



## ***West Lothian Integration Joint Board***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

4 January 2023

A meeting of the **West Lothian Integration Joint Board** will be held within the **MS Teams Virtual Meeting Room** on **Tuesday 10 January 2023 at 2:00pm**.

### **BUSINESS**

#### **Public Session**

1. Apologies for Absence
2. Order of Business, including notice of urgent business and declarations of interest in any urgent business
3. Declarations of Interest - Members 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.
4. Confirm Draft Minutes of Meeting of West Lothian Integration Joint Board held on Tuesday 08 November 2022 (herewith)
5. Minutes for Noting
  - (a) West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 7 September 2022 (herewith)
  - (b) West Lothian Integration Joint Board Strategic Planning Group held on 8 December 2022 (herewith)
  - (c) West Lothian Integration Joint Board Development Session held on 11 December 2022 (herewith)
6. Membership & Meeting Changes -

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

7. Chief Officer Report (herewith)
8. Code of Conduct - Annual Report 2021/22 - Report by Standards Officer (herewith)
9. 2022/23 Finance Update - Report by Chief Finance Officer (herewith)
10. Autumn Statement and Scottish Budget Announcements - Report by Chief Finance Officer (herewith)
11. Development of IJB Strategic Plan - Report by Head of Strategic Planning and Performance (herewith)
12. IJB Public Consultation - Modernising Adult Social Care - Report by Project Officer (herewith)
13. Health and Social Care System Challenges - Report by Head of Health and by Senior Manager (herewith)
14. Primary Care Premises Capital Investment Priorities - Report by General Manager Primary Care and Community Services (herewith)
15. Older People Day Care Provision - Report by Senior Manager, Older People Services (herewith)
16. Community Connections Implementation Update - Report by Senior Manager, Adult Services (herewith)
17. Chief Social Work Officer's Annual Report 2021-2022 - Report by Chief Social Work Officer (herewith)
18. West Lothian Health and Social Care Partnership Workforce Communication and Engagement Strategy - Report by Communication and Engagement Lead (herewith)
19. Scotland's Digital Health and Care Strategy - Delivery Plan 2022-23 - Report by Head of Strategic Planning and Performance (herewith)
20. Medication Assisted Treatment and A11 Standards Implementation Plan - Report by General Manager for Mental Health and Addictions Services (herewith)
21. Self-Assessment Survey - Results - Report by Project Officer (herewith)
22. Workplan (herewith)

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NOTE **For further information please contact Anastasia Dragona on tel. no. 01506 281601 or email [anastasia.dragona@westlothian.gov.uk](mailto:anastasia.dragona@westlothian.gov.uk)**

DATA LABEL: Public



MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 8 NOVEMBER 2022.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, George Gordon, Katharina Kasper and Anne McMillan

Non-Voting Members – Elaine Duncan, Steven Dunn, David Huddlestone, Jo MacPherson, Alan McCloskey, Ann Pike, Patrick Welsh, Alison White and Linda Yule

Apologies – Damian Doran-Timson

Absent – Karen Adamson, Lesley Cunningham

In attendance – Robin Allen (Senior Manager, Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Karen Love (Senior Manager, Adult Services), Mike Reid (General Manager for Mental Health and Addictions Services), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager) and Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

Agenda Item 13 – Older People Day Care Provision

Councillor Tom Conn declared an interest as a member of the Linlithgow Day Care Centre Committee; he would therefore not participate in the item of business.

2 MINUTES

The IJB approved the minutes of its meeting held on 20 September 2022 as a correct record.

3 MINUTES FOR NOTING

- a The IJB noted the minutes of the West Lothian Integration Joint Board Development Session held on 29 September 2022.
- b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 20 October 2022.
- c The IJB noted the minutes of the West Lothian Integration Joint Board Health and Care Governance Group held on 1 September 2022.
- d The IJB noted the minutes of the West Lothian Integration Joint Board

Health and Care Governance Group held on 5 October 2022.

#### 4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that the council was in the process of appointing a voting member and this would be communicated to the IJB at its January meeting. The IJB would then be asked to make an appointment to the Audit, Risk and Governance Committee.

#### 5 CHIEF OFFICER REPORT

The IJB 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 including those related to Covid-19.

It was recommended that the IJB 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.

Members agreed that Board member information on the West Lothian Health and Social Care Partnership website should include names, photograph and a paragraph about each member (option 3 under 6.3 in the report).

Discussion followed on A&E usage due to pressures on the health system. Fauldhouse-specific cases were then raised and it was noted that further investigation would take place offline.

##### Decision

1. To note the terms of the report.
2. To agree the third option under 6.3 of the report (Names, photograph and a paragraph about each member).

#### 6 2022/23 QUARTER 2 FINANCE UPDATE

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2022/23 budget forecast position for the IJB delegated health and social care functions reflecting the outcome of the latest monitoring process.

It was recommended that the IJB:

1. Consider the forecast outturn for 2022/23 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2022/23 budget; and

3. Note that further updates on the 2022/23 budget position and progress towards achieving a balanced budget position would be reported to future Board meetings.

Decision

To note the terms of the report.

7 WEST LOTHIAN ADULT PROTECTION COMMITTEE 2020-2022 ADULT PROTECTION BIENNIAL REPORT

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services informing members of the West Lothian Adult Protection Committee 2020–2022 Adult Protection Biennial Report.

It was recommended that the IJB note the content of the report.

Decision

To note the terms of the report.

8 PUBLIC SECTOR CLIMATE CHANGE REPORT

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

It was recommended that the IJB:

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 2021/22 submission to the Scottish Government and the proposed improvement actions.

Decision

To approve the terms of the report.

9 RISK MANAGEMENT

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

It was recommended that the IJB:

1. Consider the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact; and

2. Make recommendations it thought appropriate to the Chief Officer in relation to those risks, controls and actions.

The risk score of risk IJB004 *Inadequate funding to deliver the Strategic Plan* was specifically discussed, and the IJB agreed to invite the Audit, Risk and Governance Committee to consider whether the risk should be updated in the next three to four months in relation to the next Strategic Plan. The Chief Officer and senior team were also to consider and advise through the Audit, Risk and Governance Committee whether a specific risk on the cost of living should be added to the register and referenced in the Strategic Plan. A potential new risk on delayed discharge and care would be added in due course if required.

#### Decision

1. To note the terms of the report.
2. To consider whether the risk score of risk IJB004 *Inadequate funding to deliver the Strategic Plan* should be updated and to invite the Audit, Risk and Governance Committee to consider this in the next three to four months in relation to the next strategic plan.
3. Chief Officer and senior team to consider and advise through the Audit, Risk and Governance Committee whether a specific risk on cost of living should be added to the risk register and be visible in the Strategic Plan.
4. To investigate potential new risk on delayed discharge and care in due course.

### 10 HSCP WORKFORCE PLAN 2022–25

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance advising members that feedback had been received from the Scottish Government on the West Lothian Health and Social Care Partnership's (HSCP) Workforce Plan 2022–2025 and that the plan had been updated to reflect those comments.

It was recommended that the IJB note the updated West Lothian Health and Social Care Partnership's (HSCP) Workforce Plan 2022–2025.

#### Decision

To note the terms of the report.

### 11 OLDER PEOPLE DAY CARE PROVISION

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Older People informing members of the Older People



Day Care provision, including current contract performance and proposed future contractual arrangements to achieve Best Value.

It was recommended that the IJB:

1. Note the contents of the report and reduced uptake of available commissioned placements at Older People Day Centres; and
2. Note proposed contractual arrangements for Older People Day Centre provision.

Eligibility criteria for day care services in relation to a changing demographic was then discussed. Despite the reduction in referrals, officers assured members that any referrals received were being progressed without delays. Further alignment of contractual arrangements with the revised Strategic Plan would be considered in due course.

#### Decision

To note the terms of the report.

### 12 WORKPLAN

A workplan had been circulated for information.

#### Decision

To note the workplan.

### 13 NEXT MEETINGS

The IJB noted that the next meetings would take place as follows:

- Tuesday 10 January 2023, 2pm, virtually via MS Teams
- Tuesday 21 March 2023, 2pm, location TBC
- Tuesday 18 April 2023, 2pm, location TBC
- Tuesday 27 June 2023, 2pm, location TBC



MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within MSTEAMS VIRTUAL MEETING ROOM, on 7 SEPTEMBER 2022.

Present – Martin Connor (Chair) (NHS Lothian Non-Executive Director) and Councillor Tom Conn

Apologies – Councillor Ann Davidson and Katherina Kasper (NHS Lothian Non-Executive Director); Stevie Dunn (West Lothian Council, Staff Representative), Alison White (IJB Chief Officer) and Jo MacPherson (Head of Social Policy)

In Attendance – Kenneth Ribbons (IJB Internal Auditor); James Millar (IJB Standards Officer), Patrick Welsh (IJB Chief Finance Officer); Rob Jones (Ernst Young), Robin Allen (Senior Manager, HSCP), Sharon Houston (Business Support Manager, HSCP) and Kerry Taylor (Business Support Officer, HSCP)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The committee approved the Minute of its meeting held on 15 June 2022.

3. AUDIT OF THE 2021/22 ANNUAL ACCOUNTS

The committee considered a report (copies of which had been circulated) by the IJB Chief Finance Officer providing the outcome of the 2021/22 audit and a summary of the key points arising from the Auditors Annual Report.

It was recommended that the committee :-

1. Considers the audited 2021/22 Annual Accounts for the West Lothian Integration Joint Board.
2. Considers the Auditors 2021/22 Annual Audit Report including the management action plan.
3. Considers any recommendations to be made to the Board in advance of when it would meet to agree the Annual Accounts for signature on 20 September 2022.

Decision

1. To note the content of the Audited Annual Accounts 2021/22;
2. To make no further recommendations to the IJB.

3. To thank the Ernst & Young for their valued service over the last 6 years and Chief Finance Officer and his team for the preparation of the accounts in what continued to be very challenging times;

#### 4. IJB RISKS

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

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

In response to questions, the committee was provided with assurances on the controls in place to mitigate the impact of the three high risks set out in the report and also of the planned review of the Care at Home Services which was directly linked to the delayed discharge high risk.

##### Decision

To note the recommendations of the report.

#### 5. ACCOUNTS COMMISSION SCRUTINY REPORTS UPDATE

The Committee considered a report (copies of which had been circulated) by the IJB Chief Officer providing an update on the IJB Financial Analysis report published by the Accounts Commission along with further information as requested on recommendations to councils that were included in the Local Government in Scotland Overview 2022 report.

It was recommended that the committee:-

- (a) Notes and considers the key messages contained in the IJB Financial Analysis report; and
- (b) Considers the review of recommendations contained in the Local Government in Scotland Overview 2022 and actions being taken by the IJB that were relevant to those recommendations.

##### Decision

To note the contents of the report.

#### 6. SELF-ASSESSMENT QUESTIONNAIRE

The Committee considered a report (copies of which had been circulated) by the IJB Project Officer inviting consideration of the arrangements for carrying out periodic self-assessment of the committee's administrative arrangements and activity and seeking approval to issue the

questionnaire to members.

It was recommended that the committee :-

1. Consider carrying out the annual self-assessment of the committee's effectiveness by use of the questionnaire in the appendix to the report; and
2. Agrees to the questionnaire being issued to members and the results reported to the December meeting of the committee.

Decision

1. To note the terms of the report.
2. To endorse the questions contained in the self-assessment questionnaire.
3. To delay issuing the survey to the committee until January/February 2023 and after members had been given the opportunity to attend a development day.

7. WORKPLAN

A workplan had been circulated for information.

Decision

To note the content of the workplan.



### West Lothian Integration Strategic Planning Group

Meeting Held on 08 December 2022 at 14.00, Held virtually on Microsoft TEAMS

#### MINUTE & ACTIONS

|                   |  |
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| <b>Present:</b>   | Katharina Kasper (Chair), Alison White, Sharon Houston, Yvonne Lawton, Stuart Barrie, Fiona Huffer, Jennifer White, Lisa Hunter, Andreas Kelch, Rob Allen, Lisa Hunter, Jeanette Whiting, Ashley Goodfellow, Katy McBride, Carol Homes, Kerry Taylor |
| <b>Apologies:</b> | Alison Wright, Jo MacPherson, Mandie Millar, Linda Yule, Mike Reid, Julie Whitelaw   |

|    | Discussion/Decision  | Action | By Whom | By When |
|----|--|--------|---------|---------|
| 1. | <b>Introductions and Apologies</b><br>Apologies were noted.  |        |         |         |
| 2. | <b>Order of Business including notice of urgent business</b>   |        |         |         |
| 3. | <b>Declarations of Interest</b><br>No declarations of interest.  |        |         |         |
| 4. | <b>Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 20 October 2022 - Agreed.</b>   |        |         |         |
| 5. | <b>IJB Public Consultation: Modernising Adult Social Care</b><br>Kerry Taylor (KT), IJB Project Officer, shared a presentation overview to accompany the report of the recent IJB public consultation.<br><br>The consultation was split between three proposals: <ul style="list-style-type: none"> <li>1. Service, Redesign, Efficiency and Modernisation</li> </ul> |        |         |         |

- 2. Community Building Based Supports
- 3. Digitalisation and Technology

Throughout the period of public consultation, several methods of engagement were made to ensure there was a range of views from the people of West Lothian. Promotion of the consultation was made on the WLHSCP website as well as social media channels. Staff, care providers and board members were contacted through email to share the consultation with their networks. There was attendance at the Senior People's Forum and the drop-in Community Connections Hubs. Paper copies were available and were posted out of dropped off upon request.

The consultation received a total of 176 responses from a range of respondents throughout West Lothian. Questions within the consultation were not mandatory, therefore response rates vary per question.

### **Service, Redesign, Efficiency and Modernisation**

The key themes were:

- Support for the Home First Programme
- Change would be welcomed along with modernisation
- Supportive of helping people more in their own homes
- Concerns over staffing levels and the possibility of increased workload.

### **Community Building Based Supports**

The key themes were:

- Support of a review of social care settings
- Further support for Home First
- Building based services are greatly valued by many attendees
- Concerns that the proposal could mean reduced hospital beds
- Concerns over the length of time it could take for a care package to be put in place



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|    | <p><b>Digitalisation and Technology</b></p> <p>They key themes were:</p> <ul style="list-style-type: none"> <li>• Positive feedback in relation to the use of technology, that it is a helpful tool and modern technology should be seen as an opportunity to drive out efficiency in the care sector</li> <li>• Concerns over the current energy crisis and the possibility of more power cuts</li> <li>• That older people may not have access to the internet or have specific needs which impact their ability to use technology</li> </ul> <p>Discussion around how the feedback would like directly in to the new strategic plan, and reminded that this was the high-level findings. Acknowledged that the response rate was lower than in comparison to the WLC consultation, however there was a richness to the quality of responses which some of which were thoughtful and considered.</p> |  |  |  |
| 6. | <p><b>Strategic Plan</b></p> <p>Sharon Houston (SH), interim Head of Strategic Planning and Performance shared a presentation and report update regarding the development of the new strategic plan.</p> <p>The IJB Strategic Plan sets out the strategic direction for the delivery of its delegated functions and a new Strategic Plan must be in place by March 2023. The new plan will set out the IJB future vision for health and care in West Lothian from 2023.</p> <p>A draft plan will be taken to the IJB on 10<sup>th</sup> Jan 2023, with a further public consultation after this.</p> <p>The first step in developing the new plan was the completion of the strategic needs assessment to ensure a clear understanding of the needs and priorities of our</p>  |  |  |  |

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| <p>population. Through the strategic needs' assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services. Alongside data analysis, a comprehensive engagement exercise has been undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exists.</p> <p>Work was undertaken previously with the IJB Strategic Planning Group to review the current IJB Strategic Plan and identify potential priorities and a vision for the new plan. The new priorities identified were:</p> <ul style="list-style-type: none"> <li>• Improving Health Inequalities in Partnership</li> <li>• A 'Home First' Approach</li> <li>• Enabling Good Care and Treatment</li> </ul> <p>The vision:</p> <p>"Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian"</p> <p>Areas for discussion:</p> <ul style="list-style-type: none"> <li>• Approach to reducing health inequalities</li> <li>• Approach to Locality Planning</li> <li>• Financial context and challenges balanced with identified needs and priorities</li> <li>• Results of the IJB Consultation – Modernising Adult Social Care Consultation</li> <li>• Workforce and</li> <li>• Risks</li> </ul> |  |  |  |
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|    | <p>The financial and work place issues were discussed, and that it felt as though it was continued fire-fighting in relation to these issues and that further discussions were needed around preventative measures.</p> <p>Yvonne Lawton opened up the discussion of how would people like services to be delivered – we talk about locality / hubs / spoc / wellbeing hubs – how do we bring it all together? We need to stop thinking about health and social care in entirety and think multi-disciplinary.</p> <p>Acknowledgement that digital gives opportunities we did not have before, however data sharing is a challenge.</p> <p>Discussion regarding particular issues and deprivation – how do we unravel within the financial restraints?</p> <p>During discussion the slide relating to inequalities was highlighted as stark and Andreas Kelch (AK) has had further discussion and shared with cluster meetings. Fiona Huffer (FH) also commented that this slide was stark and had been shared wide. FH commented that the map model was a good visual and impressive way of influencing change – is there scope to add services to map/graphics?</p> <p>SH updated that the service is currently working on an interactive map of where care is within West Lothian to have a visual understanding where services are.</p> <p>What comes through clearly is the financial constraints, and what is clearer is how fundamental it is for people to feel informed.</p> |  |  |  |
| 7. | <p><b>Enabling, Connecting and Empowering: Care in the Digital Age (Scottish Government &amp; COSLA)</b></p> <p>SH advised the SPG the purpose of this report was to inform the publication of the delivery plan and to ensure SPG members are sighted.</p>   |  |  |  |

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| 8. | <p><b>Workforce Communication &amp; Engagement Strategy</b></p> <p>Katy Street (KS), Communication &amp; Engagement Lead shared a report to inform WLHSCP's plan to the communication and engagement strategy, with the commitment to deliver the strategy from the workforce engagement plan.</p> <p>It was discussed that this will be a live document, and the strategy has been designed to employ and engage, to be pro-active and encourage staff to feel engaged and empowered. There will be an annual report to the IJB.</p> <p>YL asked how raising the profile of engagement will be achieved going forward, KS advised there will be a structured plan.</p> <p>SH would like to see consistent approach, visibility and staff know what is to be expected.</p> <p>Rob Allen (RA) asked about section 9 (sickness/absence) – how it affects work / workforce. How do we reference this and engagement with staff?<br/>       Discussion around governance and visibility, going out to peoples work places and being ambitious / innovative.</p> <p>FH suggested about having quotes from staff within the strategy, this could engage staff further.</p> |  |  |  |
| 9. | <p><b>Self-Assessment Questionnaire</b></p> <p>KT gave an overview of the self-assessment report</p> <p>It was proposed that a self-assessment questionnaire will be circulated to members electronically for completion. The results will be anonymous and will be summarised and reported to the February 2023 meeting of the SPG in order to identify any areas for improvement.</p> <p>The questionnaire was approved.</p>   |  |  |  |

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|  | Members will receive a survey link in the new year to complete electronically. |  |  |  |
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**Next meeting Thursday 16<sup>th</sup> February 2023 at 14.00, held virtually on TEAMS.**



## West Lothian Integration Joint Board Development Session

Meeting Held on 11 December 2022 virtually on Microsoft TEAMS

### MINUTE & ACTIONS

|                   |  |
|-------------------|--|
| <b>Present:</b>   | Alison White (chair), Bill McQueen, James Millar, Yvonne Lawton, Sharon Houston, Dave Huddleston, Ann Pike, George Gordon, Alan McCloskey, Cllr Anne McMillan, Cllr Andrew McGuire, Cllr Tom Conn, Steven Dunn, Katherina Kasper, Linda Roddie, Fiona Huffer, Linda Yule, Karen Love, Kerry Taylor |
| <b>Apologies:</b> | Patrick Welsh, Jo MacPherson   |

|    | Discussion/Decision  | Action | By Whom | By When |
|----|--|--------|---------|---------|
| 1. | <p><b>Welcome, Introductions and Apologies</b><br/>Apologies were noted.</p> <p>Bill McQueen welcome all to the December IJB Development Day, and advised that Patrick Welsh was unwell therefore there had been a change to the agenda.</p> <p>Bill handed over to Alison White, Chief Officer, to chair.</p>   |        |         |         |
| 2. | <p><b>Risk Management</b><br/>Kenneth Ribbons, Audit, Risk &amp; Counter Fraud Manager (WLC) and Internal Auditor &amp; Risk Manager (IJB) gave a comprehensive overview of Risk Management.</p> <p>Key areas covered:</p> <ul style="list-style-type: none"> <li>• Why invest in risk management?</li> <li>• Risk definition / description / scoring</li> <li>• Controls</li> <li>• Examples of risk</li> </ul> |        |         |         |

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|    | <ul style="list-style-type: none"> <li>• Risk policy</li> <li>• Risk strategy</li> <li>• Risk register</li> </ul> <p>Discussion from members regarding examples of risk and risk registers.</p>  |  |  |  |
| 3. | <p><b>Transforming your Council 2018/19 to 2022/23</b></p> <p>Karen Love (KL), Senior Manager of Adults shared a high-level presentation relating to TYC savings over a 5-year period on behalf of Jo MacPherson.</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>• £18.1m savings</li> <li>• Two significant policy changes</li> <li>• Further measures – workforce policies, support, digitalisation</li> </ul> <p>Planning &amp; preparation:</p> <ul style="list-style-type: none"> <li>• 18-month review of all service users</li> <li>• Joint working with advice shop</li> <li>• Changes were transformational</li> <li>• Move from residential</li> <li>• Progressing development of tenancies in Pumpherston</li> </ul> <p>Services have been delivered with a change of Head of Service throughout this period along with full change of senior management.</p> <p>Future savings will maximise redesign, look nationally at different models with the concern of wellbeing of staff and service users as a priority. Additional resource may be required to get through this period of transformational change.</p> |  |  |  |



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| 4. | <b>Financial Context &amp; Planning 2023/24 – 2027/28</b><br>As PW was unwell, this item was removed from the agenda.<br><br>It was agreed there would be a catch-up session prior to the January IJB to discuss this item. | Diary invite to be issued for Tuesday 10 <sup>th</sup> January 2023 13:00-14:00. | KT | ASAP (complete) |
| 5. | <b>Close</b><br>Alison thanked everyone for their participation and engagement through the session, and encouraged board members to get in touch if needed.   |  |    |                 |



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|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 07              |

**Report to: West Lothian Integration Joint Board**

**Report Title: Chief Officer's Report**

**Report By: Chief Officer**

| Summary of Report and Implications  |   |
|---|---|
| <b>Purpose</b>  | This report: (tick any that apply).   |
|   | - seeks a decision <input type="checkbox"/>   |
|   | - is to provide assurance <input checked="" type="checkbox"/>   |
|   | - is for information <input checked="" type="checkbox"/>  |
|   | - is for discussion <input type="checkbox"/>  |
|   | The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues including those related to Covid-19.              |
| <b>Recommendations</b>  | 1. Note and comment on the key areas of work and service developments that have been taking place within West Lothian in relation to the work of the Integration Joint Board. |
| <b>Directions to NHS Lothian and/or West Lothian Council</b>                  | Not required.   |
| <b>Resource/ Finance/ Staffing</b>  | No specific matters relevant to the paper.  |
| <b>Policy/Legal</b>   | None.   |
| <b>Risk</b>   | Risks relevant to the IJB are set out in the risk register.   |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | None.   |
| <b>Strategic Planning and Commissioning</b>                                   | The report is relevant to the IJB's Strategic Plan 2019-2023.   |

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| <b>Locality Planning</b>   | No specific locality requirements. |
| <b>Engagement</b>  | None – paper is for information.   |
| <b>Terms of Report</b>   |                                    |
| <p><b>1. Vaccination Update</b></p> <p>1.1 Scottish Government has extended the Autumn/Winter Vaccination programme to the 15<sup>th</sup> January (Date to be confirmed). The uptake has dramatically reduced during the 50-64 cohort. The extension to the programme will allow additional time to encourage eligible cohorts to attend for vaccination.</p> <p>1.2 Four main West Lothian sites now provide drop in provision but the uptake for this has been very low. NHS Lothian and local communications have been promoting drop ins clinics.</p> <p>1.3 “Pop-Up Drop-In clinics” have been held in outlying towns/villages, with the support of GP Practices texting over 50s providing dates/time of clinics. There has been a good uptake across all areas, with evaluation highlighting a high number of citizens did not attend original appointment due to location.</p> <p>1.4 Inclusivity work continues to reach out to cohorts of citizens who are struggling to attend for various reasons. HSCP have contacted relevant services/service managers offering variety of help and support.</p> <p><b>2. St Michael’s Update</b></p> <p>2.1 St Michael's Hospital remains closed. The Chief Officer has been in discussion with Friends of St Michael's regarding engagement on the future of the hospital. It is expected that a public engagement event will take place with the local community in February 2023 with a full report being submitted to the IJB following that</p> <p><b>3. UN Convention on the Rights of the Child (UNCRC)</b></p> <p>3.1 A Children’s Rights and Participation working group has now been established with representation from social policy, third sector, education services, community learning, health services and a children’s rights contact officer who also facilitates Having Your Say and regulated care services.</p> <p>3.2 Due to the pandemic the requirement for the report was delayed until 30/09/2022 however the wording is that it should be published as soon as practicable after this date. We therefore provided Scottish Government our governance process for signing it off and the date that we could first take it to Community Planning Partnership (CPP). Scottish Government were happy with the proposal for the report to be published after presentation to CPP.</p> <p>3.3 The annual report which there is a duty to publish for 2017-2020 has been completed. The report was initially presented at the Children and Families Strategic Planning Group, and then presented and signed off at Community Planning Partnership on the 21 November. The report was then sent to Scottish Government for publication on 29 November.</p> <p>3.4 The group will now be focusing on:</p> <ul style="list-style-type: none"> <li>• Compiling the next annual report that we have a duty to publish covering the period 2020-2023.</li> <li>• Follow the progress of the Bill being implemented and develop a coordinated approach for implementation</li> </ul> |                                    |

- Consider linkages with other areas of work and raise awareness of all national and local policy development.
- Communicating and engaging with key partners including children and young people

#### 4. Progress Update Review (PUR)

- 4.1 West Lothian Integration Joint Board (IJB) submitted an annual Progress Update Review (PUR) to National Records of Scotland under the Public Records (Scotland) Act 2011, which was submitted to the Board in August 2022.
- 4.2 National Records Scotland got in touch in November 2022 to confirm The Assessment Team has now evaluated the submission and consider that West Lothian Integration Joint Board continue to take their statutory obligations seriously and are working hard to maintain all elements of their Records Management Plan in full compliance with the Act.
- 4.3 The report is now published on National Records Scotland website.

#### 5. Annual Review of Support Services

- 5.1 The Ministerial Strategic Group for Health and Community Care requested that every Health Board, Local Authority and Integration Joint Board jointly submit a self-evaluation of progress with integration to the Scottish Government and an associated plan for improvement. The partners submitted their joint action plan on 23 August 2019.
- 5.2 Under recommendation 3.1, statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB, it was agreed that a formal review of support services will be conducted annually and that support services currently provided to the IJB should be formalised to assure Board Members that appropriate support is in place, particularly in relation to fulfilling the Board's statutory obligations.
- 5.3. During the pandemic, the review was postponed to allow a more meaningful review to be conducted of support available to the IJB when staffing stabilised. The IJB continued to meet its statutory obligations and to move forward with its programmes of transformational change with the support of the council and NHS Lothian.
- 5.4 The support services available to the IJB are currently under review. If there are any concerns found, this will be reported back to a future meeting of the IJB. This will be an annual review and will be reflected in the work plan.

|            |   |
|------------|---|
| References | None  |
| Appendices | None  |
| Contact    | Alison White<br>Chief Officer<br>Email: <a href="mailto:Alison.white@westlothian.gov.uk">Alison.white@westlothian.gov.uk</a><br><br>10 January 2023 |
|            |   |





|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 8               |

## Report to West Lothian Integration Joint Board

**Report Title: Code of Conduct – Annual Report 2021/22**

**Report By: Standards Officer**

| Summary of Report and Implications                           |   |
|--|---|
| <b>Purpose</b>   | This report: (tick any that apply).   |
|  | - seeks a decision <input type="checkbox"/>   |
|  | - is to provide assurance <input type="checkbox"/>  |
|  | - is for information <input checked="" type="checkbox"/>  |
|  | - is for discussion <input type="checkbox"/>  |
|  | To inform the Board of developments and activity in 2021/22 in relation to the Board's Code of Conduct.   |
| <b>Recommendations</b>                                       | To note the summary of the work carried out in 2021/22 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland, and of other significant events in the ethical standards regime, including the successful adoption by the Board of its new members' Code of Conduct. |
| <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.  |
| <b>Resource/ Finance/ Staffing</b>                           | N/A   |
| <b>Policy/Legal</b>  | Ethical Standards in Public Life etc. (Scotland) Act 2000; Board's Code of Conduct  |
| <b>Risk</b>  | IJB001, Governance Failure  |
| <b>Equality, Health Inequalities, Environmental and</b>      | The report has been assessed as having no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.  |

|   |     |
|---|-----|
| <b>Sustainability Issues</b>                |     |
| <b>Strategic Planning and Commissioning</b> | N/A |
| <b>Locality Planning</b>                    | N/A |
| <b>Engagement</b>                           | N/A |

## 1 Background

- 1.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 established a statutory regime for promoting and enforcing ethical standards in public life in Scotland. The regime applies to councils and councillors and to devolved public bodies and their members. The Board is a devolved public body for the purposes of the Act. Statutory guidance contains additional requirements and expectations. Additional advice is issued by the Standards Commission.
- 1.2 The regime is built around a code of conduct and the statutory duty on members to comply with it. The Board's local Members' Code of Conduct must be based on a national Model Code for devolved public bodies. A revised Model Code was brought into effect on 7 December 2021. As a result, the Board had to adopt a revised Members' Code and have it approved by the Scottish Ministers. That process was successfully completed and the revised Members' Code became effective on 15 July 2022.
- 1.3 The Board's duties are to raise awareness of the Code, to promote the observance by members of high standards of conduct, to assist members to comply with the Code, and to provide induction and training sessions. Members' obligations include familiarisation and compliance with the Code and its underpinning statutory rules, having regard to the statutory guidance, attending training and induction sessions, promoting and supporting the Code, and encouraging compliance by others. Being familiar with, understanding the Code, and complying with it are the personal responsibilities of each member.
- 1.4 The Code is enforced through complaints to the Commissioner for Ethical Standards in Public Life in Scotland (the ESC) and onwards to the Standards Commission for Scotland (the Commission). Members found to have breached the Code may be censured, suspended or disqualified from membership. The ESC and the Commission annual reports are published in or about October each year and summarise their activities. Those annual reports and the case reports from both bodies during 2021/22 have been used to inform the rest of this report. There have been developments since the end of the reporting year, but this report largely centres on what happened between 1 April 2021 and 31 March 2022.
- 1.5 By far the largest part of the work of both the ESC and the Commission relates to councillors and the Councillors' Code of Conduct. Lessons can though be learned from those cases. There is generally a far smaller small number (sometimes none) of complaints each year about members of other public bodies. That ratio changed in 2021/22. Of all complaints received by the ESC, 18% were against members of devolved public bodies, as opposed to 4% and 5% in the preceding two years. None of those found their way to the Commission in the reporting year, although they have been trickling through in this current year.
- 1.6 On 29 January 2017 the Board agreed arrangements to meet its duties under the ethical standards legislation and to assist members in meeting theirs. The actions agreed included the submission of a report each year to the Board on the way the ethical standards regime has operated during the year and to highlight and explain the more significant developments and events. They also include a session at a development day to go over the year's developments and refresh members' understanding. That session had not taken place in 2019/20 before



COVID-19 descended. A session was held at a development day on 27 May 2021 covering both reporting years. A training session was given at another development day on 29 September 2022, covering in the main the new Code's provisions but touching on a then-recent Commission decision in a case against an Aberdeen City IJB member. Members should consider if they wish to receive a short briefing before the end of this reporting year on Commission cases and its approach to its decision-making in 2021/22.

## 2 The ESC's year

- 2.1 The ESC's office remained in its troubled state but made substantial progress towards its return to being a functional public body. The Acting Ethical Standards Commissioner remained in office but recruitment to a permanent position started. An action plan was put in place to implement recommendations from a wider-scope audit carried out in 2020/21. Progress has been reported publicly with the majority of actions completed and only one still to be started. Governance arrangements were completely revised, including the adoption of corporate values/vision, a three-year strategic plan and supporting rolling biennial business plans. Handling of complaints and communication with complainers and respondents have been improved. Openness and transparency are the aims, including candour about the time taken to carry out even an initial assessment (currently up to 9 months) and bring them to a conclusion, and the reasons for delay.
- 2.2 The statutory Directions issued by the Commission remained in place. They have been or will almost certainly be renewed during 2022/23. That means that except in extremely limited circumstances all complaints must be investigated by the ESC and concluded investigations reported to the Commission, with the Commission retaining sole decision-making powers. Those arrangements have had a considerable impact on the ESC since they became effective in March 2021. The number of full investigations required has increased, even leaving aside the increase in the number of complaints received. With staff shortages the throughput of complaints has declined and the year-end backlog has increased.
- 2.3 Some of the problems mentioned in this year's ESC annual report are:-
  - Ever higher numbers of complaints received against MSPs, diverting resources away from complaints against councillors and members of devolved public bodies and requiring retraining of the whole investigations team
  - An increase in the number of complaints/cases against councillors (330/164) compared to the previous two years (301/165; 319/178)
  - A higher backlog of unresolved complaints/cases at the year end (146/184 compared to 24/8 and 63/35)
  - The need to continue engagement with and seek support from the Scottish Parliamentary Corporate Body (SPCB) in relation to audit, governance, resources and budgets
  - Difficulties in recruitment and staff retention, leading to impacts on complainers, respondents, councils, and devolved public bodies
- 2.4 The report describes actions already taken to address those problems and indicates improvements, both achieved and anticipated:-
  - Recognition by the SPCB that existing resources were inadequate for statutory duties to be discharged, and its agreement to provide additional resources to address both ongoing workload and the backlog of unresolved complaints
  - The development of a comprehensive Investigations Manual and supporting procedures and resources. That followed engagement with the Commission, Monitoring Officers and Standards Officers and will be subject to wider consultation in 2022/23
  - Continuing stakeholder engagement and improvement in relationships with them (Commission, Monitoring Officers, Standards Officers, SOLACE, SOLAR)
  - Prioritisation and early completion of workforce planning to address delays in investigations

- The overall positive shift in the way the office operates and deals with its customers. With increased resources now available, these will continue to help restore functionality and reputation

2.5 In terms of numbers and trends in the complaints received and cases handled (see also the appendix):-

- The vast majority of complaints continue to be against councillors and not members of devolved public bodies. The balance has shifted slightly though, with an increase this year in complaints against the latter (18%, compared to 4% and 5% in the previous two years)
- The proportions of complaints from members of the public and from councillors against councillors remained much the same, with 83% from the public, compared to 71% last year and 80% the year before
- Planning/regulatory complaints increased slightly, following the previous year's decline (13% this time, 6% in 2020/21, 33% in 2019/20)
- Disrespect cases are again the largest category. The numbers of complaints of disrespect were both up on last year
- Registration and declarations of interest formed a small proportion of complaints (8% this year, 7% last year) and confidentiality complaints increased (up from 6 to 23)

2.6 With due regard to confidentiality and personal data, the ESC has helpfully provided some insight into the complaints it handled in the reporting year relating to members of devolved public bodies:-

- ESC received 59 devolved public body complaints (21 cases) in 2021/22
- Six of those 59 complaints (three of the 21 cases) were about integration joint board members (none of them here)
- The six integration joint board complaints were about disrespect to employees or members of the public and failure to register interests
- Under the present decision-making ESC/Commission relationship, the outcomes of all those complaints had to be referred to the Commission for determination. The detail of the referred cases remains confidential until the Commission makes its final determinations
- There were no devolved public body referrals made in 2020/21 for the Commission to determine. Those arising in 2021/22 have started to emerge from the Commission's decision-making processes. There have been three reported so far in 2022/23. They involved members of an integration joint board, a national park authority, and the children's hearings administration. The Commission decided not to hold a hearing in any of them

### 3 The Commission's year

3.1 This year's annual report is the first under the convenership of Paul Walker who assumed that role in September 2021. The Commission reported on progress towards the key aims in its Corporate Plan for 2020/24, the highlights including:-

- The implementation of the revised Code on 7 December 2021 after Parliamentary approval, accompanied by a refresh of its guidance and advice notes
- Continuing positive engagement with stakeholders through consultations, workshops and regular newsletters, and the use of its website and social media accounts
- The use of its statutory oversight powers through Directions and the contribution that has made to improvements in the ESC's operations and the throughput of cases
- The introduction of its policy on the use of its newly-assumed decision-making powers and its successful introduction and use in consistent decision-making. Its approach is around public interest and proportionality, and considers factors such as the seriousness

of the alleged breach, the reaction and attitude of the respondent, the views of the ESC, and the likelihood of Article 10 saving the day regardless

- The conclusion of repeated litigation against the Commission by a recidivist (now former) Renfrewshire councillor in relation to hearing procedures and sanctions. It culminated in an appeal to the Court of Session which reduced the disqualification period by an amount sufficient to allow them to stand for re-election in May 2022

3.2 Information about its decisions during the reporting year is in the appendix. Some of the themes, trends and highlights from the Commission's caseload are:-

- There were 26 cases remitted by the ESC for determination. Of those, hearings were deemed necessary in seven and in 19 no further proceedings took place. In two cases the ESC was instructed to carry out further investigation. When that was done and reported back no further proceedings were taken in either case
- Decisions as to whether hearings should take place were made very quickly after referral, and hearings were then convened at most 12 weeks after being instructed.
- A total of five hearings were held, all in relation to councillors, of which four were respect cases and one concerned alleged improper conduct in regulatory business. They resulted in one "breach" finding, one "no breach" decision, and three cases where a *prima facie* breach was negated by the application of the Article 10 protection in relation to free speech on matters political and of public interest
- The sanction applied in the sole breach case was disqualification. No new interim suspension reports were dealt with (temporary measures where substantial risks are present if a member is able to carry on regardless pending a hearing)
- Online/webcast hearings, used during the pandemic, were continued as an option, used where the alleged breach was minor or technical or where there was no significant disagreement over the facts of the case

3.3 As the reforms in the ESC's office and its increased resources take hold it is likely the Commission will be faced with a greater volume of cases for its final determination, either through hearings or through the preliminary decisions not to proceed further. It may find its workload prevents it matching the speed with which it has been disposing of cases over the last 18 months. The Commission's decisions on cases where no hearings are held are helpful in illustrating the types of allegations and conduct that led to "near misses". Complaints and decisions about words used in political debate and argument, whether at meetings, in emails or on social media, are useful in setting boundaries. It should be noted as well that the Commission has made well-timed attempts through blogs and social media to highlight standards in public life in Scotland at apposite moments in the colourful stories about ethical standards at Westminster.

#### 4 The Board's year

- 4.1 No complaints were made against Board members in 2021/22, continuing an impressive perfect record. In light of the increase in complaints against members of devolved public bodies in general and integration joint boards in particular, members should not be complacent.
- 4.2 The revised Members' Code was agreed, approved by Ministers and implemented from 15 July 2022.
- 4.3 A training session was delivered at a Board development day on 27 May 2021, covering two years' worth of cases and decisions and statistics. Another session was held at a development day on 29 September 2022, concentrating on the provisions of the new Code.
- 4.4 Regular updates were provided to members by email, covering the quarterly Updates by SCS and other notable events. That practice will continue going forward, to try to keep things current and keep the Code and its provisions in members' minds.

## 5 Conclusions

- 5.1 Consideration of this report will ensure compliance with some of the steps agreed by the Board to keep members informed and reminded about their ethical standards obligations and to help the Board itself to discharge its statutory responsibilities.
- 5.2 Complaints against non-councillors are still rare, but becoming less so, and this Board in particular has not directly experienced any issues whereby the Code has been engaged. It is though important that Board members, voting and non-voting, and regardless of events elsewhere, are not complacent when it comes to the Code of Conduct.
- 6.3 Members are reminded to keep in mind the most significant duties imposed on them by the Code:-
- Review the Register at least twice a year (bi-annual prompts are sent)
  - Update the Register of Interests within one month of a change
  - Act in the Board's best interests when doing Board business
  - Keep confidential Board information confidential
  - Treat Board members, officers and members of the public with respect
  - Read the Code and be familiar with its requirements

|                   |   |
|-------------------|---|
| <b>Appendices</b> | 1. Summary of ESC and Commission complaints and cases   |
| <b>References</b> | <a href="#">ESC Annual Report 2021/22</a>   |
|                   | <a href="#">Commission Annual Report 2021/22</a>  |
|                   | Board meetings on 13 January 2022, 17 March 2022 and 17 August 2022   |
|                   | <a href="#">Board's Code of Conduct</a> and <a href="#">Register of Interests</a>   |
| <b>Contact</b>    | James Millar, Standards Officer<br>01506 281613, <a href="mailto:james.millar@westlothian.gov.uk">james.millar@westlothian.gov.uk</a> |

## APPENDIX

| Table 1 – ESC complaints and cases 2016/17 – 2021/22 <sup>1</sup> |              |                     |             |                      |                      |                     |
|---|--------------|---------------------|-------------|----------------------|----------------------|---------------------|
|   | 16/17        | 17/18               | 18/19       | 19/20                | 20/21                | 21/22               |
| Against everyone  | 174/106      | 146/80              | 174/118     | 284/154              | 238/130              | 330/164             |
| Against councillors   | 165          | 134                 | 167/111     | 274/146              | 225/121              | 272/143             |
| Against public body members                                       | 9            | 3                   | 6/6         | 10/8                 | 13/9                 | 58/21               |
| From members of the public  | 110          | 123                 | 148         | 213                  | 169                  | 273                 |
| From councillors  | 54           | 19                  | 21          | 34                   | 52                   | 43                  |
| Planning (regulatory)   | 35           | 39                  | 24          | 95 <sup>2</sup>      | 14                   | 42                  |
| Registering interests   | 6            | 4                   | 10          | 4                    | 4                    | 8                   |
| Declaring interests   | 22           | 5                   | 13          | 12                   | 12                   | 20                  |
| Disrespect  | 63           | 31                  | 60          | 97 <sup>3</sup>      | 110                  | 126                 |
| Completed   | 224          | 176/90              | 162/113     | 256/143              | 277/157              | 190/82 <sup>4</sup> |
| Dropped, not competent or did not proceed <sup>5</sup>            | 111<br>(64%) | 121/59<br>(83%/66%) | 79<br>(51%) | 214/116<br>(84%/81%) | 227/132<br>(84%/86%) | 125/56<br>(38%/34%) |
| No breach found   | 95/55        | 43/23               | 31/22       | 32/21                | 10/7                 | 6/5                 |
| Breach found, SCS referral  | 18/14        | 12/8                | 17/11       | 8/4                  | 39/17                | 69/21               |

<sup>1</sup> The first figure is the number of complaints received. The second, after the back-slash, where relevant, is the number of cases dealt with after complaints are combined

<sup>2</sup> From 2019/20 onwards, an omnibus category of “quasi-judicial or regulatory”, not just “planning”

<sup>3</sup> (Dis)respect was towards officers or members of the public in 99 complaints (96 last year), and was towards councillors in 27 complaints (14 last year)

<sup>4</sup> The changes in figures in this row and the row beneath are traceable to the Direction in March 2021 requiring (almost) every complaint to be fully investigated and remitted to the Commission for determination

<sup>5</sup> The much elevated figures in 2019/20 and 2020/21 resulted in a serious complaint about and investigation of ESC practices on determining inadmissibility. An external investigation took place, and was critical, but legal advice was that rejection decisions, however misguided, could not be re-opened

## Commission cases

| Table 2 – Full hearing cases concluded 2021/22 |  |           |  |
|--|--|-----------|--|
| Case   | Facts  | Decision  | Reasons and sanction (if any)  |
| <b>Respect</b>                                 |  |           |  |
| AC/3495  | Disrespect to councillor. Comments at a council meeting about another councillor. Brought up (accurately) respondent's conviction for sexual assault on council business and suspension by the Commission. Stated that he was not welcome and that people thought he should not be a councillor                                    | No breach | Article 10 <sup>6</sup> rights obviated a breach finding. On the face of it, offensive. Character of respondent found to be a matter of public interest for legitimate comment at a council meeting. Not sufficiently gratuitous to justify restricting freedom of expression on political/public interest matters   |
| AC/3497  | Disrespect to members of the public. Respondent went to location of long-running neighbour dispute to attempt to find a solution. Went unannounced and without an officer. Only aware of one side of the competing stories. From a recording, comments and questions asked found to be ill-advised, accusatory and confrontational | No breach | Article 10 rights obviated a breach finding. On the face of it, constituents were not treated with respect and courtesy. However, it did concern a matter of public interest, given the history, the public knowledge of the dispute and the council's previous involvement in relation to antisocial behaviour. Restraint on freedom of expression not justified  |
| Mo/3516  | Disrespect to members of the public. Online/social media comments of a personal nature about an MSP and their wife in relation to joining a different political party, and mocking the First Minister's experience of miscarriage  | No breach | Article 10 rights obviated a breach finding. Some comments found to be personalised and offensive but most involved value judgments apparently made in good faith and were short of the gratuitous standard which might lead to a breach finding.  |
| R/2257   | Disrespect to councillors, officers and members of the public online and in emails. Prolonged, protracted, colourful and escalating campaign against another councillor and their family stemming from unfounded allegations of undue influence and improper advantage in housing allocation decisions                             | Breach    | Disqualification (after litigation). Facts clearly indicated there had been a breach. Article 10 protection could not save the respondent. Breach accepted but disqualification period appealed to Sheriff Principal (unsuccessfully) and onwards to the Court of Session. Disqualification period reduced due to Commission not explicitly taking into account the resulting prevention of the respondent from being nominated in the May elections |

<sup>6</sup> "Enhanced protection of freedom of expression applies to all levels of politics including local. There is little scope under Article 10(2) for restrictions on political speech or on debate on questions of public interest. In a political context, a degree of the immoderate, offensive, shocking, disturbing, exaggerated, provocative, polemical, colourful, emotive, non-rational and aggressive, that would not be acceptable outside that context, is tolerated." ([Standards Commission Advice Note on Article 10 Rights](#))



| Table 2 – Full hearing cases concluded 2021/22 |  |           |   |
|--|--|-----------|---|
| Case   | Facts  | Decision  | Reasons and sanction (if any)   |
| <b>Regulatory (planning)</b>                   |  |           |   |
| PK/3477  | Improper conduct in regulatory business. Planning application at committee. Respondent (not on the committee) stated to one of the parties in an email that he had colleagues on the committee who might be “persuaded to ask questions” on his behalf. Complaint by a councillor on the committee that words used gave the appearance of impropriety. ESC agreed, relying on an interpretation of “persuaded” | No breach | Monitoring Officer confirmed asking questions for colleagues was accepted practice and no impropriety was involved. No indication of any influence being exerted or of any impact on the committee’s proceedings. Objective test not satisfied so no improper conduct |

| Table 3 – Interim suspension cases 2021/22         |       |          |
|--|-------|----------|
| Case   | Facts | Decision |
| None reported by ESC, SC's powers therefore unused |       |          |







|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 09              |

## Report to West Lothian Integration Joint Board

**Report Title: 2022/23 Finance Update**

**Report By: Chief Finance Officer**

| Summary of Report and Implications                           |   |
|--|---|
| <b>Purpose</b>   | This report: (tick any that apply).   |
|  | - seeks a decision <input type="checkbox"/>   |
|  | - is to provide assurance <input checked="" type="checkbox"/>   |
|  | - is for information <input checked="" type="checkbox"/>  |
|  | - is for discussion <input type="checkbox"/>  |
|  | The purpose of this report is to provide an interim update on the 2022/23 budget forecast position for the IJB delegated health and social care functions. This will be updated further following the outcome of the Quarter 3 monitoring exercise.   |
| <b>Recommendations</b>                                       | <p>It is recommended that the Board:</p> <ol style="list-style-type: none"> <li>1. Considers the forecast outturn for 2022/23 taking account of delivery of agreed savings</li> <li>2. Notes the currently estimated financial implications of Covid-19 on the 2022/23 budget</li> <li>3. Notes the update on key financial risk areas</li> </ol> |
| <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.  |
| <b>Resource/ Finance/ Staffing</b>                           | The 2022/23 budget resources relevant to functions delegated to the IJB are £265.543 million.   |
| <b>Policy/Legal</b>  | None.   |

|   |   |
|---|---|
| <b>Risk</b>   | There are a number of risks associated with health and social care budgets, which will require to be closely managed. The financial risks resulting from Covid-19 will require to be closely monitored on an ongoing basis. |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.                                |
| <b>Strategic Planning and Commissioning</b>                                   | The 2022/23 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.   |
| <b>Locality Planning</b>  | None.   |
| <b>Engagement</b>   | Consultation with relevant officers in NHS Lothian and West Lothian Council.  |

## Terms of Report

|           |  |
|-----------|--|
| <b>1.</b> | <b>Background</b>  |
| 1.1       | This report sets out the overall financial performance of the 2022/23 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services.   |
| 1.2       | Reporting on the performance of delegated resources is undertaken in line with the IJB's approved financial regulations and Integration Scheme. Increasing demands coupled with constrained funding means that a partnership working approach through the IJB, NHS Lothian and West Lothian Council will be vital in ensuring health and social care functions are managed within available budget resources.  |
| 1.3       | This will require ongoing changes to current models of care delivery over the coming years as it is widely acknowledged that continuing with all existing models of care provision will not be sustainable going forward. The IJB as a strategic planning body for delegated health and social care functions is responsible for working with the council and NHS Lothian to deliver services taking account of its Strategic Plan and funding resources available for health and social care functions. |
| 1.4       | This report also provides the latest estimate on additional cost pressures for the year as a result of the current pandemic. This continues to impact across the whole range of services and work on the disaggregation of Covid-19 costs, particularly across Health functions continues to be refined to ensure accurate information is provided at an IJB level.  |

## 2. 2022/23 Summary Forecast Outturn for IJB Delegated Functions

2.1 Taking account of the latest monitoring position, the table below reflects the current 2022/23 year-end forecast position against budget.

| 2022/23 Forecast Outturn Position     | Budget<br>£'000 | Forecast<br>£'000 | Variance<br>£'000 |
|---------------------------------------|-----------------|-------------------|-------------------|
| Core West Lothian Health Services     | 116,477         | 116,308           | (169)             |
| Share of Pan Lothian Hosted Services  | 22,612          | 22,195            | (417)             |
| Adult Social Care                     | 91,915          | 91,915            | 0                 |
| <b>Payment to IJB - Total</b>         | <b>231,004</b>  | <b>230,418</b>    | <b>(586)</b>      |
|                                       |                 |                   |                   |
| Share of Acute Set Aside              | 34,539          | 37,261            | 2,722             |
| <b>Total Delegated IJB Functions</b>  | <b>265,543</b>  | <b>267,679</b>    | <b>2,136</b>      |
|                                       |                 |                   |                   |
| Unallocated 2022/23 IJB Uplift        |                 |                   | (637)             |
| <b>Net Overspend on IJB Functions</b> |                 |                   | <b>1,499</b>      |

2.3 The table above shows a currently forecast overspend of £1.499 million against IJB delegated functions for 2022/23. This position is unchanged from the previous Quarter 2 monitoring report and assumes that the costs of Covid-19 will be fully funded by IJB earmarked reserves. The finalised pay award for health agenda for change staff is still subject to agreement at the time of writing. Confirmation around additional funding from the Scottish Government to meet the finalised pay award for Health staff will also be required and there remains a risk that pay costs will not be fully funded through additional Scottish Government funding which could have further impact on the current overspend forecast for 2022/23.

