



Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

22 April 2021

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Webex Virtual Meeting Room** on **Thursday 29 April 2021 at 2:00pm**.

For Chief Executive

BUSINESS

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minutes of Meeting of Health and Care Policy Development and Scrutiny Panel held on Thursday 18 February 2020 (herewith)
5. The Development of Home First - Next Steps - Report by Depute Chief Executive (herewith)
6. Market Facilitation Plan - Report by Depute Chief Executive (herewith)
7. Performance Report - Report by Head of Social Policy (herewith)
8. Integration Joint Board Minute - Report by Depute Chief Executive (herewith)
9. NHS Lothian Minutes - Report by Depute Chief Executive (herewith)

DATA LABEL: Public

10. Health and Care PDSP Timetable 2020/21 - (herewith)
11. Health and Care PDSP Workplan (herewith)

NOTE **For further information please contact Karen McMahon on tel. no. 01506 281621 or email karen.mcmahon@westlothian.gov.uk**

CODE OF CONDUCT AND DECLARATIONS OF INTEREST

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

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

| NAME | MEETING | DATE |
|------|---------|------|
| | | |

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

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

Other key terminology appears on the reverse.

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

SUMMARY OF KEY TERMINOLOGY FROM REVISED CODE

The objective test

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

The General Exclusions

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

Particular Dispensations

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

The Specific Exclusions

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

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

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

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL held within WEBEX VIRTUAL MEETING ROOM, on 18 FEBRUARY 2021.

Present – Councillors Harry Cartmill (Chair), George Paul, Pauline Clark, David Dodds, Bruce Fairbairn and Andrew McGuire; Pippa Plevin (Joint Forum of Community Councils) (substituting for Ann Greechan)

Apologies – Councillor Damian Doran-Timson; Ian Buchanan (Senior People's Forum Representative) and Ann Greechan (Joint Forum of Community Councils Representative)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 ORDER OF BUSINESS

The Chair ruled that agenda item 7 (Community Planning Health and Wellbeing and Anti-poverty Covid-19 Update) would be considered as the first substantive item, before agenda item 5 (West Lothian Suicide Prevention Action Plan 2020-2023).

3 MINUTES

The panel approved the minute of its meeting held on 17 December 2020 as a correct record.

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

The panel considered a report (copies of which had been circulated) by the Depute Chief Executive providing an update on the activity undertaken in response to social needs related to COVID-19.

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

Decision

To note the terms of the report.

5 WEST LOTHIAN SUICIDE PREVENTION ACTION PLAN 2020-2023

The panel considered a report (copies of which had been circulated) by the West Lothian Suicide Prevention Lead presenting the published West Lothian Suicide Prevention Plan 2020-2023 and informing members of the future reporting arrangements in relation to the actions.

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

Decision

To note the terms of the report.

6 WEST LOTHIAN ALCOHOL AND DRUG PARTNERSHIP (ADP) UPDATE AND DRUG RELATED DEATHS

The panel considered a report (copies of which had been circulated (by the Depute Chief Executive updating members on the business and activities of West Lothian Alcohol and Drug Partnership (WLADP) and presenting the specific data and future actions to be taken to prevent drug related deaths in West Lothian.

It was recommended that the panel note the contents of the work of WLADP and specific actions on drug related deaths.

Decision

To note the terms of the report.

7 STRATEGIC COMMISSIONING PLAN FOR SERVICES FOR OLDER PEOPLE AND PEOPLE LIVING WITH DEMENTIA

The panel considered a report (copies of which had been circulated) by the Depute Chief Executive informing members of the revised strategic commissioning plan for services of older people and people living with dementia.

It was recommended that the Panel note the contents of the strategic commissioning plan for services for older people and people living with dementia as detailed in Appendix 1 of the report.

Decision

To note the terms of the report.

8 NHS Lothian Board

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

It was recommended that the panel note the terms of the minutes of Lothian NHS Board dated 14 October 2020 in the appendix to the report.

Decision

To note the terms of the report.

9 West Lothian Integration Joint Board

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

It was recommended that the panel note the terms of the minutes of West Lothian Integration Joint Board dated 10 November 2020 in the appendix to the report.

Decision

To note the terms of the report.

10 Workplan

A workplan had been circulated for information.

Decision

To note the workplan.

DATA LABEL: PUBLIC



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

DEVELOPMENT OF HOME FIRST – NEXT STEPS

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The purpose of the report is to provide Panel members with an overview of the work underway to progress the integration of community services as outlined in the Older People's Commissioning Plan and in line with the Home First principles.

B. RECOMMENDATION

It is recommended that Panel members:

1. note the 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. note the commencement of planning to reconfigure the community bed base.

C. SUMMARY OF IMPLICATIONS

| | |
|---|--|
| I Council Values | Focusing on our customers' needs |
| | Being honest, open and accountable |
| | Working in partnership. |
| II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment) | Public Bodies (Joint Working) (Scotland) Act 2014. |
| III Implications for Scheme of Delegations to Officers | None. |
| IV Impact on performance and performance Indicators | Working in partnership. |
| V Relevance to Single Outcome Agreement | We live longer, healthier lives. |
| VI Resources - (Financial, Staffing and Property) | None. |
| VII Consideration at PDSP | |

VIII Other consultations

Considered at the meeting of the West Lothian IJB on 20th April 2021.

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

D. TERMS OF REPORT

D.1 Background

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.

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.

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.

Progress

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 more people are supported to go home.

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.

Intermediate Care

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.

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.

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

Demand for Community Beds

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.

Existing Configuration of Community Beds

Mental Health Community Hospital Beds

Community beds for mental health/HBCC are currently configured as follows:

- Maple Villa (older males with dementia/HBCCC) – Craigshill, Livingston, 24 beds
- Rosebury (older females with dementia/HBCCC) – Tippethill Community Hospital, Whitburn, 22 beds

Older People's Community Hospital Beds

Community beds for older people/HBCC:

- 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)

Interim Care Home

Craigmair (interim care home 30 beds for older people) – Craigshill, Livingston

Current Challenges

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.

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 Tippethill with Maple Villa in Livingston and the result of the moves would see mental health services located on the Tippethill 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 |
|------------------------------|--|-------------|--|-------------|
| Tippethill 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 | Craigmair * WLC Interim Care Home (single rooms) | 30 | Craigmair* 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* |

Summary of Risks and Benefits

Benefits

- 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

The changes set out also offer an opportunity to review the use and function of Craigmair interim care home and St Michael's Hospital. Craigmair 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 Craigmair 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

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.

Redesigning Urgent Care

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.

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.

E. CONCLUSION

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.

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.

F. BACKGROUND REFERENCES

Appendices/Attachments:

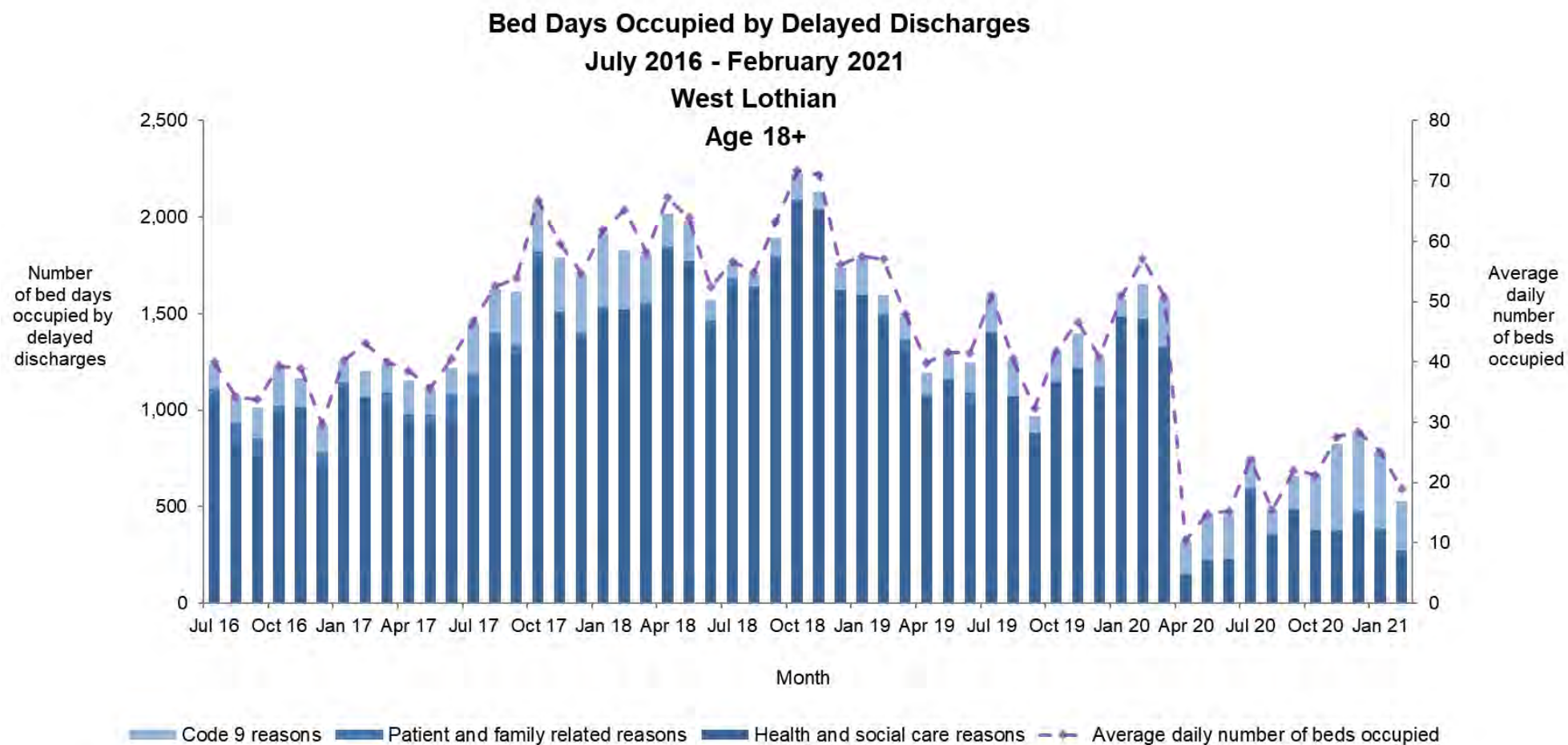
Appendix 1: Delayed Discharge Performance

