding that this was no longer a priority for them.



The performance for Telecare installations is subject to a number of factors and being a small team, levels of performance are particularly vulnerable to minor variations in staffing capacity and fluctuations in demand for the service.



This indicator measures the total number of households receiving telecare, enabling people to stay independently in their own homes for as long as possible where it meets their needs, is based on choice and is safe for them and their carers. This is a key performance measure in the government's Reshaping Care for Older People programme.

There are also a number of alternative technologies emerging which offer home health monitoring in addition to more traditional telecare. Implementation of these new technologies will be monitored in order to assess impact for the numbers using telecare.

The target for 2019/20 has been set at 3,750 to reflect the anticipated level of demand based on trends after the introduction of a charge for the service. It is nevertheless estimated that there will be conservative growth due to demographics. Future trend information will be used to inform targets.



The provision of telecare enables disabled, elderly and vulnerable people to stay independently in their own homes. It contributes to people being able to stay independently in their own homes for as long as possible and also supports earlier hospital discharge. Telecare provision is an important element in the government's Reshaping Care for Older People strategy; this indicator measures the growth in the local provision in West Lothian.

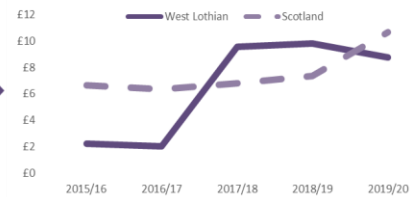
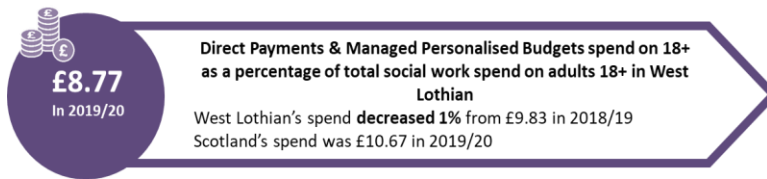


The trend is for a slight increase in the number of new Telecare installations, however the demand for this service may decrease as increased choice and alternative methods of care are introduced into the market.

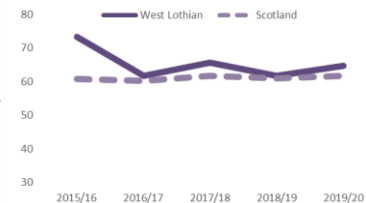
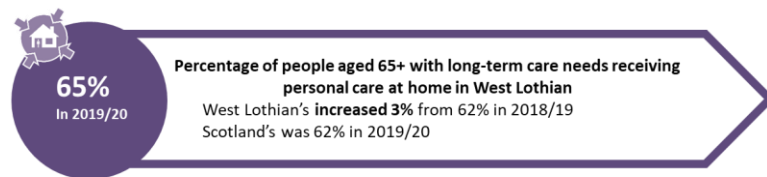
In Q4 of 2019/20, the number of new installations was 126 and this has increased month on month to 174 in Q3 of 2020/21. The quarterly performance of this indicator is subject to a number of factors and being a small team, levels of performance are particularly vulnerable to minor variations in staffing capacity. Equally, there are minor variations in demand per quarter, which can affect the performance for this indicator.



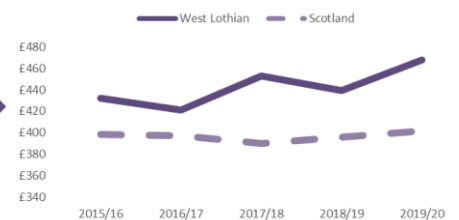
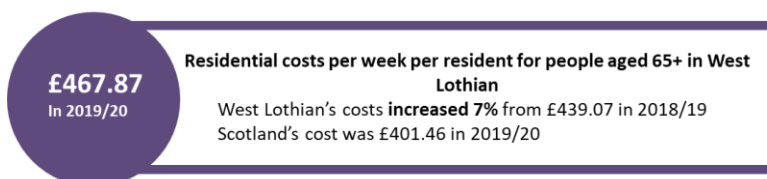
The Home Care costs per hour for people aged 65+ in West Lothian has been steadily decreasing from £35.05 in 2015/16, to £22.66 in 2019/20. Over the same time, the Scotland figure increased from £23.16 to £26.16. However, the costs for this indicator (SW1), is likely to change when the LGBF is refreshed in April 2021. Due to changes in the Local Financial Return, the Home Care costs need to be recalculated by the Improvement Service.



Direct Payments and Managed Personalised Budgets spend in West Lothian has increased from £2.21 in 2015/16, to £8.76 in 2019/20. There has been a decrease of 1% between 2018/19 and 2019/20. The spend in West Lothian is lower than Scotland which has increased from £6.66 to £10.67.



In 2019/20 the percentage of people age 65 + with long term needs receiving personal care at home was 65%. This percentage has been fluctuating between 73% and 65% over the past five years. The national average has remained relatively steady at around 61%. Currently, West Lothian has a higher proportion of people who receive this service, and could continue to increase with the aging population in the area.



The residential costs per week in West Lothian has continued to grow from £431.97 in 2015/16, to £467.87 in 2019/20. The national average has only increased by £3.12 over the same time frame, and is currently £66.41 lower than the West Lothian cost.

Priority 1: Tacking Inequalities

Health inequalities are 'systematic, unfair differences in the health of the population that occur across social classes or population groups'. In West Lothian there are still significant inequalities in health between people who are socially and economically well off, and those who are socially disadvantaged. Life expectancy is up to eight years different depending on where people live. People living in the most deprived communities can also have poorer physical and mental health throughout their lives with almost every health indicator showing progressively poorer health as indicators of deprivation increase.

Research highlights the importance of addressing fundamental determinants of health inequalities such as poverty, income, employment, wealth and housing in order to effect change. The IJB will ensure its own services are sensitive to the needs of most disadvantaged groups. The new Health and Wellbeing sub-group of the Community Planning Partnership will provide a focus for tackling inequalities and focusing on prevention.

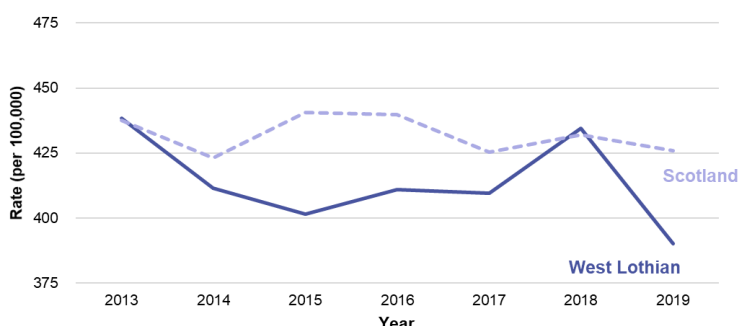
Our Performance

| Indicator | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | Change |
|-----------------------------------------------|---------|---------|---------|---------|---------|--------|
| Premature Mortality Rate (per 100,000 people) | 402 | 411 | 410 | 434 | 390 | ↓ |
| Male Life Expectancy | 78.3 | 78.3 | 78.1 | 77.8 | N/A | ↓ |
| Female Life Expectancy | 80.5 | 80.8 | 80.8 | 81.0 | N/A | ↑ |

NI-11 Premature Mortality

The premature mortality rate, which is the number of people dying before the age of 75, for West Lothian was 390 deaths per 100,000 in 2019. This is the lowest rate of premature deaths in the past seven years. West Lothian's premature mortality rate has consistently outperformed the Scotland average since 2014, apart from 2018 when the rate was slightly higher than the Scottish average. Scotland's premature mortality rate was 426 deaths per 100,000 in 2019.

NI-11 Premature mortality rate (per 100,000 population), 2013-2019

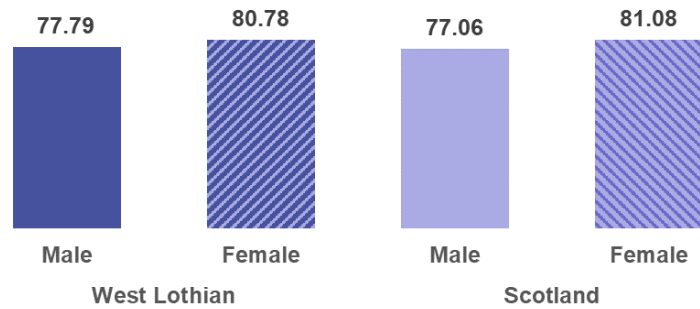


Life Expectancy at birth

In West Lothian, males who are born between 2016-2018 will live slightly longer than the Scottish average which is 77.06 years.

Females born in West Lothian over the same time frame live slightly less than the Scottish average which is 81.08 years.

Life expectancy at birth by sex, 2016-18 (3-year aggregate)



Life Expectancy by Sex and Deprivation

There is a difference in life expectancy when comparing sex against deprivation. There is a gap of 7.9 years between the most deprived and least deprived areas for males. This gap is 5.8 years for females. There is also a gap between males and females for each SIMD quintile, with females consistently outliving males. The largest gap is 3.9 years between females and males in the most deprived area.

Life expectancy at birth by sex and deprivation, 2014-18 (5-year aggregate)



Priority 2: Prevention and Early Intervention

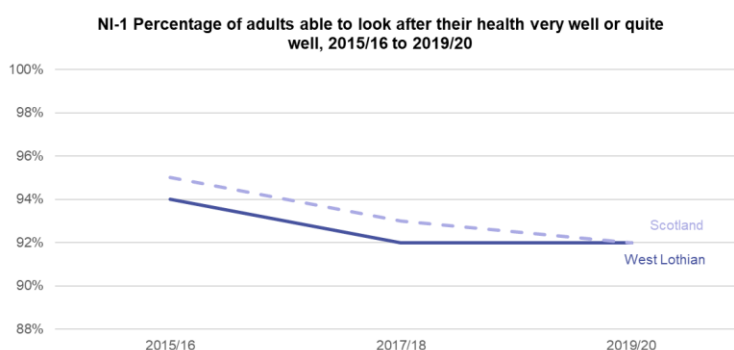
Shifting the focus of services towards prevention of ill health and anticipating need for support at an earlier stage will prevent crises and enable individuals to make better health and well-being decisions and achieve better outcomes. Offering a greater range of community based health screening and health activities to support people to participate in smoking cessation, healthy weight and alcohol and drug programmes will help to prevent illness. We will ensure that our approach to supporting people with long term conditions is person centred, anticipatory and that people are supported to self-manage their conditions if possible to stay healthy and more independent for longer.

Our Performance

| Indicator | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | Change |
|--------------------------------------------------------------------------|---------|---------|---------|---------|---------|--------|
| Percentage of adults who look after their health very well or quite well | 94% | N/A | 92% | N/A | 92% | → |
| Rate of emergency admissions for adults (per 100,000 population) | 11,861 | 11,944 | 11,702 | 11,908 | 12,627 | ↑ |
| Falls rate per 1,000 population age 65 + | 19.1 | 20.3 | 20.1 | 19.5 | 21.5 | ↑ |

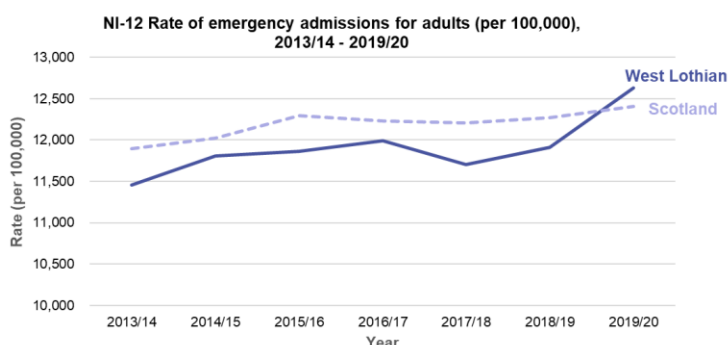
NI-1 Percentage of adults who are able to look after their health very well or quite well.

In 2019/20, the percentage of people in West Lothian who thought that they could look after their health very well or quite well was 92%. This is a very positive response, although the percentage has remained the same since 2017/18. The national rate decreased by 1% from 2017/18 to 2019/20.



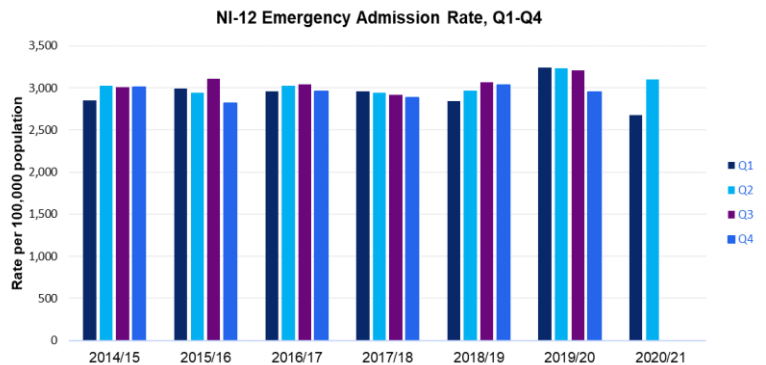
NI-12 Rate of emergency admissions for adults (per 100,000) 2013/14 to 2019/20

The rate of emergency admissions in adults per 100,000 has been steadily increasing each year from 11,455 emergency admissions in 2013/14, to 12,627 admissions in 2019/20. West Lothian has seen a large increase to its population, especially in people aged over 75 which will partly account for the



increase. This increasing trend is also reflected in the Scottish rate. The national average was 12,408 in 2019/20, which is lower than West Lothian.

The chart and table on the right shows the emergency admission rate by quarter from 2014/15 until Q2 in 2020/21. Data for Q1 and Q2 in 2020/21 are highly provisional. The decrease in emergency admissions can be seen when the first lockdown was announced, and people were actively avoiding hospital. The admissions increased in Q2 when the lockdown was being lifted.



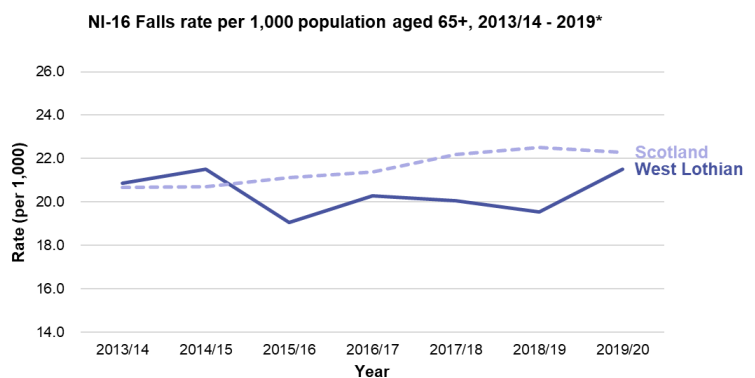
Rate of quarterly emergency admissions, 2014/15 – 2020/21

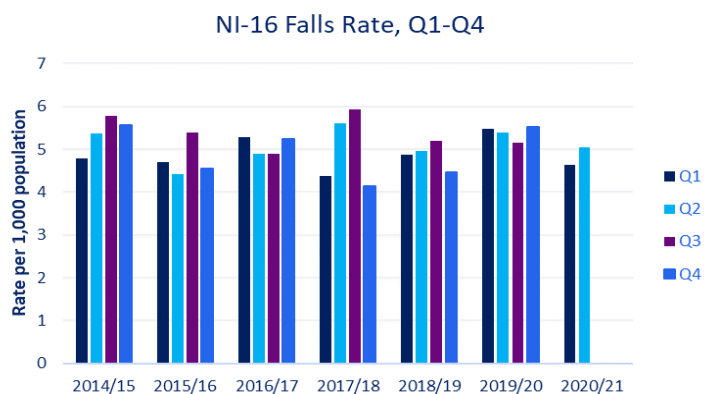
| Year | Q1 | Q2 | Q3 | Q4 | Total |
|----------|-------|-------|-------|-------|--------|
| 2014/15 | 2,850 | 3,025 | 3,007 | 3,012 | 11,896 |
| 2015/16 | 2,990 | 2,943 | 3,108 | 2,821 | 11,861 |
| 2016/17 | 2,960 | 3,028 | 3,044 | 2,962 | 11,994 |
| 2017/18 | 2,956 | 2,939 | 2,920 | 2,886 | 11,702 |
| 2018/19 | 2,844 | 2,970 | 3,067 | 3,033 | 11,913 |
| 2019/20 | 3,239 | 3,233 | 3,207 | 2,948 | 12,627 |
| 2020/21* | 2,678 | 3,100 | | | 5,778 |

*Data are highly provisional

NI-16 Falls rate per 1,000 population, age 65 +

The falls rate for adults aged 65 years and older had been decreasing from its highest level of 21.5 in 2014/15. However, the rate for 2019/20 was 21.5 which is the same rate recorded in 2014/15. It is encouraging that West Lothian is performing better than the Scotland average since 2014/15. However, local investigations need to be carried out to understand the root cause of the increase in 2019/20.





Rate of falls in West Lothian per quarter, 2014/15 to 2020/21

| Year | Q1 | Q2 | Q3 | Q4 | Total |
|----------|-----|-----|-----|-----|-------|
| 2014/15 | 4.8 | 5.4 | 5.8 | 5.6 | 21.5 |
| 2015/16 | 4.7 | 4.4 | 5.4 | 4.6 | 19.1 |
| 2016/17 | 5.3 | 4.9 | 4.9 | 5.2 | 20.3 |
| 2017/18 | 4.4 | 5.6 | 5.9 | 4.1 | 20.1 |
| 2018/19 | 4.9 | 5.0 | 5.2 | 4.5 | 19.5 |
| 2019/20 | 5.5 | 5.4 | 5.2 | 5.5 | 21.5 |
| 2020/21* | 4.6 | 5.1 | | | 9.7 |

*Data are highly provisional

Priority 3: Integrated and Co-ordinated Care

Through working with people in their own communities and using our collective resources wisely we can transform how we deliver services. Our focus will be on ensuring we deliver the right care, in the right place, at the right time for each individual.

Our Performance

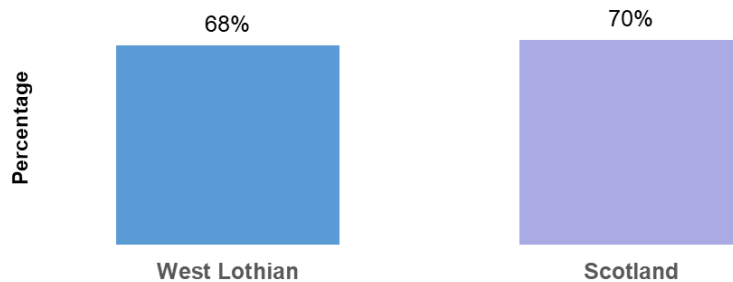
| Indicator | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | Change |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------------|
| Total percentage of adults receiving any care or support who rated it as excellent or good | 82% | N/A | 84% | N/A | 67% | Cannot Compare |
| Percentage of adults supported at home who agree that they are supported to live as independently as possible | 88% | N/A | 80% | N/A | 68% | Cannot Compare |
| Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided | 81% | N/A | 57% | N/A | 59% | Cannot Compare |
| Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | 82% | N/A | 76% | N/A | 60% | Cannot Compare |
| Percentage of people with a positive experience of the care provided by their GP practice | 82% | N/A | 82% | N/A | 61% | → |
| Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | 85% | N/A | 87% | N/A | 70% | Cannot Compare |
| Percentage of adults supported at home who said that they felt safe | 87% | N/A | 85% | N/A | 70% | Cannot Compare |
| Total combined % carers who feel supported to continue in their caring role | 36% | N/A | 42% | N/A | 36% | ↓ |
| Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 83% | 85% | 87% | 85% | 81% | ↓ |
| Rate of emergency bed days for adults (per 100,000) | 98,141 | 104,968 | 105,556 | 106,385 | 100,461 | ↓ |
| Proportion of last 6 months of life spent at home or in community setting | 88% | 88% | 89% | 88% | 89% | ↑ |
| Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population | 485 | 822 | 1,139 | 1,214 | 934 | ↓ |
| Percentage of people age 65 or over with long-term care needs receiving personal care at home | 73% | 62% | 65% | 62% | 65% | ↑ |

NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possible

The percentage of adults supported at home whom agreed that they are supported to live as independently as possible, was 68% in 2019/20. The result for West Lothian sits closely to the Scottish average which is 70%.

The data for this indicator cannot be compared with previous years.

NI-2 Percentage of adults supported at home who agreed that they are supported to live as independently as possible 2019/20

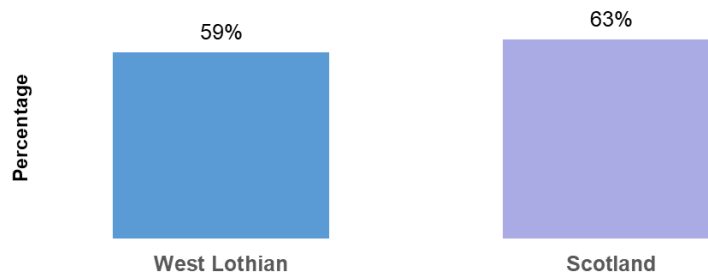


NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

In West Lothian, 59% of people surveyed in 2019/20, agreed that they had a say in how their help, care or support was provided. The result for West Lothian is 4% lower than the Scotland average of 63%.

The data for this indicator cannot be compared with previous years.

NI-3 Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided, 2019/20

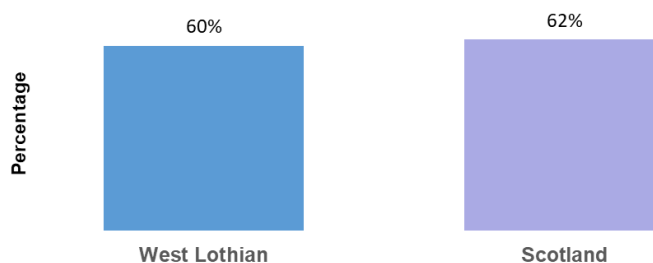


NI-4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated

In financial year 2019/20, 60% percentage of adults supported at home, agreed that their health and social care services seemed to be well co-ordinated. West Lothian sits below the Scottish average of 67%.

The data for this indicator cannot be compared with previous years.

NI-4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated, 2019/20

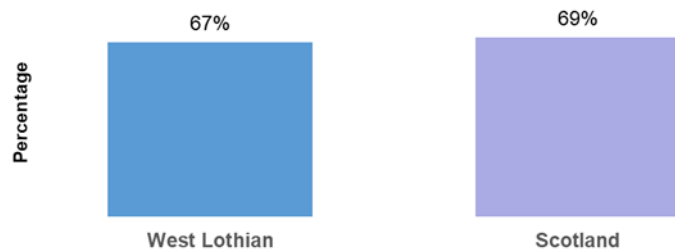


NI-5 Total percentage of adults receiving any care or support who rated it as excellent or good

The percentage of adults receiving any care or support, who rated it as excellent or good was 67% in 2019/20. The Scottish average is only 2% higher at 69%.

The data for this indicator cannot be compared with previous years.

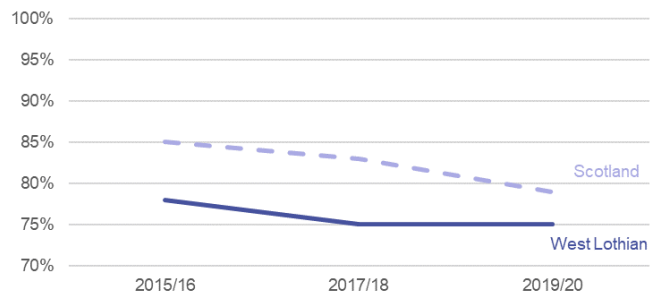
NI-5 Percentage of adults receiving any care or support who rated it as excellent or good, 2019/20



NI-6 Percentage of people with a positive experience of the care provided by their GP practice

In 2019/20, the percentage of adults who had a positive experience of the care provided by their GP practice remained at 75%. The Scottish average decreased from 83% in 2017/18, to 79% in 2019/20.

Percentage of people with positive experience of the care provided by their GP Practice, 2015/16 to 2019/20

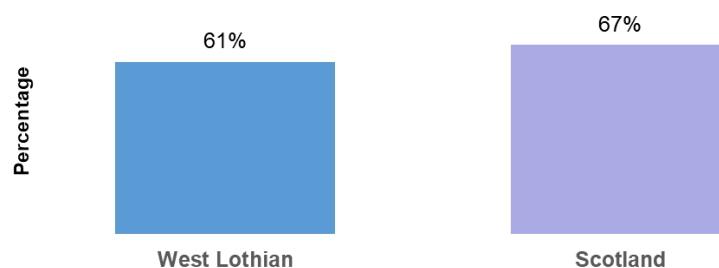


| | 2015/16 | 2017/18 | 2019/20 |
|--------------|---------|---------|---------|
| West Lothian | 78% | 75% | 75% |
| Scotland | 85% | 83% | 79% |

NI-7 Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

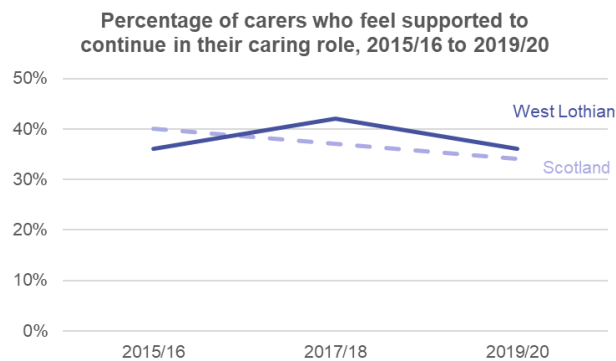
The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life was 61% in 2019/20. The Scotland response rate reduced was 67%. The data for this indicator cannot be compared with previous years.

NI-7 Percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life, 2019/20



NI-8 Total combined % carers who feel supported to continue in their caring role

In the 2019/20 survey, 36% of carers responded saying that they feel supported to continue in their caring role. This was a decrease of 6% from the previous survey in 2017/18, which is a concern. The Scotland rate also decreased from 37% to 34%, so West Lothian is slightly outperforming the national average.



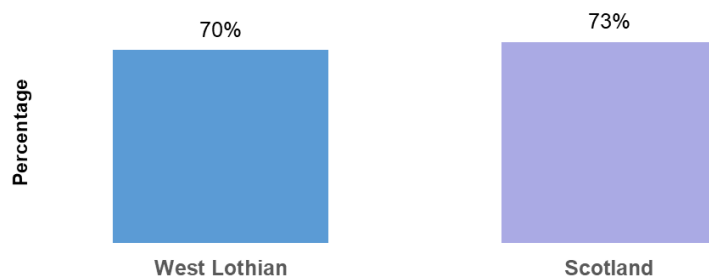
| | 2015/16 | 2017/18 | 2019/20 |
|--------------|---------|---------|---------|
| West Lothian | 36% | 42% | 36% |
| Scotland | 40% | 37% | 34% |

NI-9 Percentage of adults supported at home who said that they felt safe

The percentage of adults in West Lothian who responded to the survey, and agreed that they felt safe was 70% in 2019/20. This is lower than the Scottish average which is 73%.

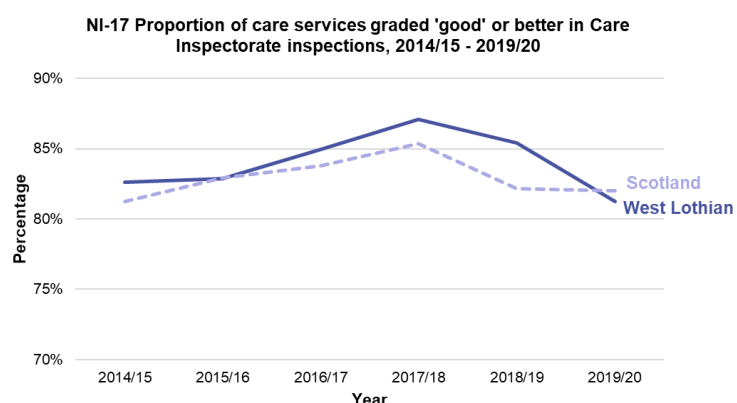
The data for this indicator cannot be compared with previous years.

