



## ***Health and Care Policy Development and Scrutiny Panel***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

27 January 2022

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **MS Teams Virtual Meeting Room** on **Thursday 3 February 2022 at 2:00pm**.

For Chief Executive

### **BUSINESS**

#### **Public Session**

1. Apologies for Absence
2. Declarations of Interest - Members must declare any interests they have in the items of business for consideration at the meeting, identifying the relevant agenda items and the nature of their interests.
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 02 December 2021 (herewith)
5. Community Wellbeing Hubs Annual Performance Report 2020-2021- report by General Manager: Mental Health and Addictions (herewith)
6. Performance Report - Quarterly Indicators - report by Head of Social Policy (herewith)
7. "Lauren's Law", The Campaign to Have Asthma Inhalers Included Within First Aid Kits in Commercial Kitchens - report by Head of Social Policy (herewith)
8. Strategic Inspection - Action Plan Update - report by Depute Chief

DATA LABEL: Public

Executive (herewith)

9. IJB Interim Performance Report - report by Depute Chief Executive (herewith)
10. West Lothian Integration Joint Board - report By Depute Chief Executive (herewith)
11. NHS Lothian Board - report by Depute Chief Executive (herewith)
12. Workplan (herewith)

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NOTE     **For further information please contact Karen McMahon on tel. no. 01506 281621 or email [karen.mcmahon@westlothian.gov.uk](mailto:karen.mcmahon@westlothian.gov.uk)**



## **CODE OF CONDUCT AND DECLARATIONS OF INTEREST (2021)**

**This form is a reminder and an aid. It is not a substitute for understanding the Code of Conduct and guidance.**

**Interests must be declared at the meeting, in public.**

**Look at every item of business and consider if there is a connection.**

**If you see a connection, decide if it amounts to an interest by applying the objective test.**

**The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.**

**If the connection does not amount to an interest then you have nothing to declare and no reason to withdraw.**

**If the connection amounts to an interest, declare it as soon as possible and leave the meeting when the agenda item comes up.**

**When you declare an interest, identify the agenda item and give enough information so that the public understands what it is and why you are declaring it.**

**Even if the connection does not amount to an interest you can make a statement about it for the purposes of transparency.**

**More detailed information is on the next page.**

Look at each item on the agenda, consider if there is a “connection”, take advice if necessary from appropriate officers in plenty of time. A connection is any link between the item of business and:-

- you
- a person you are associated with (e.g., employer, business partner, domestic partner, family member)
- a body or organisation you are associated with (e.g., outside body, community group, charity)

Anything in your Register of Interests is a connection unless one of the following exceptions applies.

A connection does not exist where:-

- you are a council tax payer, a rate payer, or a council house tenant, including at budget-setting meetings
- services delivered to the public are being considered, including at budget-setting meetings
- councillors’ remuneration, expenses, support services or pensions are being considered
- you are on an outside body through a council appointment or nomination unless it is for regulatory business or you have a personal conflict due to your connections, actions or legal obligations
- you hold a view in advance on a policy issue, have discussed that view, have expressed that view in public, or have asked for support for it

If you see a connection then you have to decide if it is an “interest” by applying the objective test. The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.

If the connection amounts to an interest then:-

- declare the interest in enough detail that members of the public will understand what it is
- leave the meeting room (physical or online) when that item is being considered
- do not contact colleagues participating in the item of business

Even if decide your connection is not an interest you can voluntarily make a statement about it for the record and for the purposes of transparency.

The relevant documents are:-

- [Councillors’ Code of Conduct, part 5](#)
- [Standards Commission Guidance, paragraphs 129-166](#)
- [Advice note for councillors on how to declare interests](#)

If you require assistance, contact:-

- James Millar, Interim Monitoring Officer and Governance Manager, 01506 281613, [james.millar@westlothian.gov.uk](mailto:james.millar@westlothian.gov.uk)
- Carol Johnston, Chief Solicitor and Depute Monitoring Officer, 01506 281626, [carol.johnston@westlothian.gov.uk](mailto:carol.johnston@westlothian.gov.uk)
- Committee Services Team, 01506 281604, 01506 281621  
[committee.services@westlothian.gov.uk](mailto:committee.services@westlothian.gov.uk)

January 2022

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL held within MS TEAMS VIRTUAL MEETING ROOM, on 2 DECEMBER 2021.

Present – Councillors Harry Cartmill (Chair), Pauline Clark, David Dodds, Damian Doran-Timson, Andrew McGuire

Apologies – Councillor George Paul

Absent – Councillor Bruce Fairbairn

In attendance – Donald Stavert (Joint Forum of West Lothian Community Councils)

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTES

The panel confirmed the Minutes of its meeting held on Thursday 28 October 2021 as a correct record.

3. WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP HOME FIRST PROGRAMME

The panel considered a report (copies of which had been circulated) by the Depute Chief Executive providing an overview of the Home First Programme and updating on progress. The paper was also supported by a presentation on the development of a Single Point of Contact for health and social care services.

It was recommended that the panel note the progress made in relation to the Home First transformation programme across the West Lothian Health and Social Care Partnership.

The panel queried the main findings from the engagement workshop which had taken place with internal and external stakeholders, service users, carers and families. Officers advised participant responses were supportive and undertook to circulate to members the feedback collated after the event.

Discussion followed with a suggestion that communication between the Single Point of Contact and professionals be undertaken via electronic messaging. Officers advised that this method of communication could be considered as part of future discussion on digital strategy.

Decision

1. To note the contents of the report and presentation;

2. To circulate to panel members the feedback received following the engagement workshop; and
3. To consider electronic messaging as the communication channel between the Single Point of Contact and professionals.

4. COMPLEX CARE HOUSING DEVELOPMENT UPDATE

The panel considered a report (copies of which had been circulated) by the Head of Social Policy providing an update on the Complex Care Development sited at Cawburn Road, Pumpherston.

It was recommended that the panel note the progress made in taking forward the actions related to the building of the 16 complex care tenancies situated at Cawburn Road, Pumpherston.

Decision

To note the contents of the report.

5. INTEGRATION JOINT BOARD INTERIM PERFORMANCE REPORT

The panel considered a report (copies of which had been circulated) by the Deputy Chief Executive providing an update on the quarterly performance based on the latest data available on the Core Suite of Integration Indicators and social care benchmarked data.

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

Decision

To note the contents of the report.

6. 2021/22 FINANCIAL PERFORMANCE - MONTH 6 MONITORING REPORT

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

It was recommended that the panel note:

1. the financial performance of the Health and Care portfolio as at month 6;
2. that the Health and Care portfolio position at month 6 was part of the overall council budget position which was reported to Council Executive on 16 November 2021; and
3. any actions required to be taken by Heads of Service and budget

holders to manage spend within available resources.

Decision

To note the contents of the report.

7. WEST LoTHIAN INTEGRATION JOINT BOARD

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

It was recommended that the panel note the terms of the minutes of West Lothian Integration Joint Board dated 21 September 2021 in the appendix to the report.

Decision

To note the contents of the report.

8. WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.





DATA LABEL: PUBLIC



## **HEALTH AND CARE - POLICY DEVELOPMENT AND SCRUTINY PANEL**

### **COMMUNITY WELLBEING HUBS ANNUAL PERFORMANCE REPORT 2020-2021**

#### **REPORT BY GENERAL MANAGER: MENTAL HEALTH AND ADDICTIONS**

##### **A. PURPOSE OF REPORT**

The purpose of the report is to provide an update on the performance of the West Lothian Community Wellbeing Hubs service for the period 2020-21 through the report shown in Appendix 1.

##### **B. RECOMMENDATION**

- Note the process of the Wellbeing Hubs service
- Note information provided surrounding referral rates, referral sources and demographics of service users
- Note future developments of the service

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	<ul style="list-style-type: none"> <li>– Focusing on our customers' needs</li> <li>– Being honest, open and accountable</li> <li>– Providing equality of opportunity</li> <li>– Developing employees</li> <li>– Making best use of resources</li> <li>– Working in partnership</li> </ul>
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	<p>Mental Health (Care and Treatment) (Scotland) Act 2003</p> <p>West Lothian Integration Joint Board Strategic Plan 2019-2023.</p> <p>Strategic Workforce Development Plan 2018-23, West Lothian IJB</p>
<b>III Implications for Scheme of Delegations to Officers</b>	None
<b>IV Impact on performance and performance Indicators</b>	N/A
<b>V Relevance to Single Outcome Agreement</b>	None

**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 West Lothian Community Wellbeing Hubs is a new service designed to reduce GP workload in relation to patients with mental health problems, specifically those with recurrent mild-to-moderate conditions.

The Service commenced on 24/06/2019 and supports adults aged between 18 and 64 years inclusive.

Adopting a holistic approach, the Service focuses on prevention, early intervention and self-management by developing the patient's confidence and coping skills and helping them to set goals and priorities. The use of medication is de-emphasised where appropriate.

The Community Wellbeing Hubs Service is split across two main sites in West Lothian – Boghall (in Bathgate) and Livingston (in the grounds of St John's Hospital). Some work is also carried out within local GP practices.

It was agreed annual reporting of performance would be provided.

### **D2 Performance**

The service engaged with 1615 services across the reported year 2020-21. This was through a range of different engagement methods including face to face, telephone and digital consultation in line with changing COVID-19 related restrictions.

Service user number continued to grow through out 2020-21 as service re mobilised after COVID-19 related restrictions however are yet to reach the same level of the previous year. This was expected.

There continues to be a wide ranging use of the hubs service from individual GP practices. Work is ongoing in 2021 to ensure that all GP practices are aware of the impact of the hubs and ensuring that the new Practice Mental Health nurses are embedded in the pathway for to ensure services users get the right type of care, at the right time, first time.

Service user outcomes detailed in the report show a positive story around the best use of staff resource. Community Link workers continue to work with an ongoing treatment percentage of 36%, 13% of service users are signposted to relevant third sector provision where treatment is not deemed necessary and there is a low 'did not engage rate' of 5%. This reads well against a HSCP outpatient DNA rate of 8%.

The full report in Appendix 1 also outlines several developments the hub is taking and other HSCP developments that the hub will be involved with in 2022.

## **E CONCLUSION**

Please see Appendix 1 for the full performance report covering the time period 01/04/2020 – 31/03/2021. Note the contents of the report against the outcomes aims and direction of the West Lothian IJB Strategic Plan 2019-2023 and note the progress made in what has been a challenging year for the service faced with COVID-19 related restrictions throughout.

## **F. BACKGROUND REFERENCES**

Appendices:	Appendix 1: West Lothian Community Wellbeing Hubs: 2020/2021 Performance Report
Contact Person:	Mike Reid General Manager: Mental Health and Addictions West Lothian HSCP Mike.Reid@nhslothian.scot.nhs.uk
Date:	03/02/2022

# **West Lothian Community Wellbeing Hubs**

## **2020/2021 Performance Report**

## SECTION ONE

### **PURPOSE OF REPORT**

The purpose of this report is to:

- Provide an overview of the performance of the Community Wellbeing Hubs Service over the last year financial year (01/04/2020 – 31/03/2021).

## SECTION TWO

### **BACKGROUND**

#### **What are the Community Wellbeing Hubs?**

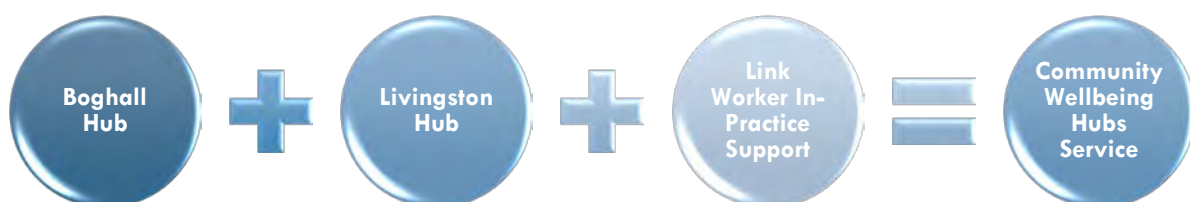
The West Lothian Community Wellbeing Hubs is a new service designed to reduce GP workload in relation to patients with mental health problems, specifically those with recurrent mild-to-moderate conditions.

The Service commenced on 24/06/2019 and supports adults aged between 18 and 64 years inclusive.

Adopting a holistic approach, the Service focuses on prevention, early intervention and self-management by developing the patient's confidence and coping skills and helping them to set goals and priorities. The use of medication is de-emphasised where appropriate.

There is no Psychiatry involvement in the Hubs therefore those patients with severe and enduring mental illness requiring psychiatric input and/or complex intervention will continue to be referred to appropriate secondary care Mental Health services either managed directly by the West Lothian HSCP or when appropriate to NHS Lothian managed services such as those supporting people with eating disorders and needs surrounding perinatal or maternal mental health.

The Community Wellbeing Hubs Service is split across two main sites in West Lothian – Boghall (in Bathgate) and Livingston (in the grounds of St John's Hospital). Some work is also carried out across the West Lothian community and within local GP practices.





## Staffing Resources

The Community Wellbeing Hubs Service is staffed by a multi-disciplinary team comprising of NHS Lothian CPNs, Mental Health Occupational Therapists, Psychologists, and Third Sector Link Workers and Wellbeing Practitioners. A local third sector organisation, Lanarkshire Association for Mental Health (LAMH), has a contract in place with the WLHSCP to provide the Link Worker and Wellbeing Practitioner components of the service. Such diversity offers patients a wide breadth of skills and knowledge.

The manager of the Community Wellbeing Hubs Service is Lauren Bryce ([Lauren.Bryce@nhslothian.scot.nhs.uk](mailto:Lauren.Bryce@nhslothian.scot.nhs.uk)).

## Interventions Offered

The Community Wellbeing Hubs Service offers patients a variety of interventions including:

- 1:1 Assessment and Therapy;
- Group Work;
- Wellbeing Classes (e.g. Mindfulness, Tai Chi and Yoga);
- Signposting (within the community and to other partner agencies).

In line with the COVID-19 related restrictions the teams across the Wellbeing Hubs services made great effort to continue to engage with patients through the reduction in face to face appointments. 299 NEAR ME consultations were carried out and 'Book a Bridge' was also utilised to run small groups. The team faced many challenges however responded well to the guidance as it was communicated from Government.

The CLW assessments have been conducted over the telephone since the beginning of the pandemic. There has been a continued effort to gather information on how people would prefer to engage for assessments, Follow Up appointment's and group work. The aim to ensure people have a menu of choice available to them on how they wish to engage, bearing in mind the diverse nature of the support the service provides and who it provides it to.

The overarching evidence is that 59% of people given the choice would prefer future assessments to be conducted over the telephone with 21% in the hub and 20% on Near Me. For follow up appointments 45% would prefer this to be over the telephone. 41% in the hub or in the community, 14% over near me.

In relation to group sessions 58% of people would prefer to attend face to face groups either in hub or in the community and 42% on book a bridge.

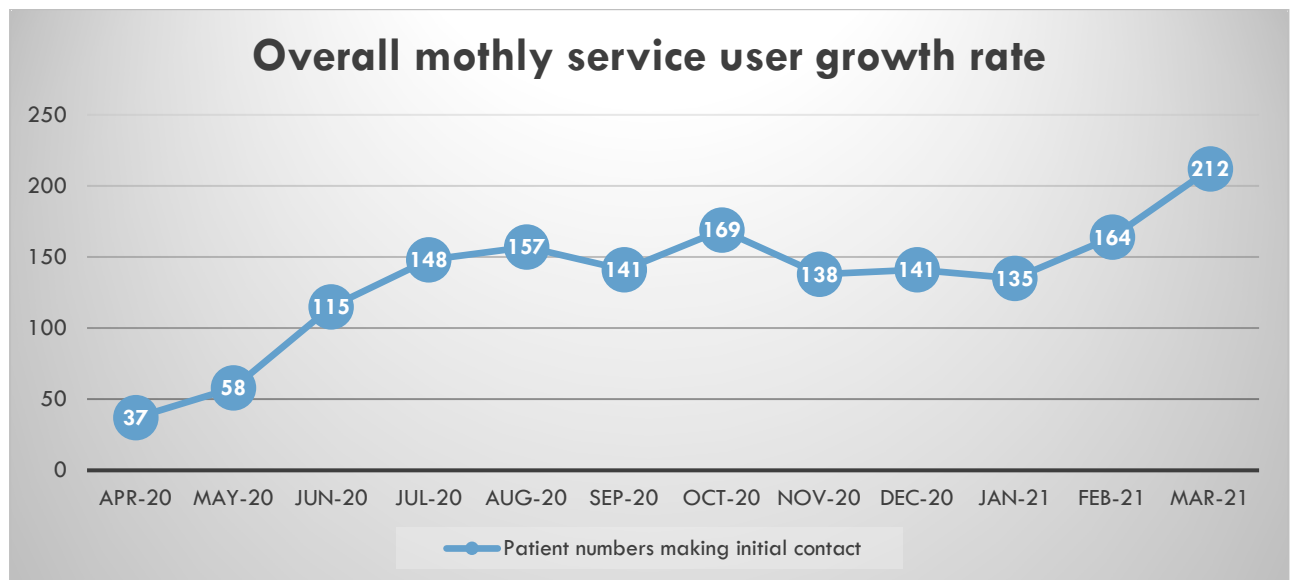
## SECTION THREE

### PERFORMANCE SUMMARY AND DEMOGRAPHICS

#### Service user Contacts

A total of **1,615** patients made contact with the Community Wellbeing Hubs Service 2020/21. **Chart 1** below provides an illustration of monthly growth, with an expected downturn during the festive period. The impact of Covid-19 related restrictions on the effective functioning of the Service has been evident throughout the last year.

**Chart 1**



To clarify, as a result of the Covid 19 restrictions 1,615 service users engaged with the service, compared to figures published in the year one report showing 2,394 patient engagements. The last 2 quarters of 2019/20 had more patients contact the service compared to the entire reporting of 2020/21.

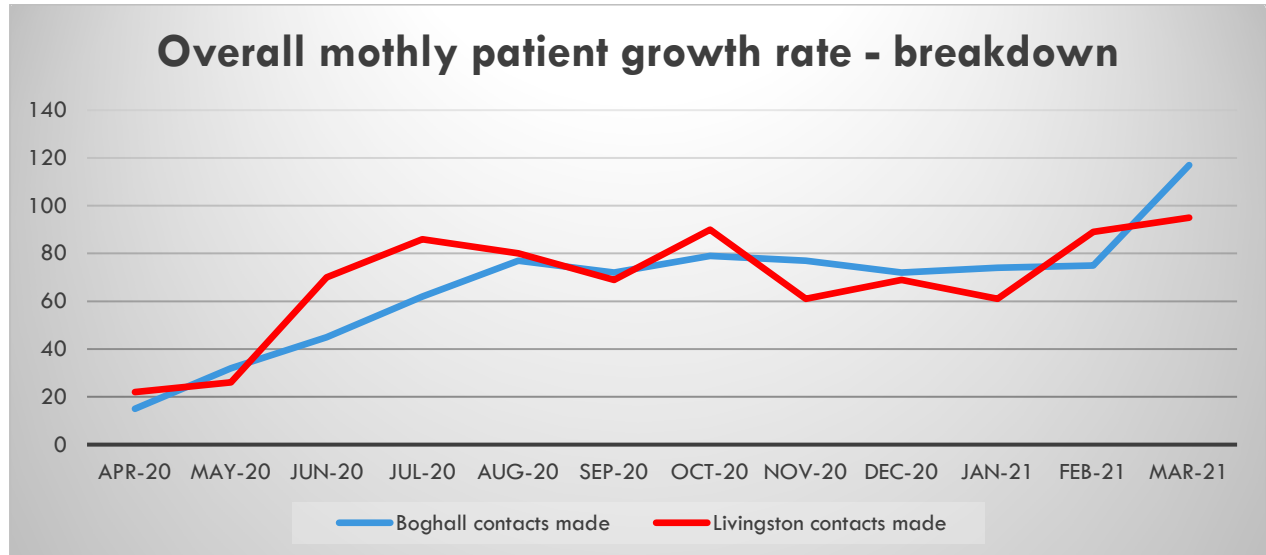
A breakdown of patient contacts per Hub site is outlined in Table 1 below:

**Table 1**

HUB SITE	01/04/2020 – 31/03/2021	TOTAL % of CONTACTS
Boghall Hub Patient Contacts	797	49%
Livingston Hub Patient Contacts	818	51%

Figures highlight that the Livingston Hub received slightly more patient contacts than the Boghall Hub during 2020/21 - 51% of the total number of contacts made versus 49% in Boghall. Chart 2 below depicts the variance in a visual form for ease of reference:

**Chart 2**



## Patient Profile and referrals – Demographics.

### SEX

Of the 1,615 patients who made contact with the Community Wellbeing Hubs Service in 2020/21 - 63% were female and 37% were male. Please refer to Chart 3 below for a precise breakdown of figures:

**Chart 3**

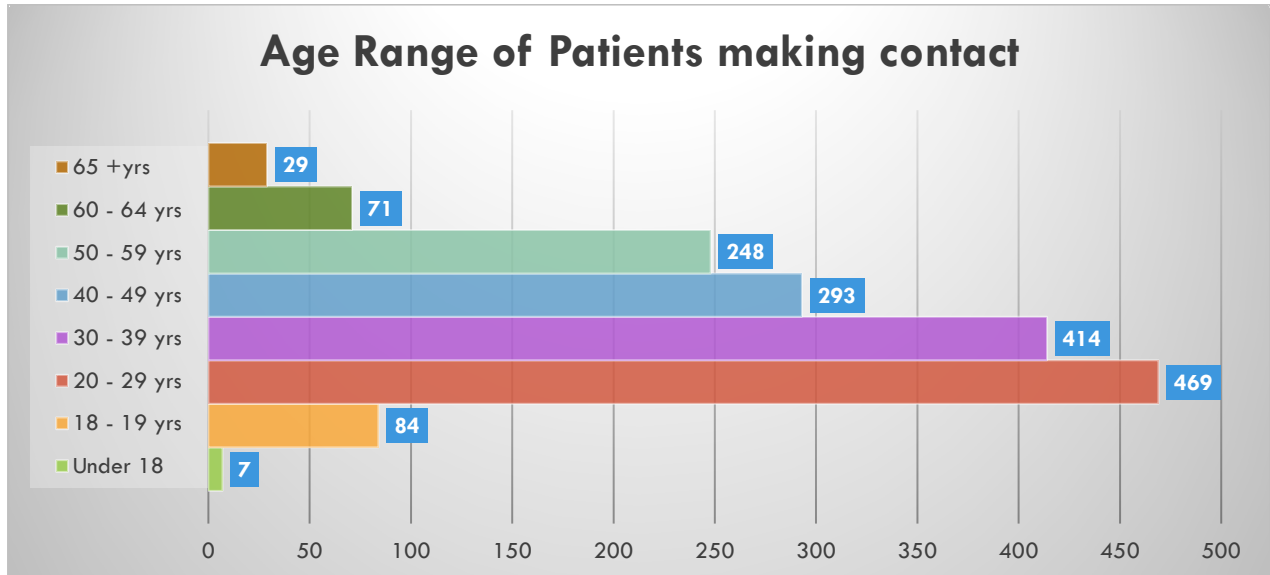




## AGE

A breakdown is shown in Chart 4 below:

**Chart 4**



## **Location of Initial Patient Assessment.**

The Community Link Workers are responsible for conducting initial patient assessments – however during busier periods for the service clinical staff will also support the process to have referred patients taken on to the service.

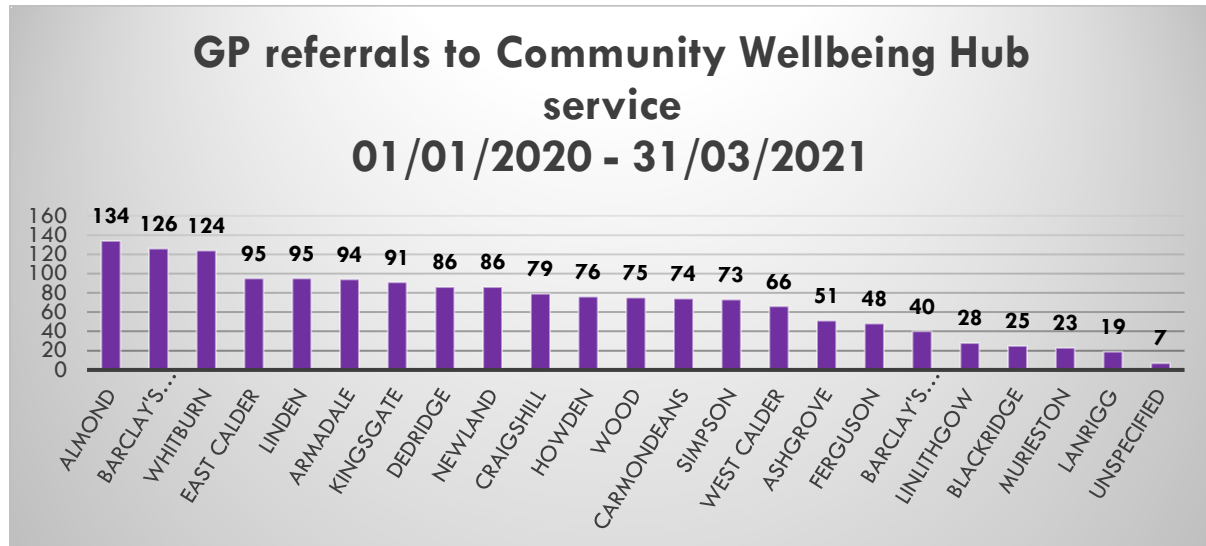
Assessments during the 2020/21 period were carried out as much as possible over phone and NEAR ME however on the odd occasion where this was not manageable assessments were managed under a RAG system to risk assess face to face assessment.

Where this could not be managed under the COVID-19 related guidelines for the Hubs service, however the risk of the patient not receiving support was stated as high, secondary care mental health services offered their support.

It is anticipated as restrictions lift and the buildings can be utilised again there will be an ongoing target of 30% for NEAR ME and telephone assessments to be carried out. This is something our patients have expressed interest in as it supports busy lifestyle, those in employment and avoids expensive travel across the Local Authority area.