Contact Person: Yvonne Lawton
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CMT Member: Allister Short, Depute Chief Executive

Date: 29th April 2021

Appendix 1 – Delayed Discharge Performance



DATA LABEL: PUBLIC



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

WEST LOTHIAN INTEGRATION JOINT BOARD (IJB) MARKET FACILITATION PLAN UPDATE

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The purpose of the report is to inform the Health and Care PDSP of the updated IJB Market Facilitation Plan. This 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.

B. RECOMMENDATION

It is recommended that the Panel note the contents of the Market Facilitation Plan 2019-2023, which has been updated following review.

C. SUMMARY OF IMPLICATIONS

| | |
|---|---|
| I Council Values | Focusing on our customers' needs |
| | Being honest, open and accountable |
| | Working in partnership. |
| II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment) | Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance |
| III Implications for Scheme of Delegations to Officers | None. |
| IV Impact on performance and performance Indicators | The Market Facilitation Plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators. |
| V Relevance to Single Outcome Agreement | The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes as they relate to health and social care. |
| VI Resources - (Financial, Staffing and Property) | Financial resources as detailed in the IJB's Strategic Plan 2019 to 2023 |
| VII Consideration at PDSP | None |

VIII Other consultations

The Market Facilitation Plan was considered at the meeting of the IJB on 20th April 2021

All stakeholders, partners and third sector providers were consulted with as part of the process for updating of the plan.

D. TERMS OF REPORT

D1 Background

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.

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.

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.

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.

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.

E. CONCLUSION

The Market Facilitation Plan will sit alongside the IJB's Strategic Plan and supporting commissioning plans. It will assist stakeholders in understanding future intentions and stimulate the adult health and care sectors in West Lothian through structured and planned engagement.

F. BACKGROUND REFERENCES

West Lothian Integration Joint Board's draft Strategic Plan 2019 - 2023

Strategic Commissioning Plans 2020 – 2023

Appendices/Attachments: Appendix 1 West Lothian Integration Joint Boards' updated
Market Facilitation Plan

Contact Person: Yvonne Lawton,
Head of Strategic Planning & Performance
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01506 283949

CMT Member: Allister Short, Depute Chief Executive

Date: 29th April 2021

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

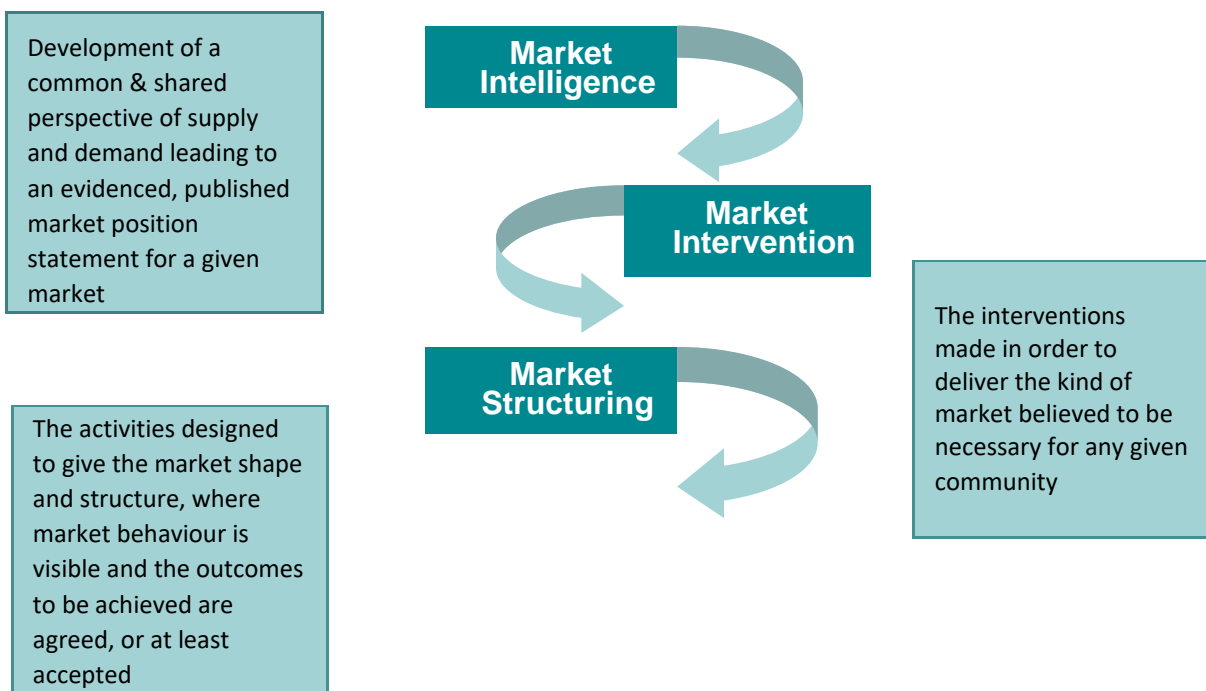
West Lothian Health and Social Care Partnership

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 an 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.

DATA LABEL: PUBLIC



HEALTH AND CARE - POLICY DEVELOPMENT AND SCRUTINY PANEL

PERFORMANCE REPORT – QUARTERLY INDICATORS

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To report the current level of performance for the quarterly indicators up to quarter 3 of 2020-21 that support the Corporate Plan and are the responsibility of Social Policy and reportable to the Health and Care Policy Development and Scrutiny Panel.

B. RECOMMENDATIONS

It is recommended that the Panel note the performance information and determine if further action or enquiry is necessary for any of the performance indicators in the report.

C. SUMMARY OF IMPLICATIONS

| | |
|---|--|
| I Council Values | <ul style="list-style-type: none">• Focusing on our customers' needs• Being honest, open and accountable• Providing equality of opportunity• Developing employees• Making best use of resources• Working in partnership |
| II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment) | In compliance with the Code of Corporate Governance |
| III Implications for Scheme of Delegations to Officers | No implications. |
| IV Impact on performance and performance Indicators | This report is an evaluation of current/historic performance |
| V Relevance to Single Outcome Agreement | The indicators support the outcomes in the Single Outcome Agreement |
| VI Resources - (Financial, Staffing and Property) | N/A |
| VII Consideration at PDSP | N/A |
| VIII Other consultations | N/A |

D. TERMS OF REPORT

D1 Background

The Policy Development and Scrutiny Panel (PDSP) oversee and challenge council performance. They are a key element of the scrutiny of performance by elected members and form part of the council's wider scrutiny and public performance reporting arrangements. To support this, each PDSP is allocated areas of the Corporate Plan, strategic priorities and key council performance indicators, relevant to the focus areas of the Panel. They receive both quarterly and annual performance reports.

D2 Quarterly Performance Report

The quarterly performance scorecard report for the Health and Care PDSP contains a range of relevant service performance information for scrutiny. A summary report of the 3 performance indicators in the Health and Care PDSP scorecard is contained in Appendix 1. The scorecard report contains the most up to date quarterly data. The 3 performance indicators are categorised as follows:

| Summary of Performance Indicator status (RAG) | |
|---|---------------|
| Status (against target) | Number of PIs |
| Green | 2 |
| Red | 1 |

The RAG status is against the performance target that has been set by the service in consultation with the relevant stakeholders.

Each indicator in Appendix 1 is accompanied by trend chart commentary, which provides an explanation of the current performance levels (against the target). This information also highlights any performance below target and outlines the measures that our services are taking to improve their performance.

D3 Amber and Red Performance Indicator

P:SPCC041_6b.4 Percentage of complaints received by the Community Care Service that were upheld or partially upheld against the total complaints closed in full.

Current performance – 90%

Target – 40%

There is a significant month on month variation in performance during the reporting period. However, there has been no change in, procedure or approach and it is concluded that this reflects simply the diversity of complaints received.

The number of formal Social Work complaints is relatively small (from 2 - 11 per month over the last year) so performance expressed as a percentage tends to appear as a very wide variation

In 2020/21, the performance has been variable; in Q1 the result was 75%, Q2 - 53% and in Q3 it was 90%.

Over the past 12 months 56% of complaints on average have been upheld or partially upheld. The target will therefore remain at 40% for the following year.