NI-9 Percentage of adults supported at home who agreed they felt safe, 2019/20



NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

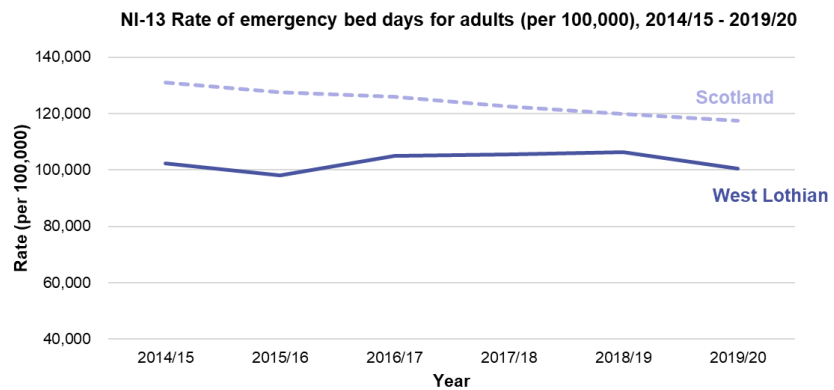
The overall quality of care as good (4) or better in Care Inspectorate inspections was 81% in 2019/20, which is 1% lower than the Scottish average of 82%. Although every other year since 2014/15, West Lothian has outperformed or matched the national average. However, there has been a continued downward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



| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|---------|
| West Lothian | 83% | 83% | 85% | 87% | 85% | 81% |
| Scotland | 81% | 83% | 84% | 85% | 82% | 82% |

NI-13 Rate of emergency bed days for adults (per 100,000)

The emergency bed day rate of adults, per 100,000 population, was 100,461 for West Lothian residents in 2019/20. This was a decrease of 5,924 bed days compared to 2018/19. This implies that patients are staying for a shorter amount of time in hospital. The national rate in 2019/20 was 117,457. West Lothian has consistently outperformed Scotland's emergency bed day rate.

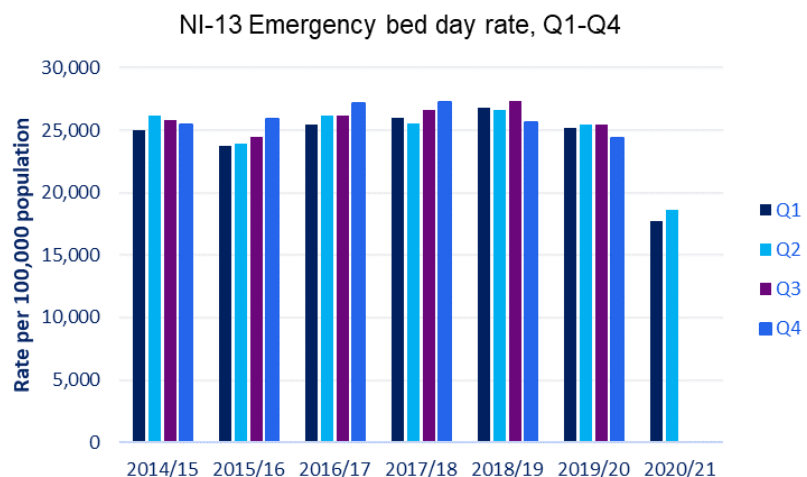


| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|---------|
| West Lothian | 102,402 | 98,141 | 104,968 | 105,556 | 106,385 | 100,461 |
| Scotland | 131,020 | 127,563 | 125,948 | 122,388 | 119,808 | 117,457 |

Emergency bed rate by quarter, 2014/15 to 2019/20

| Year | Q1 | Q2 | Q3 | Q4 | Total |
|---------|--------|--------|--------|--------|---------|
| 2014/15 | 24,966 | 26,209 | 25,804 | 25,423 | 102,402 |
| 2015/16 | 23,779 | 23,937 | 24,491 | 25,933 | 98,141 |
| 2016/17 | 25,477 | 26,165 | 26,147 | 27,180 | 104,968 |
| 2017/18 | 26,029 | 25,588 | 26,640 | 27,299 | 105,556 |
| 2018/19 | 26,775 | 26,589 | 27,383 | 25,637 | 106,385 |
| 2019/20 | 25,223 | 25,447 | 25,430 | 24,361 | 100,461 |
| 2020/21 | 17,744 | 18,620 | | | 36,364 |

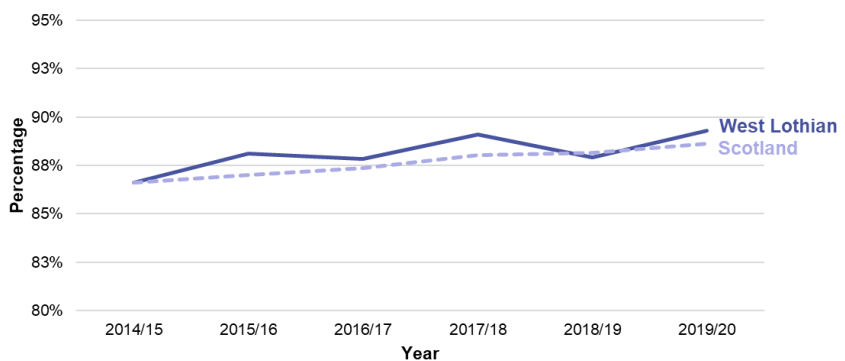
Data is highly provisional



NI-15 Proportion of last 6 months of life spent at home or in community setting

The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 87% in 2013/14, to 89% 2019/20. The trend reflects that of Scotland which has also increased from 86% in 2013/14, to 89% in 2019/20.

NI-15 Proportion of last 6 months of life spent at home or in a community setting, 2014/15- 2019/20

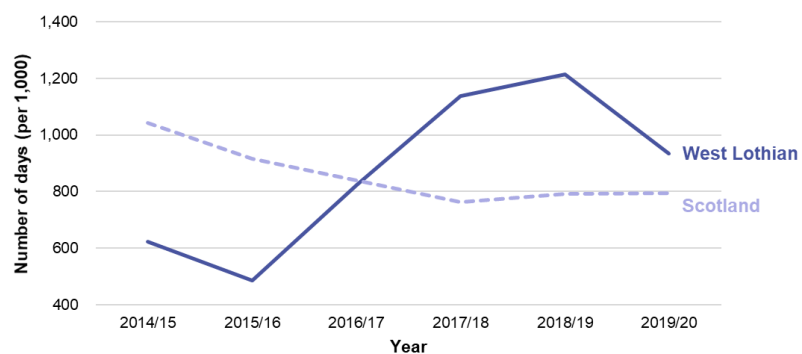


| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|---------|
| West Lothian | 87% | 88% | 88% | 89% | 88% | 89% |
| Scotland | 87% | 87% | 87% | 88% | 88% | 89% |

NI-19 Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population

The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2019/20, was 964. This is higher than the national rate of 793, however, West Lothian has improved performance in this area with a decrease of 23% compared to 2018/19. This is a positive result since this area remains a challenge.

NI-19 Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population), 2014/15 - 2019/20



Rate of Bed Days Lost for all delays, West Lothian and Scotland 75 + per 1,000 population (PHS)

| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|---------|
| West Lothian | 624 | 485 | 822 | 1,139 | 1,214 | 934 |
| Scotland | 1,044 | 915 | 841 | 762 | 793 | 793 |

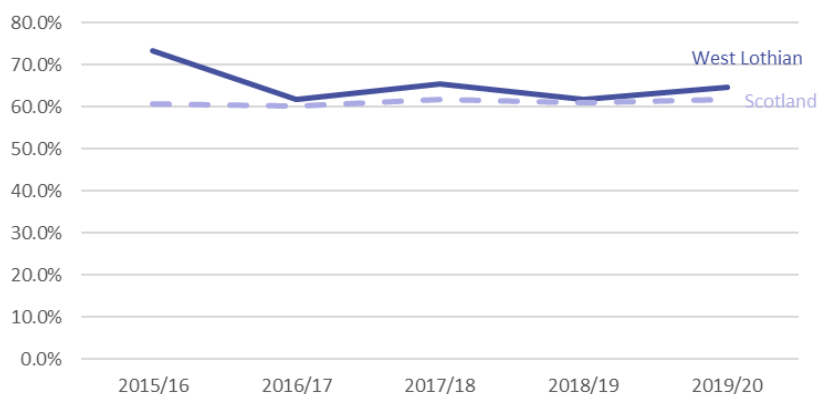
Rate of Bed Days Lost for all delays, West Lothian 75 + per 1,000 population (PHS) Apr-20 to Dec-20

| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| West Lothian | 15 | 22 | 22 | 36 | 21 | 35 | 28 | 41 | 44 |

SW3a: Percentage of people age 65 or over with long-term care needs receiving personal care at home

In 2019/20 the percentage of people age 65 + with long term needs receiving personal care at home was 65%. This percentage has been fluctuating between 73% and 65% over the past five years. The national average has remained relatively steady at around 61%. Currently, West Lothian has a higher proportion of people who receive this service, and could continue to increase with the aging population in the area.

CSW3a: Percentage of people aged 65 or over with long-term care needs receiving personal care at home



| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|
| West Lothian | 73% | 62% | 65% | 62% | 65% |
| Scotland | 61% | 60% | 62% | 61% | 62% |

LGBF Ranking

| | 2018/19 Rank | 2019/20 Rank | Ranking Difference |
|--------------|--------------|--------------|--------------------|
| West Lothian | 17 | 12 | 5 |

Priority 4: Managing Resources Effectively

We aim to make the best use of our shared resources by working with our partners, communities, and with individuals and their carers to inform where and how our services are delivered and consider if we can achieve this in a more efficient way.

To improve patient experience, reduce waiting times and ensure people get faster access to the treatment they need, we will signpost people to the most appropriate resource to meet their needs and enable them to directly access a range of services without the need to go through their GP wherever possible. We are engaging with stakeholders and communities to help develop Locality Plans for the East and West of West Lothian. These plans will take account of different needs in the two Localities and aim to make the best use of our existing assets and resources.

West Lothian's workforce is critical to the effective delivery of health and social care. Ensuring staff are fully engaged and able to contribute to the design and delivery of health and social care integration and have the knowledge and skills to respond to the changes envisaged are key priorities. However, due to COVID-19, all staff surveys in both the NHS (iMatter) and West Lothian Council have been suspended therefore no recent data around staff experience is available for this report.

Our Performance

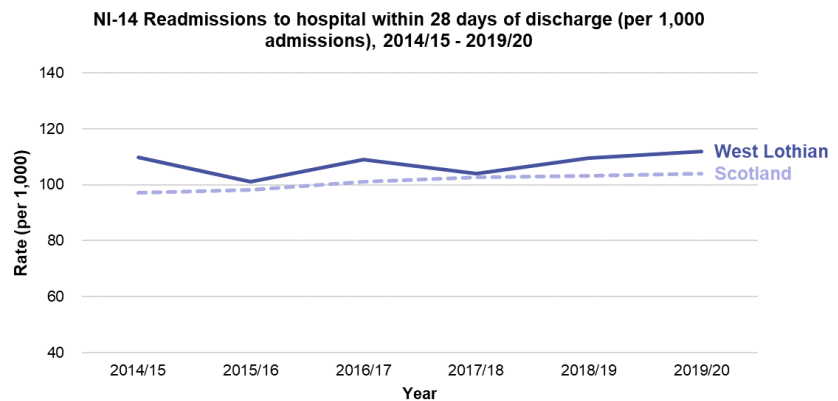
| Indicator | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | Change |
|----------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|------------|
| NI-14: Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges) | 101 | 109 | 104 | 110 | 112 | ↑ |
| NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 20% | 21% | 22% | 22% | 22% | → |
| SW1: Home Care Costs per Hour for people aged 65 and over | £35.03 | £30.64 | £30.69 | £25.57 | £22.66 | See note* |
| SW2: Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+ | 2.2% | 2.0% | 9.6% | 9.8% | 8.8% | ↓ |
| SW5: Residential costs per week per resident for people aged 65 or over | £431.97 | £420.99 | £453.19 | £439.07 | £467.87 | See note** |

*Home Care costs will increase when this indicator is recalculated as more people receive personalised and specialised care in their own home, as we aim to increase the use of such services as an alternative to residential care, where possible.

**Cost increases can be seen in both a positive and negative way. An increase in costs can imply that there is better care, but this cannot be evidenced, or an inefficient use of funds.

**NI-14: Emergency
re-admissions to hospital
within 28 days of discharge
(per 1,000 discharges)**

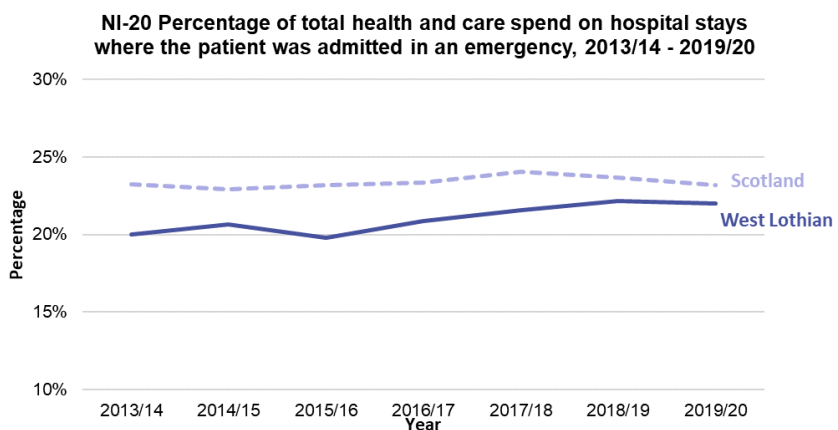
The re-admission rate to hospital for adults within 28 days in 2019 was 112 per 1,000 admissions. The trend has been fluctuating since 2013/14, with the highest rate of 114, and reached as low as 101 in 2015/16. However, the rate has been increasing since then with an increase of 2% between 2018/19 and 2019/20. The national rate has steadily been increasing from 95 in 2013/14, to 103 in 2019/20.



| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|---------|
| West Lothian | 110 | 101 | 109 | 104 | 110 | 112 |
| Scotland | 97 | 98 | 101 | 103 | 103 | 104 |

NI-20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

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

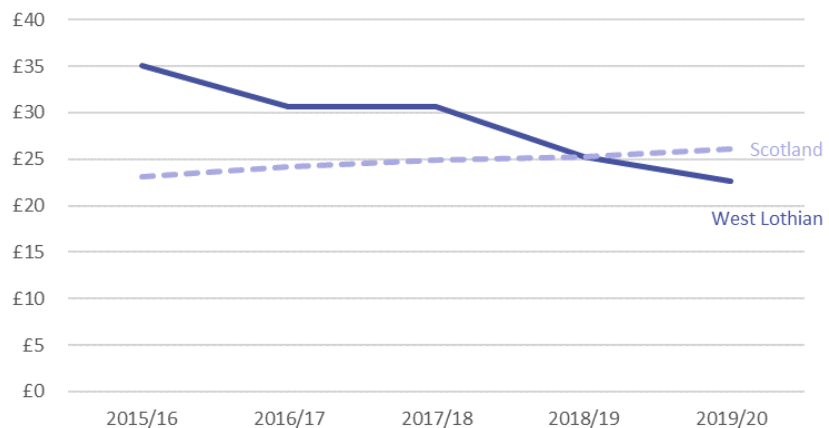


| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|---------|
| West Lothian | 21% | 20% | 21% | 22% | 22% | 22% |
| Scotland | 23% | 23% | 23% | 24% | 24% | 23% |

SW1: Home Care Costs per Hour for people aged 65 and over

West Lothian costs have been decreasing steadily over time. However, the Home Care costs will increase when this indicator is recalculated as more people receive personalised and specialised care in their own home, as we aim to increase the use of such services as an alternative to residential care, where possible

SW1: Home Care Costs per hour for people age 65 and over



| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|
| West Lothian | £35.03 | £30.64 | £30.69 | £25.57 | £22.66 |
| Scotland | £23.16 | £24.14 | £24.92 | £25.30 | £26.13 |

LGBF Ranking

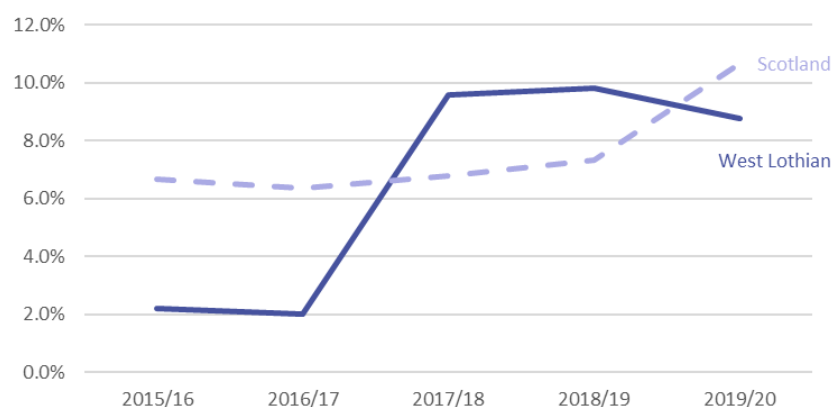
| | 2018/19 Rank | 2019/20 Rank | Ranking Difference |
|--------------|--------------|--------------|--------------------|
| West Lothian | 16 | 9 | 7 |

SW2: Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+

Direct payments are a funding choice in personal budgets. They allow you to purchase your own care and support services, with the aim of maximising your involvement and control over how your needs are met. This percentage needs to improve in West Lothian as we want more people to be in control of their own funding choices.

Cost increases can be seen in both a positive and negative way. An increase in costs can imply that there is better care, but this cannot be evidenced, or an inefficient use of funds.

SW2: Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+



| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|
| West Lothian | 2.2% | 2.0% | 9.6% | 9.8% | 8.8% |
| Scotland | 6.7% | 6.3% | 6.8% | 7.3% | 10.7% |

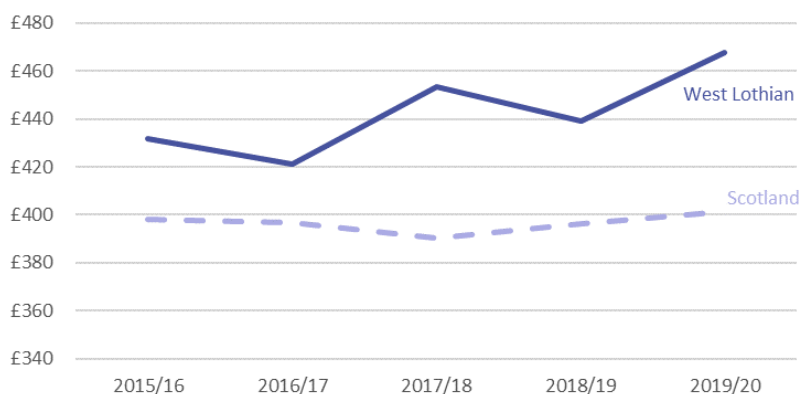
LGBF Ranking

| | 2018/19 Rank | 2019/20 Rank | Ranking Difference |
|--------------|-----------------|-----------------|-----------------------|
| West Lothian | 3 | 6 | -3 |

SW5: Residential costs per week per resident for people aged 65 or over

The residential costs per week in West Lothian has continued to grow from £431.97 in 2015/16, to £467.87 in 2019/20. The national average has only increased by £3.12 over the same time frame, and is currently £66.41 lower than the West Lothian cost.

SW5: Residential costs per week per resident for people aged 65 or over



| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|--------------|---------|---------|---------|---------|---------|
| West Lothian | 2.2% | 2.0% | 9.6% | 9.8% | 8.8% |
| Scotland | 6.7% | 6.3% | 6.8% | 7.3% | 10.7% |

LGBF Ranking

| | 2018/19 Rank | 2019/20 Rank | Ranking Difference |
|--------------|-----------------|-----------------|-----------------------|
| West Lothian | 19 | 23 | -4 |

Report Authors

Name: Stephen Forrest

Designation: Business Support Officer

Name: Jennifer Boyd

Designation: Principal Information Analyst, Local Intelligence Support Team, Public Health Scotland

Contact: Stephen Forrest

E-mail: Stephen.Forrest@westlothian.gov.uk | Tel: 07808 534 447

Contact: Jenny Boyd

E-mail: jennifer.boyd@nhs.net | Tel: 07970 404 010

| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 8 |

Report to: West Lothian Integration Joint Board

Report Title: Review of Strategic Planning Structure

Report by: Head of Strategic Planning and Performance

| Summary of Report and Implications | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input type="checkbox"/> |
| | - is to provide assurance <input checked="" type="checkbox"/> |
| | - is for information <input type="checkbox"/> |
| | - is for discussion <input checked="" type="checkbox"/> |
| | The purpose of this report is to review the new Strategic Planning Structure and to report feedback to the Board from the Strategic Planning Group and Chairs of the planning and commissioning Boards. |
| Recommendations | <ol style="list-style-type: none"> 1. To note that the new strategic planning structure is now fully implemented and has provided clarity on governance and reporting; 2. To note a review of the new structure has been carried out including consulting the Strategic Planning Group and chairs of the planning and commissioning boards; 3. To note the outcome of the review, specifically that the structure is felt to be working well and is fit for purpose. |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | None |
| Policy/Legal | Public Bodies (Joint Working) (Scotland) Act 2014 and other related statutory instructions and guidance |
| Risk | None |

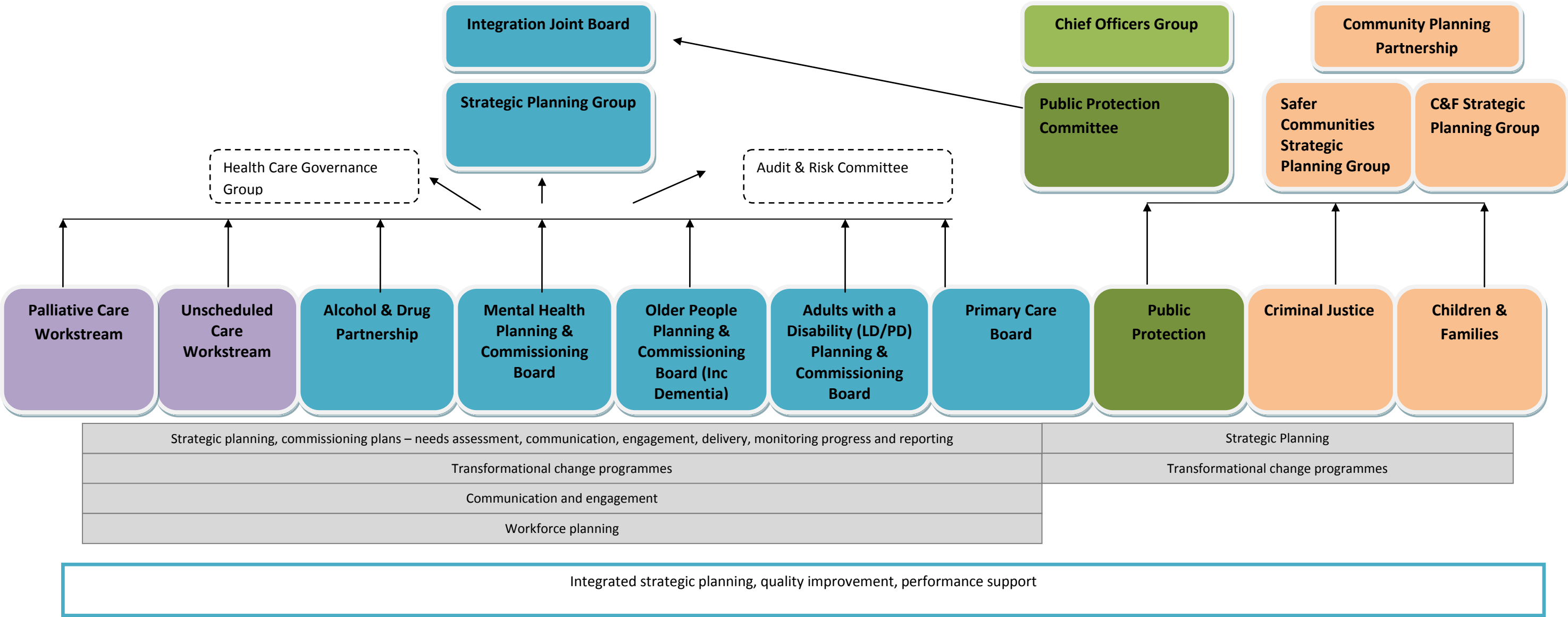
| | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Equality, Health Inequalities, Environmental and Sustainability Issues | This report is not directly related to Equality, Health Inequalities, Environmental or Sustainability and therefore an Integrated Impact Assessment (IIA) has not been carried out. |
| Strategic Planning and Commissioning | This report relates to the governance and reporting structures of strategic planning and commissioning. |
| Locality Planning | The revised strategic planning structure takes account of locality planning. |
| Engagement | The Strategic Planning Group and Chairs of the planning and commissioning boards were consulted for the purposes of the review. |

| Terms of Report | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Background |
| 1.1 | The IJB approved its refreshed Strategic Plan for 2019-23 at its meeting of 23 April 2019 and a new strategic planning structure was implemented to support delivery of the IJB's strategic priorities through a more integrated approach to planning, commissioning and service development. This structure gave the Strategic Planning Group (SPG) oversight of new Planning and Commissioning Boards, which have been instrumental in the development of commissioning plans for care groups working in conjunction with the Strategic Planning Group. |
| 1.2 | The SPG remit and membership was subsequently reviewed at the Group's meeting of 31 October 2019. The SPG recommended to the IJB that the remit be expanded to include Locality Planning, with the aim of improving engagement at a community level, and the membership be extended to include more service user representation, Community Planning, Economic Development and Housing. The IJB agreed a new Terms of Reference for the Group on 26 November 2019. |
| 2 | Review of new structure |
| 2.1 | The revised strategic planning structure is now fully implemented and has provided clarity on governance and reporting. A report to the SPG at its meeting of 11 February 2021 sought the membership's views on whether members had sufficient involvement in strategic planning and development and were involved at the right stage; if they felt the SPG's membership was appropriate in relation to its remit; and if they were satisfied overall that the strategic planning structure is fit for purpose. |
| 2.2 | The responses from members both at and following the meeting were consistently positive and in agreement that the current structure was fit for purpose and working well. |
| 2.3 | Planning and commissioning board chairs were also consulted. Those who responded were broadly in agreement that the planning and commissioning boards are involved early enough and at the right stage in the development of plans; are fit for purpose; and that the membership is appropriate to fulfil their remit, although one chair identified a gap in third sector and independent representation that requires to be addressed. |
| 2.4 | In conclusion, the new strategic planning structure is working well and is felt to be fit for purpose. In particular, there appears to be improved clarity on the governance and reporting structure, and |

the role of the SPG in overseeing the planning and commissioning plans. No changes are proposed at this time. A copy of the structure is included at Appendix 1 for reference.

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | 1. Strategic Planning Structure |
| References | Meeting of Strategic Planning Group on 31 October 2019, 11 February 2021 Meeting of Integration Joint Board on 26 November 2019, 23 April 2019 |
| Contact | Lorna Kemp – Project Officer lorna.kemp@westlothian.gov.uk 01506 283519 |

IJB/HSCP PLANNING AND PERFORMANCE STRUCTURES - DRAFT OUTLINE



| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 9 |

Report to: West Lothian Integration Joint Board

Report Title: Member Roles and Responsibilities

Report by: Chief Officer

| Summary of Report and Implications | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input checked="" type="checkbox"/> |
| | - is to provide assurance <input type="checkbox"/> |
| | - is for information <input checked="" type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| | The purpose of this report is to review the members roles and responsibilities, originally agreed on 19 January 2019 and to propose that these are reviewed every three years in future. |
| Recommendations | <ol style="list-style-type: none"> 1. To note a review of members' roles and responsibilities has been carried out and that these remain fit for purpose; 2. To note that the roles and responsibilities are incorporated in the information pack for board members, agreed on 11 August 2020; 3. To agree to review the roles and responsibilities every three years rather than annually. |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | None |
| Policy/Legal | Public Bodies (Joint Working) (Scotland) Act 2014 and other related statutory instructions and guidance |
| Risk | None |
| Equality, Health Inequalities, | This report is not directly related to Equality, Health Inequalities, Environmental or Sustainability and therefore an Integrated Impact |

| | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Environmental and Sustainability Issues | Assessment (IIA) has not been carried out. |
| Strategic Planning and Commissioning | N/A |
| Locality Planning | N/A |
| Engagement | The IJB were originally consulted on 24 September 2018. Feedback was incorporated into the agreed roles and responsibilities approved on 19 January 2019. |

| Terms of Report | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | At its meeting of 24 September 2018, the Board considered a draft role description for all members. It was agreed that this should be truncated and that specific role descriptions should be included where appropriate. A revised IJB Members' roles and responsibilities description was subsequently developed and approved at the Board's meeting of 19 January 2019. |
| 2 | The Board agreed an information pack for members at its meeting of 11 August 2020. The existing roles and responsibilities are incorporated into this document. |
| 3 | A review of the roles and responsibilities, attached as Appendix 1, concluded that they are still for purpose. Due to the static nature of the role and responsibilities of members, it is proposed that these are reviewed every three years rather than annually, unless there be any other material change that would require an earlier review. |

| | |
|-------------------|-------------------------------------------------------------------------------|
| Appendices | 1. IJB Members' Roles and Responsibilities |
| References | Meeting of Integration Joint Board on 24 September 2018, 19 January 2019 |
| Contact | Lorna Kemp – Project Officer lorna.kemp@westlothian.gov.uk 01506 283519 |

IJB MEMBERS – ROLES AND RESPONSIBILITIES

ROLE OF THE IJB

The IJB is responsible for the strategic planning and resourcing for a substantial range of delegated adult health and social care functions. The IJB directs and oversees the delivery of services on its behalf and aims to ensure that services are built around the needs of patients and service users, and support service redesign with a focus on preventative and anticipatory care in communities.