2.4 At this stage there is £637,000 of unallocated IJB budget uplift resources from NHS Lothian available in 2022/23 that are reflected in the overall forecast position. Discussions with NHS Lothian and other IJBs are progressing on how this remaining budget funding will be aligned to meet overall Health budget pressures which could include pay costs. This is consistent with NHS Lothian and IJB financial plan assumptions which required this funding to be used to help meet pressures within IJB Health functions.

2.5 The position takes account of a number of significant pressures across IJB functions and various management actions are being progressed within the Health and Social Care Partnership and wider NHS Lothian to manage spend within available resources. The main overspend area within the IJB is acute services, which is forecasting a year end overspend of £2.722 million. This is mainly due to cost of staff cover costs and more detail is provided in section 4.

2.6 Appendix 1 provides a further breakdown of the forecast outturn position and more detail is provided around Covid-19 costs and funding in section 3 below.

## 3. Covid-19 Costs and Funding

3.1 The current estimated full year additional expenditure linked to the West Lothian Mobilisation Plan is £4.673 million for 2022/23, as per the Quarter 2 submission to the Scottish Government. The IJB holds earmarked reserves of £15.285 million carried forward from 2021/22 to be used against the ongoing costs of the pandemic and the forecast therefore assumes that this will be fully funded from these reserves.

3.2 The Quarter 3 Mobilisation Plan submission is currently being prepared and an update on the forecast spend will be provided to the next meeting of the Board. A summary of the key areas of additional anticipated costs included in the West Lothian plan are as below.

- Additional Staffing Costs – this includes additional costs of social care staff to help ensure services are maintained across internal care at home and care homes, and additional support in the community for mental health concerns and to reduce the backlog of service referrals.
- Additional Vaccination Costs – this includes local support for Flu and Covid-19 vaccinations.
- Additional Prescribing Costs – this includes the impact of increased volumes and price increases directly due to the pandemic. The pandemic has had a significant impact on unit price and volume and this area will continue to be subject to close monitoring.
- Additional Support to Care Homes – this reflects additional costs to external care homes to help ensure they are sustainable. Sustainability payments cover additional provider costs linked to staff sickness, additional staffing, PPE and other costs as resulting from Covid-19. Payments for voids ended in October 2021.

3.3 The Scottish Government has noted that no further Covid-19 funding will be provided by them and that IJB Covid-19 reserves funding should be targeted at meeting all additional costs of responding to the pandemic in Integration Authorities and NHS Boards. There has been a significant scale up to meet the challenges of Covid-19 in the last two financial years and while there is clearly a requirement to continue with some areas of investment, the Scottish Government have advised that these costs now need to be managed down where possible. Significant work has been undertaken with the objective of utilising reserves to meet non-recurring Covid-19 costs and working towards managing ongoing costs within core recurring funding available, including through additional Scottish Government funding provided to meet capacity and demand challenges.

3.4 As previously reported, the Scottish Government have noted their intention to reclaim surplus IJB Covid reserves so they can be redistributed across the wider health and social care sector to meet Covid priorities. Additional information is awaited from the Scottish Government on the basis and mechanism by which they intend to recover IJB Covid reserves and further updates will be provided to the Board as further clarity is received.

#### **4. Summary of Key Budget Pressures and Risks**

4.1 Appendix 2 sets out the key 2021/22 budget risk areas that have been identified as a result of the budget monitoring undertaken to date and the current budget position in each. Highlights from each area are listed below.

##### **4.2 Core West Lothian Health Services**

These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social Care Partnership. The forecast outturn is an underspend of £169,000.

The main pressures for core services are in Mental Health (£499,000 overspend) due largely to locum staff being utilised to cover medical staffing vacancies, and in Prescribing (£1.372 million overspend) due to a number of issues such as increased unit costs, short supply, and increased volumes. The forecast for Prescribing reflects in particular, an increase in volumes which is a significant factor in the overspend position. Prescribing is a volatile area and monthly data will continue to be closely monitored.

##### **4.3 Hosted Services**

These functions and resources represent a share of Lothian Hosted services delegated to the IJB, the majority of which are operationally managed outwith West Lothian Health and Social Care Partnership. The forecast outturn is an underspend of £417,000.

|           |  |
|-----------|--|
|           | <p>Within hosted services, the main pressure relates to Mental Health (£190,000 overspend) due largely to increased staffing costs due to use of agency staff to cover vacancies.</p>  |
| 4.4       | <p><b>Adult Social Care</b></p> <p>These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social Care Partnership. The forecast outturn is a breakeven position.</p> <p>The main pressure is in internal Care Homes and Housing with Care (£884,000 overspend), which is partly linked to the ongoing impact of the pandemic and reflects use of agency staffing, locum and overtime costs to cover vacancies and sickness absence. In Housing with Care there is also a pressure from sleepover costs.</p>  |
| 4.5       | <p><b>Acute Set Aside Services</b></p> <p>These functions and resources represent a share of acute hospital services which although delegated to the IJB, are operationally managed outwith the West Lothian Health and Social Care Partnership. The forecast for the West Lothian share of acute services is an overspend of £2.722 million.</p> <p>The main pressures are largely due to the cost of staff cover at St John's Hospital and also reflect higher drug costs, which has affected ED &amp; Minor Injuries (£743,000 overspend), Gastroenterology (£724,000 overspend), General Medicine (£551,000 overspend), and Junior Medical staff (£349,000 overspend).</p> <p>Nursing pressures around recruitment difficulties, sickness / absence and resulting requirement for bank and agency staff continue to be a key contributing factor. The ongoing use of medical locum and agency staff to provide necessary rota cover is also a key factor. High activity levels and increased acuity of patients is also impacting on staffing requirements across St John's and other acute hospital sites in Lothian.</p> |
| 4.6       | <p>A number of strategic financial risks are also included in Appendix 2 which will continue to be updated as the financial year progresses and into 2023/24.</p>  |
| <b>5.</b> | <p><b>Summarised Budget Position for 2022/23</b></p>   |
| 5.1       | <p>Based on information available at this point, and taking account of current Covid-19 funding and expenditure assumptions, an overspend of £1.499 million is currently forecast for 2022/23. The West Lothian Integration Scheme sets out the action to be taken in the event of overspends and underspends against resources delegated to the IJB by partners. Based on this and subject to ongoing monitoring, the pressure on Health IJB functions may, as in a number of previous years, be met through the achievement of an overall NHS Lothian breakeven position. This, however, will require close management of risks and costs and these areas will form part of discussions with NHS Lothian over the coming months on how overall Health related pressures can be managed within available budget.</p>  |
| 5.2       | <p>Particular risks include the financial implications of the 2022/23 pay award for health agenda for change staff is still to be confirmed and may impact on this position. The impact of inflationary pressures is also a key concern. The forecast outturn reflects the current position across Covid-19 costs and funding, and in the core operating functions of both adult social care and combined health services. Further work will be undertaken with partner bodies and the Scottish Government to refine and update estimates of the ongoing costs of Covid-19 and seek clarity on the position with IJB Covid reserves.</p>   |

|           |  |
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| <b>6.</b> | <b>Quarter 3 Budget Monitoring</b>   |
| 6.1       | The Quarter 3 budget monitoring exercise is currently progressing for health and social care services. Given the current overspend against IJB functions, the outcome of this exercise will be key in identifying how the overspend will be managed this year.   |
| 6.2       | Following the Quarter 3 monitoring, it is intended that the Chief Officer and Chief Finance Officer will discuss the forecast year end position with partner bodies and seek to agree any actions required to offset any overall overspend against Partner budget contributions. Based on this, a comprehensive Quarter 3 update on the 2022/23 budget position will be presented to the next meeting of the Board on 21 March 2023. |

|                   |  |
|-------------------|--|
| <b>Appendices</b> | <ol style="list-style-type: none"> <li>1. IJB 2022/23 Budget Update</li> <li>2. IJB Finance Risk Update</li> </ol>   |
| <b>References</b> | <ol style="list-style-type: none"> <li>1. West Lothian Integration Scheme</li> </ol>   |
| <b>Contact</b>    | Patrick Welsh, Chief Finance Officer, West Lothian Integration Joint Board<br>Email: <a href="mailto:patrick.welsh@westlothian.gov.uk">patrick.welsh@westlothian.gov.uk</a><br>Tel. No: 01506 281320 |



**WEST LoTHIAN INTEGRATION JOINT BOARD - 2022/23 MONTH 8 BUDGET UPDATE**

|   | 2022/23<br>Budget<br>£'000 | 2022/23<br>Forecast<br>£'000 | 2022/23<br>Variance<br>£'000 |
|---|----------------------------|------------------------------|------------------------------|
| <b>Core West Lothian Health Services</b>            |                            |                              |                              |
| Community Equipment                                 | 1,068                      | 1,172                        | 104                          |
| Community Hospitals                                 | 1,522                      | 1,701                        | 179                          |
| District Nursing                                    | 4,518                      | 3,690                        | -828                         |
| General Medical Services                            | 32,840                     | 32,820                       | -20                          |
| Mental Health                                       | 18,470                     | 18,969                       | 499                          |
| Other Core  | 6,586                      | 5,074                        | -1,512                       |
| Prescribing   | 37,264                     | 38,636                       | 1,372                        |
| Resource Transfer                                   | 8,609                      | 8,609                        | 0                            |
| Therapy Services                                    | 5,600                      | 5,637                        | 37                           |
| <b>Core West Lothian Health Services - Total</b>    | <b>116,477</b>             | <b>116,308</b>               | <b>-169</b>                  |
| <b>Share of Pan Lothian Hosted Services</b>         |                            |                              |                              |
| Hosted General Medical Services                     | 589                        | 679                          | 90                           |
| Hospices  | 961                        | 966                          | 5                            |
| Learning Disabilities                               | 2,880                      | 2,743                        | -137                         |
| Lothian Unscheduled Care Service                    | 2,554                      | 2,596                        | 42                           |
| Mental Health                                       | 580                        | 770                          | 190                          |
| Oral Health Services                                | 2,599                      | 2,458                        | -141                         |
| Other Hosted Services                               | 944                        | 885                          | -59                          |
| Psychology Service                                  | 2,887                      | 2,835                        | -52                          |
| Rehabilitation Medicine                             | 1,872                      | 1,805                        | -67                          |
| Sexual Health                                       | 1,495                      | 1,542                        | 47                           |
| Substance Misuse                                    | 936                        | 848                          | -88                          |
| Therapy Services                                    | 2,935                      | 2,796                        | -139                         |
| UNPAC   | 1,380                      | 1,272                        | -108                         |
| <b>Share of Pan Lothian Hosted Services - Total</b> | <b>22,612</b>              | <b>22,195</b>                | <b>-417</b>                  |
| <b>Adult Social Care</b>                            |                            |                              |                              |
| Learning Disabilities                               | 23,207                     | 23,417                       | 210                          |
| Physical Disabilities                               | 7,435                      | 7,126                        | -309                         |
| Mental Health                                       | 4,871                      | 5,014                        | 143                          |
| Older Peoples Assessment and Care Management        | 43,861                     | 42,871                       | -990                         |
| Care Homes and Housing With Care                    | 8,087                      | 8,971                        | 884                          |
| Occupational Therapy                                | 1,459                      | 1,547                        | 88                           |
| Support and Other Services                          | 2,995                      | 2,969                        | -26                          |
| <b>Adult Social Care - Total</b>                    | <b>91,915</b>              | <b>91,915</b>                | <b>0</b>                     |
| <b>PAYMENT TO IJB - TOTAL</b>                       | <b>231,004</b>             | <b>230,418</b>               | <b>-586</b>                  |
| <b>Acute Set Aside</b>                              |                            |                              |                              |
| Acute Management                                    | 1,296                      | 1,558                        | 262                          |
| Cardiology  | 1,505                      | 1,479                        | -26                          |
| Diabetes  | 929                        | 1,113                        | 184                          |
| ED & Minor Injuries                                 | 6,775                      | 7,518                        | 743                          |
| Gastroenterology                                    | 2,952                      | 3,676                        | 724                          |
| General Medicine                                    | 7,160                      | 7,711                        | 551                          |
| Geriatric Medicine                                  | 6,180                      | 6,349                        | 169                          |
| Infectious Disease                                  | 1,108                      | 1,025                        | -83                          |
| Junior Medical                                      | 1,312                      | 1,661                        | 349                          |
| Outpatients   | 232                        | 229                          | -3                           |
| Rehabilitation medicine                             | 639                        | 613                          | -26                          |
| Respiratory Medicine                                | 2,545                      | 2,436                        | -109                         |
| Therapies   | 1,246                      | 1,233                        | -13                          |
| Release of Corporate Covid Reserves                 | 660                        | 660                          | 0                            |
| <b>Acute Set Aside - Total</b>                      | <b>34,539</b>              | <b>37,261</b>                | <b>2,722</b>                 |
| <b>TOTAL DELEGATED IJB FUNCTIONS</b>                | <b>265,543</b>             | <b>267,679</b>               | <b>2,136</b>                 |
| <b>Unallocated IJB Uplift</b>                       |                            |                              | <b>-637</b>                  |
| <b>NET OVERSPEND IJB FUNCTIONS</b>                  |                            |                              | <b>1,499</b>                 |





## Appendix 2

### IJB Finance Risk Schedule

#### 2022/23 Financial Risks

| Risk Area                            | Value of Pressure | Impact / Description  |
|--------------------------------------|-------------------|---|
| Mental Health                        | £499,000          | The forecast overspend for Mental Health is as a result of using high cost locum staff to cover consultant vacancies along with cost pressures relating to new drugs. This will continue to be monitored going forward with the objective that this cost pressure will reduce as posts are recruited to.                                    |
| Prescribing                          | £1,372,000        | The prescribing overspend shown is the estimated non Covid-19 related overspend. It is driven by a number of issues including cost and volume pressures. This is a volatile area of expenditure and arrangements are in place to ensure spend is closely monitored on an ongoing basis.   |
| ED and Minor Injuries                | £743,000          | There are significant overspends within St John's Hospital (SJH) Medical areas due to staffing costs, and additional activity levels are also contributing to this pressure.  |
| Gastroenterology                     | £724,000          | The forecast overspend for Gastroenterology is largely due to staffing costs, high activity levels and increased drug costs.  |
| General Medicine                     | £551,000          | This is linked to the SJH overspend due to staffing costs, high activity levels and increased drug costs.   |
| Geriatric Medicine                   | £169,000          | The pressure in Geriatric Medicine appears across all the sites and reflects staffing difficulties, high activity and high acuity.  |
| Junior Medical                       | £349,000          | There continues to be a significant forecast overspend for Junior Medical. This is due to ongoing pressures due to gaps in rotas and rotas requiring additional staffing to be compliant. The position also reflects higher staffing costs due to Covid-19.   |
| Internal Care Homes for Older People | £449,000          | There is a significant recurring overspend for Internal Care Homes for Older People. This is partly due to an ongoing pressure from the requirement to cover core vacancies, staff sickness and other absences. Work is continuing to be progressed to identify a sustainable solution to this problem including review of staffing levels. |
| Internal Housing with Care           | £435,000          | There are staffing pressures including those related to sleepover costs in Housing with Care. Options to manage this pressure are being progressed.   |

## Appendix 2

### Strategic Risks

| Risk Area              | Impact / Description   |
|------------------------|--|
| Covid Pandemic         | The Covid pandemic impacts across the whole of Health and Social care with very significant implications for service delivery and associated financial consequences. Concerns around backlogs, winter demands and potential future variants means there remains a great deal of uncertainty over how long the current situation will continue and how far reaching the long-term effects, including financial effects, of the pandemic will be.  |
| Brexit / Wider Economy | The UK left the European Union in January 2021. Material supplies and staffing shortages have become increasingly evident over a period of time. In addition, inflationary pressures in the wider economy have increased significantly over recent months and this position is currently very volatile. Financial implications due to wider economic pressures and government policy decisions resulting will need to be considered as part of ongoing budget monitoring and medium-term financial planning. |
| Pay Awards / Costs     | Health agenda for change staff pay awards have not been agreed for 2022/23 so there remains uncertainty around costs for the current financial year. In addition, ongoing high inflation will create pressure for future year pay awards to be in excess of current budget and funding assumptions. Any pay awards agreed will require to be fully funded to avoid further budget pressures arising.   |
| Future Years Savings   | Financial sustainability will continue to be challenging moving into future years and it is likely there will continue to be challenging savings targets for future years. Failure to identify transformation and deliver savings will put additional pressure on the sustainability of overall service provision. The process of identifying further potential efficiencies to address any funding gap in future settlements is being progressed across the Health and Social Care partnership.             |
| Demographic Growth     | Estimates have been made regarding demographic growth for adults requiring care provision. West Lothian is anticipated to have the highest growth in the elderly population, particularly for over-75s. These demographic forecasts will result in increased financial pressure and it will be important that forecast assumptions are kept under review.  |
| Contributions Policy   | Income generated by the Contributions policy is directly related to the level of service being delivered to Service Users. Some of these services have been impacted by Covid-19 and this is likely to continue in the short to medium term, which may result in an increased shortfall in the income generated.   |
| Living Wage            | The 2023 Living wage of £10.90 was announced on 22 September 2022. Inflationary increases associated with this will add additional financial costs to the IJB and it will be important that living wage uplifts continue to be funded by the Scottish Government.  |
| Prescribing            | Prescribing continues to be a very volatile area with a number of significant risks. This area is particularly impacted by changes in supply and availability and will continue to be monitored closely throughout the year.   |
| Mental Health          | The demand for Mental Health services could be greater than the additional Scottish Government funding provided. Ongoing review of costs and funding in liaison with Scottish Government will be required going forward. Implications of the pandemic are being closely monitored.   |
| Delayed Discharge      | Management of the volume of delayed discharge will be essential going forward to enable new initiatives and deliver future reductions. This is dependent upon capacity being available in community care and managing demands.   |



|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 10              |

## Report to West Lothian Integration Joint Board

**Report Title: AUTUMN STATEMENT AND SCOTTISH BUDGET ANNOUNCEMENTS**

**Report By: CHIEF FINANCE OFFICER**

|   |   |
|---|---|
| <b>Summary of Report and Implications</b> The purpose of this report is to provide the Board with an update in relation to the Chancellor of the Exchequer's UK Autumn Statement and on the Scottish Budget announced on 15 December 2022. The report also provides an update on the IJB's medium term financial plan for 2023/24 to 2027/28. |   |
| <b>Purpose</b>  | This report: (tick any that apply).   |
|   | - seeks a decision <input checked="" type="checkbox"/>  |
|   | - is to provide assurance <input type="checkbox"/>  |
|   | - is for information <input checked="" type="checkbox"/>  |
|   | - is for discussion <input type="checkbox"/>  |
| <b>Recommendations</b>  | It is recommended that the Board: <ol style="list-style-type: none"> <li>1. Notes the latest economic position outlined in the Autumn Statement 2022</li> <li>2. Notes the issue of the Scottish Draft Budget 2023, which includes departmental spending plans for 2023/24;</li> <li>3. Notes the key economic and financial implications at a Scottish public sector wide level resulting from the Budget</li> <li>4. Notes the initial funding implications for Local Government and Health Boards resulting from the 2023/24 Scottish budget</li> <li>5. Agrees that the IJB Chief Officer and Chief Finance Officer should work with NHS Lothian and West Lothian Council to further assess the impact of the Scottish Budget and the funding related to the 2023/24 financial contribution to the IJB from partner bodies.</li> <li>6. Notes the adverse movements in the projected medium term budget position since the issue of the IJB public consultation, with the increased estimated gap of £14.4 million for the period 2023/24 to 2025/26</li> </ol> |
| <b>Directions to NHS Lothian and/or West Lothian Council</b>  | A direction is not required.  |

|   |  |
|---|--|
| <b>Resource/ Finance/ Staffing</b>  | The Scottish Budget sets out funding for Health and Social care services.  |
| <b>Policy/Legal</b>   | None   |
| <b>Risk</b>   | No new financial risks arise from this report although there remains a risk that funding will be inadequate to deliver the IJB's new Strategic Plan.                             |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | The report has been assessed as having little or no relevance with regard to the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. |
| <b>Strategic Planning and Commissioning</b>                                   | Financial resources set out in the Scottish Budget will be used to support the delivery of the strategic plan and strategic commissioning plans.                                 |
| <b>Locality Planning</b>  | Financial resources set out in the Scottish Budget will be used to support the delivery of locality planning.  |
| <b>Engagement</b>   | This update is part of the ongoing briefing and consultation with Board members on financial issues.   |

| Terms of Report |   |
|-----------------|---|
| <b>1.</b>       | <b>Background</b>   |
| 1.1             | The Chancellor of Exchequer delivered his Autumn Statement 2022 to the House of Commons on 17 November 2022. It included an assessment and forecast from the Office for Budget Responsibility (OBR) on borrowing, growth and employment.  |
| 1.2             | The Cabinet Secretary for Finance, in a statement to the Scottish Parliament on 15 December 2022, announced the Scottish Draft Budget 2023/24. The draft Scottish Budget will be considered by the Scottish Parliament at readings of the Bill in early 2023. This process may potentially result in some changes to the final Scottish Budget approved for 2023/24.  |
| <b>2.</b>       | <b>Autumn Statement 2022</b>  |
| 2.1             | <p>The Chancellor's Autumn Budget 2022 included the OBR's updated projections for the economy, growth and UK government borrowing. In summary, the economic announcements were as follows:</p> <ul style="list-style-type: none"> <li>The OBR expects inflation to peak at 11.1% in quarter four 2022, compared with the peak of 8.7% in its March forecast. The OBR expects inflation to then fall over 2023 to 3.8% in quarter four 2023 and to fall below the 2% target by quarter two 2024. Inflation then turns negative between quarter three 2024 and quarter two 2026 as energy and food prices fall.</li> <li>Driven by falling consumption, the OBR forecasts a recession starting in quarter three 2022, with output falling 2.1% in total. The economy then forecast to grow by 1.3%, 2.6%, 2.7% and 2.2% in 2024, 2025, 2026 and 2027.</li> <li>Public sector net borrowing (PSNB) reached a post-war high of £312.6 billion in 2020/21. While PSNB fell back to £133.3 billion in 2021/22, this remained more than double the level seen in 2019/20. The government is expected to borrow £177 billion this year, which is £77.9 billion</li> </ul> |

higher than the OBR forecast in March. Borrowing is expected to fall by the end of the forecast. The OBR forecasts that, by 2027/28, PSNB will be reduced to £69.2 billion.

- Public sector net debt (PSND) increased from 85.0% of GDP in 2019/20 to 97.8% of GDP in 2021/22, and is now at its highest level since the 1960s.

2.2 The Autumn Statement confirms that total departmental spending will grow in real terms at 3.7% a year on average over the current Spending Review period. Within this, departments will identify savings to manage pressures from higher inflation, supported by an Efficiency and Savings Review.

2.3 To help reduce debt levels, for the years beyond the current Spending Review period, planned departmental resource spending will continue to grow, but slower than the economy, at 1% a year in real terms until 2027/28. Total departmental capital spending in 2024/25 will be maintained in cash terms until 2027/28, delivering £600 billion of investment over the next five years. This includes maintaining the UK government's commitments to deliver major infrastructure projects.

2.4 While delivering overall spending restraint, the UK Government is prioritising further investment in the NHS and social care, and in schools. Supporting these two public services is the UK government's priority for public spending.

2.5 The main spending commitments for public services in England included:

- Additional £3.3 billion in each of 2023/24 and 2024/25 to support the NHS in England.
- £1 billion of additional central government funding in England in 2023/24 for adult social care and discharge funding, increasing to £1.7 billion in 2024/25 to get people out of hospital on time and into social care.
- The core schools budget in England will receive an additional £2.3 billion of funding in 2023/24 and £2.3 billion in 2024/25. This restores 2010 levels of per pupil funding in real terms and provides an average cash increase for every pupil of more than £1,000 by 2024/25, compared to 2021/22.

### 3. Main Implications for Scotland of the Autumn Statement 2022

3.1 Scotland will receive an additional £1.5 billion over the next two years (2023/24 and 2024/25) through the Barnett consequentials. Fraser of Allander are reporting this is around £800 million in 2023/24 and £600 million in 2024/25. The additional Barnett consequentials for Scotland are from the increase in the NHS budget of £3.3 billion in each of the next two years, and the £2.3 billion that schools in England will receive in each of the two years.

3.2 The Scottish Government is free to spend these additional monies on any area of devolved competence, and does not need to replicate the UK Government's choices. There are no changes to the financial settlement for the current financial year (2022/23), meaning that the Scottish Government will have no additional flexibility in 2022/23 from the Autumn Statement.

### 4. Scottish Draft Budget - Total Spending in Scotland

4.1 In overall terms Scotland's total proposed spending plans, as set out in the Budget 2023/24, amount to £59,813 million, an increase of £3,471 million compared to the Scottish Budget 2022/23. The allocations per portfolio are set out in Table 1 below.

4.2 In terms of Table 1, funding for Health Boards is contained within the Health and Social Care portfolio, while funding for local authorities is largely included in the Social Justice, Housing and Local Government line, although some elements of IJB funding are presented in the Health and Social Care portfolio.

Table 1 – Total Scottish Budget by Portfolio

| Portfolio                                  | 2022/23<br>Budget<br>£'M | 2023/24<br>Draft<br>Budget<br>£'M | Movement<br>£'M |
|--|--------------------------|-----------------------------------|-----------------|
| Health and Social Care                     | 18,044                   | 19,161                            | 1,117           |
| Social Justice, Housing & Local Government | 16,844                   | 18,297                            | 1,453           |
| Finance and Economy                        | 8,051                    | 8,401                             | 350             |
| Education & Skills                         | 4,146                    | 4,241                             | 95              |
| Justice and Veterans                       | 3,146                    | 3,366                             | 220             |
| Net Zero, Energy & Transport               | 4,413                    | 4,648                             | 235             |
| Rural Affairs & Islands                    | 966                      | 965                               | (1)             |
| Constitution, External Affairs & Culture   | 370                      | 347                               | (23)            |
| Deputy First Minister & Covid Recovery     | 43                       | 45                                | 2               |
| Crown Office and Procurator Fiscal Service | 180                      | 197                               | 17              |
| Scottish Parliament and Audit Scotland     | 140                      | 146                               | 6               |
| <b>TOTAL</b>                               | <b>56,343</b>            | <b>59,813</b>                     | <b>3,470</b>    |

- 4.3 The Scottish Budget suggests that devolved public service spending will increase by 1.9% in real terms between 2022/23 and 2023/24. This is an improvement compared to the May Spending Review, which indicated that spending was set to fall by 1.0% in real terms. This improvement is largely a result of additional funding from the UK government for the next two years in last month's Autumn Statement, as well as upgrades in the Scottish Fiscal Commission's forecasts for Scottish tax revenues relative to the rest of the UK.

## 5. Devolved Taxation

- 5.1 The Scottish Government spending plans are underpinned by revenue raising tax powers devolved by the Scotland Act 2016. In 2022/23, tax revenues raised in Scotland will fund around £19.7 billion of Scottish Government expenditure. The Scottish Fiscal Commission (SFC), which is an independent statutory body, is responsible for producing revenue forecasts for fully devolved taxes and non-savings non dividend (NSND) income tax. All forecast revenues underpinning the Scottish Budget are produced by the SFC.

### 5.2 Scottish Income Tax

The Scotland Act 2016 confers on the Scottish Parliament the power to set all income tax rates and the threshold of bands (above the Personal Allowance) that apply to the NSND income from Scottish taxpayers. The Scottish Government will receive all the revenue raised from NSND income tax in Scotland as a consequence of rates and bands set by the Scottish Parliament.

- 5.3 The thresholds of the proposed Scottish Income Tax bands for 2022/23 are as follows:

Table 2 – Scottish Income Tax Rates

| Scottish Income Tax Rates      | Scottish Bands           |
|--------------------------------|--------------------------|
| Scottish Starter Rate 19%      | Over £12,570 to £14,732  |
| Scottish Basic Rate 20%        | Over £14,732 to £25,688  |
| Scottish Intermediate Rate 21% | Over £25,688 to £43,662  |
| Scottish Higher Rate 42%       | Over £43,662 to £125,140 |
| Scottish Additional Rate 47%   | Over £125,140            |

- 5.4 The Scottish Government have decided to freeze the Scottish basic, intermediate and higher rate thresholds in cash terms, and to reduce the threshold at which the top rate of tax becomes payable, from £150,000 to £125,140. Both these changes are in line with UK Government decisions made at the Autumn Statement. The Scottish Government have also announced increases in the top rates of income tax in Scotland, with 1p increases in both the additional and top rates of tax, to 42p and 47p, respectively.

- 5.5 Other devolved taxes to Scotland are the Land and Buildings Transaction Tax (LBTT) and the Scottish Landfill Tax. The Scottish government have also announced an increase in LBTT paid on additional properties from 4% to 6% which the SFC suggest will generate an additional £34m in 2023/24.
- 6. Public Sector Pay Policy**
- 6.1 Departing from tradition, the Scottish Government has at this time chosen not to publish formal guidelines for public sector pay in 2023/24. The Deputy First Minister highlighted the uncertain outlook for inflation and a need to conclude ongoing pay negotiations as the key reasons for holding back until the new year. Given that public sector pay accounts for over £22 billion in spending each year, the lack of a clear position on pay in next year's budget represents a significant area of uncertainty.
- 7. Welfare Changes**
- 7.1 The Scotland Act 2016 devolved various areas of social security to Scotland – mainly related to carers and disability benefits. The Social Security (Scotland) Act 2018 received Royal Assent on 1 June 2018, with Scottish social security benefits now being delivered. The Scottish Government has been implementing the devolved powers on a phased basis and new social security powers over Attendance Allowance, Disability Allowance, Industrial Injuries Disablement Allowance, Personal Independence Payments and Severe Disablement Allowance commenced in 2020/21.
- 7.2 Social security powers transferred to Scotland need to be managed within HM Treasury budget control limits and this has introduced increased volatility into the Scottish Budget. Any increase in demand against what has been forecast by the SFC needs to be managed through a combination of drawing down funding from the Scotland reserve, utilising resource borrowing powers or in-year adjustments to other budgets.
- 7.3 The SFC forecast social security will increase from £4.2 billion in 2022/23 to £7.3 billion in 2027/28. The SFC expects social security spend to be £0.8 billion above the Block Grant Adjustment (BGA) next year and rise to £1.4 billion more than the BGA by the end of the forecast period in 2027/28
- 8. Scottish Economic Growth**
- 8.1 The SFC contributes to the Scottish Budget process by providing independent and official forecasts for the economy and labour market, devolved tax revenues and devolved social security spending. As income tax has been devolved to Scotland, economic forecasts have an impact on income tax estimates. The Scottish Budget is based on forecasts and, as information on actual revenues and spending becomes available, the Scottish Government's funding is altered in response.
- 8.2 The SFC forecasts, published alongside the draft Scottish Budget, predict a shallow recession with a return to the early 2022 peak by early 2025, along with higher inflation than previously expected. In the medium term, growth in the Scottish economy (GDP), and in real terms earnings, is higher than before while inflation falls well below target and turns negative in 2025/26. Both shifts are in line with UK forecasts made by the Office for Budget Responsibility (OBR). The decline in GDP is due to drops in consumption, trade, and private investment over 2023/24, given the high cost of living, higher interest rates, and ongoing trade difficulties due to the UK's exit from the EU.
- 8.3 The SFC's income tax forecast for 2023/24 has increased by £1.497 billion compared to their December 2021 forecast. SFC expect high inflation leading to increased nominal earnings growth to generate a significant increase in income tax revenue. The Scottish Government's policy decision to freeze thresholds and increase the higher and top rate of tax will also increase tax revenue.



- 8.4 The SFC state, when the global energy price shock arrived in early 2022, the Scottish economy was still recovering from the impact of health restrictions, labour shortages and supply chain disruptions associated with Covid-19. Throughout 2022, the impact of higher energy prices and the acceleration of wage pressures has worsened. The economy has also been adjusting to Brexit as well as the long-term evolution of the oil and gas industry in the North East of Scotland. The SFC note there is no comparable period in recent economic history when the economy has been hit by two global shocks in immediate succession while adjusting to other significant domestic pressures.

## 9. Local Government Funding Implications

- 9.1 In 2023/24, the published Scottish Budget shows the total managed expenditure available within the local government portfolio is £11.684 billion. This figure includes general revenue and capital grant funding, specific revenue and capital grants, as well as an estimate of non-domestic rate income. There are a number of other funding allocations linked to individual policy initiatives held within other spending portfolios that are also made available to Local Government. The formula share of the revenue grant, non-domestic rate income and capital grant for each council was set out in Finance Circular 11/2022, published on 20 December 2022 although it should be noted that at the time of writing a revised circular is due to be issued in early January 2023 as errors in funding require to be corrected.
- 9.2 Analysis by COSLA has set out that the overall revenue provided by the Scottish Government to local government in 2023/24 will increase in cash terms by £498 million. Much of the increase in revenue funding is attributed to the addition of ring-fenced funding which is earmarked for the additional costs of delivery of Scottish Government priorities. After accounting for ringfenced funding the actual movement in core revenue funding has been estimated at this stage to increase by £71 million, as set out in COSLA's budget reality analysis below:

Table 3 – COSLA's Budget Reality – 2023/24 Revenue Budget

|  | £M          |
|--|-------------|
| Cash Increase in Revenue Funding for Local Government        | 498.0       |
| <u>Less: Scottish Government Commitments</u>                 |             |
| Recurring 2022/23 Pay  | (140.0)     |
| Health and Social Care                                       | (115.0)     |
| Whole Family Wellbeing Support                               | (32.0)      |
| Other Commitments  | (35.0)      |
| <u>Less: Other</u>   |             |
| Devolution of Empty Property Relief                          | (105.0)     |
| <b>Cash Increase in Revenue Funding for Local Government</b> | <b>71.0</b> |

- 9.3 In terms of additional funding for Social Care, an additional £115 million will be transferred from the Health and Social Care portfolio to Local Authorities to support social care and integration. This funding relates to £100 million to increase the real living wage to £10.90 per hour for adult social care and £15 million to support the costs associated with uprating Free Personal and Nursing Care rates.
- 9.4 This funding is to be additional to each council's 2022/23 recurring budgets for social care and not substitutional. This means that the full benefit of this additional funding of £115 million is to be allocated to Integration Authority delegated functions.



**10. West Lothian Council Funding Implications**

10.1 The current draft 2023/24 Scottish Government funding for West Lothian Council is £406.005 million, which is currently estimated to be £14.8 million greater than the equivalent figure in 2022/23 and includes assumptions regarding funding for items which have yet to be distributed and therefore are subject to change.

10.2 It is important to note that much of this funding increase relates to costs associated with additional Scottish Government policy and 2022/23 pay award commitments and that the Local Government Settlement is still subject to confirmation. The council's most recently reported budget gap for the period 2023/24 to 2027/28 showed an estimated budget gap of £57.7 million and a revised position taking account of confirmed funding is anticipated to be reported to Council Executive on 17 January 2023.

**11. Initial Implications for NHS Boards**

11.1 Along with the 2023/24 Scottish Budget announcement on 15 December 2022, a letter was issued from the Director of Health Finance and Governance at the Scottish Government setting out further information on 2023/24 budget allocations to NHS Boards.

**11.2 Budget Uplift**

Compared to 2022/23 budgets, Boards will receive a total increase of 5.9% for 2023/24. This includes recurring funding for current 2022/23 pay assumptions and a baseline uplift of 2% for 2023/24. Those Boards furthest away from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity. This will result in a cash terms uplift of £252.2 million in 2023/24 in baseline funding for NHS Territorial Boards, equivalent to an overall 2.28% uplift.

11.3 In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023/24 budget and intends to provide an update on this at an appropriate point in the new year. The letter also confirms that the £19.1 million allocated in 2022/23 to support Boards with the costs of the additional National Insurance levy will remain with Boards and can be determined locally how this resource is to be utilised.

**11.4 Covid-19 Funding**

While the scale of Covid-19 costs has reduced significantly in 2022/23 and is projected to reduce further in 2023/24, the letter notes that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery
- Test & protect activities including Regional Testing facilities
- Additional PPE requirements
- Some specific Public Health measures

11.5 The Scottish Government have advised that they will seek to provide further clarity as to the total funding that will be provided to support these costs. However, beyond the above costs, the Scottish Government expects NHS Boards and Integration Authorities to meet remaining Covid-19 costs from baseline funding and to continue to drive these costs down as far as possible.

**11.6 Policy Funding**

In addition to the baseline uplift noted above, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2023/24. It is intended to provide early indication of allocations, where possible, and to align this

to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

#### 11.7 2023/24 Financial Planning

The letter notes that NHS Boards will be asked to submit financial recovery plans in the new year, setting out a return to financial balance over a three year period. It is noted that a significant financial challenge is faced and that longer term work is required to move out of recovery, towards transformation and renewal of service delivery which will reflect work being progressed through the Sustainability and Value (S&V) programme that all Boards are engaging in.

### 12. **NHS Lothian Funding Implications**

12.1 In terms of NHS Lothian, the funding letter from the Director of Health Finance and Governance sets out an overall cash increase of £49.6 million (3%) compared to 2022/23 baseline funding. This reflects a 2% funding uplift (£33.9 million) plus an additional £15.7 million of NRAC funding. This increases total baseline funding for NHS Lothian to £1,743.3 million in 2023/24.

12.2 Further work is currently progressing to assess the implications for the 2023/24 NHS Lothian budget and for those functions delegated to the IJB.

### 13. **High Level Considerations and Implications for West Lothian IJB**

13.1 Based on the 2023/24 Scottish Budget, Partner bodies are now in a more informed position to consider their 2023/24 financial plan, subject to a revised Local Government Circular being received. The implications of the budget announcement on previous 2023/24 budget and funding assumptions are currently being assessed by both partner bodies. The impact of Covid-19 during 2023/24 also remains a significant uncertainty with no funding amounts being confirmed to date.

13.2 An important element of partner body 2023/24 budget planning will be the delegated budget contributions made to the IJB for 2023/24. With regard to this, the IJB Chief Officer and Chief Finance Officer are liaising closely with both partner bodies as part of the due diligence and financial assurance assessment that will be undertaken on the annual contribution to the IJB. It is proposed that the 2023/24 budget contributions to the IJB will be reported to the Board on 21 March 2023 along with a proposed medium term financial plan.

### 14. **Medium Term Financial Outlook 2023/24 to 2027/28**

14.1 Based on the assumptions used for the IJB consultation, a budget gap of £22.9 million was identified over the five year period but this has now increased to £25.7 million based largely on recently updated social care inflation and demographic assumptions. The IJB Consultation and potential saving areas covered the three year period to 2025/26 over which the gap was estimated to be £13.2 million but this has now increased to £14.4 million.

14.2 The financial outlook highlights the very significant additional costs associated with staff pay increases, inflationary costs and increasing demands and demographic pressures, and that although the overall budget funding resources available each year to meet core pressures are forecast to increase by on average just over £4 million per year it will not be sufficient to cover the increased average annual costs of over £9 million based on current staffing numbers and all models of care delivery continuing to be delivered as they are currently. Actual annual funding increases are a key risk and could be lower than assumed given the UK and Scottish Government fiscal positions and ongoing risks to the economy.

14.3 The updated financial outlook is summarised below.

| Table 4 – Five Year Outlook                  | 23/24<br>£'m | 24/25<br>£'m | 25/26<br>£'m | 26/27<br>£'m | 27/28<br>£'m | Total<br>£'m |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Health Functions</b>                      |              |              |              |              |              |              |
| Staffing                                     | 1.7          | 1.7          | 1.7          | 1.7          | 1.7          | 8.5          |
| Inflation and Indexation                     | 0.4          | 0.4          | 0.4          | 0.5          | 0.5          | 2.2          |
| GP Prescribing                               | 1.3          | 1.3          | 1.4          | 1.4          | 1.4          | 6.8          |
| Other Growth and Demands                     | 0.7          | 0.7          | 0.7          | 0.7          | 0.8          | 3.6          |
| <b>Gross Expenditure Increases</b>           | <b>4.1</b>   | <b>4.1</b>   | <b>4.2</b>   | <b>4.3</b>   | <b>4.4</b>   | <b>21.1</b>  |
| Additional Funding                           | (1.5)        | (1.5)        | (1.6)        | (1.6)        | (1.6)        | (7.8)        |
| <b>Health Estimated Budget Gap</b>           | <b>2.6</b>   | <b>2.6</b>   | <b>2.6</b>   | <b>2.7</b>   | <b>2.8</b>   | <b>13.3</b>  |
|  |              |              |              |              |              |              |
| <b>Social Care Functions</b>                 |              |              |              |              |              |              |
| Staffing                                     | 1.0          | 0.6          | 0.6          | 0.7          | 0.7          | 3.6          |
| Inflation and Indexation                     | 2.5          | 2.1          | 2.2          | 2.4          | 2.5          | 11.7         |
| Demographics and Demands                     | 2.0          | 1.9          | 2.0          | 2.2          | 2.3          | 10.4         |
| <b>Gross Expenditure Increases</b>           | <b>5.5</b>   | <b>4.6</b>   | <b>4.8</b>   | <b>5.3</b>   | <b>5.5</b>   | <b>25.7</b>  |
| Additional Funding                           | (3.3)        | (2.5)        | (2.5)        | (2.5)        | (2.5)        | (13.3)       |
| <b>Social Care Estimated Budget Gap</b>      | <b>2.2</b>   | <b>2.1</b>   | <b>2.3</b>   | <b>2.8</b>   | <b>3.0</b>   | <b>12.4</b>  |
|  |              |              |              |              |              |              |
| <b>Total IJB Estimated Budget Gap</b>        | <b>4.8</b>   | <b>4.7</b>   | <b>4.9</b>   | <b>5.5</b>   | <b>5.8</b>   | <b>25.7</b>  |
|  |              |              |              |              |              |              |
| <b>Total IJB Estimated 3 Year Budget Gap</b> |              |              | <b>14.4</b>  |              |              |              |

- 14.4 In terms of pay costs, the assumptions above are based on 2% each year. There is a particular risk around the pay award for 2023/24 given that inflation is forecast to remain high during 2023. The table below shows the impact on the budget gap of higher % pay awards for 2023/24 should additional funding remain the same as current assumptions. As can be seen, if pay awards to this level were agreed with no additional funding, the implications could be significant. It would be hoped that as in previous years, Health staff pay awards would be fully funded by the Scottish Government although this would be subject to confirmation. Based on past years it is highly unlikely to be the case that the Scottish Government would fully fund social care staff pay costs should these exceed the current assumptions.

| 2023/24 Pay Award | 2023/24 Potential<br>Additional Budget Gap |
|-------------------|--|
| %                 | £m   |
| 2                 | 0  |
| 3                 | 1.1  |
| 4                 | 2.2  |
| 5                 | 3.3  |

- 14.5 As outlined in the recent IJB consultation, officers have been identifying potential areas where savings could be made to help address the estimated budget gap. Comparing the estimated budget gap over the three year period (£14.4 million) to potential savings set out in the consultation of £9.7 million leaves a remaining budget gap of £4.7 million over the 3 years. Assumptions will continue to be updated to reflect further clarity required on the Scottish Budget and on agreed partner budget contributions to the IJB for 2023/24, and assumptions for future years. It will also be important that work continues to progress on developing budget saving proposals and identifying additional saving options, as necessary, over the three year period that can be reflected in the 2023/24 budget and three year budget plan presented to the Board in March 2023.