E. CONCLUSION

The performance scorecard shows that the majority of indicators are achieving targeted levels of performance. Where performance is not at the expected level details are provided in section D.3 to advise the Panel of the improvement action taken by services to improve performance.

F. BACKGROUND REFERENCES **None**

| | |
|------------------------|--|
| Appendices/Attachments | Appendix 1 – Health and Care PDSP Performance Scorecard Report |
| Contact Person: | Pamela Main - Senior Manager, Social Policy |
| Email: | Pamela.Main@westlothian.gov.uk |
| Contact Person | Robin Allen, Senior Manager, Social Policy |
| Email | Robin.Allen@westlothian.gov.uk |
| | Jo Macpherson Head of Social Policy |
| Date: | 29 th April 2021 |

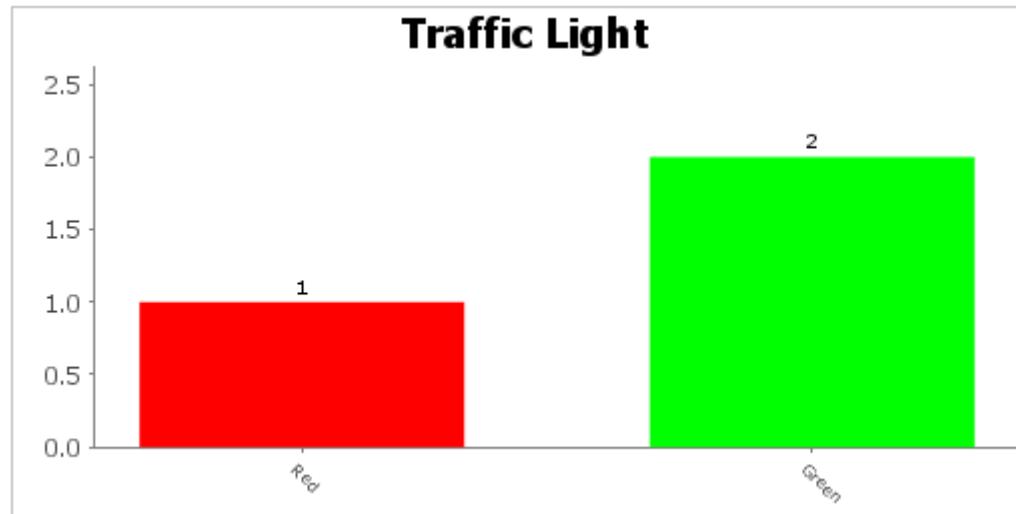
_05 PDSP - Health and Care Pls - QUARTERLY

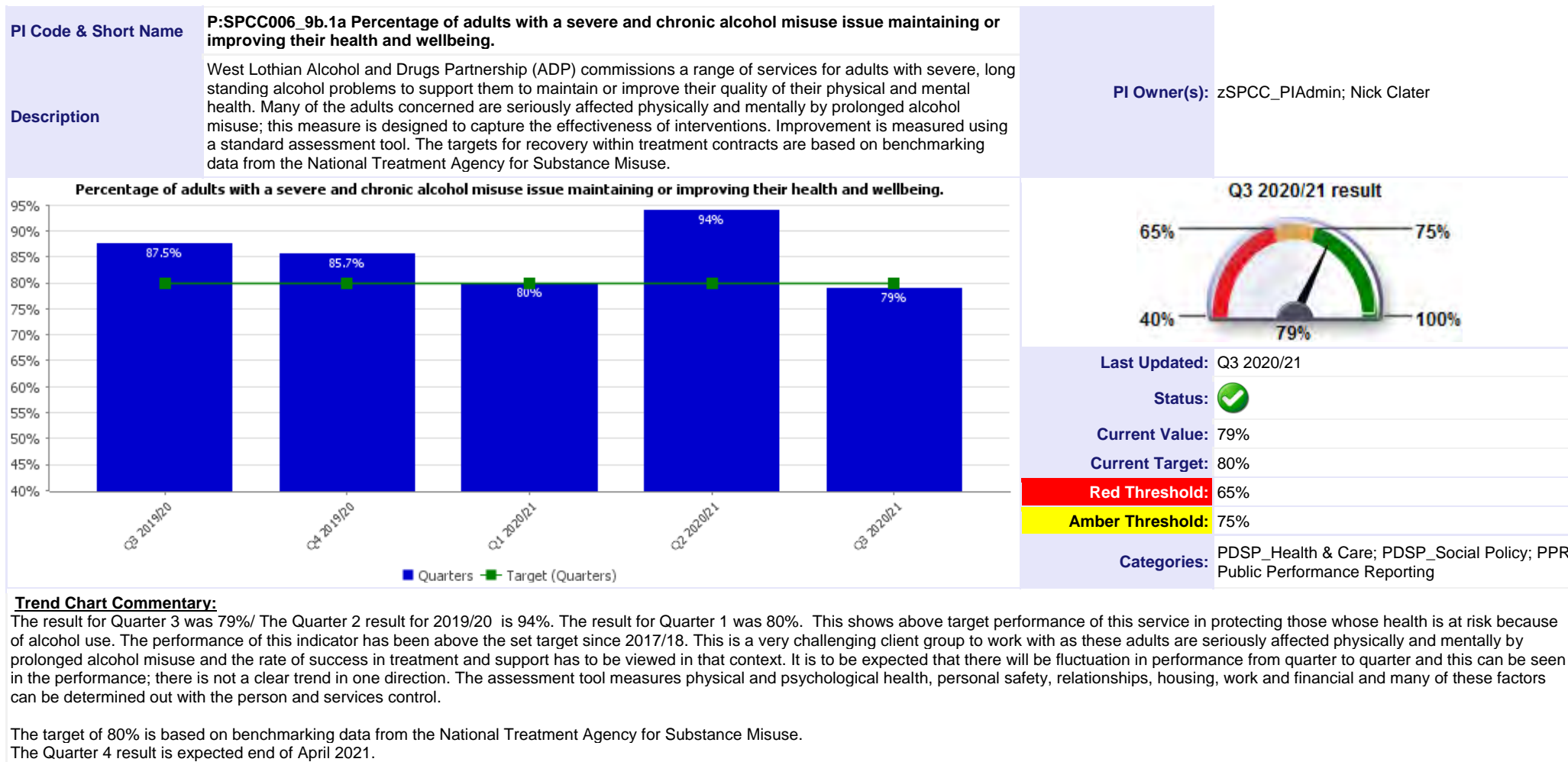
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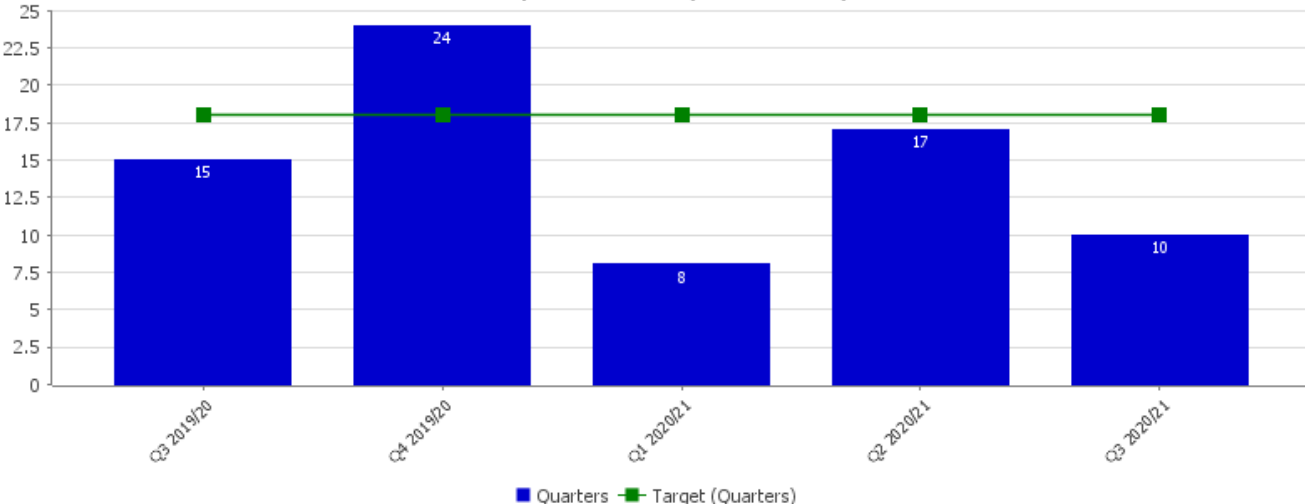