The arrangements for the operation, remit and governance of the IJB are set out in the [Integration Scheme](#) for West Lothian.

GENERAL STANDARDS

- To participate fully in the Board's business, at Board and committee meetings and elsewhere, in the spirit of cooperation, partnership working and constructive challenge
- To provide active leadership and, regardless of the nature or source of their appointment to the Board, to focus on and give priority to their responsibilities to the Board and the residents of West Lothian
- To consult and engage with service users and stakeholders, putting staff, local communities, and the public at the heart of change and involving them in planning and implementing changes to how services are accessed and delivered
- To contribute to the development and implementation of the Board's strategies in accordance with the Board's vision and priorities, the national health and wellbeing outcomes, the integration delivery principles and the Integration Scheme
- To ensure that sound and complete financial information is provided and at least a medium-term approach is taken to financial planning
- To ensure that resources are used prudently and in accordance with the law and the Board's statutory best value duty
- To participate effectively in the scrutiny of financial and service performance in the carrying-out of the Board's functions
- To ensure that the system of internal control is adequate and effective and that the Board's Local Code of Corporate Governance is observed and complied with

- To maintain the highest standards of ethical conduct and comply fully with the Board's Code of Conduct and its Standing Orders
- To contribute to the governance of the Board in a way which encourages equal opportunities, recognises the cultural diversity within the area and which actively promotes equal opportunity requirements and the sustainable use of resources

SPECIFIC ROLES

Chair and Vice-Chair

- Additional responsibilities are set out in the [IJB Standing Orders](#)

Chief Officer

- As set out in the [Scheme of Delegations](#)

Chief Finance Officer

- As set out in the [Scheme of Delegations](#)

Chief Social Worker

- Statutory duties governed by Scottish Government guidance

Professional Advisors

- To bring professional experience and knowledge to inform the Integration Joint Board decision making in terms of planning, operational delivery and the effectiveness of major reforms

Stakeholder Representatives

- To act as the spokesperson for the stakeholders they represent
- To communicate and promote the policies, strategies, decisions and achievements of the IJB to stakeholders



| | |
|-------------|---------------|
| Date | 20 April 2022 |
| Agenda Item | 10 |

Report to West Lothian Integration Joint Board

Report Title: Alcohol and Drugs Services Update

Report By: Nick Clater

| Summary of Report and Implications | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input type="checkbox"/> |
| | - is to provide assurance <input checked="" type="checkbox"/> |
| | - is for information <input checked="" type="checkbox"/> |
| | - is for discussion <input checked="" type="checkbox"/> |
| | The board is invited to discuss the recent performance of the Alcohol Drug Services and its an update of the resilience and approach during the current COVID -19 epidemic. |
| Recommendations | <ol style="list-style-type: none"> 1. To note the recent performance of the alcohol and drug services in West Lothian. 2. To note the recent funding from the Scottish Government to West Lothian to prevent drug related deaths and the partnership approach to that the funding. |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | WL ADP budget consists of two revenue streams. Scottish Government paid via NHS Lothian and West Lothian Council. |
| Policy/Legal | <p>Drugs legislation is reserved to the UK Parliament.</p> <p>The Misuse of Drugs Act (1971)</p> <p>The Medicines Act (1968)</p> <p>The Psychoactive Substances Act (2016)</p> <p>Licensing (Scotland) Act 2005</p> |

| | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | The Alcohol (Minimum Pricing) Scotland Act 2012 |
| Risk | No new risks this is an update report. |
| Equality, Health Inequalities, Environmental and Sustainability Issues | Integrated Impact Assessment (IIA) has not been carried out as an update report. |
| Strategic Planning and Commissioning | This report is linked to the West Lothian Strategic Commissioning Plan Alcohol and Drug Services 2020-2023. |
| Locality Planning | All services work across West Lothian. |
| Engagement | West Lothian ADP meets quarterly to monitor performance. |
| Terms of Report | |
| 1. Background | |
| 1.1 | 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. |
| 1.2 | 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). |
| 2. Recent Performance | |
| 2.1 | All of West Lothian ADP services have remained open for referrals and delivering treatment. Treatment and support for these individuals has remained both an essential service and as a priority during Covid 19 pandemic. |
| 2.2 | In 2019 there were 2,119 referrals for treatment which was 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 ADP main performance indicator is the A11 standard which 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 had been met since June 2019. Unfortunately, there was a slight drop in performance in January 2021 with a result of 85% - this drop-in performance was temporary as a result of staff absences. In February 2021 the result was 95% with the target being met and this performance is expected to continue. The result for March will be known after 20 th April |
| 2.3 | All existing clients have been categorised depending on need/vulnerability and contact/support levels are afforded accordingly. Clients' status have been reviewed and changed as the situation has continued. Services have increased face to face contact throughout the period. Partners are making use of technology to conduct reviews and appointments. |
| 2.4 | Staff absence has been at a manageable level across the partnership until January 2021. Where possible, working from home arrangements have been made to minimise the numbers of staff in offices at any one time. Medical staff are working from home on alternate days to minimise the risk of them both being off work at the same time. |

3. Alcohol Related Deaths

- 3.1 There are two definitions of alcohol-related deaths. A new definition used to report alcohol deaths came into place in 2017. The new definition includes conditions known to be exclusively caused by alcohol (that is, wholly attributable causes) and excludes conditions where only a proportion of the deaths are caused by alcohol (that is, partially attributable causes). Compared with the old definition, the new definition is more closely aligned with current international consensus, though both definitions are reported. The 2019 figures were released on 24th November 2020 by National Records of Scotland (NRS).
- 3.2 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.
- 3.3 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.

4. Drug Related Deaths

- 4.1 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 showed 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 a reduction of 2 from the figure for 2018 which was 25. The table below shows over the last 5- year period the trend is West Lothian is an increase in DRD's.

4.2 Table of Drug Related Deaths West Lothian 5-year Period (2015 to 2019)

| Year | DRD in West Lothian NRS Data |
|------|------------------------------|
| 2019 | 23 |
| 2018 | 25 |
| 2017 | 22 |
| 2016 | 19 |
| 2015 | 15 |

5. Additional Funding

- 5.1 Both Alcohol and Drug Related Deaths remain a priority for the ADP. As a direct result of the high record of deaths for Scotland, the Scottish Government announced additional funding including amount of £62,799 for this financial year 2020-21. This was to be allocated to five new priorities. These five priorities are:
- 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.
- 5.2 The ADP partners formulated a plan with the funding being allocated to:
- to increase pharmacy provision by 1 additional site for the Take Home Naloxone programme as mapping showed the need for an additional site (£5000);

| | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> - to increase the Naloxone Champion on a temporary basis from 3 days per week to 4 days and to support new leaflets to support activity across the ADP including printing (£2,150); and - the majority of the funding was spent on those currently waiting on rehab including out of area placement and supported 3 individuals to access services (£55,649). <p>It is expected West Lothian ADP will be allocated more additional funding for the financial year 21/22 to deal with drug related deaths.</p> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | None |
| References | None |
| Contact | <p>Name and title: Nick Clater General Manager – Mental Health and Addictions Chair of WLADP</p> <p>Email: nick.clater@nhslothian.scot.nhs.uk</p> <p>Phone number: Tel.: 01506-523807</p> |

| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 11 |



Report to West Lothian Integration Joint Board

Report Title: Development of Home First – Next Steps

Report By: Director

| Summary of Report and Implications | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input checked="" type="checkbox"/> |
| | - is to provide assurance <input type="checkbox"/> |
| | - is for information <input type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| Recommendations | <ol style="list-style-type: none"> 1. To note work underway to progress the integration of community services as outlined in the Older People's commissioning Plan and in line with 'Home First' principles 2. To approve the commencement of planning to reconfigure the community bed base |
| Directions to NHS Lothian and/or West Lothian Council | A directions has been given previously to NHS Lothian and West Lothian Council to implement the older people's commissioning plan. |
| Resource/ Finance/ Staffing | Shower facilities require to be upgraded at Maple Villa in advance of work progressing. Capital funding has been secured for this. Relocations costs would be incurred but are able to be met from existing resources. |
| Policy/Legal | Public Bodies (Joint Working) (Scotland) Act 2014. |
| Risk | There is no significant risk associated with this proposal. |
| Equality, Health Inequalities, Environmental and Sustainability Issues | An Integrated Impact Assessment has not been carried out. |

| | |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategic Planning and Commissioning | Proposal links directly to the strategic commissioning plan for older people and is supported by the Older People's Planning & Commissioning Board. |
| Locality Planning | There is no direct impact on locality planning. |
| Engagement | Older People Planning and Commissioning Board Stakeholders and Strategic Planning Group as part of the development of the Older People's Commissioning Plan Home First workshop for stakeholders Wider staff engagement will be required at the implementation phase |

| Terms of Report | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Home First |
| 1.1 | There is substantial evidence to show that being admitted to hospital can result in poor outcomes for people, especially frail, older people. Older patients who are admitted to hospital can experience deterioration in both their physical and mental health even if they recover from the illness or injury for which they were admitted. |
| 1.2 | New ways of working need to be developed to ensure that people are only admitted to acute hospitals where there is a clinical need for this to happen - the norm should be for individuals to receive appropriate care and support at home to prevent hospital admission wherever appropriate. Where hospital admission is unavoidable, responsive support needs to be available to facilitate discharge and allow people to return to a community setting without delay. The approach to building models of care and support to allow people to live in a community setting for as long as possible is known as 'Home First' and is a programme with local and national support. |
| 1.3 | The Older People's Commissioning Plan approved by the IJB in November 2020 set out how the partnership would develop services in line with Home First principles. A 'Home First' workshop was hosted for 48 staff from the West Lothian Health and Social Care Partnership (WLHSCP) and St John's Hospital on 18 February 2021 to share good practice and learning around discharge planning. The event has paved the way for further progress to be made in the development of sustainable and person centred, integrated community pathways. |
| 2. | Progress |
| 2.1 | Over the past year, considerable progress has been made in redesigning hospital discharge arrangements and has resulted in a significant reduction in the number of people delayed in hospital as well as reduction in the number of bed days lost as a result. Over the last 3 months there has also been focus on strengthening daily integrated discharge planning huddles to ensure any barriers to discharge are identified as early as possible which has improved performance further and is helping to ensure sustainability. In addition, new ways of working are showing reduced demand for community hospital beds as people are more people are supported to go home. |
| 2.2 | West Lothian is now performing above the national average for delays involving patients over 18 years and over 75 years. The graph at appendix 1 shows the latest published delayed discharge data (to January 2021) and illustrate the improvement in bed days occupied by delayed discharges in West Lothian. |

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| <p>3.</p> <p>3.1</p> <p>3.2</p> <p>3.3</p> <p>4.</p> <p>4.1</p> <p>5.</p> <p>5.1</p> <p>5.2</p> | <p>Intermediate Care</p> <p>The Older People's Commissioning Plan identified a need to redevelop community health and care services for people living at home including intermediate care. Intermediate care pathways involves short term, home based or bed based care interventions to support rehabilitation and recovery. Intermediate care is used to support hospital discharge when an individual cannot go home immediately, to aid recovery or to assess longer term care needs. Importantly, intermediate care is also used in the community to avoid unnecessary hospital admission and maintain a person in their own home.</p> <p>Although there is a range of intermediate care services within West Lothian already, for example, REACT Hospital at Home, Reablement, Stroke Outreach Team, Care Home Team, St Michael's Hospital (intermediate care facility) and Discharge to Assess, they are in the main managed separately. The current approach means that services are not as integrated as they could be which results in fragmented decisions being made and inefficient use of resources.</p> <p>Consideration now needs to be given to more integrated management of services and streamlined pathways to deliver better outcomes for all adults. In support of that work, activity is underway to understand intermediate care pathways which are community focussed, demand on wider community teams, how teams could be configured to provide more seamless support and how a single point of access in the community might improve how adults get access to community health and care services. It is expected that the scoping work will be completed by September 2021.</p> <p>Demand for Community Beds</p> <p>The pandemic has seen fewer people being admitted to community hospitals, a reduction in unscheduled occupied bed days and a steep downward trend in the mean length of stay in the medical wards in St John's Hospital. The current situation has offered an opportunity to take a closer look at current community bed configuration, bed use and staffing requirements across all community settings which will be used to inform future provision of bed based care.</p> <p>Existing Configuration of Community Beds</p> <p><u>Mental Health Community Hospital Beds</u> Community beds for mental health/HBCC are currently configured as follows:</p> <ul style="list-style-type: none"> • Maple Villa (older males with dementia/HBCCC) – Craigshill, Livingston, 24 beds • Rosebury (older females with dementia/HBCCC) – Tippethill Community Hospital, Whitburn, 22 beds <p><u>Older People's Community Hospital Beds</u> Community beds for older people/HBCC:</p> <ul style="list-style-type: none"> • Baillie ward (frail elderly/HBCCC) – Tippethill Community Hospital, Whitburn, 26 beds • St Michael's Community Hospital (intermediate care/HBCC) – Linlithgow, 16 beds* (can flex to 18) <p><u>Interim Care Home</u></p> <ul style="list-style-type: none"> • Craigmair (interim care home 30 beds for older people) – Craigshill, Livingston <p><u>Current Challenges</u> The way services are currently set up means that services for mental health and older people are split across different site in Livingston and Whitburn. The separation of mental health services and older people's services on sites in different areas of West Lothian currently presents staffing challenges and operational risk. By spreading staffing over two locations, it makes cover arrangements difficult and dilutes the level of expertise employed in one place.</p> |
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5.3 Proposed Bed Configuration

The initial work undertaken to consider how community beds were used highlighted an opportunity to consolidate community beds to improve services, support specialisation, make better use of staff resources and reduce operational risk. It is proposed to exchange Baillie Ward at Tippetthill with Maple Villa in Livingston and the result of the moves would see mental health services located on the Tippetthill site and beds for older people consolidated in Livingston. The proposed changes are summarised in the table below.

| | Current Bed Configuration | Beds | Proposed Bed Configuration | Beds |
|------------------------------|------------------------------------------------------------------|------|------------------------------------------------------------------|------|
| Tippetthill Hospital | Baillie Ward Frail Elderly HBCCC (single rooms) | 26 | Maple Villa Dementia HBCCC, Male (single rooms) | 24 |
| | Rosebury Ward Dementia HBCCC, Female (single rooms) | 22 | Rosebury Ward Dementia HBCCC, Female (single rooms) | 22 |
| Craigshill | Craigmail * WLC Interim Care Home (single rooms) | 30 | Craigmail* WLC Interim Care Home (30 single rooms) | 30 |
| | Maple Villa Dementia HBCCC, Male (single rooms) | 24 | Baillie Ward Frail Elderly HBCCC (single rooms) | 26 |
| St Michael's Hospital | Intermediate Care/HBCCC (4 bays and 2 side rooms) | 16* | Intermediate care/HBCCC (4 bays and 2 side rooms) | 16* |

5.4 Summary of Risks and BenefitsBenefits

- Greater opportunity for step down care
- Clinical and professional teams able to cross cover and it build critical mass at one site which in turn strengthens the services offered
- Continuity of care and ability to better respond to changing need
- Offers an opportunity to address difficulties in recruiting staff for split site operational delivery
- Gives a unit an identity and better access to multi skilled professionals
- Co-locating specialisms has the potential to reduce risk of incidents and simplifies governance
- Offers an opportunity to upgrade the showers at Maple villa while there is capacity
- Improves out of hours cover arrangements as cover does not need to be split across sites
- Offers an opportunity to consider medical staffing and how this is arranged

Risks

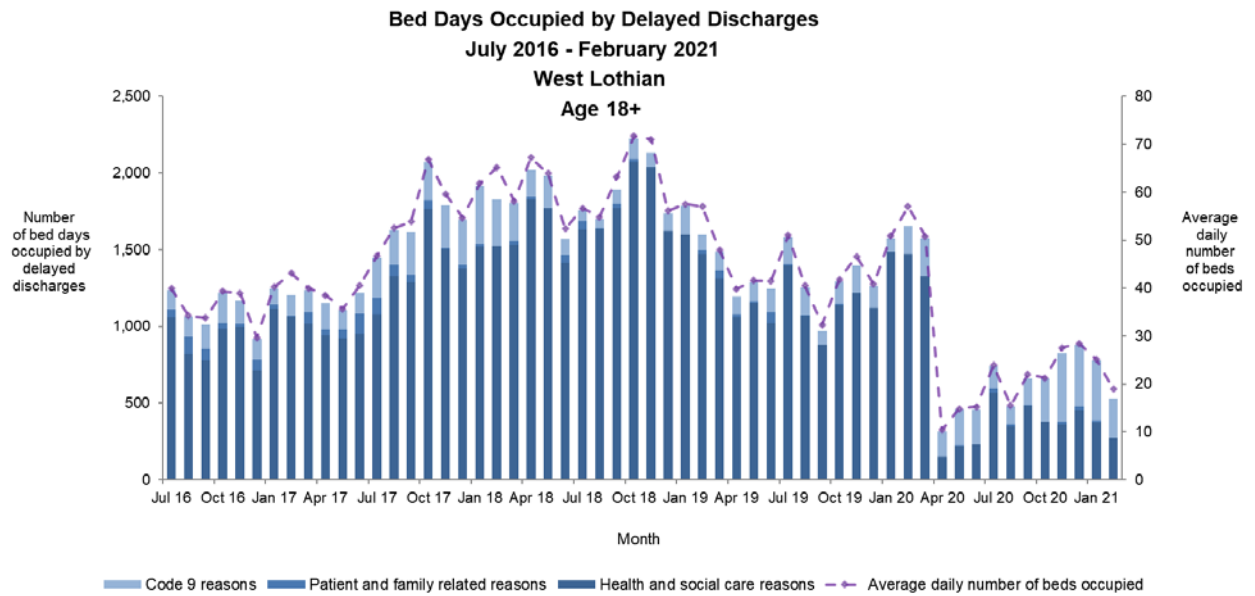
- Impact of engagement with all stakeholders including patients, staff, families and carers

5.5 The changes set out also offer an opportunity to review the use and function of Craigmail interim care home and St Michael's Hospital. Craigmail is operated by West Lothian Council and is currently registered with the Care Inspectorate to provide short term care for 30 older people. Although the service was developed to provide short term care, a significant number of people live there in excess of 6 months as they await a place in another service becoming available. Consideration will be given to whether intermediate care could be offered from the Craigmail site alongside other services for older people rather than from St Michael's Hospital where a small amount of bed based intermediate care is currently delivered from.

| | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.6 | It is proposed to use this phase of Home First development to gather data on patient profiles, length of stay and outcomes at all of the community bed-based sites to inform a revised approach to intermediate care. |
| 6. | Redesigning Urgent Care |
| 6.1 | There is a national programme underway to redesign urgent care, with the aim of reducing unnecessary presentations at emergency departments through increased use of community alternatives and pathways. The intention is to offer professionals alternatives to acute and urgent hospital care where this is appropriate for the individual. The development of Home First will therefore allow further opportunity to consider the range and type of community supports required to achieve the aims of the national programme and will inform decisions about future investment of resources. |
| 6.2 | Phase 2 – Redesign of St John’s Hospital Front Door The IJB previously approved phase one of the redesign programme for urgent care services at St John’s Hospital. The first phase delivered an extended emergency department. Phase two of the programme is now being developed to consider hospital bed configuration within St John’s Hospital and alignment of this with ‘Home First’ provision in the community. Work is underway to scope phase 2 of the programme through identification of current challenges with an aim of making recommendations regarding future bed requirements on the St John’s Hospital site for approval by the IJB. It will be important to ensure that any decisions about future bed provision take account of community developments, safe and effective care delivery, where care can best be offered and where best value can be achieved. The intention is to submit proposals on phase two of the St John’s Hospital redesign programme to a future meeting of the board. |
| 7. | Conclusion |
| 7.1 | The Older People’s Commissioning Plan set out proposals for the development of community health and social care services in support of the principles of ‘Home First’. This paper sets out work underway to progress actions outlined in the commissioning plan to develop the community infrastructure to support people staying at home for as long as possible. |
| 7.2 | Reconfiguration of community hospital beds in Livingston and Whitburn is an important next step in improving patient care, understanding demand for services and in making best use of resources. The IJB is asked to approve the proposals to move mental health and older people’s community beds as outlined in this paper and to note other work underway to support future service redesign. |

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | 1. Appendix 1 – Delayed Discharge Performance |
| References | 1. Public Bodies (Joint Working) (Scotland) Act 2014 |
| Contact | Name and title: Jeanette Whiting, Strategic Programme Manager Email; Jeanette.whiting@nhsllothian.scot.nhs.uk Phone number: 01506 281008 |

Appendix 1 – Delayed Discharge Performance





| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 12 |

Report to: West Lothian Integration Joint Board

Report Title: Interim Workforce Plan 2021-22

Report By: Director

| Summary of Report and Implications | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input checked="" type="checkbox"/> |
| | - is to provide assurance <input type="checkbox"/> |
| | - is for information <input type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| | The purpose of the report is to seek a decision from the Integration Joint Board (IJB) to approve the Interim Workforce Plan 2021-22 due to be submitted to the Scottish Government on 30 th April 2021 subject to formatting amendments and minor corrections. |
| Recommendations | <ul style="list-style-type: none"> • Note the process of engagement with stakeholders. • Note the support for physical and psychological wellbeing • Note the short and medium term drivers • Note the short- and medium-term plans • Recommend that the IJB approves the plan for submission to the Scottish Government |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | Financial context is outlined in the IJB's Strategic Workforce Development Plan (2018-23) |
| Policy/Legal | West Lothian Integration Joint Board (2018) <i>Strategic Workforce Development Plan 2018-23</i> , West Lothian IJB |
| Risk | The risk is captured in the risk register and will be monitored |

| | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Equality, Health Inequalities, Environmental and Sustainability Issues | An integrated impact assessment was completed for the IJB's Strategic Plan 2019 – 2023. This Interim Workforce Plan 2021-22 focuses solely on Adult and Older People Services. |
| Strategic Planning and Commissioning | This report is the Interim Workforce Plan 2021-22 requested by the Scottish Government |
| Locality Planning | Locality perspectives were taken into consideration |
| Engagement | The Workforce Planning Group has engaged with key stakeholders including service managers, Trade Unions and colleagues from Primary Care and Third and Independent Sector. Stakeholders were invited to complete a questionnaire. This report seeks to represent the breadth of experiences shared by the stakeholders and reflects their input into the short- and medium-term action plans. |

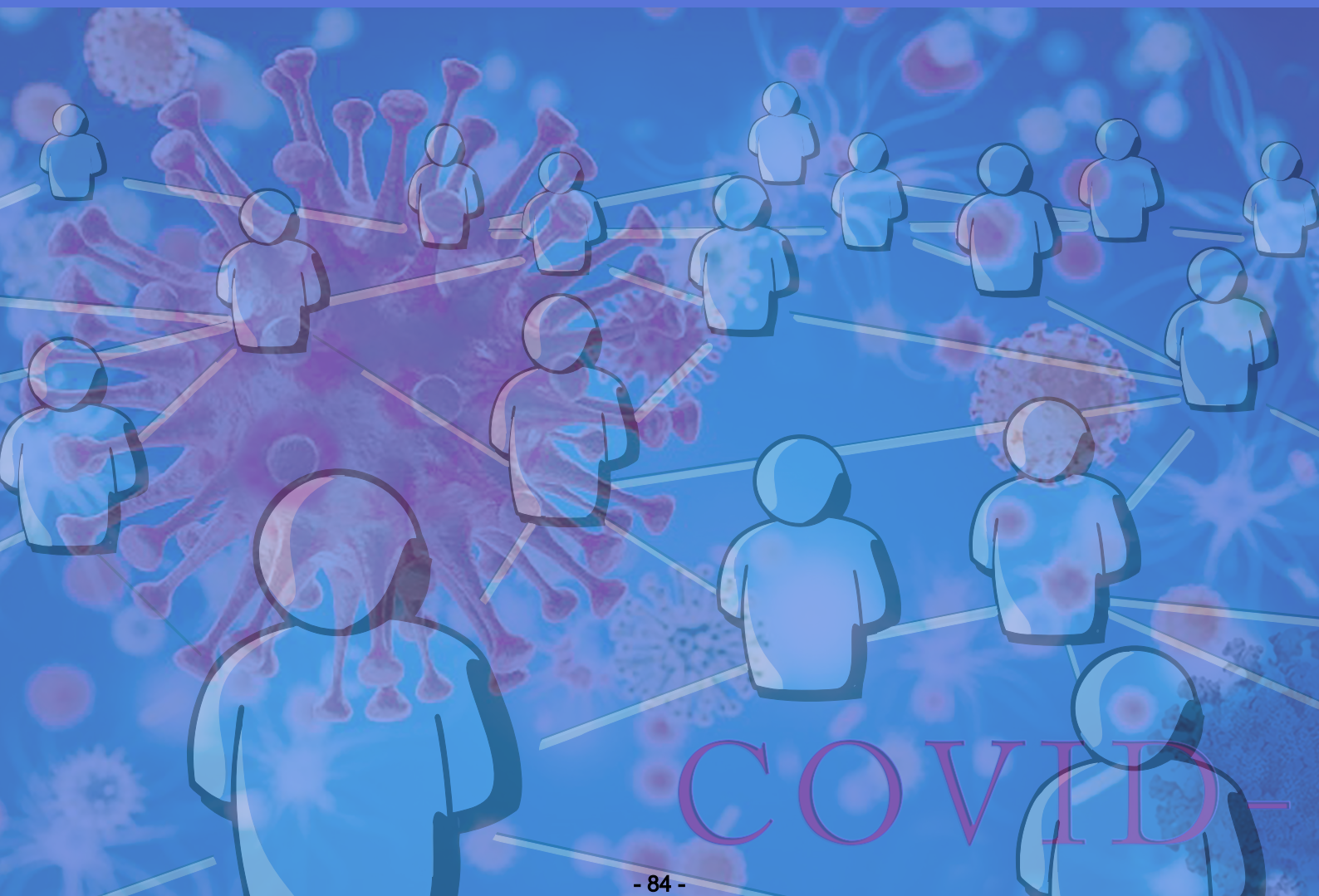
Terms of Report

| | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Background In 2018 the West Lothian Integration Joint Board [IJB] (2018) approved a Workforce Planning Strategy for the period 2018 and 2023. |
| 1.1 | The Scottish Government had indicated that Health and Social Care Partnerships would be required to prepare integrated three-year workforce plans by March 2021. Due to the pandemic, however, production of the 3 year plan was delayed and instead a one-year interim workforce plan was requested by 30 th April 2021. The full three-year plan will be developed during the course of this year in time for the revised deadline for submission. |
| 1.2 | An engagement exercise to inform production of the one year plan was undertaken and involved representatives from the partnership's Workforce Planning Group, the IJB's Strategic Planning Group and other key stakeholders. All stakeholders were asked to participate via a feedback form and four online engagement events. |
| 1.3 | A draft interim workforce plan is presented to the IJB for consideration and is based on previous work undertaken to develop the IJB's Workforce Strategy as well as recent engagement activity. Further cosmetic work needs to be done to the plan before submission to the Scottish Government but it is not anticipated that significant changes will require to be made. |
| 1.4 | This Interim Workforce Plan highlights the support for staff physical and psychological wellbeing during the current pandemic; the impact of remobilisation plans in the next 12 months; the medium term support required for service redesign and the support needed for transformational change. |
| 1.5 | The Interim Workforce Plan concludes with short- and medium-term plans that will shape the work of the Integration Joint Board [IJB] Workforce Planning group for the next two years. |
| 2. | Conclusion A draft interim workforce plan has been developed for submission to the Scottish Government by the deadline of 30 th April 2021. The IJB is invited to approve the plan subject to minor amendments and corrections which will be required before final submission. |