**Appendices** None

|                   |  |
|-------------------|--|
| <b>References</b> | Draft Scottish Budget 2023/24 published by the Scottish Government on 15 December 2022   |
| <b>Contact</b>    | Patrick Welsh, Chief Finance officer, West Lothian Integration Joint Board<br>Email: Patrick.welsh@westlothian.gov.uk<br>Tel. No: 01506 281320 |

|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 11              |



**Report to: West Lothian Integration Joint Board**

**Report Title: Development of IJB Strategic Plan**

**Report By: Head of Strategic Planning and Performance (Interim)**

| Summary of Report and Implications                           |  |
|--|--|
| <b>Purpose</b>   | This report: (tick any that apply).  |
|  | - seeks a decision <input checked="" type="checkbox"/>   |
|  | - is to provide assurance <input type="checkbox"/>   |
|  | - is for information <input checked="" type="checkbox"/>   |
|  | - is for discussion <input checked="" type="checkbox"/>  |
|  | The purpose of the paper is to provide the IJB with an update on the approach and progress made in taking forward the development the new IJB Strategic Plan, which will be in place by 1 <sup>st</sup> April 2023.  |
| <b>Recommendations</b>                                       | <p>It is recommended that IJB members note:</p> <ul style="list-style-type: none"> <li>the approach taken to the development of the new IJB Strategic Plan;</li> <li>consider the draft Strategic Plan included in Appendix 1 of the report and note that there are some sections of the plan that will be updated when detailed information becomes available such as the finance section of the plan</li> <li>agree that that a public consultation and engagement exercise can be undertaken on the draft plan prior to its submission to the IJB for final approval on 21st March 2023.</li> </ul> |
| <b>Directions to NHS Lothian and/or West Lothian Council</b> | N/A.   |
| <b>Resource/ Finance/ Staffing</b>                           | None identified at this stage.   |
| <b>Policy/Legal</b>  | Public Bodies (Joint Working) (Scotland) Act 2014  |

|   |  |
|---|--|
| <b>Risk</b>   | Risks actions are currently being reviewed alongside the development of the new strategic plan   |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | An Integrated Impact Assessment will be undertaken and published with the finalised plan on 21 <sup>st</sup> March 2023  |
| <b>Strategic Planning and Commissioning</b>                                   | The findings of the Strategic Needs Assessment will be used to inform the development of the new IJB Strategic Plan and future strategic commissioning approaches.   |
| <b>Locality Planning</b>  | The Strategic Needs Assessment has considered data across both localities and this will be reflected within the new Strategic Plan   |
| <b>Engagement</b>   | <p>As part of the Strategic Needs Assessment a comprehensive engagement plan was developed which included staff, partners, services users and the public. Regular updates have been provided to both the IJB Strategic Planning Group and to the Board.</p> <p>A further consultation and engagement exercise will be undertaken on the draft plan between 10<sup>th</sup> January and 21<sup>st</sup> March 2023 when the final plan will be submitted to the IJB for approval.</p> <p>The high-level structure of the Strategic Plan was considered by the Strategic Planning Group at the meeting on 8<sup>th</sup> December 2022.</p> <p>SPG members were given the opportunity to consider and shape the key areas included within the new strategic plan</p> |

## Terms of Report

### 1. Background

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland. The role of the West Lothian Integration Joint Board (IJB) is to plan most health and social care services for adults in West Lothian.
- 1.2 The IJB Strategic Plan sets out the strategic direction for the delivery of its delegated functions and a new Strategic Plan must be in place by March 2023. The new plan will set out the IJB's future vision for health and care in West Lothian from 2023.
- 1.3 The first step in developing the new plan was the completion of the strategic needs assessment to ensure a clear understanding of the needs and priorities of our population. Through the strategic needs assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.
- 1.4 Alongside data analysis, a comprehensive engagement exercise has been undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.



- 1.5 Work was undertaken with the IJB Strategic Planning Group to review the current IJB Strategic Plan and identify potential priorities for the new plan. The new priorities identified were:

| Improving Health Inequalities in Partnership  | A 'Home First' Approach  | Enabling Good Care and Treatment   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Focus on prevention and self-management</li> <li>• Supporting people to make informed choices</li> <li>• Working with communities in partnership with others to maximise impact</li> <li>• Alignment with the Local Outcomes Improvement Plan and locality priorities</li> <li>• Wider determinants</li> </ul> | <ul style="list-style-type: none"> <li>• Investment in early intervention</li> <li>• A human-rights based approach</li> <li>• Self-management</li> <li>• care and treatment provided as close to home as possible</li> <li>• planned care rather than crisis care</li> <li>• specialist care in the right place</li> </ul> | <ul style="list-style-type: none"> <li>• supporting our workforce to deliver high quality care</li> <li>• improvement through transformation including digital</li> <li>• support for carers</li> <li>• managing financial resources effectively through clear investment and disinvestment</li> <li>• sustainable service delivery</li> </ul> |

- 1.6 These potential priorities formed the basis of the Strategic Needs Assessment to determine, to what extent, these are considered key across all the IJB's stakeholder groups (partners, service users, carers, staff, commissioned service providers and community groups). The Needs Assessment also looked to identify any other needs which are considered to be a priority by each of the stakeholder groups.

- 1.7 As part of the Strategic Needs Assessment the following areas were explored:

- The strategic drivers for the development and delivery of health and social care services
- The profile of the West Lothian population including:
  - Risk factors –Demographic, Behavioural, Physiological
  - Health Inequalities
  - Overall life expectancy in West Lothian
  - Health conditions affected by inequality in West Lothian
  - Access to care and support in West Lothian
- Current service provision
- Service trends and opportunities to do things differently based on staff feedback
- Partner Feedback on:
  - Their top three priorities for health and social care in West Lothian
  - The proposed, high level, Strategic Plan priorities
  - How health and social care provision could be improved in West Lothian
  - The role that key partners could play in delivering the aims
  - What new ways of working could be developed to support the delivery of health and social care services in West Lothian.
- Public and support service feedback on:
  - The proposed strategic aims of:
    - Tackling Health Inequalities,
    - Taking forward a Home First Approach and
    - Enabling good care and treatment,
  - What the IJB current does well

- What the gaps are and what needs to be improved
- Their own top 3 priorities

- The way forward

## 2. Engagement with the IJB Strategic Planning Group

2.1 A presentation was delivered to the IJB Strategic Planning Group on 8<sup>th</sup> December 2022 which sought to facilitate discussion and seek the views of SPG members on the following areas to inform the development of the draft Strategic Plan:

- Approach to reducing health inequalities
- Approach to Locality Planning
- Financial context and challenges balanced with identified needs and priorities
- Results of the IJB Consultation – Modernising Adult Social Care Consultation
- Workforce and
- Risks

The feedback and contribution of SPG members has been incorporated into the draft IJB Strategic Plan 2023-28 included as Appendix 1 of this report.

2.2 It should be noted that there are still some sections of the draft plan that require further information, in particular the finance section due to the timing of the publication of the Scottish Budget. A high-level overview is currently provided with the plan, however detailed medium-term financial planning information will be included as information becomes available.

## 3. Conclusion

The findings of the Strategic Needs Assessment and the public consultation exercise have been used to inform the development of the draft Strategic Plan. The IJB is asked to agree that a further consultation exercise is undertaken on the draft plan prior to its submission to the Board for final approval on 21<sup>st</sup> March 2023.

|            |   |
|------------|---|
| References |   |
| Appendices | Appendix 1 – Draft – West Lothian IJB Strategic Plan 2023-28<br>Appendix 2 – Strategic Needs Assessment   |
| Contact    | Sharon Houston<br>Head of Strategic Planning and Performance (Interim)<br><a href="mailto:Sharon.Houston@westlothian.gov.uk">Sharon.Houston@westlothian.gov.uk</a><br><br>10 <sup>th</sup> January 2023 |



# **West Lothian Integration Joint Board Strategic Plan 2023-28**

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## Executive Summary

This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years.

The plan describes how the IJB intends to deliver its vision of:

**Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian**

The plan also outlines how we will deliver the nine national health and wellbeing outcomes through our strategic priorities and transformational change programmes against the background of demographic, and financial challenges.

West Lothian faces a growing and ageing population over the lifetime of this plan and beyond. The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a greater proportion of the population over time. The numbers of people in West Lothian aged 65 to 74 is expected to increase by 19% by 2028 with those aged over 75 increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 population and 25.4% increase in those aged over 75 during the same time period.

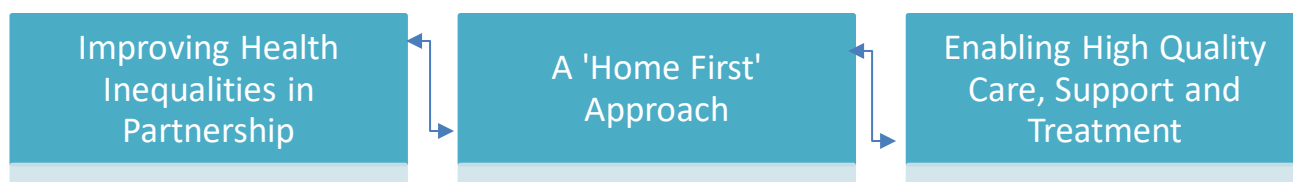
Almost one in five (19.5%) people living in West Lothian report having a limiting long-term health condition and the number of people providing unpaid care in the community has increased significantly in recent years. In addition, there are significant differences in health outcomes between some communities with an 8-10 year gap in life expectancy between the most deprived and least deprived communities.

The Strategic Plan recognises that both West Lothian Council and NHS Lothian were required to achieve substantial efficiencies over the life span of the previous plan and will face further significant financial challenges over the next five years. This Plan is focused on achieving a sustainable health and social care system for West Lothian. This will require transformational change over time in order to improve health and wellbeing outcomes and support the transition to the future model of care.

The seven strategic aims of the plan are to:



To achieve this, we have set the following strategic priorities for the duration of this Plan:



In order to achieve these aims and transform the way adult health and social care is provided, it is vital that resources are shifted from the traditional models of care to new models of care. As services develop and changes are achieved through our transformational change programmes, we will need to commission different types of services and in different ways. Based on the strategic intentions outlined in this plan, we will develop a range of

delivery plans underpinned by a medium-term financial planning framework. This will inform the IJB's planning and prioritisation of future health and social care services in West Lothian.

The IJB is committed to working with our partners, service users, their families and the wider community to find effective and sustainable solutions and achieve the best outcomes for the people of West Lothian. This includes working with community planning partners to address underlying social inequalities that contribute to health inequalities.

Our Performance Framework and approach to Clinical and Care Governance are set out in this Plan. These ensure that the IJB continuously measures progress against the strategic priorities and that quality of adult health and social care is monitored and assured.

The delivery of this Plan, through West Lothian's foundation of strong partnership working, will result in reduced health inequalities and better health outcomes across all communities in West Lothian.

# 1 The Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland. The Act requires each Health Board and Local Authority to delegate some of its functions to new Integration Authorities.

On 1st April 2016, an Integration Joint Board (IJB) was established in West Lothian. The IJB has responsibility for planning most of the integrated health and social care services for adults in the area.

The IJB is a separate legal entity from NHS Lothian and West Lothian Council and the arrangements for the IJB's operation, remit and governance are set out in the Integration Scheme which was approved by West Lothian Council, NHS Lothian and the Scottish Government.

**Figure 1: Functions Delegated to the West Lothian IJB**



The Integration Joint Board's role is to set the strategic direction for functions delegated to it and to deliver the priorities set out in its Strategic Plan. It receives payments from West Lothian Council and NHS Lothian to enable delivery of local priorities for health and social care for adults.

The Board gives directions to the council and health board as to how they must carry out their business to secure delivery of the Strategic Plan. An overview of the functions delegated to the West Lothian IJB are detailed in figure 1.

The IJB brings together the planning, resources and operational oversight for a substantial range of adult health and social care functions into a single system which will ensure services are built around the needs of patients and service users and supports service redesign with a focus on preventative and anticipatory care in communities.

## 2 Development of the IJB Strategic Plan 2023-28

The Strategic Plan builds upon joint planning foundations established through our Community Planning and Health and Social Care Partnerships. The plan outlines the IJB's vision and ambitions for health and social care services in West Lothian; what our priorities are and how we will build on a foundation of strong partnership working to deliver them.

We are working within an environment where there are increasing demands for services and growing public expectations at a time of significant resource challenges and financial constraints. We must ensure that social care, primary care, community health and acute hospital services work well together and in a more integrated way with all of our partners, including housing and the third and independent sectors, to maximise our resources and deliver on our strategic priorities.

In order to meet these challenges, we will work together to create a culture of cooperation, co-production and co-ordination across all partners. By working with people who use our services, their families and the wider community, we can create effective and sustainable solutions and achieve the best outcomes for the people of West Lothian.

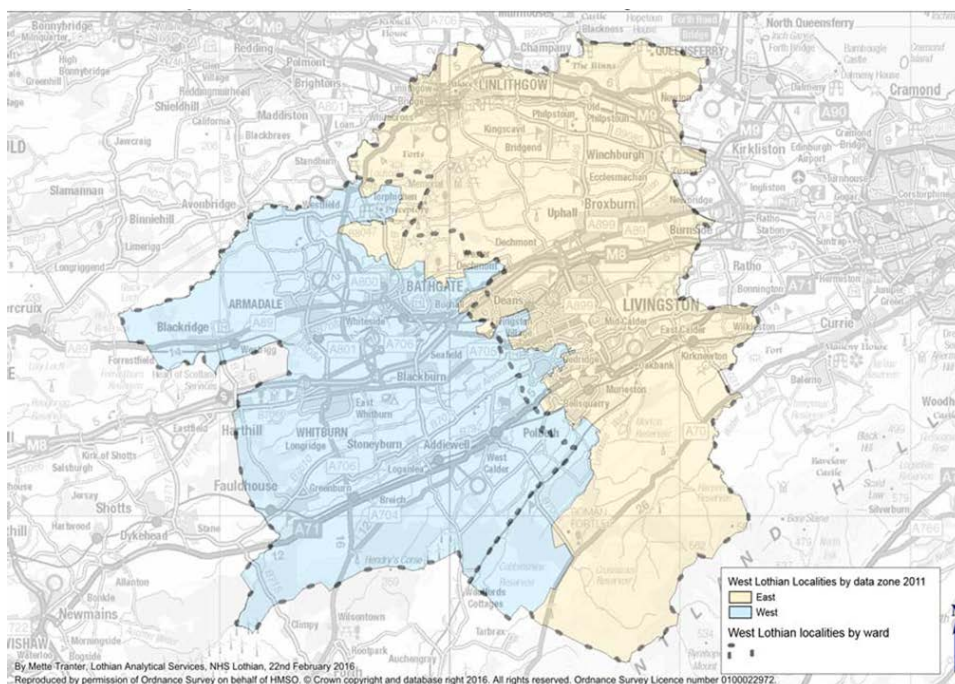
Tackling health inequalities has been identified as a priority at both a national and local level as an issue requiring urgent action. We recognise that health and wellbeing inequalities are not likely to be changed significantly by health policies or health services working in isolation. These inequalities require to be challenged by a joined up coordinated approach by a wide range of partners.

With responsibility for the strategic planning of some acute hospital care services including emergency care and inpatient services relating to general medicine, geriatric medicine and rehabilitation, we will identify opportunities to design and deliver services which ensure care is delivered in the right place, at the right time, using the right resource. The IJB recognises that well delivered local health and social care services can have a significant impact on shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. This strategic plan aims to:



## Strategic Scope

In West Lothian we have defined two localities across which our health and care services will be planned, the East Locality and West Locality as detailed below. The importance of the localities in determining the strategic direction of health and social care planning is reflected in the plan.



With a focus on achieving the best outcomes for people living in West Lothian the IJB will build on its experience of commissioning a wide range of health and care services. The scope of the plan covers governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults.

## Development of the Strategic Plan 2023-28

The strategic objectives and priorities of the plan have been identified through:

- the review of the IJB Strategic Plan 2019-23
- discussion and development sessions with the IJB and the Strategic Planning Group.
- engagement with our partner organisations and key stakeholder
- engagement with key staff groups
- engagement with people who use our services
- engagement with unpaid carers
- engagement with commissioned service providers.
- analysis of a wide range of demographic and other data.



The Strategic Plan has been developed in conjunction with the IJB Strategic Planning Group with membership from key stakeholders including West Lothian Council, NHS Lothian, third and independent sectors, health and social care professionals, staff, trade unions, representatives of service users, carers and their families.

The Strategic Plan aligns with West Lothian Community Planning Partnership's Local Outcome Improvement Plan, West Lothian Council's Corporate Plan, Our Health Our Care, Our Future, NHS Lothian's Strategic Plan 2014-24, the Lothian Strategic Development Framework 2022-27, West Lothian Council's Local Housing Strategy, West Lothian Carers Strategy, West Lothian Health and Social Care Partnership's Workforce Plan 2022-25

Delivery Plans will be developed to take forward the Strategic Plan's priorities and will cover all adult care groups. The Delivery Plans will inform our strategic commissioning and will be focused on ensuring that the IJB fulfils its statutory duty to achieve best value, while delivering, developing and commissioning services that are person centred, take a human rights-based approach and are outcome focused. To achieve this, we will work closely with our strategic partners as well as the third and independent sectors.

### **Review of the IJB Strategic Plan 2019- 2023**

This Strategic Plan builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023. In conjunction with the IJB Strategic Planning Group the Strategic Plan 2019-23 was reviewed to reflect on the experience of managing through the pandemic with a focus on:

- What had worked well and could be further developed?
- What had been challenging?
- What needed to change?

Key themes that emerged from the review were:

- The negative impact of the pandemic on inequality
- The importance of partnership working
- The importance of early intervention and prevention
- The importance of good, clear and consistent communication
- Opportunities to enhance the use of technology and progress the digital agenda within health and social care services
- The importance of supporting the sustainability of independent and third sector organisations to enable them to provide high quality health and social care services
- The health and social care workforce in West Lothian
- The importance of exploring different ways of working and creating a culture of continuous improvement.

## Consultation and Engagement

To inform the development of the Strategic Plan the IJB commissioned a Strategic Needs Assessment (SNA) to establish a clear understanding of the needs and priorities of people in West Lothian. Through the Strategic Needs Assessment, analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services. Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of our key stakeholders were captured to identify what is currently working well, what still needs to be done and where any gaps exist.

Through targeted surveys, focus groups and one to one meetings, we engaged with and sought the views of:

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Commission providers of health and social care services
- Members of the IJB Strategic Planning Group and
- Other community representatives.

## Scope of the Strategic Needs Assessment

The Strategic Needs Assessment explored the following areas:

- The strategic drivers for the development and delivery of health and social care services
- The profile of the West Lothian population including:
  - Risk factors –Demographic, Behavioural, Physiological
  - Health Inequalities
  - Overall life expectancy in West Lothian
  - Health conditions impacted by inequality in West Lothian
  - Access to care and support in West Lothian
- Current service provision
- Service trends and opportunities to do things differently
- Partner Feedback on:
  - Their top three priorities for health and social care in West Lothian
  - The proposed, high level, Strategic Plan priorities
  - How health and social care provision could be improved in West Lothian
  - The role that key partners could play in delivering the strategic aims
  - New ways of working that could be developed to support the delivery of health and social care services in West Lothian.

- Public and support service feedback on:
  - The proposed strategic aims of:
    - Tackling health inequalities,
    - Taking forward a Home First approach and
    - Enabling good care and treatment.
  - What the IJB current does well
  - Where the gaps are and what needs to be improved
  - Their own top 3 priorities for health and social care in West Lothian

## Overview of the Findings of the Strategic Needs Assessment

Through the Strategic Needs Assessment respondents agreed that the IJB should:

- be focused on tackling health inequalities in West Lothian in conjunction with key partners,
- take forward the development and implementation of Home First
- focus on developing the structures and supports required to enable good care and treatment

The Strategic Needs Assessment also highlighted a range of challenges for the delivery of future health and social care services in West Lothian, in particular:

- Demographic pressures,
- Inequality across the localities
- Increased demand for support due to an increasing elderly population
- Workforce challenges
- Financial constraints face by all public sector services in Scotland.

### 3 Vision, Values and Outcomes

#### Our Vision

The IJB's vision is to:

Work in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian

To take forward this vision it is essential that we:

- recognise and take account of the different needs of vulnerable groups when we plan, design and deliver services
- ensure that all adults are supported to live their lives as well as possible
- support people to achieve their potential to live independently and
- enable people to exercise choice over the services they use

#### Our Values

The IJB has aligned NHS and Council values with the policy intentions of health and social care integration to create a set of core values.



## Strategic Context

Health and social care services operate within an evolving and complex framework of legislation, policy and guidance (detailed in Appendix 2) that influence how we develop and deliver services that provide care and support to meet the needs of people in West Lothian.

## Outcomes

The IJB is committed to delivering services that align with nationally and locally identified outcomes, in particular:

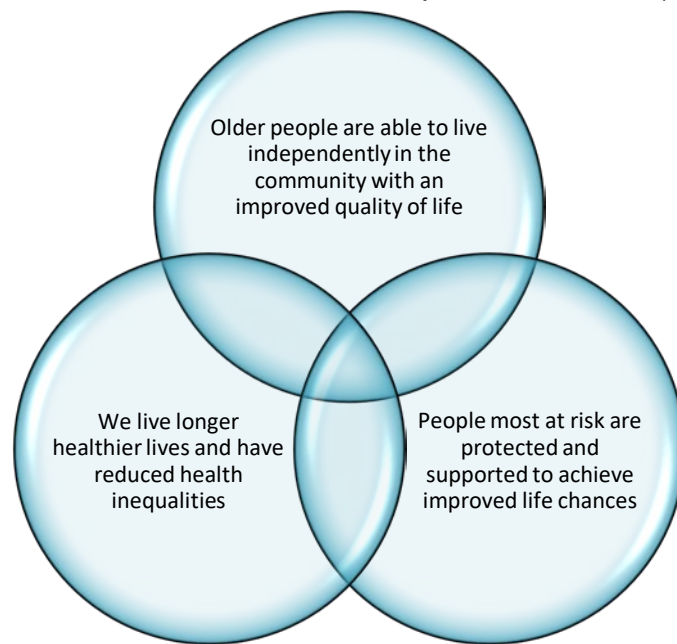
- **The National Health and Wellbeing Outcomes**

The Strategic Plan has been designed to deliver the nine National Health and Wellbeing Outcomes for integration. These are high-level statements outlining what health and social care partners are attempting to achieve through integration and improvement across health and social care. These are underpinned by a human rights-based approach.

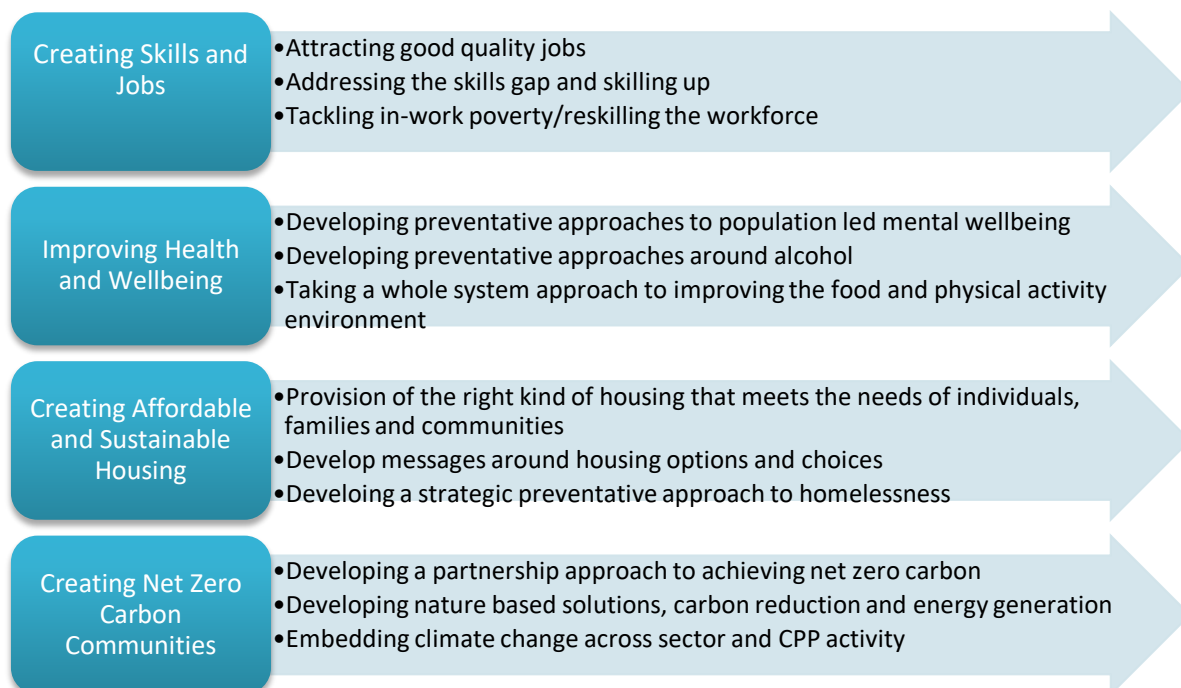


- **The West Lothian Local Outcome Improvement Plan**

Through delivery of this strategic plan we also aim to meet local outcomes identified within the West Lothian Local Outcome Improvement Plan (LOIP) in particular:



At the time of writing it should be noted that reviews of the LOIP and Community Planning Partnership's Locality Plans are currently underway. The Community Planning Partnership has agreed that the LOIP should focus on the 'added value' that the CPP can bring to particular issues, build on the value of working collaboratively whilst not duplicating activity that is currently ongoing. The new LOIP will therefore focus on the following four pillars:



## Independent Review of Adult Social Care in Scotland

In 2021 the Scottish Government published the findings of the Independent Review of Adult Social Care (IRASC) in Scotland. The review concluded that that to secure better outcomes for people in Scotland there was a need to:

- **Shift the paradigm**

The review stated that strong and effective social care support needed to be underpinned by a human rights-based approach. It specifically recommended that the approach taken to the delivery of health and social care services should:

- enable people's rights and capabilities
- be based on preventative and anticipatory collaboration and
- be a vehicle for supporting independent living.

- **Strengthen the Foundations**

The review highlighted the need for system level change, with more effective problem solving and a scaling up of promising practice. It also recognised the need to strengthen the social care workforce, emphasising engagement, value and reward as well as increasing the focus on unpaid carers to enable them to continue to be a cornerstone of social care support.

- **Redesign the System**

The review emphasised the need for a new delivery system for social care support, involving those with lived experience in its design. It recommended a National Care Service and highlighted the need to transform the planning, commissioning and procuring of social care support, based on partnership and relationships rather than competition.

Our approach to the planning and delivery of social care services in West Lothian is in line with the principles and themes highlighted in the findings of the IRASC, but there is still more that we need to do. The objectives and priorities identified in this Strategic Plan reflect the key themes from the report

## National Care Service

The Independent Review of Adult Social Care also recommended the establishment of a National Care Service (NCS) with the aim of ensuring that people of all ages can access the support they need to live a full life by improving consistency and quality of provision. It is proposed that the NCS will be responsible for social work and social care support, including support for carers. It will also be responsible for planning and commissioning primary care and community health services.

The development of the NCS will have a significant impact on how community health and social care services are planned and delivered in the future. In particular, the intention to reform Integration Joint Boards into Community Health and Social Care Boards ('Local Care Boards') will impact directly on existing governance arrangements.

At this time much of the detail regarding the development of the NCS is still unclear. Progress on this significant policy development will be kept under review by the IJB.

## 4 Understanding Our Population's Needs

### Demographic Challenges

The latest population statistics for West Lothian (National Records Scotland), indicates the area's population stood at 185,580 in June 2021, the 5<sup>th</sup> highest population in Scotland. In the 10 years previous, the population in the local area had grown 19.5%, the second highest increase of all the local authorities in Scotland and two and a half times that of the Scottish average (7.6%).

Further increases in the local population are also projected, with a 5.9% increase predicted by 2028, three times the increase of the national average. The population is predicted to grow primarily by net migration into the area (4.9% rise, supplemented with births exceeding deaths by 0.8%). It is noted that there is projected to be approximately 12,000 new homes built in the West Lothian area by 2027.

Growth in the older population will be the most significant with the 65-74 age groups increasing by 19% and people aged 75 and over increasing by 39% by 2028.

Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. Although female life expectancy is higher than that of males, more years are spent in poorer health.

Almost one in five (19.5 %) people living in West Lothian report having a limiting long-term health condition. A long-term condition can have a significant impact on quality life and ability to carry out day to day activities and includes any condition which has lasted or is expected to last at least 12 months.

### Health Inequalities

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measure of deprivation which ranks all data zones in Scotland from 1 (most deprived) to 6,976 (least deprived). This is the Scottish Government's official tool for identifying areas of multiple deprivation.

West Lothian has 239 data zones, 35 of which fall within the most deprived 20% (quintile 1) of the 2020 SIMD data zones. The SIMD pulls together data on 32 indicators covering seven domains: employment, income, housing, crime, health, education and access. Each of these domains are given their own individual ranking which makes it possible to compare different geographies based on individual domains.

Four of the data zones in West Lothian are within the most deprived 5% in Scotland, one each in Blackburn, Armadale South, Craigshill and Whitburn Central, all are located within the West Locality. Armadale South – 04 (S01013395) is the lowest ranked data zone overall (rank 45).



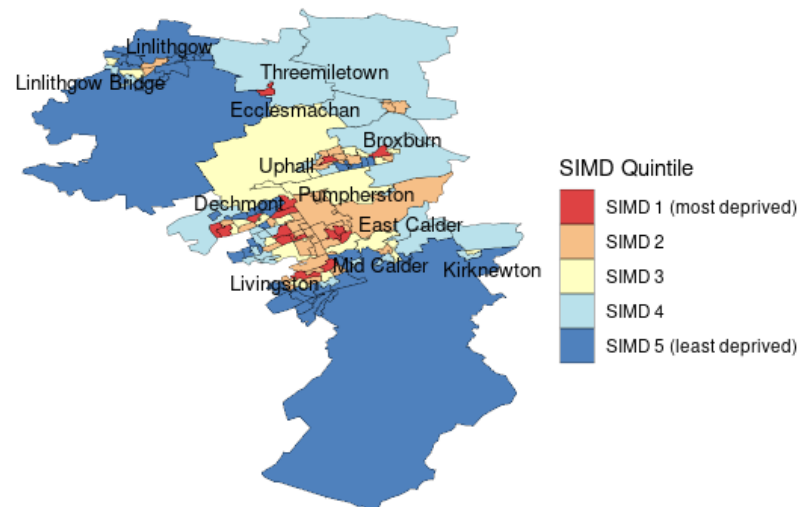
## Deprivation Profile - East Locality

In 2020 within the East Locality 12.5 % of people lived in the most deprived SIMD Quintile, and 27% lived in the least deprived SIMD Quintile. The table provides a comparison of the population living in each Quintile in 2020 compared to 2016.

### % population living in the 2016 and 2020 SIMD Datazone Quintiles

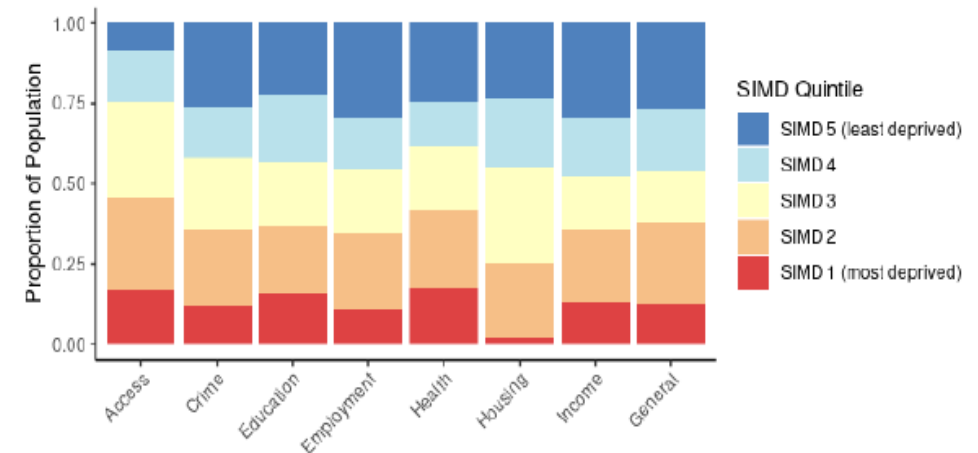
| Quintile | Percentage of population 2016 | Percentage of population 2020 | Difference |
|----------|-------------------------------|-------------------------------|------------|
| SIMD 1   | 13.9%                         | 12.5%                         | -1.4%      |
| SIMD 2   | 22.6%                         | 25.4%                         | 2.8%       |
| SIMD 3   | 19.7%                         | 15.7                          | -3.9%      |
| SIMD 4   | 18.3%                         | 19.5%                         | 1.2%       |
| SIMD 5   | 25.5%                         | 26.9%                         | 1.4%       |

### Map of Data Zones East Locality coloured by SIMD quintiles



Source: Scottish Government, Public Health Scotland

### Proportion of the population residing in each 2020 SIMD quintile by domain



Source: Scottish Government, Public Health, National Records Scotland

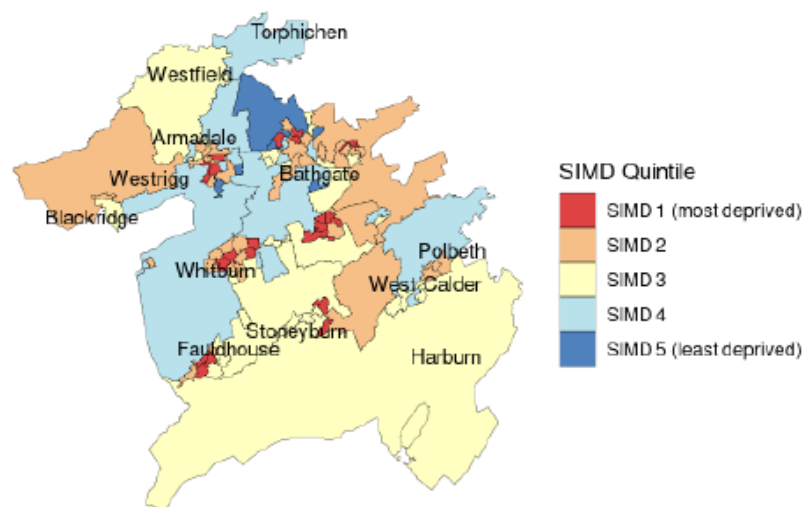
## Deprivation Profile - West Locality

In 2020 within the West Locality 18.8 % of people lived in the most deprived SIMD Quintile, and 5.2% lived in the least deprived SIMD Quintile. The table provides a comparison of the population living in each Quintile in 2020 compared to 2016.

### % population living in the 2016 and 2020 SIMD Datazone Quintiles

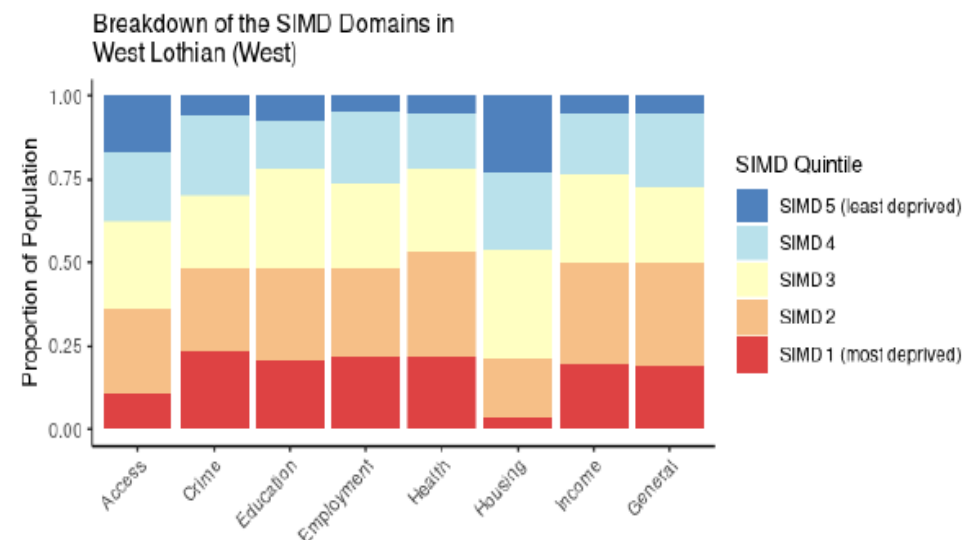
| Quintile | Percentage of population 2016 | Percentage of population 2020 | Difference |
|----------|-------------------------------|-------------------------------|------------|
| SIMD 1   | 19.3%                         | 18.8%                         | -0.6%      |
| SIMD 2   | 31.9%                         | 31.1%                         | -0.8%      |
| SIMD 3   | 23.9%                         | 22.9%                         | -1.0%      |
| SIMD 4   | 17.3%                         | 22%                           | 4.8%       |
| SIMD 5   | 7.6%                          | 5.2%%                         | -2.4%      |

### Map of Data Zones West Locality coloured by SIMD quintiles



Source: Scottish Government, Public Health Scotland

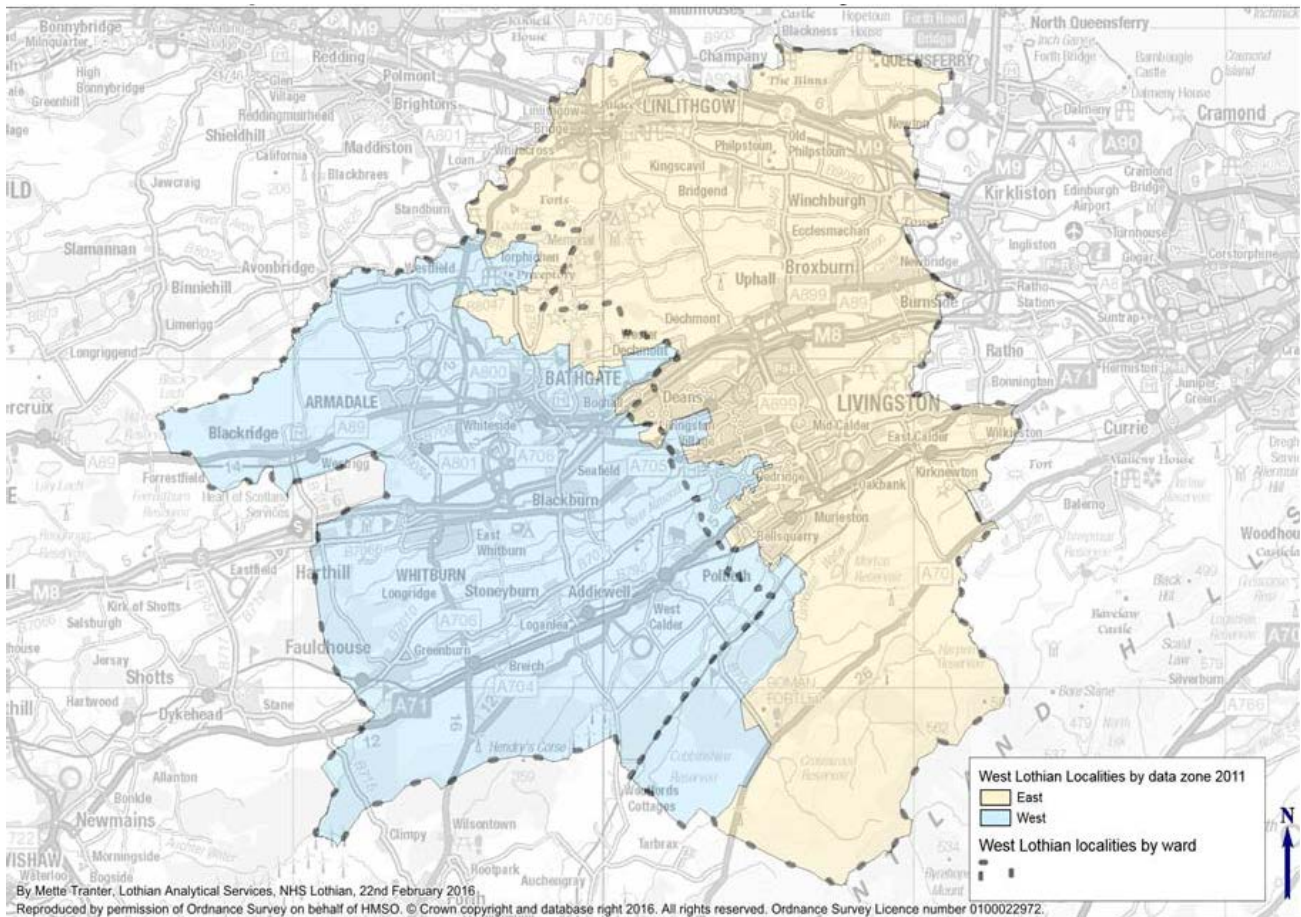
## Proportion of the population residing in each 2020 SIMD quintile by domain



Source: Scottish Government, Public Health, National Records Scotland

## Locality Planning

We have defined two localities across which health and social care services will be planned and delivered. The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.



**Map of East and West Localities:** Lothian Analytical Services 2015: Ordnance Survey, HMSO 2015

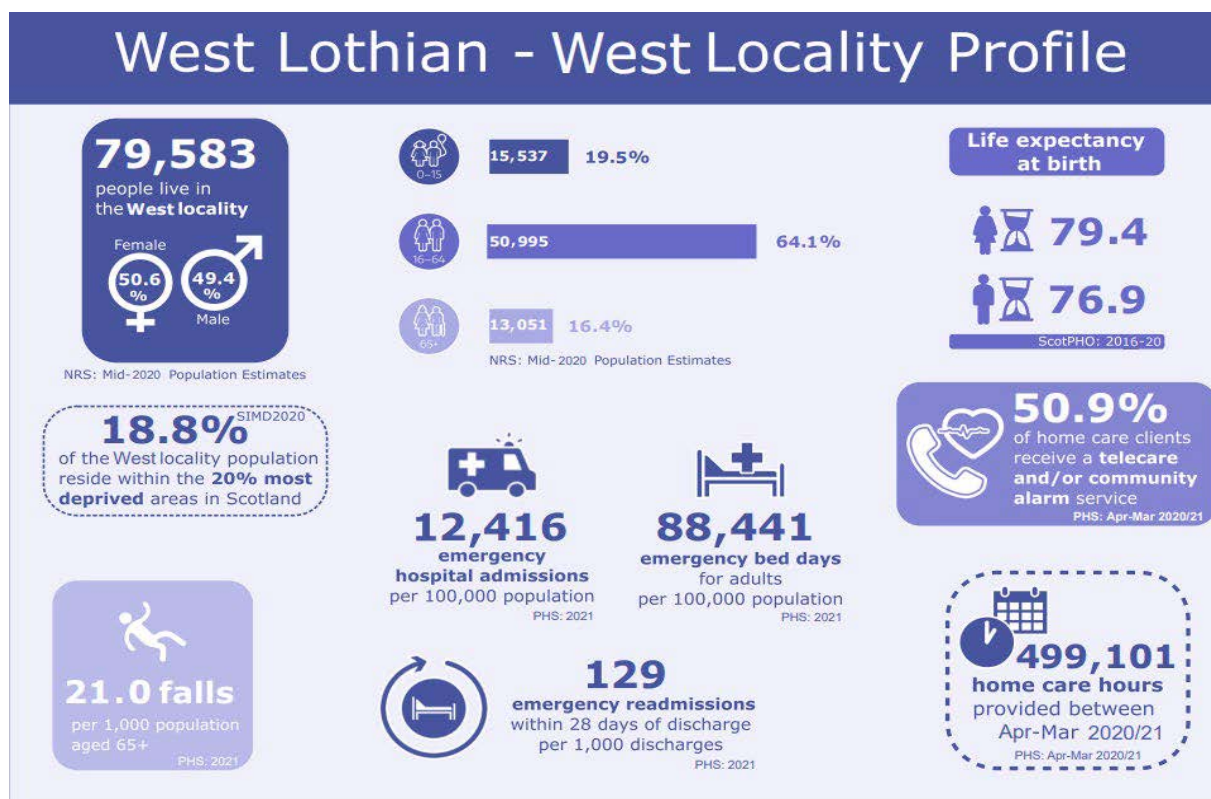
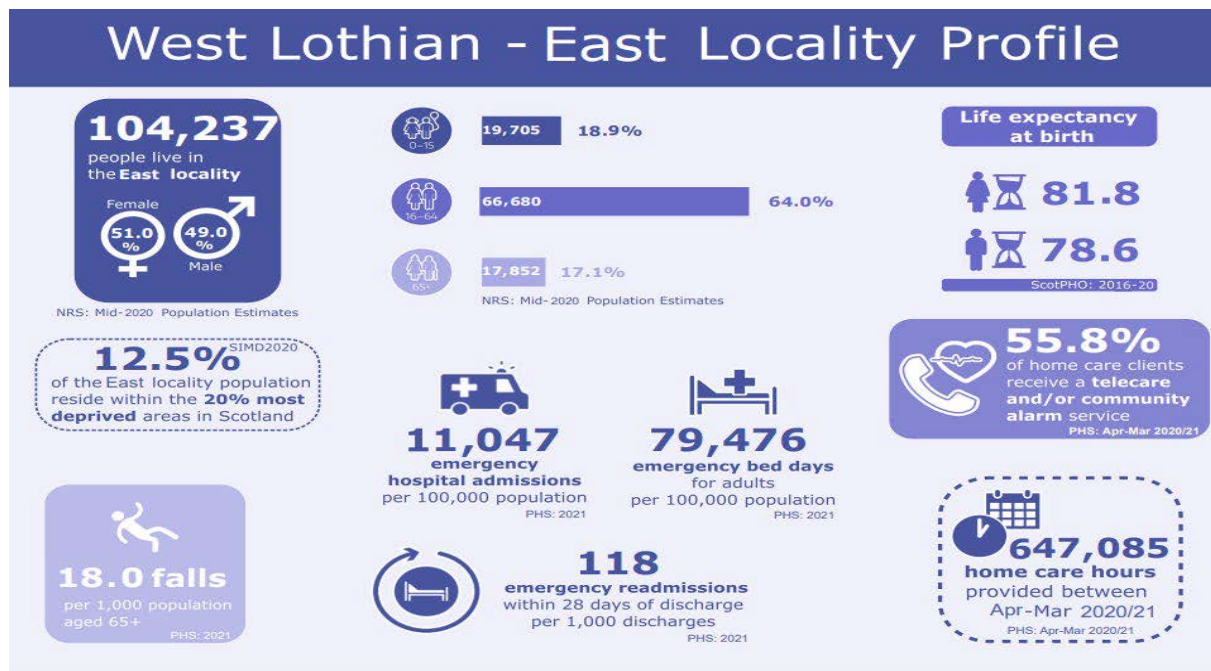
The way health and social care services are delivered locally can have a significant impact on addressing the main health and wellbeing challenges. We will work with our partners to ensure local involvement in strategic planning with the direct involvement and leadership of:

- Health and social care professionals involved in the care of people who use services
- Representatives of the housing sector
- Representatives of the third and independent sectors
- Carers and patients' representatives
- People managing services

The views and priorities within the localities will be taken into account in the development of our Delivery Plans, therefore it is essential that strategic and locality level planning work

together to create the best working arrangements to enable them to take account of local and deep-rooted issues such as inequality and poverty.