Report Author: Stephen Forrest

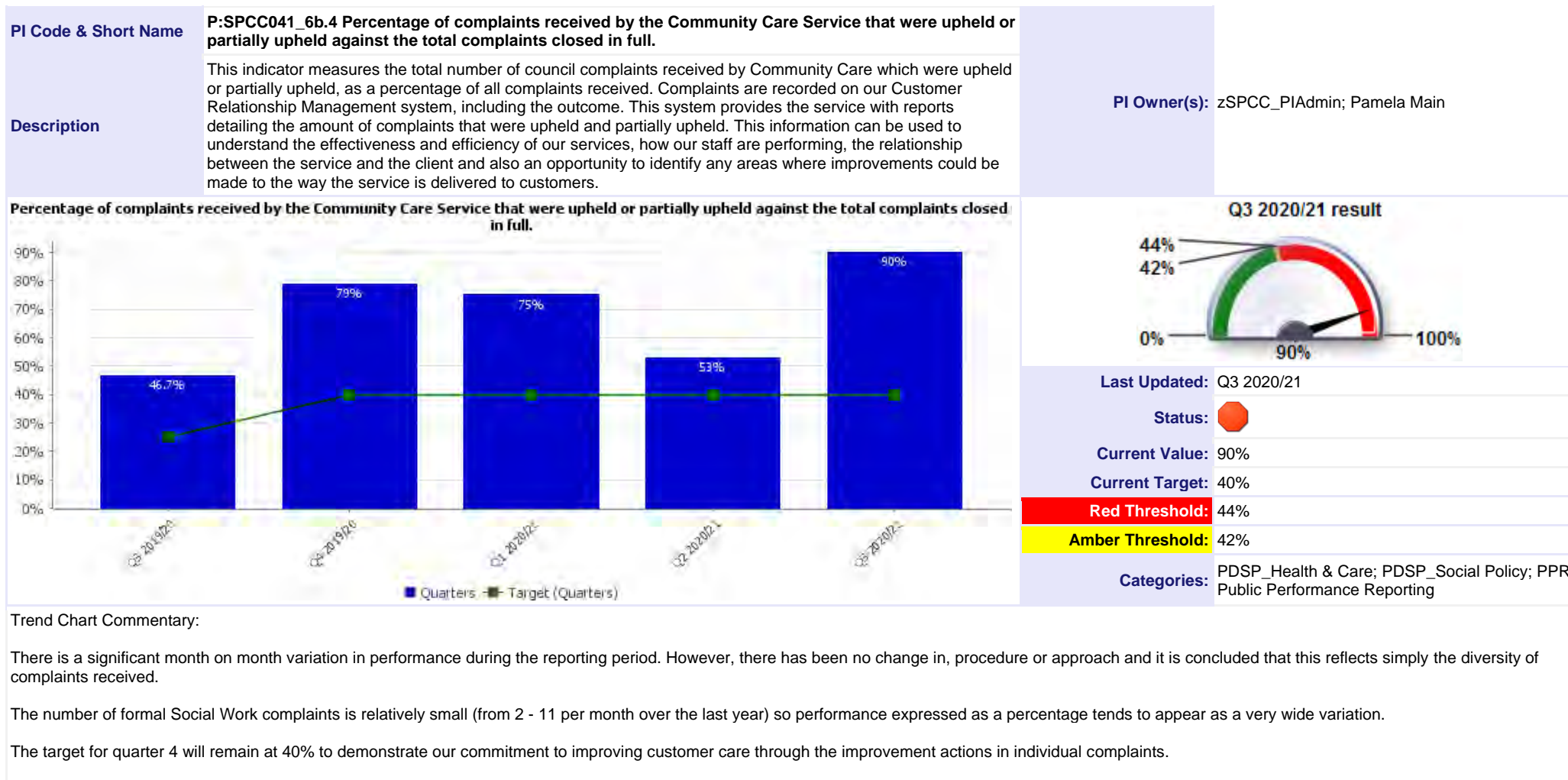
Generated on: 05 February 2021 11:42

Report Layout: .NEW. PDSP_Pls_All(Detail)_Grid





| PI Code & Short Name | P:SPCC038_6b.3 Total number of complaints received by the Community Care Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|------------|----|------------|----|------------|---|------------|----|------------|----|--|--|---------------|------------|---------|---|----------------|----|-----------------|----|----------------|------|------------------|------|-------------|--|
| Description | This indicator measures the total number of complaints received by Community Care. It is the total number of complaints received by Community Care at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days). The information is recorded on the council's Complaints Records Management system which allows systematic performance reporting and analysis of trends. Complaint outcomes are analysed to inform improvement plans. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PI Owner(s): zSPCC_PIAAdmin; Pamela Main | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Total number of complaints received by the Community Care Services</div>  <table><caption>Data for Total number of complaints received by the Community Care Services</caption><thead><tr><th>Quarter</th><th>Complaints</th></tr></thead><tbody><tr><td>Q3 2019/20</td><td>15</td></tr><tr><td>Q4 2019/20</td><td>24</td></tr><tr><td>Q1 2020/21</td><td>8</td></tr><tr><td>Q2 2020/21</td><td>17</td></tr><tr><td>Q3 2020/21</td><td>10</td></tr></tbody></table> | | Quarter | Complaints | Q3 2019/20 | 15 | Q4 2019/20 | 24 | Q1 2020/21 | 8 | Q2 2020/21 | 17 | Q3 2020/21 | 10 | <div>Q3 2020/21 result</div>  <table><tr><td>Last Updated:</td><td>Q3 2020/21</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>10</td></tr><tr><td>Current Target:</td><td>18</td></tr><tr><td>Red Threshold:</td><td>19.8</td></tr><tr><td>Amber Threshold:</td><td>18.9</td></tr><tr><td>Categories:</td><td>PDSP_Health & Care; PDSP_Social Policy; PPR Public Performance Reporting</td></tr></table> | | Last Updated: | Q3 2020/21 | Status: | ✓ | Current Value: | 10 | Current Target: | 18 | Red Threshold: | 19.8 | Amber Threshold: | 18.9 | Categories: | PDSP_Health & Care; PDSP_Social Policy; PPR Public Performance Reporting |
| Quarter | Complaints | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2019/20 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2019/20 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2020/21 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2020/21 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2020/21 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | Q3 2020/21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 19.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 18.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | PDSP_Health & Care; PDSP_Social Policy; PPR Public Performance Reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Trend Chart Commentary:</div> <p>The number of complaints received by Community Care Services are few but highly variable within a small range. Complaints are systematically analysed both at an individual and aggregate level to inform trends and areas for improvement but it has not been possible to identify any consistent trend which would inform variations in performance.</p> <p>Where individual complaints are upheld or partially upheld, the service ensures that required improvements are identified and implemented.</p> <p>In 2020/21, performance has been variable but better than the target of 18 per quarter; there were 8 complaints in Q1, 17 in Q2 and then a reduction to 10 in Q3.</p> <p>In 2020/21, performance has been variable but better than the target of 18 per quarter; there were 8 complaints in Q1, 17 in Q2 and then a reduction to 10 in Q3. The performance target will be set at 12 for the next quarter to reflect a variable but downward trend in the number of complaints overall.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



DATA LABEL: PUBLIC



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

WEST LOTHIAN INTEGRATION JOINT BOARD

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To update members on the business and activities of West Lothian Integration Joint Board.

B. RECOMMENDATION

To note the terms of the minutes of West Lothian Integration Joint Board dated 19th January 2021 and 18th March 2021 in the appendices to this report.

C. SUMMARY OF IMPLICATIONS

| | |
|---|--|
| I Council Values | Focusing on our customers' needs |
| | Being honest, open and accountable |
| | Working in partnership. |
| II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment) | Council requires the activities of certain outside bodies to be reported to elected members on a regular basis, as part of its Code of Corporate Governance. |
| III Implications for Scheme of Delegations to Officers | None. |
| IV Impact on performance and performance Indicators | Working in partnership. |
| V Relevance to Single Outcome Agreement | We live longer, healthier lives. |
| VI Resources - (Financial, Staffing and Property) | None. |
| VII Consideration at PDSP | Reported to Health & Care PDSP for noting. |
| VIII Other consultations | None required. |

D. TERMS OF REPORT

On 29 June 2010 the Council Executive decided that the activities of certain outside bodies should be reported within the council to ensure all elected members are aware of the business of those bodies and to help to ensure their activities are more effectively scrutinised.

In accordance with that decision the business of West Lothian Integration Joint Board was to be reported to this meeting by the production of its minutes. The relevant documents are produced in the Appendix to this report.

E. CONCLUSION

This report ensures that members are kept apprised of the activities of West Lothian Integration Joint Board as part of the council's Code of Corporate Governance.

F. BACKGROUND REFERENCES

West Lothian Council Code of Corporate Governance.

Council Executive, 29 June 2010

Appendices/Attachments: **Appendix 1:** Minutes of the meeting of West Lothian IJB held on 19th January 2021

Appendix 2: Minutes of the meeting of the West Lothian IJB held on 18th March 2021

Contact Person: Allister Short, Depute Chief Executive

Allister.Short@westlothian.gov.uk

CMT Member: Allister Short, Depute Chief Executive

Date: 29th April 2021

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within WEBEX VIRTUAL MEETING ROOM, on 19 JANUARY 2021.

Present

Voting Members – Bill McQueen (Chair), Martin Connor, Damian Doran-Timson, Martin Hill, Katharina Kasper, Dom McGuire, and George Paul

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

Apologies – Harry Cartmill and David Huddleston

In attendance – Martin Higgins (NHS Lothian), Carol Holmes (NHS Lothian), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Sharon Leitch (Senior Auditor), James Millar (Standards Officer), Fiona Wilson (Team Manager, Community Health and Care Partnership)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minutes of its meeting held on 10 November 2020, subject to correcting Alan McCloskey's name in the sederunt.

3 MINUTES FOR NOTING

- a The Board noted the minutes of the West Lothian Integration Joint Board Audit Risk and Governance Committee meeting held on 2 December 2020.
- b The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 22 October 2020.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that there was nothing to report under this item.