## GP referral breakdown to service.

Below is a breakdown of the number of referrals from each individual GP practice. We can see a variance in the number of referrals however this data must be caveated with the knowledge that each individual practice services a different number of adults between 18-64.



Where we have seen greater variances in the number of referrals coming from individual GP practices compared to the numbers in Year one report this can come down to several different factors.

Firstly there have been several different developments across both mental health and primary care services to ensure those accessing the GP can be signposted to the right care at the right time. Many of these are outlined in section 4 showing the ongoing development of the hubs. Most notably, the 3rd sector has been greatly innovated to ensure that potential service users of the hubs can be seen earlier and closer to home through attracting external funds.

A good example of this would be the near 50% reduction in referrals from the Craigshill practice. We understand that the number of people being supported by SPARK (3<sup>rd</sup> sector), previously the Craigshill Neighbourhood network, has increased through the pandemic. This is entirely appropriate due to the strong local relationship the GP and SPARK have built. In addition, the embedding of practice mental health nurses within GP practice teams to carry out "first contact" mental health assessments has enabled more patients to be managed at practice level, without the need for onward referral to the hubs.

The developments stated above show the changing picture of how adults in West Lothian access support for their mental health and wellbeing, something that those in strategic planning across the WLHSCP will look at when developing the contract for the Community Wellbeing Hub service. Lessons from COVID-19 related restrictions and how people wish to access their support is already being considered in the full re-mobilisation of the two building based services in Boghall and Livingston.

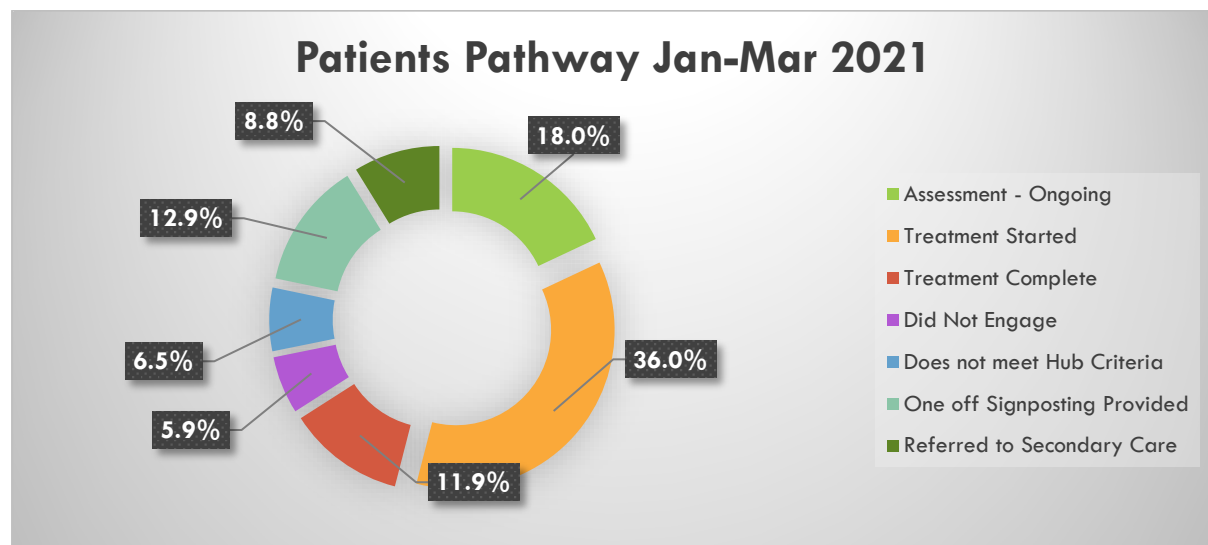
## Time spent at initial appointment

The average time spent during the initial assessment for an individual after referral is **38 mins**. This is a good development managed by improved questioning and explorative work, something that has allowed more service users to be seen within the working week.

## SECTION FOUR

### Service outcomes for service users.

Below shows the various outcomes recorded on TRAK for the period 01/01/2021 – 31/03/2021. The reason for this shorter reporting period is that in December 2020 TRAK was introduced into the hub after a lengthy delay in establishing the software from e-health. Prior to December 2020 the input categories were different therefore did not offer a full years of consistent data. Going forward the below categories will be used to track service outcomes for service users.



Above shows promising data relating to the number of service users where treatment was ongoing. It is anticipated we should be working in model of 'thirds' to ensure one third is receiving treatment, one third is going through initial assessment and one third is actively being discharged or signposted to ongoing support. This model allows a steady flow of patients through any referral based service.

To achieve the above the number of initial assessments must increase and the number of service users where treatment complete must be more efficiently discharged from the TRAK system and the outcome recorded. There is a positive also to be found in the low 'Did not engage' rate. This is a combination of the following coding:



- Did not attend - DNA
- Didn't engage after GP referral – service user declined
- Self-discharged
- Did not respond, not contactable.

This positively compared to a HSCP outpatient DNA rate of 7.9% over the same period.

## **SECTION FIVE**

### **Ongoing developments**

There are several developments ongoing across the HSCP that involve the Community Wellbeing Hub service and aims to support those accessing the support offered.

Firstly in June 2020 funding was agreed to develop a third sector Mental Health and Wellbeing network managed by the West Lothian Social Enterprise Network. The procurement, contracting, initial set up, development and recruitment to the project concluded in December 2021 and will see a live referral process launch in January 2022. This will allow the community wellbeing hubs to sign post those that don't require clinical interventions to a development worker to ensure they receive an open ended form of support. This service aims to tackle social distress, financial worries, social isolation and other factors that will be best met by a longer term intervention.

Secondly the final stages of the Howden Green Health project, a collaborative project between WLHSCP and Lady well neighbourhood network aims to launch in April 2022 providing conservation opportunities to those accessing the wellbeing hubs and other secondary care Mental Health services. This project will provide an additional option to the LAMH link workers to allow service users to try something new, on top of the fantastic list of taster sessions the hubs already offer.

Investment in technology, training and digital innovation will also be a focus of the hubs service as they mature. In 2021 additional laptops were delivered to the hubs as part of a wider HSCP business case which saw 109 laptops delivered to Mental Health services. As a result this has allowed staff across the hubs to better utilise NEAR ME and book a bridge services. It is fully recognised that this digital development has a long way to go before we are confident that the service can function appropriately in light of any further COVID-19 related restrictions.

Finally the LAMH Manager and NHS Lothian manager of the service have been working hard to ensure that the community wellbeing hubs service can be brought closer to our service users local communities. Several inquiries have been made to use community space, West Lothian Council partnership centres and local services so that we remove any barriers our service users have to accessing the service. Combine this with the continued development of our digital options, development of our local health and care hubs and increasing information



available on WESTSPACE, our local online directory of mental wellbeing services and information, we continue to strive to open access for those living in West Lothian.

### **Future Performance reporting**

The next performance report covering the period 01/04/2021 – 31/03/2022 will be available to the IJB after the summer recess in 2022.



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 1 of 2021-22 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**

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

The 3 performance indicators are categorised as follows:

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

As highlight in the table above, one indicator is on target, this relates to:

**P:SPCC006\_9b.1a Percentage of adults with a severe and chronic alcohol misuse issue maintaining or improving their health and wellbeing.**

It should be noted that there are ongoing issues in relation to the collation of data for this indicator and an update will be provided to the next meeting of the Panel.

Where performance is below target, section D.3 of this report provides details of the indicators and 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.

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



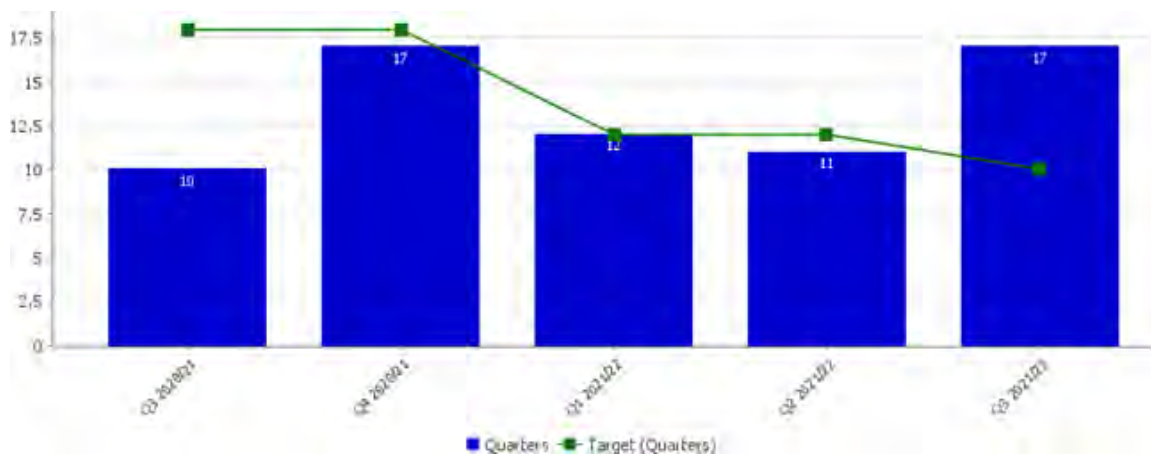
### D3 Amber and Red Performance Indicator

#### P:SPCC038\_6b.3 Total number of complaints received by the Community Care Services

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.

**Current performance – 17**

**Target – 10**



The target for this indicator is 10 complaints per quarter received by Community Care Services, current performance is 17.

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.

Performance across range of Q3 20/21 to Q3 21/22 has remained variable with a peak of 17 complaints in two quarters. There has been increase of 6 from Q2 and analysis of individual complaints identifies no particular pattern that accounts for this. It is notable that there remains significant pressure within care at home provision, with 4 complaints received linked to issues relating to provision.

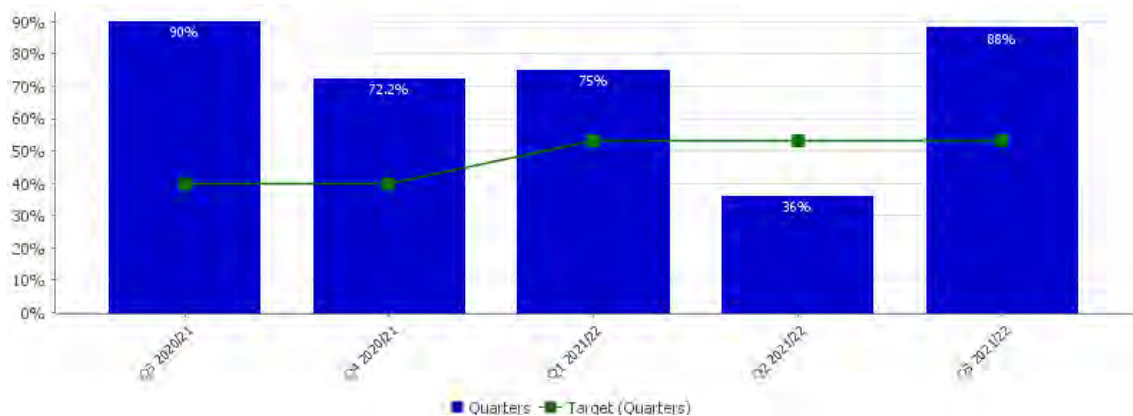
Where individual complaints are upheld or partially upheld, the service ensures that required improvements are identified and implemented.

**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.**

This indicator measures the total number of council complaints received by Community Care which were upheld or partially upheld, as a percentage of all complaints received. Complaints are recorded on our Customer Relationship Management system, including the outcome. This system provides the service with reports detailing the amount of complaints that were upheld and partially upheld. This information can be used to understand the effectiveness and efficiency of our services, how our staff are performing, the relationship between the service and the client and also an opportunity to identify any areas where improvements could be made to the way the service is delivered to customers.

**Current performance – 88%**

**Target – 53%**



The target for this indicator is 53% of complaints upheld or partially upheld against total complaints closed in full per quarter, current performance is 88%.

Q3 of 21/22 has seen an increase in complaints being upheld or part up held from Q2 - 15 out of 17 complaints.

Looking at the overall trend Q3 represents similar position to previous quarters with a notable dip in Q2 21/22. With the range of service provided across community care and the relatively limited number of complaints no particular reason has been identified to account for the Q2 dip.

Outcomes of complaints are collated and shared across the community care management team to understand any emerging issues or potential learning. Analysis of individual complaints identifies no particular trend in relation to complaint themes. Where complaints are upheld/part upheld service improvement actions are identified. These include staff counselling, training or procedural review.

The service will continue to review complaints in this manner in order to progress service improvement.

## **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 None

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Jo Macpherson  
Head of Social Policy

Date: 3<sup>rd</sup> February 2022



DATA LABEL: PUBLIC



## **HEALTH AND CARE – POLICY DEVELOPMENT AND SCRUTINY PANEL**

### **“LAUREN’S LAW” – THE CAMPAIGN TO HAVE ASTHMA INHALERS INCLUDED WITHIN FIRST AID KITS IN COMMERCIAL KITCHEN.**

#### **REPORT BY HEAD OF SOCIAL POLICY**

##### **A. PURPOSE OF REPORT**

The purpose of this report is to provide the Health and Care PDSP with an overview of the “Lauren’s Law”, the campaign to change the law to enable asthma inhalers to be included in First Aid kits within commercial kitchens.

##### **B. RECOMMENDATION**

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

##### **C. SUMMARY OF IMPLICATIONS**

<b>I</b>	<b>Council Values</b>	Focusing on our customers' needs; being honest, open and accountable; providing equality of opportunities; developing employees; making best use of our resources; working in partnership
<b>II</b>	<b>Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	Human Medicines Act
<b>III</b>	<b>Implications for Scheme of Delegations to Officers</b>	None
<b>IV</b>	<b>Impact on performance and performance Indicators</b>	None
<b>V</b>	<b>Relevance to Single Outcome Agreement</b>	We live longer, healthier lives and have reduced health inequalities.
<b>VI</b>	<b>Resources - (Financial, Staffing and Property)</b>	None
<b>VII</b>	<b>Consideration at PDSP</b>	None
<b>VIII</b>	<b>Other consultations</b>	None

## **D. TERMS OF REPORT**

### **D.1 Background**

At the meeting of the Council on 23rd November 2021 a motion was agreed with instructed officer to present a report to the Health & Care PDSP to outline proposal to incorporate “Lauren’s Law” with the aim of making it mandatory for every commercial kitchen in West Lothian, under council ownership of jurisdiction to have an asthma inhaler as part of their first aid kit and to make it the responsibility of employers to provide safe storage for individuals’ medication within the premises.”

### **D.2 Context**

One in 11 people now suffer from asthma, and for some it can be life threatening.

For one such person, Lauren Reid, a 19 year old kitchen worker in Glasgow City Centre suffered a severe asthma attack whilst at work in a commercial kitchen. Unfortunately, Lauren had left her inhaler at home and tragically the commercial kitchen sector training First Aiders on the scene were unable to help Lauren. By the time Paramedics arrived Lauren had gone into cardiac arrest, she never regained consciousness and died four days later.

Following Lauren’s death, her mother Elaine Cunningham started a campaign - Lauren’s Law, to legally require Salbutamol inhalers, now only available on prescription, to be kept in commercial kitchens.

### **D.3 Current Position**

Current legislation does not allow for Prescription Only Medicines (POM), such as Salbutamol to be added to First Aid Kits. Therefore, without changes in legislation Salbutamol would need to be prescribed for each person working within the premises.

It should be noted that in 2014, an amendment was made to the Human Medicines Act to allow schools to purchase an emergency supply of Salbutamol (a Short Acting Beta Agonist or SABA) which can then be given to a child with a confirmed diagnosis of asthma if needed in that school in an emergency. However, this legislation is very specific and would not cover commercial kitchens.

At this time, in order to make emergency inhalers available in First Aid Kits within workplaces, such as commercial kitchen evidence would need to be presented to the Medicines and Healthcare Products Regulatory Agency and also to the independent Commission on Human Medicines. This would also require a public consultation prior to any changes being made to current legislation.

There remains as range of considerations and regulatory process to be undertaken prior to any changes in legislation and the process is likely to be lengthy.

It is recognised that there are some working environments, such as commercial kitchens, where conditions could trigger an asthma attack due to heat, humidity, used of powders etc.

While the “Lauren’s Law” campaign continues to seek changes to the current legislation consideration could be given to the promotion of asthma training within commercial kitchens within West Lothian and awareness raising of the condition, its symptoms and management.

## **E. CONCLUSION**

In line with the aims of the “Lauren’s Law” campaign, the process is underway to consider the inclusion of asthma inhalers in First Aid kits within commercial kitchens. However, there is still a range of legislative and regularity processes that have, as yet, to be concluded. In the absence of legislation in this area considerations should be given to the promotion of asthma training within commercial kitchen, awareness raising of the condition and the promotion good asthma management.

## **F. BACKGROUND REFERENCES**

Appendices/Attachments: None

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**3<sup>rd</sup> February 2022**





DATA LABEL: PUBLIC



## **HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL**

### **STRATEGIC INSPECTION – ACTION PLAN UPDATE**

#### **REPORT BY DEPUTE CHIEF EXECUTIVE**

##### **A. PURPOSE OF REPORT**

The purpose of the report is to present an update to the Health and Care PDSP on progress being made against the recommendations contained in the report of a joint strategic inspection by Healthcare Improvement Scotland and the Care Inspectorate published on 9th September 2020.

##### **B. RECOMMENDATION**

It is recommended that the Panel notes the progress being made with the action plan to address the recommendations of the strategic inspection report, proposed revised timescales and key areas of focus still required.

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Focusing on our customers' needs
	Being honest, open and accountable
	Working in partnership.
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	Public Bodies (Joint Working) (Scotland) Act 2014.
<b>III Implications for Scheme of Delegations to Officers</b>	None.
<b>IV Impact on performance and performance Indicators</b>	Working in partnership.
<b>V Relevance to Single Outcome Agreement</b>	We live longer, healthier lives.
<b>VI Resources - (Financial, Staffing and Property)</b>	The West Lothian Integration Joint Board's Strategic Plan 2019-2023 identifies the resources available for the delivery of health and social care services in West Lothian.
<b>VII Consideration at PDSP</b>	None
<b>VIII Other consultations</b>	The report was submitted to the West Lothian IJB on 13 <sup>th</sup> January

## **D. TERMS OF REPORT**

**D.1** Between January and March 2020 inspectors from the Care Inspectorate and Healthcare Improvement Scotland visited West Lothian to inspect the effectiveness of strategic planning for adult health and social care services delivered by the West Lothian Health and Social Care Partnership (WLHSCP). The report of the inspection was finally published on 9th September 2020 having been delayed by the pandemic, and an action plan to address the recommendations contained in the report was approved by the IJB on 10<sup>th</sup> November 2020. It was agreed by the IJB that 6 monthly updates would be provided to offer assurance around progress. The first update on progress was provided in June 2021.

## **D.2 Action Plan Progress**

**2.1** Whilst good progress has been made with many of the recommendations made in the original inspection report, it must be borne in mind that health and social care services have been under extreme operational pressure for almost 2 years now as a result of the Covid-19 pandemic. The ongoing need to respond to operational priorities, combined with recent staffing challenges, has impacted the partnership's ability to deliver a number of the actions within the timescales identified originally.

**2.2** A total of 32 actions were set out in the original action plan and progress is summarised in the table below: A full summary of the progress made to date is included at appendix 1.

Complete	19
Partially complete	3
Within original timescale	4
Outstanding	6

**2.3** The main areas with outstanding actions:

- Outcome reporting
- Approach to quality improvement across the partnership
- Development of performance indicators
- Agreed vision for the partnership
- Leadership for integration and management structures

**2.4** Outcome reporting for health and social care can be challenging and there is no single agreed approach across Scotland to capturing and reporting health and social care outcomes in an integrated way. Different management information systems in the NHS and council complicate reporting methods further.

**2.5** Exploratory work was undertaken with another partnership to consider how it had approached outcome reporting and whilst the work was promising it was noted to require significant time and resource to implement. It was concluded that the operational pressures being experienced by teams as a result of the pandemic did not provide appropriate circumstances for significant developmental work to take place.

- 2.6** Work continues, however, in relation to the implementation of a new social work management information system which includes capacity for outcomes reporting. This work is due to be completed by 2023. In addition, as things hopefully settle in the coming months, further exploratory work will be undertaken to look further at the partnership's approach to outcome recording and reporting.
- 2.7** Good progress has been made on developing a more integrated approach to performance management. Teams from the council, NHS and Public Health Scotland continue to meet on a regular basis and have much broader insight into whole system performance reporting. A new Finance, Performance and Transformation monthly meeting has been introduced by the Chief Officer and is providing a forum for more focussed performance scrutiny. There has been a significant increase in data analysis and reporting requirements during the pandemic and positive work has also been done in this regard to ensure that reporting takes a whole system perspective across the partnership.
- 2.8** It should also be noted that progress in relation to the development of some aspects of performance reporting has continued to be impacted by staff vacancies and diversion of performance and operational staff to assist with the pandemic response. Recruitment is underway for a performance and analytics lead for the partnership and it is hoped that more progress will be possible when performance teams are operating at full capacity once more.
- 2.9** It is acknowledged that the IJB's next strategic plan will require to be underpinned by a robust, integrated performance framework and this requirement will be incorporated into work over the coming year to develop the new plan.
- 2.10** Given the scale of the task and level of training required for staff, it has still not been possible to develop a common approach to quality improvement across the partnership. Individual improvement programmes continue to take place within NHS and Social Policy teams, capitalising on opportunities arising from the pandemic and focussing on integrated service delivery. A development session for senior managers on quality improvement approaches is planned for January 2022.
- 2.11** Leadership for integration is still an area which still needs to be developed and the stated intention of moving towards an integrated management structure has not been possible during the pandemic. Given the continuing uncertainty, it is proposed to delay development of an integrated management structure until later in 2022.

## **E. CONCLUSION**

This report provides an update to the Panel on progress with the actions arising from the recommendations made in the strategic inspection report. The pandemic has undoubtedly impacted progress in some areas but significant achievements have also been made in developing integrated working, strategic plans and service delivery. The pandemic has created opportunities for progressing integrated models of care which might otherwise have been more difficult and has provided greater opportunity for teams to work together in a much more integrated way.

## **F. BACKGROUND REFERENCES**

Appendices/Attachments: **Appendix 1: Strategic Inspection Action Plan Update**

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CMT Member: Alison White, Depute Chief Executive

Date: 3<sup>rd</sup> February 2022

**West Lothian Health and Social Care Partnership**  
**Joint Inspection of Strategic Planning - Action Plan – IJB Update 13 January 2022**

Improvement area	Actions	Measures	Lead Officer	Target Date	Commentary	
Quality Indicator 1 Improvements in partnership performance in both health care and social care						
Performance						
1.	The partnership should progress with developing and implementing a fully integrated performance framework	1.1 Establish integrated working practices across the HSCP to bring together analytical and performance teams to deliver a whole system approach	<ul style="list-style-type: none"><li>WLC, NHS Lothian and Public Health Scotland performance and analytical staff meet at least monthly as a team</li><li>Joint team objectives &amp; work plan in place</li></ul>	YL	November 2020  February 2021	<input checked="" type="checkbox"/>  Weekly meetings established and priorities for development agreed.
		1.2 Continue with existing work to agree performance measures across the partnership with regular reporting on agreed indicators to the SMT to provide regular assurance over operational and strategic performance.	<ul style="list-style-type: none"><li>Monthly integrated performance report to SMT</li><li>Report includes performance indicators agreed by service leads and analysis</li></ul>	YL	January 2021	<input checked="" type="checkbox"/> Arrangements now in place for a monthly report to the management team and although the format of this report continues to evolve, routine reporting now takes place.
		1.3 Develop performance measures to underpin strategic commissioning plans to ensure performance and progress are monitored	<ul style="list-style-type: none"><li>Performance measures agreed for relevant actions drawing on existing and new data</li><li>Quarterly reporting to planning &amp; commissioning boards and Strategic Planning Group</li></ul>	YL/AS/NC/RA	March 2021  Revise to April 2022	<div></div> Work on developing performance measures for all plans has been impacted by the need to focus on operational requirements during the pandemic and also by lack of availability of analytical staff to support the work. The identification of performance measures will be a key area of focus in the development of the IJB's new strategic plan over 2022/23. In the meantime, reporting on the core suite of integration indicators will continue.  Timescale already revised from March 2021 to December 2021.Suggest revisiting in April 2022

Improvement area	Actions	Measures	Lead Officer	Target Date		Commentary
		<ul style="list-style-type: none"> <li>Increase frequency of progress updates to the IJB to quarterly</li> </ul>	YL/AS/NC/RA	November 2020	<input checked="" type="checkbox"/>	Agreed at IJB meeting on 10 November that quarterly performance reports would be produced. Format of the reports has been development with revised report to IJB in March 2021. YL sought information from the HSCS Strategic Commissioning and Improvement Network on how other areas report which acknowledges challenges with integrated reporting. Performance report format discussed at IJB development session on 27 May 2021.
	1.4 Building on existing approaches and develop a joint HSCP reporting format on staff matters and link to integrated performance framework with reporting to senior managers	<ul style="list-style-type: none"> <li>HR reporting framework agreed with consistency of data across WLC and NHSL services</li> <li>Reports on staff matter submitted to SMT and IJB</li> </ul>	YL /JH/CW	February 2021	<input checked="" type="checkbox"/>	It is currently not possible to report in a consistent format because of systems differences. Assurance continues to be provided, however, via individual reports to the management team and the format of the report is not material to outcomes. In any event, the requirements of different employers makes direct comparisons difficult. It is suggested that this work is marked as complete.
	1.5 iMatters survey to cover health and social care staff within the partnership – plans in place but postponed as a result of pandemic	<ul style="list-style-type: none"> <li>NHS and council teams participated in iMatters staff survey &amp; results reported to senior managers &amp; IJB</li> </ul>	FW/JM	Review April 2021	<input checked="" type="checkbox"/>	iMatters surveys completed for NHS and council staff within the WLHSCP and reported in October 2021
2.	The partnership should develop the means to gather and use qualitative data on personal outcomes	2.1 Carry out a review of internal approach to outcomes reporting including a review of reporting via management information system	FW/JM	December 2021 Revised to June 2022		Development work has been impacted by the pandemic response and this work still needs to be progressed. Revised timescale from June 2021. Discuss approach with new Chief Officer. Acknowledgement that this is a substantial piece of work which will require engagement and input from across the partnership at a time when services are under extreme pressure. Recommend delaying further until June 2022 and review operational situation.
		2.2 Research approaches to outcomes reporting in other partnerships to identify good practice	FW/JM	December 2021 June 2022	<input checked="" type="checkbox"/>	Discussion with Care Inspectorate re examples of good practice identified one area which has been followed up. Example of approach from another Lothian HSCP explored but acknowledge that it is resource intensive to implement. See 2.1 above.