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | None |
| References | West Lothian Integration Joint Board (2018) <i>Strategic Workforce Development Plan 2018-23</i> , West Lothian IJB |
| Contact | Name and title: Yvonne Lawton, Head of Strategic Planning and Performance Email: Yvonne.lawton@nhslothian.scot.nhs.uk Phone number: 01506 283949 |

West Lothian Health and Social Care
Partnership

Interim Workforce Plan 2021/22



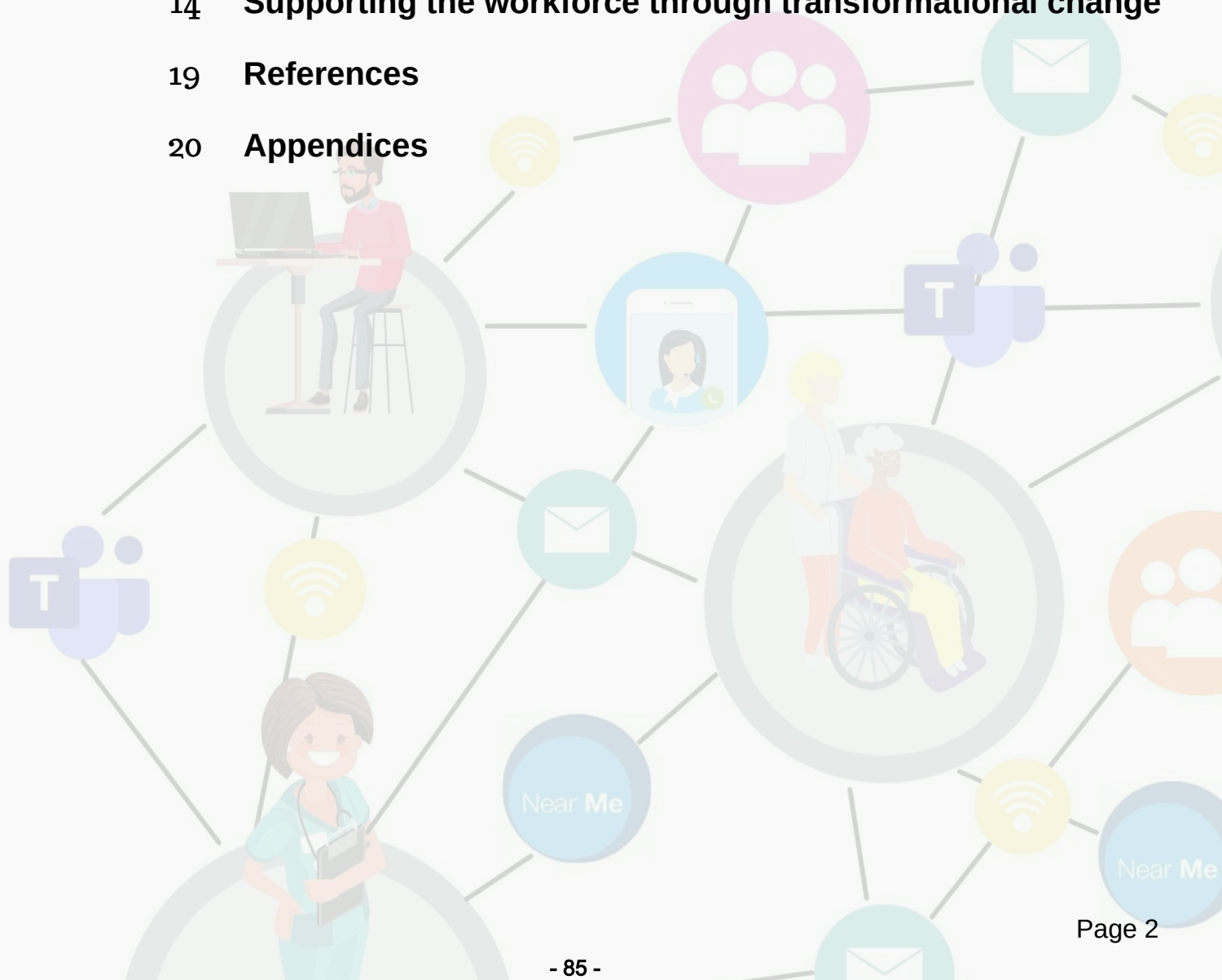
West Lothian HSCP
Interim Workforce Plan 2021/22



WEST LoTHIAN
WORKING FOR WELLBEING

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- 6 **Stakeholder Engagement**
- 7 **Supporting staff physical and mental wellbeing**
- 10 **Short term workforce drivers**
- 12 **Medium term workforce drivers**
- 14 **Supporting the workforce through transformational change**
- 19 **References**
- 20 **Appendices**



Section 1: Introduction and Background

As a result of the Covid-19 pandemic, the workforce planning context for health and social care services has changed radically.

In recognition of these unprecedented circumstances the Scottish Government has delayed the requirement for a health and social care partnerships to prepare three-year workforce plans to 31st March 2022. In the meantime, however, the government has requested that a one-year interim report with action plan be developed. The aims of this interim workforce plan are to:

- Give a brief background to West Lothian Health and Social Care partnership (WL HSCP) workforce planning issues in the context of a wider system of planning and linking workforce to any relevant key performance indicators of targets.
- Describe the process of engagement with stakeholders including primary care and third and independent sector partners
- Explore how local and national physical and psychological wellbeing initiatives have helped sustain the workforce during the pandemic and how these will be embedded as a means to increase staff availability and reduce turnover.
- Identify the critical issues and known impacts on workforce requirement in the next 12 months highlighting particular risks and anticipated workforce demand.
- Consider the workforce impact of any changes to staffing models as a result of developments highlighting any specific local, geographical and economic impacts and anticipated workforce demand.
- Identify the potential workforce implications of any local initiatives and/or innovative approaches to care delivery including areas of workforce skills development or the introduction/extension of new roles that will be required to support current or future models of care/ service.
- Outline short- and medium-term plans.

The vision of the West Lothian Health and Social Care Partnership (WLHSCP) (2018) is to:

***“to increase wellbeing and reduce health inequalities
across all communities in West Lothian”***

The West Lothian Integration Joint Board (IJB) 2018 approved a Workforce Planning Strategy for the period 2018 and 2023 that set out a workforce plan to support its vision. The workforce plan aims to grow, support and sustain a well-educated multidisciplinary, multiagency workforce that can work collaboratively across traditional service delivery boundaries to improve outcomes for people in our communities and deliver person-centred, safe and effective care.

The principles and priorities involve shifting the balance from condition focussed to person-centred practice, enabling citizens, communities and staff to have a greater say in planning and delivering health and social care services, ensuring more care and support at home or closer to home and more joined up working across professions and agencies.

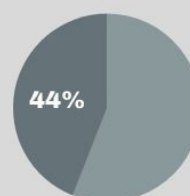
The focus is on the needs of the local community who comprise an increasingly ageing population who are living longer, many who have complex needs as a result of two or more limiting long term physical or mental health condition.

The changing demographic in West Lothian exerts pressure on both health and social care services both in relation to demand on services but also on the workforce, recognising that a significant proportion of our workforce are part of the local population.

Caring Personal Services and Health Professionals are among the occupations to have the greatest growth forecast (Skills Development Scotland (2021).



40% of the community care workforce are over 55 years old (West Lothian Council, 2021)



Human Health and Social Work activities account for 44% of public sector employment in West Lothian.



16% of the West Lothian population live within the 20% most deprived areas in Scotland

19.2%

of the adult population provide unpaid care which is higher than the Scottish average of 17%

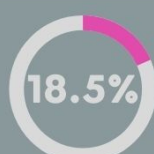
32.4% of the over 65 population live alone.



11.5% of population age 16 and over are claiming personal independence payment/disability living allowance/attendance allowance



7.9% of adults aged 16-64 are claiming incapacity benefits as they are unable to work due to a health condition or disability.



18.5% of people over age 15 are prescribed antidepressants and/or anxiolytics (excluding Amitriptyline) which is higher proportion than Lothian (15.8%) and Scotland (17.9%)

Life expectancy at birth is currently 78.3 years for men which is better than the Scottish average of 77.1 years and 80.8 years for women which is slightly below the Scottish average of 81.1 years.



Effective Health and Social Care integration involves partnership working and mutual support between many organisations who are providing vital support within the community.

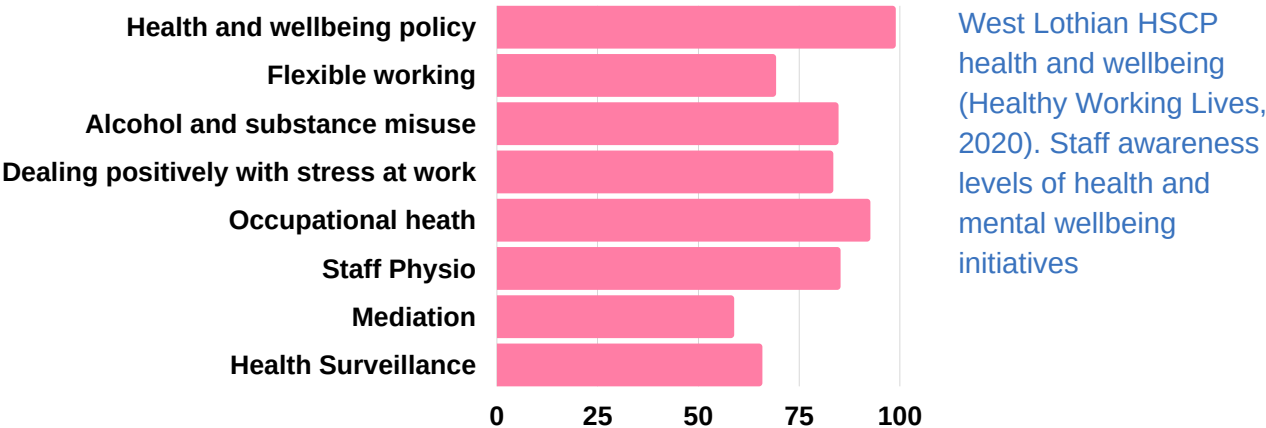
These include the Local Authority, the NHS, Care Home Providers, Care at Home Providers, Independent Contractors within Primary Care and the third sector organisations.

A recent independent review of Adult Social Care in Scotland (SG, 2021) reinforces the need for a culture shift that puts people at the heart of the decision-making process; that values human rights, lived experience, collaboration, mutuality and the common good.

The Key health and social care indicators in West Lothian (West Lothian Workforce Strategic Development Plan, 2018-23)

Promoting a positive and inclusive culture that creates an environment that supports people while encouraging effective engagement, open communication and high performance are a priority (West Lothian Council, [WLC] 2018). The National Health and Wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services (Scottish Government [SG], 2015). The Health and Social Care standards set out expectations that every person is treated with dignity, respect, compassion; are included; receive responsive care; and support and wellbeing (SG, 2017a). The Primary Care Outcomes Framework clarifies expectations and guides implementation at every level of the integrated system (SG, 2017b; SG, 2018).

Health working lives survey indicated that staff were aware of the health and wellbeing policies such as health and safety, flexible working, alcohol and substance misuse and dealing positively with stress at work. Support services such as Occupational health and Staff Physio service were available.



To drive forward the vision, a dedicated Integration Joint Board [IJB] Workforce Planning Group with representatives from across the partnership was set up and by early 2020 implementation of the workforce plan was well underway. During the first year the focus was on promoting careers in the partnership including successful engagement initiatives with local schools and colleges. During the pandemic, the focus of workforce planning shifted to maintaining essential services and implementing new ways of working.

Section 2: Stakeholder Engagement

In order to provide a cohesive picture of health and social care workforce needed across the West Lothian geographic area the West Lothian Integration Workforce Planning Group has engaged with key stakeholders including service managers, Trade Unions and colleagues from Primary Care and Third and Independent Sector. A list of those involved can be found in Appendix 1. This involvement reduced some of the uncertainty experienced by providers in determining their own workforce needs, promoted collaborative working and helped to create a shared understanding of the strategic direction.

An engagement process was undertaken with stakeholders who were identified and invited to complete a questionnaire (Appendix 2). Stakeholders were also invited to participate in a series of virtual meetings with colleagues from across the partnership, to help identify workforce challenges, to share knowledge and to provide support with the questionnaire.

Emerging themes from the responses provided the basis for the partnership's action plan. This report seeks to represent the breadth of experiences shared by the stakeholders and reflects their input into the short- and medium-term action plans. It offers a snapshot of the health and wellbeing of the workforce in West Lothian and a summary of the priorities and support needed for remobilisation.



Section 3: Supporting Staff Physical and Psychological Wellbeing

Over the last year, Health and Social care teams working in the community, primary care and independent care sector have shown strength and resilience in the face of considerable pressure.

Key challenges reported were:

- Stress of social distancing and wearing PPE with barriers to face to face care delivery
- Changing PPE requirements
- Risk of Covid-19 to both themselves and their families
- Impact of staff self-isolating and shielding.
- Impact of home working, home schooling and/or care responsibilities
- Uncertainty about the future and the long term impact of the pandemic
- Impact on primary care services and public expectation
- High demand for mental health services and higher levels of care needs.
- Dealing with members of the public who were more anxious than normal.
- Anxiety of delivering community services with non-adherence to social distancing
- Pressure to create space in hospitals and the impact on community services
- Quantity of information and guidance being issued and difficulty navigating it, including Covid-19 guidance and wellbeing support
- Considerable impact of the pandemic on care homes

Creating a positive learning environment for support, learning and supervision.

Creating a positive and supportive working environment during the pandemic, with the challenges of remote working, continues to be achieved by managers through a range of measures:

- Regular team meetings and daily huddles
- Use of Teams and Webex
- WhatsApp group chats
- One to one clinical supervision
- Time to update on Covid-19 vaccines; typing skills and other online learning
- Protected meal breaks
- Regular annual leave
- Specific training and support for the NHS Care Home Teams

Wellbeing services available.

Staff are generally aware of and encouraged to access a variety of wellbeing resources delivered locally and nationally. Examples are outlined in Appendix 3. Council staff can access resources through 'the four pillars of well-being' site (Appendix 4) which includes a free Employee Assistance Program (EAP) which has been well received for stress related issues. Ease of access is a priority issue.

Vacancies, recruitment and absence

Staff retention has not been a critical issue during the pandemic, in part due to limitations on staff movement. However, there continues to be under recruiting to vacancies across all the health and social care partnership services. Recruitment of staff to deliver essential care both in community and residential care remains challenging.

Services are heavily reliant on staff bank without the normal flexibility of staff movement due to infection control. Pressure to meet service impact annual leave, breaks and flexi-time. Where this results in higher absence levels, this will impact continuity of care and outcomes for services users as well as staff wellbeing. Extremely limited availability of staff bank and the need for careful infection prevention and control has made covering absences very challenging.

Feeling Safe

Staff feel safe as a result of:

- Risk assessments
- Practical advice
- PPE supply improving and there being a robust system in place to access it
- Test and Protect Programme
- Guaranteed income
- Access to the staff vaccination programme
- Working at home where vulnerable or isolating
- Longer breaks and time outs
- Protected breaks
- Annual leave
- Peer to peer support
- Targeted training and support for the NHS Care Home Teams

Staff reported feeling valued and they appreciated the ongoing support provided to promote physical and psychological wellbeing.

Support for flexible working

Supporting people to work from home has been well received and will continue to be required in the short term at least. Staff have felt more able to exercise their own discretion over their work, in consultation with their managers. Flexible working has assisted staff with additional childcare and shielding responsibilities while enabling them to achieve their work commitments

Staying connected using IT

As well as enabling delivery of essential services, technology has proved critical to ensuring staff feel supported and connected during the pandemic. Continuing to address barriers to digital communication will remain a key priority.

Local Initiatives to support wellbeing

Examples of local initiatives for staff support include:

Wellbeing groups via Microsoft Teams , Virtual coffee stops, Activity challenges , Quizzes, Motivational sayings, Sweeties and cakes. , Walking outdoors when weather permits.

HEALTH AND WELLBEING POSITIVES AND CHALLENGES

FEELING SAFE

Being prioritised for vaccination was a huge Moral Boost to staff

COVID VACCINATION

The HSCP developed a PPE hub to provide supplies to all the teams ensuring that distribution happened within two days of an order.



Provision of PCR and Lateral Flow Device [LFD] testing helped allay fears

FEELING SAFE

CHALLENGES

MANAGING THE WORKING ENVIRONMENT DURING LOCKDOWN

Simple things like finding somewhere to get some lunch during the day became difficult

CHALLENGES

LIMITED FACE TO FACE CONSULTATION TIME

Increase use of telephone consultations has been difficult, impacting on therapeutic relationship.

FEELING ISOLATED

Feeling 'out the loop', no face to face contact with friends and colleagues



Staying Connected

Wellbeing Initiatives



CHALLENGES

STAFF PUTTING THEIR NEEDS ON HOLD TO MANAGE WORK LOAD

Balancing workload and patient flow versus time out has been difficult

BALANCING WORK AND HOME LIFE

Staff appear to be working longer days or are working more frequently

CHALLENGES

CREATING A POSITIVE LEARNING ENVIRONMENT

Creating the right environment for learning and supervision has been a priority for managers. Predicting when a team was struggling can be difficult as it changes over time and is dependent on caseload demands

HAVING SUPPORT

Maintaining support for each other, has been important in keeping stress levels down and keeping up moral.

Team meetings, daily huddles, chat rooms



Section 4:

Short Term Workforce Drivers

Remobilisation

Covid-19 will continue to impact the workforce in the short term therefore building and maintaining staff resilience will be crucial for effective remobilisation.

- Key factors for effective remobilisation will include:
- Maintaining staff wellbeing to ensure availability of a trained workforce to respond to Covid-19 related work at same time as remobilisation
- Timely, easy to access wellbeing support for the workforce
- Effective prioritisation of remobilisation of key services
- Clear public expectations regarding remobilisation of services
- Continued support for home working and flexible working, where possible
- Regular supervision and staff communication.
- Continued use of IT for quick collaboration and decision making as well as more paperless working
- Upskilling staff IT skills
- Effective leadership of multidisciplinary teams to drive improved collaboration
- Supporting people back to work

Support for those returning to practice

Staff returning to the workplace following a substantial period of working from home may feel apprehensive or deskilled, which may deplete resilience further. Well planned inductions will support managers reintegrate their workers safely while maintaining services.

Digital capacity

The opportunity to stay connected using IT has raised awareness of the value of progressing to paper-light and increasing virtual capacity. The ability to continue to undertake effective work, while working remotely/virtually may help with recruitment and retention challenges, particularly for those with childcare or carer responsibilities. Increasing staff IT skills and access to computers is important and essential.

Mental Health Services

An increase in individual needs and carer stress in older people and mental health services has been managed well. However, as workload is likely to continue to increase there is potential for an increase in workplace stress. Alongside mental health services, most of the third sector organisations that support patients have been running in a virtual way. In recognition of the importance of face to face services with effective assessment process and the development of therapeutic relationships, remobilisation of these services remains priority.

Covid-19 related activity

Some services have redeployed staff to support the Test and Protect (including Track and Trace team) and the Vaccination Programme. They will need to be brought back in as services resume operation. Consideration needs to be given to managing the priorities of redeployment in line with national guidance for remobilising the service.

The provision of PPE and specialist equipment has been well received. Consideration must be given to the physical distancing and ventilation as this is limiting the existing workforce in managing waiting lists.

Immediate risks and anticipated demands

The immediate risk is not having enough staff to meet the demands and to support the vision. Long-term staff absence and unexpected absence due to Covid-19 self-isolation has been challenging. Ensuring health and social care teams have access to the vaccination has gone some way to mitigate this.

Attention must be given to a joined up approach to workforce planning, recruitment and retention ensuring the continued support for staff health and wellbeing.



Section 5:

Medium Term Workforce Drivers

Once the initial remobilisation has started then there will need to be a period for the redesign for services. Redesign needs to look holistically at the needs of the West Lothian population and the service requirements to meet those needs.

In West Lothian, the challenges ahead are with an ever-increasing ageing population and an ever decreasing pool of staff to pick from. Focus is on promoting care services and working together to meet the needs of communities. This may involve looking further at working more closely with local business support, career services, employment programmes and strengthening connections with other primary care, health care, social care and third sector organisations.

Local, geographical and economic impacts

Supporting career development opportunities

The West Lothian demographic is that of an aging workforce. Experienced staff are more settled. There are limited opportunities and career development for younger staff. Labour supply is becoming more problematic and this will be enhanced if there is a need to take on additional workload. At present demand outweighs supply for trained staff with experience. West Lothian is in the central belt and consequently has more access to Higher Education Institutes [HEIs] and local workforce markets. There is only one intake of students per year.

Securing care at home provision in certain geographical locations within West Lothian and attracting workers who live out of the area can be challenging. Public transport links are poor in some semi-rural areas. Staff are more likely to move towards city hospitals rather than staying locally. There is a need to create career development opportunities in order to retain staff.

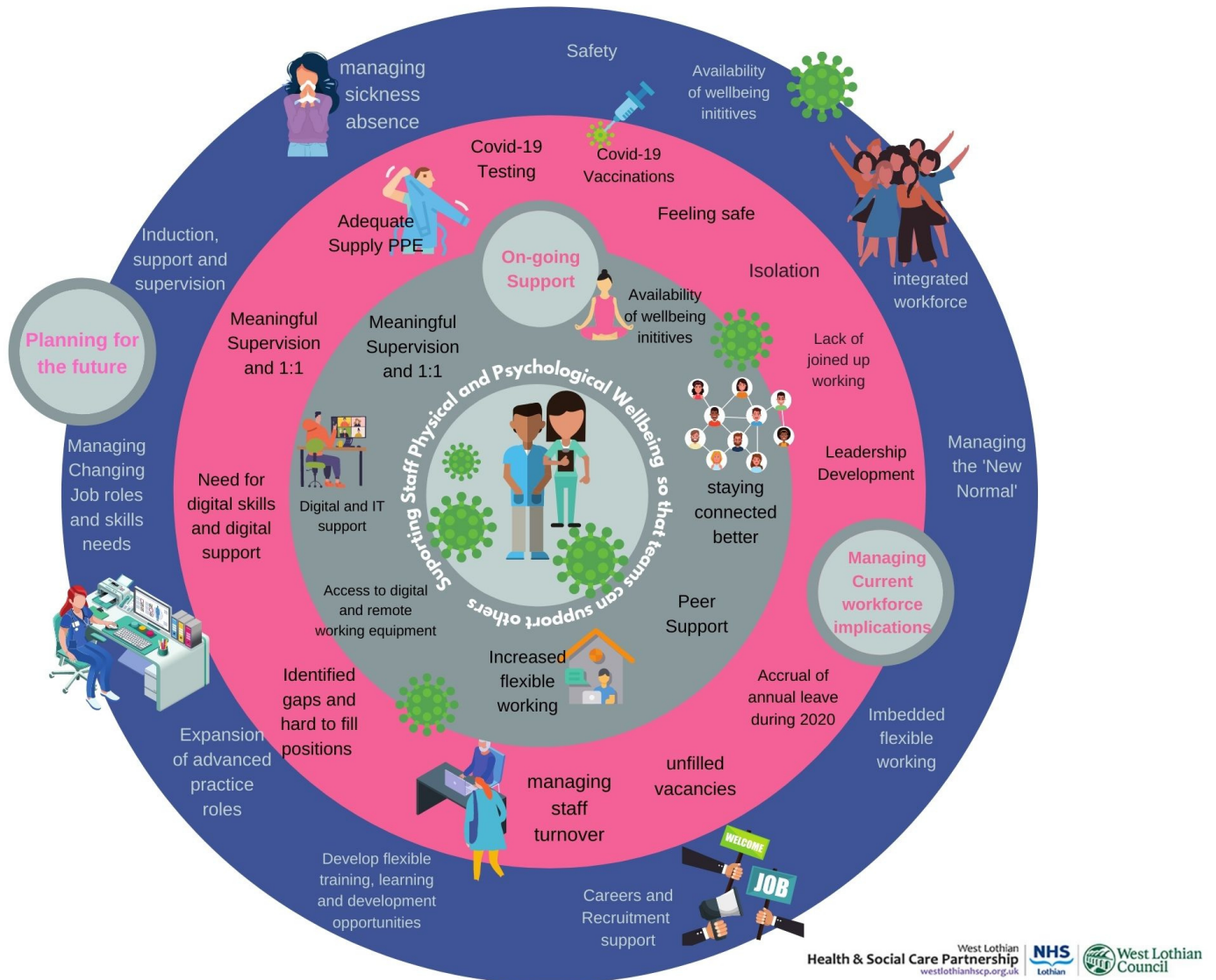
Education and Development

It is vitally important to develop experienced staff with specialist roles to promote quality of care, to enable others to be confident and competent in their roles and to sustain a service through teaching and learn in practice. Educating staff to work to the limits of their abilities and be paid at the appropriate banding is paramount. Enabling staff to shadow workers and to visit and learn from other services can build relationships and understanding between organisations.

Anticipated demand

There is an urgent need to fill present vacancies in all services and to consider different ways of working to support, develop and retain staff. At present the task orientated, socially distanced technology focussed world has taken over. Consideration needs to be given to supporting primary care in implementing the GP contract, supporting oral health services and remobilising multidisciplinary teams to work together to demonstrate evidence of person-centred, safe, effective practice that meets the needs of the localities served.

Wellbeing and impact short and long term on workforce



Section 6: Supporting the workforce through transformational change

Most services have front line posts that are hard to fill. Issues that are impacting on recruitment include:

- The loss of expertise as the increasingly ageing workforce is choosing to or is ready to retire.
- Dominant reductionist world view inadvertently promotes and perpetuates 'technical' roles rather than values-based 'caring' roles.
- Staff shortfall makes it difficult for existing staff to train and support new staff.
- Shortfall of specialist practitioners with expertise in facilitative leadership and teaching in the workplace.
- Competitive pay rates in neighbouring authorities and the private sector.
- Differences in terms and conditions in Scotland to other areas of the UK.
- Insufficient trainee availability.
- Temporary posts, part-time posts and maternity backfill.
- Lack of education and development career pathways in practice.

New roles and skills needed to support the workforce through transformational change

Structure

- Invest in the development of primary and community care focused advanced practice and consultant roles to support managers in ensuring quality of care.
- Develop assistant non-registered roles supported by realistic, accredited work-based supervision and learning.
- Enable staff, trainees and new starts to gain experience in primary care.
- Develop an equitable approach to digital provision, upskilling and support.
- Invest in quality HR support with continuity for each service.