Below is a summary profile of each Locality's characteristics, on which the Delivery Plans will be based:





## Why Does Health and Social Care Need to Change?



### Impact of the Pandemic

The full, long-term impacts of the pandemic are still unclear, but we do know that our service users, carers, staff, and the wider community have all been impacted in some way. The strategic plan has been developed to take account of and address some of the inequality which has been exacerbated by the Pandemic.

In conjunction with the IJB Strategic Planning Group, we have reviewed and reflected on our experience of managing through the pandemic focus on:

- What had worked well?
- What had been challenging?
- What needed to change?

A range of themes resulted from this review in particular the importance of:

- partnership working
- early intervention and prevention
- good, clear and consistent communication
- further developing our approach to the use of technology
- our health and social care workforce

### Economic Challenges

Both West Lothian Council and NHS Lothian are facing significant financial challenges over the next five years. The IJB will therefore need to make substantial savings and change the way that services are delivered as the funding available will be insufficient to meet the increasing cost of service delivery.

### **Growth and Change in Demographics**

West Lothian's population is growing continues to grow at a faster rate than the Scottish average and is projected to increase to 192812 during the period of this strategic plan. At the same time, the numbers of people in West Lothian aged 65 to 74 is expected to increase by 19% by 2028 with those aged over 75 increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 population and 25.4% increase in those aged over 75 during the same time period. These changes will result in more demand for health and social care services.

### **Health Inequalities**

There are significant differences in health outcomes between some communities and individuals with an 8-10 year gap in life expectancy between the most deprived and least deprived in West Lothian.

### **Long Term Conditions**

Almost one in five people in West Lothian are living with a long-term condition that affects their wellbeing.

### **Workforce**

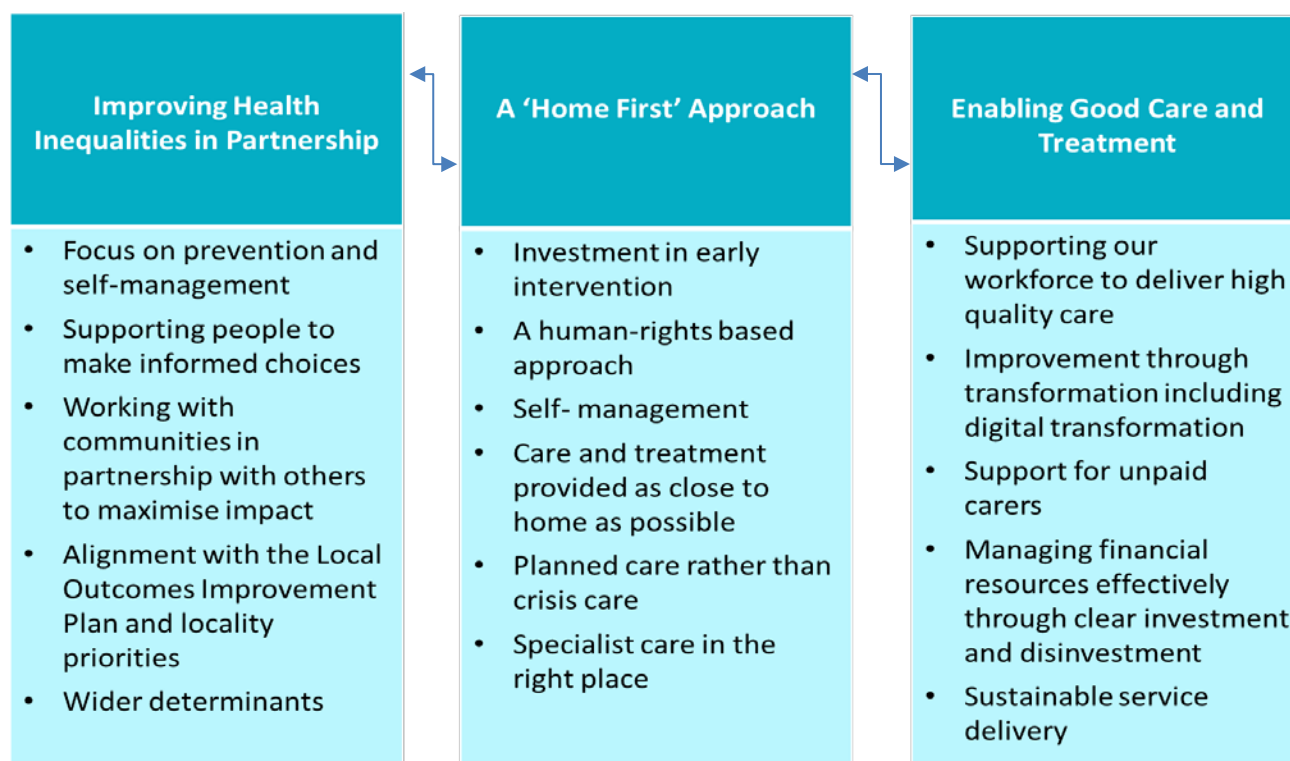
The age profile of the workforce together with fewer people choosing a career in health and social care is impacting on sustainability making it harder to recruit and retain a skilled health and social care workforce.

### **Shifting the Balance of Care**

We need to provide more care in the community to reduce avoidable hospital admissions and support people to return home or to a homely setting as soon as possible.

## 5 Strategic Priorities

Our plan is focused on achieving a sustainable health and social care system for West Lothian which aims to balance organisational and financial pressures with those of increased demand for services. To improve health and wellbeing outcomes for people in West Lothian we need to change the way that we plan, develop and deliver health and social care services. To take forward the changes required we have set the following strategic priorities for the duration of this Plan:



### Improving Health Inequalities in Partnership

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

Research highlights the importance of addressing fundamental determinants of health inequalities such as poverty, income, employment, wealth and housing in order to effect change. The causes of inequalities in health are complex and therefore can only be improved by working in partnership. The IJB will ensure its own services are sensitive to

the needs of most disadvantaged groups and will work with our partners in West Lothian, through the Community Planning Partnership's Health and Wellbeing Sub Group to collectively focus for tackling inequalities as well as focusing on prevention.

We will work with our partners to reduce the impacts of health inequalities by:

- Working with community planning partners to address underlying social inequalities that result in health inequalities such as poverty, low income, access to education and qualifications, access to appropriate housing etc.
- Focusing on prevention and self-management
- Ensuring that people are supported to make informed choices and direct their own care and support
- Ensuring services are accessible to all based on need, and barriers to care are addressed
- Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups
- Supporting services and initiatives to reduce the impacts of inequalities on health and well being

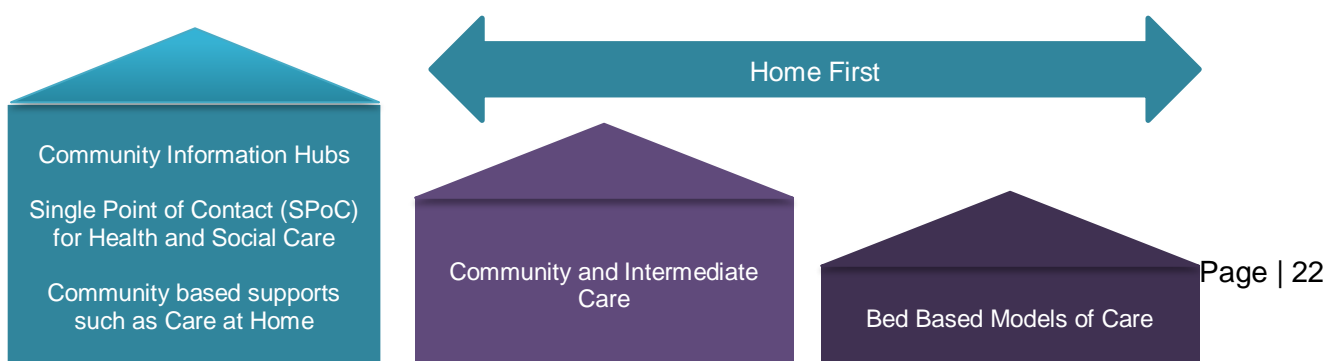
## A Home First Approach

Home First is the overall ambition of our programme to transform the way that we deliver care to adults and older people. In line with the Scottish Government's strategic direction we are working to ensure that people are supported to remain at home or in a community setting for as long as possible. Hospitals should not be places where people go to live, even people who have ongoing clinical needs. Hospitals are place for people who need specialist short-term care and should therefore only be considered when care cannot be delivered in any other care setting.

We are focused on developing new ways of working and models of care to manage people within their own communities, with admission to an acute hospital only where there is a clinical need for this to happen. Our aim is to ensure that people receive their care and support at home whenever possible with a focus on preventing deterioration and crisis.

Where hospital admission is necessary for clinical reasons, we will develop responsive supports to enable discharge from hospital, allowing people to return to community settings without delay. This is essential as staying longer in hospital than necessary can result in poorer outcomes for some people, particularly those who are frail.

The Home First approach includes planning for acute hospital bed, unscheduled care, end of life care, dementia and community supports such as Care at Home to ensure a whole system approach as detailed below:





To take forward our ambition of Home First we will:

- Invest in early intervention and prevention
- Take a human rights-based approach to the delivery of our services
- Support people to self-manage
- Develop services that enable care and treatment to be provided as close to home as possible
- Develop care models that move from crisis care to planned care where possible
- Ensure that people can access specialist care and support in the right place.

### Enabling Good Care and Treatment

In order to deliver on the IJB's priorities of Improving Health Inequalities in Partnership and A Home First Approach, it is essential that we create an environment that enables the development and delivery of good care and treatment in particular:

- **Supporting and developing the Health and Social Care Workforce**

West Lothian's health and social care workforce is critical to the effective delivery of health and social care. Even in the most challenging of circumstances, our staff demonstrate their skills, flexibility and commitment to continue to provide critical services for our communities.

Ensuring staff are fully engaged and able to contribute to the design and delivery of health and social care integration and have the knowledge and skills to respond to the changes envisaged are key priorities. The West Lothian HSCP Workforce Plan and the Workforce Communication and Engagement Strategy outline the approaches that we will take to ensure that our staff are supported, informed, valued and involved.

- **Progressing Technology and Digital Transformation**

The IJB is committed to progressing with technology and implementing the digital transformation of the way that we deliver services. In responding to the pandemic there was a focus on the use of digital technology as services were adapted to enable them to be delivered remotely. There are opportunities to build on the lessons we learned from responding to the pandemic, in particular how we can further embed digital technology in the delivery of our services.

There are opportunities to increase the use of Technology Enabled Care (TEC) and further promote the use of smart technology within the home to support personalisation, choice and self-management to enable people to lead fulfilled lives and have more control over their care and support.

The IJB will develop a Digital Strategy, aligned to the Scottish Government's Digital Health and Care Strategy, with the aim of delivering digitally transformed health and social care services in West Lothian which will deliver positive outcomes for people who use our services through improvements in service delivery and efficiency.

- **Supporting Unpaid Carers**

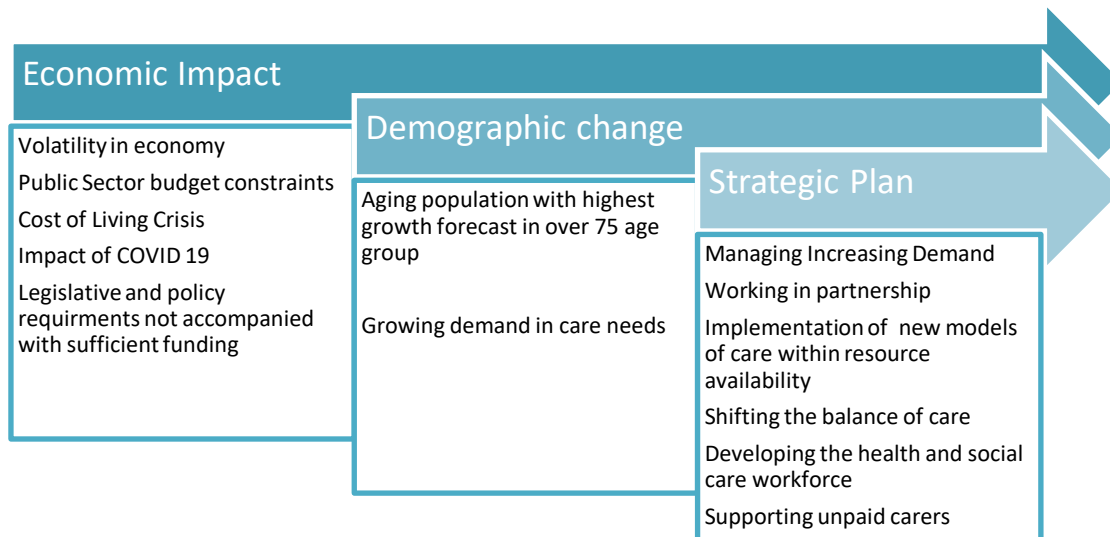
In West Lothian we recognise the crucial contribution that unpaid carers make to their communities across West Lothian and are committed to ensuring that they are supported to take a break from caring, look after their own health and also ensure that unpaid carers are not defined by their caring role.

Work is currently progressing on the development of the revised Carers Strategy that will be in place in 2023. We will continue to work with our partners to achieve a support network and deliver excellent services for carers of all ages to meet their own individual needs and those of the person they care for.

- **Managing financial resources effectively**

The IJB's Medium Term Financial Plan plays an important role in informing the planning and prioritisation of future service delivery, and strategic planning and commissioning. Financial planning assumptions will be reviewed on an ongoing basis to take account of events such as changes to funding levels, economic forecasts, care demands and policy decisions impacting on health and social care.

Our medium-term financial planning will take account of a range of risks including:



We will develop a range of delivery plans that will be underpinned by our medium-term financial planning framework. This will enable us to inform the planning and prioritisation of future health and social care services in West Lothian.

- **Sustainable Service Delivery**

To ensure that we develop and deliver sustainable services and ensure the best use of resources we will continue to work with our partners, communities, staff, people who use our services and their carers to inform where and how our services are delivered and consider if we can achieve this in a more efficient way.

As part of the Scottish Government's commitment for public bodies to show leadership on the global climate emergency we will support NHS Lothian's Sustainable Development Action Plan and West Lothian Council's Climate Change Strategy 2021-28.

## 6 Transforming Health and Social Care

### Strategic Commissioning

Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. This includes challenging historical spending patterns in light of what we know about our population needs and in particular managing the major trends of a growing, ageing population with increasing comorbidity.

The changes in our population require a different type of health and social care system, one that is modelled on supporting people to live independently in the community where possible. The real added value of strategic commissioning will be in our ability to shift resources from the traditional models of care to new models of care.

As our services develop and as changes are achieved through our transformational change programmes, we will need to commission different types of services and in different ways. Based on the strategic intentions outlined in this plan, we will develop delivery plans that will cover all adult care groups, inform our strategic commission and will be aligned with our strategic priorities of:



### Our Programmes of Change

The programmes of change for people in West Lothian are based on the principle that people have the opportunity to live independently within local communities, with a range of supports available locally to prevent problems arising and manage challenges if they occur. The focus is on:



## Areas of Transformational Change

Major programmes of modernisation and redesign are underway for a range of services which involve shifting the balance of care from hospital to community settings and the development of local services to allow people to access care, support and treatment within the West Lothian Health and Social Care Partnership where possible. The programmes of change will determine how we commission future services and include programmes for:

- Services for older people
- Services for adults with a physical disability
- Services for adults with a learning disability
- Mental Health services
- Substance misuse services
- Primary Care
- Unplanned Hospital Care
- Palliative Care
- Hosted Services – Podiatry

All programme of changes take account of:

- **The role of Unpaid Carers**

Each programme of change acknowledges that vital role that unpaid carers play in society. The IJB is committed to ensuring that support is available to carers within the caring role but also to enable them to lead a full life beyond their caring responsibilities. Our vision for carers in West Lothian is that

**Carers are valued as equal and expert partners in care and that they are supported and empowered to manage their caring responsibilities with confidence. That carers remain in good health and have a life of their own outside of their caring role.**

The West Lothian Carers Strategy sets out our vision and aims for unpaid carers and young carers in West Lothian and the support that they can expect. The strategic outcomes of the strategy are:

- Carers voices are heard and their views and experiences are taken into account in decisions that affect them
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

- Carers access the financial support and assistance that they are entitled to.
- Carers are able to maintain meaningful employment alongside caring
- Carer can participate in and are valued by their community and wider society
- Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future development.

A new Carers Strategy will be developed in 2023 to ensure that progress continues to be made and will identify the key priorities for supporting carers in the future.

- **Commissioned Services**

All of the transformational change programmes involve working alongside a range of partners including those who deliver services commissioned from the third and independent sectors.

Delivery of care and support at home, care home services and other community-based supports play an essential role in the effective delivery of a whole system approach to transformational change. Our Delivery Plans will set out how we will work with commissioned services. In addition, the IJB's Market Facilitation Plan will set out how we will engage with providers of health and social care to support market development and facilitate change in key areas of commissioning.

- **Workforce Planning**

Having a workforce with the right skill, at the right time and in the right place provides the foundation for the delivery of effective health and social care services. Our transformational change programmes will be underpinned by this ambition and will link to the West Lothian HSCP Workforce Development Strategy 2022-25.

## 7 Financial Framework

### Medium-Term Financial Planning

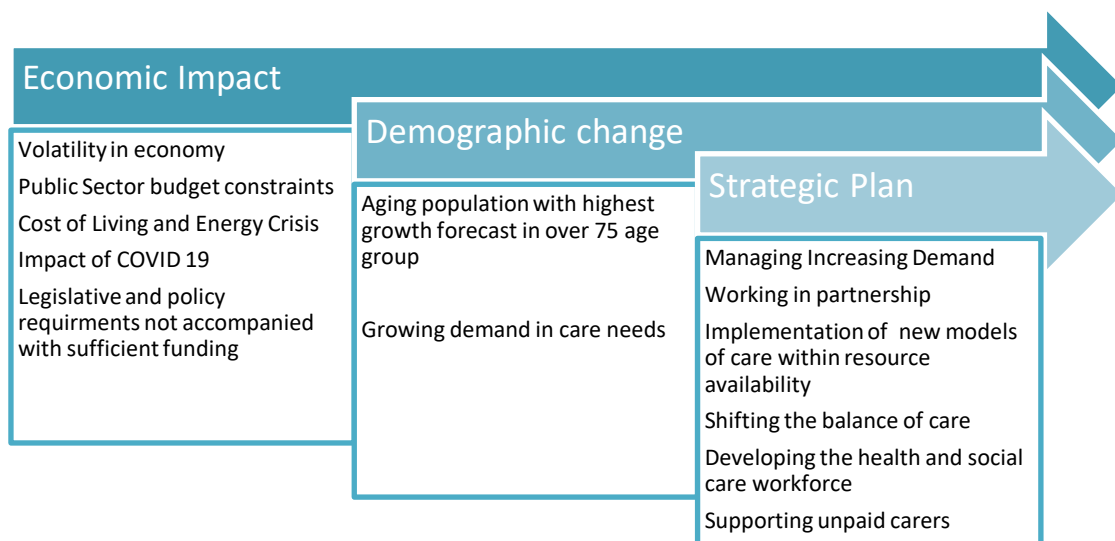
In line with best practice guidance from Audit Scotland, Accounts Commission and the Chartered Institute of Public Finance and Accountability (CIPFA), the IJB has an approved approach to medium term financial planning and a detailed financial plan will be developed to cover the period of this Strategic Plan, from 2023 to 2028. The IJB's medium term financial plan (MTFP) will be developed on a collaborative basis with partners at West Lothian Council and NHS Lothian.

The MTFP will take account of estimated funding availability compared to estimated expenditure demands over future years to establish the extent of potential saving requirements used for the purposes of financial planning. The Strategic Plan and its associated programmes will have to be delivered within the finite resources available to the IJB.

The medium-term financial plan will play an important role in informing the planning and prioritisation of future service delivery, strategic planning and commissioning. Financial planning assumptions will be reviewed on an ongoing basis to take account of events such as changes to funding levels, economic forecasts, care demands and policy decisions impacting on health and social care.

Both partner organisations have complex financial and funding arrangements which create a degree of uncertainty over the medium to long term. Consequently, the forecast of a longer-term financial plan to match the priorities outlined in this Strategic Plan is challenging and requires to be monitored and updated on a regular basis to take account of changing circumstances and events.

Medium-term financial planning requires to take account of a number of risks as summarised below:



## Development of the IJB's Medium Term Financial Plan

Following the Scottish Government's Budget announcement, on 15<sup>th</sup> December, work is progressing to further develop the IJB medium term financial plan for the duration of the Strategic Plan. This section of the plan will be updated when information becomes available.

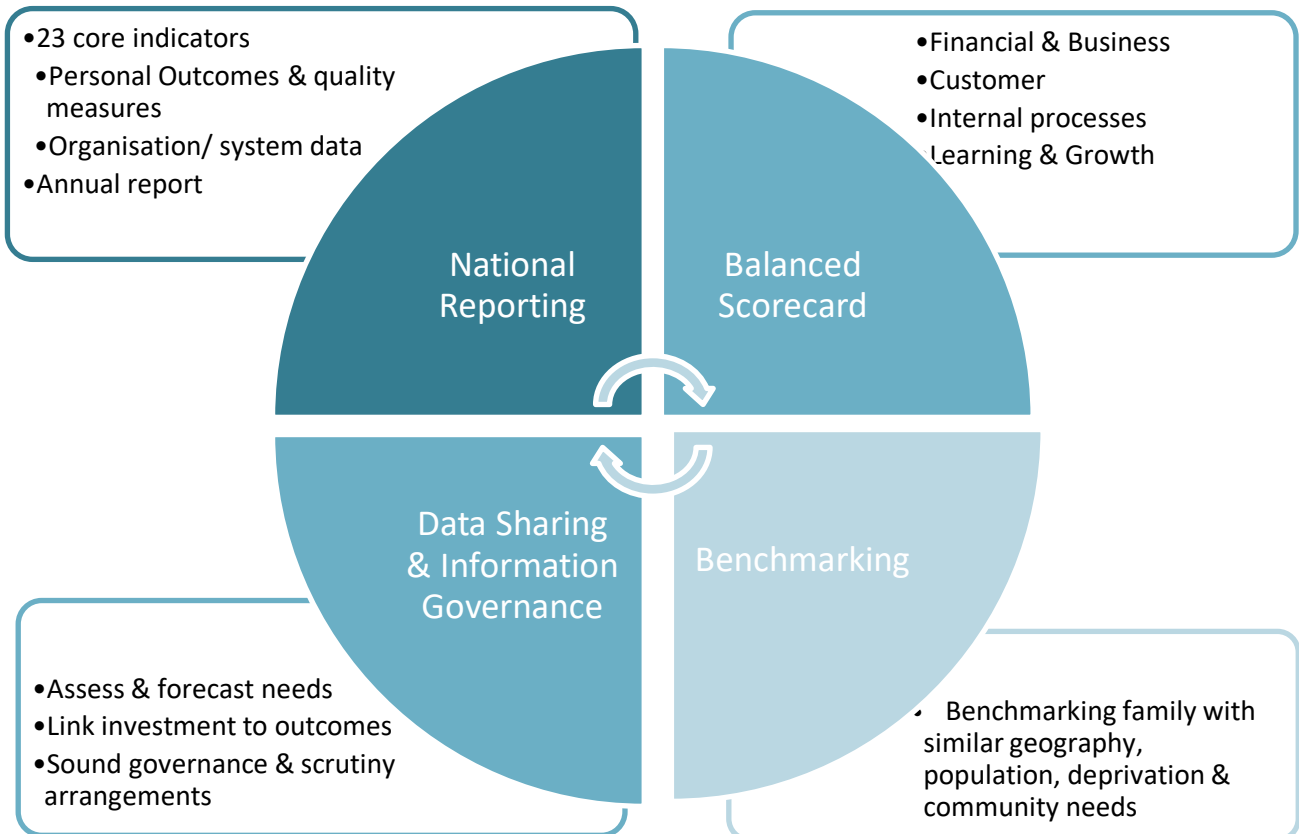
In 2022-23 the IJB has a total annual budget of £262 million to deliver key services. Over the three-year period, from 2023/24 to 2025/26, it is expected that the IJB will have to make substantial savings as the funding available will be insufficient to meet the increasing cost of service delivery. Based on current financial planning assumptions, a budget gap of £13.2 million is currently forecast over the three-year period for IJB services. This combined with workforce pressures and increasing demand means that the IJB will inevitably need to change the way some health and social care services are delivered.

An initial range of proposals totaling £9.69 million have been identified for relevant social care and health services and the IJB is seeking the views of people in West Lothian on these proposals and associated changes to service delivery. Further work will be undertaken to identify further measures to address the remaining funding gap at this stage of £3.51 million.

As noted above an updated IJB medium term financial plan is being developed and an overview will be provided within the Strategic Plan when information is available.

## 8 Monitoring Performance

The IJB has responsibility for monitoring the performance of the services delivered to the people of West Lothian. This is done through a range of measures such as.



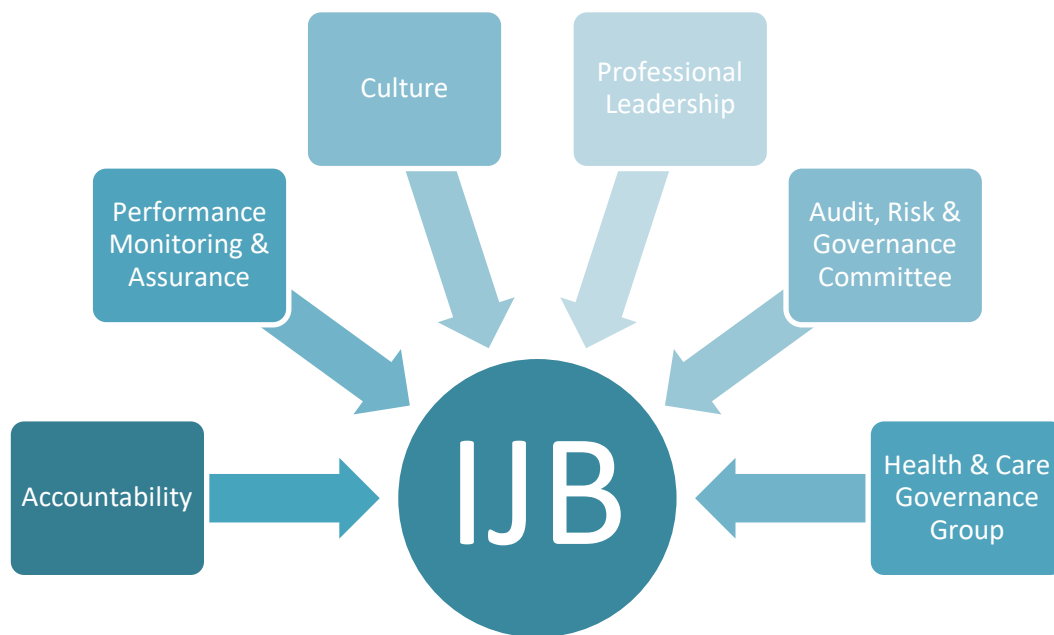
We will continue to develop local measures to provide a broader picture of performance and link our performance framework to strategic commissioning plans. This will ensure that we have appropriate arrangements in place for measuring progress against our strategic priorities.

Better data sharing across health and social care plays a key role in measuring performance of integrated services. We will continue to develop our partnership approach to data sharing to assist in forecasting need, determining investment and delivery of integrated services.



## 9 Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is the responsibility of everyone working in the organisation. The Health Board, the Council and the IJB are accountable for ensuring appropriate clinical and care governance arrangements are in place to support their duties under the Public Bodies (Joint Working) (Scotland) Act 2014.



The quality of service delivery is measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Embedded from frontline staff through to the board, good governance defines, drives and provides oversight of the culture, processes and accountabilities of those delivering care.

Arrangements are in place to ensure that staff working in integrated services have the skills and knowledge to provide the appropriate standard of care. Where groups of staff require professional leadership, this is provided by the relevant Health Lead or Chief Social Work Officer, as appropriate. The Workforce Plan identifies training requirements to support improvement in services and outcomes.

Members of the IJB actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

# **Strategic Plan 2023/28**

**Alison White, Director West Lothian IJB**

**April 2023**

Appendix 1: Housing Contribution Statement ( to be added)

## Appendix 2: Supporting Plans and Strategies

### Lothian Strategic development Framework

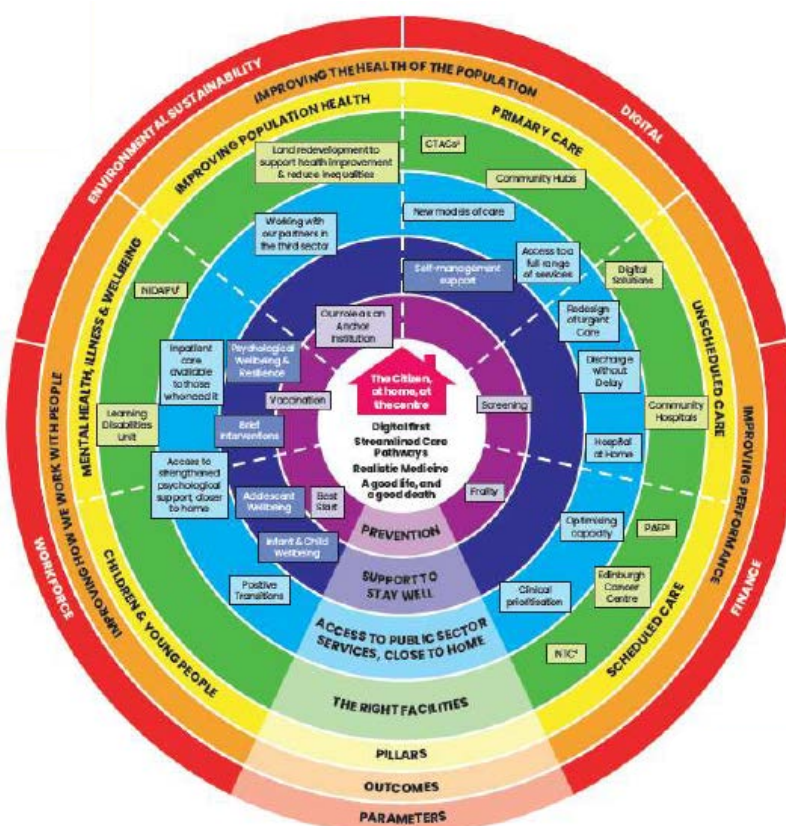
The Lothian Strategic Development Framework sets out the approach that will be taken to the delivery of health and care services across the Lothian's for the next 5 years. It is a collaboration between the five organisations which form the Lothian Health and Care System (LHCS) which are:

- West Lothian Integration Joint Board
- East Lothian Integration Joint Board;
- Midlothian Integration Joint Board
- Edinburgh Integration Joint Board and
- NHS Lothian

The collective vision for the system is that:

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide;
- We connect health and social care services seamlessly, wrapping around the citizen in their home
- We improve performance across our system, with better experiences for citizens and those who work for and with us

An overview of the framework is detailed below:



West Lothian IJB will work with our partners across the Lothians to progress the Lothian Strategic Development Framework.

## Public Health

Our plan also takes cognisance of the Public Health Priorities all of which are inter-related and reflect the complexity of Scotland health challenges. With our partners in the Community Planning Partnership, we recognise our part in supporting prevention and early intervention in relation to public health.

Public Health priorities for Scotland are:

1. A Scotland where we live in vibrant, healthy and safe places and communities
2. A Scotland where we flourish in our early years
3. A Scotland where we have good mental wellbeing
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
6. A Scotland where we eat well, have a healthy weight and are physically active

## Workforce Planning and Organisational Development

Delivering health and social care services involves a large workforce across all sectors and presents both challenges and opportunities in terms of workforce planning and development.

For health and social care integration to be successful, individuals, teams and organisations will need to develop new ways of working together and this will be underpinned by strong leadership, evolving management arrangements, processes and relationships.

The development of the organisation and workforce will involve a process of continuous improvement to reflect strategic developments and respond to local needs and availability of resources. More information on this can be found in the West Lothian Health and Social Care Workforce Strategy.

## Partnership Working

Partnership working is about developing inclusive, mutually beneficial relationships that improve the quality and experience of care. This includes the relationships between individuals, their carers and service providers. It is also about relationships within and between organisations and services involved in planning and delivering health and social care in the statutory, voluntary, community and independent sectors. Effective partnership working should result in good quality care and support for people and their carers. We commit to working with the partners below:

- Our Workforce
- Our Service Users and Carers
- Localities and Communities

- The Third (Voluntary) Sector
- The Independent Sector
- Independent Contractors e.g. GP Practices, Community Pharmacists and Optometrists
- Community Planning Partnership
- Other Integration Joint Boards
- Hosted services (services provided across West Lothian on behalf of other IJBs)
- NHS Acute Sector (Emergency Department and medical emergencies, including respiratory, stroke, diabetes, and chronic heart disease)
- Housing Services

## Housing

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

Housing Services have produced a Housing Contribution Statement, which is attached to this plan at Appendix 1. (to be added when complete)

## Community Planning and Health Inequalities

The IJB is a member of the West Lothian Community Planning Partnership (CPP) and contributes to the CPP's Health and Wellbeing Sub-Group.

The Health and Wellbeing Partnership brings partners together from across the Community Planning Partnership to work together to take forward the inequalities and prevention agenda at a strategic level. It provides a platform for preventative efforts to be developed across the partnership and ensures that health inequalities and prevention is taken forward as a shared priority. This is part of a wider 'whole system' CPP approach to issues such as poverty, housing, education, employment and transport and includes a focus on community wealth building.

## Market Facilitation

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

## Participation and Engagement

The IJB's Participation and Engagement Strategy brings together NHS and Council Social Policy engagement activity within a single unified systematic approach which will improve standards of engagement and involvement across all services and staff groups, with the goal of improving outcomes for patients and service users. This is underpinned by the principles of community engagement which are:

- Fairness, equality and inclusion must underpin all aspects of community engagement, and should be reflected in both community engagement policies and the way that everyone involved participates.
- Community engagement should have clear and agreed purposes, and methods that achieve these purposes
- Improving the quality of community engagement requires commitment to learning from experience.
- Skill must be exercised in order to build communities, to ensure practice of equalities principles, to share ownership of the agenda, and to enable all viewpoints to be reflected. As all parties to community engagement possess knowledge based on study, experience, observation and reflection, effective engagement processes will share and use that knowledge
- All participants should be given the opportunity to build on their knowledge and skills.
- Accurate, timely information is crucial for effective engagement.

## Data Sharing and Information Governance

Better data sharing across health and social care will play a key role in the integration agenda. As an IJB we will need to be able to assess and forecast need, link investment to outcomes, consider options for alternative interventions and plan for the range, nature and quality of future services.

Effective information systems are necessary to ensure that good intelligence underpins our process of local strategic planning and decision making. To support this the Information and Statistics Division has been commissioned to work with NHS Boards, Local Authorities and others to develop a linked individual level dataset for partnerships. There is therefore a need to ensure information is managed and shared in a safe and effective manner through sound governance, performance and scrutiny arrangements.

## Equality

The public sector equality duty in the Equality Act 2010 came into force in Scotland in April 2011 and requires Scottish public authorities to have 'due regard' to the need to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.

All Scottish Public authorities must publish a report on 'mainstreaming' equality and identifying a set of equality outcomes.

## Climate Change

In line with the Climate Change (Scotland) Act 2009, we publish an annual Climate Change Report.

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

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

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



# Strategic Plan Needs Assessment

## Report for West Lothian Health and Social Care Partnership

### **SUBMITTED BY AXIOM**

September 2022

Prepared by:

Linda Roddie, Account Director  
Axiom Consultancy (Scotland) Ltd  
27 Woodside Place  
Glasgow  
G3 7QL

t: 0141 212 7980

e: [linda@axiomconsultancy.co.uk](mailto:linda@axiomconsultancy.co.uk)

w: [axiomconsultancy.co.uk](http://axiomconsultancy.co.uk)

twitter: [@AxiomInsights](https://twitter.com/AxiomInsights)



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Carers  
General adults

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# 1. Background, research objectives & methodology

## 1.1 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland and set out requirements for public service reform to improve performance and reduce costs based on a bottom-up, outcomes-based approach. The Act requires each Health Board and Local Authority to delegate some of their functions to Integration Joint Boards (IJB).

The IJB creates a single system for the planning, resourcing and operational oversight for a range of adult health and social care functions to ensure services are built around patient and service user needs and enables services to be designed with a focus on preventative and anticipatory care in communities. To support its work, it created two Locality Groups for West Lothian (East and West).

In 2019, the IJB launched its Strategic Plan (2019 – 2023) which set out its vision and strategic priorities to create a sustainable health and care system for West Lothian. It sought to encourage a shift to care at home or close to home, whole person-centred care, joined up working across professions and agencies and increased input for people, communities and staff in the planning and delivery of health and social care services.

Strategic commissioning plans were developed to support the Strategic Plan for the adult services which the IJB are responsible for commissioning and the NHS Lothian services which West Lothian host on behalf of the Health Board. A Financial Framework was developed within which the Strategic Plan and its underpinning Strategic Commissioning Plans required to be delivered. A Performance Framework for monitoring service delivery was also created outlining:

- National reporting against 23 core indicators, personal outcomes and quality measures and organisation/system data
- A Balanced Scorecard for Customer, Financial and Business, Internal Processes and Learning & Growth
- Benchmarking against those with similar geography, population, deprivation & community needs
- Data Sharing & Information Governance to assess and forecast needs, link investment to outcomes and provide sound governance and financial scrutiny

## 1.2 Research objectives

Recognising the progress that has been made, the IJB is now developing a new Strategic Plan. To ensure future services will meet the needs equitably, effectively and timeously and will deliver quality of service care recognising both current and future needs, West Lothian Health and Care Partnership (WLHSCP) commissioned a needs assessment to help inform the planning and re-design of adult services and its future commissioning strategy. This needs

assessment will also support the development of the IJB's Strategic Plan, the identification of strategic priorities and an outcome framework for the procurement of services

The needs assessment sought to address:

- What will the drivers be for future health and social care support in West Lothian?
- Are these similar across different communities?
- What type of services are needed and what is the necessary capacity?
- What does this mean for the future service mix and local service pathway, including investment and disinvestment decisions?
- What is needed to ensure that the overall system is functioning effectively, addressing potential service gaps and any areas of duplication?

## 1.3 Methodology

The needs assessment comprised of the following components:

- Discussions with service commissioners and strategic planners, including members of the IJB Strategic Planning Group
- A review of population and prevalence data (utilising existing data and addressing any data gaps)
- Interviews and an online survey with members of the community who have accessed services or who may need services in the future, including families and carers
- Interviews and an online survey with managers and staff from West Lothian Council, NHS Lothian and key partners including representatives of the Community Planning Partnership and providers in the independent, private and third sectors
- Mapping of current service provision and a review of the ecology of the provision.

This report presents the findings from the needs assessment and is structured as follows:

- Section 2 of this report reviews the existing Strategic Plan and provides an overview of potential strategic priorities for the new Strategic Plan
- Section 3 of this report contains an overview of the national policy and strategic context for adult health and social care services
- Section 4 presents the population projections for the West Lothian area and the health and social care indicators, with comparisons against the averages for NHS Lothian and Scotland
- Section 5 presents an overview of the adult health and social care services in West Lothian
- Section 6 provides feedback on the issues with current service demand from HSCP staff teams
- Section 7 provides feedback from partner through the online survey
- Section 8 provides feedback from the public and support organisations through the online survey and qualitative discussions
- Section 9 outlines recommendations to inform IJB future Strategic Priorities.

## 2. Drivers for health and social care provision

### 2.1 Overarching health and social care policies and strategies

There are a number of national strategies which must underpin the commissioning and delivery of health and social care services.

#### 2.1.1 National Health and Wellbeing Outcomes

In support of its National Performance Framework, the Scottish Government created national health and wellbeing outcomes to provide a strategic framework for the planning and delivery of health and social care services. These are outlined below and each Integration Joint Board (IJB) uses these to set their local priorities:

**Table 1: National Health and Wellbeing Outcomes**

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

Integration Joint Boards are accountable for delivering the National Health and Wellbeing Outcomes and a core suite of indicators were developed by the Scottish Government to measure IJB delivery. Data from these indicators have been used in this needs assessment to highlighted progress and remaining issues.

#### 2.1.2 Independent Review of Adult and Social Care in Scotland

In 2021 the Scottish Government published findings from a review of adult and social care in Scotland. This identified key factors which required change to secure better outcomes.

##### Shifting the paradigm

The review suggested that strong and effective social care support required social care support to be underpinned by a human rights based approach. It specifically recommended

that it should enable people's rights and capabilities, be based on preventative and anticipatory collaboration and be a vehicle for supporting independent living.

### **Strengthening the Foundations**

The review highlighted the need for system level change, with more effective problem solving and a scaling up of promising practice. It also recognised the need to strengthen the social care workforce, emphasising engagement, value and reward as well as increasing the focus on unpaid carers to enable them to continue to be a cornerstone of social care support.

### **Redesigning the System**

The review emphasised the need for a new delivery system for social care support, involving those with lived experience in its design. It recommended a National Care Service and highlighted the need to transform the planning, commissioning and procuring of social care support is planned, based on partnership and relationships rather than competition.

#### **2.1.3 National Care Service**

The Scottish Government's ambition is for a National Care Service (NCS) that ensures people of all ages can access the support they need to live a full life by improving consistency and quality of provision. The NCS will be responsible for social work and social care support, including support for carers. It will also be responsible for planning and commissioning primary care and community health services.

The Scottish Government intends that the NCS will support everyone to live as independently as possible, supported in their homes, in their communities and among family and friends, whatever their needs and no matter where they live. The proposed Service suggests the need for a whole system approach to the planning and provision of community health and social care, involving the third sector as a co-producer of community health and social care. It is intended that the Service would focus on:

- Prevention, early intervention and rehabilitation to avoid the need for more costly action at a later stage
- Enabling people to move seamlessly between different types of care and support as their needs change
- Ensuring data and information moves with people throughout their care journey, from prevention and early intervention to acute and specialist provision and across sectors
- Enabling individuals who need care and support, their families and carers to have a say in their care needs
- Providing training, development and career opportunities for the social care workforce
- Providing greater support for carers and their health and wellbeing to enable them to maintain their unpaid caring role, if they wish.

The National Care Service proposal is currently out for consultation and it is not clear, at this stage how the Service will operate and what implications it may have on the planning, commissioning and delivery of social care support in West Lothian. It is recognised that until this has been made clear, the NCS could be a risk to the social care and support plans for the area in the future.

### **2.1.4 Self-Directed Support (Scotland) Act 2013**

The Social Care (Self-directed Support) (Scotland) Act 2013 made the principles of choice and control central to care and support, and gave individuals full opportunity to take control of their support and their lives. Independent living underpins the Act to ensure that everyone has the information and support to make informed choices and articulate their desired personal outcomes, the opportunity to participate in decisions affecting their lives and are empowered to set the parameters of their risks to make choices which impact on their lives.

### **2.1.5 The Carers (Scotland) Act 2016**

The Act came in to effect on 1 April 2018 to ensure better and more consistent support for carers and young carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring. It is designed to support carers' health and wellbeing and help make caring more sustainable. The Act places a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. It also requires:

- A specific adult carer support plan (ACSP) and young carer statement (YCS) to identify carers' needs and personal outcomes
- Local authorities to have an information and advice service for carers
- Local authorities to consider whether support should be provided in the form of a break from caring and the desirability of breaks from caring provided on a planned basis

### **2.1.6 NHS Pharmacy First Scotland**

The NHS Pharmacy First Scotland service allows those registered with a Scottish GP Practice, residents in care homes and care settings, people experiencing homelessness and gypsy travellers to use a community pharmacy as the first port of call for treatment for a range of conditions and to obtain advice, treatment or referral to other healthcare teams if required. This service is intended to help people access the right care in the right place, without having to go to their GP practice or local Accident and Emergency Department for non-urgent treatment.

## **2.2 Health and social care policies and strategies for specific population groups**

### **2.2.1 Integrated health and social care strategy for older people**

The Scottish Government is developing a new integrated health and social care strategy for older people, which is currently under consultation. The strategy recognises that, in Scotland, someone aged 70 has on average three significant co-existing medical conditions and that this frequency increases with age. It also recognises that people living in the most deprived circumstances can expect to spend more than 20 fewer years in good health and that people, regardless of where they live or their background, may experience mental or physical conditions or functional limitations that can come with age.



The strategy, recognises that supporting people to age well and live well requires a multi-disciplinary and multi-agency response, and sets out factors which should underpin future health and social care for older adults:

- Prevention: Staying physically and mentally active can increase resilience, reduce the risks of dementia, delay frailty, widen social circles and help prevent falls
- Person-centred care: Older people must lead the decision making around their care and treatment and have their wishes recorded, shared with relevant health and social care professionals and acted on, including older people living in social deprivation and those without recourse to public funds
- Home first approach: Supporting people to live well and independently in their communities as they age, ensuring hospital care only occurs when necessary, with a seamless journey through hospital and access to specialist care in a timely fashion.

## **2.2.2 Mental Health 2017 - 2027**

The strategy is based on:

- Prevention and early intervention at the commencement of illness
- Fast access to treatment and joined up accessible services for all
- Services that promote and support recovery-based approaches
- Multi-disciplinary teams in primary care to ensure every GP practice has staff who can support and treat patients with mental health issues
- Appropriate mental health professionals in Emergency Departments and through other out of hours crisis services
- Reducing waiting times for access to psychological therapies for all ages.

The strategy also indicates that Integration Authorities need to maximise the role of both clinical and non-clinical workers in primary care, such as Link Workers, to provide problem-solving, listening and signposting for physical, mental and social problems.