Improvement area	Actions	Measures	Lead Officer	Target Date		Commentary
	2.3 Develop an approach to outcome reporting to inform service development and to provide assurance to senior managers and the board that service user outcomes are being met	<ul style="list-style-type: none"> <li>Agreed partnership approach to gathering, reporting and using data on personal outcomes in place</li> </ul>	FW/JM	December 2021		Development work has been impacted by the pandemic and work still needs to be progressed. Implementation of a new approach likely to be resource intensive at a time when operational and support teams are under extreme pressure. Consider delaying until June 2022 to review. Exploring outcome reporting via new social policy management system which has been commissioned.
		<ul style="list-style-type: none"> <li>Outcomes data is reported to the senior management team, Health and Care Governance Group in an agreed format</li> </ul>	FW/JM	March 2022 Revised to December 2022		
		<ul style="list-style-type: none"> <li>Examples of service user outcomes reflected in the IJB's annual performance report for 2021</li> </ul>	YL	July 2021	<input checked="" type="checkbox"/>	Examples of outcomes included in APR but it is acknowledged that further work is required in this area.
		<ul style="list-style-type: none"> <li>Explore opportunities to develop outcomes reporting via implementation of the new social care management information system</li> </ul>	JM	March 2023		Contract for new system awarded and planning is taking place to incorporate outcome reporting.
	2.4 Build on approaches already in place to develop an integrated approach to service evaluation and quality improvement (QI) which is outcomes focussed.	<ul style="list-style-type: none"> <li>Partnership approach to quality improvement and service evaluation reviewed</li> </ul>	FW/JM	December 2021 Revise to April 2022		Development work has been impacted by the pandemic response and this work still needs to be progressed. The original timescale is revised from March 2021. Approach discussed with new Chief Officer and development session planned on QI approaches at extended management team meeting in January 2022– consider revising timescale to allow further time to develop.
		<ul style="list-style-type: none"> <li>Model and approach to service evaluation and QI agreed across the partnership</li> </ul>	FW/JM	December 2021 Revise to April 2022		

Improvement area		Actions		Measures	Lead Officer	Target Date	Commentary	
				<ul style="list-style-type: none"><li>Training programme in place and delivered to key leaders and staff across the partnership</li></ul>	FW/JM	December 2021		Will be informed by decisions in relation to approach to QI. Development session for senior managers planned for January 2022.
				<ul style="list-style-type: none"><li>Quality Improvement oversight group established, lead manager identified to oversee QI activity and reporting to the Health and Care Governance Group to provide assurance – see action 4.4 below</li></ul>	FW/JM	December 2021		Development work has been impacted by the pandemic response and this work still needs to be progressed.
Quality Indicator 6 Strategic planning								
Strategic Planning								
3.	The partnership should produce the detail to underpin its commissioning plans, particularly for older people, and progress to implementing these	3.1	Revised action plan supporting the Older People's commissioning plan to be further developed and submitted to the IJB for approval	<ul style="list-style-type: none"><li>Revised action plan drafted and approved by the IJB</li></ul>	AS	November 2020	<input checked="" type="checkbox"/>	Revised OP plan approved by the IJB on 10 November 2020
				<ul style="list-style-type: none"><li>Evidence of regular meetings of OP Planning &amp; Commissioning Board</li></ul>	AS	6 times per year	<input checked="" type="checkbox"/>	Meeting schedule now in place
		3.2	To ensure that planning for the development of services for people with dementia is clear and understood by all stakeholders	<ul style="list-style-type: none"><li>Planning approach for dementia is articulated clearly in the OP commissioning plan with clear links identified to mental health services</li></ul>	AS	November 2020	<input checked="" type="checkbox"/>	OP Plan approved by IJB sets out clearly the approach to dementia. Suggest a dementia focussed session at a future meeting of the SPG.
		3.3	Planning staff identified and assigned to support delivery of the programme and support work stream leads	<ul style="list-style-type: none"><li>Planning &amp; support requirements to implement commissioning plan for older people identified and secured</li></ul>	YL	December 2020	<input checked="" type="checkbox"/>	Agreement reached on recruitment of a Project Manager to support the work required for the OP plan. Funding secured.



Improvement area	Actions	Measures	Lead Officer	Target Date		Commentary
		<ul style="list-style-type: none"> <li>Evidence of programme delivery via progress reporting at agreed intervals</li> </ul>	AS	March 2023	<input checked="" type="checkbox"/>	Arrangements are now in place for reporting via planning and commissioning board, SPG and IJB
	3.4 To continue to progress implementation of all strategic commissioning plans building on progress to date with regular reporting to the Strategic Planning Group and IJB	<ul style="list-style-type: none"> <li>Progress reports to Strategic Planning Group and IJB</li> <li>Clear alignment between commissioning plans and staff work plans</li> </ul>	AS/NC/RA  All Senior Managers	From November 2020  January 2021	<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>	Regular updates to be provided to the SPG on progress of plans.  Senior managers have clear responsibilities for commissioning plans and actions required to deliver plans.
	3.5 To continue with development of performance indicators to underpin commissioning plans to ensure progress against actions can be measured and reported.	<ul style="list-style-type: none"> <li>Agreed suite of performance indicators identified by Planning &amp; Commissioning Board chairs and agreed with the IJB</li> <li>Update reports to SPG and IJB include performance reporting and are submitted quarterly</li> </ul>	AS/NC/RA  AS/NC/RA	December 2021  April 2022  March 2021  December 2021  April 2022		See action 1.3. Delayed by availability of analytical staff and operational focus of the pandemic.  Progress reports are now shared routinely with SPG and with IJB twice per year. Performance reporting approach is still under development and has been impacted by pandemic and vacancies as reported previously. Revised timescale from March 2021
	3.6 Develop a framework for integrated financial planning that will better support transformation and commissioning plans.	<ul style="list-style-type: none"> <li>An updated medium-term financial planning approach will be developed and reported to the Board. This will seek to align financial planning to the next strategic plan and commissioning plans covering the period 2023/24 to 2027/28</li> <li>Increased collaboration across health and social care management and finance teams to integrate financial planning and support investment and disinvestment decisions included in new MTFP</li> </ul>	PW  PW	June 2021  To March 2023	<input checked="" type="checkbox"/>  <input type="checkbox"/>	Agreement to proceed in this way reached.  On track
	3.7 To ensure the next iteration of the Strategic Plan is fully aligned to a	<ul style="list-style-type: none"> <li>Strategic Plan from 2023 outlines fully integrated</li> </ul>	PW/YL	2021 to 2023	<input type="checkbox"/>	Planning to commence from September 2021 on next Strategic Plan which will align strategy and

Improvement area		Actions	Measures	Lead Officer	Target Date		Commentary
		medium term financial strategy agreed across the partnership	commissioning plans supported by an integrated medium term financial plan				financial plans. New Strategic Plan to be delivered in 2023.
4.	The partnership should develop and deliver integrated plans that support delivery of services, for example, workforce planning	4.1 Build on work undertaken by Workforce Planning Group and develop a fully integrated workforce plan with agreed actions across the HSCP.	• Workforce data refreshed to include data from NHSL, WLC and third and independent sectors	YL	June 2021	☑	Interim workforce plan to be submitted to Scottish Government by 30 April 2020 and will include refreshed data.
			• Initial workforce action plan agreed and implemented including actions to be developed in relation to staff engagement	YL	April 2021	☑	Timescale for submission of interim workforce plan revised by SG to April 2021. Will include short term action plan.
			• Revised Scottish Government Guidance now requires IJB to publish a 3 year workforce plan by 31 March 2022	YL	March 2022	☑	This action has been overtaken by need to develop interim one year plan. The partnership will comply with timescales for future reporting requirements.
		4.2 Ensure learning from the COVID-19 pandemic response is reflected in the revised workforce plan having regard to opportunities for service redesign and integrated service delivery	• Input from Planning and Commissioning Board leads on experience of delivering services during the pandemic reflected in the revised workforce plan	YL	July 2021	☑	Reflected in the one year workforce plan being submitted to the Scottish Government
		4.3 Review existing structures for the delivery of strategic planning, service transformation and performance reporting to ensure focus on integrated service delivery where appropriate	• Clear structures in place to support senior managers in the delivery of strategic plans	YJ	June 2021	☑	Joint meeting of Strategy, Policy & Change teams and performance teams now taking place. Planning & Commissioning Boards provide structure for integrated strategic planning, service transformation and reporting.
		4.4 To implement the existing Health and Care Governance framework through a clearer understanding of responsibilities	• New chair of the Health and Care Governance Group appointed	IJB	November 2020	☑	IJB approved JM substantive chair at meeting in January 2021. Support arrangements also now in place.
			• Refreshed action plan for health and care governance	JM	February 2021	☑	Approach now agreed and meeting schedule in place.

Improvement area		Actions		Measures	Lead Officer	Target Date	Commentary	
				agreed by the chair and implemented				
				<ul style="list-style-type: none"><li>Assurance reporting agreed with regular evidence of reports to the group</li></ul>	JM	February 2021	<input checked="" type="checkbox"/>	Meeting format agreed and initial plan in place – format and reporting structure will continue to evolve as a more integrated approach is adopted.
5.	The partnership should develop and progress a coherent and meaningful approach to locality planning	5.1 Revised locality planning arrangements approved by the IJB to be implemented and all reports to the SPG and IJB to outline locality implications where service redesign is proposed	<ul style="list-style-type: none"><li>Evidence of consideration of impact on localities articulated clearly in covering reports to SPG and IJB</li></ul>	AS/NC/RA	March 2021	<input checked="" type="checkbox"/>	Revised covering report for IJB and SPG reports to be developed to ensure there is scope to make the required links to a locality based approach.	
			<ul style="list-style-type: none"><li>Reports to the IJB on locality developments via the CPP Health and Wellbeing Group</li></ul>	YL	March 2021	<input checked="" type="checkbox"/>	Updates from the health and wellbeing group to be submitted to the IJB – also IJB Project Officer to ensure minutes of meetings of H&W Group are submitted to SPG.	
			<ul style="list-style-type: none"><li>Clearly align planning activity to community planning and regeneration plans ensuring that service redesign has a locality focus</li></ul>	AS/NC/RA	March 2023		Evidence via planning and commissioning boards. Refreshed locality profiles completed in November 2021 and will provide a foundation for the next strategic plan.	
			<ul style="list-style-type: none"><li>Secure representation from community planning and regeneration partners on the Strategic Planning Group</li></ul>		November 2020	<input checked="" type="checkbox"/>	Complete – representation now in place.	
6.	The partnership should agree and progress the steps it needs to take to strengthen its engagement with and involvement of supported people, carers and care providers	6.1 Clarify role of carer representatives on the SPG and IJB ensuring carer organisations are supported to identify barriers to engaging with communities	<ul style="list-style-type: none"><li>Routes for wider engagement with carers identified and agreed with representatives on the SPG and IJB to maximise impact</li></ul>	SPG/IJB Carers Reps/PM	January 2021	<input checked="" type="checkbox"/>	Discussion taken place with IJB and SPG representatives and plans in place for a new Carers Strategy Implementation Group to be established from February 2021.	
			<ul style="list-style-type: none"><li>Evidence of engagement and influence of carers in panning activity and transformation programmes</li></ul>	PM/SPG/c arers representat ive	To March 2023		New Carers Strategy Implementation Group established and will provide the interface between carers and planning structures.	
		6.2 Supported people to be represented on the IJB and Strategic Planning Group	<ul style="list-style-type: none"><li>Representatives who use both health and social care services already identified</li></ul>	Head of Strategic Planning	30 September 2020	<input checked="" type="checkbox"/>	Supported people represented on the SPG and IJB.	

Improvement area	Actions	Measures	Lead Officer	Target Date		Commentary
		<ul style="list-style-type: none"> <li>Support members where required to attend SPG &amp; IJB meetings</li> </ul>	Chairs of SPG & IJB	To March 2023	<input checked="" type="checkbox"/>	All members asked about support arrangements. Induction pack and development sessions being planned for SPG members to ensure similar support to IJB members.
	6.3 Establish role of forums such as Senior People's Forum, LD Forum, etc. in engagement and involvement	<ul style="list-style-type: none"> <li>Range of forums currently in place reviewed alongside their remit</li> </ul>	YL and Forum Chairs	December 2020	<input checked="" type="checkbox"/>	Draft report of review of forums produced and recommendations will be presented to IJB in update on Communication and Engagement Strategy.
		<ul style="list-style-type: none"> <li>Recommendations made and approval given to a revised approach to engagement and involvement</li> </ul>	YL	Annual report	<input checked="" type="checkbox"/>	Report on engagement activity to be included in annual performance reports. Report submitted to IJB in June 2021.
		<ul style="list-style-type: none"> <li>Communication and Engagement Strategy implemented and progress reported to the IJB</li> </ul>	YL	Annual Report	<input checked="" type="checkbox"/>	Annual report on progress to the IJB—included link to report in APR.
	6.4 Ensure opportunities in place for providers to meet regularly and for engagement in the strategic planning process	<ul style="list-style-type: none"> <li>Programme of provider forum meetings re-established</li> </ul>	YL	March 2021	<input checked="" type="checkbox"/>	Programme of provider meetings now in place and will focus on both strategic developments and operational activity.
		<ul style="list-style-type: none"> <li>Evidence of provider engagement and participation in strategic planning through forum agendas and minutes</li> </ul>	Senior Manager/ Chairs	March 2021	<input checked="" type="checkbox"/>	Strategic Developments now a standing item on agenda. Opportunities for engagement and involvement also distributed via the Contracts & Finance team
	6.5 Clarify role of provider representatives on the Strategic Planning Group and IJB to ensure engagement opportunities reach a wide audience	<ul style="list-style-type: none"> <li>Agreement reach on approach following discussion</li> <li>Evidence of consultation reported in SPG and IJB reports</li> </ul>	Robert Telfer/Alan McClosky	March 2021	<input checked="" type="checkbox"/>	

Quality Indicator 9

Leadership and direction that promotes partnership

Improvement area		Actions		Measures	Lead Officer	Target Date	Commentary	
Change and Improvement								
7.	Leaders to establish 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	7.1	To establish a clear brand for integrated health and social care services that is recognisable to the West Lothian population.	• HSCP logo used on all documentation and communication across the partnership	AS	January 2020	<input checked="" type="checkbox"/>	Reminder to be issued to all service areas over use of HSCP logo – branding to be established for HSCP presentations, etc.
				• Establish a campaign brand to promote integrated service delivery	IJB	November 2020	<input checked="" type="checkbox"/>	
				• Review the reporting template for IJB reports to reflect the identity of the board	IJB	January 2021	<input checked="" type="checkbox"/>	
		7.2	Increase use of social media to promote the partnership and deliver key messages on health and social care to the West Lothian population	• Evidence of the use of social media & reports to the IJB as part of update on communication and engagement strategy	YL	March 2021	<input checked="" type="checkbox"/>	Twitter accounts established for HSCP and MH. Plans in place to recruit a Communications and Engagement Manager to support commissioning plan developments and broaden reach to WL communities on key health and social care messages.
		7.3	Develop an engagement strategy for HSCP for staff to ensure that staff receive consistent messages and have opportunities to be involved in the development of the partnership	• Staff engagement strategy in place	AW	December 2021  Revise to June 2022		This work is delayed by pandemic response and diversion of key staff to operational activities. Work has now commenced but timescale needs to be revised and will be further informed by new Chief Officer. Engagement activity with staff such as iMatter, workforce planning, coffee and chat sessions etc.
• Evidence of staff involvement in consultation and engagement to develop future strategies and plans	AS			March 2021		Evidence of staff involvement in development of strategic commissioning plans. Agreed approach to be incorporated into engagement strategy. Evidence also of involvement in individual redesign projects, e.g. Home First programme.		
• Agreed communication methods and approaches for staff implemented and monitored	AW			December 2021  Revised to April 2022		Work is delayed by pandemic response and diversion of key staff to operational activities. Communication and Engagement Manager interviews taking place in January 2022 and will enhance resource in this area.		
8.	Leaders should have an agreed approach for integration and	8.1	To articulate a clear vision for the future of integrated health and social care in West Lothian and set out plans	• Chief Officer message delivered articulating the vision and plan for	AW	April 2021		New Chief Officer to be appointed – proposed that this be delayed until new CO in post.

Improvement area	Actions	Measures	Lead Officer	Target Date		Commentary
produce a plan for all managers and leaders to progress		integrated health and social care		Revised to October 2021		Leadership development event held on 2 September 2021 to begin development of vision with future sessions being planned. Future vision will be incorporated into revised management structures.
		<ul style="list-style-type: none"> <li>Monthly HSCP Newsletter sent out to all staff promoting and highlighting impact of integrated health and social care in West Lothian</li> </ul>	AW	July 2022		
				December 2020		Staff newsletter issued in February 2021. Regular newsletters delayed by pandemic.
				Revise to April 2022		Revise as part of the staff engagement approach to be determined.
		<ul style="list-style-type: none"> <li>Strategic priorities reinforced across the partnership to all teams through briefing material</li> </ul>	Senior Managers	To March 2023		Under development
	8.2 Reschedule Leadership for Integration Programme	<ul style="list-style-type: none"> <li>Completion of the first phase of the programme by senior leaders</li> </ul>	AW	January 2021	<input checked="" type="checkbox"/>	Initial Leadership event held to consider vision for the partnership. Future event organised to consider workforce requirements of the future.
		<ul style="list-style-type: none"> <li>Leaders able to articulate a clear and consistent message for integration across West Lothian</li> </ul>	Senior Manager	January 2021		Requires further development in line with revised management structure.
				Revise to July 2022		
	8.3 Partnership management structure for progressing integrated service delivery agreed and articulated to staff and wider stakeholders alongside an implementation plan	<ul style="list-style-type: none"> <li>Proposed management structure clearly articulated for implementation and revised arrangements communicated throughout the partnership</li> </ul>	AS	July 2021		Delayed by pandemic. Timescale to be revised to July 2022 with implementation by December 2022. Management team picture board and service map implemented in the meantime to demonstrate leaders and areas of responsibility
		<ul style="list-style-type: none"> <li>Full implementation of revised management structure</li> </ul>	AS	July 2022		

DATA LABEL: Public



## **HEALTH AND CARE – POLICY DEVELOPMENT AND SCRUTINY PANEL**

### **IJB INTERIM PERFORMANCE REPORT**

#### **REPORT BY DEPUTE CHIEF EXECUTIVE**

##### **A. PURPOSE OF REPORT**

The purpose of this report is to provide the Health and Care PDSP with an update on the quarterly performance based on the latest data available on the Core Suite of Integration Indicators and social care benchmarked data.

##### **B. RECOMMENDATION**

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

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Focusing on our customers' needs; being honest, open and accountable; providing equality of opportunities; developing employees; making best use of our resources; working in partnership.
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	Public Bodies (Joint Working) Act 2014
<b>III Implications for Scheme of Delegations to Officers</b>	N/A
<b>IV Impact on performance and performance Indicators</b>	N/A
<b>V Relevance to Single Outcome Agreement</b>	N/A
<b>VI Resources - (Financial, Staffing and Property)</b>	As set out in the West Lothian IJB Strategic Plan 2019 - 2023
<b>VII Consideration at PDSP</b>	N/A
<b>VIII Other consultations</b>	The report was submitted to the IJB on 13 <sup>th</sup> January 2022



## **D. TERMS OF REPORT**

### **D.1 Background**

- D.1i** The Scottish Government identified a core suite of 23 integration indicators to demonstrate progress with integration and with achievement of the nine national health and wellbeing outcomes.
- D.1ii** The format of the quarterly performance report is based on consultation with Integration Joint Board members during development sessions and a request for a more streamlined report to be presented. The high-level reporting to the IJB on strategic indicators is complemented by underlying operational work to develop integrated performance measures in support of strategic commissioning plans, operational activity and performance reporting. This report includes the most up to date published data for the strategic indicators.
- D.1iii** Where possible, the core suite of indicators has been benchmarked against the Local Government Benchmarking Family (LGBF) for adult care. The LGBF for West Lothian includes Clackmannanshire, Dumfries and Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire. Comparisons are also made with the Scottish position wherever possible.
- D.1iv** It should be noted that services have been operating in challenging circumstances over the past two years. There have been significant challenges with staffing and service delivery over recent months. The pandemic has undoubtedly impacted performance in a range of ways which makes it difficult to draw comparisons and conclusions from the available data.
- D.1v** Work continues to develop the use of data to better understand operational performance and inform transformational change. The Chief Officer has established a Finance, Performance and Transformation Group which now meets regularly to oversee service delivery and transformation

### **D.2 Performance Pack**

A performance pack which includes an overview of the National Performance Indicators and a summary of performance in relation to the Scottish Government's Ministerial Strategic Group integration indicators included at Appendix 1.

### **D.3 Locality Profiles**

The West Lothian Integration Joint Board agreed to the development of a new strategic plan to be implemented in April 2023. In order to inform development of the new plan, it is important to have access to baseline data and a profile of health and social care across the area.

Colleagues from the Local Intelligence Support Team (LIST) in Public Health Scotland developed two locality profiles which include information on demographics, households, general health, hospital and community services for the East and West localities of West Lothian. The profiles were considered by the IJB's Strategic Planning Group in December 2021 and will be used as the starting point for work on the new strategic plan. Some of the key observations are as follows:



- 27% of the population in the East live in the least deprived SIMD quintile compared with 5.2% in the West
- 12% of the population in the East live in the most deprived quintile compared with 19% in the West
- Council Tax Band A-C – 69% West, 61% East
- Council Tax Band F-H – 8.3% West, 15% East
- Both male and female life expectancy are better in the East than the West, with West in line with the Scottish position
- Mortality rates are higher in the West than the East
- There is consistency in the percentage of people living with long term conditions across East, West and Scotland (19%)
- The three long term conditions with highest prevalence are arthritis, cancer and coronary heart disease
- A&E attendances are higher in West Lothian than in Scotland
- Bed days lost to delayed discharge is much better than the Scottish position
- The rate per 100,000 of emergency admissions for mental health reasons is higher in the West than East but the rate for West Lothian as a whole is higher than Scotland
- The rate of falls per 100,000 is consistent across West Lothian (518) but the rate is lower than across Scotland (658)

## **E. CONCLUSION**

The Panel is asked to note the latest performance report and to note the work underway to establish baseline data for the development of the next strategic plan.

## **F. BACKGROUND REFERENCES**

Appendices/Attachments: Appendix 1 – Interim Performance Report and MSG Slide Pack

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Alison White, Depute Chief Executive

3<sup>rd</sup> February 2022

# Core Indicator Summary

Indicator	2019/ 2020	2017/ 2018	Comp. 2017/ 2018	Scot 2019/ 2020	Comp. to Scot	Data updated	Commentary / Actions
NI - 1	93%			93%		Biannual	In financial year 2019/20, the percentage in West Lothian was 93%, the same as Scotland.
NI - 2*	79%	-		81%		Biannual	The result for West Lothian is below the Scottish average.
NI - 3*	71%	-		75%		Biannual	In West Lothian, 71% of people surveyed in 2019/20, agreed that they had a say in how their help, care or support was provided. The result for West Lothian is 4 percentage points lower than the Scotland average of 75%.
NI - 4*	76%	-		74%		Biannual	In financial year 2019/20, over three quarters of adults supported at home agreed that their health and social care services seemed to be well co-ordinated. West Lothian is above the Scottish average of 74%.
NI - 5*	75%	-		80%		Biannual	The percentage of adults receiving any care or support, who rated it as excellent or good was 75% in 2019/20. The Scottish average 80%.

\* Not comparable to previous years

Indicator	2019/ 2020	2017/ 2018	Comp. 2017/ 2018	Scot 2019/ 2020	Comp. to Scot	Data updated	Commentary / Actions
NI - 6	75%			79%		Biannual	In 2019/20, the percentage of adults who had a positive experience of the care provided by their GP practice was 75%, below the Scottish average of 79%.
NI - 7*	75%	-		80%		Biannual	The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life was 75% in 2019/20. The Scotland response rate was 80%.
NI - 8	36%			34%		Biannual	36% of carers responded saying that that they feel supported to continue in their caring role. West Lothian is slightly outperforming the national average.
NI - 9*	87%	-		83%		Biannual	The percentage of adults in West Lothian who responded to the survey, and agreed that they felt safe was 87% in 2019/20. This is higher than the Scottish average which is 83%.

\* Not comparable to previous years

Indicator	2020	2019/ 2020	Comp. 2019/ 2020	Scot 2020	Comp. to Scot	Data updated	Commentary / Actions
NI - 11	438 (2020)	390 (2019)	↑	457 (2020)	↓	Annual	generally West Lothian is performing well against the Scotland and peer group averages for Premature mortality rate, though increased compared to the 2019/20 figure.
NI - 12	11,662	12,673	↓	11,111	↑	Quarterly	The rate of emergency admissions in adults per 100,000 has been steadily increasing each year from 11,811 emergency admissions in 2013/14, to 12,673 admissions in 2019/20. West Lothian has seen a large increase to its population, especially in people aged over 75 which will partly account for the increase. This increasing trend is also reflected in the Scottish rate. The 2020 calendar year figures show a decrease to 11,662, though this is higher than the Scotland average
NI - 13	87,423	103,117	↓	102,961	↓	Quarterly	West Lothian has consistently outperformed Scotland's emergency bed day rate
NI - 14	118	112	↑	115	↑	Quarterly	The re-admission rate to hospital for adults within 28 days in 2020 was 118 per 1,000 admissions. The trend has been increasing since 2017/18 and has consistently been in line with or above the Scotland level. The national rate has steadily been increasing from 97 in 2013/14, to 115 in 2020.
NI - 15	91%	89%	↑	90%	↑	Quarterly	The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 87% in 2013/14, to 91% 2020. The trend reflects that of Scotland which has also increased from 87% in 2013/14, to 90% in 2020.