Process

- Develop a person-centred, multidisciplinary and multi-agency approach to the development of integrated services focussing on communities served.
- Promote prevention, early intervention and supported self-care
- Developing a learning environment that promotes quality improvement
- Involve citizens, communities and staff in planning and delivering care
- Develop evidence of person-centred delivery and evaluation of adult and older people services in community and primary care

Outcome

- Work together to evidence achievement of the national health and social care standards and health and wellbeing outcomes

In conclusion, short term and medium term action plans have been developed that will shape the work of the Integration Joint Board (IJB) Workforce Planning group for the next two years

Short Term Action Plan 2021-2022 Medium Term Action Plan 2022-2023

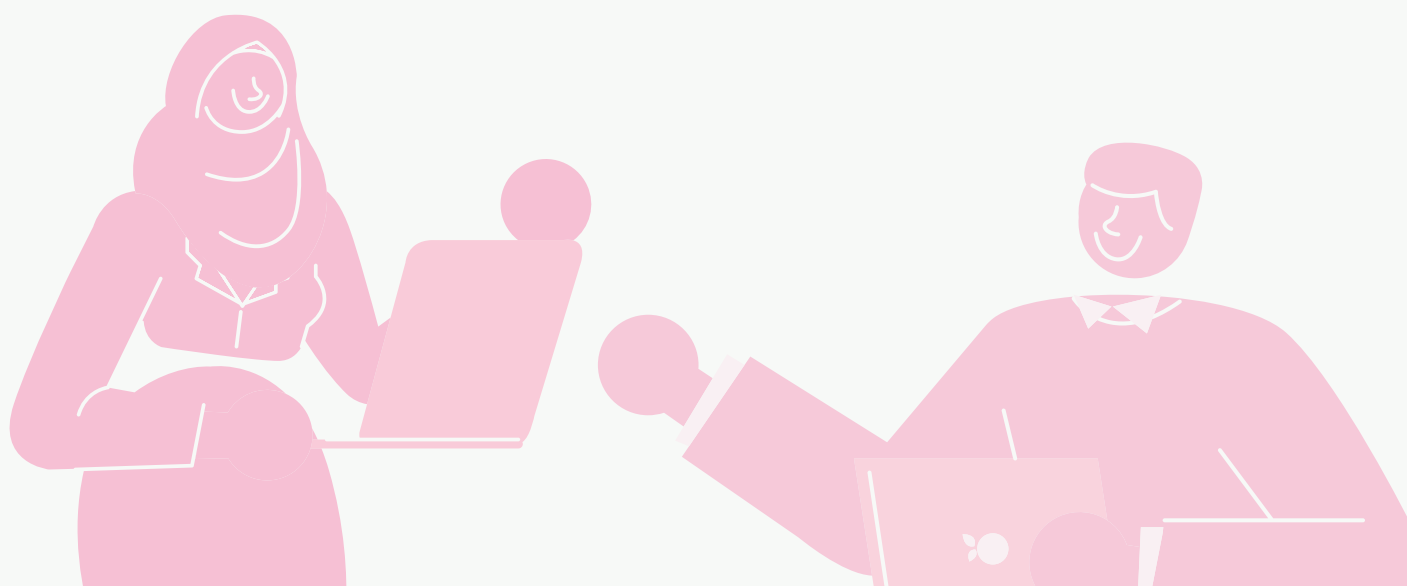
Mapped against West Lothian Integrated Joint board [IJB] (2018-2023) Strategic Workforce Plan Action Plan

| Aim | Priority | What we will do | How we will do it |
|--------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Right People | Be an employer of choice | Promote West Lothian as an attractive place to work Promote Health and Social Care as a Career Choice | Restart robust recruitment advertising campaigns especially for difficult to recruit posts Design career pathways and opportunities for those that wish to progress within the partnership Engage champions/ role models to share their experiences |
| | Engage a younger workforce | Attract school/ college /university leavers Promote health and social care as career choice | Improve accessibility of modern apprenticeships, work experience and foundation apprenticeship opportunities Revisit schools and colleges to promote the opportunities and explain choices which best fit |
| | Ensure workforce is fit for purpose, sustainable and affordable | Ensure workforce planning is embedded into service improvement plans Provide dedicated quality HR support for each service. | Support each service to undertake an integrated workforce review. Support managers to integrate workforce planning into everyday responsibilities. Scope exit Interviews to better understand reasons for turnover |
| | Work with partners to support appropriate staffing to deliver and sustain services | Liaise with third and independent sectors to share learning and experience Improve communication and partnership working | Work together to promote recruitment Ensure effective HR support for managers is in place Ongoing recruitment of workforce to reduce vacancy gap. |
| Right Skills | Develop a workforce aligned to the organisation values | Promote the organisation values and behaviours | Integrate values into day to day service delivery Lead by example and adopt values and behaviours Incorporate values and behaviours into recruitment and selection processes Provide robust induction programmes for new starts and those returning. |
| | Ensure workforce is fully equipped to fulfil their role | Ensure appropriate process is in place to identify workforce needs Build digital capacity addressing inequities in digital provision and upskilling teams. Support training and development requirements that promote person-centred multidisciplinary multiagency working Encourage and support the workforce to work at the top of their competency level Ensure that the National Health and Social Care Standards are implemented and embedded in practice Identify technology training needs and how technology can enable learning and develop associated training plan. | Workforce review sessions with teams reflecting on Covid-19 while also considering workforce needs for the future Ensure staff have access to and are upskilled to use appropriate PC/ Technology. Undertake ongoing person-centred training needs analysis Promote learning and development opportunities for employees Ensure personal development reviews are implemented Facilitate implementation of National Health and Social Care Standards across the partnership Optimise use of technology to support learning and widen access to opportunities |
| | Ensure workforce is focused on prevention and early intervention | Promote a collaborative participatory approach to the evaluation of service delivery Ensure workforce are confident and competent to utilise opportunities to improve health and reduce inequalities | Ongoing evaluation of progress with workforce plan through regular multidisciplinary/ multiagency engagement sessions Develop programme of capacity building in line with public health skills and knowledge frameworks |
| | Encourage and provide opportunities to develop skills | Ensure opportunities are available to help people retrain or attain new qualifications to support personal and organisational growth | Utilise flexible working policies |
| | Promote and deliver integrated working | Develop a more person-centred, safe and effective workforce Ensure workforce is appropriately qualified and has the flexibility to move across the partnership | Promote working together with different people in different departments to develop and evaluate a person-centred approach to redesign. Review existing roles and determine where roles can be more generic/ flexible Engage with education providers to review course being delivered Develop management teams who champion integrated working |

Short Term Action Plan 2021-2022 Medium Term Action Plan 2022-2023

| Aim | Priority | What we will do | How we will do it |
|--------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Right Place | Continue to support the shift in the balance of care to community settings | <p>Ensure skilled and sustainable workforce in community where it is needed</p> <p>Support and sustain person-centred, safe, effective independent sector and third sector organisations.</p> | <p>Invest in community care and support services across health and social care to increase capacity and improve access.</p> <p>Enhance multidisciplinary teams within primary care setting.</p> <p>Ensure workforce available to support services delivering new ways of working</p> <p>Explore colocation opportunities</p> |

| | | | |
|-------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Right Time | Plan for an ageing workforce | <p>Consider the challenges and potential solutions to address an ageing workforce</p> <p>Maximise all opportunities for attendance by supporting the workforce in line with policies and procedures</p> <p>Embed a values-based, person-centred approach to leadership and integration</p> | <p>Consider alternatives to retirement e.g. new roles, mentorship roles</p> <p>Utilise work/life balance policies to support continued employment that promotes learning, development and succession planning.</p> <p>Promote flexible working by exploring ongoing/long-term use of home/mobile working for all staff</p> <p>Provide resilience training to ensure workforce are prepared for change.</p> <p>Ensure ongoing delivery of Personal Protective Equipment (PPE) for all services</p> <p>Identify time for integrated teams to build locality networks of mutual support and facilitate the development of positive working relationships within and out-with immediate team</p> <p>Develop facilitative leadership roles that support quality, education and development in practice</p> |
| | Have a skilled workforce at the right time | Plan ahead to ensure a resource is available to deliver service needs at the right time | Workforce plans within service improvement plans need to incorporate training and development |



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Appendix 1

Stakeholders invited to complete the engagement questionnaire

Head of Strategic Planning & Performance
Head of Health
Senior Manager
General Manager, Mental Health
General Manager, Primary Care
AHP Lead, West Lothian
Chief Nurse
Group Manager, Business Support
Team Manager, Business Support
Head of Workforce Planning
NHS Partnership Lead
Social Policy Partnership Lead
Economic Development & Regeneration Manager
Regional Workforce Planning Manager
Scottish Care Lead
HR Business Partner
Education Representative
West Lothian College
Programme Manager
Senior Development Managers, Primary Care & Community
Senior Manager Housing with Care (Older People)
Group Manager Business Support
Group Manager Older People Social Work
Group Manager Adult Service
Group Manager Business Support
Group Manager Support at Home (OT; Housing with Care)
Group Manager Support at Home
Group Manager Care Homes
Mental Health OT Manager
Physiotherapy Inpatient Manager
Clinical Nurse Manager MH Adults
OT Team Manager
Physiotherapy Manager Outpatient
MHO Manager
Clinical Nurse Manager MH Adults
Service Manager
Clinical Nurse Manager Older People MH
Clinical Nurse Manager Adult and Older People
Clinical Director, Primary Care
Lead GP
West Lothian Practice Managers and GP Independent Contractors
Oral Health
Financial Planning
Public Health & Health Policy
Lead Pharmacist
Lead for Independent social care settings
Head of Social Policy; Chief Social Work Officer
Commissioned Social Care Services
Community Equipment
Acredale Day Care Centre
Lucerne Home Care Services



Appendix 2

Stakeholder engagement questionnaire

We invite you to complete and return this questionnaire by 12th March 2021.

Further guidance is set out in the 'Annex 1 - Interim Workforce Plan 2021-22 Template Indicative Content' document provided.

1. Supporting staff holistic wellbeing

What well-being initiatives have been well received and why?

What are the challenges faced in ensuring staff wellbeing?

What are the anticipated workforce implications in terms of impact on staff wellbeing i.e. recruitment, retention, turnover, staff absence and having space to take annual leave?

2. Short Term Workforce Drivers (Living with COVID)

What are the critical issues and known impacts on workforce requirements for your service area in the next 12 months? Refer to template for examples.

What are the immediate workforce risks in key job families, groups or roles?

What is the anticipated workforce demand associated with these risks (provide whole time equivalent details, where possible)

3. Medium Term Workforce Drivers – within the next 12-36 months

What will be the workforce impact of any changes to staffing models required as a result of service changes or developments? Refer to template for examples.

Are there any local, geographical or economic impacts on workforce development? If so, please provide a brief list (e.g. labour supply)

What is the anticipated workforce demand associated with these risks? (Provide whole time equivalent details where possible)

4. Support for transformational change

Describe any on-going hard to fill posts/skills gaps

Please list any new roles / skills you think you will need to support the workforce through transformational change. The key indicators for transformation being:

- Demonstrating evidence of person-centred care
- Promoting prevention, early intervention and supported self-care
- More joined up multidisciplinary and multiagency working
- Developing a learning environment that promotes quality improvement
- Involving citizens, communities and staff in planning and delivering care
- Evidencing the achievement of the national health and social care standards and health and wellbeing outcomes

Appendix 3

Examples of local and national wellbeing initiatives available

NHS Lothian Staff wellbeing

<https://staff.nhsllothian.scot/COVID-19/Pages/NHS-Lothian-Staff-Wellbeing.aspx>

Wellbeing links on MS teams

Wellbeing Hub in a Tub: A box full of sleep packs, hand cream, lip balm, energy snacks, refreshments, car chargers, headphones and many other items for community staff

Implementation of a Pause room; a quiet room with coffee and access to wellbeing resources for staff to have time out. Project Wingman lounge: a welcoming relaxed place staffed by airline staff to go and chill. Garden development

'Thumbs up Thursday' and 'Choose Day Tuesday' were initiatives created by some of the team leads to encourage staff to celebrate something that has gone well that week or identify something positive that they wanted to achieve

Access to additional cervical screening clinics for staff

In independent care settings staff have a designated staff room away from service users

Care Homes. Staff Wellbeing

<https://services.nhsllothian.scot/CareHomes/Pages/StaffWellbeing.aspx>

National wellbeing hub - <https://www.nationalwellbeinghub.scot/>

Things you can do to help clear your head - <https://clearyourhead.scot/>

Headspace app - <https://www.headspace.com/science>

Psychosocial Mental Health and Wellbeing support

<https://learn.nes.nhs.scot/28063/coronavirus-covid-19/psychosocial-mental-health-and-wellbeing-support>

Staff Wellbeing (NHS24) - <https://www.nhs24.scot/about-nhs-24/staff-wellbeing/>

Free access to wellbeing apps for NHS staff

<https://www.nhsemployers.org/news/2020/03/free-access-to-wellbeing-apps-for-all-nhs-staff>

Unmind. Mental Wellbeing. Done Well. - <https://unmind.com>

Appendix 4

West Lothian Council Four Pillars of Wellbeing

Four Pillars of Wellbeing



Mental
Employee assistance programme
Mens mental health
LGBTQ and mental health
Self help Supports



Physical
Get active advice
Healthy eating options
Addictions support
Lifestyle challenges



Financial
Income Maximisation Checks
Money/ Dept advice
Housing and Energy advice
Budgetary Support



Work place
Health and safety information
First aid at work
Risk management
Safety alerts

Supporting our employees through their wellbeing journey...

Information available on Mytoolkit / Employee Health & Wellbeing/ Four Pillars of Wellbeing



| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 13 |

Report to West Lothian Integration Joint Board

Report Title: Market Facilitation Plan (Update)

Report By: Head of Strategic Planning & Performance

| Summary of Report and Implications | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input checked="" type="checkbox"/> |
| | - is to provide assurance <input type="checkbox"/> |
| | - is for information <input type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| | To seek the Integration Joint Board's approval of the updated Market Facilitation Plan 2019-2023, following review. The Market Facilitation Plan offers a basis for collaborative working between the West Lothian Health and Social Care Partnership, service providers, service users, carers and other community stakeholders in the delivery of health and social care services across West Lothian. |
| Recommendations | To approve the West Lothian Integration Joint Board's updated Market Facilitation Plan 2019 – 2023, following review. |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | The West Lothian Integration Joint Board's Strategic Plan 2019-2023 identifies the resources available for the delivery of health and social care services in West Lothian. |
| Policy/Legal | Public Bodies (Joint Working) (Scotland) Act 2014 |
| Risk | Risks associated with service delivery are recorded in the risk register and will be monitored. |

| | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Equality, Health Inequalities, Environmental and Sustainability Issues | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted |
| Strategic Planning and Commissioning | Strategic commissioning plans for all care groups provide the foundation for the direction of travel of delivery of contracts and ensures alignment to the Strategic Plan. |
| Locality Planning | The Market Facilitation Plan relates to West Lothian as a whole. Contracts are developed to meet all needs across West Lothian. |
| Engagement | All stakeholders, partners and third sector providers have been consulted with as part of the update of the document. |

| Terms of Report | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Background |
| 1.1 | The West Lothian Integration Joint Board is responsible for delivering a range of health and social care services in West Lothian and sets out its vision for those services in the Strategic Plan. It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that Integration Joint Boards produce a Market Facilitation Plan which supports achievement of the IJB's strategic vision and objectives |
| 1.2 | Market facilitation is a part of the strategic commissioning process which aims to influence and shape how markets adapt in the delivery of health and care services to the population of West Lothian both now and in the future. The aim of market facilitation is to ensure that choice and control are afforded to supported people through a sustainable market of different supports which offers choice, personalisation, effectiveness and sustainability. |
| 1.3 | The global pandemic has seen unprecedented challenges for the health and care sectors. Maintaining stability of existing care and support arrangements during the past year has been vital. Care and support contracts due to end during 2020/21 were reviewed and recommendations were made at an early stage to extend arrangements to ensure continuity of care as well as stability within the sector. |
| 1.4 | There is a long history in West Lothian of engagement with stakeholders and partnership working to develop and deliver local services. Very positive relationships between commissioners and providers have ensured essential care and support services have continued throughout the pandemic. Building on these relationships as well as development of new relationships will play a key role in the delivery of the innovation and transformational change required to ensure that services to support people living in West Lothian are fit for the future. |
| 1.5 | The precise scale and ongoing impact of COVID-19 on our communities, critical services and the wider economy is, as yet, unknown. The need to do things differently to address the needs of communities more efficiently and effectively is even more important. Medium to long term financial planning is essential alongside the need for further radical and creative thinking to find sustainable long-term solutions to meet growing service demands within available resources. In going forward improved collaborative working will be key to making the best use of our local resources and there will be continued focus on the improvement of our workforce planning. |

| | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.6 | The COVID-19 pandemic further emphasised the importance of the digitalisation agenda for social work and social care services and has brought into sharp focus the need to modernise some key processes. We have developed different ways of working in response to the pandemic and will capitalise on these going forward. |
| 1.7 | The Market Facilitation Plan will sit alongside the IJB's Strategic Plan and supporting commissioning plans, and will assist stakeholders in understanding future intentions and to stimulate the adult health and care sectors in West Lothian through structured and planned engagement. |

| | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | Appendix 1. West Lothian Integration Joint Boards' updated Market Facilitation Plan. |
| References | West Lothian Integration Joint Board's draft Strategic Plan 2019 - 2023 Strategic Commissioning Plans 2020 – 2023 |
| Contact | Yvonne Lawton, Head of Strategic Planning & Performance Email: Yvonne.Lawton@nhslothian.scot.nhs.uk Phone number: 01506 283949 |

2019 – 2023

**West Lothian
Integration Joint
Board**

**Market Facilitation
Plan**



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1. DELIVERING OUR VISION

The West Lothian Integration Joint Board (IJB) is responsible for delivering a range of health and social care services in West Lothian. The IJB aims to better integrate those services into a single system working across health and social care to ensure people receive the services and supports they require when they need them. The IJB's strategic vision and directions are set out in the Strategic Plan 2019 to 2023 and focus on increasing wellbeing and reducing health inequalities across all communities of West Lothian.

The achievement of integration and the long term aim of people living longer, healthier lives at home or in a homely setting can only be done through local authorities and health partners working together with providers of health and social care services, the people who use those services, and their carers, to bring about sustainable change.

Delivery of integrated services is complex and challenging and there is a need for creative and innovative thinking around the redesign of current models of care and support. Significant change is necessary to deliver positive outcomes for people through services which meet their needs, take account of demographic changes and make efficient and effective use of available resources.

The last quarter of 2019/20, saw Health & Social Care services face the unprecedented challenge of responding to the COVID-19 global pandemic. Staff across the West Lothian Health and Social Care Partnership (WLHSCP) worked closely with all of our key stakeholders and in particular with our partners in the Third and Independent Sectors, with families, carers and service users to ensure that essential services continued to be delivered during these unparalleled times.

This Market Facilitation Plan aims to build 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 care and support services are commissioned and offered to the people of West Lothian in the future. Read alongside future commissioning plans, this plan will assist stakeholders in understanding our intention to stimulate the adult care sector in West Lothian over the coming year.

Allister Short

Chief Officer

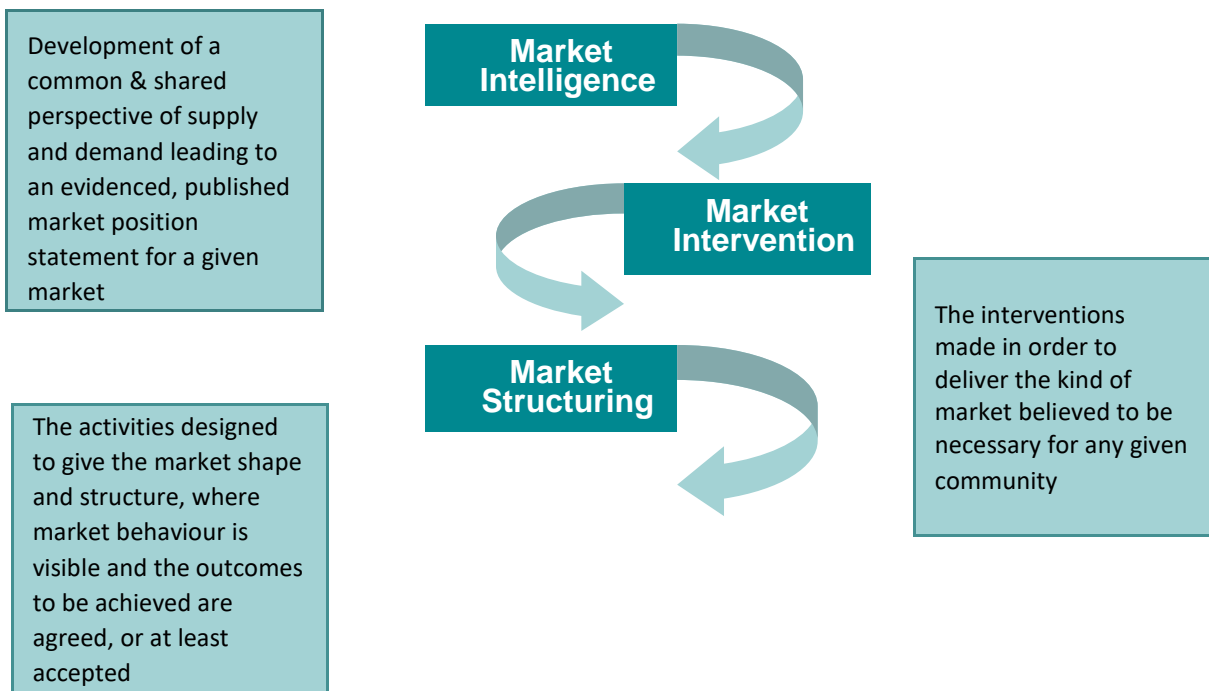
West Lothian Health and Social Care Partnership

2. WHAT IS MARKET FACILITATION?

Market facilitation can be defined as follows:

“Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future”.¹

The Institute of Public Care defines market facilitation as the relationship between market intelligence, market intervention and market structure.



Market facilitation aims to ensure that choice and control are afforded to supported people through a sustainable market of different supports which deliver choice, personalisation, effectiveness and sustainability. Market facilitation means ensuring that there is an efficient and effective care market operating in West Lothian which meets current and future needs of the local population. Achievement of those aims is based on collaborative and partnership working between stakeholders to offer outcomes based supports locally for people who need them.

¹ Institute of Public Care, Oxford Brookes University

3. DRIVERS FOR CHANGE

The main drivers for strategic change across health and social care are set out in the IJB's Strategic Plan. Significant developments and challenges over the past year will also undoubtedly influence how services are commissioned and delivered in the future. The main drivers include:

Independent Review of Adult Social Care in Scotland

The final report on the Independent Review of Adult Social Care was published in February 2021. It has fifty three recommendations that propose significant reform of adult social care in Scotland. The impact on how social care services may be delivered will only become known when there is clarity on how and in what timescales the recommendations will be taken forward.

Learning from COVID 19

Local Government and public services in Scotland are under unprecedented pressure due to COVID-19. The precise scale and ongoing impact of COVID-19 on our communities, critical services and the wider economy is, as yet, unknown. The need to do things differently to address the needs of communities more efficiently and effectively is even more important. Medium to long term financial planning is essential alongside the need for further radical and creative thinking to find sustainable long-term solutions to meet growing service demands within available resources. In going forward improved collaborative working will be key to making the best use of our local resources and there will be continued focus on the improvement of our workforce planning.

The COVID-19 pandemic further emphasised the importance of the digitalisation agenda for social work and social care services and has brought into sharp focus the need to modernise some key processes. We have developed different ways of working in response to the pandemic and will capitalise on these going forward.

2020 Vision for Health and Social Care

The Scottish Government's 2020 vision for health and social care is for everyone to be able to live longer, healthier, lives at home, or in a homely setting and that we will have a healthcare system where:

- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- We have integrated health and social care
- There is focus on prevention, anticipation and supported self-management
- Where hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm

- There will be focus on ensuring that people get back to their homes or community environment as soon as appropriate, with minimal risk of readmission

Integration of Health and Social Care Systems

The Public Bodies (Joint Working) (Scotland) Act 2014 changed the way in which health and social care are planned and delivered throughout Scotland. The establishment of Integration Authorities brings together health and social care into an integrated system with greater emphasis on anticipatory and preventative care, and on improving care and support for people who use services and their families.

Home First

The WLHSCP is working with partners across the whole health & social care system to provide high quality care as close to home as possible. Hospital admission should take place only when there is clinical need and where alternative care in a community setting is not possible. It is well known that long hospital stays can have a detrimental impact on people and that delayed discharges from hospital are not good for patients, staff or for the financial health of the health and social care system. 'Home First' is a model that is supported, both locally and nationally, to deliver community support to people at risk of hospital admission.

There has been rapid implementation of the Home First approach in West Lothian throughout 2020. Developments have included:

- ✓ Discharge to assess over 7 days per week
- ✓ Hospital at home service over 7 days and extended hours Mon-Fri
- ✓ Reablement services extended and reconfigured to support discharge to assess
- ✓ Further development of the integrated discharge hub at St John's Hospital
- ✓ Advanced practice roles

Work continues to shift the balance of care with a shared vision and buy in of partners and stakeholders in recognition of the benefits of an integrated whole systems approach. Further development of the Home First model is a key priority in the IJB's strategic commissioning plans.

Financial Context

Public funding for health and social care services will not keep pace with demand and services will increasingly require to be delivered under challenging circumstances. It will not be possible to meet increasing demand simply by doing the same or spending more. A more cost effective model of care needs to be developed where resources are reprioritised and services and supports redesigned.

Demographic Change

People living in West Lothian are now living longer. Of particular significance is an increasing population of older people which brings challenges for future care delivery. The ageing population in West Lothian is rising faster than the national average and by 2041, one in four people will be over the age of 65. Over the next 5 years, people aged over 75 will increase by 25%. In addition, there are differences in life expectancy and deprivation factors across the East and West localities which need to be taken into account when planning services.

Older age impacts the incidence of frailty, including dementia and other long term conditions and services will need to change to ensure that the right types of supports are available to people at the right time and in the right place. People with long term conditions are also living longer and this will have an impact on demand for care and support and where it is delivered.

Focus on Health and Wellbeing

Increasing demand for health and social care services is not expected to be met with a corresponding increase in resources. It is imperative therefore that there is a shift in focus to early intervention, prevention and self-care to reduce reliance on long term care provision. The aim is to empower and support people to maintain health and wellbeing and reduce or delay the need for high cost health and social care services.

Health Inequality

Tackling inequality is recognised as a key driver in improving health outcomes for people. Deprivation has a significant impact on outcomes and there is a need for partners to work together to tackle social inequalities which impact adversely on people's lives. The full impact of the Covid-19 pandemic has not yet been felt but there is increasing evidence that the impact of Covid-19 is likely to widen existing inequalities and may have a disproportionate impact on groups of people already facing challenge and disadvantage.

It is as yet unclear what the lasting impact of Coronavirus will be but there will undoubtedly be poorer health and economic outcomes for some. It is recognised that the partnership needs to collaborate closely with stakeholders across health and social care, community planning and the third sector to build new ways of working to support people in the management of their physical and mental health.

Technological Advances

Digital technology has potential to transform the way in which health and social care are delivered. The Scottish Government published 'Scotland's Digital Health and Care Strategy' in April 2018 which sets out a vision for how technology can support person centred care and can help sustain and improve services of the future. The opportunities offered by technology to enhance support are being explored and will be set out in the IJB's Digital Strategy due to be published in June 2021.

Self-directed Support

The Social Care (Self-directed) Support (Scotland) Act 2013 allows people, their carers and their families to make informed choices about their support and how it is delivered. Markets need to think more about the individual as the commissioner of services.

Workforce Challenges

There is a need to have the right people with the right skills in the right place at the right time. Challenges in this regard are set out in the Integration Joint Board's Workforce Development Plan 2018 to 2023 and include:

- The population of West Lothian having more complex health needs than before.
- Unavoidable hospital admissions as community infrastructure is not always responsive enough to provide the support required at the right time
- A shift in prevention and early intervention with focus on keeping people well whilst working in a system where effort is often concentrated on health care service provision and treatment
- An ageing workforce
- Difficulty in recruiting to some staff groups

The Scottish Government asked IJBs to develop a one year interim workforce plan which will be submitted at the end of April 2021. This document will highlight short and medium term workforce priorities and will inform development of a three year workforce plan in 2022.

4. LOCAL PRESSURES AND THE NEED FOR CHANGE

The ways in which care, support and treatment are delivered across West Lothian need to change and there is a need for markets to adapt to the challenging environment within which health and social care services will operate. The partnership is committed to early intervening early, shifting the balance of care to the Community, providing access to the correct support at the right time and in the right place. We want to further incorporate digital and technological solutions in to our service delivery models moving forward. There are local pressures which are also influencing the need for change.

Delays in Hospital

The flow of patients within the hospital system has improved significantly during 2020/21 with fewer people delayed in hospital. Covid-19 has impacted the transfer of patients to care homes but there have been positive developments in securing care at home services. Further progress still needs to be made, however, to ensure that services are responsive enough to meet demand and that care home and care at home provision is more clearly aligned to 'Home First'. Strategic commissioning plans include actions to develop existing programmes to improve capacity and redesign services to deliver more integrated pathways between the acute hospitals and the community.

Reablement Approaches and Maximising Independence

There needs to be greater emphasis on supporting people in a way that maximises independence through strengths based and enabling approaches to health and social care. The future focus will be on short term, intensive interventions in the community which enable people to relearn skills and keep themselves safe and independent at home. People will be encouraged and supported to do things for themselves where possible rather than having things done for them.

Care and Support at Home

Future models of care for people who are supported at home need careful consideration. There are challenges in the way the system currently operates which mean that for some people, care cannot be delivered at the right time and in the right place. Unmet need can have a detrimental impact on the well-being of individuals, can lead to deterioration in their health and may result in greater dependence on the care system. Furthermore, where it's not possible to meet need appropriately in the community, there is impact on the whole system resulting in delays and admissions to hospital which may have been avoidable.