5 ANTI-POVERTY AND HEALTH AND WELLBEING UPDATE

The Board considered a report (copies of which had been circulated) by Martin Higgins providing an update on recent community planning work relating to COVID-19 with specific reference to health and wellbeing.

It was recommended that the Board note the continued involvement in joint community planning COVID-19 mitigation activity.

Decision

1. To note the terms of the report.
2. To consider how to distinguish strategic and leadership functions in community planning work
3. To further develop IJB's leadership role in community planning work involvement.
4. To monitor the subject of mental health issues via the SPG and consider future approaches when Covid circumstances change.
5. To consider inviting Martin Higgins to a future meeting of the IJB to provide another update.

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 have been taking place within West Lothian in relation to the work of the Integration Joint Board.

Decision

1. To note the terms of the report.
2. To circulate the letter from the Cabinet Secretary for Health and Sport regarding the Consultation to Include Integration Joint Boards as Category 1 Responders under the Civil Contingencies Act 2004.
3. Chief Officer to update members on vaccination progress every two weeks.
4. To include item on drug related deaths in the March meeting agenda.
5. To formally record thanks to all Health and Social Care Partnership staff, carers and third sector partners for managing the Covid crisis.

7 WEST LOTHIAN IJB 2020/21 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update, in advance of the

Quarter 3 monitoring, on the 2020/21 budget position, including updated Covid-19 financial implications.

It was recommended that the Board:

1. Note the forecast outturn position for 2020/21 in respect of IJB delegated functions;
2. Note the latest estimated financial implications resulting from Covid-19 in relation to both expenditure and additional Scottish Government funding;
3. Note the key risks associated with the 2021/22 forecast position; and
4. Note the current position regarding the UK and Scottish Budgets for 2021/22.

Decision

To note the terms of the report.

8 CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2019-2020

The Board considered a report (copies of which had been circulated) by the Chief Social Work Officer providing an overview of the statutory work undertaken during the period 2019 – 20 and providing members an opportunity to comment.

It was recommended that the Board:

1. Note the contents of the Chief Social Work Officer's annual report for 2019-2020; and
2. Note that a draft of the report has been submitted to the Scottish Government Chief Social Work Advisor.

Decision

1. To note the terms of the report.
2. To provide further details regarding care home staffing levels.
3. To use outcomes of the recent Joint Inspection of the Effectiveness of Strategic Planning in the West Lothian Health and Social Care Partnership to provide an update on personalised care at a future IJB meeting.

9 HEALTH AND CARE GOVERNANCE GROUP UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting proposals for moving the West Lothian Health

and Care Governance Group to an officer led committee and for the appointment of a permanent chair.

It was recommended that the Board:

1. Agree formally that the Health and Care Governance Group will be an officer led committee;
2. Approve the Head of Social Policy as the permanent chair of the group; and
3. Agree that minutes of the meetings of the Health and Care Governance Group will be submitted to the IJB to provide members with assurance around standards of health and social care services in West Lothian.

Decision

1. To approve the terms of the report.
2. To consider timing meetings of the Health and Care Governance Group to ensure timely distribution of meetings to the IJB for noting.
3. To note advice to the Health and Care Governance Group to consider the relationship between the group and the Clinical Governance Committee when reviewing the group's remit in order for clarity and avoidance of duplication of work.

10 REVISED MODEL CODE OF CONDUCT - CONSULTATION RESPONSE

The Board considered a report (copies of which had been circulated) by the Standards Officer asking members to consider a proposed response to the Scottish Government's consultation on a revision of the Model Code of Conduct.

It was recommended that the Board agree a response to the Scottish Government's consultation on a revised Model Code of Conduct.

Decision

To approve the recommendation in the report.

11 DRAFT EQUALITY OUTCOMES 2021-2025

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting draft equality outcomes for 2021–2025 and seeking approval to commence a public consultation on those outcomes.

It was recommended that the Board:

1. Note the requirement for public bodies to develop and publish equality outcomes and to report on them every two years;
2. Note the Board is due to 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;
4. Agree the draft equality outcomes for public consultation; and
5. Agree the proposed approach to public consultation.

Decision

To approve the recommendations in the report.

12 SELF-EVALUATION ACTON PLAN PROGRESS UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer updating members on progress made against the joint action plan submitted to the Scottish Government at the request of the Ministerial Strategic Group for Health and Community Care following its Review of progress with Integration of Health and Social Care.

It was recommended that the Board:

1. Note that the Ministerial Strategic Group for Health and Community Care requested that every Health Board, Local Authority and Integration Joint Board jointly submit a self-evaluation of progress with integration to the Scottish Government and an associated plan for improvement;
2. Note that an action plan was agreed by all three partners and submitted to the Scottish Government on 23 August 2019;
3. Note the progress made against the agreed actions; and
4. Agree that actions considered to be partially complete or ongoing are captured or superseded by other, more recent plans and that monitoring this particular action plan is surplus to requirements for providing assurance to the Board.

Decision

1. To approve the recommendations in the report.
2. To add an update on the Communications and Engagement Strategy to the Workplan.
3. To ensure the Board maintains continued collaboration with carers.

13 REVISED REPORT TEMPLATE

The Board considered a report (copies of which had been circulated) by the Chief Officer seeking approval for the adoption of an updated report template to be used for meetings of the West Lothian Integration Joint Board, the Audit, Risk and Governance Committee and the Strategic Planning Group.

It was recommended that the Board:

1. Note the recommendation from the joint inspection on strategic planning in relation to establishing a clear identity for the integration authority to ensure its role in supporting the functions of the integration joint board is clearly evident to the people of West Lothian;
2. Note the Board agreed at its meeting of 10 November 2020, to establish a clear brand for integrated health and social care services that is recognisable to the West Lothian population – including the development of a campaign brand for the IJB and a revised report template that better reflects the identity of the Board; and
3. Agree the revised report template for the IJB, its Audit Risk and Governance Committee and the Strategic Planning Group.

Decision

1. To approve the recommendations in the report.
2. To include sustainability considerations in the integrated impact assessment form.
3. To organise an additional development session between February and May which would include discussion on sustainability.

14 WORKPLAN

A workplan had been circulated for information.

Decision

1. To note the workplan.
2. To add 6-monthly evaluation of Communications and Engagement Strategy to the workplan.
3. To add Carer Strategy updates to the workplan.
4. To move future IJB meetings to MS Teams platform and to organise a test/training session for members.

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.

DATA LABEL: PUBLIC



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NHS Lothian Board

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To update members on the business and activities of Lothian NHS Board.

B. RECOMMENDATION

To note the terms of the minutes of Lothian NHS Board dated 9th December 2020 in the appendix to this report.

C. SUMMARY OF IMPLICATIONS

| | |
|---|--|
| I Council Values | Focusing on our customers' needs |
| | Being honest, open and accountable |
| | Working in partnership. |
| II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment) | Council requires the activities of certain outside bodies to be reported to elected members on a regular basis, as part of its Code of Corporate Governance. |
| III Implications for Scheme of Delegations to Officers | None. |
| IV Impact on performance and performance Indicators | Working in partnership. |
| V Relevance to Single Outcome Agreement | We live longer, healthier lives. |
| VI Resources - (Financial, Staffing and Property) | None. |
| VII Consideration at PDSP | Regularly reported to Health & Care PDSP for noting. |
| VIII Other consultations | None required. |

D. TERMS OF REPORT

On 29 June 2010 the Council Executive decided that the activities of certain outside bodies should be reported within the council to ensure all elected members are aware of the business of those bodies and to help to ensure their activities are more effectively scrutinised.

In accordance with that decision the business of Lothian NHS Board was to be reported to this meeting by the production of its minutes. The relevant documents are produced in the Appendix to this report.

E. CONCLUSION

This report ensures that members are kept apprised of the activities of Lothian NHS Board as part of the council's Code of Corporate Governance.

F. BACKGROUND REFERENCES

West Lothian Council Code of Corporate Governance.

Council Executive, 29 June 2010

| | |
|-------------------------|--|
| Appendices/Attachments: | Appendix 1 Minutes of the meeting of NHS Lothian Board held on 9 th December 2020 |
| Contact Person: | Allister Short, Depute Chief Executive allister.short@westlothian.gov.uk |
| CMT Member: | Allister Short, Depute Chief Executive |
| Date: | 29 th April 2021 |

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 09 December 2020 using Microsoft Teams

Present:

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

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

In Attendance:) Mr J Crombie (Deputy Chief Executive); Mrs J Butler (Director of HR & OD); Mr P Lock (Director of Improvement); Mrs J Campbell (Chief Officer, Acute Services); Mr C Briggs (Director of Strategic Planning); Mr D A Small (Director of Primary Care Transformation); Mr A Payne (Head of Corporate Governance); Ms A MacDonald (Chief Officer, East Lothian HSCP); Mr A Short (Chief Officer West Lothian HSCP); Dr Jane Hopton (Programme Director, Facilities, NHS Lothian) (Item 90); Professor Angela Timoney (Director of Pharmacy)(Item 97); Ms K Taylor (Communications Manager NHS Lothian); Mr A Jackson (Assistant Director of Healthcare Planning); Ms A Kirkpatrick (Waiting Times Governance Manager); Mr G Fender (Area Manager Soft FM, C Hirst Paired Learning Partner) and Mr C Graham (Secretariat Manager)

Apologies for absence: Mrs J Mackay (Director of Communications & Public Engagement) and Cllr D Milligan (Non-Executive Board Member).