Indicator	2020	2019/ 2020	Comp. 2019/ 2020	Scot 2020	Comp. to Scot	Data updated	Commentary / Actions
NI - 16	20.0	22.0	↑	21.7	↓	Quarterly	It is encouraging that West Lothian is performing better than the Scotland average since 2014/15. An increase was seen in 2019/20 though the 2020 calendar figure showed this declining again.
NI - 17	85% (2020/21)	81% (2019/20)	↑	82% (2020/21)	↑	Annual	The overall quality of care as good (4) or better in Care Inspectorate inspections was 85% in 2020/21, which is 3 percentage points higher than the Scottish average of 82%. There was a continued downward trend in the grades from 87% in 2017/18, to 81% in 2019/20, where the West Lothian figures dipped below Scotland, however the figures increased in 2020/21. Not all services are inspected each year.
NI - 18	64%	68% (2019)	↓	63%	↑	Annual	The percentage of adults with intensive care needs was 64% in 2020, which was a reduction of 4 percentage points from 2019. The trend has remained fairly constant, fluctuating between 65% and 70%. The trend for the Scottish average has remained below the West Lothian rate since 2013, and is currently 63%
NI - 19	367 (2020/21)	934 (2019/20)	↓	488 (2020/21)	↓	Quarterly	The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2020/21, was 367. This is lower than the national rate of 488, and the trend in West Lothian shows a decrease since 2018/19 to below the Scottish rate. The recent figures will be impacted by the pandemic so should be viewed in that context.
NI - 20	20%	22%	↓	21%	↓	Quarterly	West Lothian has performed better than the Scottish average which is 21%. The trend for West Lothian has remained relatively constant between 20% and 22% since 2013/14. The national average has fluctuated between 23% and 24% over the same time frame.

## Appendix A: Indicator Descriptions

NI - 1	Percentage of adults able to look after their health very well or quite well
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good
NI - 6	Percentage of people with positive experience of care at their GP practice
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
NI - 8	Percentage of carers who feel supported to continue in their caring role
NI - 9	Percentage of adults supported at home who agreed they felt safe
NI - 11	Premature mortality rate per 100,000 persons
NI - 12	Emergency admission rate (per 100,000 population)
NI - 13	Emergency bed day rate (per 100,000 population)
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
NI - 15	Proportion of last 6 months of life spent at home or in a community setting
NI - 16	Falls rate per 1,000 population aged 65+
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
NI - 18	Percentage of adults with intensive care needs receiving care at home
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency



## National Indicators 1 - 9 HACE Survey 2019/20

### NI-1: Percentage of adults able to look after their health very well or quite well

West Lothian	93
Peer Group Average	93
Scotland	93

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

West Lothian	79
Peer Group Average	81
Scotland	81

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

West Lothian	71
Peer Group Average	75
Scotland	75

### NI-4: Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.

West Lothian	76
Peer Group Average	74
Scotland	74

### NI-5: Percentage of adults receiving any care or support who rate it as excellent or good

West Lothian	75
Peer Group Average	81
Scotland	80

### NI-6: Percentage of people with positive experience of care at their GP practice.

West Lothian	75
Peer Group Average	78
Scotland	79

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

West Lothian	75
Peer Group Average	80
Scotland	80

### NI-8: Percentage of carers who feel supported to continue in their caring role.

West Lothian	36
Peer Group Average	34
Scotland	34

### NI-9: Percentage of adults supported at home who agree they felt safe.

West Lothian	87
Peer Group Average	85
Scotland	83





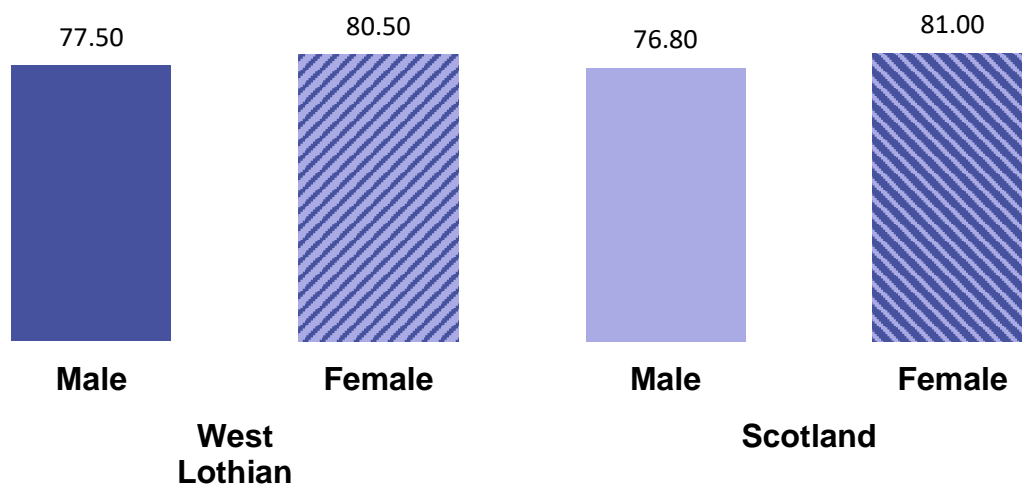
## Life Expectancy

Life expectancy at birth by sex, 2012-2018 (3-year aggregates)

		2012-14	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20
West Lothian	Male	77.91	78.21	78.28	78.08	77.79	77.87	77.50
	Female	80.54	80.80	80.78	80.97	80.78	80.97	80.50
Scotland	Male	77.08	77.12	77.09	77.02	77.06	77.16	76.80
	Female	81.07	81.13	81.14	81.08	81.08	81.14	81.00

Source: NRS

Life expectancy at birth by sex, 2018-20 (3-year aggregate)

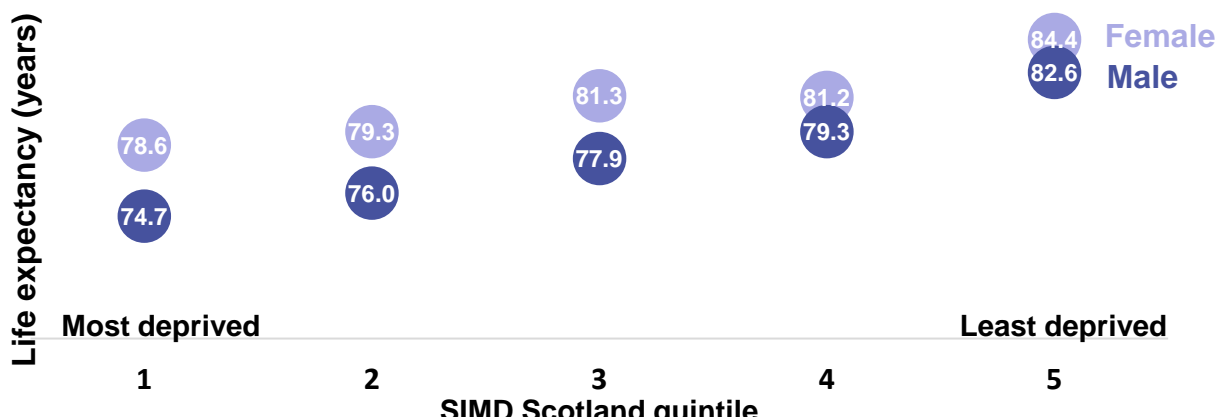


Life expectancy at birth by sex and deprivation, 2014-18 (5-year aggregate)

	SIMD Scotland quintile				
	1	2	3	4	5
Female	78.6	79.3	81.3	81.2	84.4
Male	74.7	76.0	77.9	79.3	82.6

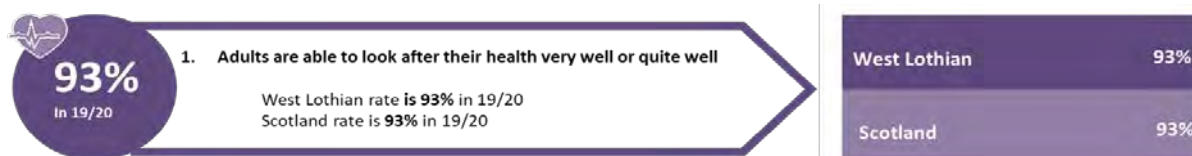
Source: NRS

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

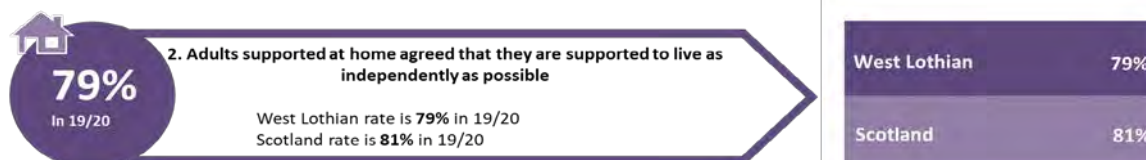


and Scotland and

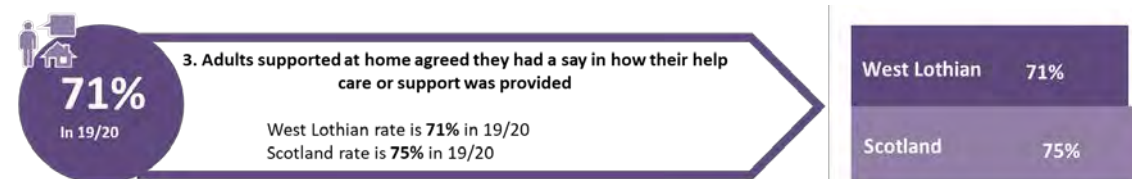
## Performance at a Glance



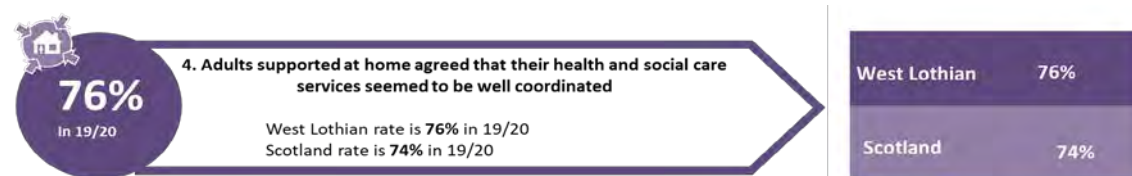
In financial year 2019/20, the percentage of people in West Lothian who thought that they could look after their health very well or quite well was 93%. This is a very positive response, and reflects the response in Scotland for 2019/20.



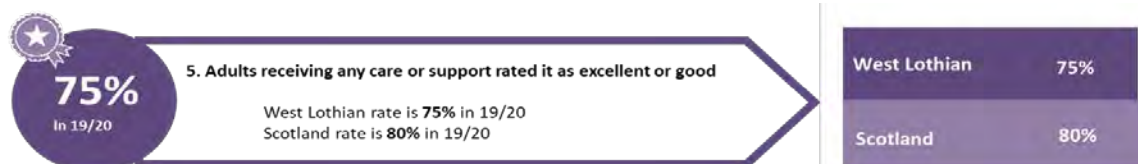
The percentage of adults supported at home who agreed that they are supported to live as independently as possible was 79% in 2019/20. The result for West Lothian sits closely to the Scottish average which is 81%.



In West Lothian, 71% of people surveyed in 2019/20, agreed that they had a say in how their help, care or support was provided. Although this is a relatively high percentage, the result for West Lothian sits 4 percentage points lower than the Scotland average.



In financial year 2019/20, 76% percentage of adults supported at home, agreed that their health and social care services seemed to be well coordinated. The response for West Lothian sits above the Scottish average of 74%.



The percentage of adults receiving any care or support, who rated it as excellent was 75% in 2019/20. The Scottish average was 80% in 2019/20.

## Performance at a Glance



**75%**

In 19/20

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

West Lothian rate is **75%** in 19/20  
Scotland rate is **79%** in 19/20

West Lothian

75%

Scotland

79%

In 2019/20, the percentage of adults who had a positive experience of the care provided by their GP practice was 75%. The Scotland average was 4 percentage points higher for the same year.



**75%**

In 19/20

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

West Lothian rate is **75%** in 19/20  
Scotland rate is **80%** in 19/20

West Lothian

75%

Scotland

80%

The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life was 75% in 2019/20. The Scotland response rate was slightly higher at 80% in 2019/20.



**36%**

In 19/20

**8. Carers feel supported to continue in their caring role**

West Lothian rate is **36%** in 19/20  
Scotland rate is **34%** in 19/20

West Lothian

36%

Scotland

34%

In the 2019/20 survey, 36% of carers responded saying that that they feel supported to continue in their caring role. West Lothian's rate is slightly higher than the national average of 34% but it is still a concern.



**87%**

In 19/20

**9. Adults supported at home agreed they felt safe**

West Lothian rate is **87%** in 19/20  
Scotland rate is **83%** in 19/20

West Lothian

87%

Scotland

83%

The percentage of adults in West Lothian who responded to the survey, and agreed that they felt safe was 87% in 2019/20. This is higher than the Scottish average which is 83%.

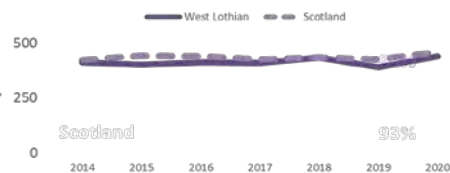
## Performance at a Glance



**438**  
In 2020

### 11. Premature mortality rate

Performance decreased by 12% from 390 in 2019  
Scotland rate is 457 in 2020



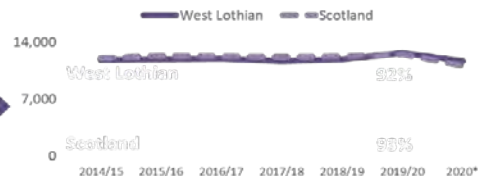
The premature mortality rate, which is the number of people dying before the age of 75, for West Lothian was 438 deaths per 100,000 in 2020. This rate was steadily worsening from 2015 to 2018, the rate is now at its highest value of deaths per 100,000. West Lothian's premature mortality rate has routinely outperformed the Scotland average since 2014. Scotland's premature mortality rate was 457 deaths per 100,000 in 2020.



**11,662**  
In 2020\*

### 12. Emergency admission rate

Performance increased 8% from 12,673 in 2019/20  
Scotland rate is 11,111 in 2020\*



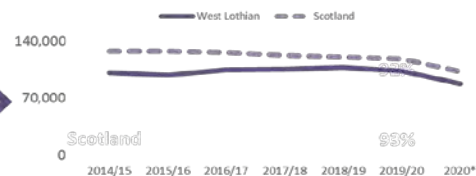
The rate of emergency admissions in adults per 100,000 has been steadily increasing from 11,811 emergency admissions in 2014/15, to 12,673 admissions in 2019/20. However the latest rate for 2020 is a reduction to 11,662 per 100,000. This trend is also reflected in the Scottish rate. **The reduction in emergency admissions is likely due to the fact that in 2020 there was a national lockdown due to COVID-19 and not a true increase in performance.**



**87,423**  
In 2020\*

### 13. Emergency bed day rate

Performance increased 15% from 103,117 in 2019/20  
Scotland rate is 102,961 in 2020\*



The emergency bed day rate of adults, per 100,000 population, was 87,423 for West Lothian in 2020. This was a decrease of 15,694 bed days compared to 2019/20. This implies that patients are staying for a shorter amount of time in hospital. The Scotland rate in 2020 is 102,961, which is also a large reduction compared to 2019/20. West Lothian has consistently outperformed Scotland's emergency bed day rate. **However, the increased performance is likely to be due to the national lockdown in 2020 due to COVID-19.**



**118**  
In 2020\*

### 14. Readmission rate to hospital within 28 days

Performance decreased 5% from rate of 112 per 1,000 in 2019/20  
Scotland rate is 115 per 1,000 in 2020\*



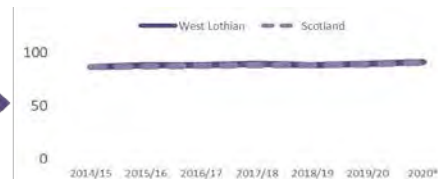
The re-admission rate to hospital for adults within 28 days in 2020 was 118 per 1,000 admissions. The trend has been fluctuating since 2014/15, with the highest rate of 118 in 2020, and low of 101 in 2015/16. The Scotland rate has steadily been increasing from 97 in 2014/15 to 115 in 2020.



**91%**  
In 2020\*

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

The percentage has increased 2 percentage points from 89% in 2019/20  
Scotland rate is 90% in 2020\*



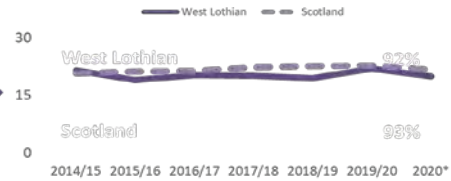
The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 87% in 2014/15 to 91% 2020. The trend reflects that of Scotland which has also increased from 87% in 2014/15 to 90% in 2020.

## Performance at a Glance



### 16. Falls rate (65+)

Performance increased 9% from 22 per 1,000 in 2019/20  
Scotland rate is 22 in 2020\*

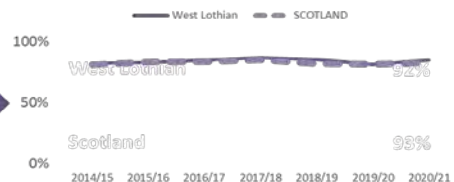


The falls rate for adults aged 65 years and older has been fluctuating since 2014/15, with the highest level of 22 in 2019/20, to the lowest 19 in 2015/16. West Lothian's rate per 1,000 of the population has decreased from 22 in 2019/20 to 20 in 2020. It is also good news that West Lothian has been performing better than the Scotland average since 2014/15.



### 17. Care services graded GOOD (4) or better in Care Inspectorate inspections

The percentage has increased 4 percentage points from 81% in 2019/20  
Scotland rate is 82% in 2020/21

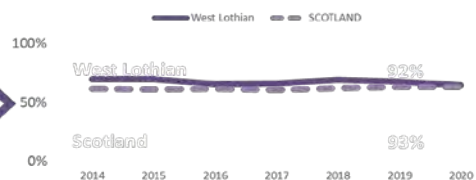


The overall quality of care as good (4) or better in Care Inspectorate inspections was 85% in 2020/21, which is 3% higher than the Scottish average of 82%. **Not all services are inspected each year and inspections in 2020 were different than in previous years due to the COVID-19 pandemic.**



### 18. Adults with intensive care needs are receiving care at home

The percentage has decreased 4 percentage point from 68% in 2018  
Scotland rate is 63% in 2020

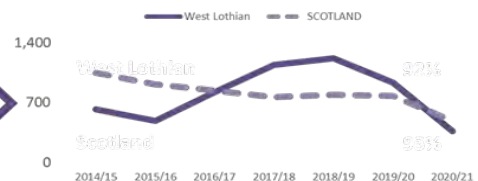


The latest data we have for this indicator is calendar year 2020, where 64% of adults with intensive care needs are receiving care at home. The trend has remained fairly constant, fluctuating between 64% and 70%. The trend for the Scottish average has remained below the West Lothian rate since 2013.



### 19. The number of days people aged 75+ spend in hospital when they are ready to be discharged

Performance increased 61% from 934 per 1,000 in 2019/20  
Scotland rate is 488 in 2020/21

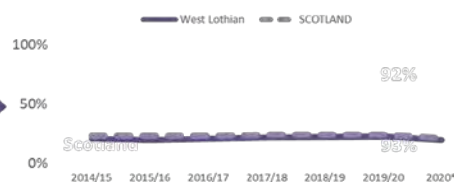


The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2020/21 was 367. This is lower than the Scottish average of 488 and is a decrease of 61% compared to 2019/20. **This is a positive result since this area remains a challenge, however, some of this improvement is likely due to the COVID-19 pandemic that began in 2020 where it was essential hospitals had more capacity for patients with COVID-19.**



### 20. Health and care resource spent on hospital stays where patient was admitted as an emergency

The percentage has decreased 2 percentage points from 22% in 2019/20  
Scotland rate is 21% in 2020\*

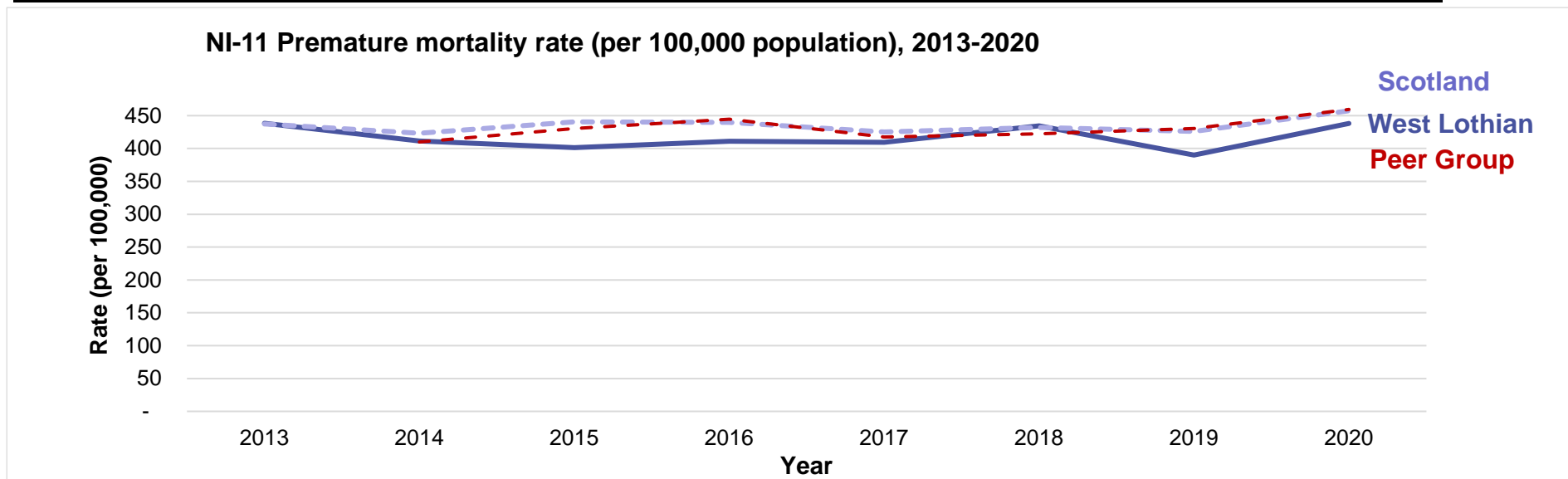


In 2020, the percentage of health and care resources which were spent on hospital stays for emergency admissions was 20%. The Scottish average is slightly higher at 21% in 2020. The trend for West Lothian has remained relatively constant between 20% and 22% since 2014/15. The Scottish average has fluctuated between 21% and 24% over the same time frame.

## National Indicators 11 - 20: Time series

### NI-11 Premature mortality rate (per 100,000 population), 2013-2020

	2013	2014	2015	2016	2017	2018	2019	2020
<b>West Lothian</b>	438	411	402	411	410	434	390	438
<b>Peer Group Average</b>		410	430	444	417	422	430	459
<b>Scotland</b>	438	423	441	440	425	432	426	457



#### Notes:

The chart shows that generally West Lothian is performing well against the Scotland and peer group averages for Premature mortality rate. The 2020 figure for West Lothian puts it below that of the Scotland and peer group averages, though all have increased since 2019.