There is a need for commissioners to be clear about commissioning intentions around care and support at home in the future. Stability needs to be afforded to the market place to ensure delivery of high quality, sustainable services which support whole system delivery. Administrative systems need to be as efficient as possible to reduce delays and providers need to look at business models which generate flexibility and effectiveness. Some of the work in relation to commissioning care services will be influenced by implementation of recommendations made in the report of the independent review of adult social care.

Housing and Accommodation

Collaboration with housing colleagues will be a key feature of future commissioning to ensure that housing and accommodation models are fit for the future and reflect shifts in the balance of care from hospital to community settings. Generally, there will be a move away from residential care models to housing models where possible, recognising, however, that for some people with the highest level of need, residential care may be the most appropriate choice. A significant number of West Lothian residents are placed out with the local authority area because there is a lack of suitable accommodation locally. There is intention to reduce reliance on out of area placements especially for people with mental health problems, learning disability and physical disability by developing new accommodation and support models which focus on quality and value for money within the local authority area.

Day Services

Being able to lead a meaningful life with meaningful things to do is an important factor in maximising independence and reducing social isolation. A review of adult and older people day services is underway and will focus on remodelling existing provision with a view to delivering value for money and ensuring that there are opportunities for people to connect with their local communities through a choice of supports.

Choice, Control and Self-directed Support

There is a need to ensure 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. Self-directed support provides opportunities to offer supports which reflect the needs of people who use services. Recognition that increasingly the individual will be the commissioner of future services rather than the NHS or the local authority is required and means that everyone involved needs to think differently about how future services will be offered and accessed.

Unpaid Carers

Unpaid carers have a crucial and increasing role to play in caring for unwell or disabled relatives and friends. Caring responsibilities, however, can lead to significantly poorer health and quality of life outcomes and impact the physical and

mental health of carers as well as their education and employment potential. A new Carers' Strategy was approved by then IJB in 2020 with oversight of implementation being done via a newly formed Carers' Strategy implementation Group.

Develop Community Supports and Capacity

Many community resources and activities already exist across West Lothian but there is a need to do more to ensure that people have as much information as possible about the things on offer and how to access them. People find many benefits from accessing informal community supports which can also reduce reliance on formal services. There is a need to work more closely with Community Planning Partners and the Third and Independent Sectors to ensure that there is focus on early intervention, prevention and reducing inequality.

5. SOME KEY MARKET MESSAGES

Health and social care providers have a critical role to play in responding to the challenges in the social care market and may need to think about reshaping to be able to respond in evolving markets. Some key messages to consider:

Collaborative Working

- Effective partnerships
- Sharing resources
- Pooling resources around service user interests
- Trust and transparency
- Improved outcomes via collaboration

Personalisation

- Maximising independence
- Enabling choice & control
- Outcomes based
- Innovative
- Early intervention/prevention
- Reducing hospital admissions & delays

Community Capacity Building

- Working with community partners and building links
- Enhancing community capacity and opportunities
- Carer networks
- Self-management

High Quality

- Quality assurance
- Evidence based
- Reabling rather than doing
- Ability to demonstrate impact
- Safe, sustainable & consistent
- Right time and right place
- Skilled & adaptable workforce

Information & Advice

- Informal supports
- Early intervention/prevention
- Supporting carers
- Enabling choice and control
- Signposting

Technology

- Share good practice and embed
- Innovation and investment

6. JOINT STRATEGIC COMMISSIONING

The IJB's Strategic Plan identifies a set of principles for commissioning health and social care services in West Lothian focusing on: early intervention, prevention, personalisation, outcomes, quality, partnership working and stakeholder involvement.

In 2020, the IJB approved strategic commissioning plans for all adult care groups which provide the foundation for the direction of travel and delivery of contracts. The commissioning plans incorporate capacity building in communities and more effective prevention and anticipatory interventions to optimise well-being and reduce unnecessary demands on formal health and social care systems. Commissioning plans cover the following areas:

- ❖ Older People
- ❖ Mental Health
- ❖ Learning Disability
- ❖ Physical Disability
- ❖ Substance use
- ❖ Primary Care
- ❖ Palliative Care
- ❖ Unplanned Hospital Care

Joint strategic commissioning plans outline plans for the future at a local level. An important aspect of planning is the linkage of desired outcomes to the investment or disinvestment in services, both internal and external, to secure those outcomes. Engagement with the market is critical to securing the innovation needed to challenge existing systems and commission for the future.

Transformational change programmes are underway which focus on shifting the balance of care from hospital to community settings and will influence how care and support are commissioned in the future.

7. ENGAGEMENT APPROACHES

There is a long history in West Lothian of effective partnership working and engagement with stakeholders and providers. The development of existing and new relationships will be a key part of working together to deliver innovation and change for people living in West Lothian. It is important to acknowledge the current climate and the shift in the way in which the WLHSCP has communicated with stakeholders, providers and partners as a result of COVID19 with more onus on the use of technology. The WLHSCP has adapted to the use of digital tools to support engagement activity and will further capitalise on this moving forward. To facilitate market development, the intention is to work closely with stakeholders and engage and consult through a variety of mechanisms including those outlined below.

| MECHANISMS FOR MARKET FACILITATION AND ENGAGEMENT | |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forums | <p>Forums currently take place regularly to share information and to consult service users, their families and carers, providers and other stakeholders on key developments and commissioning intentions. The forums provide opportunity to build relationships and involve the local market in future developments. Consideration will be given to whether expansion of those arrangements is needed and how providers not currently operating in West Lothian but who may have an interest in developing into the local market can be included. Current Forums include:</p> <ul style="list-style-type: none">• Care at Home Forum• Specialist Care at Home Forum• Care Home Providers Forum• Learning Disability Forum• Senior People's Forum |
| Provider Events | <p>It is recognised that there is a need to share commissioning intentions and procurement plans in a more systematic way with the market. Consideration will be given to the best way of doing this which may be via a large scale event for the market as a whole or via smaller provider events for more specific care groups or developments.</p> |

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct Engagement | There are opportunities throughout the commissioning cycle for providers to engage directly with commissioners to review plans, discuss innovation and stimulate discussion. Commissioners also need to engage directly with providers to understand the barriers to delivering integrated care pathways and where there are vulnerabilities. |
| Commissioning Plan Development | Working groups were established to develop commissioning plans with representation from all stakeholders including: WLHSCP representatives, commissioners, services users, carers and providers. This approach has continued and been built upon in respect of the development of the new strategic commissioning plans for all care groups. |
| Sharing Data and Analysis | Previous commissioning plans were based on independent strategic needs assessments which provided a comprehensive overview of existing arrangement and identified where developments were required. There was extensive stakeholder engagement in the completion of those needs assessments which were used to develop commissioning plans. The WLHCP will continue to update data and analysis and share findings in the course of its work. |
| Research | There will be opportunities to share research across stakeholders and use evidence to inform future models of care. Arrangements currently exist for sharing research information with partner providers and stakeholders through distribution lists and direct engagement. |
| West Lothian Community Planning Partnership | Involving local people in decisions that affect their lives is a key responsibility of the Community Planning Partnership. The Partnership has developed a Community Engagement Plan to support the Local Outcomes Improvement Plan. |
| Engagement with Carers | The critical role of unpaid carers in the development of future services is acknowledged and will be encouraged. Carer representatives are routinely involved in policy development and strategic planning. |
| Culture of Openness and Trust | Openness, transparency and mutual respect are the cornerstone of partnership working. It is recognised that partner providers play an essential part in the achievement of positive outcomes for people and involvement at an early stage of discussions about development will be encouraged and facilitated. |

| | |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workforce Planning | There is a need to work with partners to support appropriate staffing models and encourage forward planning and to achieve delivery of services by an appropriately skilled workforce. Engagement will be through activity associated with the Integration Joint Board's Workforce Development Plan 2018 to 2023. |
| Engage with Other Service Areas | The important role of working in partnership with stakeholders across all sectors cannot be understated. Engagement with colleagues from the housing sector and other services will be developed further to inform future plans. |

More detail on how the WLHSCP engages with partners and stakeholders can be found in the IJB's Communication and Engagement Plan.

8. CONTRACTING

The main areas of contract activity to support the delivery of care and support services during the life of the Market Facilitation Plan are outlined below. Fuller information on transformational change programmes, strategic commissioning priorities and investment activity are detailed in individual commissioning plans.

The global pandemic has seen unprecedented challenges for the health and care sectors. Maintaining stability of existing care and support arrangements during the past year has been vital. Care and support contracts due to end during 2020/21 were reviewed and recommendations were made at an early stage to extend arrangements to ensure continuity of care as well as stability within the sector.

Very positive relationships between commissioners and providers have ensured essential care and support services have continued throughout the pandemic. Building on those relationships moving forward is key to delivering the transformation required.

The following information provides details of the areas of high level contracting activity which are likely to be considered over the next year. Further consideration of the recent impacts on contract activity including key drivers for change will be undertaken post pandemic to enable the Market Facilitation Plan and associated strategic documentation to be updated to reflect changes in local market requirements.

| CARE AT HOME, (Based on current budget provision for Option 3 – £9,500,000) | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | The current contract covers the provision of care at home services, including personal care. The contract enables all framework providers to pick up business West Lothian wide. Challenges with supply in the care at home market have led to additional providers delivering care at home services when the main contract options have been exhausted. Challenges in supply remain, however the process of live matching with known capacity has resulted in a more responsive approach. |
| CONTRACT PERIOD | Contract commenced on 1 st October 2019 for a two year period up until 30th September 2021. There is an option to extend the contract for a further 1 + 1 year (s) until 30 th September 2023 |
| CONTRACT DEVELOPMENT | The current contract structure as well as performance will be taken in to account whilst considering future contractual design. Further consultation and engagement will take place in respect of future contractual requirements taking into account rising unmet need and budget reduction measures associated with West Lothian Council's transformational change programme (Transforming Your Council) in relation to revised eligibility and contributions policies, review of short visits and increased use of technology to support care at home. |
| CONTRACT MANAGEMENT | <p>A dedicated care at home matching resource has been secured within the integrated discharge hub at St John's hospital. This resource enables packages of care to be secured as required from a hospital and a community setting.</p> <p>Contract management is carried out through annual monitoring by the Contracts and Commissioning Team.</p> |

| ADULTS WITH DISABILITY FRAMEWORK (Based on current budget provision - £5,850,000) | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | <p>Delivery is via a framework with 27 providers delivering more specialist types of community based care and support to enable people with a disability to live independently. There are 3 lots: Lot 1 – specialist autism services, Lot 2 – care and support and Lot 3 – care at home. The contract is designed to deliver holistic, outcomes focused services to people living in their own homes within the community.</p> |
| CONTRACT PERIOD | <p>The framework commenced in January 2016 and had been extended to December 2019. The contract was extended further as a result of COVID19 impacts. The contract ends on 30th June 2021 at which time a new framework will have been awarded.</p> <p>The contract period will be from 1 July 2021 - 30 June 2025. However, subject to satisfactory operation and performance, the Council will have the option to extend for up to a further 48 month period.</p> |
| CONTRACT DEVELOPMENT | <p>Contract Development has been undertaken over a 12 month period including provider engagement events as well as wider consultation to inform the new framework due to commence on 1st July 2021. Full consideration has also been taken of development work undertaken by Scotland Excel in respect of the National Supported Living Framework.</p> <p>To improve scope, as of 1st July 2021 there will be an additional Lot added to the Framework which will be for Mental Health and Addictions outreach support.</p> |
| CONTRACT MANAGEMENT | <p>Contract management is carried out through annual monitoring by the Contracts and Commissioning Team. Individual care packages are reviewed by assessment and care management social work teams.</p> |

ACCOMMODATION BASED SUPPORTED LIVING SERVICES

(Budget to be Confirmed)

| | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | A range of contracts exist for the provision of 24 hour support to people in supported accommodation. There is a mixture of block contracts and spot purchase arrangements with a range of providers. |
| CONTRACT PERIOD | Varies from contract to contract. |
| CONTRACT DEVELOPMENT | <p>Capital funding has been secured to develop a housing resource for 16 people with complex care needs associated with learning disability. A delay has been encountered as a result of the impact of COVID 19. Care and support services for this service will now be commissioned during 2021 following engagement with the market. In addition, as outlined within Strategic Commissioning Plans, a review of housing models is ongoing to determine future need, especially for adults with learning disability, physical disability and mental health problems.</p> <p>A remodelling of mental health provision within West Lothian is ongoing which will change the delivery models moving forward including a revised model for supported accommodation.</p> <p>There is a need for future models to maximise the use of technology, and for funding models to take account of budget measures.</p> <p>Budgets will be confirmed as part of the Commissioning Plan Development.</p> |
| CONTRACT MANAGEMENT | Placements are made by social work assessment and care management teams and contracts are monitored by the Contracts and Commissioning Team |

| OLDER ADULTS RESIDENTIAL CARE (Based on current budget provision – £16,600,000) | |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | Placements within care homes in West Lothian are done under the National Care Home Contract. Placements are made in accordance with individual needs based on social work assessment. The terms and conditions of the contract are set nationally and apply to all West Lothian placements. |
| CONTRACT PERIOD | There is negotiation nationally on an annual basis regarding the terms of the contract, with national agreement on fee increases. |
| CONTRACT DEVELOPMENT | Consideration needs to be given to future models of care and the capacity required to ensure there is flow across the entire health and care system. |
| CONTRACT MANAGEMENT | The Contracts and Commissioning Team has oversight of the National Care Home Contract and monitor performance. Scotland Excel provides support at a strategic level. Individual placements are reviewed by social work teams responsible for assessment and care management. |

| ADULTS RESIDENTIAL CARE (Based on current budget provision - £10,000,000) | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | Residential places for adults with learning disability, physical disability and mental health problems are secured in the main on a spot purchase basis although there are some long standing block contracts in place. |
| CONTRACT PERIOD | Vary from contract to contract |
| Scotland Excel's framework for | There is a commitment to moving towards locally based housing models of care in West Lothian for all adults for whom it is appropriate. There is recognition, however, that for some people residential care will be the preferred option and a review of how those services are commissioned is required, especially out of area placements. Work is underway to review care provision and existing rates to provide a more streamlined and consistent approach to contracting and pricing. Scotland Excel's framework for learning disability residential care services provides an opportunity to commission care under Scotland Excel terms and conditions where appropriate. Gaps in local provision are known to exist for adults with physical disabilities and learning disabilities and will be the subject of future engagement. |
| CONTRACT MANAGEMENT | Block contracts are monitored on an annual basis by the Contract & Commissioning Team. Spot purchase contracts are monitored and reviewed by social work care management teams. |

| DAY SERVICES FOR OLDER PEOPLE (Based on current budget provision – £910,000) | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | <p>There are contracts in place to provide 5 day care centre for older people.</p> <p>The service takes a person-centered approach to care and support. Older people have access to opportunities for learning and socialisation. The service aims to enable people to be independent and active for as long as possible whilst engaged in meaningful activities within their local communities.</p> |
| CONTRACT PERIOD | February 2016 to March 2019. A one year extension had been granted to end of March 2020. A further extension was awarded due to the impact of COVID 19 extending the contract until 30 th September 2021. |
| CONTRACT DEVELOPMENT | A review of day care services for older people is underway to consider future models of support. |
| CONTRACT MANAGEMENT | Placements are made by social work assessment and care management teams with the support of an Older People Day Care Allocations Group. Contracts are monitored by the Contracts and Commissioning Team |

| DAY SERVICES FOR ADULTS WITH A DISABILITY (Based on current budget provision – £531,000) | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | <p>The majority of day services for adults with a disability are provided by internal council services. There are also arrangements in place for purchasing day services for individual people from externally commissioned sources. Those services are commissioned mainly on a spot purchase basis but there are some long standing block arrangements in place.</p> |
| CONTRACT PERIOD | Block funding arrangements are subject to annual review. Individually purchased services do not have an end date. |
| CONTRACT DEVELOPMENT | West Lothian Council's transformation change programme proposed budget reduction measures in relation to adult day services. The measures include a commitment to rationalising day services for adults while retaining 3 existing council owned day centres. The programme will determine the approach to commissioning day services in the future. |
| CONTRACT MANAGEMENT | Contracts monitored by the Contracts and Commissioning Team |

INDEPENDENT ADVOCACY SERVICES

(Based on current budget provision – £344,117)

| | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT DESCRIPTION | <p>There are contracts in place to provide Independent advocacy services</p> <ul style="list-style-type: none"> • Independent advocacy for adults with learning Disabilities. • Independent advocacy for older people/ those with a physical disability. • Independent advocacy for those with Mental health issues. • Unpaid carers advocacy. <p>Independent advocacy services focus on support to enable people to have their wishes heard, make their own choices and take control of their own lives. Independent advocacy plays an important role in supporting people to express their view and in providing a source of support which gives them confidence to speak out. Advocacy is vital in nurturing trust and supporting people effectively to ensure their views are taken into account and that they are heard. It should also provide an environment in which they can raise any concerns they may have with their advocate confident in the knowledge that there are no conflicts of interest.</p> |
| CONTRACT PERIOD | Contracts have been in place from April 2018 to March 2021, however an additional year's extension to 31 st March 2022 was granted due to the COVID 19 pandemic |
| CONTRACT DEVELOPMENT | A review of all Independent advocacy services will be carried out prior to a tender process which is due late summer 2021. |
| CONTRACT MANAGEMENT | Referrals are made by care management teams and other professional services / organisations /family or friends who support those in the above groups |

More detailed contractual activity can be found within the Strategic Commissioning Plans for each client group area. These can be found via the links below:

<https://coins.westlothian.gov.uk/coins/submissiondocuments.asp?submissionid=44881>

ADP - <https://coins.westlothian.gov.uk/coins/submissiondocuments.asp?submissionid=46313>

9. CONCLUSION

This document provides an overview of how engagement will take place with the health and social care market place in West Lothian to deliver future services.

This is a time of unprecedented change and whilst there are very firm foundations upon which future practice can be built, it is clear that commissioners and providers will need to work closely and differently to bring about the significant change that is required.

Key to achieving positive outcomes for the people of West Lothian is a commitment from all to working in partnership to achieve more integrated and seamless care solutions which focus on early intervention and enable people to live well at home for as long as possible. It is also clear that the use of digitalisation and the use of technological solutions will assist in forming the foundations for long term sustainable solutions to the delivery of health and social care services.



| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 14 |

Report to West Lothian Integration Joint Board

Report Title: Equality Mainstreaming Report and Equality Outcomes 2021 – 2025

Report By: Chief Officer

| Summary of Report and Implications | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input checked="" type="checkbox"/> |
| | - is to provide assurance <input checked="" type="checkbox"/> |
| | - is for information <input type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| This report seeks agreement from the Board to publish its Equality Mainstreaming Report and Equality Outcomes for 2021 – 2025, and presents to the Board the results of the recent consultation. | |
| Recommendations | <ol style="list-style-type: none"> 1. Note the requirement for public bodies to develop and publish equality outcomes and to report on them every two years alongside an equality mainstreaming report; 2. Note the Board must set new equality outcomes in April 2021 for the next four years; 3. Note the approach taken to developing the draft equality outcomes and alignment to the commission plans and performance reporting; 4. Note the results of the consultation on draft equality outcomes; 5. Agree the publication of the IJB Mainstreaming Report and Equality Outcomes for 2021 – 2025. |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | Equality Outcomes will be delivered within existing resources. |
| Policy/Legal | Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instructions and guidance |

| | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies to develop and publish an equality mainstreaming report and equality outcomes and to report on progress every two years. |
| Risk | Minimal if compliant with relevant |
| Equality, Health Inequalities, Environmental and Sustainability Issues | The report has been assessed as relevant to equality and the Public Sector Equality Duty but does not propose a change in policy or resources. The consultation was carried out in accordance with the Communication and Engagement Strategy, which sets out how the IJB inclusively engages with its stakeholders. |
| Strategic Planning and Commissioning | Outcomes have been closely aligned to the commissioning plans for physical disability, learning disability and older people, as well as to the Communication and Engagement Strategy. |
| Locality Planning | N/A |
| Engagement | The IJB strategic plan and commissioning plans were developed through extensive engagement with local communities, service users and patients, clinicians, practitioners, carers and other stakeholders. West Lothian IJB took account of the requirements for mainstreaming equality by aligning its equality outcomes with the strategic plan outcomes and commissioning plans. The draft outcomes were prepared following discussion at the Strategic Planning Group and the IJB Development Session on 19 November 2020. |

| Terms of Report | |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Legislative Context |
| 1.1 | The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies to develop and publish an equality mainstreaming report, which sets out what West Lothian IJB is doing and what it plans to do to mainstream equality, and a set of equality outcomes and to report on progress against them every two years by 30 April. |
| 1.2 | The Board previously set its Equality Outcomes in April 2017 for the period of April 2017 to April 2021 bringing the IJB into the same reporting cycle as its parent bodies, NHS Lothian and West Lothian Council. Progress on these outcomes was reported to the Board in April 2019. |
| 1.3 | The Board is required to submit a final progress report against these outcomes by 30 April 2021. It is also required to agree and publish a new set of outcomes for 2021 – 2025. |
| 1.4 | The Equality Mainstreaming Report and Equality Outcomes 2021 – 2025 is attached for approval for publication at Appendix 1. |
| 2 | Developing Equality Outcomes |
| 2.1 | An equality outcome is a result which a public body aims to achieve in order to further one or more of the three needs of the general equality duty, to eliminate discrimination, advance equality of opportunity and foster good relations. |
| 2.2 | By focussing on outcomes rather than objectives, this specific duty aims to achieve practical improvements for those who experience discrimination and disadvantage, in particular those who |

| | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | share a protected characteristic. In practice, it is helpful to think of equality outcomes as results intended to achieve specific and identifiable improvements in people's life chances. |
| 2.3 | <p>The protected characteristics, as defined by the Equality Act 2010 are:</p> <ul style="list-style-type: none"> • age • disability • gender reassignment • marriage and civil partnership • pregnancy and maternity • race • religion or belief • sex • sexual orientation |
| 2.4 | When preparing equality outcomes, the Board must consider evidence related to people who share a protected characteristic in order to set equality outcomes which are likely to make the biggest difference in tackling inequality within the organisation's sphere of influence. |
| 2.5 | The Board must also take reasonable steps to involve people who share a relevant protected characteristic and anyone who represents the interests of those people. The IJB has already engaged extensively with stakeholders to develop its Strategic Plan and its commissioning plans for older people's services, physical disability, learning disability and alcohol and drug services. |
| 2.6 | The approach to developing the new equality outcomes is set out in detail on page 18 of the report. This approach aligns the IJB's Equality Outcomes with the action plans for each of the commissioning plans for Learning Disability, Physical Disability and Older People, and ensures progress monitoring is embedded in the current performance reporting process. |
| 2.7 | Three outcomes are proposed, recognising that inequalities, in particular, health inequalities, is central to the work of the IJB and recognising the influence that the IJB has in planning and commissioning services for those with protected characteristics, in particular people with disabilities and older people. |
| 3 | Public Consultation |
| 3.1 | The Board draft Equality Outcomes for consultation at its meeting of 19 January 2021. An eight-week consultation period on the draft outcomes commenced from Monday 8 February until Sunday 4 April. |
| 3.2 | The consultation included an online survey promoted by social media, circulation via the IJB's networks and service user/patient forums as well as any community groups currently active, though they won't be meeting in person. Efforts were made to seek the views of those who would be impacted by the outcomes including those with disabilities, older people and those that can represent their view such as carers and service providers. |
| 3.3 | The responses were positive, with 14 of 15 respondents indicating that they agreed with the draft outcomes. A full analysis of the comments is included on page 20-21 of the report. |
| 3.4 | This report seeks approval to publish the Equality Mainstreaming Report and Equality Outcomes 2021 – 2025 before the statutory deadline of 30 April. |

| | |
|-------------------|--------------------------------------------------------------------|
| Appendices | 1. Equality Mainstreaming Report and Equality Outcomes 2021 – 2025 |
|-------------------|--------------------------------------------------------------------|

| | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| References | Equality Mainstreaming Report and Equality Outcomes 2017–2021 and Progress Report April 2019 West Lothian IJB Strategic Plan and Commissioning Plans West Lothian IJB Communication and Engagement Strategy Meeting of Integration Joint Board on 19 January 2021 |
| Contact | Lorna Kemp, Project Officer lorna.kemp@westlothian.gov.uk 01506 283519 |



**West Lothian Integration Joint Board
Equality Mainstreaming Report and Equality
Outcomes 2021 – 2025**

April 2021

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INTRODUCTION

This report sets out the approach of West Lothian Integration Joint Board (IJB) in making the public sector equality duty integral to its functions and the approach that it considers will enable it to ensure that duty is met. The first section of the report reflects on progress towards mainstreaming equality between 1 April 2019 and 31 March 2021.

The report will also set out the IJB's Equality Outcomes for 2017 – 21 and will reflect progress towards these as we set new Equality Outcomes for 2021 – 25.

The IJB's Strategic Plan addresses our vision to increase wellbeing and reduce health inequalities across all communities in West Lothian. The main challenges to improving health in West Lothian are the ageing population, persistent health inequalities, the continuing shift in the pattern of disease towards long term conditions and growing numbers of people with multiple conditions and complex needs.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, we are strongly committed to the development of a preventative outcomes-based approach, with an emphasis on effective early interventions to tackle social inequalities and improve wellbeing in communities. To this end our strategy focuses on prevention, early intervention and collaborative working to ensure services are planned, co-ordinated and evaluated on the delivery of outcomes; and resources are targeted to achieve the greatest impact on those most in need.

The IJB Strategic Plan is clear that equality will be at the heart of everything that we do as a partnership, including how we will take into account the protected characteristics in the planning and commissioning of health and social care services. These protected characteristics are:

- Age
- Disability
- Gender Re-assignment
- Marriage and civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex (formerly known as gender)
- Sexual orientation

Legislative context

This report is produced in compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The Public Sector Equality Duty set out in s149 of the Equality Act 2010 places an obligation on public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different groups and
- foster good relations between different groups.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place specific equality duties on public authorities, including the Integration Joint Board

Not all of the duties are relevant as the Integration Joint Board is not an employer. The specific duties which are relevant to note include:

- reporting on the mainstreaming of the equality duty
- agreeing and publishing equality outcomes and
- assessing and reviewing policies and practices.

The Specific Duties require that all Scottish public authorities must publish a report on mainstreaming equality and identify a set of equality outcomes. This is subject to being reviewed every two years within its four year cycle. The Integration Joint Board's equality reporting timescales are in line with West Lothian Council's and NHS Lothian's.

Health and Social Care Integration Context

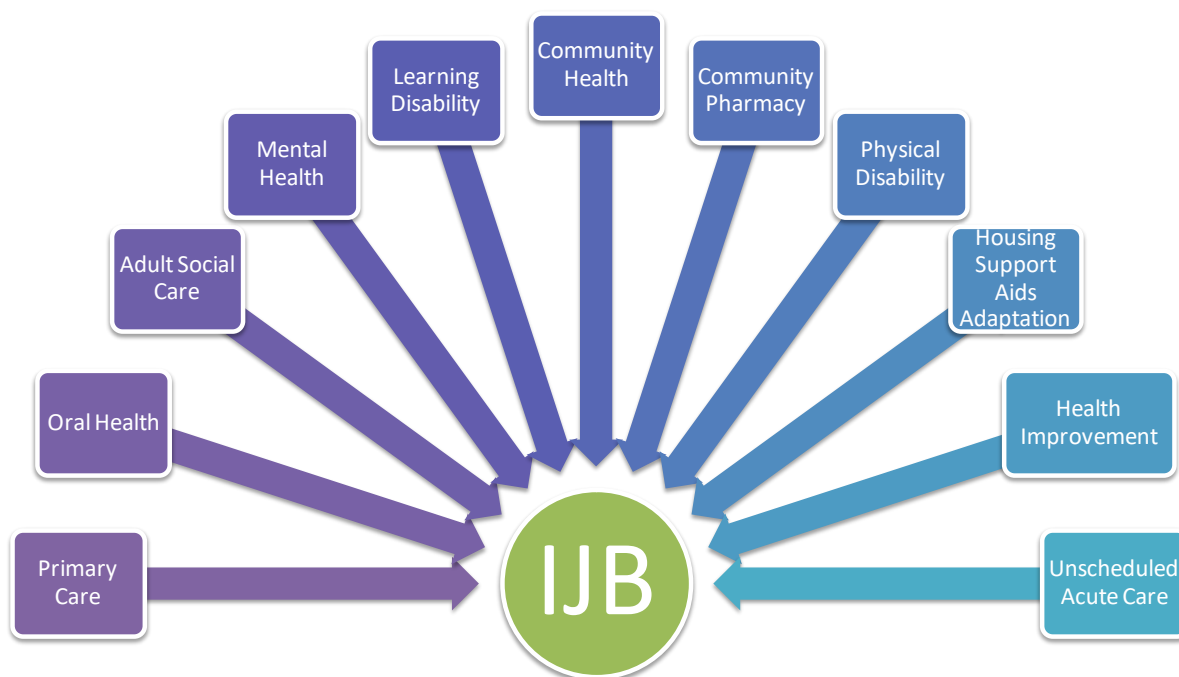
The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate health and social care functions to an Integration Joint Board where that partnership has agreed to utilise a body corporate model.