## **2.2.3 Mental Health (Care and Treatment) (Scotland) Act 2003**

The Act, which came into force in 2005, increases the rights and protection of people with mental disorders, encompassing mental illness, learning disability and personality disorder. It places duties on local authorities to provide care and support services for people with mental disorders, based on respect for human rights, and ensures that care and compulsory measures of detention can be used only when there is significant risk to patient safety or welfare or to other people.

It also introduced changes to the development of community-based mental health services, involvement of service users and unpaid carers in decisions concerning treatment.

## 2.2.4 Standards of Care for Dementia

These standards relate to everyone with a diagnosis of dementia in Scotland regardless of where they live, their age, the supports they receive or the severity of their illness. The standards stipulate that people with dementia will:

- Receive a timely and accurate diagnosis and be provided with the information they need about their condition, treatments and support
- Receive the information and support they need to stay well and live with the challenges of dementia and be supported to remain as independent as possible.
- Be involved in decisions that are important to them now and in the future
- Be treated with dignity and respect and experience a person-centred approach to assessment and provision of a range of treatment, support and care
- Be able to easily obtain information and advice about supports and care services that are available locally in order to make informed choices, including advocacy services

The standards also require carers to be recognised and valued as partners in care and be supported in their role.

## 2.2.5 Coming Home Report

The Scottish Government wants people with learning disabilities and complex needs to lead full, healthy, productive, and independent lives in their communities. It recognised that some people with learning disabilities and complex needs are living far from home or in NHS hospitals, primarily due to a lack of suitable accommodation or lack of skilled service providers that can sustain support to people through periods of challenging behaviour.

The Report recommends that Integration Authorities:

- Develop options for access to crisis services, with a view to providing direct support to service provider or family placements which are at risk of breakdown
- Consider flexible support responses, to be used when placements experience significant difficulty and put people at risk of out-of-area or hospital placement
- Give greater consideration to family support for the family carers of people with learning disabilities and complex needs
- Take a more proactive approach to planning and commissioning services, including working with transitions teams, using co-production and person-centred approaches to commissioning and HSCPs working together to jointly commission services
- Identify suitable housing options, linking local commissioning plans and housing plans.

### Coming Home Implementation Framework

A Short Life Working Group (SLWG) was established in 2020 to review delayed discharge and complex care to prevent hospital admissions due to challenging behaviour or service breakdown and reduce the number of delayed discharges and out of area placements for people with learning disabilities and complex care needs. Their review resulted in the Coming Home Implementation Framework.

The framework sets out a mission to greatly reduce out of area residential placements and inappropriate hospital stays by March 2024 and to enable a situation where out of area placements are only made through individual or family choice and people are only in hospital for assessment and treatment. The framework sets out a series of recommendations which include:

- Developing the Dynamic Support Register into a national tool, with a National Support Panel to provide support and oversight for its use
- A National Peer Support Network to enable the sharing of learning and good practice
- Additional work to explore the needs of people with enduring mental health conditions who are experiencing delayed discharge from hospital.

The framework recommends that Integration Authorities should:

- Plan the use of the Community Change Fund in accordance with the framework recommendations
- Enable collaborative work between health, social care and housing to consider if there are opportunities to better utilise current spend on complex care, including re-profiling out of area spend to be reinvested to meet an individual's needs more locally
- Improve planning at transition age to identify those at risk of future admission and consider early interventions to prevent crisis placements
- Develop multi-agency contingency planning for crisis
- Consider intensive support for existing placements as they start to fail
- Ensure potential for mediation is incorporated into commissioning care packages for complex cases
- Ensure there is appropriate available housing, including preventing the loss of tenancy when a person is admitted to hospital in a crisis and then experiences delayed discharge.

## 2.2.6 National Mission to reduce drug related deaths

The Mission seeks to save lives through fast and appropriate access to treatment and support, improved frontline drugs services (in place and working together including third sector), increased capacity in and use of residential rehabilitation and a more joined-up approach across policies to address underlying issues. The main focus of the National Mission is:

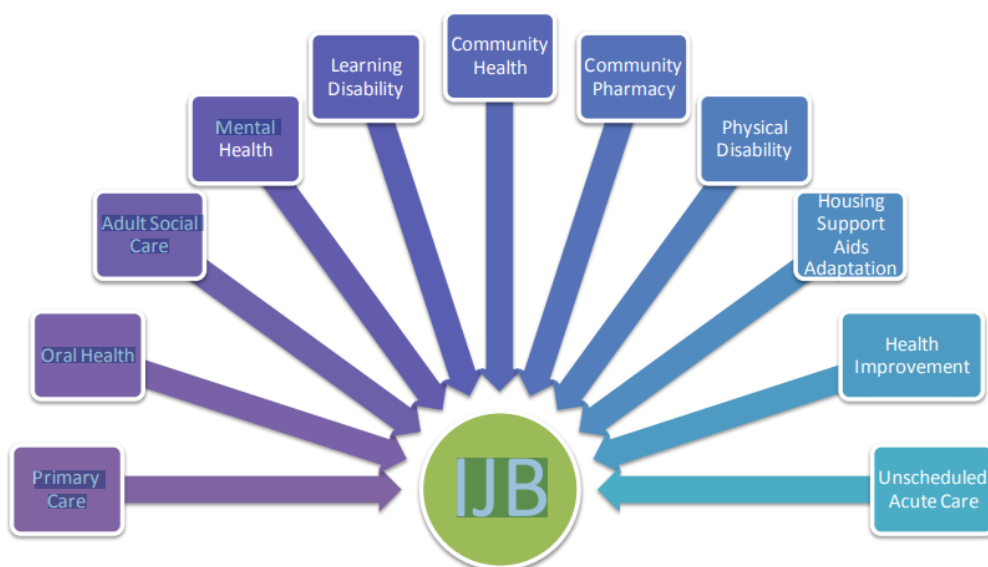
- Emergency life-saving interventions targeting those at risk
- Implementation of Medication-Assisted Treatment Standards - making support consistent, flexible, effective and faster
- Expansion on capacity in, and use of, residential rehabilitation
- Linking policies on poverty, deprivation, trauma and ACES with work on drug prevention and treatment
- Supporting people with multiple, complex needs - in addictions, homelessness and mental health settings and those in contact with the justice systems
- Improving services – including treatment and recovery in justice and care settings
- Addressing stigma – including within services.

### 3. Strategic Plan and the potential future strategic priorities

The Public Bodies (Joint Working) (Scotland) Act 2014 required each Health Board and Local Authority to delegate some of its functions to new Integration Authorities. In West Lothian this is the Integration Joint Board (IJB).

The IJB brings together the planning, resources and operational oversight for a substantial range of adult health and social care functions into a single system to ensure services are built around the needs of patients and service users and supports service redesign with a focus on preventative and anticipatory care in communities. The functions delegated are summarised in Figure 1.

**Figure 1: Functions Delegated to the IJB**



The West Lothian IJB also hosts Podiatry on behalf of NHS Lothian.

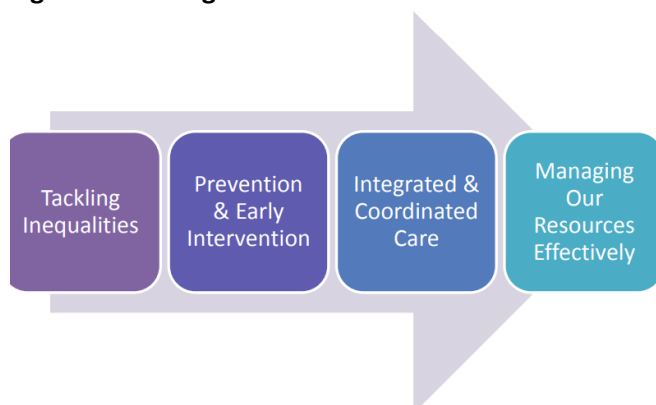
#### 3.1 Current Strategic Plan

The current Strategic Plan, 2019 – 2023, sets out how the West Lothian Integration Joint Board (IJB) intended to deliver its vision “to increase wellbeing and reduce health inequalities across all communities in West Lothian” and to deliver the nine national health and wellbeing outcomes through strategic priorities and transformational change programmes.

The Plan has two defined localities within West Lothian, East Locality and West locality and each locality has its accompanying locality plan which defines the overarching Strategic priorities in relation to local need.

The 2013 – 2019 Plan was based on the following four priorities:

**Figure 2: Strategic Priorities**



**Health Inequalities:** the systematic, unfair differences in population health that occur across social classes or population groups and which result in significant inequalities in health.

**Prevention and Early Intervention:** shifting the focus of services towards prevention of ill health and anticipating need for support at an earlier stage to prevent crises and enable individuals to make better health and well-being decisions and achieve better outcomes.

**Integrated and Co-ordinated Care:** ensuring the delivery of the right care, in the right place, at the right time for each individual to improve access to care planning and services. This included transforming day-to-day health care in the community, enabling people to be assessed, treated and supported at home and in community and providing a smooth and timely transition between services, including hospital and home.

**Managing resources effectively:** improve the patient experience, reduce waiting times and ensure people get faster access to the treatment they need through signposting people to the most appropriate resource to meet their needs and enable them to directly access a range of services without the need to go through their GP wherever possible.

The Strategic Plan recognised the vital role of the West Lothian workforce in the effective delivery of health and social care and committed to ensuring staff were fully engaged and able to contribute to the design and delivery of health and social care integration and have the knowledge and skills to respond to the changes envisaged are key priorities.

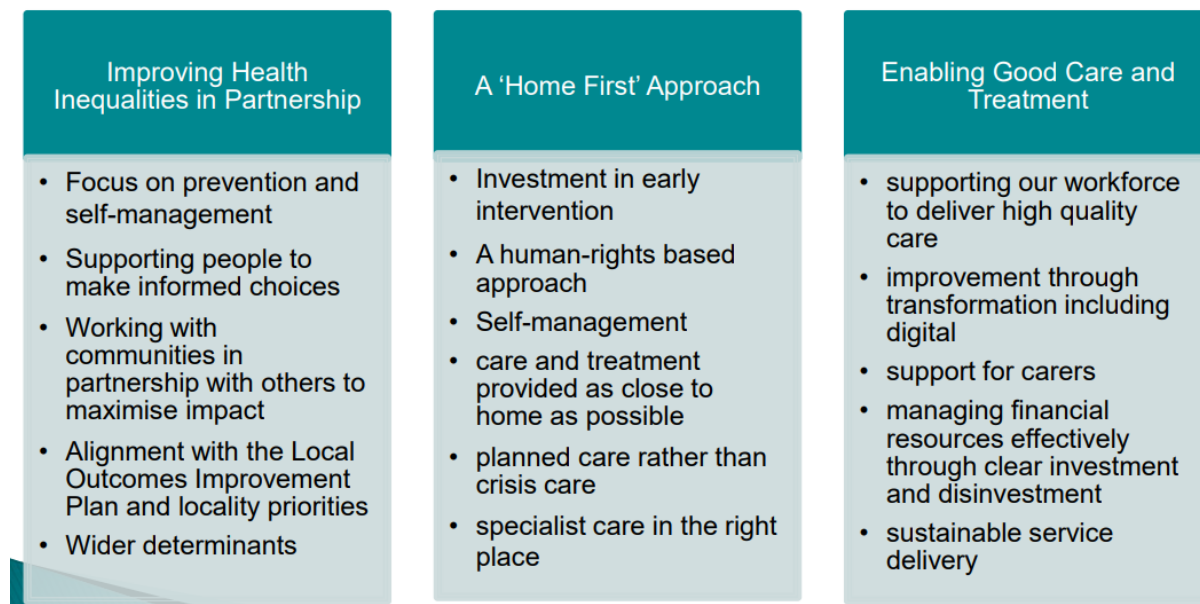
#### Commissioning Plans

To support achievement of the Strategic Plan, commissioning plans were developed for Older People (including those with dementia), Mental Health, Substance Misuse, Learning Disability, Physical Disability, Primary Care, Palliative Care and Unplanned Hospital Care.

## 3.2 Strategic Priorities for 2023-2027

The IJB Strategic Planning Group has started the process for identifying potential priorities for a new Strategic Plan. These are outlined below.

**Figure 2: Potential Strategic Priorities**



These potential priorities form the basis of the Strategic Needs Assessment to determine to what extent these are considered key across the IJB's stakeholder groups (partners, service users, carers, HSCP staff, commissioned service providers and community groups). The Needs Assessment will also identify any other needs which are considered to be a priority by each of the stakeholder groups.

### Improving Health Inequalities in Partnership

There are many kinds of health inequality, and many ways in which the term is used, however they are ultimately about differences in the status of people's health. Health inequality is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status.

The current Strategic Plan (2019-23) identified the need to address health inequality, however it is recognised that this is a wider issue and one which needs to be addressed in partnership with other agencies and services across West Lothian

### Home First Approach

The Home First approach aims to prevent unnecessary hospital attendances and admissions, to stop patients having lengthy hospital stays on wards and supports a move towards planned rather than crisis care with an emphasis on early intervention. Its premise is to provide the right care, in the right place at the right time and that this should be at home or close to home

unless the patient has specialist care needs which cannot be met by a Home First Approach. The Home First Approach is built around:

- Prompt assessment and rapid access to care and care planning across sectors
- Patient-centred care with people and families at centre of decision making
- Clear information, which is easy to access and includes what to expect and who to contact
- Information sharing within the constraints of confidentiality and governance.

The Approach was initially launched for older people and people living with dementia but has been expanded to incorporate aspects of the unscheduled care pathways, functions and process for adults 18 years and over.

#### Enabling good care and treatment

The proposed Strategic Priorities recognise key factors which should underpin delivery:

- A supported workforce
- Support for carers to enable them to fulfil their caring role, should they want to, without impacting on their own health and wellbeing
- A need to deliver care differently to ensure sustainability of service delivery
- A need to ensure effective use of financial resources.

## 4. Population profiling

### 4.1 Risk factors

Health and wellbeing are affected by many factors – those linked to poor health, disability, disease or death, are known as risk factors. A risk factor is a characteristic, condition, or behaviour that increases the likelihood of getting a disease or injury. Risk factors are often presented individually, however in practice they do not occur alone. They often coexist and interact with one another. For example, physical inactivity will, over time, cause weight gain, high blood pressure and high cholesterol levels. Together, these significantly increase the chance of developing chronic heart diseases and other health related problems.

In general, risk factors can be categorised into the following groups:

- Lifestyle
- Physiological
- Demographic
- Genetic.

These are described in more detail below.

#### Lifestyle risk factors

Lifestyle risk factors usually relate to ‘actions’ that the individual has chosen to take. They can therefore be eliminated or reduced through lifestyle choices. Examples include:

- Smoking tobacco
- Drinking too much alcohol
- Nutrition
- Physical inactivity.

#### Physiological risk factors

Physiological risk factors are those relating to an individual’s body or biology. They may be influenced by a combination of genetic, lifestyle and other broad factors. Examples include:

- Being overweight or obese
- High blood pressure
- High blood cholesterol
- High blood sugar (glucose).

#### Demographic risk factors

Demographic risk factors are those that relate to the overall population. Examples include:

- Age
- Income
- Ethnicity.



### Genetic

Genetic risk factors are based on an individual's genes. Some diseases come entirely from an individual's 'genetic make-up' whilst many other diseases, such as asthma, diabetes or cancer, reflect the interaction between the genes of the individual and environmental factors. There are also diseases more prevalent in certain population subgroups such as diabetes amongst the South Asian population.

## **4.2 Health inequalities**

### **4.2.1 Type of inequalities**

Health inequalities are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- Health status
- Access to care
- Lifestyle risks to health, for example, smoking rates
- Psychological risk factors and the wider determinants of health
- Geography with differences between levels of deprivation
- Impact of Covid 19.

### Health status

Differences can be experienced in:

- Life expectancy
- Healthy life expectancy
- Avoidable mortality
- Prevalence of long-term health conditions
- Prevalence of mental ill-health
- Emergency hospital admissions.

### Access to care

Access to care refers to the availability of services that are timely, appropriate, easy to get to and use, and sensitive to user choice and need. Inequitable access can result in particular groups receiving less care relative to their needs, or more inappropriate or sub-optimal care, than others, which often leads to poorer experiences, outcomes and health status. This includes:

- Access to preventive interventions and social services, as well as primary and secondary health care
- Information and service delivery communicated in an easily understandable or culturally sensitive way
- Ratio of service provision and uptake per head of population

### Lifestyle risks

Research conducted by the Department of Health and the Kings Fund<sup>1</sup> indicates that lifestyle risks to health are more common in some parts of the population than in others. The distribution is patterned by measures of deprivation, income, gender and ethnicity, and risks are concentrated in the most disadvantaged groups. Individuals in disadvantaged groups are also more likely to engage in more than one risky behaviour.

Furthermore, evidence <sup>2</sup> suggests that some people's circumstances make it harder for them to move away from unhealthy choices, particularly if they are worse off in terms of socio-economic factors such as debt or poverty.

### Psychological risk factors

Income determines people's ability to buy health-improving goods, from food to gym memberships. Living on a low income is a source of stress, and neurological evidence<sup>3</sup> suggests that being on a low income affects the way people make choices concerning health-affecting behaviours.

Studies by the World Health Organisation indicate that poor-quality and overcrowded housing conditions are associated with increased risk of cardiovascular and respiratory diseases, depression and anxiety. Households from minority ethnic groups are more likely to live in overcrowded homes and to experience fuel poverty.

Access to good-quality green space is linked to improvements in physical and mental health, and lower levels of obesity. Levels of access to green space are lower on average for people living in areas with lower average incomes and people from ethnic minority communities.

Unemployment is associated with lower life expectancy and poorer physical and mental health, both for unemployed individuals and their households. In addition, the quality of work, including exposure to hazards and job security, determines the impact that work has on health. People from lower income households and minority ethnic backgrounds tend to experience higher levels of work stress than those from other population groups.

### Covid 19

Studies by the Department of Health and the Kings Funds has shown that Covid-19 has had an unequal impact on different population groups and has exacerbated existing health inequalities. Mortality rates from Covid-19 have been higher in more deprived areas than in less deprived areas which contributes to widening inequalities in life expectancy between the most and least deprived areas.

The pandemic also disproportionately affected ethnic minority groups and people living with disabilities. Whilst the picture is complex and differs between ethnic groups and over time, overall, ethnic minority groups experienced higher mortality from Covid-19, particularly

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<sup>1</sup> Department of Health Chief Medical Officer Annual Report 2009; \*\* Estimates by The King's Fund based on Department of Health, Chief Medical Officer Annual Report 2009

<sup>2</sup> Sheehy-Skeffington, J and Rea, J: 2017 How poverty affects people's decision-making processes, Joseph Rowantree Foundation

<sup>3</sup> Mullainathan, S and Shafir, E: 2014, Scarcity: The True Cost of Not Having Enough

amongst Bangladeshi, Pakistani and Black Caribbean groups. Disabled people also experienced a greater risk of dying from Covid-19 than non-disabled people. Up to March 2022, the risk of death involving Covid-19 was 1.6 times greater for disabled women who consider their daily life to be 'limited a lot' (based on self-reported disability status in the 2011 census) compared to women without a disability, and 1.4 times greater for disabled men.

Covid-19 restrictions and the re-prioritisation of health care services to manage demand associated with Covid-19 also affected some groups more than others. For example, people with disabilities were more likely than non-disabled people to report both that Covid-19 restrictions had a negative impact on their lives and that their medical treatment was disrupted during the pandemic.

The longer-term impact of the pandemic is likely to widen health inequalities even further. Recent analysis by The King's Fund in England<sup>4</sup> has shown inequalities in the elective care backlog, with waiting lists in the most deprived fifth of areas growing by 55%, compared to 36% in the least deprived areas. Health inequalities are also likely to be exacerbated by growing disparities in the wider determinants of health linked in part to the pandemic, including around education, unemployment and financial insecurity.

#### 4.2.2 Data and intelligence sources

As part of this needs assessment, published data has been sourced from a variety of sources:

- The Scottish Public Health Observatory (ScotPHO) which is managed by Public Health Scotland and gathers and compares data from official sources including NHS Scotland, the Office for National Statistics and a range of Scottish Government commissioned health and social care surveys. The data is produced at a Health Board, HSCP and locality levels and allows comparison across Scotland, across all 14 Scottish Health Boards and 32 Scottish Local Authorities
- The Scottish Burden of Disease which is a national, and local, population health surveillance system which monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health. Burden of disease assessment help us to understand which diseases and injuries pose the greatest threat to population health and wellbeing, which is used to shape decisions on how to use limited resources for maximum population health benefit
- The Health and Social Care indicators, developed by Scottish Government to monitor integration, with data provided by all Scottish HSCPs
- Data provided by Health Boards on a range of care and treatment measures and published by Public Health Scotland on a monthly, quarterly or annual basis including NHS performs, waiting times, acute hospital activity and NHS bed information and Out of Hours activity

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<sup>4</sup> Holmes, J and Jefferies D: BMJ 2021: Health inequalities and the elective backlog—understanding the problem and how to resolve it

- Data on social care activity published by Public Health Scotland, including Care Home Census and delayed discharges.

Data for the West Lothian area is outlined below in order to illustrate the extent of potential risk factors locally. The data sourced is captured and reported upon in different time periods and the needs assessment is based on the most up-to-date published data. Unless otherwise stated, the data has been obtained from the Scottish Public Health Observatory and refers to the year 20/21. Data is also presented at a locality level, where available.

## 4.3 Lifestyle risk factors in West Lothian

### 4.3.1 Tobacco

#### Smoking during pregnancy

The extent of smoking during pregnancy has continued to remain higher than the Health Board or Scottish average. The rate for West Lothian in 2020/21 was 16%, compared to 11% for NHS Lothian and 13.9% for Scotland.

#### Smoking attributable deaths

The extent of smoking attributable deaths was higher in West Lothian in 2017/18 (the most recent published data available), compared to the Health Board rates (296.9 compared to 283.7 per 100,000 respectively). However, it was lower than the Scottish average of 327.8 per 100,000.

The rate of smoking attributable deaths in West Lothian has also been decreasing, dropping by 24% from 368 per 100,000 to 296.9). This is a larger decrease than the Health Board average (20.5%) and almost twice that of the national decrease of (11.6%).

### 4.3.2 Alcohol

#### Alcohol related hospital admission

Alcohol related hospital admissions in West Lothian were higher than the average for the Health Board in 2020/21 (599.8 per 100,000 population compared to 549.6). However, the rate was lower than the national average of 621.3 per 100,000.

There was also been a slight increase in alcohol related hospital admissions in the 18 years between 2002/3 and 2020/21 in West Lothian of 0.7% (from 595.4 to 599.8 per 100,000 population). Whilst this is a small increase, it is increasing at a time where average admissions in NHS Lothian and in Scotland were decreasing by 12.6% and 16.4% respectively.

#### Alcohol deaths

Alcohol related deaths in West Lothian were very slightly higher than the five year average for the Health Board in 2020/21 (19.8 per 100,000 population compared to 19.4). The rate was slightly lower than the national average of 20.8 per 100,000.

There has also been a reduction in alcohol related deaths in West Lothian between 2002/3 and 20/21 in West Lothian of 11.2% (from 22.3 to 19.8 per 100,000 population).

However, whilst this is a reduction, it is half of the reduction in the rates in NHS Lothian (23.9%) and less than half the national reduction of 27% in the same time period.

#### Inequalities

Alcohol related hospital admissions in 20/21 were 88% higher in the most deprived areas in West Lothian than in the areas which are least deprived. For example, they are 1095.6 per 100,000 population in SIMD 1 and 808.6 in SIMD 2 compared to the West Lothian average of 599.8. They were also 45% higher amongst the population living in West Locality, compared to those living in the East.

Alcohol related deaths are also 68% in the most deprived areas in West Lothian, with 32.2 per 100,000 population in SIMD 1 compared to the West Lothian average of 19.8.

The reduction in alcohol related hospital admissions and alcohol related deaths have been less in West Lothian amongst the most deprived areas compared to the Scottish average. For example, alcohol related hospital admissions have in SIMD 1 areas have reduced by 295.1 per 100,000 in Scotland between 2002/3 and 2020/21, compared to 18.6 per 100,000 in West Lothian for the same time period.

### **4.3.3 Drugs**

#### Drug related deaths

Drug related deaths in West Lothian were lower than the Health Board and Scottish average in 2020/21. Deaths were 11.4 per 100,000 in West Lothian, compared to 14.8 and 19 in NHS Lothian and Scotland respectively.

Drug related deaths have increased in the West Lothian area by two thirds (67.6%) between 2006 and 2019 from 6.8 to 11.4 per 100,000 population. Drug related deaths have also increased significantly across Scotland and, whilst this is a large increase in West Lothian, it is lower than the average increase in NHS Lothian (89.7%) and the Scottish average, where deaths have more than doubled (102%).

#### Inequalities

Drug related deaths in the most deprived areas are 84% higher than the average in West Lothian. These have also increased by 86% since 2002/3 in West Lothian. Death rates have been even higher nationally and have doubled in this time period.

Drug related hospital admissions in 2020/21 of people living in the West locality were almost double that of those living in the East (44% higher).

## 4.4 Physiological risk factors in West Lothian

### 4.4.1 Obesity

#### Maternal obesity

Maternal obesity rates were higher in West Lothian in 20/21 compared to the Health Board and Scottish averages. Just over a quarter of the pregnancies (26.7%) had maternal obesity, compared to 20.5% in NHS Lothian and 25.3% in Scotland.

Rates have also increased in West Lothian between 2002/3 and 20/21 by 3.5% from 23.2% to 26.7%. This increase is higher than the NHS Lothian average (0.5%) and the Scottish average (2.6%) for the same time period.

Maternal obesity is 29% higher in the most deprived areas in West Lothian, with similar slight increases (4.1%) in obesity rates in the most deprived areas compared to the Health Board and the Scottish average (3.8% and 3.4% respectively). It is 10% higher for women living in the West Locality compared to those living in the East.

### 4.4.2 Diabetes

#### Prevalence

Data from PHS for 2021/22 indicates that West Lothian had a higher rate of diabetes amongst its population than the average for the Health Board and Scotland (5.75 per 100 GP patients compared to 4.51 and 5.29 respectively). This is 8% higher than the Scottish average. Prevalence was 10% higher amongst GP practices in the West Locality.

The Scottish Burden of Disease data from Public Health Scotland indicates that the number of years of life affected by diabetes is higher in West Lothian than the Health Board and Scottish averages (813 compared to 705 and 744 respectively) and that this has remained higher since records began in 2014. The incidence of diabetes also increases with age.

However, the impact of diabetes on life expectancy has been decreasing in West Lothian over time, with a 13.7% reduction in years lost from 2014 to 2019. This is compared to a 10.8% reduction in NHS Lothian and an 8% reduction nationally.

### 4.4.2 Coronary Heart Disease

#### Prevalence

Data from PHS for 2021/22 indicates that West Lothian has a higher rate of CHD amongst its population than the average for the Health Board (3.54 per 100 GP patients compared to 2.94), but a lower rate compared to Scotland (3.63). Prevalence was 10% higher amongst GP practices in the West Locality.

Data from PHS for 2021/22 indicates that West Lothian a higher rate of stroke and TIA amongst its population than the average for the Health Board (2.15 per 100 GP patients

compared to 1.91), but a lower rate compared to Scotland (2.21). Prevalence was 7% higher amongst GP practices in the West Locality.

#### Hospital admissions

Patient admissions to hospital from Coronary Heart Disease has almost halved in West Lothian between 2002 and 2021 with a reduction of 49.4% from 619.1 to 313.2 per 100,000.

The decrease is slightly higher than the Scottish average (44.5%) but less than half of the reduction for NHS Lothian which was 109% in the same time period.

CHD hospitalisations had reduced by around 50% in both localities since 2002/3, although they were 5% higher amongst those living in the West Locality, compared to those living in the East

## 4.5 Demographic risk factors

The latest population statistics for West Lothian (National Records Scotland), indicates the area's population stood at 183,820 in June 2020, the 9<sup>th</sup> highest population Scotland. In the 10 years previous, the population in the local area had grown 19.5%, the second highest increase of all the local authorities in Scotland and two and a half times that of the Scottish average (7.6%).

Further increases in the local population are also projected, with a 5.9% increase predicted by 2028, three times the increase of the national average. The population is predicted to grow primarily by net migration into the area (4.9% rise, supplemented with births exceeding deaths by 0.8%). It is noted that there is projected to be approximately 12,000 new homes built in the West Lothian area by 2027.

Data from National Records of Scotland (NRS) also indicates that the male and female population in West Lothian is projected to increase by 6% and 5.7% respectively.

### 4.5.1 Age

#### Population age

There are differences in the population projections by age, as outlined in Table 1 below.

**Table 1 Population projections by age**

| Age                | Population size (2020) | Current % of Population | % Change by 2028 | % Change in Scotland |
|--------------------|------------------------|-------------------------|------------------|----------------------|
| <b>16 to 24</b>    | 18,108                 | 9.9                     | 12.7             | 0.2                  |
| <b>25 to 44</b>    | 47,452                 | 25.8                    | -5.0             | -5.5                 |
| <b>45 to 64</b>    | 52,115                 | 28.4                    | 44.1             | 24.5                 |
| <b>65 to 74</b>    | 17,855                 | 9.7                     | 74.9             | 31.6                 |
| <b>75 and over</b> | 13,048                 | 7.1                     | 84.6             | 35.4                 |

Table 1 demonstrates the considerable increase in population aged 45 and above, particularly those aged 65 and over. The increases in older adults in the West Lothian area is more than double that of the Scottish average.

It also means that the risk of increased ill-health amongst the population will increase with the increased numbers of older adults in the area. There are a range of conditions which are associated with ageing and which could become more prevalent in the West Lothian area, given the projected increase in older adults in the area. The data from the Scottish Burden of Disease Programme which measures the number of health years affected by a health condition, where available is outlined below.

#### Arthritis

The data indicates that the number of years of life affected by osteoarthritis is slightly higher in West Lothian than the Health Board and Scottish averages (393 compared to 383 and 389 respectively), however the extent of years affected have remained similar locally and nationally since records began in 2014.

#### Back and neck pain

The data indicates that the number of years of life affected by osteoarthritis is slightly higher in West Lothian than the Health Board and Scottish averages (1280 compared to 1239 and 1269 respectively), however the extent of years affected have remained similar locally and nationally since 2014.

#### Chronic obstructive pulmonary disease (COPD)

Data from PHS indicates a higher rate of COPD amongst its population than the average for the Health Board and across Scotland (2.63 per 100 GP patients compared to 1.96 and 2.39 respectively). The rate is 10% higher than the Scottish average. Prevalence was also 27% higher amongst GP practices in the West Locality.

The data indicates that the number of years of life affected by COPD is higher in West Lothian is 6.7% higher than the national average, however the reduction in the number of years affected has been higher in West Lothian than in NHS Lothian or across Scotland since 2014.

The data from ScotPHO also indicates a higher rate of COPD hospitalisations in West Lothian in 2019/20 than on average in the Health Board or across Scotland, with 256.5 per 100,000 compared to 189.6 in NHS Lothian and 230.0 in Scotland. This is 11.5% higher than the Scottish average.

In addition, the most deprived areas in West Lothian have 84% more COPD hospitalisations than the least deprived areas. The rates in the most deprived SIMD areas have also been increasing in West Lothian since 2003/4, contrary to the Health Board and national rates.

#### Dementia

Data from PHS indicates that West Lothian, in 2021/22, had a slightly higher rate of dementia amongst its population than the average for the Health Board and across Scotland (0.7 per 100 GP patients compared to 0.69 and 0.68 respectively). Prevalence was 30% higher amongst GP practices in the West Locality compared to GP practices in the East.



The data indicates that, whilst the extent to which years affected by dementia has increased is lower in West Lothian than nationally, the number of years of life affected by dementia is significantly higher in West Lothian than the Health Board and Scottish averages (1998 compared to 1750 and 1764 respectively).

#### Depression and anxiety

Data from PHS indicates that West Lothian, in 2021/22, had a higher rate of depression amongst its population than the average for the Health Board (7.27 per 100 GP patients compared to 5.95 for the Health Board area), although it is lower than the Scottish rate of 8.19 per 100 patients. Prevalence, however was 53% higher amongst GP practices in the East Locality compared to GP practices in the West.

The data indicates that the number of years of life affected by depression is significantly higher in West Lothian than the Health Board average (1239 compared to 1144) but slightly lower than the Scottish average of 1243), however the reduction in the number of years affected has been higher in West Lothian than in NHS Lothian or across Scotland since 2014.

The data indicates that the number of years of life affected by anxiety is significantly higher in West Lothian than the Health Board average (850 compared to 785) and similar to the Scottish average of 852), however the reduction in the number of years affected has been higher in West Lothian than in NHS Lothian or across Scotland since 2014.

#### Heart Disease

The data indicates that the number of years of life affected by Ischaemic heart disease is lower in West Lothian than the Health Board or Scottish average (2125 compared to 2160 and 2572 respectively) and similar to Scotland, the number of years affected has been reducing since 2014.

The data indicates that the number of years of life affected by Cerebrovascular heart disease is slightly lower in West Lothian than the Health Board average (1315 compared to 1307). The reduction in the number of years affected is also higher in West Lothian than either the Health Board or Scottish averages since 2014.

West Lothian had a higher rate of patients hospitalised with CHD than the Health Board average in 2019/20, with a rate of 313.2 per 100,000 compared to 283.1. However, the rate was lower than the Scottish average of 354.8.

The rate of people living in the most deprived areas in West Lothian and being hospitalised with CHD is 25% higher than in the least deprived areas. However, the rate has been more than halved by 52% between 2002/3 and 2019/20. This is slightly higher than the rate of decrease for the Health Board and 8% higher than the decrease for Scotland.

#### Falls

The data indicates that the number of years of life affected by falls is higher in West Lothian than the Health Board average (415 compared to 405) but lower than the Scottish average of 425). The effect of falls has been increasing across all areas since 2014, with the highest increases in West Lothian.

The Integration Indicator for Falls rate per 1,000 of the population who are 65 years and older shows a slight increase from 20.3 in 2016/17 to 20.5 in 2020/21.

#### 4.5.2 Income

Data from the Scottish Public Health Observatory (ScotPHO) for 20/21 indicates that 11.5% of the West Lothian population are income deprived, which is the proportion of the population that are in receipt of income related benefits. This is higher than the Health Board, where 9.7% are income deprived and slightly lower than the Scottish average of 12.1%.

Rates of income deprivation were 41% higher amongst people living in the West Locality compared to those living in the East.

Data from the Scottish Public Health Observatory (ScotPHO) for 20/21 indicates that 8.9% of the West Lothian working population are income deprived. This is higher than the Health Board, where 7.4% are income deprived and slightly lower than the Scottish average of 9.3%. These rates are also considerably higher amongst people living in the West Locality compared to those living in the East (38% higher).

#### 4.5.4 Ethnicity

The data for the 2021 Census in Scotland is not yet available. The most recent data on population identity is the 2011 census, in which 5.7% of the population in the West Lothian area identified themselves as being part of an ethnic minority group.

### 4.6 Overall life expectancy in West Lothian

ScotPHO data indicates that the rate of premature mortality from all causes in 2020/21 was higher in West Lothian than the Scottish average (435.5 per 100,000 population compared to 408.8) but lower than the Health Board average of 459.8. However, the reduction in the rate of all cause mortality in West Lothian from 2002/3 was significantly higher than both the Health Board and Scottish reductions.

#### Inequalities

The rate of all cause premature mortality is 40% higher in the least deprived areas in West Lothian, for example 569.3 per 100,000 in SIMD 1 compared to 260 in SIMD 5.

Whilst the rate is higher, reduction in the rate of all cause premature mortality has been greater in West Lothian amongst the most deprived areas compared to the Scottish average. For example, alcohol related hospital admissions reduced in SIMD 1 areas by 229.8.1 per 100,000 in West Lothian between 2002/3 and 2020/21, compared to 141.0 per 100,000 in Scotland for the same time period.

Life expectancy for both males and females in 2020/21 is slightly lower for people living in the West Locality compared to those living in the East (3% lower).

## 4.7 Health conditions affected by inequalities in West Lothian

### 4.7.1 Asthma

#### Prevalence

Data from Public Health Scotland on disease prevalence for 2021/22 indicates that West Lothian had a slightly higher rate of asthma amongst its population than the average for the Health Board and across Scotland (6.7 per 100 GP patients compared to 5.88 and 6.35 respectively). Prevalence was also slightly higher amongst GP practices in the West Locality, by 0.10 per 100 patients.

#### Rate of admissions

The rate of asthma related hospital admissions was significantly higher in West Lothian in 2019/20 with 90.5 per 100,000 population compared to an average of 71.4 across the Health Board and 75.8 across Scotland. This was 19.4% higher than the national average.

Hospital admissions were also 39% higher amongst patients in areas of deprivation in West Lothian. For example, there were 120.5 admission per 100,000 population in SIMD 1 compared to 65.1 in SIMD 5. However, the rate of decrease of hospital admissions was more than double that of the Health Board and Scotland between 2002/3 and 21019/20

Admission rates were 58% higher amongst residents living in the West locality in 2020/21 compared to those living in the East. However, whilst admission rates had reduced from 2002/3 for those living in the West, they had increased by 7% for those living in the East locality.

### 4.7.2 Cancer registrations

The PHS data indicates that in 2021/22 West Lothian had a higher rate of cancer amongst its population than the average for the Health Board and across Scotland (3.34 per 100 GP patients compared to 3.02 and 3.07 respectively). This is 35.4% higher than the Scottish average. It could be that this is as a result of the work done by Improving the Cancer Journey which has increased the number of cancer detections in West Lothian. Prevalence was similar amongst GP practices in both localities.

The rate of cancer registrations was higher in West Lothian in 2019/20 with 639.8 per 100,000 population compared to an average of 625.9 across the Health Board, however the rate was lower than the Scottish average of 643.6.

Cancer registrations are 16% higher amongst the most deprived areas in West Lothian. The rates have been increasing in West Lothian in SIMD 2 and SIMD 3 areas since 2003/4, contrary to the trend across the Health Board and across Scotland.

Cancer registrations were 8% higher amongst the population living in the West Locality compared to those living in the East.

Bowel screening uptake was similar for residents in both East and West localities in 2020/21 at 60.8 per 100,000 population, amounting to an increase of around 30% since 2002/3. Figures for Breast Screening uptake are only available at the NHS Lothian level.

### 4.7.3 Mental health

#### Rate of prescription drugs for anxiety/depression or psychosis

The rate of prescription drugs for anxiety/depression or psychosis is slightly higher in West Lothian than the Health Board or for Scotland. Data for 2019/20 indicates that 20.3 per 100,000 people were prescribed drugs, compared to 17.2 per 100,000 in NHS Lothian and 19.7 in Scotland. The rate of increase from 2002/3 is comparable with the Health Board and Scotland at 2.7%.

Prescribing rates for people living in the most deprived areas in West Lothian were 36% higher than for those in the least deprived areas, with increases since 2002/3 of 3%, comparable to that of the Scottish average. Rates were 9% higher for people living in the West locality compared to those in the East.

#### Psychiatric hospital admissions

The rate of psychiatric hospital admissions was higher in West Lothian than the Health Board or for Scotland. Data for 2019/20 indicates that 279.3 per 100,000 people were admitted, compared to 238.3 per 100,000 in NHS Lothian and 242.8 in Scotland. This is 15% higher than the national average. However, the rate of admission decreased from 2002/3 by 37.5%, comparable with national decreases and slightly lower than the Health Board reduction.

Admission rates for people living in the most deprived areas in West Lothian were 81% higher than for those in the least deprived areas and the rate of reduction in admission has been lower at 29%, compared to the area average.

### 4.7.4 Emergency admissions

Data from Public Health Scotland for 20/21 indicates that West Lothian had a 4.5% higher rate of multiple emergency admissions of people aged 65 and above than the Scottish average (22,713 per 100,000 compared to 21,707 per 100,000). This is a 1.1% increase in the rate since 2016/17 in West Lothian, compared to a 15.2% decrease in the same timeframe nationally.

Repeat hospital admissions for those aged over 65 years were also considerably higher in 2020/21 for those living in the West Locality compared to those living in the East (11% higher)

## 4.8 Access to care in West Lothian- health

#### Living in access deprived areas

Data for 2017 from ScotPHO, indicated that 7.7% of the population lived in the top 15% most access deprived areas. This compares to 6.5% across the Health Board and 10.7% in Scotland.

Rates of access deprivation were 75% higher for people living in the East Locality, compared to those living in the West.

#### Rate of patient to GP

Data available for Public Health Scotland indicates that in 2020/21 West Lothian had a higher proportion of GP practice patients from SIMD areas 1-3 compared to the Scottish average (48% compared to 29%).

In October 2021, West Lothian had a 43% higher average practice list size than the Scottish average. West Lothian has had a higher average practice list size since 2021.

#### Access to hospital care

In 2020/21, the West Lothian hospitals treated a total of 76,086 episodes, this is an increase of 5% on the number of episodes in 2016/17. This is a different trend to the national picture, where the total number of episodes decreased by 17% and whilst there was a reduction in in-patient episodes from 2016/17, it is a lower reduction than nationally.

St John's Hospital had 1,860 admissions in 2020/21 (990 patients), with 1,850 discharges. This is an increase of 21% since 2016/17.

Compared to the total for all Scottish hospitals in 2020/21, the breakdown of episodes in West Lothian varies slightly:

- There was a lower proportion of inpatient episodes in West Lothian (76% compared to 81% nationally)
- A larger proportion of day cases (24% compared to 19%)
- A similar of elective admissions (both 5%)

The data from PHS indicates that St John's Hospital received 44,861 attendances in its A&E department in 2020/21, a reduction of 18.3% from 2016/17. This reduction is significantly less than nationally for the same period, which was a reduction of 27.4% and may reflect that there is no minor injuries unit in the West Lothian area.

The data for 2020/21 also indicates that the West Lothian hospitals treated a total of 44,809 new outpatient appointments, this is a decrease of 30% on the number of appointments in 2016/17. This is a similar trend to the national picture but a smaller reduction in appointments. Scotland wide the number of new outpatient appoints reduced by 41% over the same timeframe.

## 4.9 Access to care in West Lothian – social care

### 4.9.1 Rate of population receiving care

Data from PHS indicated that there was a total of 7,275 adults receiving social care support in West Lothian in 2021, 75% of whom were aged over 65 years. This is a slightly lower rate than the Scottish average of 78%.

The numbers receiving care in West Lothian have reduced by 10% since 2017, which is comparable with the 9% reduction in numbers receiving care across Scotland in the same time period.

The data also indicates that West Lothian had a higher percentage of people aged 65 and above requiring high levels of care at home, compared to the Scottish average, 42.69% compared to 38.14%.

### 4.9.2 Social care – care homes

#### Care home places

According to PHS data from care home census, there were 950 registered care home places in March 2022 in West Lothian. Over three quarters of these (77%) were in the private sector, with local authority places accounting for 17% of places and the voluntary sector having 8% of places.

The places were broken down as follows:

- Learning disability: 68
- Older people: 861
- Physical and sensory impairment: 21.

In 2020/21, there were 765 people receiving long stay care in care homes (the third lowest number since 2009). The data also indicates that, in March 2021, West Lothian had a rate of 28 care home places per 1,000 population. This is the fifth lowest rate amongst all Scottish local authorities and a 4% reduction on the rate in 2016.

#### Occupancy rates

Data published by PHS indicates that in March 2021, care homes in West Lothian had a high level of average occupancy of 88%. The occupancy rate varied by sector with local authority run homes being 78% occupied, and private and voluntary sector homes having occupancy rates in excess of 90%.

The data also indicates high levels of occupancy since 2016, although occupancy rates were higher for local authority homes at 91% (compared to 78% in 2021).

### 4.9.3 Social care – care at home

#### Home care

Data from PHS for Q4 in 2020/21 indicates that there was a rate of 11.2 per 1,000 people receiving home care in West Lothian. This is 10% lower than the Scottish average of 12.4 per 1,000 and a reduction of 3% from 2017/18.

The uptake, in West Lothian, of Options 1 and 2 for Self Directed Support is 1.0 and 1.6 per 1,000 population respectively. These rates are lower than the Scottish average for both options by 41% and 63% respectively.

#### People with intensive care needs

Data from PHS indicates that West Lothian has a slightly higher rate of people receiving care at home who have intensive care needs compared to the Scottish average. The data for 2020/21 indicates this was 67.8% of adults with intensive care needs compared to 63% for Scotland.

### 4.9.4 Extent of discharge delays

The Integration performance indicators for 2020/21 highlight that the over 75s in West Lothian spent 441 days in hospital despite being ready for discharge. This is 42% lower than the national average and 46% less than 2016.

The extent of discharge delays in West Lothian for health and social care reasons has reduced by 26% since June 2016 – July 2017, bringing it below the Scottish average

### 4.9.5 Supported to live independently

The data from PHS for 20/21 indicates that the uptake of Options 1 and 2 for Self Directed Support is considerably lower than the Scottish average for both options by 41% and 63% respectively

The Integration performance indicators for 2020/21 highlight that 70.4% of adults in West Lothian who are supported at home agreed that they were supported to live as independently as possible. This is lower than the Scottish average of 78.8%. Whilst the percentage of adults has reduced nationally since 2016, the reduction in West Lothian has been higher (7.1%, compared to the Scottish average of 3.9%).

The indicators for 2020/21 also highlight that only a quarter of carers (25.2%) in West Lothian felt supported to continue in their caring role, this is compared to 29.7% in Scotland. This is a 9% reduction from 2016, compared to a 10.3% reduction nationally.

### 4.9.6 Adults having a say in the provision of their support

The Integration performance indicators for 2020/21 highlight that 80.6% of adults in West Lothian who are supported at home agreed that they had a say in the help, care or support provided. This is 10% higher than the Scottish average of 70.6%.

Unlike the Scottish average which reduced by 8.2% since 2016, the percentage of West Lothian adults has remained virtually constant, with a slight reduction of 0.5%.

#### **4.9.7 Co-ordination of support**

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The Integration performance indicators for 2020/21 highlight that 71.7% of adults in West Lothian who are supported at home agreed that their support was well coordinated. This is 5.3% higher than the Scottish average of 66.4%, however it has dropped by almost 10% since 2016 (a slightly greater drop than the Scottish average of 8.5%).

#### **4.9.8 Impact in maintaining quality of life**

The Integration performance indicators for 2020/21 highlight that 79% of adults in West Lothian who are supported at home agreed that they had a say in the help, care or support provided. This similar to the Scottish average of 78.1%. There has been a slight reduction in positive impact for both West Lothian and Scotland since 2106 of 3.1% and 5.3% respectively)

Unlike the Scottish average which reduced by 8.2% since 2016, the percentage of West Lothian adults who stated that they had a say has remained virtually constant, with a slight reduction of 0.5%.

### **4.10 Summary**

The data suggests that health inequalities need to be a key issue within the Strategic Plan. An overview of the health and social care indicators for West Lothian is contained in Appendix 2, together with a summary of those that impact on the Home First approach.

There are indicators where West Lothian is performing better on inequalities than the average for NHS Lothian or for Scotland and indicators where performance is improving.