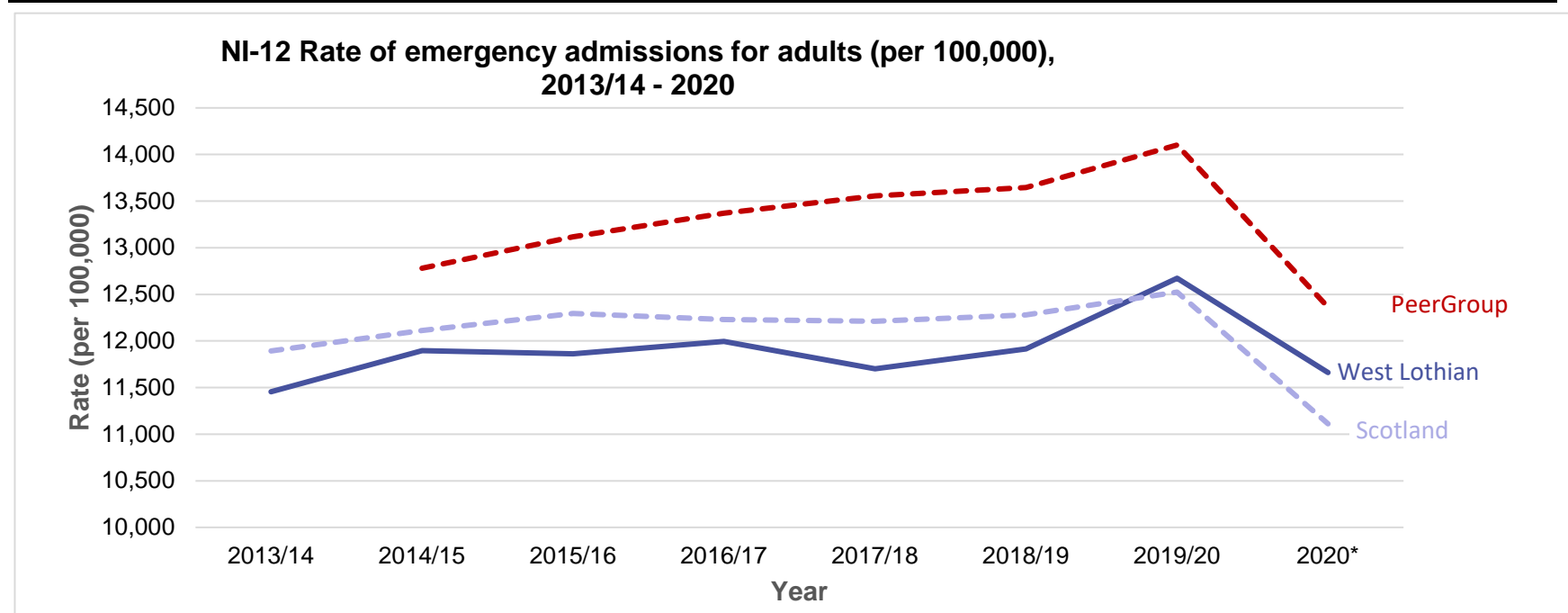
Source: National Records for Scotland (NRS)



## National Indicators 11 - 20: Time series

### NI-12 Rate of emergency admissions for adults (per 100,000), 2013/14 - 2020

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020*
<b>West Lothian</b>	11,455	11,896	11,862	11,995	11,701	11,914	12,673	11,662
<b>Peer Group</b>		12,779	13,118	13,370	13,556	13,645	14,102	12,363
<b>Scotland</b>	11,892	12,113	12,295	12,230	12,211	12,279	12,524	11,111

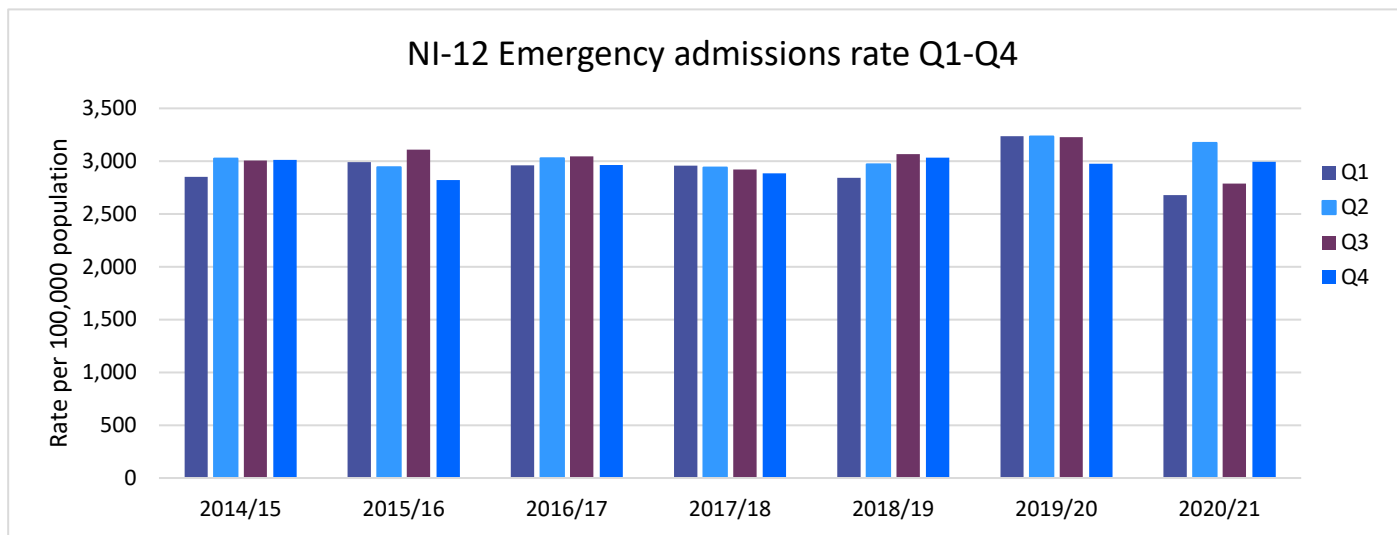


The rate of emergency admissions in adults per 100,000 has been steadily increasing each year from 11,455 emergency admissions in 2013/14, to 12,662 admissions in 2020. West Lothian has seen a large increase to its population, especially in people aged over 75 which will partly account for the increase. This increasing trend is also reflected in the Scottish rate. The national average was 11,111 in 2020, which is lower than West Lothian.

## National Indicators 11 - 20: Time series

### NI - 12 Emergency admission rate by quarter

Year	Q1	Q2	Q3	Q4
2014/15	2,850	3,025	3,007	3,012
2015/16	2,990	2,942	3,108	2,821
2016/17	2,960	3,027	3,044	2,963
2017/18	2,956	2,939	2,920	2,886
2018/19	2,844	2,971	3,068	3,032
2019/20	3,238	3,234	3,227	2,974
2020/21	2,678	3,172	2,789	2,992
2021/22	3,247			

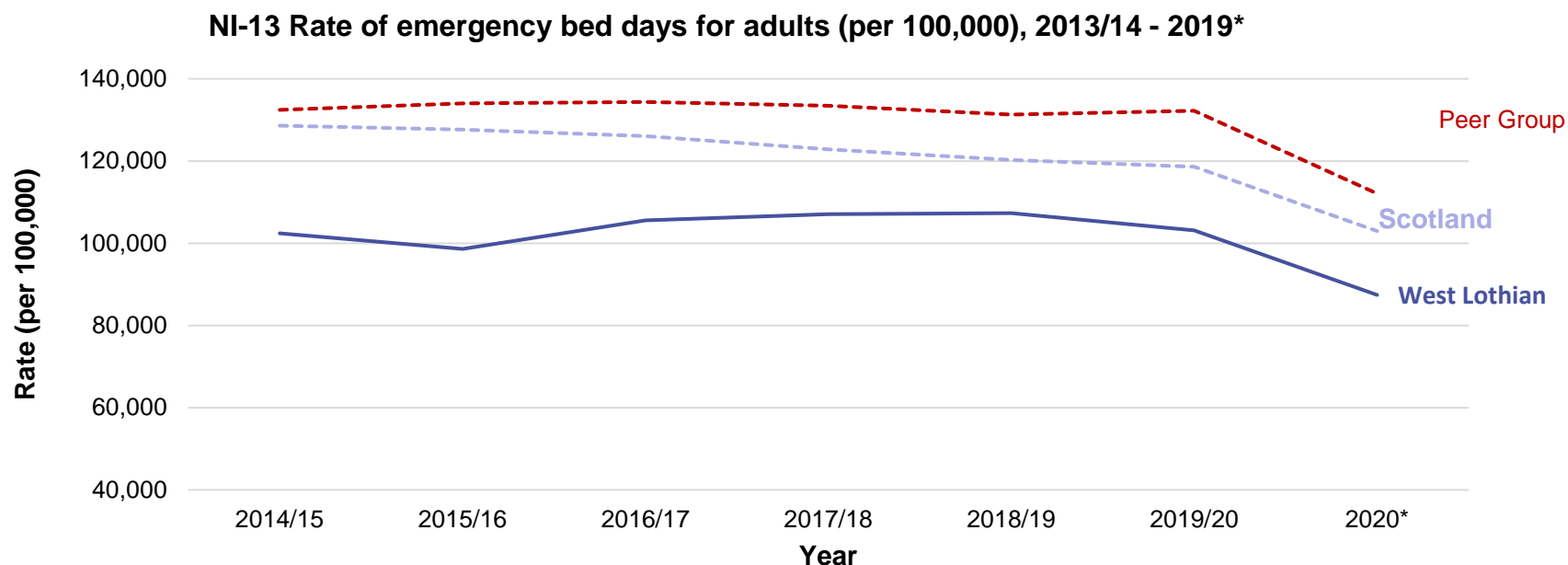


The chart and table above shows the emergency admission rate by quarter from 2014/15 until Q3 in 2020/21. Data for Q1, Q2 and Q3 in 2020/21 are highly provisional. The decrease in emergency admissions can be seen when the first lockdown was announced, and people were actively avoiding hospital. The admissions increased in Q2 when the lockdown was being lifted.

## National Indicators 11 - 20: Time series

### NI-13 Rate of emergency bed days for adults (per 100,000), 2013/14 - 2020\*

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020*
<b>West Lothian</b>	102,402	98,642	105,573	107,076	107,317	103,117	87,423
<b>Peer Group</b>	132,410	134,014	134,358	133,419	131,297	132,233	112,078
<b>Scotland</b>	128,596	127,659	126,077	122,868	120,276	118,607	102,961

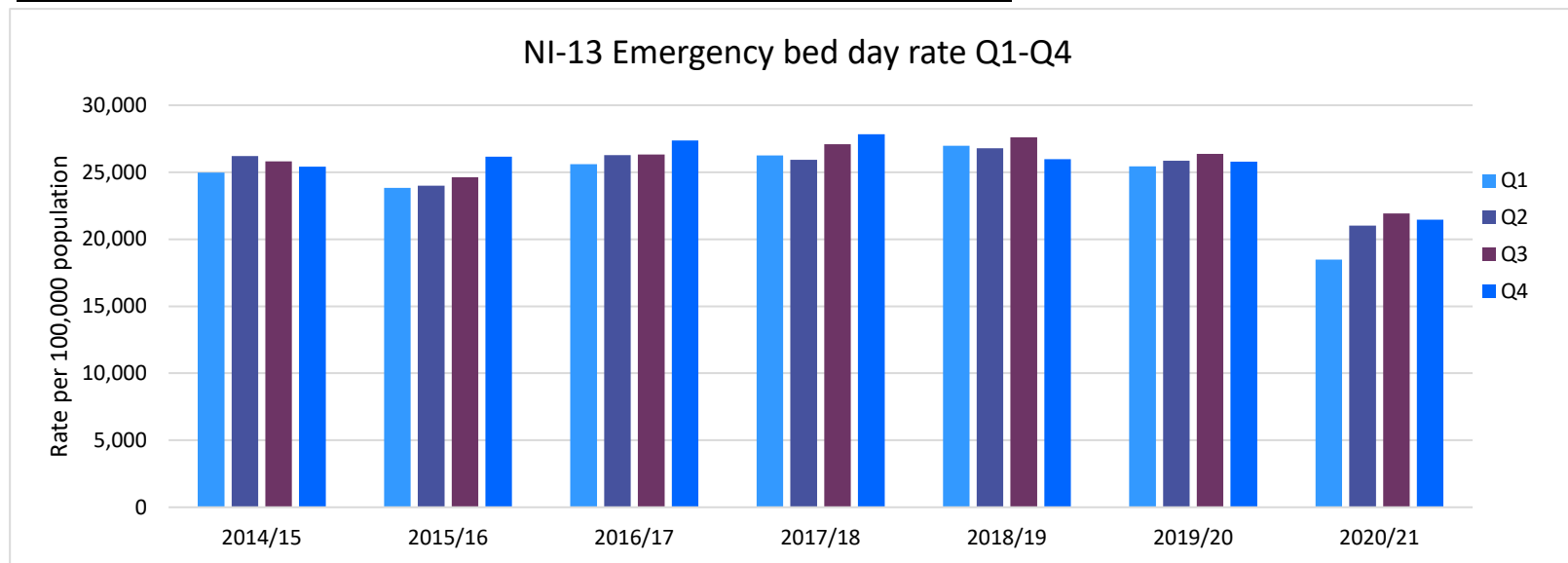


The emergency bed day rate of adults, per 100,000 population, was 102,206 for West Lothian residents in 2019/20. This was a decrease of 5,111 bed days compared to 2018/19. This implies that patients are staying for a shorter amount of time in hospital. The national rate in 2019/20 was 118,288. West Lothian has consistently outperformed Scotland's emergency bed day rate

## National Indicators 11 - 20: Time series

### NI - 13 Emergency bed day rate by quarter

Year	Q1	Q2	Q3	Q4
2014/15	24,966	26,209	25,804	25,423
2015/16	23,839	24,007	24,628	26,168
2016/17	25,606	26,278	26,315	27,373
2017/18	26,242	25,919	27,083	27,833
2018/19	26,967	26,800	27,611	25,971
2019/20	25,447	25,851	26,364	25,792
2020/21	18,483	21,023	21,930	21,471



The chart and table above shows the emergency admission rate by quarter from 2014/15 until Q3 in 2020/21. Data for Q1, Q2 and Q3 in 2020/21 are highly provisional. The decrease in emergency admissions can be seen when the first lockdown was announced, and people were actively avoiding hospital. The admissions increased in Q2

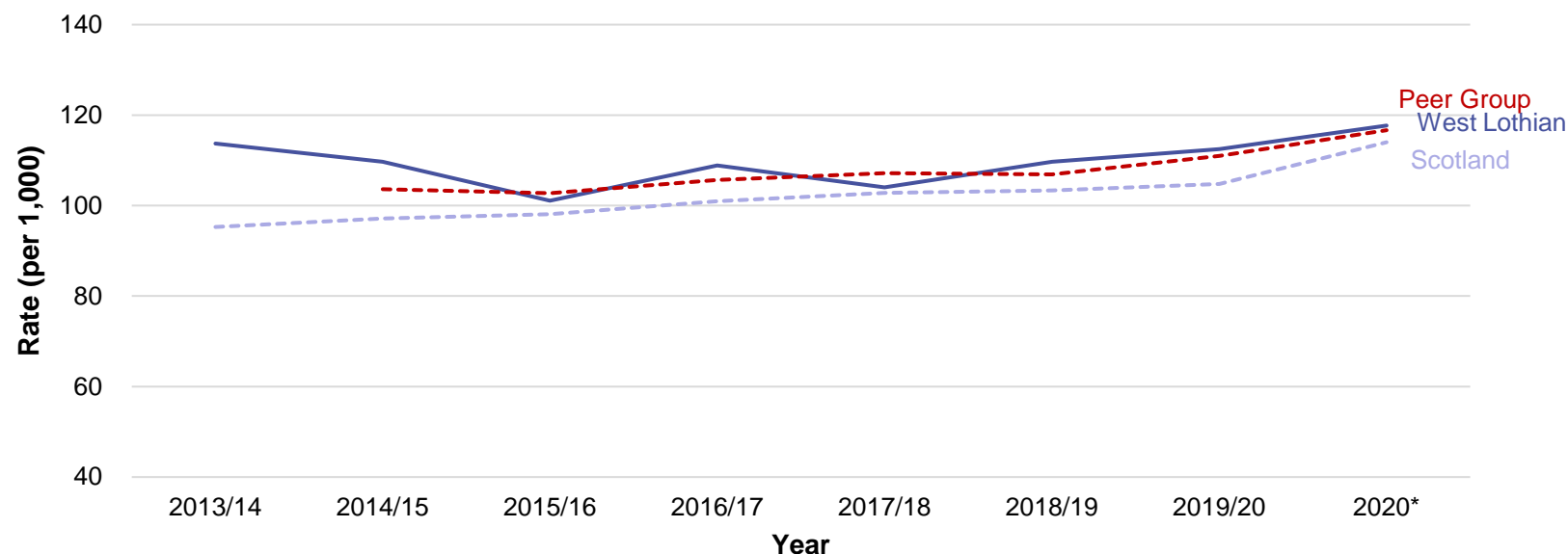
## National Indicators 11 - 20: Time series

when the lockdown was being lifted.

### NI-14 Readmissions to hospital within 28 days of discharge (per 1,000 admissions), 2013/14 - 2020\*

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020*
<b>West Lothian</b>	114	110	101	109	104	110	112	118
<b>Peer Group</b>		104	103	106	107	107	111	117
<b>Scotland</b>	95	97	98	101	103	103	105	114

### NI-14 Readmissions to hospital within 28 days of discharge (per 1,000 admissions), 2013/14 - 2020



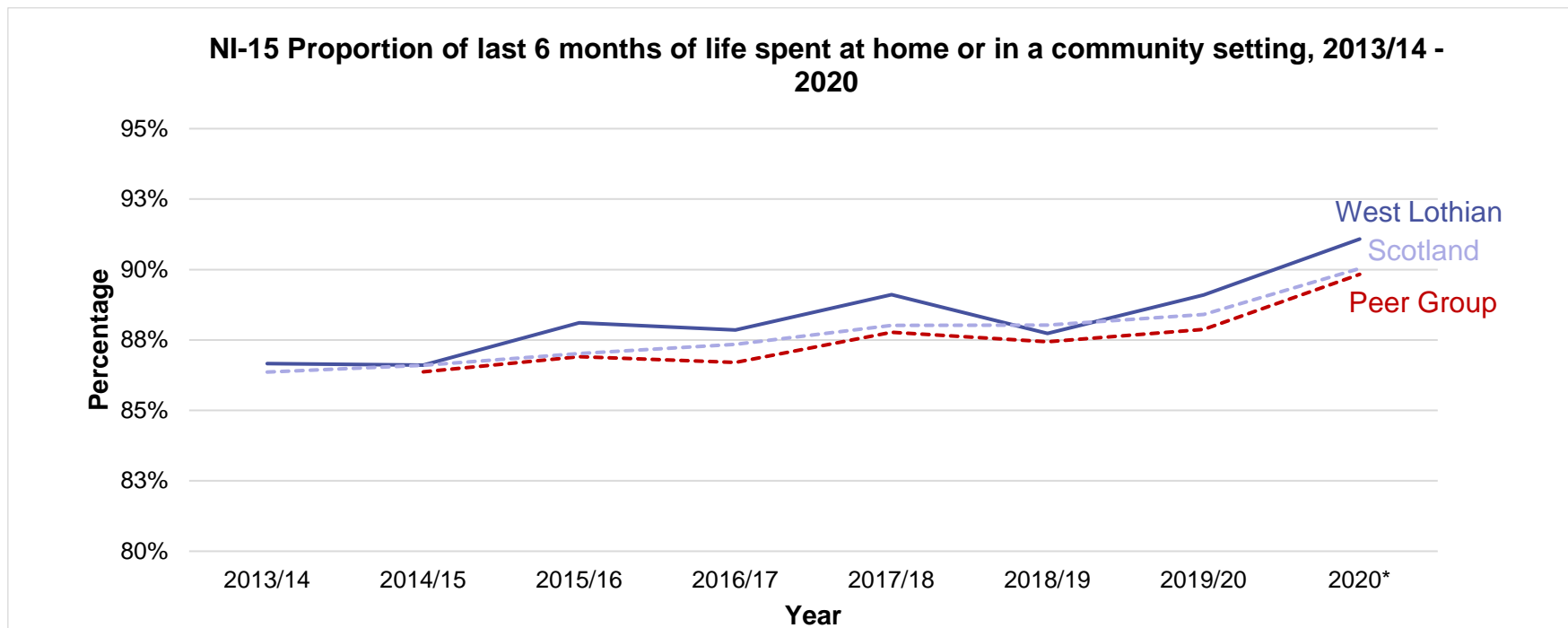
The re-admission rate to hospital for adults within 28 days in 2019 was 113 per 1,000 admissions. The trend has been fluctuating since 2013/14, with the highest rate of 113, and reached as low as 101 in 2015/16. However, the rate has been increasing since then with an

## National Indicators 11 - 20: Time series

increase of 3% between 2018/19 and 2019/20. The national rate has steadily been increasing from 101 in 2015/16, to 113 in 2019/20.

### NI-15 Proportion of last 6 months of life spent at home or in a community setting, 2013/14 - 2020

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020*
<b>West Lothian</b>	87%	87%	88%	88%	89%	88%	89%	91%
<b>Peer Group</b>		86%	87%	87%	88%	87%	88%	90%
<b>Scotland</b>	86%	87%	87%	87%	88%	88%	88%	90%



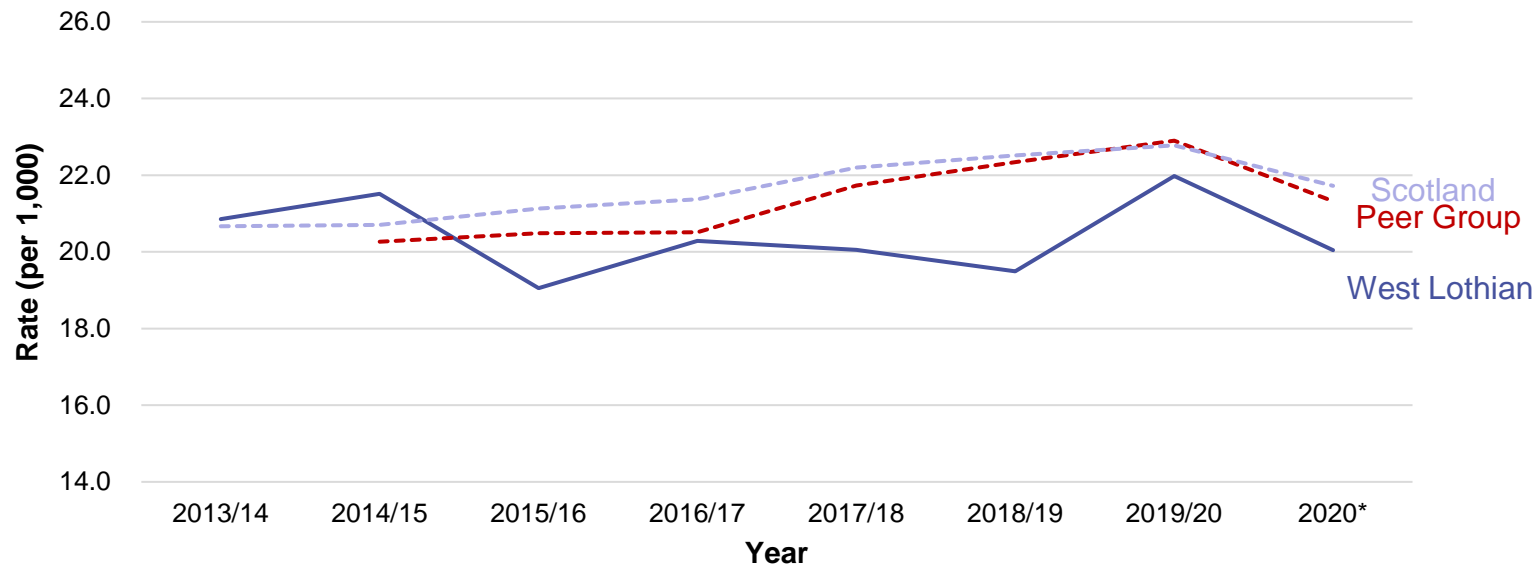
## National Indicators 11 - 20: Time series

The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 87% in 2013/14, to 91% 2020. The trend reflects that of Scotland which has also increased from 86% in 2013/14, to 90% in 2020.

### NI-16 Falls rate per 1,000 population aged 65+, 2013/14 - 2020

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020*
<b>West Lothian</b>	20.9	21.5	19.1	20.3	20.1	19.5	22.0	20.0
<b>Peer Group</b>		20.3	20.5	20.5	21.7	22.3	22.9	21.3
<b>Scotland</b>	20.7	20.7	21.1	21.4	22.2	22.5	22.8	21.7

### NI-16 Falls rate per 1,000 population aged 65+, 2013/14 - 2020\*

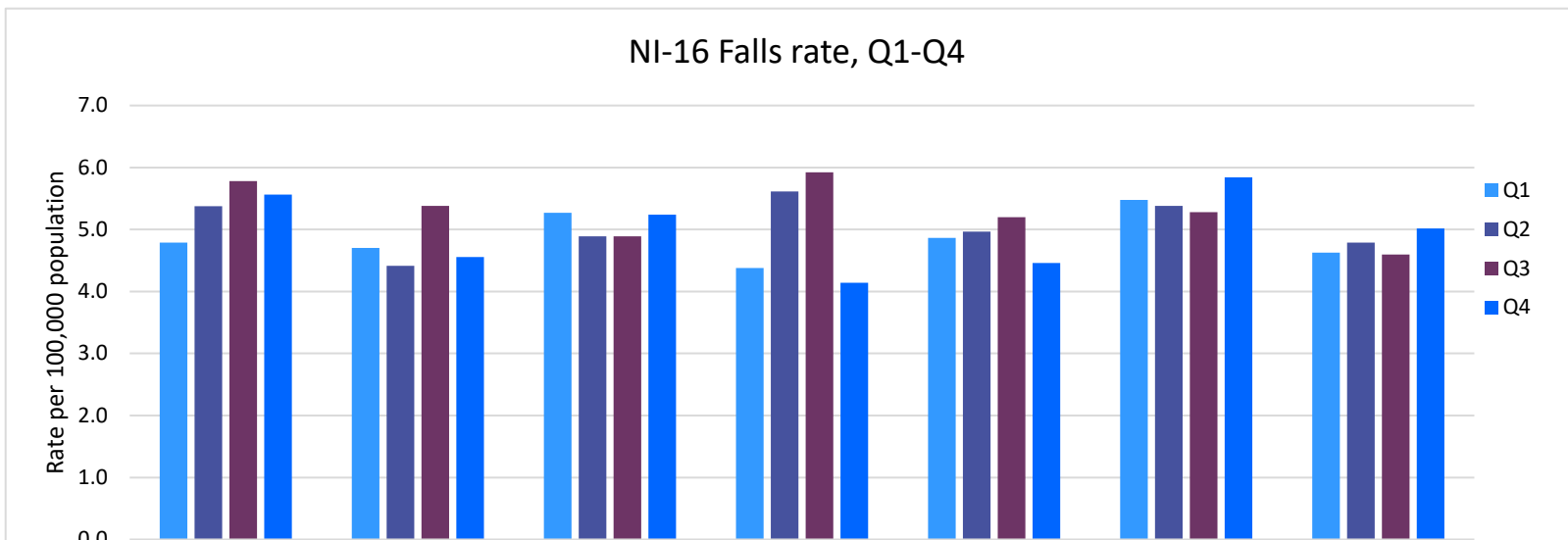


## National Indicators 11 - 20: Time series

The falls rate for adults aged 65 years and older had been decreasing from its previous highest level of 21.5 in 2014/15, however the rate for 2019/20 was 22.0. It is encouraging that West Lothian is performing better than the Scotland average since 2014/15 and that the 2020 figure shows a decrease to 20.0. However, local investigations need to be carried out to understand the root cause of the increase in 2019/20.