This is the most significant reform to Scotland's National Health Service and social care service in a generation. The purpose of integrating these services is to improve the health and wellbeing outcomes of people.

NHS Lothian and West Lothian Council have chosen to integrate services through the establishment of West Lothian Joint Integration Board.

From 1st April 2016, West Lothian Joint Integration Board became responsible for planning, commissioning and overseeing the delivery of integrated health and social care.

The functions that are delegated to the West Lothian IJB are set out in an [Integration Scheme](#) and are illustrated below:



Benefits of Mainstreaming Equality and Diversity

The Equality and Human Rights Mainstreaming Guidance identifies that mainstreaming the equality duty has a number of benefits including:

- Equality becomes part of everything we do, within our structures, behaviours and culture
- We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality
- Mainstreaming equality contributes to continuous improvement and better performance.

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. It requires the integration of equality into day-to-day working, taking equality into account in the way we exercise our functions.

The IJB has recognised its equality duties in the preparation of its [Strategic Plan for 2019 – 2023](#), which has been informed by a strategic needs assessment to provide a fuller picture of the profile of the local population. The IJB built upon this with the publication of [commissioning plans](#), which set out how the IJB will commission services to meet its strategic priorities and ensure better outcomes for the people of West Lothian.

Finally, the IJB's new [Communication and Engagement Strategy](#) sets out how the IJB intends to engage with its stakeholders to gain a better understanding of the needs of its communities, including those who share protected characteristics, to inform its future plans.

MAINSTREAMING EQUALITY

Partnership working

The IJB Strategic Plan was developed through extensive engagement with our local communities, service users and patients, clinicians, practitioners, carers and other stakeholders. The plan was subject to an Integrated Impact Assessment (IIA).

We are fully committed to working with individuals, families, local communities, staff and our community planning and other partners to make effective use of all of our resources. To do this, the expertise, knowledge and skills of colleagues, along with input from service users, providers and other stakeholders, will all help to drive new and more innovative ways of working at a local level.

This includes working with community planning partners to address underlying social inequalities that result in health inequalities.

The IJB is committed to ensuring active participation of stakeholder groups in its decision-making process. The IJB membership includes representatives of the voluntary sector, service users, carers and health and social care staff.

Strategic Vision

The Strategic Plan for 2019-23 sets out how health and social care services will be delivered in a more integrated way to improve the quality of support for people who need them and deliver the national health and wellbeing outcomes.

West Lothian faces a growing and ageing population over the lifetime of this plan and beyond with our population is growing faster than the Scottish average. Growth in the older population will be the most significant with the 65-74 age groups increasing by 34.8% and persons aged 75 and over increasing by 119.7%.

Over a third of people in West Lothian are living with one or more long term conditions which affects their wellbeing and the number of people providing unpaid care in the community has increased significantly in recent years. In addition, there are significant differences in health outcomes between some communities with an 8-10 year gap in life expectancy between the most deprived and least deprived areas.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, we are strongly committed to the development of a preventative outcomes-based approach, with an emphasis on effective early interventions to tackle social inequalities and improve wellbeing in communities.

The Strategic Plan focuses on prevention, early intervention and collaborative working to ensure services are planned, co-ordinated and evaluated on the delivery of outcomes; and resources are targeted to achieve the greatest impact on those most in need and to achieve the IJB's vision:

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

Review of Strategic Planning Structure

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

At the same time, there was consensus that the locality planning process in place had significant overlap with other areas such as community planning and regeneration and it was felt that resources could be better used in developing more cohesive and comprehensive community plans rather than each service developing their own plans with similar priorities.

At its meeting of 21 January 2020, the IJB agreed a new Terms of Reference for the SPG, adding responsibility for locality planning to its remit. The membership now includes representation from Community Planning, Economic Development and Housing. The SPG increased its service user representation from both the East and West of West Lothian and the Terms of Reference allow for further representation to be sought from the Third Sector.

Communication and Engagement Strategy

A new [Communication and Engagement Strategy](#) was approved by the IJB in January 2020. The strategy will be used by Health and Social Care staff when planning and delivering communication and engagement activities associated with its work and aims to support better understanding across stakeholders and communities of integration.

The agreed strategy commits to making communication, participation and engagement equally accessible to all through a range of measures.

The IJB maintains its commitment to holding meetings of the Integration Joint Board, its committees and Strategic Planning Group in accessible public buildings and to making meeting papers available five days before the meetings.

Since March 2020, meetings have been held online due to the ongoing COVID-19 pandemic.

COVID-19 has impacted the implementation of the strategy, which includes commitments to "increase awareness in all stakeholder groups, public and professional, of the IJB's priorities and the work of the partnership; provide consistent, accessible information through a range of channels, taking account of different needs and ability to access information online; and develop robust two-way communication channels that gives everyone the opportunity to engage in decisions that affect them.

The IJB has committed to reviewing progress against the strategy on an annual basis including its impact on stakeholders.

Strategic Commissioning Plans

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

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

The themes which emerged from the consultation and engagement were translated into action plans to support new commissioning plans covering the period 2019 to 2023.

This engagement built on extensive local needs assessments and other relevant local or national strategies

The needs assessments involved:

- analysis of data based on the population, including demographic trends, health status and risk
- wide consultation with the public through surveys, focus groups, etc.
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland

This process insures that services commissioned are based on the needs of the population with a strong focus on data and consultation with those who the service will impact.

Impacts of COVID-19

The COVID-19 pandemic has further highlighted the inequalities in our communities.

The Strategic Planning Group at its meeting of 30 July 2020 held a workshop with members to reflect on their experience of responding to the COVID-19 pandemic with further discussion at the following meeting in September. This was used by planning and commissioning boards and the SPG to consider whether strategic priorities in each of the commissioning plans needed to be changed as a result of the reflections to ensure that we continue to strive for the best outcomes for our communities including people with protected characteristics such as older people, people with disabilities or people with long term health conditions, who might be more greatly impacted by the changes to provision that have sometimes been necessary due to COVID-19.

Monitoring and recording

Consultation and Engagement

Processes are available within partner bodies which enables monitoring and recording of the profile of people attending general consultation and engagements events. Completion of an equalities monitoring form has been encouraged to maintain and develop our understanding of the local population involved in engagement events.

Service delivery

Understanding how different people use our services is an important step in mainstreaming the Equality Duty in our service delivery functions. We are aware that gathering and using evidence is crucial to gaining this understanding. This information is currently collated by partner bodies and will continue to be so.

Integrated Impact Assessment

As a public body we are required to assess the impact of our decisions, changes to policies and practices and services against the requirements of the public sector equality duty

The integrated impact assessment process is a way of examining new and existing policies, strategies, and changes or developments in service provision to assess what impact, if any, they are likely to have. In doing this we will consider the evidence of that impact on those who share a protected characteristic including feedback from consultation or engagement received from people sharing that characteristic.

Our legal requirement to do this covers only those individual characteristics identified in the Equality Act. However, in West Lothian, we recognise that these categories are only one element of the inter-related determinants of health, social care and life experience. We have reflected this in our impact assessment process by including categories to reflect the cross cutting issues which may affect people including poverty, homelessness, carers etc.

The standard report template for the IJB and its associated committees and groups includes a section on whether an Integrated Impact Assessment has been completed on that particular occasion.

Mainstreaming Duty and Employment

The IJB is not an employing body and therefore is not subject to this duty. It can, however, commit to ensuring that its parent bodies meet their obligations under the Public Sector Equality Duty in relation to those functions which are delegated.

Both NHS Lothian and West Lothian Council publish mainstreaming reports, policy statements on equal pay and employment monitoring data as required by the Specific Duties (Scotland) Act. These can be accessed here:

[NHS Lothian](#)

[West Lothian Council](#)

EQUALITY OUTCOMES

In setting equality outcomes for the IJB consideration was given to the work done to develop local outcomes for the IJB Integration Scheme and the Strategic Plan. These local outcomes are aligned to the National Health and Wellbeing outcomes and are relevant to all of the protected characteristics.

Reducing inequalities, in particular, health inequalities, is central to the work of the IJB.

In this section of the report, the IJB sets out its progress against the Equality Outcomes for 2017-21 and publishes its new Equality Outcomes for 2021-25.

A progress report on the new outcomes will be published in April 2023.

NHS Lothian and West Lothian Council

Both NHS Lothian and West Lothian Council published existing Equality Outcomes and Mainstreaming Reports and have reviewed the progress towards these.

In developing the IJB equality outcomes, there was the need to reflect the existing equality outcomes for each partner organisation to ensure that there is an element of consistency.

The equality outcomes for each organisation are available online:

[NHS Lothian](#)

[West Lothian Council](#)

Progress against Equality Outcomes 2019 - 2021

The following table is a final progress report against the outcomes published by the IJB for the period of April 2017 to April 2021.

The IJB acknowledges that it could always do more to better and more inclusively engage with its stakeholders.

Following on from the recent publication of the new Communication and Engagement Strategy, we will be rolling forward Outcome 2: “People with protected characteristics are directly able to influence the way in which IJB commissioned services are planned and delivered”, into the new outcomes for 2021-25.

Outcome 1: Effective Leadership to ensure IJB governance, plans and decisions take account of the diversity of needs and characteristics of the community

Activities:

- ✓ Ensure that the emphasis on equality and diversity is connected from the strategic level through to the operational level.
- ✓ Ensure that all managers give clear and consistent messages on the importance of the Public Sector Equality Duty.
- ✓ Equality and rights will be incorporated into the regular performance reporting to the IJB.
- ✓ The IJB integrated workforce strategy will pay due regard to equality and diversity.

| Outputs | Progress |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Development sessions on equality and diversity offered to all board members | Outstanding, however, on consulting IJB members, a majority receive training through their employer/corporate body. |
| All relevant policies / procedures / allocations of resources are impact assessed | All new policies, procedures and service changes should be subject to Integrated Impact Assessment to ensure no protected group is disadvantaged by any change implemented. The standard report template for the IJB has a section that must be filled in stating whether or not an assessment has been carried out. The new template, approved in January 2021, requires the author to summarise the outcome of an IIA. We will continue to monitor the conducting of Impact Assessments and recognise that this is an area where consistency could be improved. |
| Performance measures include all protected characteristics | The commitments within our Strategic Plan are designed to engender a culture which promotes equality, values, diversity and protect human rights and social justice and tackles discrimination. Our Workforce Development Plan includes a commitment to be inclusive employers of a diverse workforce by ensuring recruitment opportunities are accessible to all groups and providing appropriate training and awareness raising of different equality areas. Our Workforce Development Plan commits us to examining opportunities for Positive Action in recruitment to increase number of employees employed with protected characteristics in terms of the Equality Act. |
| All relevant staff receive equality and diversity training | Equality and Diversity training is mandatory for employees of both the council and NHS Lothian. Council employees now receive this training as part of their induction. |

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| <p>All managers have an annual performance review and personal development plan that includes an equality and diversity aspect</p> | <p>In NHS Lothian, all posts covered by Agenda for Change will each have a Knowledge and Skills Framework Post Outline that describes the knowledge and skills required by the post-holder. Under this framework, there are six core dimensions that apply to all posts, one being Equality and Diversity. In West Lothian Council's core competencies framework, core behaviours relating to diversity are present from Team Leader/Manager level to Depute Chief Executive level and include promoting the benefits of diversity and challenge discrimination, prejudice and bias, and using the diversity within teams creatively to optimise customer outcomes.</p> |
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Outcome 2: People with protected characteristics are directly able to influence the way in which IJB commissioned services are planned and delivered

Activities:

- ✓ Ensure that needs assessments take account of emerging needs, such as the needs of asylum seekers and refugees.
- ✓ Utilise the knowledge, experience and information held by all partners, including local people and those with protected characteristics, to ensure that all people are able to fully participate in locality planning on an equal footing and without discrimination.
- ✓ Ensure that locality planning assists organisations, including those which represent people with protected characteristics, to participate.

| Outputs | Progress |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communications about participation from the IJB and its parent bodies are accessible to all | In our recent consultations, communications were issued to a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers. Hard to reach groups and equality forums were contacted directly and support to take part was offered. All consultation documents had contact details for respondents to request them in a different format. Improvements could be made on how immediately accessible communications are, for example, Easy Read documents being produced as standard. This action will be rolled forward as part of the new outcomes for 2021-25. |
| Those who will be impacted by any particular service are consulted at the planning stage | The council carried out the Transforming Your Council consultation at the planning stage of service redesign and budget setting. NHS Lothian has appointed a Public Involvement and Engagement Manager who is tasked with engaging the public at the early planning stages of service redesign. In addition, stakeholders representing Carers, the third-sector, and service users sit on the IJB as non-voting members. A wide range of stakeholders sit on the IJB's Strategic Planning Group and its planning and commissioning boards and they are encouraged to circulate information and consultation to their own networks. In addition, 77% percent of adults supported at |

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| | home agreed that they had a say in how their help, care or support was provided in 2017/18. |
| Engagement activities are varied and inclusive | The IJB has published a new Communication and Engagement Strategy, which sets out a framework for inclusive engagement and methods available to staff across the health and social care partnership. This is an area that could be improved and will be rolled forward into the new outcomes for 2021-25. |
| A wide range of equality forums/individuals engage with the IJB covering all protected characteristics | Further work is required to monitor the demographics of people who engage with us with a view to targeting those who do not engage as much in a more focused way. For those who answered the question relating to a particular characteristic as part of the IJB's consultation on its Strategic Priorities, the majority of respondents identified as female at just under 69%, White Scottish (78.5%) or White British (15.4%) with 66% of being aged between 35 and 64. 26% of respondents indicated that they considered themselves to have a disability and the majority of these indicated that this was a long-standing illness or other health condition. Almost 49% of respondents had no caring responsibilities, 33% cared for children under 18 and 15% had other caring responsibilities. |

Outcome 3: IJB commissioned services are accessible, appropriate and inclusive to the needs of all, with no barriers which can limit access for those with protected characteristics

Activities:

- ✓ Ensure that needs assessments and subsequent care group commissioning plans take account of the needs of people and those with protected characteristics.
- ✓ Ensure that locality plans support the needs of people with protected characteristics, to participate.

| Outputs | Progress |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Services are provided in accessible buildings | NHS Lothian and West Lothian Council have a duty under the Equality Act to make their services accessible. Where a certain need is identified, for example, specialist equipment for bariatric patients, adaptations are made to accommodate the patient. Where new buildings are installed, people with disabilities are consulted to ensure access issues are taken into account. |
| Services are accessible to asylum seekers, refugees and those who do not speak English | Both NHS Lothian and the Council provide a range of communication supports including interpreters and translations/alternative formats for communications. NHS Lothian also employ specialist staff. |
| Communications about services from the IJB and its parent bodies are accessible to all | In our recent consultations, communications were issued to a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers. Hard to reach groups and equality forums were contacted directly and support to take part was offered. All consultation documents had contact details for respondents to request them in a different format. Improvements could be made on how immediately accessible communications are, for example, Easy Read documents being produced as standard. This action will be rolled forward as part of the new outcomes for 2021-25. |
| Health and Social Care website provides information on a wide range of services | A new Health and Social Care Partnership website was launched in Summer 2019. It aims to be much more user friendly and the layout of the website reflects the kind of help people are looking for so that the information they access is specific to their individual needs and concerns. |

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| <p>Services are accessible to all who need them</p> | <p>The Council, from whom the IJB commission services, changed its eligibility threshold for social care and carer support to substantial and critical, in line with the rest of Scotland. This ensures that the most vulnerable people in West Lothian can continue to be provided with the support they require. Anyone assessed as having low or moderate needs will be signposted to the most appropriate support. The transformational change programmes aim to improve access to services and make care more joined-up and seamless whilst signposting to other services where appropriate.</p> |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Outcome 4: Awareness and understanding of the challenges and needs faced by those with protected characteristics is raised

Activities:

- ✓ Raise awareness and ensure that care group commissioning plans address particular needs such as autism, mental health, dementia, LGBT and older people services.
- ✓ Ensure that all customer-facing staff are best-equipped to provide a high standard of service for a wide range of needs.

| Outputs | Progress |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health and Social Care website provides information on the challenges and needs of those with protected characteristics | The Health and Social Care website is currently being refreshed. The new website aims to be much more user friendly and the layout of the website reflects the kind of help people are looking for so that the information they access is specific to their individual needs and concerns. |
| Data on equality and all protected characteristics is shared and made available to the workforce | For those conducting impact assessment, extensive guidance is available and there are multiple public resources such as Information Services Scotland (ISD), though more effort could be made to signpost staff to these resources. |
| Data on equality and all protected characteristics is utilised when conducting needs assessments | The Integrated Impact Assessment tool requires data on equality and protected characteristics must be used to evidence the outcome of the assessment. |
| All customer-facing staff are trained in the Teach-Back method. | Not progressed. |

Setting Equality Outcomes for 2021 – 2025

Approach

In drafting these equality outcomes, we looked at the vast amount of work already done to develop the IJB's Strategic Plan and commissioning plans. Reducing inequalities, in particular, health inequalities, is central to the work of the IJB and we have already engaged extensively with our stakeholders to develop commissioning plans for older people's services, physical disability, learning disability and alcohol and drug services.

A wide range of engagement activities took place from August through to mid November 2019 across all four plans to seek views directly from service users, carers and families, staff, service providers and other stakeholders. Engagement activity was tailored to each care group and involved commissioning leads attending network groups, face to face meetings and workshops. Two public engagements events were held covering all the commissioning plans. Information about the public events was circulated widely within networks, posted on West Lothian Council's social media pages and shared with service providers, community centres, contacts and projects throughout West Lothian. Consultation also took place with all representatives of the IJB's Strategic Planning Group.

The draft equality outcomes were informed by this extensive engagement work and are directly aligned to our Communication and Engagement Strategy and to the commissioning plans for older people's services, physical disability and learning disability.

Embedding Equality in Performance

Going forward, the IJB intends to integrate the progress monitoring of the equality outcomes with the IJB's performance report. This approach will ensure that the actions required to fulfil our equality outcomes are prioritised as part of the established planning and commissioning process, and progress will be closely monitored over the next four years.

Work is currently ongoing to develop an integrated suite of performance indicators for the health and social care partnership. Measures of the IJB equality outcomes will be included in this new framework with new indicators developed as appropriate.

A fuller update on integrating our equality outcomes with our new framework for performance will be provided in the April 2023 progress report.

Consultation

The IJB agreed to consult on three draft outcomes, which it believes will help some of the most disadvantaged of those we plan and commission services for:

1) People with protected characteristics are directly able to influence how the IJB plans and commissions services

2) Adults with a disability are supported and empowered to access their community safely

3) Older People are supported and empowered to keep well and live in a homely setting for as long as possible

The consultation period ran for 8 weeks from Monday 8 February to Sunday 4 April and included a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing, third sector providers, community councils and forums. An effort was made to reach those who would be impacted the most by these outcomes through the Learning Disability Forum, Physical Disability Forum and Older People's Forum. It was also cascaded to the West Lothian Race Forum and Faith Group.

The Strategic Planning Group and the Health and Wellbeing Partnership also received the consultation for circulation to members' own networks. It was also publicised on the partnership and the council's social media.

An Easy Read document was also produced and circulated.

The survey could be accessed online using Survey Monkey via the West Lothian Health and Social Care Partnership's website.

It is recognised that due to COVID-19, we were unable to meet and engage with groups in person so digital exclusion may have been a barrier. A contact email was provided for those requiring any assistance.

Response

There was a total of 15 respondents.

The survey asked, "Do you agree with the draft IJB Equality Outcomes proposed for 2021 – 2025"?

14 respondents said YES.

1 respondent said NO.

Responses to the further survey questions are set out below.

| QUESTION | COMMENT | OUR RESPONSE |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If not, please explain why? | It is important to give focus on each of the protected areas of the Equality Acts. | When preparing equality outcomes, the IJB must consider evidence related to people who share a protected characteristic in order to set equality outcomes which are likely to make the biggest difference in tackling inequality within the organisation's sphere of influence. We believe that the outcomes reflect those areas of inequality that the IJB has the power to influence through the strategic commissioning of services and the potential to make the biggest impact. |
| | For Race - it is important to ensure those from BAME group are represented and actively engaged. This is lack of details about it. | <p>The detail of how the IJB intends to engage with its stakeholders are contained within the Communication and Engagement Strategy.</p> <p>The IJB strives to continuously improve how it engages with our communities. We will take the following actions:</p> <ul style="list-style-type: none"> • Review our communication and engagement strategy to ensure that there is a focus on engagement with the BAME community and representation of the BAME community in IJB communications • Improve our equality monitoring process so that we know who we are not engaging so well with in order to improve how we engage with those who share a protected characteristic <p>We will include these actions in Equality Outcome 1.</p> |
| Do you have any other comments? | As the West Lothian Community Race Forum we don't believe this is | When preparing equality outcomes, the IJB must consider evidence related to people who share a protected characteristic in order to set equality outcomes which are likely to make the biggest difference in |

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| | <p>a reflection and the IJB Equality Outcome isn't robust and deep.</p> | <p>tackling inequality within the organisation's sphere of influence. We believe that the outcomes reflect those areas of inequality that the IJB has the power to influence through the strategic commissioning of services and the potential to make the biggest impact.</p> <p>We believe the proposed outcomes reflect the nature of the IJB as a strategic commissioning body rather than a provider of services.</p> |
| | <p>Not a criticism, just a comment re Wards 17 and 3 in SJH - Adult psychiatry and Psychiatry for Older People. There has been an aim to eventually designate Ward 3 as a ward for dementia so that it didn't have the mix of dementia and nondementia patients and there wasn't the distinct cut off according to age. I hope that the intention is still to do work towards that.</p> | <p>That is correct. We continue to look at how those who require admission due to a possible or confirmed diagnosis of Dementia are assessed in the most appropriate ward (Ward 3). In keeping with Mental Welfare Commission Guidance on Older People's Functional Mental Health Wards in Hospitals, which clearly identifies the need for two separate admission areas, further work is being undertaken to identify a resolution to provide the most appropriate admission setting for those experiencing Functional Mental Health illness (non-Dementia).</p> <p>Work will commence later this year to explore specific dementia models to meet long-term complex dementia needs, with reference to Alzheimer Scotland - 'Transforming Specialist Dementia'. This work will start with the mapping of existing care pathways and services.</p> |
| | <p>Ann likes the outcomes the council has came up with and she also likes staying in her care home. I think it looks fair and appropriate.</p> | <p>Thank you for your comments.</p> |

West Lothian IJB Equality Outcomes 2021 – 2025

1. People with protected characteristics are directly able to influence how the IJB plans and commissions services

Why is this an important?

There are a number of ways in which some groups with protected characteristics are disadvantaged when it comes to being able to engage with the IJB, whether that is through participation in meetings or being able to take part in a consultation.

People with a disability may require information in a different format, or may require support from others to understand IJB reports, consultations and other communications, whereas people from Black, Asian and Minority Ethnic (BAME) communities may speak English as a second language or not at all.

Digital exclusion is an increasingly prominent issue as we become a more digital society, with an overlap between groups who are more likely to be digitally excluded and the most vulnerable members of our society. Older people in particular are more likely to have limited digital literacy at a time when they are increasingly isolated due to the Covid-19 pandemic.

What can we do?

- Give people a choice in how they engage with us by using a wide range of methods as described in our [Communication and Engagement Strategy](#) to ensure that no one is disadvantaged by disability, access to the internet or difficulties with literacy.
- Alternative formats should be proactively offered on all communications, for example, easy-read, Braille, different languages
- Review our communication and engagement strategy to ensure that there is a focus on engagement with the BAME community and representation of the BAME community in IJB communications
- Improve our equality monitoring process, including recording when we receive requests for information in different formats
- Develop a Digital Strategy for the IJB that considers the needs of those with protected characteristics, e.g. older people, people with disabilities, and those whose first language is not English.
- Continue to implement our Communication and Engagement Strategy, which includes a range of actions to better engage with our stakeholders

How will we know we have achieved this outcome?

- Progress against the Communication and Engagement Strategy is monitored and reported to the IJB on an annual basis.

- The Digital Strategy will be approved by the IJB once it is developed and then progress will be reported at regular intervals.
- The demographic of those who engage with us will be reflective of the whole community of West Lothian
- We will know who we are struggling to engage and will have acted to remedy this.

2. Adults with a disability are supported and empowered to access their community safely

Why is this important?

West Lothian IJB supports the direction set out in 'A Fairer Scotland for Disabled People' (2016), and other key strategies and action plans by the Scottish Government to ensure that people living with disabilities can live independently and well wherever possible. This should include being able to enjoy living in your local community and have choices in how you spend your time, without being disproportionately disadvantaged by disability.

We know that people with disabilities still experience barriers to services and this can be quite isolating. Feedback from our engagement activities was that people with disabilities would like to be able to live in their own community, have choices of meaningful and sustainable day activities including peer support and social activities

Housing is an essential of independent living, yet many people with a disability live in homes that do not meet their requirements (Equality and Human Rights Commission, 2018). There are an increasing number of people in West Lothian living with complex care needs and it is important that accommodation meeting these needs is available.

What can we do?

- Our commissioning plans for [Physical Disability](#) and [Learning Disability](#) set out a range of actions to improve access to the wider community and to information they need, when they need it and in an appropriate format
- Work with colleagues in Housing to ensure enough new build homes are adaptable to the needs of those with physical disabilities
- Continue to develop a range of 'core' housing models to enable people with learning disability to live within local communities

How will we know we have achieved this outcome?

- Progress against the commissioning plans is monitored closely by individual planning and commissioning boards for each care group. The IJB's Strategic Planning Group has oversight of all of the plans and a 6 monthly progress report is made to the IJB
- There will be sufficient housing stock to meet the needs of people with disabilities
- People requiring adaptations in their home will have work carried out in a reasonable timescale
- People with complex care needs will not be delayed in hospital due to a shortage of suitable accommodation

3. Older People are supported and empowered to keep well and live in a homely setting for as long as possible

Why is this important?

People are living longer but are also living longer in ill health. 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%. More older people are living in the community with one or more chronic illness and the growth in longer term conditions continues to rise.

Older people are already at higher risk of social isolation and loneliness, which in turn can increase the risk of health problems and poor ageing outcomes. This is a particular concern for those living alone in with poor mobility, or those are shielding during the Covid-19 pandemic, particularly if they lack a support system of friends and/or relatives.

Falls in the elderly are common and associated with major morbidity and mortality. Falls cause injuries, fractures, loss of confidence and independence, depression and death. Recurrent falls and fear of falling are the most common reasons for an older person to require nursing home care.

Planning future services will need to focus on the preventative and proactive management of these conditions to prevent further deterioration and to ensure people living longer can do so in good health as far as is possible at home or in a homely setting.

What can we do?

Through our [Older People's Services Commissioning Plan](#):

- Further develop care pathways for frailty and long-term conditions to proactively manage older people's health in the community
- Continue to review and identify technology solutions that support older people and carer to optimise care at home, maintain activity and physical health, and minimise social isolation
- Explore how community information hubs could support mild and moderate frail people/long-term conditions within general practice to prevent deterioration in health
- Develop an approach to build community capacity and social prescribing across partner organisations, for example, peer support and volunteer programmes
- Ensure that older people and their carers have access to the information they need, when they need it, and in an appropriate format

How will we know we have achieved this outcome?