85. Declaration of Financial and Non-Financial Interest

- 85.1 The Chair reminded members that they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.
- 85.2 Cllr O'Donnell declared that she, Mr McQueen and Cllr Gordon were members of the Board's Pharmacy Practices Committee. This was noted in relation to the Pharmaceutical Services Care Plan which is on the agenda. The Board agreed that the fact that Board members are also members of a Board committee does not create a conflict of interest.
- 85.3 Mr Hill declared an interest in relation to the Sustainable Development Action Plan as he was also a member of the SEPA Board. The Board agreed that this would not preclude him from the discussion on this item.

86. Chair's Introductory Comments

- 86.1 The Chair advised that this would be Professor Whyte's last meeting before stepping down from the Board. The Board thanked Professor Whyte for all her contributions as a Board Member and wished her well for the future.

Items for Approval

- 86.2 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as "the consent agenda". The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. There had been no such requests.
- 86.3 Minutes of Previous Board Meeting held on 14 October 2020 – Minutes were approved
- 86.4 Finance & Resources Committee Minutes - 23 September and 28 October 2020 – Minutes were noted
- 86.5 Healthcare Governance Committee Minutes - 08 September 2020 – Minutes were noted
- 86.6 Audit and Risk Committee Minutes - 24 August 2020 – Minutes were noted
- 86.7 Staff Governance Committee Minutes - 29 July 2020 – Minutes were noted
- 86.8 Edinburgh Integration Joint Board Minutes - 24 August 2020 – Minutes were noted
- 86.9 West Lothian Integration Joint Board Minutes - 22 September 2020 – Minutes were noted
- 86.10 East Lothian Integration Joint Board Minutes - 27 August and 17 September 2020 – Minutes were noted
- 86.11 Midlothian Integration Joint Board Minutes - 27 August and 10 September 2020 – Minutes were noted
- 86.12 Appointment of Members to Committees - The Board agreed to appoint Professor Emma Reynish as a non-voting member of East Lothian Integration Joint Board for the period from 9 December 2020 to 8 December 2023.

Items for Discussion

87. Board Chair's Report – December 2020

- 87.1 The Chair briefed the Board on recent events and pieces of work that she had been involved with.
- 87.2 The Board noted that there had been a virtual Board Chairs' away day that had looked at Board constitutions, received presentation from Public Health Scotland and on the review of adult social care. There had also been the regular Board Chairs' group meetings which had considered Covid track and trace arrangements; vaccination programme; remobilisation and winter planning.
- 87.3 The Board also noted that there had been shortlisting and interviewing for new non-executive Board Members. There had been 84 applications and 8 interviews had taken place. The submission to Ministers was currently being worked through.
- 87.4 The Chair also referred to the recent NHS Lothian Annual Review with the Cabinet Secretary. The Chair thanked Mr Briggs and his team for the comprehensive preparation of the Annual Review submission. This had been a constructive session and the [Annual Review letter](#) had been circulated for members to note.
- 87.5 The Chair also reported that there had been regular MPs/MSPs meetings and an extra session had been scheduled before Christmas to brief on the Covid vaccination programme. There had also been a briefing session held with the Royal Society for Arts, Manufactures and Commerce (RSA) and colleagues to give a progress report on the Board's strategy.

88. Board Executive Team Report – December 2020

- 88.1 The Board received the Board Executive Team report.
- 88.2 Mr Connor asked about the St John's Hospital Elective Centre and the delay to the project. Mr Crombie stated the new design work was underway to protect the centre from the main hospital in the light of Covid and any future pandemic.
- 88.3 Mr McQueen asked for an update on the Covid vaccination programme and how the system was working for staff. Mr Small reported that staff vaccination had started on 08 December 2020. There had been a controlled start and 500 people to date had been vaccinated. There was currently around 4,500 members of staff booked in to receive vaccinations up to Christmas, but there was caution around bookings as the vaccine was being received on a day by day basis at the moment, so it was hard to commit far ahead. Work to build up the supply to start vaccination of care home residents was also underway and there would be a plan in place for care homes by the end of this week.

- 88.4 The staff booking call centre was currently extremely busy and internal measures were being taken to smooth the process and remove frustration. The line had now been made a freephone number to remove any financial disincentive to staff. At this time, it had not been possible to put an online booking system in place given the short notice and technical issues involved. However, management are exploring the functionality of TRAK as an option. It was hoped that for the mass public vaccination this would be through a large online national booking system. Mr Waterson asked that appreciation be recorded for the sterling work Mr Small and his team had undertaken around vaccination, given the circumstances and ever-changing protocols and information.
- 88.5 Mrs Mitchell highlighted the positive work being done within Human Resources and Organisational Development, as outlined in section 6 of the report, around the driving forward of excellent resources and work around mental health and wellbeing. The Chair's involvement with the Edinburgh Poverty Commission was noted and the Chair congratulated Mrs Butler and her team for their work on NHS Lothian becoming a 'trailblazer' organisation for the Young Persons Guarantee.
- 88.6 Ms Hirst asked about EU Exit and assurance around actions being taken particularly in relation to supply chain, medicines, PPE and vaccine. Mr Crombie confirmed that the Board's EU Exit Strategic Management Group had been meeting regularly again since September 2020 and remain assured that systems were in place although this was currently a dynamic situation as to whether an Exit deal would be agreed.
- 88.7 Mr McCann asked for clarification around Caldicott Guardian arrangements. The Chief Executive confirmed that this role was currently sitting with the Executive Medical Director as an interim measure until the skill set of the new Director of Public Health and Health Policy was known. It was noted that the interviews for the Director of Public Health post would be taking place on 10 December after interviews scheduled for 25 November 2020 were postponed.
- 88.8 Mr Murray asked about the new senior post in the organisation for infection prevention control. Professor McMahon outlined that interviews would take place on 17 December and that this post, a new business manager and a HAI Scribe post would give much needed capacity to the team.
- 88.9 Cllr O'Donnell raised contact tracing, current rates and compliance levels. Ms Dee agreed to circulate further data around themes. The Public Health Silver Tactical Group received reports from each of the local authorities and this data was looked at in depth at the weekly meetings.
- 88.10 Mr Hill asked about Realistic Medicine as mentioned under section 4 of the report. Miss Gillies confirmed that there was a session planned for 10 December, with the RSA, clinical directors and senior nurses. This session would pick up discussion around strategic planning work and there would be further updates to the Board in the coming months.

88.11 Dr Williams asked about unscheduled care and redesign nationally of the urgent care programme. It was noted that the new system was an add-on to be encouraged but not a replacement for people attending A&E. The Board agreed that the best route for monitoring of progress with this work would be through the Board's Healthcare Governance Committee, picking up on pathways, safety and satisfaction explicitly.

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

89.1 **Staff Governance Committee** – Mr McQueen provided an update on the Staff Governance Committee's progress on equalities issues. The Board noted that in response to concerns raised by the Black and Minority Ethnic ('BME') Staff Network, five actions had been undertaken, these were to:

- Support managers to talk to BME staff and support risk assessments
- Contribute to a national effort on risk assessments
- Prepare to support and protect staff at increased risk from a second wave of Covid
- Develop a Race Equality Action Plan
- Ensure leadership attendance at BME staff network meetings.

89.1.1 These actions were underway ahead of the receipt of two Scottish Government letters to Health Boards in June and July 2020 asking Boards to redouble their efforts on Race Equality, and to make various commitments including on clear governance and accountability to their Boards.

89.1.2 NHS Lothian currently has several workstreams in place, making significant progress through the Staff Governance Committee on equalities issues in conjunction with the Board's Lead for Equalities and Human Rights and BME Staff network lead. Progress included:

- The Chief Executive and Director for HR and OD attending BME Staff Network meetings in August 2020 and making public statements of support about involving staff networks in our actions and processes going forward;
- Making information available and running online sessions for managers to support staff returning from shielding and to help staff have effective risk assessments; the BME Staff Network has hosted workshops on this and on a Risk Assessment Toolkit;
- Relevant staff have been involved in the development of Scottish Government's national risk assessment tool which the Board adopted in July;
- Four Staff networks have been established for BME, LGBT+. Disability and Youth groups and each of these is working with HR to develop their own Equality Action Plan by April 2021, including a campaign for staff to record personal demographic data on the HR system;
- HR and Communications will produce a Communications Strategy with the Staff Networks to promote the action plans.
- In collaboration with Edinburgh Lothians Health Foundation, a series of short films are being produced to capture staff member's lived experience

and will be used for training and learning purposes.

89.2 **Audit and Risk Committee** – Mr Connor flagged recent discussions that had taken place around the effectiveness of the Board's risk management system and the process for assurance used by committees. It was noted that further review would be taking place at the Board's Corporate Management Team and it would be appropriate for a future whole Board development session to be held in the new year as part of the review of the whole risk system.

89.3 **Finance and Resources Committee** – Mr Hill reported that Finance and Resources Committee had also recently discussed risk and assurance and mitigation against actions out with the Board's control such as EU Exit and Covid-19. The committee had also recently discussed any impact EU Exit may have on the Board's capital programme. The Committee had also reviewed its terms of reference, including considering how it would work with the Board's new Performance, Planning and Development Committee.