### NI - 16 Falls rate per 1,000 population aged 65+ by quarter

Year	Q1	Q2	Q3	Q4
2014/15	4.8	5.4	5.8	5.6
2015/16	4.7	4.4	5.4	4.6
2016/17	5.3	4.9	4.9	5.2
2017/18	4.4	5.6	5.9	4.1
2018/19	4.9	5.0	5.2	4.5
2019/20	5.5	5.4	5.3	5.8
2020/21	4.6	4.8	4.6	5.0
2021/22	5.1			





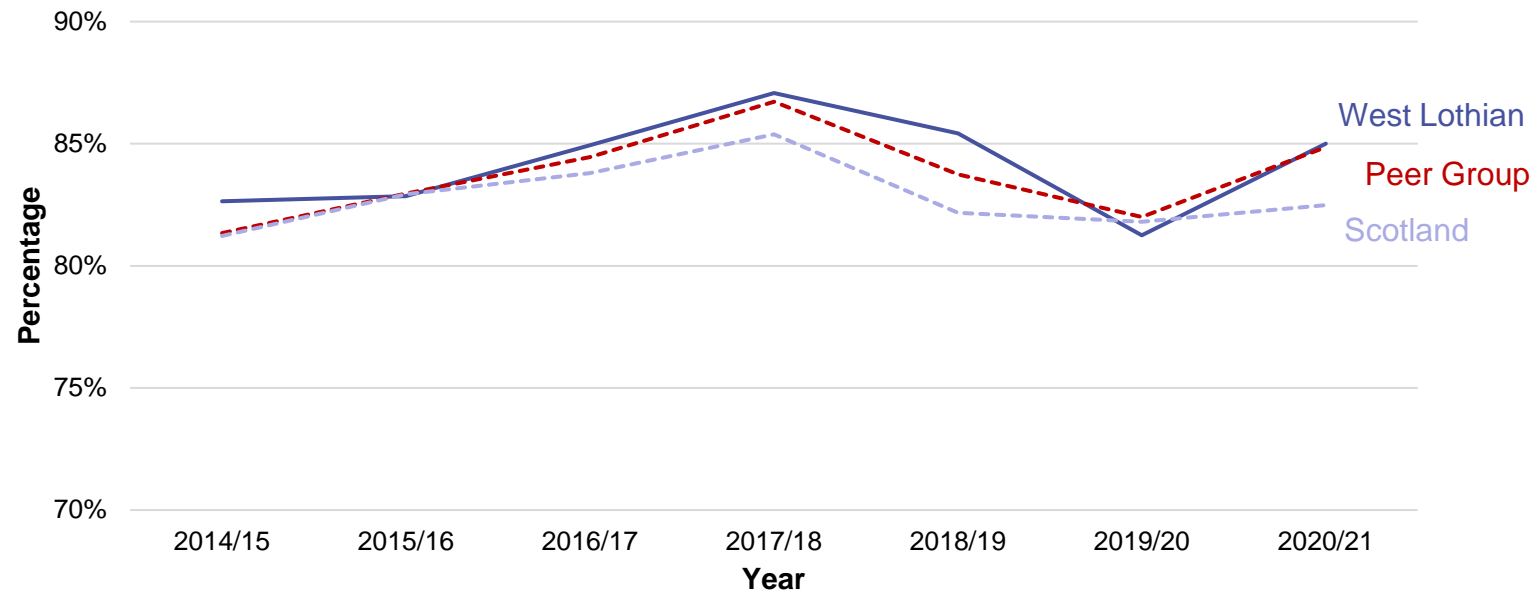
## National Indicators 11 - 20: Time series

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
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### NI-17 Proportion of care services graded 'good' or better in Care Inspectorate inspections, 2014/15 - 2020/21

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
<b>West Lothian</b>	83%	83%	85%	87%	85%	81%	85%
<b>Peer Group</b>	81%	83%	84%	87%	84%	82%	85%
<b>Scotland</b>	81%	83%	84%	85%	82%	82%	82%

### NI-17 Proportion of care services graded 'good' or better in Care Inspectorate inspections, 2014/15 - 2020/21



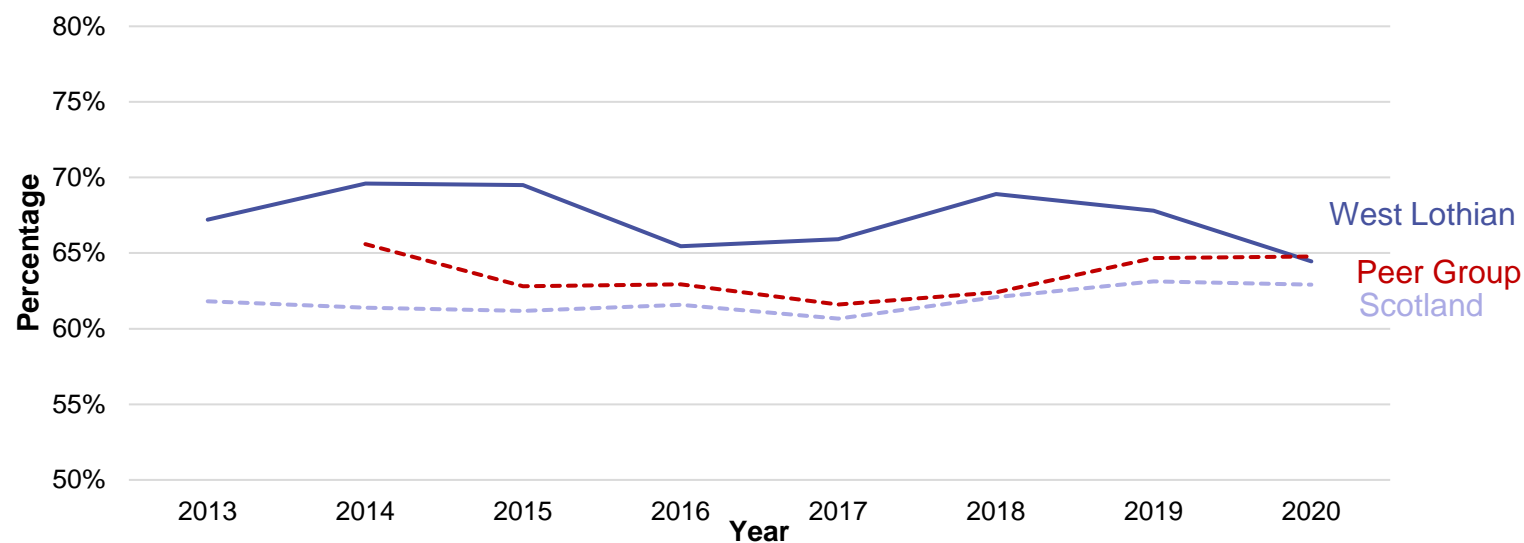
## National Indicators 11 - 20: Time series

The overall quality of care as good (4) or better in Care Inspectorate inspections was 85% in 2020/21, which is 3 percentage points higher than the Scottish average of 82%. There has been a continued downward trend in the grades from 87% in 2017/18, with a dip to 81% in 2019/20. Not all services are inspected each year.

### NI-18 Percentage of adults with intensive needs receiving care at home, 2013-2020

	2013	2014	2015	2016	2017	2018	2019	2020
<b>West Lothian</b>	67%	70%	70%	65%	66%	69%	68%	64%
<b>Peer Group</b>		66%	63%	63%	62%	62%	65%	65%
<b>Scotland</b>	62%	61%	61%	62%	61%	62%	63%	63%

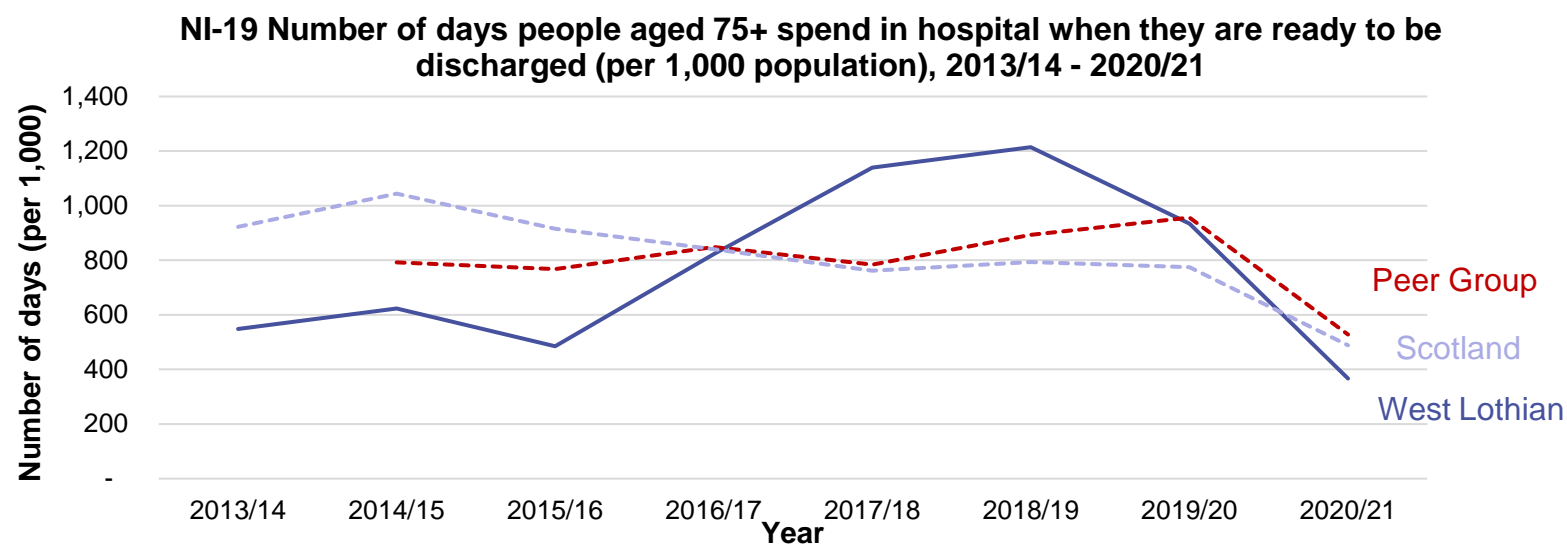
### NI-18 Percentage of adults with intensive needs receiving care at home, 2013-2020



## National Indicators 11 - 20: Time series

**NI-19 Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population), 2013/14 - 2020/21**

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
<b>West Lothian</b>	549	624	485	822	1,139	1,214	934	367
<b>Peer Group</b>		792	768	848	784	893	956	528
<b>Scotland</b>	922	1,044	915	841	762	793	774	488



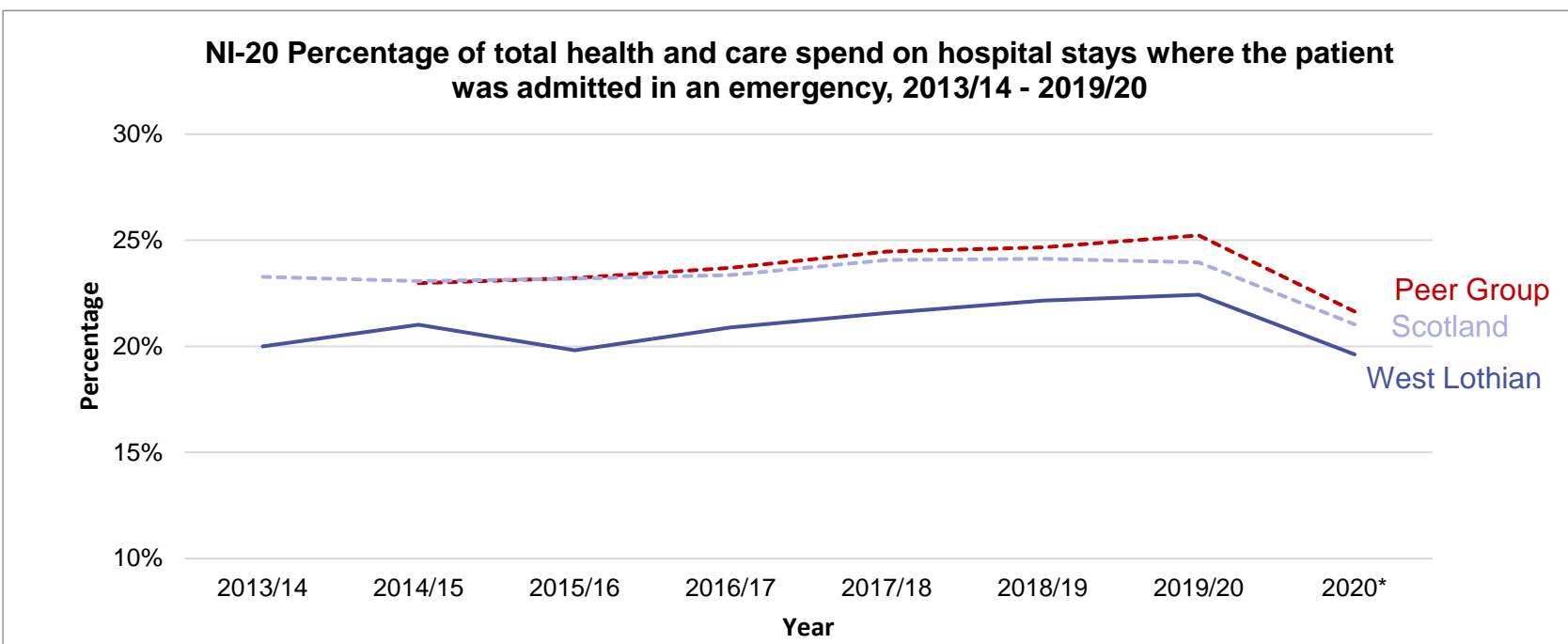
In 2020/21 the number of days, per 1,000 population, which people aged 75 and over spent in hospital when they were ready to be discharged was

## National Indicators 11 - 20: Time series

367, lower than the Scotland average of 488. West Lothian saw an increase in this rate from 2015/16 to a peak in 2018/19 of 1,214. West Lothian has improved performance in this area with a decrease of 23% in 2019/20 compared to 2018/19, and a further decrease in 2020/21 however this will be in part due to the pandemic response.

**NI-20 Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency,**

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020*
<b>West Lothian</b>	20%	21%	20%	21%	22%	22%	22%	20%
<b>Peer Group</b>		23%	23%	24%	24%	25%	25%	22%
<b>Scotland</b>	23%	23%	23%	23%	24%	24%	24%	21%



## National Indicators 11 - 20: Time series

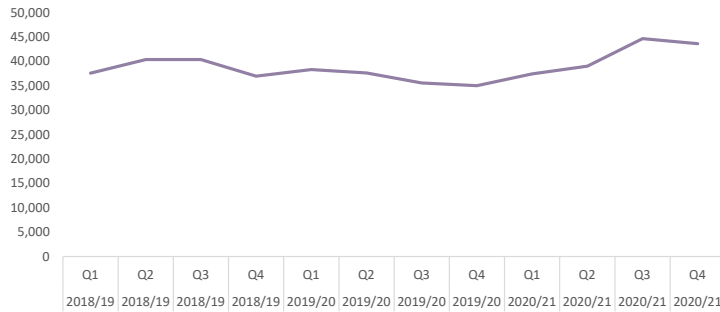
In 2020, the percentage of health and care resources which were spent on hospital stays for emergency admissions was 20%. West Lothian has performed better than the Scottish average which is 21%. The trend for West Lothian has remained relatively constant between 20% and 22% since 2013/14. The national average has fluctuated between 23% and 24% over the same time frame.

Data for illustration purposes

## Social Care Indicators

### Homecare - Care at Home services and HWC

	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
Internal Hrs	37,583	40,382	40,376	36,977	38,321	37,644	35,582	35,028	37,437	39,020	44,674	43,643
External Hrs	258,981	206,643	255,520	231,597	278,892	297,336	280,257	269,163	271,774	282,927	318,735	307,784



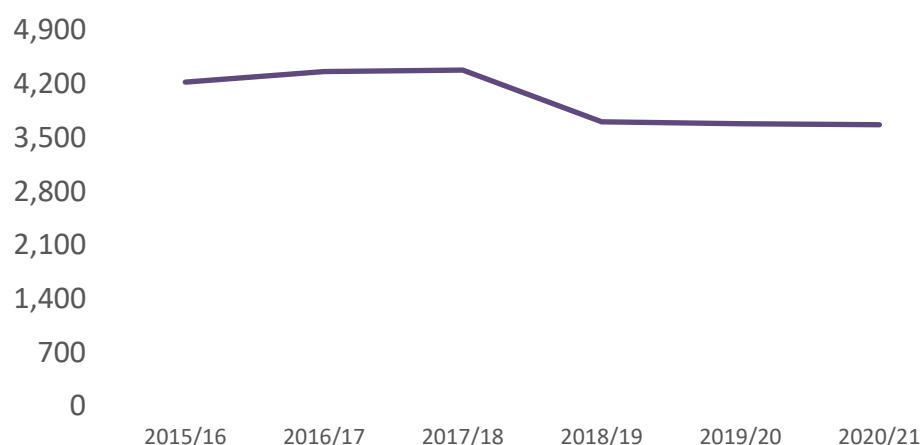
Telecare is an important element of the Scottish Governments strategy to support older people for as long as possible in their own home. West Lothian was an early implementer of technology at scale and there is therefore a high volume of provision. Nevertheless, performance in 2018/19 against that in 2017/18 reduced by 672 households. This is due to the introduction of a charge for the service which resulted in a number of existing and new customers concluding that this was no longer a priority for them. Conversely, performance has increased into 2020/21, which is expected to be an effect of the coronavirus pandemic.

Data for illustration purposes

Social Care Indicators: Telecare

Number of Households Receiving Telecare; financial year

Year	number of households
2015/16	4,224
2016/17	4,360
2017/18	4,380
2018/19	3,708
2019/20	3,681
2020/21	3,668



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

The numbers seem to have 'settled' over the last 3 years but given there are a number of alternative technologies emerging which offer home health monitoring in addition to more traditional telecare we will be taking a more aspirational approach in 2021/22 have set an ambitious target of 4,000 households to demonstrate our commitment to increasing the number of people who use telecare as an important element of their care.



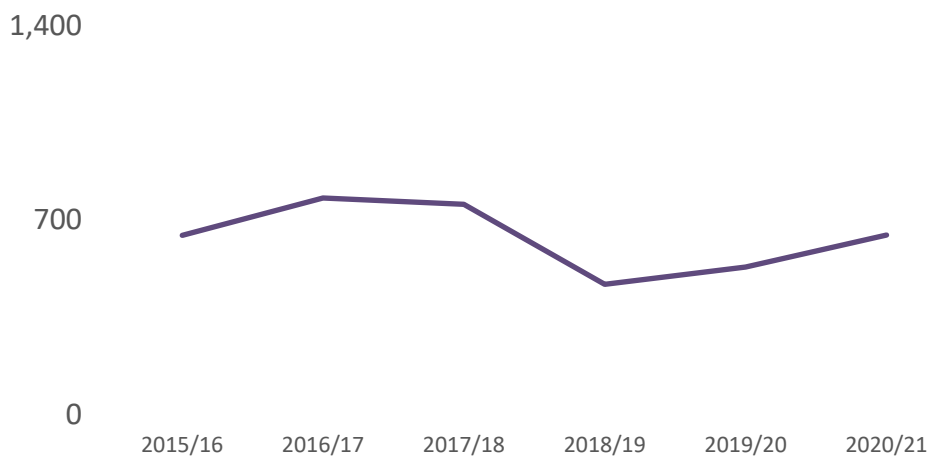


Data for illustration purposes

Social Care Indicators: Telecare

Number of New Telecare unit instalations; financial year

Year	Number of new Telecare installations
2015/16	645
2016/17	780
2017/18	757
2018/19	469
2019/20	531
2020/21	647



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

Despite the COVID19 pandemic and its impact and challenges, there was an increase in the number of new Telecare installations over 2020/21 however, we anticipate that the demand for this service may decrease as increased choice and alternative methods of care are introduced into the market. Therefore, the target for 2021/22 will remain at 200 installations.

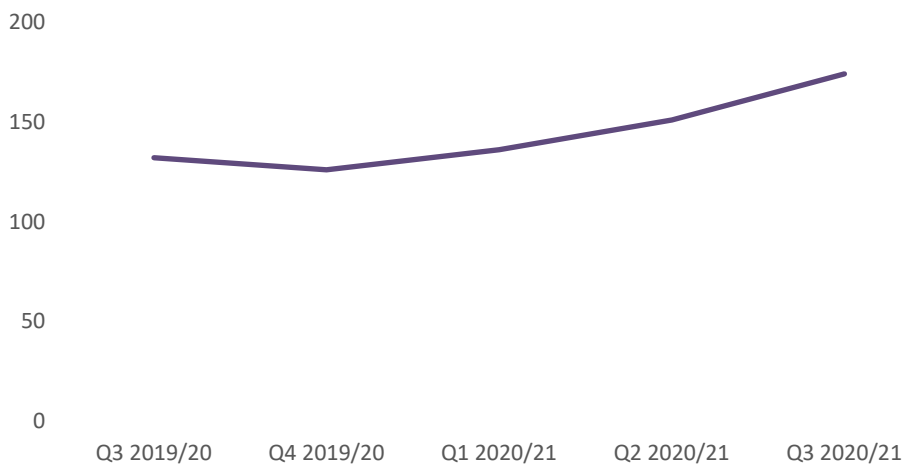


Data for illustration purposes

Social Care Indicators: Telecare

Number of New Telecare unit instalations; quarter

Quarter	Number of new Telecare installations
Q3 2019/2	132
Q4 2019/2	126
Q1 2020/2	136
Q2 2020/2	151
Q3 2020/2	174



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

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

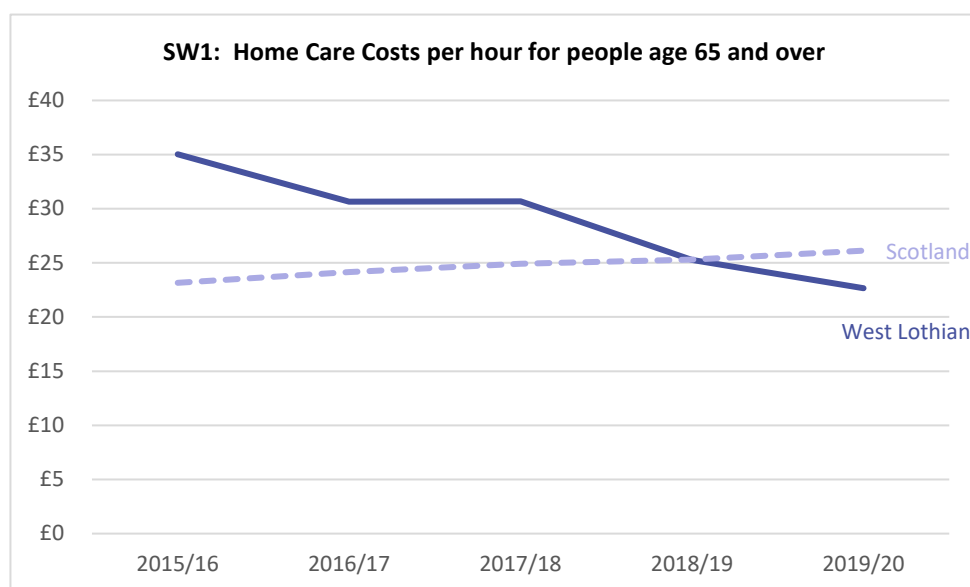


**Data for illustration purposes**

**Social Care Indicators: SW1 Home Care Costs**

**SW1: Home care costs per hour for people aged 65 or over**

Local Authority	2015/16	2016/17	2017/18	2018/19	2019/20
West Lothian	£35.03	£30.64	£30.69	£25.27	£22.66
Scotland	£23.16	£24.14	£24.92	£25.30	£26.13



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

**Data for illustration purposes**

**LGBF Ranking**

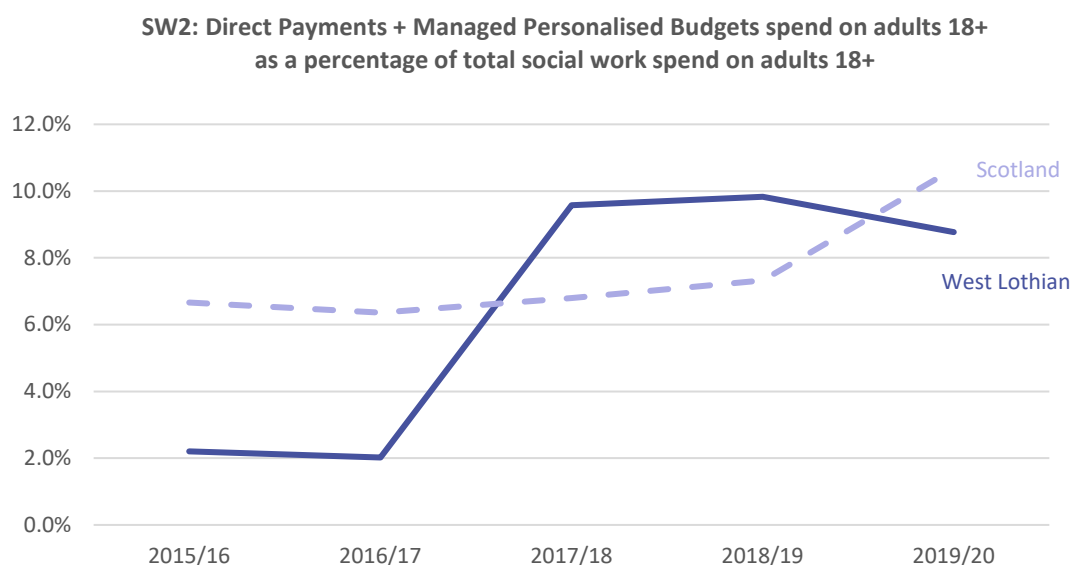
Local Authority	Rank 2018-19	Rank 2019-20	Ranking difference
West Lothian	16	9	7

**Data for illustration purposes**

**Social Care Indicators: SW2 Direct payments**

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

Local Authority	2015/16	2016/17	2017/18	2018/19	2019/20
West Lothian	2.2%	2.0%	9.6%	9.8%	8.8%
Scotland	6.7%	6.4%	6.8%	7.3%	10.7%



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

**Data for illustration purposes**

**LGBF Ranking**

Local Authority	Rank 2018-19	Rank 2019-20	Ranking difference
West Lothian	3	6	-3

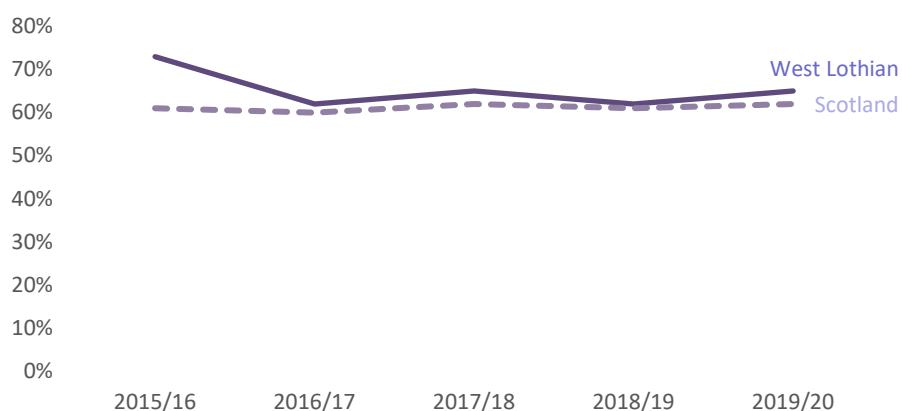
Cost increases can be seen in both a positive and negative way. An increase in costs can imply that there is better care, but this cannot be evidenced, or an inefficient use of funds.