However, there are more indicators where the situation in West Lothian is worse than the average for the Health Board or for Scotland as a whole and a few where the situation has deteriorated further since 2016/17. Whilst there has been a similar reduction in other areas for a few indicators, for others the reduction in West Lothian has been at a greater rate with implications for priority need and the implication of the Home First approach

There are inequalities which affect populations in areas of deprivation more than the wider population. For almost all of these indicators, West Lothian has higher inequality than in the Health Board or nationally.

The data also demonstrates the level of inequality between East and West localities in West Lothian. In general, the level of inequality would appear to be higher for people living in the West locality, on almost all indicators.



## 5. Overview of service provision

Information on support services and organisations for adults in West Lothian is outlined in Appendix 2. This has been captured from a review of the TSI Service Locator, internet searches and discussions with staff and service users in this needs assessment.

The information provided indicates that:

- There are limited providers offering advocacy support and those that do are primarily based in Livingston but cover all of West Lothian
- There are no advocacy services in West Lothian that provide support specifically for ethnic communities (all are based in Edinburgh)
- Trauma support and counselling is limited in the area, with services generally concentrated in Livingston
- Most substance use support is based in Bathgate but covers all of West Lothian
- Community pharmacies are represented in all local areas, however not all pharmacies offer the same service
- There are a range of organisations (all private sector) that provide in-home support to enable adults to stay in their own homes. However, the reliance on private sector provision may create an affordability issue for some clients as some private sector providers charge £30 per hour, compared to £20.72 charged by the HSCP
- There are 9 providers who cater for dementia adults for in-home support, with rising dementia numbers this may offer an opportunity to support people to stay at home for as long as possible
- There are limited care home spaces for adults with mental health issues, learning disabilities or physical disabilities
- Care at home providers are generally experiencing capacity issues due to large numbers of vacancies and issues with retaining staff
- Day centre provision for older adults is limited
- There are a range of organisations offering befriending services, most based in Livingston and Bathgate but which cover all of West Lothian
- The support services for adult groups other than elderly appear more limited in the area, potentially making in-home support provision more difficult to provide
- Support for carers is limited across the area – with Carers of West Lothian, Alzheimer's Scotland and the Community Disability Service
- Many services are operating with a combination of telephone and online support and are intending to continue this – however the cost of living crisis may make it more difficult for people affected by poverty to obtain access to internet services. This issue may increase as a result of the cost of living crisis
- Improving the Cancer Journey programme has identified they are reaching those in most deprived areas, contacting all those diagnosed with a new cancer diagnosis offering options of a telephone and/or face to face session.

## 6. Service trends and doing things differently

### 6.1 Service trends

Services were asked if it would be possible to provide data which would demonstrate levels of activity and trends in that activity in West Lothian. However, the availability of data indicating demand and uptake of services has been limited due to much of the data available locally being considered management information. However, there have been a number of issues raised by HSCP staff and service providers in the needs assessment which appear to indicate trends within local services.

A list of services that engaged with the needs assessment is contained in Appendix 3. The feedback from the staff teams is presented below.

#### Older adults

- Loneliness is a key issue for older people, which affects their mental health. Visits to home is important, the previous home help service was vital in keeping contact with people and helping them have regular contact with people. This is not the purpose of the 15 minute visits
- Day care offers an opportunity for vulnerable adults to be cared for and remain safe during the day in larger numbers than care at home offers, as well as offering respite for families who are working and unable to support older adults at home during the day
- Overnight is often a difficult time for people, especially if there are continence issues. Providing overnight support is very difficult as there are few staff that work out of hours. Overnight slot would help support people and could prevent other health issues for occurring as a result of people being incontinent during the night. It is understood that there is a continence service in West Lothian although staff were not clear if they provided this support
- Option 2 for SDS is not promoted well (published data suggests uptake is very low in West Lothian).

#### Discharge Teams

- The Discharge to Assess teams have seen a significant increase in workload
- The numbers of care places have reduced, even amongst private sector providers (this has been noted from the published data). It also seems that some private sector providers are concentrating on self-funding residents, leaving fewer places for people who can't afford to pay
- It is getting difficult to get packages of care to enable people to be discharged. Care providers are looking to reduce their travel mileage which means people in more rural areas have to wait longer, delaying discharge. However, this issue is also affecting areas where the population has been increasing and demand has increased, such as Winchburgh
- There are particular problems in meeting the needs for clients who need double teams for their care (frailer clients). Care providers are struggling to meet this due to lack of staff

- There seems to be few places in care homes for long terms elderly care (there has been a reduction on availability due to reductions in care places as shown in the published data)

### Acute

- Older adults being admitted to hospital because care at home is not suitable, putting them at increased risk of infection. These older people are not ill but are at risk from staying at home without considerable support
- To enable people to remain at home rather than admitted to hospital, practitioners felt that there would need to be an increase in Day Hospital provision. It is understood that there is a rapid access clinic with access to medical, nursing and allied health professional support – however, this was not mentioned by the practitioners in the discussions.

### Adult social care

- There is an overlap of assessments because clients have more than one issue. Health and social care services operate their own assessments, often gathering the same information which is not shared. This often results in people not knowing what services are involved and who is responsible for care

### Community hospitals

- An increase in the numbers of complex patients requiring considerable ongoing medical/ANP input
- The new ICF pathway has seen increase in patients with frailty requiring extended rehab before moving home/to nursing home
- Reduction in end stage dementia/frailty admissions. The majority are being identified at an earlier stage and moved to nursing homes directly, without coming into hospital

### Community Occupational Therapy

- An increase in calls getting screened as critical/substantial in relation to need and risk and therefore being added to waiting list for assessment and intervention.
- Increased requests for more specialist/complex equipment as a result of clients' needs being maintained in the community
- Lengthening waiting lists - Clients with a terminal diagnosis are being added as high priority and seen within a week. This increase in clients needing urgent assessment then has an impact on the main waiting list
- Increases in clients with Motor Neurone Disease
- Increased numbers of clients presenting with dementia, risk assessments required for provision of equipment often resulting in the need for ground floor living to be looked into
- Increased support needs due to deteriorations in conditions amongst clients during the pandemic
- It was highlighted that more investment would be needed in out of hours OT and physio provision to support faster discharges at the weekends

### Crisis Response

- Whilst there is a Crisis Care Team who provide 24hour/7 days per week support and this includes good links with the Falls Coordinator, practitioners felt that there were few other services that provide a crisis response service, which could make it difficult for SPoC should a crisis occur in the community

### MSK

Just over a quarter of the Scottish population (28%) suffer from an MSK condition and 16% live with a long terms MSK pain condition.

171,900 adults in West Lothian have back pain, with 103,140 experiencing severe back pain. Back pain is more common in adults over 45 years of age, therefore, given the aging population in the West Lothian area, these numbers are likely to increase.

There were 9,884 referrals to the MSK service in 21/22 (6,018 new patients). This is a reduction of 10% on pre covid referrals. A third (33%) of consultations were conducted by telephone, which reflects changes to the service to comply with COVID regulations.

- 43% of referrals had chronic conditions. Levels of chronic pain referrals have increased significantly since Covid
- 59% had knee back or shoulder pain
- The number of GP referrals to the service has increased by 14% since 2018/19 – with a 13% increase from the GP practice based Advanced Physiotherapy practitioner
- In April 2022, there were 1,655 patients on the waiting list, with 70% of whom were waiting more than 4 weeks for an appointment and 28% over 12 weeks. This is comparable with the national average for the same month
- There is an average waiting list of 16 weeks. The Waiting List Initiative and its fundings is helping address waiting times
- Advanced practitioners can refer to the service which has reduced the need to see a GP, however there has been an increase in referrals to MSK physio service
- Whilst the core MSK physio service and the Primary Care Advanced Physiotherapy Practitioners record data on TRACK, General Practices do not use this system which makes it difficult to see the physio activity at GP level.

### Mental health

- Challenges in supporting people with challenging behaviours issues at home. Behaviours often create problems with tenancies, resulting in evictions making it impossible to sustain any care at home. Housing recognises the issue and highlight that this client group needs considerable support to maintain tenancies (and their safety) and it is not clear what services are available in the West Lothian are to provide this (eg cooking, cleaning, assistance with finance) or who is responsible for commissioning the support.
- There are very limited support options for people who have distress but have no diagnosed mental illness. Trauma survivors are being referred to psychological services by GPs
- There is also a backlog in Out Patient Psychiatry

- There is a need to navigate people more effectively to access support. Whilst there is a 48 hour turnaround for referrals to the West Lothian Wellbeing Network, there are still issues with people finding the right support to meet their needs
- Referral pathways need to be clearer to the Wellbeing hubs, as some practitioners outwith those based in GP practices are not clear on what support is available
- Currently patients attending St Johns will not see the same practitioner across all their visits, making relationship building difficult
- The Practice Mental Health Nurse Service has enabled patients to access support more quickly, however there is no consistent system to record actions taken, which limits information sharing. Actions are recorded on different GP recording systems – which do not communicate directly with secondary care systems.

#### Alcohol and drugs

- There is an increasing number of younger adults who are being diagnosed with Alcohol Related Brain Damage and there is no accommodation for them locally and only 2 social workers who specialise in this area
- It is difficult to access support for people who have a dual diagnosis of mental health and substance use, although it was recognised that this was being addressed

#### Learning disabilities

- The ageing population will mean an increase in older people with dementia, including older people with learning disabilities with dementia for which there is no provision locally at present. This issue has been raised by Alzheimer's Scotland as a national concern
- The process for people with learning disabilities to access a GP is complex and lengthy which impacts on their ability to access health screening programmes (bowel, cervical, breast screening). Uptake of these screening programmes is reducing for this client group and regular check-ups often do not happen preventing earlier interventions
- People with learning disabilities also have difficulties in accessing rehabilitation as there is no direct pathway
- People often have more than one issue which is impacting on their health. A holistic assessment process would help address this. Whilst it is understood that there are national plans to improve the Health Checks collaboratively with Community Learning Disability colleagues, this was not highlighted by practitioners
- There is limited local support to enable people to sustain their tenancies or remain at home. The service review confirmed limited organisations providing in-home support
- Care home support is also limited, resulting in people going out of area
- The current eligibility criteria means that people with low and moderate learning disabilities are not assessed. This can mean that issues are missed which can escalate at a later stage, some form of assessment would help support earlier interventions and prevention
- The eligibility criteria have also resulted in day services supporting people with a higher level of care need
- Closures amongst local community centres have made it more difficult for the Community Outreach Team to deliver outreach support in some communities, including those in Livingston

### Neurodevelopmental disorders

- GP referrals for Autism and ADHD assessment have increased 150% per week (now around 8 – 10 referrals per week). There are two consultant but only three sessions can be dedicated to this work
- There is a long waiting list for referrals, with some people waiting up to 24 months
- There is also little local support available for people who have a neurodevelopmental disorder. Care can be commissioned through SDS to organisations in other areas

### Primary care

- The growth in population and the planned new housing developments are creating challenges for GP practices. Practice list sizes are increasing
- Poor public transport links across West Lothian makes it difficult for patients in rural areas to access GP practices. Whilst this is not a health issue, it creates inequalities in access to health services for some populations
- Consideration is being given to a pharmacy hub to try and improve access to services
- Improving access to services could be addressed with more clinics held in GP practices in some areas (assuming transport is suitable), however there are limitations amongst some of the GP practices due to ageing accommodation

### Podiatry

- The ageing population is increasing demand for podiatry services. This client group is unable to self manage their foot care
- Increases in diabetes cases also result in increased demand for podiatry service
- Digitalisation of the service is not considered to be possible. The digital approach during the pandemic identified that 80% of patients who received a first appointment by digital then required face to face interventions
- Treatment at home has proved difficult due to lack of suitable care environment within the home and there have been issues in accessing suitable community locations particularly in relation to multi-chair sites

### Carers

- Little community based out of hours support available, most of the support in the area is Monday to Friday, 9am to 5pm
- Requests for support often come at crisis point, despite many carers having regular contact with health and social care services. There are potentially many missed opportunities to identify carers who need help at a much earlier stage
- There is little respite support or emotional support available for carers in the West Lothian area (this is confirmed in the review of local services conducted in the needs assessment)
- Concern that Home First could increase pressure on carers if additional carer support is not made available
- There needs to be a carer pathway so that they can access support earlier not at crisis point

### General feedback

- There is a perception amongst some practitioners that Home First is for older adults only. It is not clear to practitioners how it applies to other vulnerable populations

groups including people with ARBD or learning disabilities who are being placed out of the area

- Practitioners were also not clear on how the needs of younger adults would be met by Home First as their care needs would be different

## 6.2 Suggestions for doing things differently

### Workforce capacity

Workforce issues were regarded by almost all and service providers as the key issue which is preventing good care and treatment. This is affecting provision across all sectors. Service managers highlighted:

- Workforce capacity: virtually all services across the area are running with high levels of staff vacancies and sickness/absence. Managers believe there is a need to increase the pool of people available to take up posts. Some services are incurring significant costs to employ agency staff to fill gaps and are often competing with each other to fill posts. It is understood that the NHS Staff Bank is working to increase recruitment of ad hoc staffing with a skill mix to support gaps in care e.g Return from Retirement internal adverts
- Workforce capability: Some of workforce capacity issues are compounded by lack of training spaces. There are also issues with lack of career development in social care roles. This, combined with low pay rates, is making the posts unattractive
- Given the widespread nature of the workforce issues, managers suggested that there would be merit in adopting a partnership approach between St Johns and the HSCP to address common workforce problems such as the recruitment of Band 5 and Band 7 nurses. It is understood that NHS Lothian has a generic recruitment approach for Band 5 in place – it is not clear if staff were aware of this.

### Role definition and role development

Many services are seeking to develop and enhance the role of the advanced practitioner to enable other roles to broaden their non-medical activity. This is seen as a potential solution to delays in access to assessment and treatment as well as taking pressure off of key bottlenecks such as medical practitioner availability (due to high vacancy levels)

Broadening roles and offering greater career development and opportunities was also suggested as a means of addressing current difficulties in recruiting staff, particularly social care staff, through offering opportunities to enhance roles, transfer between service and upskill. It was hoped that this would help retain staff in services and address loss of personnel to other sectors, outwith health and social care.

### Single Point of Contact

Pathways are being developed from a Single Point of Contact (SPoC) to all receiving urgent care services in order to improve access to rapid, seamless support for people that have urgent needs that can be safely met in the community. The intention is that developing and strengthening urgent care community pathways will help to reduce acute front door unplanned presentations and admissions as well as reducing the time from referral (by GP



Practices /Scottish Ambulance Service (SAS)/Care Homes) to intervention by appropriate urgent care team.

The SPoC is seen as an opportunity to rationalise the number of different assessments people who need care are faced with and also provide a greater opportunity for more effective information sharing amongst services.

#### Learning disabilities and physical disabilities

- Linking learning disabilities in with the SPoC would enable a clearer and more direct health pathways for people into services
- It would be beneficial if housing would be included in SPoC as there are many housing based solutions which might enable people with learning disabilities remain at home. SPoC offers an opportunity to centralise access points to services as people with learning difficulties often have more than one issue
- Any future pathway should include Third Sector provision to broaden support offerings and to capitalise on their local knowledge and expertise
- There may be an opportunity to discuss with Astley Ainslie the option of delivering more services locally to enable people with physical disabilities to access support closer to home. This would also help families who incur considerable travel costs going into Astley Ainslie from West Lothian on a regular basis
- There could be a greater focus on self-management for people with learning disabilities which would give them greater opportunity for self-management, where possible. This might also reduce referrals to OT as some people don't require high level interventions but do not know how to access other information and support
- Greater awareness of community level support would enable GPs to identify where short-term interventions are needed which could help people get return to self-management
- It would be beneficial to adopt the Holistic Needs Assessment approach used in Improving the Cancer Journey as this includes an assessment of the wider determinants of health as well as health related issues. Social policy has the All About Me assessment but it is not shared outwith social policy
- Closer partnership with the Supported Employment Service would more support for people to maximise work opportunities and have more independence
- More support is also needed to help people transition between services. Support is available initially but is needed for longer to ensure transition has been successful.

#### Mental health

- There is an opportunity to look at wider use of advanced roles where nurses, AHPs or pharmacists can take some work currently done by consultant psychiatrists; and also a role for the third sector in crying out ASD assessments
- The approach could also be adopted for Out Patient Psychiatry, where at present only a medical staff member can see patients. A triage meeting can signpost referrals to the most appropriate service
- A digital drop in was developed for mental health patients where a bi-monthly drop in was created as part of the regular review process. It is understood that this reduced the waiting list for patients to see the consultant at their first visit. The service is



reviewing its digital options with a view to considering whether a digital drop may be of benefit.

#### Primary care

Primary care are piloting a new CADM criteria for District Nursing, which is embracing the transforming nursing roles approach. This will include staff managing common acute presentations as well as frailty assessments. By using the complexity tool, District Nurses identify frailty within the caseload. District nursing teams will initially focus on patients with severe frailty, often nearing end of life. The information will be put onto TRAK and shared with the GP, and the primary care pharmacist. For any admissions, there will be a 'supported discharge' review within 72 hours of discharge home. It is anticipated that this will:

- Increase the number of frailty presentations within a DN caseload
- Offer new ways to support/manage our patients
- Reduce emergency admissions
- Reduce the workload of the GP

#### Older People's Services (Social Care)

- Linking in with Colleges and schools to explore the opportunity for developing a career structure for social care staff. This includes the options for enabling people to change role to broaden experiences
- Enabling the Home Safety Service to alert another service if a home visit is needed after the last home visit has been made at night. Other areas use this as a way of older people alerting services when they need assistance during the night (such as dealing with incontinence). This helps reduce infections – which are a key issue with older people can result in hospital admissions. This could be a separate service which could sit alongside the new care at home framework
- Could there be an opportunity to work with private sector providers who are not on contracts with the HSCP to promote Option 2. This is not seen as being promoted currently

#### Community Occupational Therapy

- Waiting times are now being managed proactively as the OT Service has had to change its approach to how clients are assessed- initiatives such as the bathing bus have been introduced (whereby a person is assessed and provided with a piece of equipment on the visit as appropriate)
- Use of health assessments to justify need for community resources – preventing duplication of efforts and utilising staff proactively to increase capacity for allocations.

#### Community Pharmacy

- Serial prescribing which will reduce patient need to contact GP for repeat prescriptions and help support providing Care Close to Home
- Opportunities to increase preventative role, including health monitoring for conditions such as diabetes, high blood pressure

### Community Equipment Service

- CES has noted an increase in spend as a result of increased demand for equipment provision.
- Storemen have required to complete periods of overtime during periods of high demand to ensure service provision remains to a high standard.

### Podiatry

- The service is looking at its interface with other services that support people to remain at home. It is hoped by doing this, there can be an earlier identification of podiatry issues to prevent escalation of disease
- The services is exploring if the introduction of a Contact Centre for all referrals has helped reduce inappropriate referrals being placed on the service waiting list
- Has introduced a rolling upskilling programme for the workforce to develop advanced practitioners who could be non-medical prescribers

### Physiotherapy/MSK

- Whilst first appointments need face to face contact, some reviews could be conducted by telephone and through Near Me
- Liaison with Xcite has enabled drop-in sessions to be introduced for gym based exercises. It is hoped that this will enable people to receive support at times which are more suited to them
- The Physiotherapy Community Pain Management Classes are to be expanded to include a new Introductory/Taster session to pain management. These will be offered across West Lothian and in areas of greatest deprivation to improve access to this patient group. A digital class will also be available. This will be combined with an increased number of the current pain management programmes and gentle exercise classes.
- Links are being created with the local Wellbeing Hubs to facilitate greater participation in local social events and activities on completion of these programmes.

### Nursing homes

- Concern was expressed at the reduction in nursing home accommodation in the area and it was suggested that nursing homes need to play a greater role in enabling people who need care to stay in the community and that this would require a closer partnership between the sector and the HSCP

### General challenges

- Practitioner preference for face-to-face consultation, reducing the opportunity for digitalization of consultations, particularly in primary care settings
- Accessing information between health and WLC systems has been challenging, although it is understood this is improving
- Practitioner awareness of what support is available in the community is variable, with information often out of date. Public awareness is also limited and there may be a role for the Third Sector Interface and its Service Locator database. The database is currently based on organisations providing the information and it is not known to what extent it is up to date. It may be possible to enhance this. There has been an increase in visit to the West Space website of 300% in the last 12 months, suggesting

that there is an appetite for people to source information on services which can support their health

### Carers

- Community Hospitals are a key source of treatment but they do not tend to refer or signpost people for carer support. This is a missed opportunity for helping carers to find support
- A clear referral pathway for services to carer support organisations would help people find support quicker and at an earlier stage. It would be beneficial to consider how the SPoC might provide a clearer referral pathway for carers
- Providing staff with training about unpaid carers and their role would help staff better understand how to support carers and would help the HSCP fulfil its statutory requirement under the Carers Act

## 7. Partner feedback

An online survey was developed and a range of partners were invited to complete the survey. These included:

- Members of Community Regeneration Teams
- Housing Teams
- Community Councils
- Community Planning Partners
- Members of the Third Sector Interface
- Members of the Mental Health Wellbeing Network
- Members of the Carers of West Lothian Network
- Adults with Disability Providers Forum.

The survey sought feedback on:

- Top three priorities for health and social care in West Lothian
- Reaction to the Strategic Plan priorities
- How could health and social care be improved in West Lothian
- What role could partners play in delivering the aims
- What new ways of working could benefit any suggested changes.

Fifteen responses were received and the feedback is outlined below.

### 7.1 Top 3 priorities for health and social care in West Lothian

Respondents highlighted a range of priorities. The most common were related to:

- Access to services and support
- Support for independent living
- Improving partnership working

#### 7.1.1 Access to services and support

Eight respondents suggested that improving access to services and support was one of their top priorities. This included:

- Access to GP services (including face to face access)
- Access to dental services (which respondents felt was poor after Covid)
- Access to out of working hours health services as most are only offered Monday to Friday, 9am to 5pm, when people are at work
- Access to mental health services, including emergency support
- Enabling a one door approach to accessing health and social care provision

### 7.1.2 Support for independent living

Six respondents suggested that ensuring effective and full support care packages were available to enable people to live independently was key, including:

- Housing which was specific for vulnerable population groups such as elderly and those living with disability
- Timely care packages to support discharge from hospital and stop lengthy delays
- Ensuring packages for care fully met people's needs and were sustainable over time
- Increasing provision available for people living with disability

### 7.1.3 Improving partnership working

Five respondents suggested that there needed to be greater partnership working between health and social care, other agencies and the Third Sector, especially in relation to providing services and accessing advice.

### 7.1.4 Other priorities

A range of other priorities were highlighted by respondents:

- Increasing the focus on early intervention and prevention
- Looking at people's needs more holistically
- Shortening waiting time
- Improving GP premises.

## 7.2 Reaction to strategic priorities

Eight out of the 15 respondents stated that they felt the priorities of Tackling Healthy Inequalities in Partnership, Homes First and Enabling Good Care and Treatment were appropriate. However, they suggested that there was a need to provide more detail on the context behind the priorities and how they had been determined. It was also suggested that more detail needed to be provided on the difference between Home First and Care in the Community.

A further three respondents stated that the first two priorities were appropriate but found the third priority (Enabling Good Care and Treatment) too vague to comment.

Of the remaining four respondents two did not understand what was meant by health inequalities and two were unsure if the Home First approach was focused only on the elderly, rather than other population groups. There was also some concern as to how the HSCP would find the staff to deliver Home First, given the well publicised problems in recruiting and retaining social care staff.

Respondents also highlighted the needs for:

- A greater focus on mental health provision in the aims
- Improving wellbeing, post Covid
- An increased focus on the needs of elderly carers
- Workforce training on delivering person-centred care.

## **7.3 How health and social care could be improved in West Lothian**

Three key issues were commonly highlighted by respondents as requiring improvement in West Lothian:

- Access to mental health services
- Pathways to support
- Greater partnership with other agencies and the Third Sector.

### **7.3.1 Access to mental health services**

Four respondents suggested that there was insufficient focus on the impact that mental health had on people, particularly their behaviour, and that a greater focus was needed to look at the wider impacts of mental ill-health on individuals to provide the support they would need.

Respondents also wanted to see a greater focus on wellbeing following the pandemic.

### **7.3.2 Pathways to support**

Four respondents suggested that there needed to be clearer ways of supporting people to access the support that they needed and that there needed to be closer working relationships between health and social care teams to enable people to receive the correct support in a timely fashion.

### **7.3.3 Greater partnership with other agencies and the Third Sector**

Four respondents suggested that more effective support could be provided if health and social care teams worked more closely with other agencies and the Third Sector. They suggested:

- The need for wider consultation on plans to change services as this has an impact downstream on agencies and partners outwith the HSCP and the demand for their services
- Referral processes and pathways could include Third Sector provision if a different approach was taken to commissioning services, with more emphasis on including non HSCP delivery in the service mix.

### 7.3.4 Other improvements

Suggestions for other improvements included:

- The need to ensure staff and funding was available to sustain support in the community through Home First
- Offer a choice of face to face and digital engagement, as digital does not suit highly vulnerable population groups
- Benchmark performance with other IJBs in Scotland
- Provide staff with appropriate development and remuneration.

## 7.4 Role of partners in helping to deliver aims

Respondents suggested that partners could play a bigger role in supporting delivery of the strategic aims but that, in order to identify what role could be there needed to be:

- More involvement by partners in decisions on services, particularly changes to service provision and eligibility criteria and on service targets
- A greater recognition amongst the strategic planners that other agencies, including the Third Sector, could have a larger role in the planning and delivery of services
- A greater commitment to working with local organisations to deliver local priorities.

Respondents suggested that, if a partnership approach was adopted, a number of benefits would arise, including:

- More opportunities to identify and support people who are just below eligibility thresholds but still require support
- Improve communications between agencies and services and improve continuity of service delivery
- Enable a more flexible approach to delivering support by identifying the most appropriate partner to deliver services.

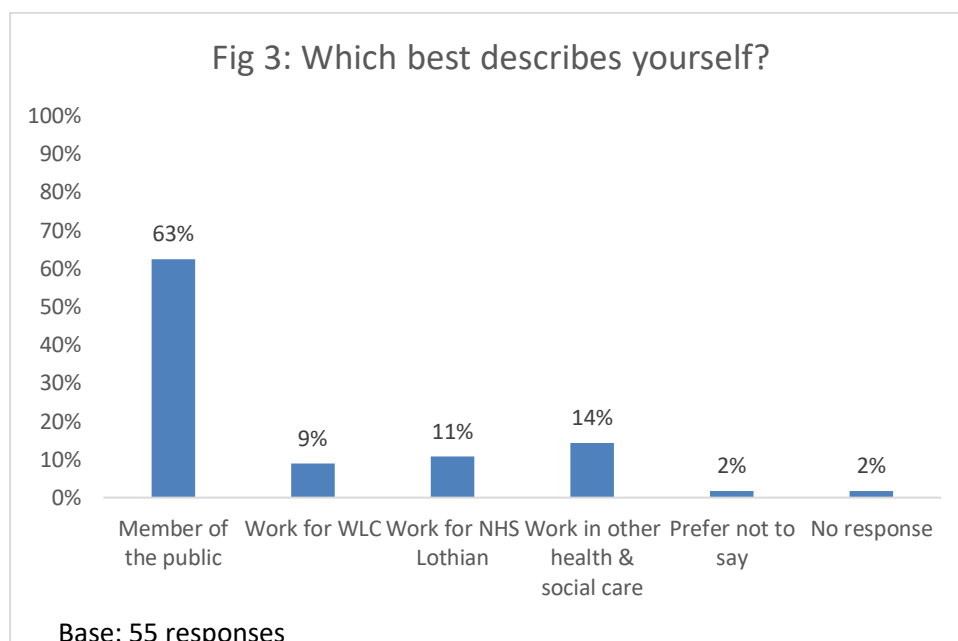
## 7.5 New ways of working to support changes

The respondents highlighted potential changes to working practices and benefits if new ways were adopted, including:

- A wider pathway would enable referring to services outwith the HSCP, helping to reduce waiting times and potentially provide better transitions between services
- Pathways which included out of hours provision would also help address waiting times
- Break down barriers between statutory and voluntary sectors to reduce silo working
- Greater inclusion of other agencies in Third Sector, Community Planning Partnerships and local community organisations would enable a more meaningful partnership
- Greater involvement of service users in the planning of services to highlight the potential consequences and impacts of change

## 8. Public and support service feedback

An online survey was developed and promoted through a combination of press release, Third Sector social media feeds and intranet and social media feeds for WLC, NHS Lothian and the HSCP. A total of 55 responses were received to the survey, two-thirds of whom were members of the public (including service users, carers and residents) with the remaining respondents being people who worked in support services in West Lothian (see Fig 3 below).



In addition to this group and individual discussions were conducted with a total of 36 people, representing:

- Advocacy organisations representing people with mental health issues, learning disabilities and physical disabilities
- People living with mental health issues and their families
- Older adults with dementia and their carers
- People living with physical disabilities
- People with learning disability and their carers.

Their feedback is detailed below.

### 8.1 Survey feedback

Respondents to the survey were asked to provide feedback on:

- The proposed aims within Tackling Health Inequalities, what the HSCP current does well and what needs to be improved
- The proposed aims within Home First, what the HSCP current does well and what needs to be improved

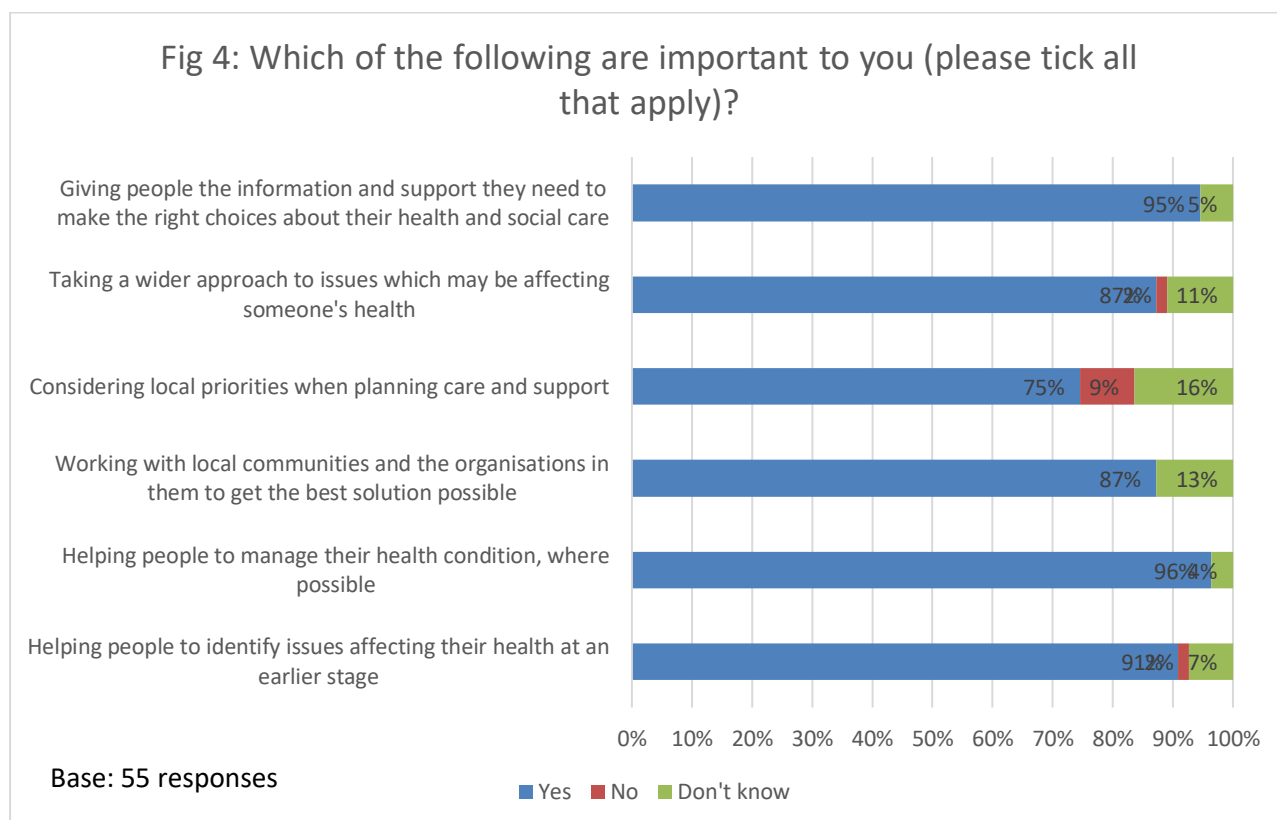


- The proposed aims within Enabling good care and treatment, what the HSCP current does well and what needs to be improved
- Their own top 3 priorities.

### 8.1.1 Tackling Health Inequalities aims

#### Reaction to aims

The majority of respondents indicated that all the suggested aims were important to them (see Fig 4 below), although considering local priorities when planning care and support was the least important in the Survey. The majority of those who did not consider it important were members of the public.



#### What is done well

Fifteen respondents listed what they thought that the HSCP did well. Those that described themselves as members of the public suggested the following:

- Working with local communities and organisations to get the best solution possible
- Supporting St John's Hospital, rather than centralised services
- Giving people the help and support they need to make the right choices about their health and social care
- The support provided by Carers of West Lothian.

Those who work in support services tended to suggest staff commitment to service provision.

### What needs to improve

Thirty four people suggested issues which needed to improve, whilst 5 respondents stated that nothing required improvement. The issues are outlined below.

Areas of improvement raised by members of the public:

- Access:
  - More GP's, more appointments
  - Make it easier to see a GP in person rather than phone consultations
  - Easier access to visit doctors face to face
  - More respite provision
- Cost and choice of provision
  - Give people more choice as to how their care is delivered
  - Make community facilities free or a token cost
- Support for people with physical disabilities:
  - Ensure adequate funding to provide support for vulnerable / disabled people
- Support for mental health provision
  - More follow through is needed. The police don't follow up or file a vulnerable person report or there is a standard letter from social work asking to make contact to then be told is the CPN responsibility. I rarely meet with my consultant psychiatrist who prescribed medication yet have issues getting med consistency by GP who no one seems to talk to!
- Support for carers:
  - Easier access for unpaid carers to get help and support
  - Much clearer information about what services are available. Not just being "signposted" to other people such as Carers of West Lothian. If someone needs help the last thing they want to do or might be able to do is be told to look up a website or try phoning another agency that they need to explain all their concerns and needs to.
  - More actual support for ALL unpaid carers including parent carers
  - Keep better contact with families
- Joined up working:
  - Coordination and communication between services involved in a persons care MUST be a priority. My main weekly contacts are my NHS Psychologist and a HSCP CPN. They don't communicate with each other.
  - A more integrated and sympathetic approach for someone whose condition impacts on several systems; e.g. for someone with MS, continence products come from two separate providers, one of which questions the rate of usage of the products!
- Person-centred approach:
  - I have a health condition called dissociative seizures which falls under the FND bracket and hardly any health care professionals know what my seizures are. Even though there is so much research and facts about it they dismiss us and this is wrong
  - Spending more time with the recipient to make sure the right needs are being met, maybe over a few visits. Sometimes its a case of quick assessment or rushed assessment (as the Social worker assigned has been given too many cases) and therefore makes quick decisions not always in the best interests of

the recipient.... or the wrong decision. Also, follow ups when any care package is given to make sure the recipient is getting the right level of care or upgrading it to the next level if required.

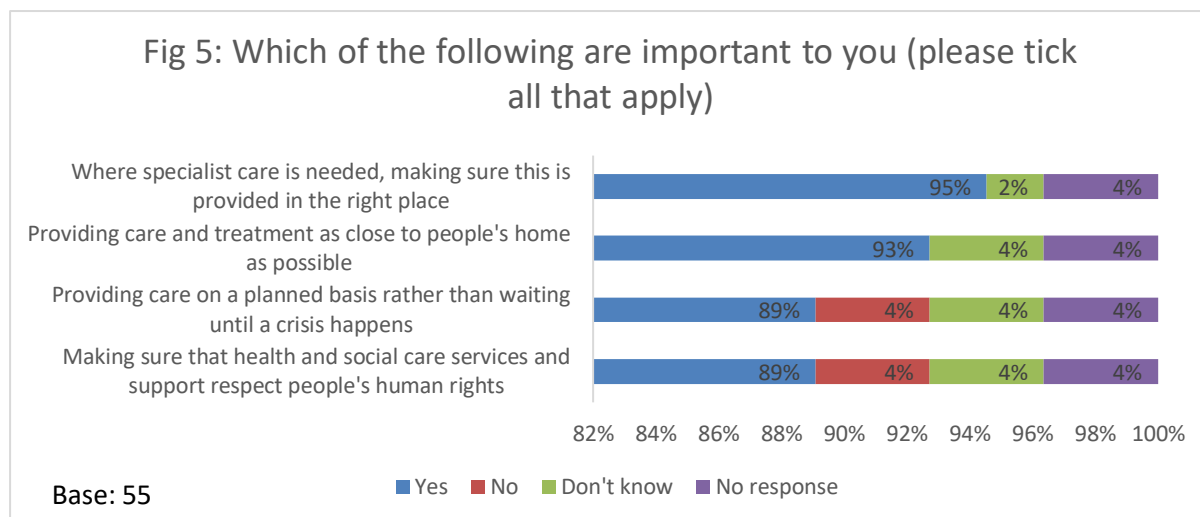
- Availability of information:
  - Better signposting to services/resources in the area
  - Communicate what is available- I am disabled and vulnerable but know nothing
  - Transparency of what is available and easy free access and signposting to services with increased availability
  - Elderly people miss out on support & potential help as everything is online & they are unaware of support they may be entitled too.

Areas of improvement raised by people working in support services were:

- Access:
  - Resume services post Covid to reflect increase in number of people needing support
  - Wider availability of services in West Lothian. Most health services are centralised in Edinburgh, where possible its makes sense that we need satellite units in West Lothian
- Cost and choice of provision
  - Be more transparent about the cost of social support as people take on services they think are free and are then billed at a later date
- Support for people with Learning Disabilities:
  - Huge lack of resources for adults with Learning Disability, including those with mild learning disabilities, needs more support hours, day services and respite. There is nothing once they leave school – supported employment would help this group of people in particular
  - Lack of services for people across the learning disability spectrum of ability impacts heavily on mental health through loneliness, boredom and anxiety - virtually no respite and so people end up being admitted to hospital unnecessarily and then becoming delayed discharges due to lack of safe accommodation and sufficient care in the community
  - More services for people with a learning disability. This includes services for all ages. Currently unpaid carers are plugging the gap in services and at some point this is going to give.
- Support for Mental Health provision
  - More services for Mental Health users, more groups, there are none for Personality Disorders, more CBT Training, more Social Workers
- Person-centred approach:
  - Services should be person centred , with robust assessments in place to ensure people get the right help at the right time

### 5.1.2 Home First aims

The overwhelming majority of respondents thought all the aims were important to them. Almost all of the respondents who stated that the aims were not important to them or did not know were members of the public.



#### What is done well

Eleven people suggested issues which needed to improve (5 of these were members of the public), whilst 6 respondents stated that nothing required improvement (2 of these were members of the public). The areas that the public considered were done well are:

- Keeping on top of every detail for each family
- Short term planning
- Providing specialist services
- My CPN from the HSCP centre is fantastic and supports me as best she can however due to service demand, I feel that it's becoming more difficult to access her time during crisis

The areas which people who work in support services considered were done well are:

- Health and Social care staff appear to be committed to giving people the best service that they can and that policy allows
- I think people's human rights are usually identified and respected.
- Specialist care seems to be provided in the right places
- Working with NHS service REACT

#### What needs to improve

Twenty-eight people suggested areas for improvement, 17 were members of the public.

Improvements suggested by members of the public were:

- Access to services:

- Shorter waiting times and more communication
- Stop building new homes without the supporting infrastructure
- Providing local services:
  - Services should be delivered locally by West Lothian decision makers. Or those in Edinburgh that don't know West Lothian. Leave local services with local bodies to run and resource them properly
  - Providing care and treatment near home
  - More local availability
- Support for mental health:
  - Coordinate care between the person and all people supporting that person ie psychologist, CPN, gp, psychiatrist etc. Also communicate clearly and honestly with the individual being supported to eliminate anxiety and uncertainty around diagnosis, treatment, medication etc. instead of deterring a person from seeing their records, be open about what's happening. I have previously found out about clinically diagnosed mental health conditions by accident seeing a GP summary, years after they were clinically diagnosed! This should not happen.
- Providing person centred care:
  - Systems that serve people rather than requiring people to fit in with the systems needs. Of course to do this, the health & care systems need to be properly resourced.
  - Within care the move away from person care to technology is unfair on the older generation. I feel this is failing already just look at GP services, uploading pictures of rashes etc to website, older people cannot do this I think it's shocking & the amount of misdiagnosis because of this is unthinkable. I think when it comes to care it needs to be person centred approach definitely.
  - More specialist facilities with specialist trained nurses and carers
- Linking with other organisations:
  - Promising certain types of help at the assessment but not acting on this and making the recipient feel helpless and alone. Also follow ups from referrals i.e. paramedic referrals, but these are then forgotten about by the relevant team at the Council and help is not forthcoming or arrives too late.
  - An effective approach is to base outcomes on person and community centered planning. This includes drawing on the expertise of national and local support organisations, particularly in respect to rare syndromes.

Improvements suggested by people working in support services and WLC were:

- Access to services:
  - Quicker times getting the help in place
  - OT assessments taking ages, people not accepting support who need it because it costs them money they can't afford
- Affordability:
  - Many service users receive social support from care providers from an allocated provider. Several had not received a letter or invoice for non-residential contributions and assumed that they did not have to pay for the

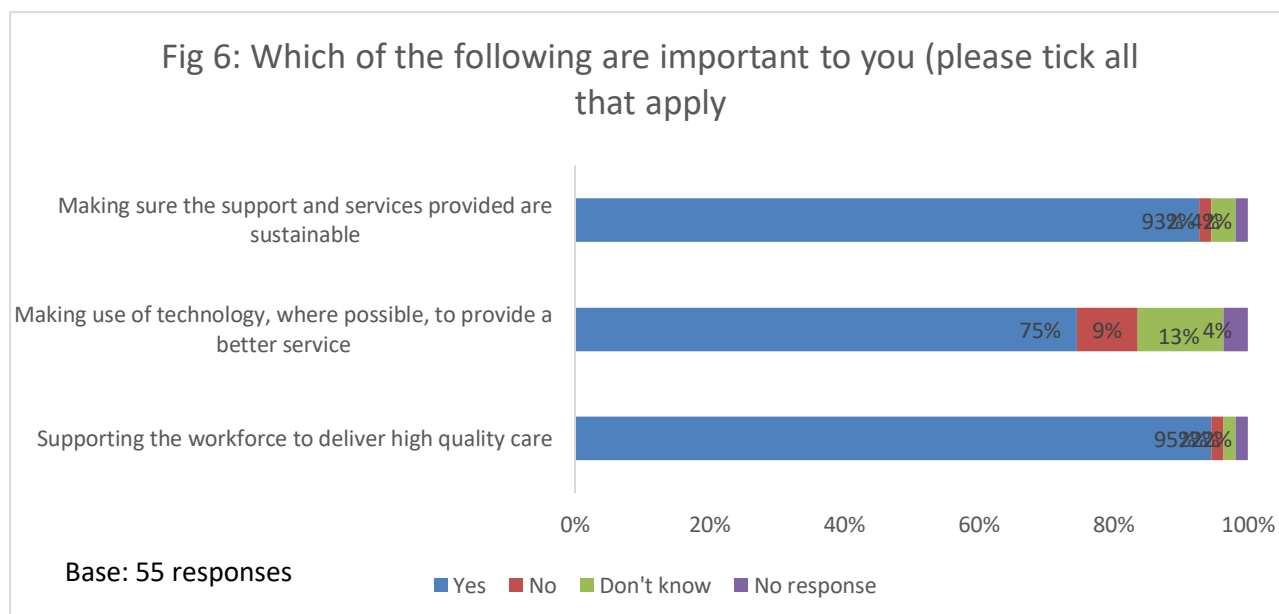
service, only to receive a large bill months later. The financial assessment only considers incomings and rent/mortgage and council tax as outgoings and not any other bills or debt. This is unrealistic and the large bills are scaring people into cancelling their services and cause undue stress and anxiety. The assessment needs to be transparent from the beginning and services should not begin until the service user is aware of the cost.

- Support for Learning Disabilities:
  - Lack of social services (care packages/day centres/activities/respite) for adults with Learning Disability negatively impacts on mental health. This leads to crises and increasingly to Adult Support and Protection concerns. Therefore forward planning is vital, particularly for people who are transitioning to adult services, those who are vulnerable to exploitation, those with limited ability to keep themselves safe, those who live with ageing relatives and those whose health is gradually declining.
  - We need to have more services available for the number of individuals with a Learning Disability.
- Support for Transition:
  - Especially more support with transitioning from child to adult services. Parents need to be aware of guardianship, different options relating to day service, moving on in to supported care, payments and benefits etc...
- Sustainability:
  - Unfortunately if there was the staff and money available these services would be available in West Lothian. What is the point in asking what we would like - and what staff would love to provide- if there is only a pipe dream of it happening
- Providing person centred care:
  - Services at present are not person centred, particularly care provision, and they are not being tailored to the individual. Care providers are being allocated to people when they are not the right fit, cannot provide the right visit times, there is no matching of staff and when people complain about their service , not much is being done as there is a shortage and there is a fear that providers may end the package
  - Within care the move away from person care to technology is a fair on the older generation. I feel this is failing already just look at GP services, uploading pictures of rashes etc to website, older people cannot do this I think it's shocking & the amount of misdiagnosis because of this is unthinkable. I think when it comes to care it needs to be person centred approach definitely
  - Person-centered care is at an all-time low and service users feel that they are just a number and that they are a burden to the carer that attends to them. There are many service users who wish to change provider or are on the unmet needs list. It is virtually impossible to change provider at present, meaning that they are living with care that does not meet their needs or care that is sub-par, and the unmet needs list has around 400 people on it at the moment.

- **Matching need:**
  - Service users often report that the care providers do not stick to the agreed times on the care plan and often come late with no communication and they do not stay the allocated time that West Lothian Council are paying them for. Previously, care packages would be matched with care providers that matched a service users' needs as they had specific expertise or training, but due to the shortage in carers, social workers are now taking the first package that has a space and service users have expressed that the pairings do not always work. There are service users who have care plans that are out of date, that have not had a review done for some time, when they should be twice yearly and have not had risk assessments done or updated. I would like to state that this is not all providers, but I have service users who have experienced this with several that are contracted by West Lothian Council.
- **Training:**
  - The standard of training from care providers is not as high as it previously was and there are service users who are getting carers that are not trained for their condition or the equipment they may use, putting the service users and carers at risk of injury.

### 8.1.3 Enabling good care and treatment aims

Once again, the aims for Enabling Good Care and Treatment were important to the majority of all respondents. However, the members of the public who responded to the survey were less keen on the use of technology, with a just under third (30%) stating that this was not important to them or that they weren't sure how important (see Fig 6 below)



### What is done well

Twelve people suggested what they thought was currently done well, 7 of whom were members of the public. Care for the elderly and support for unpaid carers by COWL were the key issues highlighted by the public.