- Progress against the commissioning plans is monitored closely by individual planning and commissioning boards for each care group. The IJB's Strategic Planning Group has oversight of all of the plans and a 6 monthly progress report is made to the IJB
- National Indicator 15 – Proportion of last 6 months of life spent at home or in a community setting
- National Indicator 16 – Falls rate per 1,000 population aged 65+



| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 15 |

Report to: West Lothian Integration Joint Board

Report Title: Chief Officer Report

Report By: Chief Officer

| Summary of Report and Implications | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input type="checkbox"/> |
| | - is to provide assurance <input checked="" type="checkbox"/> |
| | - is for information <input checked="" type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| | The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues. |
| Recommendations | Note and comment on the key areas of work and service developments that have been taking place within West Lothian in relation to the work of the Integration Joint Board. |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | None |
| Policy/Legal | None |
| Risk | A key risk will be staffing capacity to address key issues around reducing delayed discharge and admission avoidance. The risk is captured in the risk register and will be monitored. |
| Equality, Health Inequalities, Environmental and Sustainability Issues | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty, or to environmental and sustainability issues. As a result, an integration impact assessment has not been conducted. |

| | |
|---------------------------------------------|-----------------------------------------------------------|
| Strategic Planning and Commissioning | This report is relevant to the Strategic Plan priorities. |
| Locality Planning | N/A |
| Engagement | Relevant officers in West Lothian Council and NHS Lothian |

Terms of Report

- 1 Covid-19 Update**

Following the previously reported high levels of community transmission within West Lothian, there continues to be a reduction in community rates, which is being supported through the location of community testing sites in various settings across West Lothian.

In line with the lower levels of community transmission, there continues to be stability within residential care settings, with no current outbreaks in care homes for adults or care homes for older people in West Lothian. Following the change in guidance for care home visiting, all older people's care homes in West Lothian are now open for visiting in accordance with the Open With Care principles, which supports meaningful contact between residents and their loved ones.

There continues to be oversight and assurance of care homes through the daily Health and Social Care Partnership safety huddles and these remain a key strand in the overall assurance process. The previous 12 months has been an incredibly challenging time for care homes and we recognise the important and valuable role of care home managers and staff in providing care during this difficult time. The remobilisation of services across health and social care continues at pace as set out in the previous Chief Officer report to the IJB in March 2021, which set out a detailed update on service mobilisation.

The vaccination programme continues to be managed through NHS Lothian, supported by West Lothian HSCP in terms of local clinics – the role of the local team has been very effective in addressing issues with patients who have perhaps missed their appointment or have difficulties in attending one of the mass vaccination centres. In terms of the overall vaccination position (as at 13 April), the table below sets out the percentage of the population vaccinated in terms of West Lothian, Lothian and Scotland.

| | West Lothian | Lothian | Scotland |
|----------------------|---------------------|----------------|-----------------|
| 1 st Dose | 56.7% | 51.3% | 59.1% |
| 2 nd Dose | 9.5% | 10.1% | 13.3% |

The invite letters for the JCVI Cohorts 1-9 have now been completed and work is progressing on the vaccination programme for those under 50 years old and the completion of 2nd dose vaccinations.
- 2 Complaints and Information Requests – Quarter 4 of 2020/21**

Complaints

At its meeting of 5 December 2017, the Board agreed the Complaints Handling Procedure be amended in line with recommendations from the Complaints Standards Authority. This included a requirement to report on complaints received by the Board on a quarterly basis.

There have been no complaints received in Quarter 4, or to date.

The Complaints Standards Authority has published a new Model Complaints Handling Procedure (MCHP) and requested that Integration Authorities review their own Complaints Handling Procedure before 1 April 2021.

Requests for Information

The Board is also required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC). Freedom of Information (Scotland) Act 2002 is an Act of the Scottish Parliament which gives everyone the right to ask for any information held by a Scottish public authority. The Environmental Information (Scotland) Regulations 2004 (the EIRs) come from a European Directive on access to environmental information. The EIRs give everyone the right to ask for environmental information held by a Scottish public authority (and some other bodies).

There were no requests for information in Quarter 4.

3 Communication and Engagement Strategy Update

On 11 March, Scottish Government and COSLA confirming the launch of updated community engagement and participation guidance for NHS Boards, IJBs and Local Authorities – ‘Planning with People’. To allow an update on the IJB’s Communication and Engagement Strategy to include a review against this guidance, and considering the number of items on the agenda that were adjourned from the last meeting, it was agreed at the agenda setting for this meeting that this report would be delayed until the June meeting.

4 Whole System Approach to Type 2 Diabetes in Whitburn

West Lothian Community Planning Partnership has agreed to prioritise to prioritise Type 2 Diabetes prevention through a pilot ‘whole system approach’ project in Whitburn, Whitburn Working Together for Wellbeing.

This project is part of the East of Scotland (East Region) Prevention and Remission of Type 2 Diabetes Programme in partnership with the Scottish Government. The overall objective of the project is to identify actions and interventions across the ‘whole system’ that support people living in the community to maintain a healthy diet and weight, therefore reducing the occurrence of Type 2 Diabetes in the pilot area over the longer-term.

There is £60,000 of external grant funding being made available for this project, via an application process. Local commitment and resource are also required and there is a strong emphasis on partnership working and joint responsibility across multiple partners and stakeholders.

The specific aims of the project are to:

- Test a whole system approach to diet and healthy weight;
- Explore a wide range of levers and opportunities to influence local policies and partnerships to implement innovative approaches to addressing the problem and demonstrating what is possible within existing frameworks;
- Identify barriers to local action; generating learning which can be shared across Scotland; and potentially informing change to government policy.

Pilot projects will have the aim of increasing healthy weight across the local population with a focus on children and health inequalities. The experience of the Whitburn pilot itself will also be used to inform the whole systems approach to dealing with public health issues which may also be used more generally within West Lothian in future.

It is intended that this initiative will complement ongoing efforts of local services, schools and community groups within the town. Whilst the focus of this pilot project will be on Type 2 Diabetes, it is expected that this will support wider partnership working in the town and support wider public health and community regeneration, particularly given the obvious impacts of the COVID-19 pandemic on these.

Obesity in Scotland has a strong link with inequalities. Lower socio-economic status is associated with higher levels of obesity and risk of obesity in children is lowest for those living in more affluent areas. Whitburn is characterised by underlying poverty and income deprivation and an older population than the West Lothian average. There is also a higher incidence of poor health in Whitburn than in West Lothian in general.

However, the town also has a number of outdoor assets including the country park, open spaces, path network, and a developing cycle path network. Whitburn has other 'assets' which provides opportunities that the pilot project will look to embrace such as a local town centre with a range of businesses, numerous sporting and recreational facilities and an active community/third sector.

Initially, it was intended that a series of workshops would be planned in Whitburn with a wide range of stakeholders from across the public, voluntary and community sectors. The purpose of these workshops is, firstly, to map the 'whole system' in the context of what contributes to creating and maintaining a healthy weight and diet of people in the town and, secondly, collectively to identify and agree actions or interventions which will look to contribute towards a reduction in Type 2 Diabetes in the longer-term within the town.

Due to the ongoing COVID-19 pandemic, careful consideration has been given to how this approach can be adapted to the current circumstances in line with Scottish Government guidance and legislation.

Online workshops have now been planned for 27 and 28 April and it is hoped that these will attract a wide representation from local businesses, services and organisations in Whitburn as well as members of the public, professionals and senior decision makers.

The outcome of these workshops will inform the application for funding to put the agreed actions into practice in the second phase of the project. This second phase will end in March 2022 but some actions may be longer term. In keeping with the 'whole systems' approach, these actions are likely to be focused on prevention and early intervention in the community and could be for any of the multiple stakeholders to take forward.

Allister Short, Director of the Health and Social Care Partnership, and Katie Dee, Interim Director of Public Health and Health Policy in NHS Lothian, are the senior sponsors for the project and Lorna Kemp, Project Officer, is the lead officer. A small working group has been established and reports to the CPP's Health and Wellbeing Partnership with any major issues being escalated to the CPP Board for discussion and resolution.

For further information on this project, please contact lorna.kemp@westlothian.gov.uk.

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | None |
| References | None |
| Contact | Allister Short, Chief Officer allister.short@westlothian.gov.uk 01506 281002 |



| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 16 |

Report to West Lothian Integration Joint Board

Report Title: Chief Finance Officer Report

Report By: Chief Finance Officer

| Summary of Report and Implications | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input type="checkbox"/> |
| | - is to provide assurance <input type="checkbox"/> |
| | - is for information <input checked="" type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| | The purpose of this report is to provide an update on key financial matters relating to West Lothian IJB. |
| Recommendations | It is recommended that the Board notes and considers the finance updates in respect of the IJB which are included in the report: |
| Directions to NHS Lothian and/or West Lothian Council | A direction is not required. |
| Resource/ Finance/ Staffing | The 2021/22 budget resources relevant to functions delegated to the IJB are £238.709 million. |
| Policy/Legal | None |
| Risk | There are a number of risks associated with health and social care budgets, which will require to be closely managed. The financial risks resulting from Covid-19 will require to be closely monitored on an ongoing basis. |
| Equality, Health Inequalities, Environmental and Sustainability Issues | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report. |
| Strategic Planning and Commissioning | Budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan. |

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|--------------------------|------------------------------------------------------------------------------|
| Locality Planning | None. |
| Engagement | Consultation with relevant officers in NHS Lothian and West Lothian Council. |

| Terms of Report | |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Background |
| 1.1 | This report sets out a range of updates on key financial matters for the Boards awareness. |
| 2 | 2020/21 Budget Update |
| 2.1 | As reported to the Board on the 18 March 2021, a favourable budget outturn position for 2020/21 continues to be the forecast outcome. Work is currently progressing to establish the final outturn position for the year in terms of the core funding budget and Covid-19 funding and expenditure. |
| 2.2 | At this point the confirmed Scottish Government Covid-19 funding received in 2020/21 for West Lothian is £15.1 million, which is broken down as follows: <ul style="list-style-type: none"> • £10.2 million to provide full funding for 2020/21 costs forecast in the West Lothian Mobilisation Plan. • Further £3.0 million to support ongoing Covid-19 costs, including new ways of working developed in year, and additional capacity requirements. • Further £1.3 million to meet the ongoing costs arising from sustainability payments, staff restriction policies and additional administration support, as well as Nursing Director support. • Further £0.6 million for the Community Living Change Fund, to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and for costs associated with the future redesign of service provision in order to avoid future hospitalisation and inappropriate placements. |
| 2.3 | Latest indications are that there will be an underspend against the £10.2 million of additional costs forecast in the Mobilisation Plan. The Scottish Government have agreed that any IJB underspends against Mobilisation Plan funding may be carried forward through IJB reserves for ongoing Covid-19 costs. |
| 2.4 | In respect of the other £4.9 million associated with the other three funding streams noted above, this was provided for future year one off costs and as such will again be carried forward through earmarked IJB reserves. |
| 2.5 | In terms of the core IJB budget, work is being finalised to disaggregate Covid-19 and core costs and offsets within Health budget resources, particularly within acute functions. In the event of an underspend within core budget resources, it is anticipated that this will also be carried forward through the creation of a general IJB reserve. |
| 2.6 | An update on the final year end position will be reported to the Board on 29 June 2021 as part of the draft unaudited 2020/21 annual accounts. |
| 3 | Primary Care Investment Fund (PCIF) |
| 3.1 | The Scottish Government funding allocation for West Lothian in 2020/21 was £3.452 million (£1.704 million in 2019/20). Against this expenditure of approximately £2.6 million is anticipated for 2020/21. The underspend is largely linked to the impact of the pandemic and difficulties in |

recruiting staff. The final confirmed underspend for 2020/21 will be carried forward via an earmarked IJB reserve and will be available for investment in primary care in 2021/22.

3.2

West Lothian's share of Scottish Government PCIF funding in 2021/22 is £4.829 million and plans are progressing with the objective of fully utilising this funding. For 2022/23, funding plans have still to be confirmed by the Scottish Government although it is anticipated that funding will continue in future years given the priority given to primary care and the additional spend commitments in place through the PCIF.

4 Action 15 Funding

4.1 The Scottish Government funding allocation for West Lothian in 2020/21 was £752,000 (£526,000 in 2019/20). This was supplemented by unspent prior year allocations of £377,000. Against this expenditure of approximately £870,000 is anticipated for 2020/21. Recruitment to planned additional mental health posts is now largely in place and the balance of remaining unspent prior year allocations will be carried forward via an earmarked IJB reserve and will be available for investment in mental health in 2021/22.

4.2 West Lothian's share of Scottish Government Action 15 funding in 2021/22 is £984,000 and plans in place are anticipated to fully utilise this funding. For 2022/23, funding plans have still to be confirmed by the Scottish Government although, like PCIF funding, it is anticipated that funding will continue in future years given the priority given to mental health and the additional spend commitments now in place.

5. 2020/21 Annual Accounts

5.1 An initial annual accounts planning meeting has taken place with Ernst and Young (EY) and EY's annual audit plan was reported to the Audit, Risk and Governance Committee on 24 February 2021. Taking account of the impact of Covid-19 on the financial statement preparation and audit process for 2020/21, Audit Scotland has set its reporting deadline for local government bodies at 31 October 2021, a month later than the normal timeframe. Based on discussion with EY, it is intended that the audit of West Lothian IJB's annual accounts will work to the normal deadline of 30 September for approval of audited final accounts. This position will continue to be reviewed over the coming months taking account of ongoing implications arising from the pandemic.

5.2 Initial work is now progressing on the preparation and audit of the annual accounts and there will be regular liaison with EY over the coming months on any matters arising to help ensure these timescales can be met. The draft unaudited annual accounts for 2020/21 will be reported to the Board for consideration on 29 June 2021.

6. 2021/22 Financial Plan

6.1 Following approval of the 2021/22 budget, directions associated with the use of the resources totalling £238.7 million were issued to partner bodies in advance of 1 April 2021. The approved 2021/22 budget resources are summarised below.

| West Lothian IJB – 2021/22 Delegated Resources | |
|------------------------------------------------|----------------|
| | £'000 |
| Adult Social Care | 79,156 |
| Core Health Services | 108,443 |
| Share of Hosted Services | 19,664 |
| IJB Payment | 207,263 |
| | |
| Acute Set Aside | 31,446 |
| | |
| Total IJB Resources | 238,709 |

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|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6.2 | Further funding allocations received during 2021/22 will be reflected in the IJB budget and taken account of in monitoring reported to the Board during the year. NHS Lothian approved their 2021/22 budget on 7 April 2021. As in past years, a formal letter confirming the 2021/22 resources approved for West Lothian will be provided by the NHS Lothian Director of Finance in due course. |
| 6.3 | A key aspect for 2021/22 which is likely to result in a change to budget resources available to the IJB is ongoing progress towards agreeing the pay award settlement. The current budget uplift provided to health boards and IJBs represents Scottish Government funding based on a pay award of 1%, adjusted for lower and higher earners. The latest pay offer would represent an average 4% pay award for NHS employed staff and it is anticipated that this would be fully funded by additional budget resources provided by the Scottish Government. Subject to agreement of the pay award, this will increase IJB budget resources but also staffing costs and will effectively be neutral in terms of increased funding and costs. |
| 6.4 | The pay award for council employed staff is also subject to ongoing negotiations between employers and unions. The current budget assumption provided for social care staff in the IJB budget is a 2% pay award for 2021/22. An update on the position with the 2021/22 pay award will be provided to the next Board meeting. |
| 6.5 | There remains significant uncertainty around the ongoing impact of Covid-19 in to 2021/22 and beyond however, based on initial work undertaken by officers across health and social care, further one-off costs in 2021/22 of £7.2 million have been estimated across health and social care functions for initial planning purposes. This reflects cost areas such as sustainability payments to care providers, additional staffing costs, prescribing pressures and vaccination costs. |
| 6.6 | Consistent with the processes established for 2020/21, it is anticipated that close monitoring of additional costs associated with the pandemic will continue during 2021/22 with regular updates provided to the Scottish Government. Cost incurred will be funded in the first place by the additional Covid-19 funding available via earmarked IJB reserves established in 2020/21, with the expectation that should Covid-19 costs be in excess of this, additional funding will be provided by the Scottish Government to fully meet 2021/22 costs of the pandemic. The Board will continue to be updated on the position with Covid-19 costs and funding through regular monitoring reports on the overall 2021/22 budget position. |
| 6.7 | An update to existing 2021/22 and 2022/23 budget plans reflecting the NHSL budget approved for 2021/22, any updates on further additional Scottish Government funding, including any funding linked to pay award, will be reported to Board on 29 June 2021. This will also include the latest position on Covid-19 funding and expenditure assumptions. |

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|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | None |
| References | 2020/21 Finance Update and Quarter 3 Forecast – Report to Board on 18 March 2021 West Lothian IJB 2021/22 Budget Financial Assurance – Report to Board on 18 March 2021 |
| Contact | Patrick Welsh, Chief Finance Officer Email: patrick.welsh@westlothian.gov.uk Tel. No: 01506 281320 |

| | |
|-------------|---------------|
| Date | 20 April 2021 |
| Agenda Item | 17 |



Report to West Lothian Integration Joint Board

Report Title: Appointment of Chief Officer

Report By: Standards Officer

| Summary of Report and Implications | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose | This report: (tick any that apply). |
| | - seeks a decision <input type="checkbox"/> |
| | - is to provide assurance <input type="checkbox"/> |
| | - is for information <input checked="" type="checkbox"/> |
| | - is for discussion <input type="checkbox"/> |
| | To formally confirm the outcome of the recruitment process to the Chief Officer post. |
| Recommendations | <ol style="list-style-type: none"> 1. To note that on 1 April 2021 the IJB Appointments Committee agreed that Alison White should be appointed to the post of Chief Officer. 2. To note that Ms White has also been appointed by the council and the health board to the related positions in those organisations |
| Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| Resource/ Finance/ Staffing | N/A |
| Policy/Legal | Public Bodies (Joint Working) (Scotland) Act 2014, section 10 |
| Risk | N/A |
| Equality, Health Inequalities, Environmental and Sustainability Issues | The report has been assessed as having no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. |

| | |
|---------------------------------------------|-----|
| Strategic Planning and Commissioning | N/A |
| Locality Planning | N/A |
| Engagement | N/A |

| Terms of Report | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Allister Short has intimated his resignation from the post of Chief Officer. The post combines senior management and corporate responsibilities in the Council and health board and the statutory appointment of Chief Officer of the Integration Joint Board. |
| 2 | Through delegated powers to take urgent action, reported to the Board on 18 March 2021, the Board agreed that the recruitment to the post would be taken forward through a tripartite process and a joint recruitment panel which reflected the nature of the post. The recommendation of the recruitment panel was to be considered by the Board's Appointments Committee which was given delegated power to make the appointment for the Board. |
| 3 | Following the letting and assessment process, the panel interviewed two candidates on 1 April 2021. The panel recommended that Alison White, currently Head of Service/Chief Social Work Officer at Midlothian Council, be appointed to the post. |
| 4 | Again through delegated powers in Standing Order 16, the Appointments Committee was convened and met later on 1 April 2021 to consider the panel's recommendation. The Committee decided to appoint Ms White to the post. The council and health board on the same date appointed her to the relevant posts within their two organisations. Board members were notified of the outcome by email on 7 April 2021. |
| 5 | All three bodies delegated to the Chief Executives of the council and health board the making of the necessary arrangements for Ms White to take up the post, including the date of commencement of her employment in the post. The post was offered to Ms White and she has intimated her acceptance. A starting date for her will be confirmed in due course. |
| 6 | The Integration Scheme provides for any interim Chief Officer appointment to be dealt with by the two Chief Executives. That will be addressed if necessary by them once Ms White's start date is known. |

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Appendices | None |
| References | Board meeting on 23 March 2021 Standing Order 16 |
| Contact | James Millar, Standards Officer 01506 281613, james.millar@westlothian.gov.uk |

WEST LOTHIAN INTEGRATION JOINT BOARD

WORKPLAN

MEETING DATE: 20 April 2021

| Item | Lead Officer | Meeting Date | Recurrence | Reason |
|-----------------------------------------------------------------------------------------------------------------|---------------|--------------|------------------------------------------------------------|-----------------------------------------------------------------------------|
| Finance Update | Patrick Welsh | April 2021 | | |
| Workforce Plan | Yvonne Lawton | April 2021 | | |
| Market Facilitation Plan | Yvonne Lawton | April 2021 | | |
| Equality Mainstreaming Report and Outcomes 2021-25 | Lorna Kemp | April 2021 | To be presented biennially – before 30 April | Required by Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 |
| ADP and drug related deaths | Nick Clater | April 2021 | | Agreed 19 January 2021 |
| Reminder for appointment of Chair and Vice-Chair – IJB and Audit, Risk and Governance Committee at June meeting | Clerk | April 2021 | Starting 21 September – rotation every two years | Integration Scheme and Standing Orders |
| Review of Revised Strategic Planning Structure | | April 2021 | Carried forward from adjourned meeting | |
| Role Descriptions for Members | | April 2021 | Annually in March (carried forward from adjourned meeting) | |
| SO16 – Recruitment of Chief Officer | | April 2021 | Carried forward from adjourned meeting | |
| | | | | |

| Item | Lead Officer | Meeting Date | Recurrence | Reason |
|------------------------------------------------------------------------------------|----------------|----------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Communication and Engagement Strategy Update | Lorna Kemp | June 2021 | Annually in April (Full review in 2023) | Agreed by Board 21 January 2020. Moved from April meeting. |
| Covid-19 Update | Allister Short | June 2021 | Standing item, either as part of Chief Officer Report or as a stand-alone report | |
| Clinical Governance Report | Elaine Duncan | June 2021 | To be presented annually – June each year | Requirement of Integration Scheme and Local Code of Corporate Governance |
| Annual Performance Report | Yvonne Lawton | June 2021 | Before 30 June each year | Agreed by Board on 21 November 2018 |
| Strategic Inspection Action Plan | Yvonne Lawton | June 2021 | Biannual reporting (May/June and November/December) | |
| Appointment of Chair and Vice-Chair – IJB and Audit, Risk and Governance Committee | Clerk | June 2021 | Starting 21 September – rotation every two years | Integration Scheme and Standing Orders |
| | | | | |
| Annual Accounts | Patrick Welsh | September 2021 | Annually by 30 Sept each year | Required by Local Authority Accounts (Scotland) Regulations 2014 |
| Commissioning Plans Update | Yvonne Lawton | September 2021 | Biannual Reports – March and September | |
| Covid-19 Update | Allister Short | September 2021 | Standing item, either as part of Chief Officer Report or as a stand-alone report | |
| Carer Strategy Update | | September 2021 | Annually report on implementation | Approved by IJB 11 August 2020 |

| Item | Lead Officer | Meeting Date | Recurrence | Reason |
|--------------------------------------------------------------------------------|-----------------|----------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Quarterly Performance Report | Yvonne Lawton | September 2021 | Quarterly – including Annual Performance Report in June | Agreed 10 November 2020 |
| | | | | |
| Members' Code of Conduct Annual Report & review | James Millar | November 2021 | Annual report – November each year. Review biennially – next review November 2023. | Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review covered in Local Code of Corporate Governance |
| IJB Performance - Balanced Scorecard | Fiona Wilson | November 2021 | Biannual reports – December and June each year | Agreed by Board on 21 November 2018 |
| Public Bodies Climate Change Duties | Lorna Kemp | November 2021 | Annually – by 30 November each year | Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 |
| Risk Register | Kenneth Ribbons | November 2021 | To be reviewed annually – December each year | Required by Risk Management Strategy, approved by IJB on 14 March 2017 |
| Workforce Development Plan | | November 2021 | To be reviewed annually – next report Nov 2022 | Strategic Development Plan agreed 21 November 2018 |
| Complaints and Information Requests | Lorna Kemp | November 2021 | Quarterly – Aug, Nov, Feb and May | Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO) |
| Review of Standing Orders (can be merged with Review of Scheme of Delegations) | James Millar | November 2021 | To be reviewed biennially – next report Dec 2023 | Biennial review agreed by IJB on 20 October 2015 |

| Item | Lead Officer | Meeting Date | Recurrence | Reason |
|--------------------------------------------------------------------------------|----------------|---------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Review of Scheme of Delegations (can be merged with Review of Standing Orders) | James Millar | November 2021 | To be reviewed biennially – next report Dec 2023 | Agreed by IJB on 31 January 2017 |
| Covid-19 Update | Allister Short | November 2021 | Standing item, either as part of Chief Officer Report or as a stand-alone report | |
| Strategic Inspection Action Plan | | November 2021 | Biannual reporting (May/June and November/December) | |
| Quarterly Performance Report | Yvonne Lawton | November 2021 | Quarterly – including Annual Performance Report in June | Agreed 10 November 2020 |
| | | | | |
| Chief Social Work Officer's Annual Report | Jo Macpherson | January 2022 | To be presented annually – December each year | Requirement of Integration Scheme and Local Code of Corporate Governance, and Guidance on The Role of Chief Social Work Officer Issued by Scottish Ministers – Revised July 2016 |
| Complaints and Information Requests | Lorna Kemp | January 2022 | Quarterly – Aug, Nov, Feb and May | Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO) |
| | | | | |
| Membership Review (SPG and AR&G) | | March 2022 | | |
| Role Descriptions for Members | | March 2022 | Annually in March | |
| Commissioning Plans Update | Yvonne Lawton | March 2022 | Biannual Reports – March and September | |

| Item | Lead Officer | Meeting Date | Recurrence | Reason |
|----------------------------------------------|---------------|----------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Quarterly Performance Report | Yvonne Lawton | March 2022 | Quarterly – including Annual Performance Report in June | Agreed 10 November 2020 |
| | | | | |
| Communication and Engagement Strategy Update | Lorna Kemp | April/May 2022 | Annually in April (Full review in 2023) | Agreed by Board 21 January 2020 |
| | | | | |
| Strategic Inspection Action Plan | | June 2022 | Biannual reporting (May/June and November/December) | |
| Clinical Governance Report | Elaine Duncan | June 2022 | To be presented annually – June each year | Requirement of Integration Scheme and Local Code of Corporate Governance |
| Annual Performance Report | Yvonne Lawton | June 2021 | Before 30 June each year | Agreed by Board on 21 November 2018 |
| Complaints and Information Requests | Lorna Kemp | June 2022 | Quarterly – Aug, Nov, Feb and May | Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO) |
| | | | | |
| Commissioning Plans Update | | September 2022 | Biannual Reports – March and September | |
| Annual Accounts | Patrick Welsh | September 2022 | Annually by 30 Sept each year | Required by Local Authority Accounts (Scotland) Regulations 2014 |
| Carer Strategy Update | | September 2022 | Annually report on implementation | Approved by IJB 11 August 2020 |
| Complaints and Information Requests | Lorna Kemp | September 2022 | Quarterly – Aug, Nov, Feb and May | Quarterly reporting of complaints required by |

| Item | Lead Officer | Meeting Date | Recurrence | Reason |
|-------------------------------------------------|-----------------|---------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | Scottish Public Services Ombudsman (SPSO) |
| | | | | |
| Public Protection Biennial Report | Jo MacPherson | November 2022 | To be presented biennially – next report Nov 2024 | For information - Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Conveners of Adult Protection Committees (APCs) to produce a biennial report |
| Strategic Inspection Action Plan | Yvonne Lawton | November 2022 | Biannual reporting (May/June and November/December) | |
| Quarterly Performance Report | Yvonne Lawton | November 2022 | Quarterly – including Annual Performance Report in June | Agreed 10 November 2020 |
| Members' Code of Conduct Annual Report & review | James Millar | November 2022 | Annual report – November each year. Review biennially – next review November 2023. | Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review covered in Local Code of Corporate Governance |
| Public Bodies Climate Change Duties | Lorna Kemp | November 2022 | Annually – by 30 November each year | Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 |
| Risk Register | Kenneth Ribbons | November 2022 | To be reviewed annually – December each year | Required by Risk Management Strategy, approved by IJB on 14 March 2017 |

| Item | Lead Officer | Meeting Date | Recurrence | Reason |
|-----------------------------------------------------------------------|---------------|---------------|------------------------------------------------|-----------------------------------------------------------------------------------------|
| Workforce Development Plan | Yvonne Lawton | November 2022 | To be reviewed annually – next report Nov 2023 | Strategic Development Plan agreed 21 November 2018 |
| Complaints and Information Requests | Lorna Kemp | November 2022 | Quarterly – Aug, Nov, Feb and May | Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO) |
| | | | | |
| Communication & Engagement Strategy 2020-2023; Impact on Stakeholders | Lorna Kemp | TBC | | |
| Equality Mainstreaming and Outcomes Report | Lorna Kemp | TBC | To be presented biennially – before 30 April | Required by Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 |
| External Reports | | TBC | Biannual reports, first date TBC | |