**Data for illustration purposes**

**Social Care Indicators: SW3a Long-term Care needs**

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

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



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

**Data for illustration purposes**

**LGBF Ranking**

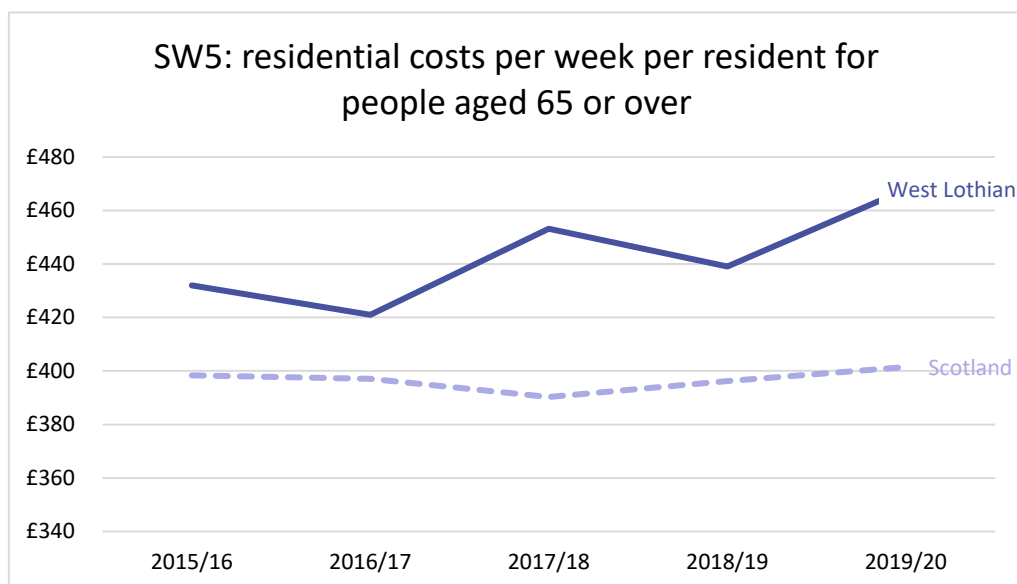
	Rank 2018-19	Rank 2019-20	Ranking difference
West Lothian	17	12	5

Data for illustration purposes

## Social Care Indicators: SW5 Residential Costs

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

	2015/16	2016/17	2017/18	2018/19	2019/20
West Lothian	£431.97	£420.99	£453.19	£439.07	£467.87
Scotland	£398.34	£397.00	£390.27	£396.17	£401.46



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

Data for illustration purposes

LGBF Ranking

	Rank 2018-19	Rank 2019-20	Ranking difference
West Lothian	19	23	-4



# West Lothian HSCP MSG Indicators

Performance from April 2017 to September  
2021, with 2019/20 MSG targets and trends

Local Intelligence Support Team (LIST),  
November 2021

# Contents

1. Methodology
2. Data completeness
3. 2019/20 MSG targets and actuals
4. 2020/21 actuals
5. A&E attendances
  - 4 hour performance
3. Emergency admissions
4. Unplanned bed days -Acute
5. Delayed discharges occupied bed days

# 2019/20 MSG Targets - Methodology

- The MSG Objectives Performa was submitted in February 2019 which specified the 2019/20 targets and an action plan on how those targets were to be achieved
- 2017/18 MSG data was used as the baseline to calculate the 2019/20 targets
  - The lag period associated with MSG data availability meant 2018/19 MSG data was not complete when the 2019/20 targets were required by the MSG (Feb 2019)

# Data completeness

Source: MSG data release Dec-21, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Sep-21	n/a	-
2. Emergency admissions	Jun-21	Sep-21	(SMR01) Nov-20 = 92%
3a. Unplanned bed days (acute)	Jun-21	Sep-21	(SMR01) Nov-20 = 92%
4. Delayed discharges occupied bed days	Sep-21	n/a	-

# 2019/20 targets and actuals

Source: MSG objectives 2019-20 template - West Lothian IJB; MSG data release Dec -21, PHS

Indicator	2019/20 target	2019/20 target (rate per 100,000)		2019/20 (rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	
1. A&E attendances	3% increase	30,049	2,504	31,875	2,656	X
2. Emergency admissions	Maintain	11,187	932	12,260	1,022	X
3a. Unplanned bed days (acute)	Maintain	70,520	5,877	73,055	6,088	X
4. Delayed discharges occupied bed days	15% reduction	11,559	963	11,361	947	✓



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 9<sup>th</sup> November 2021 in the appendix to this report.

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Focusing on our customers' needs
	Being honest, open and accountable
	Working in partnership.
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	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.
<b>III Implications for Scheme of Delegations to Officers</b>	None.
<b>IV Impact on performance and performance Indicators</b>	Working in partnership.
<b>V Relevance to Single Outcome Agreement</b>	We live longer, healthier lives.
<b>VI Resources - (Financial, Staffing and Property)</b>	None.
<b>VII Consideration at PDSP</b>	Reported to Health & Care PDSP for noting.
<b>VIII Other consultations</b>	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 9<sup>th</sup> November 2021

Contact Person: Alison White, Depute Chief Executive

[alison.white@westlothian.gov.uk](mailto:alison.white@westlothian.gov.uk)

CMT Member: Alison White, Depute Chief Executive

Date: 3<sup>rd</sup> February 2022



MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within VIRTUAL MEETING ROOM, on 9 NOVEMBER 2021.

Present

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

Non-Voting Members – Karen Adamson, Lesley Cunningham, Steven Dunn, David Huddlestone, Jo MacPherson, Ann Pike, Patrick Welsh, Alison White and Linda Yule

Apologies – Harry Cartmill, Dom McGuire, Elaine Duncan and Alan McCloskey

In attendance – Robin Allen (Senior Manager – Older People Services), Neil Ferguson (NHS Lothian), Carol Holmes (NHS Lothian), Sharon Houston (Business Support Team Manager), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager) and Fiona Wilson (Head of Health)

1 ORDER OF BUSINESS

The Chair advised that he would ask David Huddlestone to speak about his participation in an RSA exercise under agenda item 7 (*Chief Officer's Report*).

The Chair also ruled that two additional items would be discussed after agenda item 15 (*Workplan*).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board approved the minutes of its meeting held on 21 September 2021.

4 MINUTES FOR NOTING

- a The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 2 September 2021.
- b The Board noted the minutes of the Health and Care Governance Group held on 24 August 2021.
- c The Board noted the minutes of the Health and Care Governance Group held on 12 October 2021.

## 5 MEMBERSHIP & MEETING CHANGES

- The Board confirmed the appointment of Jock Encombe as voting member to the IJB for the period from 2 December 2021 to 31 July 2022 to replace Martin Hill.
- The Board confirmed the appointment of Linda Yule as non-voting member to the IJB from 6 October 2021 to 5 October 2024 to replace Mairead Hughes.
- The Board appointed Linda Yule to the Integration Joint Board Strategic Planning Group.

## 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 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.

During discussion, members suggested the Strategic Planning Group explore ways of statistical quantification to assess carer effectiveness.

The Chair then invited David Huddlestone to provide an update on the recent RSA exercise he had taken part in and it was agreed that the relevant slides would be circulated to members at the end of the meeting. Members also suggested that the Strategic Planning Group remain involved in and up to date with RSA developments.

### Decision

To note the terms of the report.

## 7 CARE AT HOME SERVICES IN WEST LOTHIAN

The Board considered a report (copies of which had been circulated) by the Senior Manager – Older People's Services providing an update on the situation with regard to the delivery of care at home services in West Lothian.

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

During discussion, it was agreed that the Chief Officer would provide updates as required, while the Head of Strategic Planning and

Performance would supply a note of progress for the next Chief Officer report on engagement with the community in the effort to enhance the model of approach with regard to care at home services.

It was also agreed that an explicit risk would be included in the risk register to ensure effectiveness of the mitigating actions listed in the report.

#### Decision

1. To note the terms of the report.
2. The Chief Officer to provide updates as required.
3. An explicit risk to be included in the risk register to ensure effectiveness of the mitigating actions listed in the report.

### 8 UPDATE ON PROGRESS OF THE HOME FIRST PROGRAMME AND THE POSITION WITH TEMPORARY CLOSURE OF ST MICHAEL'S HOSPITAL IN RESPONSE TO STAFFING PRESSURES

The Board considered a report (copies of which had been circulated) by the Head of Health providing a situational update on the Home First Programme and the current position with the temporary closure of St Michael's Hospital from August 2021. Additionally, the report sought to provide assurance to the Board that the Home First programme was underpinned by a whole system governance structure and data analysis to ensure any recommendations were evidence based and worked through with stakeholder involvement.

It was recommended that the Board:

1. Support the positive step in incorporating St John's Hospital phase 2 development and expanding scope of the Older Peoples Commissioning Board to include adults over the age of 18 years who required access to urgent unscheduled care;
2. Note the change of name of the Older Peoples and People Living with Dementia Commissioning Board to 'West Lothian Community and Acute Care Commissioning Board';
3. Continue to support an extension of the temporary closure of St Michael's Hospital until 31 March 22 with monthly monitoring, to evaluate the evolving staffing levels and allow for modelling of short, medium and longer-term bed needs across the health and social care system; and
4. Be cognisant of the need to prioritise IJB reserves to increase the capacity to deliver care at home services internally in response to current pressures on the system.

#### Decision

To approve the terms of the report.

9 NATIONAL CARE SERVICE CONSULTATION REPORT

The Board considered a report (copies of which had been circulated) by the Project Officer providing a revised draft response and covering letter to the Scottish Government's consultation A National Care Service for Scotland. The Board was asked to carefully consider whether the proposed response reflected the collective view of the Board and might request minor amendments, noting that the submission must be made on 9 November.

It was recommended that the Board:

1. Note that the Scottish Government was consulting on the development of a National Care Service for Scotland which was anticipated to be operational by March 2026;
2. Note that a request to Scottish Government to accept a late response had been granted on the condition it was no later than 9 November;
3. Note the Board's agreement to submit a collective response at its meeting of 21 September;
4. Note that a revised response and covering letter had been drafted following consideration at the Board's meeting of 21 September and a subsequent meeting of a short-life working group; and
5. Discuss the proposed response and agree its submission to the Scottish Government.

Decision

To approve the terms of the report.

10 BASELINE DATA FOR PRIMARY CARE PERFORMANCE INDICATORS

The Board considered a report (copies of which had been circulated) by the Clinical Director, West Lothian HSCP providing an update on capturing Baseline data for Primary Care Performance Indicators.

It was recommended that the Board:

1. Note the contents of the report; and
2. Confirm that the reporting format met the Board's requirements.

During discussion, it was agreed that the report should show trends, public perceptions of accessibility and service level in West Lothian GPs, and include narrative information in future iterations.

Decision

To approve the terms of the report subject to the report being further enhanced to show trends, public perceptions of accessibility and service level in West Lothian GPs, including narrative information in future iterations.

11 2021/22 FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2021/22 budget forecast position for the IJB delegated health and social care functions based on the month 6 monitoring exercise.

It was recommended that the Board:

1. Consider the forecast outturn for 2021/22 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2021/22 budget; and
3. Note the new investment announced by the Scottish Government to help protect health and social care service delivery over the winter period and that further confirmation was required on the allocation of funding to IJBs.

Decision

To note the terms of the report.

12 RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members of the risks in the IJB's risk register.

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

Decision

1. To note the terms of the report.
2. To include an additional risk on Care at Home system pressures to ensure effectiveness of mitigating actions as agreed under agenda item 8 (Care at Home Services in West Lothian).

13 PUBLIC SECTOR CLIMATE CHANGE REPORT

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

It was recommended that the Board:

1. Note the Board's statutory requirement to report on climate change on an annual basis and no later than 30 November each year; and
2. Agree the contents of the draft 2020/21 submission to the Scottish Government and the proposed improvement actions.

During discussion, it was suggested that the Chief Officer speak to Chief Officers of other IJBs and report back to either the IJB or the SPG with suggestions on the extent of IJB involvement in raising the standard of sustainability through planning and direction to the health board and the council.

#### Decision

1. To approve the terms of the report.
2. The Chief Officer to provide an update on requirement of the extent of IJB involvement in sustainability.

#### 14 WORKPLAN

A workplan had been circulated for information.

#### Decision

1. To note the workplan.
2. To add a workforce planning report to a future meeting.

#### 15 CLOSING REMARKS

In closing the meeting, the Chair on behalf of the Board thanked Marin Hill for his valuable contribution to the IJB and wished him well for the future. Martin Hill in turn thanked Board members and officers and wished them well for the future.

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 6<sup>th</sup> October 2021 in the appendices to this report.

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Focusing on our customers' needs
	Being honest, open and accountable
	Working in partnership.
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	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.
<b>III Implications for Scheme of Delegations to Officers</b>	None.
<b>IV Impact on performance and performance Indicators</b>	Working in partnership.
<b>V Relevance to Single Outcome Agreement</b>	We live longer, healthier lives.
<b>VI Resources - (Financial, Staffing and Property)</b>	None.
<b>VII Consideration at PDSP</b>	Regularly reported to Health & Care PDSP for noting.
<b>VIII Other consultations</b>	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 6 <sup>th</sup> October 2021
Contact Person:	Alison White, Depute Chief Executive <a href="mailto:alison.white@westlothian.gov.uk">alison.white@westlothian.gov.uk</a>
CMT Member:	Alison White, Depute Chief Executive
Date:	3 <sup>rd</sup> February 2022



## LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 06 October 2021 using Microsoft Teams.

### Present:

**Non-Executive Board Members:** Mr M. Hill (Vice-Chair)(Chairing); Mr M. Connor; Dr P. Donald; Ms C. Hirst; Mr A. McCann; Mr P. Murray (from 9:45am); Mr W. McQueen; Dr R. Williams; Cllr J. McGinty; Mr J. Encombe; Prof. S. Chandran; Cllr S. Akhtar; Cllr G. Gordon and Mr E. Balfour

**Executive Board Members:** Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Mrs S. Goldsmith (Director of Finance); Ms D. Milne (Director of Public Health and Health Policy) and Miss F. Ireland (Interim Executive Director, Nursing, Midwifery & AHPs).

**In Attendance:** Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of HR & OD); Mrs J. Campbell (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Mrs J. Mackay (Director of Communications & Public Engagement); Mr P. Lock (Director of Improvement); Mr C. Briggs (Director of Strategic Planning); Ms T. McKigen (REAS Services Director); Ms A. White (Chief Officer, West Lothian HSCP); Ms A. Macdonald (Chief Officer, East Lothian HSCP); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms J. Anderson (Unison Branch Secretary NHS Lothian); Ms J. Stonebridge, Consultant in Public Health (Item 63); Mr A. Payne (Head of Corporate Governance) and Mr C. Graham (Secretariat Manager).

**Apologies for absence:** Mr J. Connaghan; Cllr D. Milligan and Ms K. Kasper.

## 52. Declaration of Financial and Non-Financial Interest

- 52.1 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. There were no interests declared.

## 53. Chair's Introductory Comments

### 53.1 Mr Tom Waterson Condolences

- 53.1.1 The Chair advised that it was with sadness that he had to report the death of Mr Tom Waterson.
- 53.1.2 He commented that Mr Waterson had started working in the NHS in Lothian in 1989 as a Porter at the old RIE on Lauriston Place. Mr Waterson very quickly became a NUPE Shop Steward, going on to become the Branch Secretary of NUPE and held this position until the merger of COHSE, NUPE and NALGO into what we now know as UNISON. In 2005 the UNISON Lothian Health Branch was formed and Mr Waterson had been its only Branch Chair in all that time.

- 53.1.3 Mr Waterson had also held the position of Chair of the UNISON health committee (a pan-Scotland Role) since 2005 and in that time made a significant contribution across the NHS in Scotland, being instrumental in improving the position for lower paid staff by the removal of Agenda for Change band 1. Mr Waterson was a member of many tripartite committees and groups with employer's and government officials and had been a very prominent trade unionist and advocate for removing social injustice.
- 53.1.4 Mr Waterson had been very proud to be invited as a judge on the annual Daily Record Scottish Health Awards, where the UNISON Lothian Branch had sponsored the Team of the Year Award for many years.
- 53.1.5 Mr Waterson became Employee Director (and Non-executive Board member) in August 2020 and had been very well respected in that role, working closely with all trade unions and senior leaders across the organisation to improve staff and patient experience.
- 53.1.6 The Board expressed its condolences to Mr Waterson's family at this time.

## **53.2 Executive Director Nursing, Midwifery & AHP's**

- 53.2.1 The Chair reported that Professor McMahon had now stepped down from the Board to become the Interim Chief Nursing Officer for NHS Scotland. This was a nine-month secondment from 4 October 2021 to 3 July 2022. The following individuals would become the Interim Director (and an executive Board member) for the following periods.
- Fiona Ireland – 4 October 2021 to 3 January 2022.
  - Gillian McAuley – 4 January 2022 to 3 April 2022.
  - Pat Wynne – 4 April 2022 – 3 July 2022
- 53.2.2 Miss Ireland was the Chair of the Area Clinical Forum and a non-executive member of the Board. Consequently, she will temporarily stand down as a non-executive while she is an executive Board member. Mr Eddie Balfour, vice-chair of the Area Clinical Forum, was therefore welcomed as non-executive Board member from 4 October 2021 to 3 January 2022.

## Items for Approval

54. 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.
- 54.1 Minutes of Previous Board Meeting held on 04 August 2021 – Minutes were approved.
- 54.2 Audit & Risk Committee Minutes – 21 June 2021 – Minutes were noted.
- 54.3 Healthcare Governance Committee Minutes – 27 July 2021 – Minutes were noted.
- 54.4 Finance & Resources Committee Minutes – 14 July 2021 – Minutes were noted.
- 54.5 Edinburgh Integration Joint Board Minutes – 22 June 2021 – Minutes were noted.
- 54.6 West Lothian Integration Joint Board Minutes – 29 June and 10 August 2021 – Minutes were noted.
- 54.7 Midlothian Integration Joint Board Minutes – 17 June 2021 – Minutes were noted.
- 54.8 East Lothian Integration Joint Board Minutes – 24 June 2021 – Minutes were noted.
- 54.9 Appointment of Members to Committees – The Board agreed to:
- Re-appoint Lorraine Cowan as the registered nurse non-voting member of East Lothian Integration Joint Board for the period from 5 December 2021 to 4 December 2024.
  - Appoint Linda Yule as the registered nurse non-voting member of West Lothian Integration Joint Board for the period from 6 October 2021 to 5 October 2024.
  - Nominate Jock Encombe as a voting member of West Lothian Integration Joint Board for the period from 1 December 2021 to 31 July 2022.
  - Appoint Katharina Kasper as a member of the Remuneration Committee with effect from 6 October 2021.
  - Appoint Angus McCann as the Chair of the Finance & Resources Committee with effect from 1 November 2021.
  - Appoint Dr Patricia Donald as the Chair of the Healthcare Governance Committee for the period 4 October 2021 to 3 January 2022.
- 54.10 NHS Lothian Board and Committee Dates Schedule 2022 - The Board approved the schedule of Board and committee meeting dates of 2022.

- 54.11 End Poverty Edinburgh (EPE) Annual Progress Report - The Board noted the update on the progress made across many of the EPC recommendations. The Board also noted that many of the actions relate to child poverty. The completed Edinburgh Local Child Poverty Action Report would be submitted for Board approval in the near future.

## Items for Discussion

### 55. Board Chair's Report – October 2021

- 55.1 The Chair referenced the correspondence received last week from the Scottish Government, confirming that the NHS in Scotland would remain on emergency footing until 31 March 2022. Primary focus would remain on responding to current service pressures during the period ahead and not to expect to open any new programmes of work unless there were identified as priority. The necessary assurances would be provided to the Scottish Government and Ministers that NHS Lothian was responding to the current pressures and winter challenges ahead. The Board agenda this morning was testament to that focus.

### 56. Board Executive Team Report – October 2021

- 56.1 The Board noted the Board Executive Team report.

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

- 57.1 Audit and Risk Committee - Mr Connor delivered an update on two recent internal audit reports that have only achieved limited assurance, in relation to Estates and Consort Invoicing. These were being progressed with support from Audit and Risk Committee. There was an ongoing review of estates and work was underway to update structures with Consort and to recruit people with appropriate PFI and PPP contract management experience.
- 57.2 Edinburgh Integration Joint Board (IJB) - Mr McCann stated that the IJB had agreed to move forward with actions for the bed base review to develop the right types of bed in the right numbers due to current constraints in service and lack of intermediate care capacity. Mr Campbell supported the IJB strategic decision, but stressed that it was important to have details of the implementation plan confirmed before any capacity was taken out the system. The implementation plan, critical path and key milestones had been requested by the health board.
- 57.3 Healthcare Governance Committee - Miss Ireland reported from the September meeting. There had been two issues flagged to raise at to the Board's attention, these had been the Did Not Attend (DNA) Policy and the good news about the care planning functionality on the Trak system for adult services named the "Model Ward". There would be follow up analysis and a paper to Healthcare Governance committee from management, looking at the profile/characteristics of patients that do not attend appointments.

- 57.4 **Finance and Resources Committee** - The Chair reported on three items from the August and September meetings:
- The development of a project team and director appointment for the National Treatment Centre at St John's Hospital had been welcomed and it had been envisaged that this would now accelerate and progress planning and design in relation to the Centre.
  - A report had been received on the Royal Infirmary of Edinburgh (RIE) Commercial Business Case and contract management resource. It had been noted that work was ongoing to ensure that the RIE continued to be fit for purpose and to continue to manage the remaining years of the contract in the best interest of the people of Lothian.
  - There had been an update on the Scottish Hospital Inquiry and inquiry information requests. There had also been an extraordinary Finance and Resources Committee meeting on 29/09/2021 to approve the Board's response to request for information #2 and the narrative around request for information #1.

## **58. Lothian Strategic Development Framework**

- 58.1 Mr Briggs introduced the report updating the Board on progress in developing the Lothian Strategic Development Framework (LSDF).
- 58.2 Mr Briggs outlined the process adopted for developing the LSDF and how the development of the Framework would look to answer the questions around improving population health through working with people and improving performance against an unstable baseline, through collaboration between NHS Lothian and the Integration Joint Boards. The Board noted the need to be conscious of the fact that the full impact of the pandemic was still to be known and this is why this was a framework rather than a detailed plan.
- 58.3 Mr Briggs explained that the framework was based on five key pillars – unscheduled care; scheduled care, primary care, mental health and children and young people. Relationships with NHS Lothian's partners were important as many of the plans would be for IJBs to direct NHS Lothian and local authorities to deliver. There was also the link to national work to consider and there would be cross cutting areas across all five pillars e.g. cancer.
- 58.4 The work around NHS Lothian becoming an anchor institution was also part of the LSDF and there were headline priorities that needed to be made more explicit to partners and the public such as becoming an increasing digital organisation.
- 58.5 Workforce constraints also had to be considered. As discussed at the Planning, Performance and Delivery Committee in September, there were issues around the demographic challenge and an ageing population which means there were not enough young people joining the workforce, which had impacts in nursing and care roles locally and nationally.

- 58.6 Mr Briggs confirmed that there would be a twenty page Strategic Framework ready for further discussion at the Board Strategic Away Day on 27/10/2021 and that the Royal Society for Arts, Manufactures and Commerce (RSA) were working with NHS Lothian to put together a representative group of citizens to work with us to design a formal consultation
- 58.7 Mr McQueen asked about workforce and concerns in many areas nationally that there may not be sufficient workforce. Mr Briggs confirmed that workforce issues would be part of the consultation stage of the framework and that nationally he was chairing the Directors of Strategic Planning Group and it was clear that NHS Lothian were ahead of the curve in grappling with many of these challenges. There had been a lot of work by thought leaders in this area, looking at opportunities such as the ability of technology to extend working lives and understanding what alternative workforces are out there, including use of the third and independent sectors.
- 58.8 Mrs Butler added that the workforce issues were well understood both locally and nationally and work at all levels was ongoing. Opportunities at both ends of the spectrum were being considered such as Retire and Return and Early Careers Programmes (Earn, Learn, Progress). The national health care academy had also stood up training programmes as part of a once for Scotland approach.
- 58.9 Dr Donald asked about the more effective use of volunteers. Mr Briggs commented that volunteering would be aligned to the framework as part of what NHS Lothian did going forward , whilst recognising that volunteer skills were not a direct replacement for nursing for example.
- 58.10 Miss Ireland added that the Edinburgh and Lothians Health Foundation volunteering programme and strategy were due to be reviewed for 2023 to 2028 and that service areas were now actively identifying help they required from volunteers, but again this was not a replacement for substantive posts.
- 58.11 Mr McCann and Dr Williams both made comment about the importance of communication and articulating to public and patients the changes of how services will be delivered in future. Miss Gillies added that there would be an area of sensitive language around communication. Most people are able to understand benefits when they are more abstract but when these become more personal there can be a reverting to previous ways doing things.
- 58.12 Mr Briggs stated that there would also have to be influencing of national communications to avoid messages in different directions and that there were no better advocates to demonstrate change than our own staff. Mr Briggs referred to a recent [BBC Scotland news article involving Penicuik Medical Practice](#).
- 58.13 The Board agreed to the recommendations in the report, to
- Note the outline of the process to date;
  - Note the headline proposals for change;
  - Agree the process for further development of the consultation draft.