Those respondents who worked in social care suggested:

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- Use of video meetings has helped foster connections between professionals from different services since the pandemic necessitated working from home.
- Staff support for carers
- Staff advice and support
- Amount of staff training.

### What needs to improve

Twenty five respondents suggested improvements, 17 of whom were members of the public. The suggestions from the members of the public for improvements needed were:

- Access to services:
  - Why can't it be easier to make an appointment with Social Services instead of being made to leave a message and then waiting to get called back. Unpaid carers work as well as care. They can't always be near a phone if they are waiting. There needs to be a better way to access help. For people new to caring the system is a minefield. There needs to be a guiding system in place to help.
  - Every town and city should have local services for families who might not manage to travel out of local area
- Support for Learning Disabilities
  - When these people reach crisis, there are so few options because there is no flex in the system to support people with complex needs at short notice.
- Support for carers
  - More support for unpaid carers
  - More help for unpaid carers
  - Unpaid carers not paid enough money and not supported, my husband has been a carer for years and hasnt had carers assessment done.
  - Pay carers a decent wage instead of ripping up the Steelyard every couple of years.
  - There is no provision for unpaid carers in assessments of the recipient. I feel focus is mainly on the recipient and the carer is left to struggle on. Nothing is really offered to them in the way of help. Just maybe a suggestion to join West Lothian carers group, which I am already a member of, but this group is only a sticking plaster and not really a great deal of help with carers issues or the person you are caring for. There needs to be a lot more support for carers, especially sole carers, as after all we are saving the Council a lot of money by giving up our lives to care for our loved ones. Offering respite for people we are caring for would be a great help and give us a much needed break.
  - Encourage unpaid carers to identify as such to health, social and council services.



- much more support for unpaid carers. I don't mean someone to talk to on the phone but actually physical help with their caring and respite.
- Staff wellbeing
  - Recruitment and retention of 3rd party organisation care staff is even more of an issue now than pre-pandemic when it was already a huge problem. Some of this is due to organisations making promises about care they can deliver which are not followed through - Positive Behavioural Support is commonly promised and not delivered.
- Staff training
  - Better available actual person centred training. Better wages and conditions  
Proper supervision of work
  - Too many new staff and not enough retention of those qualified
- Technology:
  - The technology involved in setting up a simple repeat prescription needs a drastic overhaul. It should not take repeated attempts to order medication.

The suggestions from people working in health and social care for improvements needed were:

- Support for carers
  - More respite needs to be offered to unpaid carers and assessments need to be done with their needs in mind more often
  - The Learning Disability services rely on the good will of these people and the level of challenging behaviour some handle and the constant attention that their charges require of them is often extreme, especially when they are working to make ends meet or have their own health problems.
  - As a society we hugely undervalue carers which contributes to their low pay and sense of professional self worth. They also have far less in the way of an upward career path than in many other jobs.
  - Review families where elderly parents are the sole carer and what services there are, to meet the patients' needs.
- Staff wellbeing
  - I am seriously concerned about staff well-being and morale. Lack of options for social services is causing significant distress for staff who joined their professions to help people and are now feeling that most of their patient/client interactions are negative simply because there is so little any of us can do for people with resources being so limited.
  - The number of staff vacancies in health and social care is frightening because it leaves everyone else only able to firefight which is exhausting and demoralising and is demonstrably leading to burnout and people leaving. Individuals, families and carers understandably vent their frustration and distress at whoever they are in contact with and more support is needed for the professionals facing that distress.
- Staff training
  - To provide better quality training/qualifications for nurses and care staff.
- Sustainability:
  - Sustainable funding rather than "projects" and services which are suddenly scrapped because funding's withdrawn

### 8.1.4 Personal top 3 priorities

Thirty-six people provided their own priorities, 22 of whom were members of the public.

The top priorities for the public were:

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- Better support for unpaid carers (5)
- Better access to mental health services, including early intervention (4)
- Providing person centred care (2)
- Respite care (2)
- More access to GP (2)
- Increase number of GPs and staff (2)
- More services for people with disabilities (2)
- Day services
- Person centred training for staff
- Continuity of care
- Continued investment in St Johns
- Residential support for people with ASD
- Better staff pay for those on lower paid role
- Faster assessment
- Health promotion and education that doesn't patronise people or guilt-trip them about their lifestyle choices
- More suitable housing for folks with mobility and /or health issues
- Ensure that West Lothian council control large aspects of care
- Increased awareness of services available
- Improve coordination and communication between service providers.

The top priorities for people working in support services were:

- Staff recruitment and retention (3)
- More services for people with learning disabilities (2)
- More services for people with disabilities (2)
- Better support for unpaid carers ( 2)
- Faster assessment (2)
- Management support of staff (2)
- More support for personality disorders
- Proving correct care package
- Minor injuries drop in
- 6 monthly review of service to adjust packages where needed to ensure services are used effectively and where they are truly needed.

## 8.2 Service user feedback

Discussions were held with groups, individuals, carers and advocates from the following service user groups:

- Mental health
- Older adults with dementia
- People living with physical disabilities
- People with learning disability.

The discussions focused on:

- What is important to them in their care
- What were the key challenges and concerns impacting on their health and wellbeing.

The feedback from each of the service user groups is detailed below.

### 8.2.1 Mental health

#### Providing care and treatment at home

Participants were highly supportive of the aim of providing care and treatment at home or close to home. Maintaining a sense of belonging in the local community was very important to people, however there were a number of concerns raised in relation to the sustainability of this approach:

- **Affordability:** The increases in the cost of living were concerning individuals as to how they could afford care to enable them to remain at home. There were several examples where people had incurred debt which they were struggling to pay. Advocacy services indicated that they had received upwards of 30 call from concerned individuals or family members in the last two months regarding the affordability of care at home charges. Some people had received letters from debt collection agencies regarding outstanding payments. There were concerns regarding the potential for further deterioration in people's mental health as a result of the stress this was causing
- **Staffing shortages:** There were examples where individuals had a care package in place but where the care provider had been unable to provide the care at home. Whilst participants liked the idea of Home First, they were skeptical at how this could be delivered with the staffing issues in social care. There were also some examples where people had been billed for care which the care providers had been unable to deliver due to lack of staff. The advocacy services indicated that there were an increasing number of calls regarding care companies not delivering the hours set out in the care packages
- **Timeliness of care:** There were examples of individuals waiting several months for access to psychiatry and psychology services. Whilst the service provided by The Brock with therapeutic support was highly rated, people wanted to have more opportunities like this.

### Providing information to make informed choices

Participants were unclear as to how to access information on services and support available. They highlighted difficulties in contacting the Advice Shop, as well as a lack of awareness of where else to approach for assistance. It is understood that appointments are not available at the Advice Shop before the end of September, which as one participant stated:

*“It’s a long time to wait when you are panicking about how to pay your bills”*

There is also a preference for face to face contact as some people do not have access to the internet or find it difficult to communicate through social media. This has made it difficult for some to access support, as many organisations only offer face to face on a limited basis, such as one afternoon each week.

### Providing specialist care

The advocacy service highlighted that there was no support for people with personality disorders and that they received regular calls from people who had issues with their houses and neighbours due to challenging behaviours, some of which had resulted in loss of tenancies or requests to move houses, which can take up to 5 months to sort out.

Difficulties for people who expressed suicidal thoughts were also highlighted. The advocacy service was aware of people who had attended St Jon’s A&E but had been told that they could not be admitted due to the advice in their care plans. The advocates indicated that, whilst this may be the appropriate action, there are no other support services locally to help these individuals.

### Other issues raised

There were a number of other concerns raised by participants:

- The advocacy services highlighted an increasing number of people with mental health issues who were approaching them for help with food and utilities. Whilst foodbanks are available, it is difficult to access support over the weekend, meaning that some people could be without food for up to three days at a time
- The extent to which utility costs were eating into people’s benefit monies, leaving little left for food
- The advocacy service highlighted difficulties in accessing the mental health team for HMP Addiewell. Whilst there was a dedicated person for healthcare in the Prison, this seems to have ceased, with contact now reverting to letters as opposed to telephone, resulting in significant delays in responses to enquiries.

## **8.2.2 Older adults with dementia**

The discussions with older adults with dementia focused on their home life and the support they receive through Day Care services. Discussions were conducted with the support of day care staff.

People are referred to the Centre by Social Work. CPNs can also refer but it is mostly through the Social Work pathway, using the Getting to Know Me form. All staff receive dementia

specific training. Most support is group based, but staff can provide 1:1 support for people when needed. This can happen at any time if people become distressed.

The Day Centre has been assessed by the Care Commission to take up to 14 people with dementia up to Level 2. Whilst the Day Centre is contracted to provide support by the HSCP Tuesday to Thursday each week, it supplements this funding by providing privately funded spaces on a Monday. The Centre hopes to increase this private option to include Fridays as a means of securing additional funding support. No spaces are available to HSCP funded individuals on these days.

All but one of the individuals lived at home, three had care packages with four visits a day, and one was living at home without a package of care. All the families providing support were in full time employment. One person lived in sheltered accommodation.

Attendees came from across Livingston and Polbeth. Visits to the Day Care Centre, which is open Monday to Thursday, ranged from 2 days to three days a week and people are brought to and from the Centre by taxi. None of the people who took part in the discussions attended any other support services or organisations other than the Day Centre.

In talking with the people living with dementia, it was apparent that being able to remain in their own homes is very important to them. It provides them with continuity and enables them to remain close to family. However, all but one of the day care attendees living at home were receiving in-home support to enable them to retain their independence.

The attendees spoke very highly of the Day Care Centre and its staff and it was very apparent that they enjoyed the social contact which this allowed them. People who were in earlier stages of dementia commented on the importance of this to them, as these people commented:

*"It makes me feel better coming here. I would be stuck in the house all day every day without it. I have carers who come in, and they are lovely, but they are only there for a short time. If I didn't have here, I would be very, very lonely"*

*"I can't wait to come here. We get company, we laugh a lot, and we do games and exercises. I love it".*

*"I love the chats we have, it means such a lot coming here".*

### 8.2.3 People with learning disabilities

The discussions with adults with learning difficulties were conducted with people attending Pathways in Livingston, with the support of day care staff. Pathways is based in Livingston. It supports up to 85 people who attend on various weekdays. Support can be provided for people up to the age of 65, up to 5 days a week.

The women had been attending Pathways for a number of years, visiting the Centre between 2 and four days a week. All lived at home with family members and attend Pathways through HSCP funded transport or are dropped off by family members.

There is a range of activities on offer each day, including arts and crafts, cooking skills, exercises and days trips. Everyone attending Pathways has a weekly timetable which sets out activities for the days they attend.

Pathways links up with other organisations that support people with special needs, including a charity offering art therapy in Glasgow (Life with Art) and Enable. Other out of area activities organized include ten pin bowling.

Some of the attendees also volunteer in other organisations and facilities such as Almondvale Gardens, the Foodbank and local care homes. People also go to the Kirkton Campus at Oatridge College for gardening activities and attend Xcite for activities such as football. Oatridge College also offers certificates in a range of skills.

Links have also been made with local community organisations which offer activities not specifically developed for people with learning difficulties, such as the Men's Group and Singing for Health which are arranged by SPARK in Craigshill. There are also plans to link up with local community hubs to enable people to attend more day time activities.

Instructors also come in to help deliver a range of activities in Pathways, including guitar lessons, drumming lessons, dance and drama. Health and wellbeing sessions are also offered and there are interest groups including History and Culture Around the World.

Prior to Covid, some of the people attending Pathways also took part in clubs in their local communities in the evenings and weekends, however these stopped due to Covid and have not re-started. This means that the participants are heavily reliant on Pathways for their social contact and activities.

The opportunity to meet with others was very important, as these participants commented:

*"It's great meeting up with everyone, I miss it when I am not here".*

*"I look forward to coming here. I get up and get ready ... I love it"*

*"I wish this was on all the time, I would come every day to see everyone... I don't really see anyone when I am not here"*

*"I go to art, I do baking – I am a really good baker. I am starting to learn the guitar as well"*

They also highlighted the impact that the loss of other support options in the local area has had on their lives.

*"I used to go to a lot of things but now I just stay at home when I am not here"*

*"I can go out with Mum and Dad, but they work so I do that at the weekend"*

*“I miss going out – I hope the stuff starts again”.*

It was also very apparent that the participants wanted to stay at home. They liked being with their families and talked about their parents, their siblings and their pets. Their family life was very important to them.

#### 8.2.4 People living with physical disabilities

The discussions were held in the Ability Centre in Livingston, with support provided by Centre staff.

People are now referred to the Ability Centre by Social Work or CRABIS from across West Lothian. Until recently, it has been possible to self refer but now people are required to meet separate eligibility and contribution criteria. Staff and participants suggested that this had resulted in some people stopping attending the Centre as they were unable to self-fund. There was a waiting list, pre-Covid but this has reduced to around 30 referrals which are waiting on Social Work assessment now.

One of the participants receives outreach in East Whitburn, organised by the Ability Centre. Outreach is provided in 8 locations across West Lothian but, according to staff and participants, the numbers attending have reduced.

*“Because there are criteria people need to meet there are very few people who get outreach, there were only 3 at mine this week”*

##### Social contact

The opportunity to meet other people who are living with disability was highlighted as very important by participants

*“I would be sitting at home all day by myself otherwise”*

*“I would be doing nothing if I couldn’t come here”*

*“I could get 1:1 support at home but I prefer to come her, I don’t want to be on my own at home”*

*“You can relate to other here because we all have a disability – its peer support, its vital”*

*“If you are suddenly not able to work, like me, it’s a big change. I got very down and these people helped me through it, coming here really helped”*

##### General support and signposting

The participants also seek help from Centre staff on a range of other issues, including filling in applications for housing, blue badges etc. Participants find it difficult to use online support.

*“I have problems with my sight – so I can’t use the computer”*

*“I am not able to use the computer due to my disability so I get help here. I am not sure what I would do if I couldn’t come here”*

The participants suggested that there were few alternatives for support in the West Lothian area. Many of the other organisations are not specific to people with disabilities and others which do offer support, such as CoWL, meet infrequently.

Participants also value the advice from the staff. There were several examples where staff had helped signpost people to other support.

*“It’s hard to know where to go for help, so I usually ask here. If the staff don’t know, someone else who comes here will”*

#### Access to services

Accessing GP appointments was highlighted as an issue for participants, as well as the telephone based appointments.

*“I find it difficult to get through to my GP and then I find it difficult to describe what I want over the telephone. I would be more comfortable if I could see them”*

*“If your cognitive ability isn’t good, it can be difficult to communicate by phone”*

Follow up after discharge was also raised as a key issue.

*“When you come out of hospital it can be quite challenging and it would be better if there was some follow up to see if the care package is working or not. There is often no contact and Social Work close you case after the package is put in place so there is a huge delay in getting them back involved.”*

#### Other needs

Participants thought it would be beneficial if other agencies could link in with the Ability Centre.

*“If the Police could drop in that would be great. People are very vulnerable at home and it would be good to see how we could be more safe”*

There was also a concern about what would happen once people reached 65, as this is the age limit for the Ability Centre.

*“Once you get to 65 there is really only Braid House, but that has people who are much older – that’s not great if you are 65, its not that old. It seems crazy that you don’t get a pension till you are 67 but services stop at 65”.*

Participants also indicated that their disability can often affect their mental health. They suggested that access to a counsellor would be helpful. It is understood that this had been made available in the past through Disability West Lothian but had been stopped when the tender was won by Capability Scotland.



Access to benefits advice was also considered beneficial.

*“Disability Scotland could tell us what grants were available, how to access holidays etc but that’s not here now”*

The Advice Shop attend one day a month but this can be overwhelmed if there are a lot of people wanting help. Participants felt that this was not often enough.

## 9. The way forward

The population and health prevalence data and the feedback from staff, partners and service users indicates that the proposed Strategic Priorities of Tackling Health Inequalities in Partnership, Home First and Enabling Good Care and Treatment are appropriate. Whilst the public tended not to understand the term “health inequalities”, the issues which they raise in this needs assessment relate to key physiological and demographic risk factors and inequality issues such as health status, access to care and wider determinants of health including income, housing and social isolation. These factors were also highlighted by staff and partners.

The key priorities for service planning, commissioning and delivery, which the data and feedback highlight are discussed below in terms of building on current approaches and addressing remaining gaps.

### 9.1 Building on current approaches

There are a number of indicators which are worse than the Scottish average but have been improving and some improving at a rate which is faster than the national average. It is recognised that there has been a considerable focus on addressing hospital discharge delays and preventing people from being admitted to hospital in West Lothian as part of the current Strategic Plan and there are a number of indicators which reflect improvements in these issues:

- Prevalence of CHD, stroke and TIA – although the rate of people and being hospitalised with CHD from deprived areas is 25% higher in the most deprived areas, the rate has more than halved since 2002/3, which is a faster decrease than across the Health Board and across Scotland
- Psychiatric hospital admissions (although these were 15% higher in 2020/21 than the Scottish average)
- Preventable and repeat emergency admissions
- Delayed discharges amongst the over 75s
- The extent of discharge delays for health and social care reasons reduced significantly bringing it below the Scottish average
- A slightly higher rate of people receiving care at home than the national average
- Adults supported at home agreeing that their support was well co-ordinated.

In addition to this, there has been improvements, compared to the national average, in indicators which are known to be related to health inequalities:

- Smoking attributable deaths
- Alcohol attributable related deaths
- Premature mortality from all causes – although this is 40% higher in the most deprived areas, it has been reducing faster in West Lothian than the Scottish average
- Impact of diabetes on life expectancy.

Consideration is given below to how actions which are being taken at service level could build on these improvements, ensuring that the progress made is not lost and also addressing key factors related to these issues which have been raised by members of the public, staff or partners.

### 9.1.1 Increasing access to care

#### Primary care

The national published data indicates a higher proportion of people in West Lothian live in the top 15% access deprived areas. There are a higher proportion of GP patients living in the most deprived areas and GP practices are continuing to have a greater practice list than the Scottish average. These indicate potential issues with access to primary care, a factor which featured heavily in the feedback from the public and one which has the potential for worsening due to the large numbers of new houses planned for West Lothian in the next few years.

Access to primary care underpins early intervention and prevention and can help prevent unplanned or emergency hospital admissions. Lack of access to primary care can result in escalation of health issues which can translate into conditions requiring hospital admission such as infections (an issue raised by some staff in the needs assessment). Feedback from the public indicates a desire for local care and care at home but the data for the area highlights issues with emergency, preventable and repeat hospital admissions generally, and particularly amongst people living in deprived areas.

Primary care in West Lothian has already started to take action on access issues with the inclusion of other practitioner roles in GP practices, such as Physiotherapy, reducing the need for people to see a GP for certain health issues and the piloting of an extension to the District Nursing role to address common acute presentations and frailty assessments.

Community Pharmacies are also delivering support for minor injuries and illnesses through Pharmacy First and Pharmacy First Plus. With pharmacies being located in communities across West Lothian, this offers an opportunity to address some of the access issues if it is possible to increase the care and treatment role of local pharmacies. Although, it recognised that this might be limited due to a lack of qualified pharmacists nationally.

#### Pathways

Another key aspect of enabling access to support closer to home will be ensuring people know what support is available and are directed quickly, effectively and consistently to that support.

#### Single Point of Contact (SPoC)

The SPoC being piloted, could offer an effective pathway to ensure people can access appropriate primary care. If this could be enhanced by access to a comprehensive information portal outlining what support is available within localities, this could help people to make informed decisions about their care and treatment. The Third Sector Interface has a Service Locator portal which could perhaps be enhanced to address this information gap.

### Mental health

The introduction of the Community Wellbeing Hubs and the Mental Health and Wellbeing Network offers people the opportunity of accessing support for issues affecting mental wellbeing such as anxiety, depression and stress, conditions which are increasing particularly in areas of deprivation across West Lothian.

Mental health and wellbeing have been raised by both members of the public and staff as issues of greater concerns post-Covid. Feedback from the public suggests a lack of awareness of how to access support and also difficulties in accessing GPs. There are Mental health Practice Nurses within GP practices who can refer people to the Hubs and it may of benefit to raise public awareness of this existing pathway.

### **9.1.2 Screening**

Whilst the instance of cancer is considerably higher than the Scottish average, the data shows an increase screening uptake, particularly bowel screening, which indicates that more people are being screened. This, and the introduction of the Improving Cancer Journey in West Lothian, is likely to be related to the increase in cancer registrations. Whilst this is an increase in incidence, it can also reflect an increase in earlier identification of individuals and enabling earlier treatment.

However, the increasing is not mirrored equally across the population. Feedback from staff suggests that screening checks are not being applied consistently for people living with learning disabilities. Gaps in screening checks are being identified by staff in day care services and raised with primary care, however not all adults with learning disabilities receive day support. With an increasingly ageing population and people with learning disabilities living longer, the incidence of cancer and the number of years affected by cancer for these adults is likely to increase. It would seem essential to ensure that they receive the same screening checks as other adults in the population.

### **9.1.3 Age related care**

The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a greater proportion of the population over time. The numbers of people aged 65 to 74 is expected to increase by 75% by 2028 and those aged over 75, equating to approximately an additional 13,000 and 11,000 respectively.

Improvements have been made in West Lothian to the numbers of people affected by Ischaemic or Cerebrovascular heart disease, however there are a number of other health issues which worsen with age and which are likely to be more prevalent in the future and where the number of years of life affected by these issues are already higher than other areas in Scotland, namely:

- Dementia which is also more prevalent in areas of deprivation in West Lothian
- Depression and anxiety which are more prevalent in areas of deprivation in West Lothian, where prescribing rates are also higher
- Osteoarthritis

- Back and neck pain
- COPD and COPD hospitalisations
- Falls which are increasing at a higher rate than the Scottish average.

The increasingly ageing population in the area suggests that the demand for care and treatment for these issues will increase over time and data from MSK services and feedback from staff in community hospitals and day care services suggest that demand for care and support for these health conditions is already being experienced. The expansion of the primary care teams and the development of advanced practitioner roles amongst non-medical teams in GP practices across West Lothian offers the opportunity for people to access care locally and to prevent the escalation of health issues through earlier intervention and linking with Third Sector organisations.

There has also been considerable work done in MSK services through the Waiting List Initiative which has reduced the waiting times from 16 weeks to 12 weeks, despite an increase in referrals. The learning from this approach could potentially inform other services to address waiting list challenges as speed up access to services. In addition, the approach taken in Psychiatry to adopting a digital approach to review appointments could also offer an opportunity to increase access and reduce waiting times if this could be rolled out in other services.

#### 9.1.4 Hospital admissions

Feedback from managers and staff in this needs assessment indicates that hospital admissions have been reducing this year, however the published data and the feedback from hospital based staff is not yet reflecting this. Data is showing no reduction in emergency admissions and an increase in the number of hospital episodes, contrary to the national figures which show a decline of between 15% and 17% respectively. There is a concern amongst staff and members of the public that, with the lack of social care staff and the lower proportion of residential beds per head of population in West Lothian, further pressure will be placed on hospital services to accommodate vulnerable and frail people. Feedback from hospital teams indicates that there have been recent incidences where this has occurred. It would be beneficial to continue to monitor this.

#### 9.1.5 Working practices

The staff highlighted that many of their patients/clients have multiple health and social issues which impact on their lives and that the process to assess people's needs did not reflect this. Staff and carers highlighted that people often had a number of assessments conducted by different services, providing the same information repeatedly. Limitations in information sharing amongst services was also highlighted, resulting in people being asked for the same information on multiple occasions. The members of the public, in particular, highlighted a desire for more joined up working among services and a more person-centred approach.

Streamlining the assessment process and including questions on the wider determinants of health would seem to offer an opportunity to provide patient and families with a more person centred approach and enable services to free up time and staffing. There are already

examples of wider assessment process which could be adopted, including the Holistic Needs Assessment used in the Improving the Cancer Journey, which includes capturing information on physical and emotional health, availability of carer support and wider determinants including benefits, debt and housing.

### 9.1.6 Support for carers

Whilst there is support for Home First, feedback from carers and advocacy organisations highlighted concerns at the levels of support available for carers. Participants felt that Home First could increase the demands on unpaid carers in families. Feedback from service users from vulnerable population groups (people living with dementia, learning difficulties or physical disabilities) indicated the important role families played, and continue to play, in enabling them to remain at home.

It is recognised that the HSCP provide funding to Carers of West Lothian, have a carers specific fund for people who are unpaid carers and that there is carers strategy being refreshed which highlights areas for carer support for the future and which reflects feedback from the recent Carers Survey. Whilst there has been an increasing focus on carers since the Carer Act in 2016, feedback from carers in this needs assessment suggests that there is not a consistent approach across statutory services for conducting assessments for Adult Carer Support plans. Several carers suggested that they had not been assessed or that the assessment process was still focused on the patient/client and did not truly assess the carers needs.

## 9.2 Key priorities for the future Strategic Plan

The published data indicates a substantially lower rate per head of population in West Lothian for care home places. Feedback from staff and providers suggests that residential and day care services are increasing their focus on people who can self-fund their care, as a means of addressing funding limitations.

One of the key concerns expressed by staff, providers, community organisations, carers and service users participating in this needs assessment is the sustainability of the Home First aim. This is essentially due to two issues – availability of people to provide the care (paid and unpaid) and the affordability of care provision.

Whilst the data has indicated the success of the approach taken in addressing delayed discharges in the area and that there is a proportionately higher number of people in the area who are cared for at home than the Scottish average, the feedback from staff and service providers suggests that issues are developing with discharges which may impact on the continued success. Discussions have highlighted:

- Difficulties experienced by hospital discharge teams in securing timely packages of care for patients
- Difficulties now affecting a wider range of geographical areas, including those where there has been new housing developments and therefore larger populations.

### 9.2.1 The health and social care workforce

The creation of a National Care Service is under consultation at present. This is intended to address the difficulties in delivering social care across Scotland. However, it is not known at this stage, how this will be implemented.

Meantime, there has been a considerable amount of work undertaken in relation to workforce planning and it is recognised that there is a Workforce Strategy about it be finalised for the HSCP. This addresses the organisational needs across all services for which the IJB has responsibility.

However, the workforce and delivery capacity are impacting on all care providers in all sectors. It would be beneficial, therefore to separate out measures aimed at encouraging retention of the existing workforce and those aimed at recruiting new people into the workforce.

Discussions with the services in the needs assessment has highlighted approaches which are being take to address role responsibilities and training and development to enable non-medical staff to undertake a wider remit.

It has also been recognised that there is a need to increase the total workforce that can provide health and social care and that this necessitates making social care, in particular, more attractive as a career option. Given the extent of the workforce issues, there is an opportunity to involve other sectors (private and third Sector) that provide day care and residential and nursing care in developing solutions to this issue.

A partnership approach between primary, community and acute sectors to addressing recruitment and retention issues in key roles including nursing and allied health professionals within the acute sector has also been suggested as part of the future workforce planning.

### 9.2.2 Ageing population

The population data indicates an increasingly ageing population, within substantial increases in the number of people who will be aged 65 to 74 years of age and those aged over 75. These are estimated to increase by over 13,000 and 11,000 respectively by 2028. The needs assessment highlights:

- Increasing prevalence of dementia generally
- Increasing prevalence of dementia amongst population groups with other complex health conditions such as people living with learning disability or physical disability
- Support services in the community which enable people to remain at home tend to have an upper age limit of 64 (which is lower than the current state pension age)
- A gap in services for “younger” older adults i.e those aged 65 to 74.

The nature of these conditions means that there will be an increasing number of people who are likely to need support to prevent hospital or care home admissions. There are a number

of private sector organisations that provided in-home care for these adults, however there may be affordability issues arising from the cost of care.

With the projected increase in population numbers and the likely increase in demand for support, there will almost certainly need to be an increase in community provision and residential care. There may be an opportunity for a partnership approach with the private and third sectors to plan for meeting that demand.

### 9.2.3 Pathways

Discussions with service users, carers and some service providers has suggested that there is a lack of clarity about what support is available in West Lothian. As well as making an information portal available with information on services and support and how to access them, the introduction of the Single Point of Contact (SPoC) offers an opportunity to enable more effective signposting to services and support.

In addition to this, adoption of a No Wrong Door approach is used in several local authority areas across the UK to help people access services. The approach aims to break down service silos and enable people to get to the right support no matter which service they contact. There is normally one single shared assessment, with information shared with other services as required and one person, the first point of contact, supporting the individual to ensure they are navigated to the service they need. This could fit well with the SPoC approach.

### 9.2.4 Gaps in provision

The needs assessment has highlighted gaps in provision for which there is increasing demand for support:

- Distress services and pathways
- Neuro developmental disorders
- In-home support for people with challenging behaviours
- Local support for people with physical disabilities
- Respite and specific support for elderly carers

#### Distress services and pathways

Feedback from staff indicates that there has been a general increase in people being referred to mental health services where there is no diagnosable mental illness but where there is mental distress, often arising from experience of trauma. These individuals are not suitable for mental health interventions. Concerns around emotional wellbeing were raised by members of the public and advocacy services in this needs assessment.

In addressing this demand for support, there needs to be:

- A clear distress pathway for referrals and support



- The pathway needs to be widely promoted to ensure awareness amongst practitioners and services that come into contact with people experiencing or having experienced distress
- Greater linkages with organisations that specialise in distress support.

### **Neuro developmental disorders**

Feedback from staff suggests that there is a substantial increase in the numbers of people being referred for NDD assessment and that the waiting list is increasing. There is a need to increase the assessment capacity within West Lothian and to develop care pathways following assessment for those requiring support.

### **9.2.4 Partnership working**

#### **In-home support for people with challenging behaviours**

Feedback from staff and support organisations working with people with challenging behaviours, such as people with personality disorders and people with dual diagnoses of mental ill-health and problematic substance, suggest that it is difficult to maintain these adults in their own homes or tenancies due to their behaviours. As a result, these adults are more at risk of homelessness and worsening mental health.

There are limited options for in-home support for these adults from other organisations. There is a mental health framework with a range of providers, however, it is often not possible to find care for this group of people. It would be beneficial to consider, with partners in housing and in the Third Sector, how tenancy support could be enhanced to prevent homelessness.

#### **Local support for people with physical disabilities**

The families of people with physical disabilities can incur considerable travel costs taking their loved one to the Astley Ainslie Hospital on a regular basis. Staff suggested that there may be an opportunity to discuss with Astley Ainslie the option of delivering more services locally to enable people to access support closer to home.

#### **Respite and specific support for elderly carers**

Carers and support organisations that participated in the needs assessment were concerned at the potential impact of Home First on unpaid carers. With an increasing ageing population, concern was particularly expressed regarding an ageing unpaid carer population with an increasing risk of the caring role impacting on their own health.

Whilst there is an increasingly elderly carer population, many younger carers also work. Participants highlighted a need for respite, both during the day and for a longer break. Respite provision is currently very limited amongst care home providers in the area. There is concern that, if the health of unpaid carers is adversely affected, particularly elderly carers, this will impact on discharge planning and also on unplanned hospital admissions.

### 9.3 In summary

The recommendations outlined above will enable the IJB to develop a Strategic Plan which will incorporate the actions needed to enable achievement of the Strategic Priorities of Tackling Health Inequalities in Partnership, Home First and Enabling Good Care and Treatment.

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They build on progress to date and also address key gaps in support provision which are not only affecting particularly vulnerable population groups, but also are preventing the implementation of the supporting care at home and care close to home which is vital to delivering the Home First ethos

## Appendix 1: Health and Social Care Indicators - Overview

## Indicators which are better than the Scottish average or improving

| West Lothian picture  | Indicators  |
|---|---|
| Better than other areas   | Drug related deaths (but still increased by 2/3rds since 2006)  |
| Worse but improving - Indicators decreasing faster in WL          | <ul style="list-style-type: none"> <li>• Smoking attributable deaths</li> <li>• Impact of diabetes on life expectancy</li> <li>• Premature mortality from all causes (40% higher in the most deprived areas)</li> <li>• Rate of people hospitalised with CHD</li> </ul> |
| Worse but improving - Indicators decreasing but more slowly in WL | <ul style="list-style-type: none"> <li>• Alcohol related deaths</li> <li>• Psychiatric hospital admissions</li> <li>• Preventable &amp; repeat emergency admissions</li> <li>• CHD, stroke and TIA</li> </ul>   |

## Indicators which are worse than the Scottish average and deteriorating

| West Lothian picture    | Indicators   |
|-------------------------|--|
| Worse and deteriorating | <ul style="list-style-type: none"> <li>• Alcohol related hospital admissions – slight increase, contrary to other areas</li> <li>• Maternal obesity rates &amp; faster increase</li> <li>• Rate of diabetes &amp; number of years of life affected</li> <li>• Prescription drugs for anxiety, depression or psychosis (comparable with other areas)</li> </ul> |

## Indicators and deprivation

| Health conditions which are worse in deprived areas in WL |  |
|---|--|
| Asthma (hospital admissions)                              | Decreasing but 39% higher in areas of deprivation  |
| Cancer*   | Cancer registrations increasing and 16% higher in most deprived areas (contrary to the Health Board and national average)  |
| Mental health   | <ul style="list-style-type: none"> <li>Prescribing rates for drugs for depression, anxiety or psychosis were 36% higher in deprived areas</li> <li>Psychiatric admission rates were 81% higher with a lower rate of reduction</li> </ul> |
| Prescribing   | <ul style="list-style-type: none"> <li>Prescribing rates were 36% higher than for those in the least deprived areas.</li> </ul>  |

| Indicators where deprivation difference is 10% and above | West Locality | East Locality |
|--|---------------|---------------|
| Alcohol related hospital admissions                      | 45% higher    |               |
| Drug related hospital admissions                         | 44% higher    |               |
| Maternal obesity   | 10% higher    |               |
| Prevalence of diabetes                                   | 10% higher    |               |
| Prevalence of CHD*                                       | 10% higher    |               |
| COPD rates*  | 27% higher    |               |
| Prevalence of dementia                                   | 30% higher    |               |
| Depression and anxiety                                   |               | 53% higher    |
| Prevalence of asthma                                     | 10% higher    |               |
| Asthma related hospitalisations                          | 53% higher    |               |
| Repeat hospital admissions (over 65s)                    | 11%           |               |
| Rates of access deprivation                              | 75% higher    |               |

## Health risks with age

| West Lothian picture  | Conditions   |
|---|--|
| Number of years of life affected by age already higher than the Health Board and Scottish averages  | <ul style="list-style-type: none"> <li>• Osteoarthritis</li> <li>• Back and neck pain</li> <li>• COPD (including COPD hospitalisations)</li> <li>• Dementia</li> <li>• Depression and anxiety (but is reducing at a faster rate)</li> <li>• Falls (and increasing at a greater rate locally than in the Health Board or nationally)</li> </ul> |
| Number of years of life affected by age currently lower than the Health Board or Scottish averages: | <ul style="list-style-type: none"> <li>• Ischaemic heart disease (and has been reducing since 2104)</li> <li>• Cerebrovascular heart disease (with a faster rate of reduction since 2014)</li> </ul>   |

## Indicators and Home First

### Indicators which support delivery of Home First

- The over 75s almost half the number of days in hospital despite being ready for discharge than national average
- Slightly higher rate of people receiving care at home than the national average (2.3%)
- 71.7% of adults in West Lothian who are supported at home agreed that their support was well co-ordinated (5.3% higher than the Scottish average)
- Extent of discharge delays in West Lothian for health and social care reasons has reduced by 26% since June 2016 – July 2017, bringing it below the Scottish average
- 7,643 occupied bed days (20/21) which were subject to a delayed patient discharge. Lower rate caused by health and social care delays compared to Scottish average

### Challenges for Home First

- Lower rate of people receiving home care in West Lothian
- Lower proportion of adults who are supported at home and agreeing they were supported to live as independently as possible. Higher reduction than national average
- Higher % of people aged 65 and above requiring high levels of care at home
- Considerably lower uptake of Options 1 and 2 for SDS
- Only a quarter of carers in West Lothian felt supported to continue in their caring role

### **Challenges for Care Close to Home**

- Care homes have high average occupancy rate of 88% - private and voluntary sector homes having occupancy rates in excess of 90%
- Lower rate of care home places - fifth lowest rate amongst all Scottish local authorities

### **Challenges for reducing unplanned admissions**

- Increase in number of episodes treated in West Lothian hospitals contrary to national trend
- Increased number of hospital admissions
- Reduction in in-patient episodes from 2016/17 is lower than nationally
- A& E attendances at St John's Hospital reduced but less than the national average
- New outpatient appointments in West Lothian reduced from 2016/17, although reduction is less than the national average

## **Appendix 2:** Available services and support

## Older adults

### Maintaining people at home

#### A: Housing with Care – supported housing

West Lothian Council, in partnership with Housing Associations, provides housing, care and domestic services for 222 tenancies for older people (60+) who have care needs. The aim of supported housing is to promote independent living through assisting older people with support needs to reside longer in their own homes as an alternative to other forms of care.

A team of Housing Support staff provides practical advice, support and assistance from 7.30am to 10.00pm, after which there is a sleepover member of staff who would respond to emergencies and short term acute illnesses.

The service uses Smart Technology which can be tailored to offer a wider range of support and which enables Housing Support to respond quickly in a crisis or emergency situation.

Tenants are encouraged to remain active and independent with staff providing general housing support, professional care and domestic care services. There is also a community hub with a restaurant/café.

The accommodation is available in:

- Armadale: 30 tenancies
- Blackburn: 24 tenancies
- Bathgate: 28 tenancies
- Broxburn: 30 tenancies
- Crusader Court, Livingston: 32 tenancies
- Mid Calder: 20 tenancies
- West Calder: 30 tenancies
- Whitburn: 28 tenancies

#### B. Housing with Care – sheltered housing

Additional sheltered housing (60 tenancies), managed by WLC, are located in Bathgate

#### C. Retirement Housing

A range of Housing Associations offer retirement housing across West Lothian (618 tenancies)

- Armadale: 36 studio and one bedroom flats
- Bathgate: 102 flats
- Blackburn: 37 flats
- Broxburn: 71 flats
- East Calder: 26 cottages
- Fauldhouse: 33 flats
- Linlithgow: 27 one bedroom flats
- Livingston: 117 flats
- West Calder: 35 flats



- Winchburgh: 24 flats
- Whitburn: 76 flats
- Uphall: 32 flats

An additional 91 tenancies are offered by Housing Associations for sheltered housing with meals:

- Armadale: 22 tenancies
- Bathgate: 29 tenancies
- Linlithgow: 40 tenancies.

#### **D. Home Safety Service**

WLC's Home Safety Service support people to remain living at home by providing equipment installed in their own home that is linked to specially trained advisers who will respond to all alarm calls for help.

#### **E. In-home care support**

There are 13 independent organisations that provide in-home care for older adults to help maintain them in their own homes. All of these organisations provide support across West Lothian.

#### **F. Day care**

Braid Health & Wellbeing provide a day care service in Livingston for older people with a range of social and practical support services. The Day Centre caters for WLC funded places and self referral places. It also offers an outreach service.

Day Centres are also available in Bathgate (Acredale House) and Whitburn (Answer House).

#### **G. Respite care**

Seven (7) nursing homes, all privately owned, provide short term/respite care for older adults. These are based in:

- Bathgate
- Broxburn
- Fauldhouse
- Linlithgow
- Livingston
- Whitburn

#### **H. Rapid Elderly Assessment Care Team (REACT)**

The REACT service works as an integrated hub and is a single point of contact for frail elderly people over the age of 75 during an episode of acute illness. The service aims to help reduce unnecessary hospital admissions and unplanned care, providing prompt comprehensive assessment for frail elderly people and delivering interventions through a rapid assessment clinic based at St John's Hospital or an assessment at home.

The REACT staff team consists of a multi-disciplinary team of geriatricians, nurse practitioners, specialty doctors, physiotherapists, occupational therapists, pharmacists, administrative staff and a social care co-ordinator. They liaise with and complement existing core hospital and community health and care services to provide effective multi-disciplinary assessment and interventions using shared decision-making process towards patient-centred goals

Patients can only be referred into REACT by Hospital staff and GP's.

## **I. Support at Home Service**

This incorporates the Re Ablement, Falls Assessment and Prevention, Home Safety Service and Crisis Care.

### Re Ablement

Re-ablement provides a short term assessment service, ordinarily for no longer than six weeks with regular reviews of progress. The service supports and encourages adults to do a range of daily living tasks needed for everyday life. The level of service depends on progress

At the end of the assessment, providing eligibility criteria are met for paid services the Team will discuss a care at home package.

### Falls Assessment and Prevention

This service, staffed by a falls assessor, takes referrals and provides a falls assessment as the result of a fall in the community, the aim being to intervene quickly when someone has fallen to try and reduce the risk of further falls and admissions to hospital.

### Home Safety Service

Home Safety Service offer a broad range of technology designed to keep someone safe at home or summon assistance in an emergency situation. Services are mainly used by older people or people with disabilities but can also support people with significant health problems.

### Crisis Care

This is a 24-hour service which works directly in partnership with Careline and assists anyone in West Lothian who has fallen, raises an alert through their Telecare equipment or is experiencing a crisis. The team may offer short term support to enable those in crisis to stay at home, where appropriate.

The Crisis Care Team in partnership with the Scottish Ambulance Service have developed a falls pathway which can avoid the need for someone to be taken to hospital. The Scottish Ambulance Service will complete an assessment to determine if it is appropriate to leave someone at home with the support of Crisis Care.

## **J. Community Occupational Therapy**

WLC's Community Occupational Therapy (OT) Service promotes independence for children, adults and older people living at home who have physical, mental or learning disabilities. The service promotes independence by giving advice on how to carry out tasks differently, suggesting equipment to assist with self care tasks, recommending alterations to property to

make the environment more accessible and signposting to other agencies for further support and advice.

The service has eligibility thresholds and a financial assessment for the provision of equipment and adaptations based on ability to pay

A referral can be made by anyone via the OT Duty Team and cases should be allocated within 6 weeks of receipt of referral and high priority cases within 7 days.

## **Maintaining people close to home**

### **A. Residential care**

WLC operated 4 residential care homes in West Lothian for people who have been assessed as no longer able to manage in their own home. These accommodate a total of 141 residents in:

- Livingston (69 residents)
- West Calder (40 residents)
- Whitburn (32 residents).

A range of private sector providers also offer approximately 41 places for older adults, primarily in Livingston, with 1 provider in Broxburn.

### **B. Nursing homes**

All nursing home provision is within the private sector in West Lothian. Nine (9) providers cater for up to 550 residents:

- Armadale: 60 residents
- Bathgate: 120 residents
- Broxburn: 115 residents
- Fauldhouse: 57 residents
- Linlithgow: 80 residents
- Livingston: 118 residents

## **Other support**

### Advice Shop

Based in Bathgate, the Advice Shop offer a targeted service for anyone living in West Lothian and offers support and advice on a range of issues including benefits, energy, money/debt and housing.

### Advocacy

EARS, in Livingston, provides support for older adults, attending meetings or appointments with/on behalf of service users, assisting writing letters, emails or making phone calls.

Befriending/social contact

A range of voluntary organisations offer befriending and/or social contact opportunities. The majority of these are in Livingston and Bathgate, with single organisations offering support in:

- Armadale
- Blackburn
- Broxburn
- Fauldhouse
- Linlithgow
- Mid Calder
- Whitburn
- Uphall.

## Mental health

### Maintaining people at home

#### **A. Acute Care and Support Team (ACAST)**

The ACAST service provides home treatment for adults under 65 years suffering acute mental health problems. The service offers an alternative to hospital admission and facilitates early discharge. It provides same day unscheduled mental health assessment.

The service, based in St John's Hospital, operates daily from 8.30am to midnight

#### **B. Community Psychiatric Nursing Team**

The CPN Team work to reduce the need for patients to come into hospital by providing a comprehensive assessment and care management plan for individuals and their families.

Based in St John's Hospital, it operates Monday to Friday 9am to 5pm and accepts multi-agency referrals.

#### **C. Community Psychiatric Nursing Older Adults Team**

The CPN Team provides a comprehensive assessment and care management plan for individuals over 65 years and their families.

Based in St John's Hospital, it operates Monday to Friday 9am to 4.30pm and accepts multi-agency referrals.

#### **D. Elderly Day Services**

This service provides assessment and treatment for people over the age of 65 years (under 65 years if diagnosis of Dementia) who have mental health problems.

There is also a Specialist Healthcare Elderly Day Service which provides assessment and management for people with mental health problems whose needs cannot be met within mainstream day care.

Based in St John's Hospital, it operates Monday to Friday 9am to 4.30pm and accepts multi-agency referrals.

#### **E. Older People's Community Mental Health Team**

The team provides intensive assessment and treatment of people 65 years and over with a mental health illness, to provide care and treatment to the person in the community setting to prevent a hospital admission whenever possible. The team also supports early discharge from hospital back to the community setting.

The service is provided from St John's Hospital and is available 7 days a week with and out of hours service available to 8pm.

## **F. Community Outreach Team**

Based in Bathgate, the Community Outreach Team (COT) and Day Services provides a community based service to people with severe and enduring mental illness and complex needs, promoting independence and enhancing coping strategies.

The service operates Monday to Friday to 5pm and accepts multi-agency referrals.

There is also an out of hours team which provides a weekend service from 10am to 6pm which supports existing clients of the Community Outreach Team.

## **G. Occupational therapy**

The service provides OT assessment and intervention. Outpatients are referred through West Lothian Mental Health triage and directly from secondary care. Based in St John's Hospital, it operates Monday to Friday 9am to 4.30pm.

## **H. Strathbrock Mental Health Resource Centre**

Based in Bathgate, the service is part of West Lothian Community Mental Health Day Services. The Centre caters for individuals with a severe and enduring mental illness who do not require an intensive input but benefit from ongoing support and assistance. The service work in partnership with a wide range of statutory and voluntary organisations and carers.

A weekly Continuing Care Clinic is held at the Centre along with Clinics at Carmondean, Dedridge and Linlithgow Health Centre's providing Clinical Care locally. Trained staff also provides an input to a Clozapine Clinic at St John's.

The service operates Monday to Thursday, 8.30am to 4.30pm and accepts multi-agency referrals.

## **I. West Lothian Wellbeing Network**

The West Lothian Well-Being service works with charities and social enterprises in West Lothian to support mental health and wellbeing by helping people before they need to see a GP or go to hospital. The service is managed by West Lothian Social Enterprise Network.

It is a person-centred service that discusses people's needs and liaises with local partners' services to connect people to personalised support. The service is open to those aged 18 and over, living in West Lothian.

Referrals are received via an online self-referral form and a meeting is set up to discuss and expand on the help request. An agreed plan is made based on individual needs, permission to discuss anonymised information with potential support partners agreed and follow up contact agreed to discuss support options available.

## **I. Lanarkshire Association for Mental Health (LAMH)**

The service supports people to remain living independently and safely in their own homes through the provision of housing related support. This service is voluntary and available for

as long as is needed. Support is available on a 1 :1 basis and includes finance and budgeting, debt advice, housing support, creating routines and developing coping mechanisms. Referrals are received from Social Work or other mental health professional.

### **J. Bathgate House Day Service/81 Club**

Bathgate House and the '81 Club provides Mental Health Day Services for adults aged 18+ in the form of Groups and Community Outreach to people suffering from severe and enduring mental health problems, who no longer need intensive support from the Community Outreach Team, but require ongoing involvement with services. Bathgate House also hosts two Depot clinics and one depot clinic in Whitburn.