90. NHS Lothian Sustainable Development Framework and Action Plan

90.1 Mr Crombie introduced the paper asking that the Board endorsed the Sustainable Development Framework and Action Plan. Dr Hopton provided a presentation on the Framework which looked at mitigation of climate change, carbon emissions targets, actions around sustainability goals, sustainable models of care.

90.2 The Board noted that there was significant challenge involved with the Framework but that having an agreed visible Framework would also help in accelerating engagement with national organisations and local partners.

90.3 Dr Donald highlighted that the Green Space and Health Group that she chaired was also actively involved in supporting this work.

90.4 Mr Hill added that Scotland had declared a climate emergency and that the Covid-19 pandemic had thrown up incredible levels of innovation and imagination in dealing with and mitigating against the virus. This is the type of approach required to tackling climate change and the Board should be looking in at more meaningful way at areas that can be influenced.

90.5 The Board noted that there was an invitation for NHS Lothian to become part of the Edinburgh Climate Commission and that Mr Crombie and Dr Hopton were looking at the commitments involved with that.

90.6 Mr McCann asked about the impact of the pandemic and what were the thoughts around a significant number of staff working at home and not travelling and how this may evolve into a hybrid working situation. Dr Hopton stated that there was now analytical support to help look at some of this. Outpatient redesign, environmental impact of changing travel patterns and staff travel to offices were all now being looked at and modelling undertaken based on literature was underway.

- 90.7 In relation to the Waverley Gate and Comely Bank offices review, Mr Crombie reported that a test of change was being undertaken to look at implications and impact of the pandemic. Feedback surveys had been completed with a vast majority of responses supporting a blended approach with continued working at home whilst retaining the wellbeing and mental health benefits engaging with colleagues in an office offers. Principles around home working would be established.
- 90.8 The Board agreed to endorse the Sustainable Development Framework and Action Plan, recognising the importance of the framework to set ambitions and a direction for engagement on the across NHS Lothian and with partner organisations and within NHS Scotland. The Board also noted the current opportunity for NHS Lothian to maximise the benefits of the high level of interest and motivation from staff and the important opportunity of a Green Recovery from Covid 19.
- 90.9 The Board accepted significant assurance that the Finance and Resources Committee on 23 September 2020 agreed to recommend the Sustainable Development Framework to the Board.
- 91. COVID-19 in Lothian – Descriptive Epidemiology (Phase 1)**
- 91.1 Ms Dee introduced the report briefing the Board on the incidence of COVID-19 during the first four months of the pandemic in Lothian from March to June 2020.
- 91.2 There was discussion on policy changes and dynamic reporting over the timescale of the report; how learning from data had been moved forward and how the Board had used the collected data to impact the future Public Health strategy. It was noted that there had been a move from data to intelligence, working with the Health and Social Care Partnerships and local authorities daily.
- 91.3 There was also discussion on learning from the pandemic, implications for delivery of services and projects in Lothian; the sustainability agenda; alterations to back room functions; effectiveness of PPE and infection prevention and control requirements and changes to how services are planned for the future.
- 91.4 The Board agreed to note the recommendations as outlined in the report:
- COVID-19 incidence in the first four months of the pandemic (March to June 2020) peaked in Lothian on the 22nd April 2020. Confirmed cases in the general population peaked first at the end of March 2020, followed by later peaks in health care workers and care home staff (20th April 2020) and care home residents (22nd April 2020).
 - Across Lothian, approximately one third of all positive cases during this first phase were in health and care workers and care home staff (32%), with just under a third in care home residents (29%).
 - There were significant differences in standardised incidence rates

between Health and Social Care Partnership (HSCP) areas which may result from differences in case ascertainment¹ and/or differences in exposure as a result of different geographies, proportion of population in health and care work occupations, and outbreaks in care homes.

- There was a pronounced socioeconomic gradient in COVID-19 infections. As the pandemic evolved, people from the most deprived communities in Lothian were more likely to test positive from the disease.

92. Scheduled and Unscheduled Care Performance

- 92.1 Ms Campbell updated the Board on performance for Scheduled Care standards: New Outpatient (OP), Treatment Time Guarantee (TTG), Diagnostic key test and 31 & 62 Day Pathway Cancer pathways; and the Unscheduled Care 4EAS and Delayed Discharge Standards.
- 92.2 Ms Campbell reported that there continued to be a focus on the Clinical Prioritisation Framework within Rehab, Inpatients, Outpatients and Diagnostics. Despite increased activity and the Clinical Prioritisation Framework there were concerns around the urgent suspicion of cancer waits.
- 92.3 There remained pressures on beds particularly at the RIE where elective bed numbers had been reduced to accommodate unscheduled flow. Dedicated orthopaedic elective bed numbers have reduced from 25 to 0, resulting in 150 routine procedures being cancelled. The site had implemented a small number of protected elective beds to maintain cancer and urgent activity. Theatre availability is maintained at 90%. Activity remains constrained due to increased turn-around time for infection prevention measures.
- 92.4 Ms Campbell added that cancer performance remained an area of significant focus but that September 2020 saw deterioration in both 31 and 62 days performance, with an oversight board and the reinstatement of weekly MDT pathway tracking meetings. Performance for Urology performance, one of the largest tumour groups decreased slightly for the 31 day pathway but improved for the 62 day pathway. Prostate and Bladder pathways will benefit from an additional robot that will be sited at SPIRE, scheduled to start in December 2020. It was anticipated this additional capacity would support a reduction in bladder cancer backlog and reduce the Robot Assisted Prostatectomy waiting list. Ms Campbell also reported on Endoscopy diagnostic activity; Endoscopy mobilisation plans and the Regional Endoscopy Unit.
- 92.5 In relation to unscheduled care, Ms Campbell stated that the national redesign of urgent care programme was accelerating to improve access to urgent care pathways so people receive the right care, in the right place, at the right time. This would be achieved by:
- clear and concise public and staff information;
 - access and triage through a national single point of access (111) 24/7;
 - implementation of a flow navigation centre in each NHS board;
 - optimising technological solutions for urgent care needs;
 - scheduling attendances for urgent care
- 92.6 There was discussion about the recommendation in the report around the

limited assurance being offered that remobilisation actively underway would mitigate growing volumes of long wait patients for scheduled care and cancer services, against proactively dealing with a Covid second wave, winter activity and a known backlog of patients from the first wave of cessation of routine activity, impacting on over 52 weeks in January 21. Ms Kasper asked what would need to happen for the Board to be more confident of getting through the waiting times backlog.

- 92.7 Ms Campbell stated this work was part of the Clinical Prioritisation process and it was noted that there remained constraints due to implementation of 2 metre social distancing requirements which meant that there was currently not enough activity to manage all the backlog and demands coming through the system.
- 92.8 Mr Murray asked if there was a plan between now and the summer to use the Covid-19 vaccine to allow for growth in procedures and reduction in use of Personal Protective Equipment (PPE). Ms Campbell confirmed that there was no written plan for that approach. Professor McMahon added that there continued to be a strategic meeting looking at PPE across the whole system.
- 92.9 Ms Hirst asked about patient feedback and communication. Ms Campbell highlighted there were several mechanisms that patients could use to feedback on elements of services whether this be written or verbal communication. Professor McMahon stated that the Care Opinion mechanism was become more widely used by patients for feedback along with more traditional process around feedback, complaints and tell us 10 things.
- 92.10 The Board agreed to the recommendations as outlined in the report:
- Acknowledged the impact of the first and second waves of Covid on OP, TTG and Diagnostic performance. The reintroduction of services and screening has not impacted cancer waiting times performance significantly, although some diagnostic capacity remains reduced.
 - Took limited assurance that remobilisation actively underway will mitigate growing
 - volumes of long wait patients for scheduled care and cancer services, against proactively dealing with a Covid second wave, winter activity and a known backlog of patients from the first wave of cessation of routine activity, impacting on over 52 weeks in January 21.
 - Acknowledged that 57.4% of patients were seen within the Treatment Time Guarantee
 - (TTG) in September 20. Provisional management information indicates that 8,940
 - inpatients were waiting longer than 12 weeks by the end of October 20.
 - Acknowledged that 4 hour Emergency Access Standard performance is 89.5% for October 20.
 - Recognised that NHSL is prepared for the second phase of the national redesign of urgent care programme.
 - Recognised that while the number of delayed discharges have increased

since April 2020, numbers are still historically low for Lothian. HSCPs continue to work with acute colleagues to improve discharge planning, transfers of care and embedding Home First approach to reduce number of delays and associated occupied bed days.

93. October 2020 Financial Position

- 93.1 Mrs Goldsmith updated the Board on the financial position at Period 7. The paper also set out the financial impact from Covid-19 to-date.
- 93.2 Mrs Goldsmith reported that the financial position was becoming clearer and that despite a lot of uncertainty, the mid-year review was underway. As the year end moved closer there would be more confidence around the delivery of a breakeven position, making sure that all Covid-19 costs are separated from core business.
- 93.3 The Chief Executive highlighted that finance was not preventing the Board from doing anything but it was recognised that lack of infrastructure and capacity to meet demands were the biggest drivers.
- 93.4 The Board is agreed to accept the report as a source of limited assurance that the Board will achieve a breakeven position in this financial year.