## **59. NHS Lothian Board Performance Paper**

- 59.1 Mr Crombie introduced the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans. The detail in the report was to end of August 2021.
- 59.2 The Board noted that following the recent Active Governance Session for Board Members a revised presentation of data was being developed for the December Board Meeting, this would include the recommended format and run charts.
- 59.3 Mr Crombie reiterated that the NHS in Scotland remains on an emergency footing and that NHS Lothian's Gold Command structure was in place providing the highest level of oversight and reviewing the whole system position twice per week. The multiagency Gold Command had also been triggered and there were daily conversations between Mr Campbell and members of the Scottish Government.
- 59.4 It was important to note that in terms of data and indicators, front door attendances were now at a level which exceeded pre-Covid winter activity and we were not yet in winter. The spectre of Covid remained, having a very real impact on capacity across the system, in primary care, emergency departments, inpatients and in the rehabilitation and care environments.
- 59.5 Mr McQueen asked about fixed term posts in Psychology Therapies and CAMHS not being attractive to potential applicants and the balance between numbers of fixed term and permanent posts. Ms Mckigen clarified that both fixed term and permanent posts were being continually recruited and the majority of posts were now permanent with NHS Lothian deciding to advertise on a recurring basis, in order to improve the prospects of recruitment.
- 59.6 Mr Murray commented that the ability to achieve sustainable performance improvement may require operating outside normal parameters such as with the Covid additional powers.
- 59.7 Mr Campbell responded that national group conversations had been around increased public awareness in relation to health and social care need. Lots of people think Covid has peaked and is coming down but the winter impact, Flu, RSV, Flu and Covid vaccination programmes and continued requirements to isolate will have a massive impact on demand and on securing the workforce to cope with this. Increased communication was required to reinforce messages that if people need to come to us then fine, but if they don't need to come, then to try and use another means to get the care required.

- 59.8 Mr McCann asked about unscheduled care and the redesign of the urgent care programme. Mr Crombie confirmed that there was a varying impact being seen from the redesign. This was early days in the development of the programme but there was a continued focus on efforts around messaging and signposting, concentrating more on awareness of alternative options and how to support individuals as well as reducing demand on acute services.
- 59.9 Mr Campbell added that the challenge with redesign of urgent care was the ability of NHS24 to handle calls quickly and this could be frustrating for the public. Nationally, clearer redirection from A&E was being looked at. There needed to be a more assertive approach to people coming to the wrong door, in order to try and drive a change in culture.
- 59.10 Mrs Goldsmith emphasised that in terms of performance there remained an underlying capacity gap in the core finance position. The Chair added that this was important to keep in mind, but it should not be seen as finance putting a stranglehold on achieving performance. It was recognised this was a difficult situation to report.
- 59.11 Mr Crombie highlighted that whilst it was easy to get lost in the numbers and detail of the challenges in the report, it should be recognised that Lothian teams across health and social care continue with outstanding efforts and dedication in these challenging times. The Board commended this statement and passed on thanks to all staff for their continued efforts in challenging times.
- 59.12 The Board agreed the recommendations in the report:
- The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
  - The Board recognises the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.
  - The Board considers the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
  - To note the PPDC draft work plan is due to commence to further enhance coordinated and aligned performance reporting across the system.
  - If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

## **60. CAMHS Improvement Recovery and Renewal Plan**

- 60.1 Ms McKigen provided a briefing on key context and progress in relation to improving performance against the CAMHS LDP Access Standard and the associated programme of work and key improvement actions to strengthen the clinical governance and improve the effectiveness of services.



- 60.2 Ms McKigen reported that CAMHS currently remained on escalation for not meeting the CAMHS Standard. A Recovery Plan had been submitted to Scottish Government in July 2021 and this had now been accepted and was moving to the implementation stage. Key factors within the Recovery Plan included an increase in workforce, redesign of individuals working roles and introducing a full CAPA (Choice and Partnership Approach) clinical system model. These changes would take between 6 and 12 months to fully implement.
- 60.3 The Board noted that the roll out would start with the North and South Edinburgh CAMHS teams as these had the largest referral numbers. It was expected that an improvement in North Edinburgh would be seen later in October and in South Edinburgh from November. The roll out would then move to East and West Edinburgh teams.
- 60.4 Ms McKigen added that there would be a 24/7 unscheduled care service introduced once all staff had been recruited. It was hoped this would take pressure off A&E, particular out of hours at St John's Hospital and also prevent some onward referrals. There would also be investment in Tier 2 services and work on single points of contact for primary care to redirect Tier 3 and Tier 4 services where historically all referrals had been.
- 60.5 Supervision and support would be required to implement all these changes and there was support from organisational development. Most posts were now permanent, having reviewed turnover. There was minimal risk even if funding from Scottish Government were to be non-recurring.
- 60.6 Mr Murray asked about effective signposting to alternatives and what could be done to help with this. Ms McKigen stated that a communication strategy would be part of the recovery plan work with members of the public and young people. Third sector organisations were now also coming back on stream following the pandemic and there would be an increase in direct funding from the Scottish Government to support the work of Tier 2 services.
- 60.7 Dr Williams asked about children and young people who are referred internally for a specific treatment/intervention but would not now be reported as part of the Public Health Scotland CAMHS LDP standard as waiting for treatment to commence (e.g. Dietetics, Eating Disorder Development Team (EDDT), CAMHS Assertive Outreach Team (CAOT) and Day Programme.
- 60.8 Ms McKigen explained that these people were already in the service for PT or nursing intervention, internal referral to dietician for example. They would normally be on a waiting list for CAMHS with a standard support full package of care so would not now be added onto another waiting list to add to their journey.

- 60.9 Dr Williams then asked about the reporting and monitoring of patient outcomes. Ms Mckigen confirmed that there was national benchmarking against outcomes and a national specification that is reported against in terms of outcomes, deliverables, and patient satisfaction. CAPA had been welcomed by patients and families along with a high use of Near Me which patient surveys had indicated was preferred in certain circumstances. The Chair suggested that Healthcare Governance Committee would be the appropriate place to scrutinise quality outcome issues. Ms Mckigen would take this forward for CAMHS and Psychological Therapies.
- 60.10 Mr McCann asked about recruitment of staff and whether this was new recruitment or moves from other areas in Lothian or Scotland. Ms Mckigen confirmed that there was a mixture of some Lothian or Scotland staff as part of development opportunities along with recruitment of new psychology staff from England.
- 60.11 Mr McQueen asked about impact on inequalities and long waits for treatment. Ms Mckigen stated that inequalities in long waits had not been looked at specifically but this work would start once a more stable position for CAMHS and PT had been achieved. Schools did have a direct link for advice as did General Practice. Cllr Akhtar added that it would be helpful to see the impact of different interventions as a standalone paper. Ms Mckigen would bring back appropriate updates to the Board.
- 60.12 The Board accepted the recommendations in the report, to:
- Acknowledge the levels of improvement to date and continuing progress in relation to key trajectories and performance against the CAMHS LDP Access Standard.
  - Note that the Scottish Government are aware and content that CAMHS is following the detailed Recovery and Renewal Plan that was submitted to them and recently approved.
  - Note the strategic aims of the NHS Lothian CAMHS Recovery and Renewal Plan align with the Boards CAMHS 2021 Project.
  - Endorse the NHS Lothian CAMHS revised waiting list trajectory and the assumptions made therein.
  - Note that in future those children and young people who are referred internally for a specific treatment/intervention will not be reported as part of the Public Health Scotland CAMHS LDP standard as waiting for treatment to commence (e.g. Dietetics, Eating Disorder Development Team (EDDT), CAMHS Assertive Outreach Team (CAOT) and Day Programme.
  - Endorse and accept the requirements for recurrent funding to ensure that the additional 23 WTE required to clear the core mental health waiting list can be recruited on a permanent basis.
  - Note the associated investments secured from the Mental Health Recovery and Renewal Fund that will be applied against the delivery of the National CAMHS Service Specification and Transition Care Planning standards for children, young people, and families in Lothian.
  - Note the key risks around urgent referrals.

## **61. Psychological Therapies Performance Report and Recovery plan**

- 61.1 Ms McKigen described the performance of psychological therapies (PT) against the LDP Access Standard and outlined the associated initiatives to strengthen clinical governance, improve the effectiveness of services and updated on progress with the current recruitment plan.
- 61.2 The Board noted that the PT position was similar to CAMHS in terms of escalation and working with the Scottish Government on the recovery plan. The plan put in place had been agreed with Scottish Government, NHS Lothian Corporate Management Team and the Health and Social Care Partnerships' Chief Officers as PT was a delegated service.
- 61.3 In terms of trajectory there was an overall reduction in numbers and people waiting over 18 weeks although there were still some people waiting a very long time. This included people who had been offered Near Me consultations but were holding out for face to face appointments. The Board noted that July 2021 had seen a slight shift off trajectory due to increased demand from East Lothian and this was being monitored.
- 61.4 Ms McKigen added that work with teams to introduce sustained, monitored job plans was ongoing and there was Organisation Development support again to support this. The tables in the paper detailed the position against the trajectory, also including an increasing availability of group work face to face and an increased number of people a clinician would see in a month, but this was not yet to the benchmarked level.
- 61.5 The Chair asked about additional funding requested from the Scottish Government. Ms McKigen confirmed that funding was in place for this year but this was not yet recurring and would be picked up in discussions with the Head of Performance at the Scottish Government.
- 61.6 Cllr Akhtar asked about expected demand and any increase in demand levels. Ms McKigen stated that apart from the small increase last month in East Lothian, an increase in demand had not been seen. When planning the trajectory the impact of Covid had not been known so the approach had been to go with a reasonable demand level for the recovery plan.
- 61.7 Mr McCann asked about the implementation of a digital platform for group work, such as MS Teams or Near Me. Ms McKigen clarified that there would be a pilot around this which NHS Lothian has requested to be part of but at the moment the issues around a digital platform for group work were not resolved.
- 61.8 The Board agreed the recommendations in the report:
- To recognise the steady improvement with the reduction of the total number of patients waiting in total and over 18 weeks for psychological therapy in Adult Mental Health Services with increased accountability and performance management; the overall performance is on track with the trajectory.

- To note the reduction in planned capacity offered in July associated with the change of service model in Edinburgh to Thrive, which has happened earlier than expected, as well as higher than expected demand levels in East Lothian and a coding TRAK error in West Lothian. While this caused a slight variation to the numbers expected to be waiting for psychological treatment, the performance over August is bringing the trajectory back on track.
- To support the TRAK work required to allow services to make use of Patient Focused Booking (PFB), with scheduled activity for taking on new patients, associated patient allocation and booking systems. A manualised version of PFB is currently in place.
- To note the recruitment in place for staff being offered fixed term contracts as part of the waiting list initiative; there remains a gap in recruitment of experienced applied psychologists to Band 8A fixed term posts.

## **62. August 2021 Financial Position**

- 62.1 Mrs Goldsmith provided an update to the Board on the financial position at Period 5 for NHS Lothian. The paper set out the financial impact from Covid-19 in the first five months and provided an update on the main core pressures in year.
- 62.2 The Board discussed the CAMHS and PT financial position, the Board's Core and Covid positions; additional funding to support primary care around covid booster and flu vaccination programme; NRAC funding and assumptions around Scottish Government funding. Mr Crombie highlighted the importance of attracting revenue and capital funding to support services such as the new National Treatment Centre coming to St John's Hospital. The success of the Board around the Scottish Government supporting the full business case for the re-provision of the Eye Pavilion were also to be commended.
- 62.3 There was also discussion on acute drugs spend; new drugs funding source and the introduction of electronic prescribing. The Board asked Mrs Goldsmith to provide a detailed report to the Finance and Resources Committee so better understanding of systems could be obtained.
- 62.4 The Board accepted the recommendations in the report and that, based on information available at this stage and assumptions around additional funding, NHS Lothian continues to provide limited assurance on its ability to deliver a breakeven position in 2021/22.

## **63. Drug Related Deaths**

- 63.1 Ms Milne invited Ms Stonebridge to outline the report on drug related deaths (DRD) across Lothian. Information on current rates and trends was provided, the national and local priorities were summarised and current and proposed future actions were set out. The Board noted that DRD was a highly topical area and a key public health issue, with DRD often masking greater harm in society.

- 63.2 Ms Stonebridge explained that the 2020 data showed a similar position to 2019. The NHS Lothian position against the overall Scotland picture showed an increase which was not at the level of other health boards. However numbers were still high and there was a lot happening across the system in Lothian to address the increase, including great partnership working with the third sector and those with lived experience. There was a strong performance in relation to the medication assisted treatments standards and good benchmarking. Greater detail was provided through reporting to the Healthcare Governance Committee.
- 63.3 The Board noted there was a strong governance structure in NHS Lothian with the Pan Lothian Drug Harm Oversight group having a link to the Health and Social Care Partnerships, as well as links with children's partnerships and child poverty action groups.
- 63.4 The Chair recognised the amount of work in the area of DRD and asked whether there was enough visibility of DRD issues at Integration Joint Boards, with these Board being responsible for the strategic planning of services in this area. Ms Stonebridge confirmed that the perception from the Drug Harm Oversight Group was that there was excellent engagement and that the Edinburgh IJB Chief Officer chaired the executive Drug, Alcohol, Upstream Prevention group.
- 63.5 There was discussion on workforce demand and issues with buildings from where services were delivered. Ms Stonebridge stated that the buildings issue was an area where estates can help further. Current provision is not sufficient to allow expansion or development of services. This is a very important agenda and a conversation on how estates can help to support this would be welcomed.
- 63.6 The Board agreed the recommendations in the report:
- Clinical service delivery - The greatest area of risk for achieving the Medication Assisted Treatment (MAT) standards by April 2022 is associated with clinical treatment. The Board should request a more detailed report providing an assessment of these issues to be considered, in the first instance, by the Healthcare Governance Committee. There are specific concerns in relation to workforce capacity (development and retention), access to suitable buildings from which to deliver specialist services and appropriate therapies for the most vulnerable which must be trauma informed.
  - Data flows and health intelligence - The Board should continue to support health intelligence dedicated to enhancing a partnership approach to consistent data gathering, information governance and timely follow-up for all non-fatal overdoses (NFO's) (including those who are homeless and registered with the Access Practice) and frequent attenders at A&E.
  - Governance and oversight - It is recommended a twice yearly update on DRD reporting and associated work be presented either to the Board or delegated committee. The Board also recommended that a report be taken to each of the four Integration Joint Boards for visibility of the issues.
  - Early intervention and prevention - It is recommended that the Board support capacity building amongst NHS Lothian staff to reduce the stigma

and improve understanding of problematic drug use and associated behaviours. This could consider the updating and extension of mandatory training modules for staff on how to respond to an overdose and the use of naloxone.

#### **64. NHS Lothian as an Anchor Organisation**

- 64.1 Ms Milne updated on progress toward developing the Board's corporate objective to developing its Anchor Institution status. The Board noted that this work supported action to address inequalities and working with partners gave opportunities to make a difference.
- 64.2 Ms Milne reported that she was chairing the anchors programme board and there had been enthusiastic and positive discussions with people seeing the potential impact small changes can make. There had also been a lot of work as an employer around living wage accreditation; partner conversations around housing supply and improving affordable housing. There would be further work with capital, estates and engagement with private sector partners to look at further reducing inequalities and improving outcomes.
- 64.3 The Board noted that evidence from the Edinburgh and Lothians Health Foundation and Kings Fund show a need to be ambitious with this work and to look for the biggest impact that can be made. Ms Milne planned to bring more concrete recommendations around actions to take back to a future Board meeting.
- 64.4 The Board agreed that it had been briefed on progress towards developing its role as an Anchor Institution as part of its work on pandemic remobilisation and tackling inequalities. The governance arrangements for this work through the Corporate Management Team and Planning, Performance and Development Committee were noted.

#### **65. National Whistleblowing Standards - Quarter 1 Performance Report**

- 65.1 Ms Butler provided the Board with details of the first quarterly report produced under the National Whistleblowing Standards. The Board noted that the Standards had been launched on 01/04/2021 and they were for use by anyone employed in health services. There was a two stage process and if staff remained unsatisfied, they had the right to go to the independent national whistleblowing officer.
- 65.2 NHS Lothian had developed its infrastructure to support the Standards and progress the implementation. Work also continued with Primary Care Contractors used by NHS Lothian, but this process was slower. Governance arrangements were through the Board's Staff Governance Committee and cases coming through were also being monitored. There had been six cases under the new standards, four were closed in the quarter and two carried over due to the complexity of the cases. NHS Lothian had flagged an issue to SPSO and Scottish Government early on that it would not always be possible to close out cases at stage 2 in 20 days. Communication with the whistle blower was key in this and these mechanisms had been effective in

Lothian.

- 65.3 The Board noted the work to date on the roll out of the Whistleblowing Standards across all staff and contractor groups; Noted that further work was required and the continued need to promote and publicise the Standards; Noted the content of the attached Quarter 1 Performance Report and Noted that from Quarter 3 onwards Performance Reports would include figures from Primary Care Contractors.

## **66. Regional Health Protection Service**

- 66.1 Ms Milne outlined the report recommending that the Board supports the strategic direction proposed for Health Protection services in the East Region. The Board noted that there had been a lot of discussion around this and the experiences of Boards working together during the pandemic had emphasised the importance and value of such linkages.
- 66.2 Ms Milne explained that the timescale was for the new model of service delivery to be agreed by December 2021 with the new integrated function starting from April 2022. The bulk of services was ready for this and teams in each of the Board areas had been informed and consulted.
- 66.3 There was discussion on staffing and IT interoperability. Ms Milne confirmed that work on governance arrangements was ongoing but learning was being taken from other regional services as to how to manage and host these. There would be a need for fewer employees but Health Protection was an area that had not been particularly well resourced prior to the pandemic and there were a number of people who had indicated they would retire in the next 12 months, so no-one was expected to be adversely affected. There had been appropriate HROD consultation with staff and partnership had also been involved.
- 66.4 In relation to IT, Health Protection use the same clinical management system in all Boards and it was hoped this could be adapted to manage this new service. Miss Gillies added that there was already a clinical viewer system in place between Lothian, Fife and Borders that could be extended to Forth Valley. Ms Milne stated the important thing was to identify any issues and have the IT system working properly from day one.
- 66.5 The Board accepted the recommendation in the report that NHS Lothian, Fife, Forth Valley and Borders would work towards implementation of a regional model for Health Protection services which would deliver a resilient, sustainable regional service that maximised the skills of the workforce, reduced duplication and made provision for surge capacity and mutual aid should it be required.

## **67. Winter Plan (This item was taken together with Item 68.)**

- 67.1 Mr Briggs briefed the Board on the actions being taken to plan and prepare for winter. The Board noted that there had been an in-depth session on Winter Planning and RMP4 held on 04/10/2021.

- 67.2 The paper outlined the fragile position and challenges likely to be seen this coming Winter and included a checklist for the Board to use against best practice. The paper also included the individual plans that services would be putting in place to support the Winter Plan. The Board noted that as part of the leadership support, Gold Command and Regional Resilience Partnership structures were already place.
- 67.3 Mr Briggs added that, while there was no one thing alone that would make the huge difference for NHS Lothian, the measures recently announced by the Cabinet Secretary would help stabilise the care sector. This would not be quick, but this was the right direction and welcomed.
- 67.4 The Board recognised that the winter position would be a challenging one and it was important to remain conscious that each of the performance numbers represented an individual having a sub optimal experience.
- 67.5 Mr Murray asked why winter was treated differently to any other part of the year as the challenges were well known. Could staff not be brought in on the long term knowing there would be available funding later in the year. The Chair commented that the winter situation would be exacerbated this year with the pandemic recovery. Mr Campbell stated that there was a Winter Plan as there was an activity spike around adverse weather and that pandemic recovery required recurring investment not just staff for winter. Mrs Goldsmith made the point that there was a financial plan for winter each year, with agreement on how to use finding and this could be tailored in line with intelligence.
- 67.6 Dr Williams pointed out that in winter there was normally a peak in demand and a trough in capacity, however over the past two years there had been long term demand and capacity issues. The term Winter Plan may be misleading and it was not clear after winter if there was a confidence of returning to 'normal'. There would be the need for action plans to mitigate risks. Mr Briggs accepted this point and added that this winter more people would be going out as pre-pandemic and this would mean having to deal with other diseases (colds, flu, norovirus, RSV) as well as Covid. One of the most challenging things for the Lothian Strategic Development Framework was not knowing when 'normal' would return.
- 67.7 Mr Campbell clarified that although reassurance could be taken that it was believed that there was a robust plan in place that would be monitored closely, only limited assurance could be taken at this stage as the additional demand part was unknown and that this would be the most challenged Winter the NHS had known.
- 67.8 Mr McCann asked about other challenges through winter such as the ability to meet surge capacity and if there was any expected services affected by the COP26 event in November. Mr Campbell confirmed that he had met with Police, Fire, Directors of Public Health and Local Authority Chief Executives to discuss COP26. It was hoped that this would go smoothly but there was awareness of significant lobbies who may undertake protest, blocking roads



etc. This introduced additional pressure into the system at a time where there was little spare capacity to cope.

67.9 The Chair stated that there was a huge amount of work and analysis behind the winter planning and this was a testament to whole system working. The Board agreed to the recommendations in the report, to:

- Note the context the Lothian system is working within;
- Note the actions already underway to mitigate system pressures;
- Note the additional actions planned for the winter period;
- Note that the actions will be updated constantly through the winter period;
- Agree that the Board can only take limited assurance that the system will be able to respond to additional pressures during the winter period.

## **68. Remobilisation Plan 4**

68.1 Mr Briggs outlined the report recommending that the Board note progress in developing Remobilisation Plan 4 (RMP4), covering the period 1<sup>st</sup> October 2021 to 31<sup>st</sup> March 2022. The paper clarified the discussion with the Scottish Government and the Board noted that the draft RMP4 had been sent to Scottish Government on 30/09/2021.

68.2 Mr Briggs explained that discussions on RMP4 were expected to continue in October/November with a view to finalising this in November and bringing RMP4 back to the Board on 01/12/2021.

68.3 The Board agreed to the recommendations in the report, to:

- Note the purpose of RMP4;
- Note that an accompanying paper to this Board meeting outlines the winter planning actions that form a key underpinning for RMP4;
- Note the discussions with Board members informing RMP4;
- Note that a draft version of RMP4 is under discussion with the Scottish Government;
- Agree that the final version of RMP4 should be brought to the December meeting of the Board for final agreement and to facilitate publication on the Board's website.

## **69. National Care Service Consultation**

69.1 Mr Briggs introduced the report informing the Board of the current Scottish Government consultation on the proposal for a National Care Service, and to agree the process to prepare an organisational response to the consultation.

69.2 The Board noted that there would be more detailed discussion on this topic at the Board strategy away day on 27/10/2021. The closing date for consultation responses was 02/11/2021. Mr Briggs would be working with the Chair, Mr Campbell and Mr Payne to pull together the response process for NHS Lothian.

- 69.3 The Board agreed the recommendations in the report, to:
- Note the parameters of the consultation;
  - Note the high level summary of proposals;
  - Note the issues flagged in internal analysis;
  - Agree the process for concluding a response on behalf of NHS Lothian

## **70. Corporate Risk Register**

- 70.1 Miss Gillies outlined the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.
- 70.2 Miss Gillies reported that the final stages of the process to review risk management and make this more dynamic were almost complete with plans to mitigate every risk to the Corporate Management Team. Risk had now been regraded where appropriate or reworded to make risks clearer, the risk around general practice being an example of this. The Board also noted that moving forward there would be more explicit links to risks on the Corporate Risk Register coming through in governance committee papers. These would also signal a clearer link to mitigation plans, level of proposed assurance and an agreed link to progress plans already in place. This approach would make the Corporate Risk Register and actions around it more central and dynamic going forward.
- 70.3 The Board accepted the recommendations in the paper acknowledging that these followed on from Corporate Management Team discussions on the risk register:
- The reviewed and retitled Sustainability of the Model of General Practice risk remains on the Corporate Risk Register, plus associated gradings and adequacy of control.
  - The reviewed Violence & Aggression risk remains under review on the Corporate Risk Register pending the findings of the planned Internal Audit report.
  - The Bed Capacity in Acute Mental Health risk be downgraded to moderate and be removed from the Corporate Risk Register.
  - The Complaints risk be downgraded to moderate.
  - The Care Home risk be downgraded to moderate.

## **71. Any Other Business**

- 71.1 None.

## **72. Reflections on the Meeting**

- 72.1 The Chair thanked colleagues for the questions asked and participation in discussions. The Board noted that there were some items to be referred to Committees:

### **➤ Healthcare Governance Committee**

- CAMHS and Quality of Outcome Reporting work
- 6 monthly Drug Related Deaths reports

- **Finance and Resources Committee**
  - The acute drugs system analysis
- **Planning, Performance and Delivery Committee**
  - Anchor Institution work
- **Staff Governance Committee and other appropriate committees**
  - Regional Health Protection Service update

**73. Next Board Meeting**

73.1 The next Board meeting would be held on 01 December 2021.

Chair's Signature .....

Date .....

**John Connaghan**  
**Chair – Lothian NHS Board**



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

	ISSUE	LEAD OFFICER	PDSP DATE	Comments/Notes
<b>28<sup>th</sup> April</b>				
	Performance Report Q4 and Annual Indicators	Robin Allen	28 <sup>th</sup> April	
	Financial Performance Report	FMU	28 <sup>th</sup> April	
	Care at Home Update	Robin Allen	28 <sup>th</sup> April	
<b>23<sup>rd</sup> June</b>				
	Social Policy Management Plan	Jo MacPherson	23 <sup>rd</sup> June	
	Financial Performance Report	FMU	23 <sup>rd</sup> June	
<b>Reporting Activities of Outside Bodies</b>				
	Minutes of Lothian NHS Board		Ongoing	
	Minutes of West Lothian Integration Joint Board		Ongoing	