94. Discharges to Care Homes

- 94.1 Professor McMahon introduced the report updating the Board on the clinical audit and analytical investigation into discharges to care homes.
- 94.2 The Board welcomed the report and expressed thanks to Mr Jackson and his team for pulling this complex and detailed piece of work together.
- 94.3 The Board noted that there had been two background briefing sessions for non-executive Board members about hospital discharges to care homes and the need to understand if Covid-19 could have been transferred from a hospital setting to a care home and if national guidance regarding testing and isolation requirements has been followed.
- 94.4 The Board recognised that work within virology to undertake genome sequencing to inform further the assessment that has been made on the chains of transmissions within the individual outbreaks, remains ongoing and this would complete the review and support any necessary communications or inform any other actions required. It was hoped that this piece of work would be completed before the new year.
- 94.5 Mrs Mitchell asked about the application of learning into clinical practice and an indicative timeline around this. Professor McMahon confirmed there would be a report taken to the Board's Healthcare Governance Committee in January 2021. This paper would use the output from the submitted report, and analysis and action plan around the Root Cause Analysis that was published to ensure there was a marry up and a whole system action plan. There would

be a focus on Infection Prevention and Control and PPE.

- 94.6 Mr Jackson reported that there remained continued dialogue with the Lord Advocate's team around the inquiry but confirmed that NHS Lothian's process had been found to be robust and helpful and may encourage other boards to adopt a similar approach.
- 94.7 The Board accepted the recommendations in the report (as set out below) and requested that a further update come to the February 2021 Board meeting:
- Accepted the detailed report on the review into the discharges to care homes, considering the pattern of testing undertaken and investigating the possibility that there may have been introduction of Coronavirus (SARS-CoV 2) from hospital into the home.
 - Acknowledged the complex processes that support discharges into care homes including the responsibilities of Health and Social Care Partnerships and Local Authorities and the professional accountabilities of social workers in this context.
 - Noted that Virology is undertaking genome sequencing to inform further the assessment that has been made on the chains of transmissions within the individual outbreaks. This will complete the review and support any necessary communications.
 - Noted that NHS Lothian has a duty of candour to appropriately communicate relevant findings to patients or their families which will be undertaken following completion of the internal review which will be once the virology results have been analysed.
 - Approved use of the internal review report to support learning across the organisation to improve administrative and clinical processes and in communication with the Scottish Government and Public Health Scotland to facilitate further learning given that this is an issue nationally.
 - Noted that the detail of the review has been made available to the Lord Advocate's team for their consideration.
 - Approved moderate assurance of the process followed to examine the likelihood of hospital discharges introducing COVID into care homes, given the limitations in the methodology adopted.

95. Project Bank Account Approval

- 95.1 Mrs Goldsmith outlined the report recommending that the Board approve the opening of a Project Bank Account for the Oncology Enabling Linac/Admin capital project.
- 95.2 The Board noted that the Standing Financial Instructions stated:
'The Board shall approve the banking arrangements. No employee or Local Authority Employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.'
- 95.3 Mr Hill asked whether it was possible for the Board to delegate the decision to open a bank account given that this will be a requirement for all projects

above £2m. Mrs Goldsmith agreed to discuss this with the Board's Head of Corporate Governance.

95.4 The Board accepted the recommendations outlined in the report and:

- Approved the opening of a project bank account for the Oncology Enabling Project at the Western General Hospital.
- Confirmed that the five executive members of the Board will provide the required personal information to complete the forms for the Royal Bank of Scotland to carry out the bank's Know Your Customer and Know Your Business regulatory checks.
- Authorised the Director of Finance to be the designated signatory to sign the account application on behalf of the Board.
- Authorised the Director of Finance to be the designated signatory to sign the trust deed on behalf of the Board.

96. Corporate Risk Register

96.1 Miss Gillies introduced the report providing an update on the NHS Lothian's Corporate Risk Register for assurance.

96.2 The Board accepted the recommendations in the report and noted that a review of the Corporate Risk Register would be arranged as part of a 2021 Board development session:

- Accepted the risk assurance table, as a summary of all risks including levels of assurance and grading, as agreed by the relevant committee.
- Noted that a high-level review of the risks on the corporate risk register is being undertaken.

97. NHS Lothian Pharmaceutical Care Service Plan 2020

97.1 Ms Dee and Professor Timoney outlined the report recommending that the Board consent to publication of the Pharmaceutical Care Services Plan: Provision of Pharmaceutical Services Delivered via Community Pharmacy 2020.

97.2 The Board noted that due to the requirement to divert a lot of staff to the Covid19 response, the Plan had not received the level of refresh or engagement with partners that would have normally been expected and as a result a significant update was expected for the 2021 Plan to include extensive engagement with the Integration Joint Boards and the Board members who sit on the Board's Pharmacy Practices Committee.

97.3 There was discussion on the role of the Board's Pharmacy Practices Committee and the continued frustrations around the backlog of applications and blockages to the Committee's effective working.

97.4 The Board accepted the recommendations in the report:

- Noted that the Pharmaceutical Care Services Plan: Provision of Pharmaceutical services Delivered via Community Pharmacy 2020 has been supported by the NHS Lothian Corporate Management Team on 24th November 2020.
- Noted that IJB Chief Officers and Planning Officers have seen the 2020 plan for information and will be included in future development of the plan
- Provided consent for the plan to be published on The Community Pharmacy Lothian website.
- Provided consent that the plan continues to be reviewed annually and brought to the Board every three years.
- Supported the recommendations in the Pharmaceutical Care Services Plan.

97.5 The Board agreed to use the plan for 2020, accepting that additional update work would now be undertaken and the Plan would be built on. The Plan would then be revisited by the Board once the update work had been completed. There would be an update at the February 2021 Board meeting as to how the work on the plan was being taken forward.

98. RHCYP, DCN & CAMHS Project Update

98.1 Mrs Goldsmith updated the Board on the current status of the project as it approaches final completion. Mrs Goldsmith highlighted that work in CAMHS had been finished and migration of services was planned from 15 January 2021. Commissioning work to migrate other services as soon as possible after the end of January 2021 continued.

98.2 The Chair stated that there had been also been discussion about the project and the recent annual review with the Cabinet Secretary. The Cabinet Secretary had been supportive of the work that had been undertaken to make sure migration was clinically led given the context of Covid-19 and winter pressures.

98.3 The Board noted that in terms of oversight and governance of the project, the Executive Steering Group reporting to the Scottish Government Oversight Board would remain in place until the migration of the remaining services is finalised. It was also noted that the current Senior Programme Director, Ms Mary Morgan, had been appointed as Chief Executive of NSS from 1 April 2021. The Board passed on its congratulations. The Board also noted that Chair of the Scottish Government Oversight Board, Ms Fiona McQueen, had deferred her retirement to see completion of the project.

98.4 Mrs Goldsmith also reported that in terms of the Public Inquiry this remained at the information gathering stage and a further update would be taken to the Board's Finance and Resources Committee.

98.5 The Board agreed to accept the contents of the report as an update on the progress to completion of the facility and the planning underway for final migration of services.

99. Any Other Business

99.1 There was no other business.

100. Next Board Meeting

100.1 The next Board meeting would be held on 3 February 2021.

101. Standing Order 5.23 Resolutions to take Items in Closed Session

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

Signed by the Chair
Date 03/02/2021

Mrs Esther Robertson
Interim Chair – Lothian NHS Board

DATA LABEL: Public

Health and Care Policy Development and Scrutiny Panel Timetable – 2021-22

| Deadline for Submission of Items for Agenda by noon | Committee Issue Final Agenda | Meeting Date | Venue |
|--|-------------------------------------|---------------------------------|--------------|
| Thursday 12 August 2021 | Friday 13 August 2021 | Thursday 19 August 2021 | TBC |
| Thursday 21 October 2021 | Friday 22 October 2021 | Thursday 28 October 2021 | TBC |
| Thursday 25 November 2021 | Friday 26 November 2021 | Thursday 2 December 2021 | TBC |
| Thursday 27 January 2022 | Friday 28 January 2022 | Thursday 3 February 2022 | TBC |
| Thursday 21 April 2022 | Friday 22 April 2022 | Thursday 28 April 2022 | TBC |
| Thursday 16 June 2022 | Friday 17 June 2022 | Thursday 23 June 2022 | TBC |
| All meetings will be held at 2.00pm unless otherwise advised – Venue to be advised in due course | | | |

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

| | ISSUE | LEAD OFFICER | PDSP DATE | Comments/Notes |
|--|--|--------------------------|----------------------|----------------|
| 1 | Financial Performance Report | FMU | 3 rd June | |
| 2 | Social Policy Performance Report | Pamela Main/ Robin Allen | 3 rd June | |
| 3 | Social Policy Management Plan | Jo MacPherson | 3 rd June | |
| 4 | Update report on delivery of Health and Social Care in Prisons in West Lothian | Tim Ward | Tbc | |
| 5 | IJB Annual Performance Report | Yvonne Lawton | Tbc | |
| Reporting Activities of Outside Bodies | | | | |
| 6 | Minutes of Lothian NHS Board | Allister Short | 3 rd June | |
| 7 | Minutes of West Lothian Integration Joint Board | Allister Short | 3 rd June | |