Bathgate House works in partnership with West Lothian College and various voluntary sector agencies to provide a broad spectrum of opportunities.

The '81 Club is based in Whitburn Community Centre and provides the same service to adults in the Whitburn/ Fauldhouse area.

Bathgate House and the '81 club operates Monday to Thursday 8.30am to 5pm and Friday 8.30am to 4pm. It has open referral access from multi-agencies.

### **K. In-home care support**

There are 3 independent organisations that provide in-home care for adults with dementia to help maintain them in their own homes. All of these organisations provide support across West Lothian.

### **L. Respite care**

One privately owned nursing home in Broxburn provide short term/respite care for adults aged 60+ with dementia.

### **M. Community wellbeing hubs**

There are two (2) Community Wellbeing Hubs, one in Livingston and one in Boghall and all GPs in the West Lothian area can signpost to them. The Hubs have a team of NHS therapists and Community Link Workers, employed by Lanarkshire Association for Mental Health (LAMH).

They support people with common mental health difficulties such as anxiety, depression and stress who have been signposted by their GP practice.

### **N. Access2Employment Wellbeing Team**

The Access2Employment Wellbeing Team offers coaching workshops and talking therapies for lone parents, people in a workless household or on a low income. Support is available via telephone and online.

### **O. Advocacy**

There are 5 advocacy services who can support people living in West Lothian with mental health issues. These are:

- The Advice Shop in Bathgate, offers a targeted service for anyone living in West Lothian and offers support and advice on a range of issues including benefits, energy, money/debt and housing.
- The Mental Health Advocacy Project for people who experience mental health and/or addiction problems. Support is provided across a range of issues which may impact on mental health, including housing, benefits, criminal issues and caring responsibilities
- Wellbeing Scotland
- Passion4Fusion: Based in Edinburgh, Passion4Fusion provides advocacy support for people from ethnic minority groups across the Lothians
- MECOP: Based in Edinburgh, MECOP provides advocacy services for a range of ethnic communities.

### **P. Community mental health and wellbeing service**

Health in Mind provide a community based mental health and wellbeing service for those aged 55 or over. Support is provided on a one-to-one or group basis and can be accessed by referral from another agency or self referral.

### **Q. Homeless Health Team**

A partnership between WLC and NHS Lothian, the aim of the Homeless Health Team is to improve and maintain the mental health and well-being of homeless people. Two Community Psychiatric Nurses provide a flexible outreach service to people who have concerns about their mental health and are homeless or at risk of homelessness in West Lothian. The team:

- Provide assessment and implement planned nurse intervention and mental health support to people whilst in temporary accommodation
- Identify mainstream agencies which are best placed to meet the mental health needs of those who are homeless
- Provide support and advise on health issues to those working with homeless people
- Provide health promotion and education on mental health and wellbeing for clients and those supporting them.

### **R. Practice Nurse Mental Health Service**

Each GP practice in West Lothian has access to a Mental Health practice nurse to support adults aged 18 – 64 who are experiencing mental health, stress, anxiety, depression, low mood, panic attacks or similar. The service sees patients requesting a GP appointment to assess mental health and signpost to appropriate help.

### **S. Counselling services**

There are organisations offering counselling support by qualified counsellors which are available for people living in West Lothian:

- Polbeth Community Counselling for people experiencing depression, anxiety or loneliness
- The Bridge Counselling Service



- LGBT Health & Wellbeing provides a helpline and a free counselling service
- Wellbeing Scotland support to identify and access appropriate help and support to resolve practical issues getting in the way of recovery

### **T. Support groups**

There are a range of organisations operating support groups which could be accessed by people living in West Lothian. These include organisations offering:

- Social and networking activities to address isolation, anxiety, low mood etc
- Organisations supporting ethnic minority groups
- Financial resilience and wellbeing (The Bridge Financial Wellbeing Service)
- Befriending

### **U. Trauma support**

- Two organisations offer bereavement support to adults, one of which is based in Livingston
- Two organisations offer support for bereavement through stillbirth or miscarriage. Support is provided through telephone and online
- Childhood sexual abuse: two organisations provide practical and emotional support for survivors of childhood sexual abuse. One is based in West Lothian and the other in Falkirk
- Suicide: Three organisations offer support to people affected by suicide. One is based in Livingston and the remaining two offer telephone and online support
- One organisation provides skills and support for survivors to move on from trauma

### **V. Online support**

West Space is an online space for mental health and wellbeing information in West Lothian. It provides:

- Information about local mental health and wellbeing services and support
- A platform to promote positive mental health and wellbeing through connecting people to local activities and places
- Resources to support self-help and self-management.

There are also a range of apps available for people to download, including Headspace, Feeling Good and iThrive and telephone helplines such as Breathing Space

## **Maintaining people close to home**

### **A. Pentland Court**

Pentland Court at St John's Hospital supports adults aged 18+ to aid with severe and enduring mental illness in a 12 bed unit. The team, working collaboratively in partnership with community services and other support networks, provide clients with the opportunity to gain the confidence, skills and experiences to rebuild a meaningful life in the community.

### **B. Ward 1, Intensive Care Psychiatric Unit (IPCU)**

The service provides 24 hour inpatient care for adults 18+ with acute mental health illness who require a secure environment and more intensive treatment. The 10 bed ward in St John's Hospital, supports early discharge from hospital back to the community setting. Patients in Ward 1 also receive support from the Occupational Therapy team who provide assessment and intervention.

### **C. Ward 3, St John's Hospital**

Ward 3 is a 12 bed Acute Psychiatric Assessment Ward for over 65 year olds. It supports early discharge from hospital back to the community setting. Patients in Ward 3 also receive support from the Occupational Therapy team who provide assessment and intervention.

### **D. Ward 17, St John's Hospital**

The service provides 24 hour inpatient care in a 22 bed ward for adults 18+ with acute mental health problems that cannot be safely treated at home. Patients in Ward 17 also receive support from the Occupational Therapy team who provide assessment and intervention.

### **E. Residential homes**

WLC operates one residential home, based in Livingston, for people over 65 with mental health problems.

### **F. Nursing homes**

There are two privately owned residential homes who support residents aged over 60 years with mental health problems, one in Armadale and another in Broxburn.

## **Adults with dementia**

### **A. Roseberry Wing, Tippethill Hospital**

Roseberry Wing is a 16 bed Continuing Care Unit in Tippethill Hospital in Armadale for females over 65 years with dementia and requiring complex care, often due to stressed/distressed behaviours.

### **B. Maple Villa, Livingston**

Maple Villa is a 12 bed Continuing Care Unit in Livingston for males over 65 years with dementia and requiring complex care, often due to stressed/distressed behaviours.

### **C. Nursing homes**

All nursing home provision is within the private sector. Nine (9) providers cater for residents with dementia, providing nursing as well as personal care. These are based in:

- Armadale
- Bathgate
- Broxburn
- Linlithgow
- Livingston
- Whitburn

## **D. Day centres**

The Roseberry Centre in Polbeth provides day care facilities for people with dementia and support people in Livingston, East Calder, Mid Calder, West Calder, Uphall and Pumpherston. In addition to events and activities, a befriending service is offered as well as support for carers.

## **E. Dementia cafes**

Dementia cafés offer a 'dementia friendly' place for people with dementia, their partners, families and friends to meet up for a chat and a coffee. Alzheimer Scotland operates Dementia Cafes in:

- Armadale
- Bathgate
- East Calder
- Fauldhouse
- Linlithgow
- Livingston
- Uphall
- Whitburn

## **F. West Lothian Dementia Resource Centre**

Alzheimer Scotland's Dementia Resource Centres operates a resource centre for individuals who have a diagnosis of dementia, their families and carers, providing information and support, including access to a Dementia Advisor. Support includes:

- Carer support group
- Day opportunities for people in early, middle and late stages of dementia
- One-to-one support for people under 65
- A range of community activities and volunteering opportunities.

## **G. In-home care support**

There are 9 independent organisations that provide in-home care for adults with dementia to help maintain them in their own homes. All of these organisations provide support across West Lothian.

## **H. Respite care**

Seven (7) nursing homes, all privately owned, provide short term/respite care for older adults with dementia. These are based in:

- Bathgate
- Broxburn
- Fauldhouse
- Linlithgow
- Livingston
- Whitburn

## Learning disabilities

### Maintaining people at home

#### A. Day care

##### Eliburn Support Service

The service is operated by WLC , currently providing day care for up to 34 adults between 16 and 65 years with a significant learning disability and complex physical and health care needs. Adults have access to physiotherapy, speech and language therapy and nutrition.

The service, based in Livingston, is available Monday to Friday except for public holidays.

##### Pathways

Pathways, operated by WLC, provides day care support for up to 85 people with learning disabilities. It supports adults to achieve personal goals and help people to join activities like work, sport, learning, art and other hobbies.

#### B. In-home support

There are 3 independent organisations that provide in-home care for adults with learning disabilities to help maintain them in their own homes. All of these organisations provide support across West Lothian.

#### E. Respite care

Burnside in Uphall provides short breaks (respite) for up to six individuals, aged 16+, at any one time for up to a period of 14 days. The service provides respite support to carers as well as the chance for individuals to gain experience of living away from the family environment and learning a range of independence skills.

#### F. Community Learning Disability Team

The Community Learning Disability service provides specialist health care, advice and treatment to adults with a learning disability aged 16+ who are registered with a GP. This also includes advice and support for families / carers. The team supports other health and social care agencies to provide mainstream services to people with learning disabilities that will enable health improvement and reduce barriers when accessing services.

Recommended primary source of referral is through the GP however referrals are accepted from all sources.

#### G. Community Occupational Therapy

WLC's Community Occupational Therapy (OT) Service promotes independence for children, adults and older people living at home who have physical, mental or learning disabilities. The service promotes independence by giving advice on how to carry out tasks differently, suggesting equipment to assist with self care tasks, recommending alterations to property to

make the environment more accessible and signposting to other agencies for further support and advice.

The service has eligibility thresholds and a financial assessment for the provision of equipment and adaptations based on ability to pay

A referral can be made by anyone via the OT Duty Team and cases should be allocated within 6 weeks of receipt of referral and high priority cases within 7 days.

## **H. Advocacy**

### Ace Advocacy West Lothian

ACE, based in Livingston, provides advocacy for adults aged 16 to 65 with a learning disability/additional support need, including Asperger syndrome and autism.

### Advice Shop

Based in Bathgate, the Advice Shop offer a targeted service for anyone living in West Lothian and offers support and advice on a range of issues including benefits, energy, money/debt and housing.

### EARS

EARS, based in Livingston employs two advocates to support individuals who have a learning disability and/or who are on the Autism Spectrum/ or have Asperger's or an acquired brain injury, on a one to one basis and group advocacy.

## **I Outreach**

### Community Inclusion Team

The Community Inclusion Team provides outreach programmes to enable people with a learning disability to be as actively involved as possible within their own communities. With the help of a key worker, individuals are encouraged to identify and develop a range of activities and support networks which will be an aid to the development of social learning and skills.

There are outreach groups in Bathgate, Broxburn, Livingston North, Livingston South and Whitburn., mainly based in the local community centre/partnership centre. Activities include interpersonal development, health advice, personal safety, ABE, accessing local sports facilities and work placements, self-travel training.

### Number 6 – One Stop Shop

Based in Edinburgh, Number 6 offers outreach, play and leisure, social groups and social skills training for adults (16 and over) with High Functioning Autism (HFA) or Asperger syndrome (AS).

### Scottish Autism

Scottish Autism provides outreach support to access social and leisure activities or liaise with other agencies in relation to training, employment and social welfare support. Outreach support can include the development of budgeting and independent living skills.

Scottish Autism also provides social independence group to provide an opportunity for individuals to meet and participate in social activities.

## **J. Other support**

### Disability West Lothian

Based in Pumpherston, Disability West Lothian provides information, practical equipment, training and workshops for people with learning disabilities in West Lothian

## **Maintaining people close to home**

### **A. Deans House**

Deans House, operated by WLC, is a purpose built unit comprising of four independent flats and six core ensuite bedrooms with shared communal areas. The House can accommodate 10 adults aged 16+. The aim of the service is to provide interim residential care with opportunities for residents to develop a range of skills necessary for them to move into more appropriate long-term accommodation.

### **B. Residential Homes**

There are 11 private sector residential homes which can accommodate adults with learning disabilities. These are based in:

- Armadale (8 rooms aged 18+)
- Blackburn (4 rooms, younger adults)
- Broxburn (22 rooms younger adults, 5 rooms aged 18+)
- Livingston (21 rooms younger adults, 5 rooms aged 54+).

There are no nursing homes in West Lothian that accommodate adults with learning disabilities and none of the homes provide respite care.

## Physical disabilities

### Maintaining people at home

#### **A. Ability Centre Support Service**

The Ability Centre in Livingston offers centre based and outreach service to adults aged between 16 and 65 who have a physical disability, based on assessed eligible need.

A variety of occupational, educational and therapeutic opportunities are available daily within the Ability Centre and each Outreach Group determines their own programme. Pre-employment skills, preparation and support is offered through the Supported Employment Service. Eligible adults aged between 16 and 65 with a physical disability can be referred for a centre based placement following an assessment of their needs.

#### **B. Community Occupational Therapy**

West Lothian Council's Community Occupational Therapy (OT) Service promotes independence for children, adults and older people living at home who have physical, mental or learning disabilities. The service promotes independence by giving advice on how to carry out tasks differently by suggesting equipment to assist with self care tasks, recommending alterations to property to make the environment more accessible and signposting to other agencies for further support and advice.

The Centre operates Monday to Friday 10am to 3pm and referrals to the service can be made by any service, with an aim to arrange an assessment visit to you within 6 weeks of referral.

Occupational therapy provides information on Community Occupational Therapy, Grants for Disabled People, Equipment and Adaptations and the Community Equipment Store.

#### **C. Speech and Language Therapy**

The Speech and Language therapy department, based at St Johns Hospital, provides a range of services that anticipate and respond to the needs of individuals who experience speech, language, communication and/or swallowing difficulties.

There is an open referral system, where referrals can be made by medical, nursing staff, other allied health professionals, education personnel, the patient themselves or parent/carer.

#### **D. Sensory Support Service**

The West Lothian Sensory Support Service is based in Livingston and provides advice, information, support and equipment for people who are deaf, deafened, hard of hearing, are experiencing sight loss (either partially sighted or blind) or who are deafblind (experiencing dual sensory loss).

The service is delivered by social work staff from both West Lothian Council and Deaf Action. The Deaf Action worker is a BSL (British Sign Language) user. The service can visit people in their own homes and assist with obtaining support based on an assessment of need. The

service can also refer to specialist services for assessment and provision of equipment or mobility training. There is a drop-in facility for BSL (British Sign Language) user every Tuesday from 1.30pm to 4.00pm at the Sensory Support Centre.

## **E. Community Rehabilitation and Brain Injury Service (CRABIS)**

CRABIS, based in Bathgate, provides multi-disciplinary assessment and rehabilitation within the home or community setting to individuals over the age of 16 who have a physical disability and/or acquired brain injury. The service provides follow up and early intervention as required to individuals who have suffered a mild head injury.

The service is delivered by an experienced, multi-disciplinary team, including Occupational Therapists, Physiotherapists, Clinical Psychologists, Speech and Language Therapists and Rehabilitation Assistants. Its core aim is to improve the individual's independence, level of function, participation and quality of life.

Headway provides support and guidance to a network of locally-run groups and branches across the UK and Channel Islands. They offer a wide range of services, including brain injury rehabilitation programmes, carer support, social re-integration, community outreach and respite care.

## **F. Headway**

Based in East Lothian, Headway UK provides support and guidance to a network of locally-run groups and branches across the UK and Channel Islands. They offer a wide range of services, including brain injury rehabilitation programmes, carer support, social re-integration, community outreach and respite care.

## **Maintaining people close to home**

### **A. Residential homes**

There are 6 privately owned residential homes which can accommodate people with physical disabilities (5 accommodate older adults, 1 accommodates young adults). They are based in Armadale, Broxburn and Livingston.

There are 2 privately owned residential homes which can accommodate younger adults with sensory impairment, one in Broxburn and one in Livingston.

### **B. Nursing homes**

There are 4 privately owned residential homes which can accommodate people with physical disabilities (3 accommodate older adults, 1 accommodates young adults). They are based in Armadale, Broxburn and Livingston.

There are 3 privately owned residential homes which can accommodate older adults with sensory impairment. They are based in Armadale, Broxburn and Livingston.



## Substance misuse

### Maintaining people at home

#### A. Community Addictions Service (CAS)

The Community Addictions Service (CAS) aims to enable individuals and families to take positive steps to recover from problematic alcohol and/or drug use. It offers specialised support and help to all adults including parents who are experiencing difficulties with alcohol and drugs. The team can refer clients to other services such as NHS Lothian for specialised treatment to become abstinent from substances or offer relapse prevention support to adults who need additional support to prevent lapse or relapse

CAS is one of four services working together, known as the West Lothian Addictions Care Partnership, to ensure clients are able to access the most appropriate help as quickly as possible. These services work together to provide access to drug and alcohol treatment, counselling and support and consist of:

- The Social Work Addictions Team
- NHS Addictions Service
- West Lothian Drug & Alcohol Service
- Change, Grow, Live

#### B. West Lothian Alcohol and Drugs Service (WLDAS)

West Lothian Drug and Alcohol Service aims to provide easily accessible, confidential and non-discriminatory services to reduce substance misuse related harm to individuals, families and the community of West Lothian.

##### Drop Ins

WLDAS offers drop-in services to access opiate replacement prescriptions, counselling, recovery or groupwork in Blackburn, Livingston and Bathgate.

##### Naloxon Drop Ins

There are drop-in centres in West Lothian to train people on administering Naloxon, which reverses the effects of an opiate overdose. Take Home Naloxon is also available by dropping into the NEON (a bus provide by NHS Lothian) available in Armadale, Bathgate, Livingston and Whitburn.

##### Counselling Support

WLDAS offers support and counselling to individuals, family members and carers who are affected by the use of alcohol and drugs. Visits are by appointment only.

##### Training

WLDAS delivers general and specialist training on a variety of drug, alcohol and tobacco related topics for a wide range of groups and agencies and user and community groups.

### Awareness raising

WLDAS holds monthly student days to raise the profile of substance misuse as part of ongoing professional training and development and offers induction training for employers regarding alcohol, drug and tobacco use. Advice on the development and implementation of workplace substance policies, Employer & Employee advice, Counselling and Support are also available.

## **C. Cyrenians**

Cyrenians offers after care support and services to those affected by alcohol and drug problems, providing a drop in facility based in Bathgate which offers activities, educational opportunities or supports people to return to work and a Recovery Café in Linlithgow.

## **D. Change , Grow, Live (CGL)**

CGL works with adults to support their recovery from alcohol and drug problems, including those in prison or custody. Based in Bathgate, CGL offers information and advice, support groups and activities, working with adults who are stable on a prescription or abstinent to prevent relapse and develop coping skills and life skills.

There is a daily rehab programme community activities and wellness sessions. Sessions are currently provided online.

Referral can be made from agencies such as housing officers, mental health practitioners, social work and care agencies.

## **E. Breakaway Recovery Clinics**

The Breakaway Clinics are run by staff from the Addictions Care Partnership in Bathgate, Broxburn, Linlithgow, Livingston and Whitburn. They offer a range of services, including:

- Information and advice
- Counselling
- Psychological interventions
- Individual therapy and group work
- Detoxification either at home or in hospital
- Blood Borne Virus screening, immunisation and advice
- Practical support for housing , financial issues, training and/or o employment.

## **F. In-home support**

There is 1 independent organisation that provides in-home care across West Lothian for adults with problematic substance use to help maintain them in their own homes.

## Adult social care

### Maintaining people at home

#### A. Adult Social Care Enquiry Team (ASCET)

The team assess a person's needs to decide if care and support is appropriate, based on eligibility criteria. The team prioritise people who are at most risk based on safety and the risk of losing independence. Where the risk is lower, and the person is ineligible for access to paid services or support, the team provides information and advice.

Anyone can make a referral - including self-referral, family/friends/carers, GP or other professional. The service is available for adults over 18 years.

#### B. Support at Home Service

This incorporates the Re Ablement, Falls Assessment and Prevention, Home Safety Service and Crisis Care.

##### Re Ablement

Re-ablement provides a short term assessment service, ordinarily for no longer than six weeks with regular reviews of progress. The service supports and encourages adults to do a range of daily living tasks needed for everyday life. The level of service depends on progress .

At the end of the assessment, providing eligibility criteria are met for paid services the Team will discuss a care at home package.

##### Falls Assessment and Prevention

This service, staffed by a falls assessor, takes referrals and provides a falls assessment as the result of a fall in the community, the aim being to intervene quickly when someone has fallen to try and reduce the risk of further falls and admissions to hospital.

##### Home Safety Service

Home Safety Service offer a broad range of technology designed to keep someone safe at home or summon assistance in an emergency situation. Services are mainly used by older people or people with disabilities but can also support people with significant health problems.

##### Crisis Care

This is a 24-hour service which works directly in partnership with Careline and assists anyone in West Lothian who has fallen, raises an alert through their Telecare equipment or is experiencing a crisis. The team may offer short term support to enable those in crisis to stay at home, where appropriate.

The Crisis Care Team in partnership with the Scottish Ambulance Service have developed a falls pathway which can avoid the need for someone to be taken to hospital. The Scottish Ambulance Service will complete an assessment to determine if it is appropriate to leave someone at home with the support of Crisis Care.

### **C. Social Care Emergency Team (SCET)**

The team provides emergency social work cover in relation to child and adult protection, statutory mental health assessments and family or care breakdowns.

The service is available out of hours, 7 days a week, including public holidays

### **D. In-home support**

There are 13 independent organisations that provides in-home care across West Lothian for adults aged 18 and above to help maintain them in their own homes.

### **E. Criminal Justice Teams**

#### Assessment and Early Intervention Team

The team operates a Court Social Work service at Livingston Court, prepares court reports for adults over 21 years who are awaiting sentence and provides bail supervision.

#### Community Payback Team

The team supports individuals on Community Payback Orders and Community Service and Delivery Orders and delivers offence-focused groupwork programmes. The team is responsible for the supervision of prisoners released on parole or licence.

#### Voluntary Throughcare

The team manages Drug Treatment and Testing Orders

#### Prison based social work team

The team provides a social work service to prisoners in HMP Addiewell who will be subject to statutory supervision on release. Prison-based Social Workers attend and contribute to Integrated Case Management meetings (ICMs) and are involved in release planning. As part of this, they prepare reports as required for the Parole Board, and have regular contact with community-based Social Workers and other appropriate services.

### **F. Advice Shop**

Based in Bathgate, the Advice Shop offer a targeted service for anyone living in West Lothian and offers support and advice on a range of issues including benefits, energy, money/debt and housing.

## Primary care and community care

### A. GP practices

There are currently 22 GP practices across West Lothian. This will reduce to 21 when two practices merge later this year. The practice teams include GPs, Advanced Nurse Practitioners, Nurse Practitioners, Practice Nurses and Health Care Assistants. Practices are also supported by Advanced Physiotherapy Practitioners and Integrated Care Pharmacists, as well as having access to arrange of community health staff, including:

- District Nurses
- Midwives
- Community Psychiatric Nurses
- Physiotherapists
- Podiatrists
- Addiction Nurses
- Speech Therapists
- Advanced Dementia Practitioners.

#### Practice Nursing Team

The practice nursing team deal with minor illnesses, dressings, injections, contraception, vaccinations, cervical screening and treatment room services. There is also a phlebotomy service.

#### District Nursing Team

The district nurses provide flexible nursing care for people within their own home where there is a physical or medical reason for not attending the surgery.

#### Advanced Physiotherapy Practitioners

APPS work within the practice and support patients with a joint or muscle problem.

### B. Podiatry

The Podiatry Service provides specialist clinics for diabetes, nail surgery and biomechanics. Treatment plans are based upon a patient's individual needs. Priority is given to those within high risk categories, for example, infection, ulceration, diabetic patients or patients with vascular disease.

The Service is available for St John's wards, day patients, outpatients, nursing homes and health centres. There is a limited domiciliary service for patients who are fully housebound (subject to a health and safety assessment).

#### Private sector

There is a private sector podiatry clinic which operates clinics in Livingston and Bathgate.

### C. Physiotherapy

MSK Physiotherapy Services help support people with MSK problems through education, advice, movement, exercise and other approaches. The team assesses and manages those

with specific (i.e. osteoarthritis, tendinopathy, post operative) and non specific (i.e. non specific back pain, non specific neck pain) MSK conditions.  
Support is offered through:

- A Pain Management Programme
- GP Advanced Physiotherapy Practitioners (GP APPs)
- Spinal Advanced Physiotherapy Practitioners (Spinal APPs)
- Peripheral Advanced Physiotherapy Practitioners (Peripheral APPs)
- Hydrotherapy
- Gym Groups (at specified locations only)

Referrals to the service can be made by GPs or other healthcare practitioner.

#### Private sector

There are three private sector physiotherapy practices in West Lothian, two in Livingston and one in Linlithgow, offering physiotherapy and osteopathy.

#### **D. Advanced Nurse Practitioner (Dementia)**

This is a new role which has been introduced to deliver a Nurse-Led clinic for Dementia diagnosis, to reduce the waiting time for those referred by their GP.

#### **E. Community Pharmacy**

There are 34 community pharmacies in West Lothian:

- 17 in West locality
- 17 in East locality.

All the Pharmacies offer the following:

- Unscheduled care
- Medicines Care and Review Service
- Pharmacy First: the Pharmacy Strategy to encourage patients to contact their local pharmacy before their GP for minor injuries and ailments
- Emergency contraception
- Smoking cessation support
- Substance misuse/supervised services

Most of the provision is available Monday to Saturday, although 4 pharmacies open on a Sunday – these tend to be based in Supermarkets or Shopping Centres.

The extent to which other services are offered varies considerably, for example:

- Pharmacy First Plus, where the pharmacy provides a Pharmacist Independent Prescriber (PIP)-led service, is not available in 8 pharmacies (mostly in the East locality)
- Specialist support, eg stoma, palliative care, Hepatitis C support etc is available in less than half of the Community Pharmacies.

## Unscheduled/acute care

### A. St John's Hospital

St John's Hospital is a teaching hospital, based in Livingston, that provides a range of hospital based services. It includes a 24-hour Accident and Emergency department and a range of specialist services including burns treatment and plastic surgery.

It also houses the Short Stay Elective Surgical Centre and hosts Lothian's specialist head and neck unit and the Hooper Hand Unit

### B. Other support

Unscheduled care is also supported through:

- REACT: The service works as an integrated hub and is a single point of contact for frail elderly people over the age of 75 during an episode of acute illness. The service aims to help reduce unnecessary hospital admissions and unplanned care
- Crisis Care Team: a 24-hour service which works directly in partnership with Careline and assists anyone in West Lothian who has fallen, raises an alert through their Telecare equipment or is experiencing a crisis
- Out of Hours Nursing Service
- Lothian Unscheduled Care Service: provides out of hours primary medical services during times when GP practices are closed

### C. Community Single Point of Contact (SPoC)

As part of Home First, an Urgent Care Community Single of Contact (SPoC) is being piloted to provide professional to professional rapid access to community health and social and third sector teams.

The role of SPoC is to provide alternatives pathways to hospital front door presentation/admission. The team will screen, triage, assess and develop an agreed plan. This plan will be communicated back to referrer, person, family and carers within 2-4 hrs to safely support a person within their familiar surrounding 'at home'. The intention is that developing and strengthening urgent care community pathways will help to reduce acute front door unplanned presentations and admissions as well as reducing the time from referral (by GP Practices /Scottish Ambulance Service (SAS)/Care Homes) to intervention by appropriate urgent care team.

Coordination of a person's care will be managed by the most appropriate team to avoid unnecessary duplication and multiple referrals.

The SPoC approach is being piloted with two GP practices; Linlithgow and Winchburgh and Out of Hours GPs teams.

## Carers

### A. Carers of West Lothian

Carers of West Lothian (COWL) is the carers organisation in West Lothian which has been commissioned to provide support to carers across the Health and Social Care Partnership. COWL offers a range of services, advice and support, including:

- Information and advice
- Training
- One to one emotional support
- Hospital based carer support
- Peer support groups
- Counselling
- Signposting and referral to support services
- Individual & group support for young carers
- Recreational Courses
- Short Break Funding
- Respite

### B. Other organisations offering support for carers

#### Alzheimers Scotland

The Dementia Resource Centre is based in Livingstone and there are Dementia Cafes in:

- Armadale
- Bathgate
- East Calder
- Fauldhouse
- Linlithgow
- Livingston
- Uphall
- Whitburn

Alzheimers Scotland also offers a carers group in Livingston.

#### Community Learning Disability Service

Offers advice and support for families / carers

#### Scottish Autism

Offers a helpline, advice and information for families and carers who are supporting someone with autism.



## General adults

### **SPARK**

Craigshill Good Neighbour Network (CGNN) was established 37 years ago to help address social isolation and loneliness in the local community. It provides a range of groups and events for adults each week which any adult in the local community is welcome to join.



## **Appendix 3:**

List of teams and individuals engaging in the needs  
assessment

|  |
|--|
| SMT - Finance, Performance and Transformation            |
| Social Policy Group Managers Meeting                     |
| Weekly Health SMT  |
| Commissioning and Transformation Group                   |
| West Lothian Health and Wellbeing Partnership (          |
| IJB Strategic Planning Group                             |
| Adults with a Disability Providers Forum                 |
| Integration Joint Board Development Session              |
| Mental Health Management Team                            |
| GP Cluster meeting (West)                                |
| Member of Mental Health Planning and Commissioning Board |
| Physical Disability Planning and Commissioning Board     |
| Learning Disability Planning and Commissioning Board     |
| Alcohol and Drug Partnership                             |
| Mental Health Providers Forum                            |
| Mental Health Wellbeing Network                          |
| St John's Hospital SMT                                   |
| St John's Hospital Charge Nurses                         |
| Community Councils                                       |
| Podiatry Management Team (Hosted Service)                |
| Representatives from Community Regeneration Teams        |
| Mental Health Teams                                      |
| Adult Services   |
| Discharge Planning Teams                                 |
| Community Pharmacy                                       |
| Day Care Services  |
| Ability Centre   |
| Mental Health Advocacy Project                           |
| EARS   |
| Autism & Learning Disability Teams                       |

## Individuals

|                                   |
|-----------------------------------|
| Jeanette Whiting                  |
| Jo McPherson                      |
| Rob Allen                         |
| Karen Love                        |
| Pauline Cochrane                  |
| Fiona Huffer                      |
| Carol Holmes                      |
| Mike Reid                         |
| Claire Ross                       |
| Neil Ferguson                     |
| Pat Welsh                         |
| Linda Yule                        |
| Greg Stark                        |
| Ashley Goodfellow                 |
| Gillian Amos                      |
| Katie McBride and Gillian Edwards |
| Anne Riley                        |
| Lorraine Bolton                   |
| Alan McCloskey                    |
| Robbie Preece                     |
| Alison Milne                      |
| Alison Wright, CoWL               |
| Orla Crummey                      |

## **Appendix 4:**

### Online survey questionnaires

## Copy of West Lothian Strategic Needs Assessment

### Welcome to the West Lothian Integrated Joint Board Survey

**The role of the West Lothian Integration Joint Board (IJB) is to plan most health and social care services for adults in West Lothian.**

**We are developing a new Strategic Plan from 2023 for health and social care in West Lothian. As part of this, we need to understand the needs of people living in West Lothian. We want to find out what is currently working well, what we still need to do and where any gaps exist. This information is very important as it is used to determine the priorities and actions to be set out in the new Strategic Plan.**

**Axiom Consultancy is helping us to find out the view of:**

- **People who use our services**
- **People who provide unpaid care for others**
- **Staff who deliver health and social care services**
- **Providers of health and social care services and support**
- **Other community representatives.**

**We would like to get the views on what issues are priorities from as many people as possible. Please take a few moments to complete this survey.**

**It is completely anonymous and confidential. Axiom are hosting the survey for us and only they will see the individual responses. They will provide us with a report which summarises the total feedback only.**

**Thank you for participating in our survey. Your feedback is important.**

## Copy of West Lothian Strategic Needs Assessment

1. Which best describes yourself?

2. Which of the following are important to you (please tick all that apply)

|  | Yes                   | No                    | Don't know            |
|--|-----------------------|-----------------------|-----------------------|
| Helping people to identify issues affecting their health at an earlier stage                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Helping people to manage their health condition, where possible  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Working with local communities and the organisations in them to get the best solution possible                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Considering local priorities when planning care and support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Take a wider approach to issues which may be affecting someone's health  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Giving people the information and support they need to make the right choices about their health and social care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Please tell us what, if any of these issues we do well just now ?

4. Please tell us what, if anything, we need to improve on to make how we deal with these issues better



5. Which of the following are important to you (please tick all that apply)

|  | Yes                   | No                    | Don't know            |
|--|-----------------------|-----------------------|-----------------------|
| Making sure that health and social care services and support respect people's human rights | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide care on a planned basis rather than waiting until a crisis happens                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide care and treatment as close to people's home as possible                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Where specialist care is needed, making sure this is provided in the right place           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Please tell us what, if any of these issues we do well just now?

7. Please tell us what, if anything, we need to improve on to make how we deal with these issues better

8. Which of the following are important to you (please tick all that apply)

|   | Yes                   | No                    | Don't know            |
|---|-----------------------|-----------------------|-----------------------|
| Helping our workforce to delivery high quality care                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Making use of technology, where possible, to provide a better service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide support for unpaid carers                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Making sure the support and services provided are sustainable         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. Please tell us what, if any of these issues we do well just now

10. Please tell us what , if anything, we need to improve on to make how we deal with these issues better

11. What would be your top three priorities for health and social care service provision in West Lothian?

Copy of West Lothian Strategic Needs Assessment

Thank you for completing the survey

## West Lothian Strategic Needs Assessment

### Welcome to the West Lothian Integrated Joint Board Survey

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**We are developing a new Strategic Plan from 2023 for health and social care in West Lothian. As part of this, we need to understand the needs of people living in West Lothian. We want to find out what is currently working well, what we still need to do and where any gaps exist. This information is very important as it is used to determine the priorities and actions to be set out in the new Strategic Plan.**

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- Providers of health and social care services and support
- Other community representatives.

**We would like to get the views on what issues are priorities from as many people as possible. Please take a few moments to complete this survey.**

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**Thank you for participating in our survey. Your feedback is important.**

## West Lothian Strategic Needs Assessment

1. Which best describes yourself?

2. Which of the following are important to you (please tick all that apply)

|  | Yes                   | No                    | Don't know            |
|--|-----------------------|-----------------------|-----------------------|
| Helping people to identify issues affecting their health at an earlier stage                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Helping people to manage their health condition, where possible  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Working with local communities and the organisations in them to get the best solution possible                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Considering local priorities when planning care and support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taking a wider approach to issues which may be affecting someone's health  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Giving people the information and support they need to make the right choices about their health and social care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Please tell us what, if any of these issues we do well just now ?

4. Please tell us what, if anything, we need to improve on to make how we deal with these issues better

5. Which of the following are important to you (please tick all that apply)

|  | Yes                   | No                    | Don't know            |
|--|-----------------------|-----------------------|-----------------------|
| Making sure that health and social care services and support respect people's human rights | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing care on a planned basis rather than waiting until a crisis happens               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing care and treatment as close to people's home as possible                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Where specialist care is needed, making sure this is provided in the right place           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Please tell us what, if any of these issues we do well just now?

7. Please tell us what, if anything, we need to improve on to make how we deal with these issues better

8. Which of the following are important to you (please tick all that apply)

|   | Yes                   | No                    | Don't know            |
|---|-----------------------|-----------------------|-----------------------|
| Supporting the workforce to deliver high quality care                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Making use of technology, where possible, to provide a better service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing support for unpaid carers                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Making sure the support and services provided are sustainable         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. Please tell us what, if any of these issues we do well just now

10. Please tell us what , if anything, we need to improve on to make how we deal with these issues better

11. What would be your top three priorities for health and social care service provision in West Lothian?

West Lothian Strategic Needs Assessment

Thank you for completing the survey

## Strategic Needs Assessment Partners

Welcome to West Lothian Integrated Joint Board Needs Assessment Survey

**The West Lothian Integration Joint Board needs to develop a new Strategic Plan from 2023 setting out its future vision for health and social care in West Lothian. As part of this, we need to understand the needs of our residents to find out what is working well, what we still need to do and where any gaps exists.**

**Axiom Consultancy is helping us to find out the view of:**

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Providers of health and social care services and support
- Other community representatives.

**We would like to get the views on what future health and social care priorities should be from as many people as possible. We have developed 5 questions which we would be grateful if you would complete.**

**Your views are completely anonymous and confidential - your answers will only be seen by Axiom. They will provide us with a report which summarises the total feedback only.**

**Thank you, in advance, for your participation . Your feedback is important.**

1. What would be your top 3 priorities for health and social care provision in West Lothian?

2. The West Lothian Health and Social Care Partnership are considering the following aims as part of their future strategy:

- Improving Health inequalities in Partnership
- A 'Home First Approach'
- Enabling good care and treatment

Do you agree with these or would you like us to focus on something different?

3. How could we improve health and social care provision in West Lothian?

4. What role could our partners play in helping deliver these aims?

5. What new ways of working could benefit any suggested changes?

West Lothian  
**Health & Social Care Partnership**  
westlothianhscp.org.uk



West Lothian  
**Council**

Strategic Needs Assessment Partners

Thank you for taking time to complete the survey



|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 12              |



## Report to West Lothian Integration Joint Board

**Report Title: IJB Public Consultation – Modernising Adult Social Care**

**Report By: Project Officer**

| Summary of Report and Implications  |  |
|---|--|
| <b>Purpose</b>  | This report: (tick any that apply).  |
|   | - seeks a decision <input type="checkbox"/>  |
|   | - is to provide assurance <input type="checkbox"/>   |
|   | - is for information <input checked="" type="checkbox"/>   |
|   | - is for discussion <input type="checkbox"/>   |
|   | The purpose of this report is to inform the Integration Joint Board (IJB) of the high-level findings of the recent IJB public consultation, Modernising Adult Social Care. |
| <b>Recommendations</b>  | It is recommended that the Board: <ul style="list-style-type: none"> <li>Note the contents of this report.</li> </ul>  |
| <b>Directions to NHS Lothian and/or West Lothian Council</b>                  | A direction(s) is not required.  |
| <b>Resource/ Finance/ Staffing</b>  | As set out in the Strategic Plan 2019 - 2023   |
| <b>Policy/Legal</b>   | Public Bodies (Joint Working) (Scotland) Act 2014  |
| <b>Risk</b>   | Risks in relation to non-delivery of the IJB's Strategic Plan are set out in the risk register.  |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | An Integrated Impact Assessment was carried out during development of the Strategic Plan.  |

|   |   |
|---|---|
| <b>Strategic Planning and Commissioning</b> | The report relates directly to the IJB's strategic plan and care group strategic commissioning plans.   |
| <b>Locality Planning</b>                    | Meeting the needs of localities is incorporated is reflected in the strategic plan and strategic commissioning plans.   |
| <b>Engagement</b>                           | Engagement with a range of stakeholders, SPG and IJB members prior to the consultation. Further engagement with stakeholders, staff and the public of West Lothian through the consultation period. A report was taken to the SPG in December 2022. |

| <b>Terms of Report</b> |   |
|------------------------|---|
| <b>1.</b>              | <b>Background</b>   |
| 1.1                    | Over the three-year period, from 2023/24 to 2025/26, it is expected that the IJB will have to make substantial savings as the funding available will be insufficient to meet the increasing cost of service delivery. Based on financial planning assumptions, a budget gap of £13.2 million is currently forecast over the three-year period for IJB services.   |
| 1.2                    | An initial range of proposals totalling £9.69 million have been identified for relevant social care and health services, through a public consultation the IJB has sought the views of people in West Lothian on these proposals and associated changes to service delivery. It should be noted that further work will be undertaken to identify further measures to address the remaining funding gap of £3.51 million.  |
| 1.3                    | The IJB's public consultation was launched on Friday 7 <sup>th</sup> October 2022 and closed on Sunday 20 <sup>th</sup> November 2022.  |
| <b>2.</b>              | <b>Public Consultation</b>  |
| 2.1                    | The consultation was focused on the following three areas: <ul style="list-style-type: none"> <li>1. Service Redesign, Efficiency and Modernisation</li> <li>2. Community Building Based Supports</li> <li>3. Digitalisation and Technology</li> </ul>  |
| 2.2                    | Members of the public were invited to consider the proposals of the consultation, provide feedback on the proposals and suggest any other ways that may help to make our services more efficient.   |
| 2.3                    | Throughout the period of public consultation, several methods of engagement were undertaken to ensure that a wide range of stakeholders were able to contribute to the consultation. Linkages were made with West Lothian Corporate Communications to ensure that the consultation was promoted through West Lothian Council's media channels. The consultation was also promoted via the WLHSCP website as well as social media channels. We engaged with our partners in the Voluntary Sector Gateway and Carers of West Lothian to ensure that the survey was promoted to Third Sector Organisations and to unpaid carers. A presentation was delivered to the West Lothian Senior People's Forum and linkages were made to the Community Connections Hubs to promote engagement. Paper copies were also made available to people without internet access. |

**3. The Response**

3.1 The consultation received a total of 176 responses from a range of respondents throughout West Lothian.

3.2 The survey was constructed in such a way as to ensure that respondents only needs to complete the questions that they felt were most relevant to them and were required to complete all questions, therefore the response rate varies from question to question.

**3.3 Service Redesign, Efficiency and Modernisation**

The key themes that were identified from the analysis of the responses to the section of the consultation focused on Service Redesign, Efficiency and Modernisation were that:

- there was general support for the Home First Programme
- change would be welcomed along with modernisation
- respondents were supportive of helping people within their own homes
- while respondents were supportive of the proposed approach there were concerns about availability of resources, workforce capacity and the possibility of increased workload for existing staff.

3.4 Respondents were generally in favour of people being supported within their own homes where possible, however it was also noted that this approach may not work for everyone. The main concern highlighted by respondents was the staffing levels that would be required and the availability of community-based support services.

**3.5 Community Building Based Supports**

The key themes that were identified from the analysis of the responses to the section of the consultation focused on Community Building Based Supports were that:

- respondents were supportive of a review of social care settings
- there was further support for the principles of the Home First Programme
- current building-based services are greatly valued by many people who access these services
- respondents noted some concerns that the proposal could mean reduced hospital beds
- respondents noted concerns over the length of time it could take for a care package to be put in place.

3.6 Overall respondents were generally supportive of a review of social care settings and agreed that there were many benefits to ensuring that people can be supported at home or as close to home as possible rather than within a clinical setting. Respondents highlighted that they would like more detail on how the proposed financial efficiency could be achieved and how this would impact on the number of care beds available in West Lothian. It was also highlighted that these measures would need to be balanced with the expected increase in the demand for services as a result of the growing and ageing population in West Lothian.

**3.7 Digitalisation and Technology**

The key themes that were identified from the analysis of the responses to the section of the consultation focused on Digitalisation and Technology were that:

- respondents were positive about the proposed expansion in the use of technology, they noted that it is a helpful tool and that modern technology should be seen as an opportunity to drive efficiency in the care sector
- respondents did highlight some concerns over the current energy crisis and the possibility of power cuts

|     |   |
|-----|---|
|     | <ul style="list-style-type: none"> <li>older people may not have access to the internet or have specific needs which impact their ability to use technology.</li> </ul>   |
| 3.8 | The majority of respondents were supportive of use of technology to support the delivery of care and support. Respondents noted that the use of technology could help with staff retention as it allows flexible and remote working and that the use of modern digital technology could be seen as an opportunity to improve efficiency within the care sector. The main concerns raised were linked to the current energy and cost of living crisis and the ability of all care groups to access the internet. |
| 4.  | <p><b>Conclusion</b></p> <p>The Integration Joint Board is presented with information regarding the public consultation, Modernising Adult Social Care.</p> <p>The IJB consulted on a range of proposals to deliver the efficiencies noted in the report. The information gathered from the consultation will be used to inform the development of the strategic plan and associated delivery plans.</p>  |

|                   |  |
|-------------------|--|
| <b>Appendices</b> | none   |
| <b>References</b> | none   |
| <b>Contact</b>    | <p>Kerry Taylor<br/>IJB Project Officer<br/><a href="mailto:kerry.taylor@westlothian.gov.uk">kerry.taylor@westlothian.gov.uk</a></p> |

|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 13              |



**Report to: West Lothian Integration Joint Board**

**Report Title: Health and Social Care System Challenges**

**Report By: Yvonne Lawton, Interim Head of Health and Robin Allen, Senior Manager**

| Summary of Report and Implications  |  |
|---|--|
| <b>Purpose</b>  | This report: (tick any that apply).  |
|   | - seeks a decision <input type="checkbox"/>  |
|   | - is to provide assurance <input checked="" type="checkbox"/>  |
|   | - is for information <input type="checkbox"/>  |
|   | - is for discussion <input type="checkbox"/>   |
|   | The purpose of this report is to provide an update on the pressures being experienced across the health and social care system and to provide an overview of winter planning initiatives within the West Lothian Health and Social Care Partnership. |
| <b>Recommendations</b>  | The Integration Joint Board notes the challenging situation, ongoing risks and the actions being taken to support the health and social care system over winter.   |
| <b>Directions to NHS Lothian and/or West Lothian Council</b>                  | Not required.  |
| <b>Resource/ Finance/ Staffing</b>  | Not applicable   |
| <b>Policy/Legal</b>   | Public Bodies (Joint Working) (Scotland) Act 2014  |
| <b>Risk</b>   | The risks are noted in the IJB's Risk Register. Insufficient supply of care at home provision is noted as a high risk.   |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | Not assessed.  |
| <b>Strategic Planning and Commissioning</b>                                   | West Lothian IJB Strategic Plan 2019 to 2023<br>Home First Programme   |
| <b>Locality Planning</b>  | None.  |
| <b>Engagement</b>   | Not required.  |

## Terms of Report

### 1. Background

- 1.1 The Integration Joint Board is aware of ongoing and significant pressures being experienced across the health and social care system in Scotland. Pressures are unprecedented and have been exacerbated by the Covid-19 pandemic, the impact of Brexit on staffing, the current economic situation and cost of living factors. Winter is always a challenging time in health and social care when increased demand is seen for both hospital and community services.
- 1.2 In recognition of the significant pressure on the health and social care system, a new command structure has been established which includes a range of officer level meetings alongside a Ministerial Advisory Group (MAG). The Cabinet Secretary for Health and Social Care is leading meetings of council and health chief officers and political leaders to seek assurance that all actions possible are being taken to support a collective response to the current health and social care pressures.
- 1.3 In West Lothian, colleagues from across the West Lothian Health and Social Care Partnership (WLHSCP) have been working since August to plan for winter and identify opportunities for managing the current situation. A daily, multi-disciplinary meeting takes place to plan hospital discharges and weekly oversight meetings take place to monitor care at home and care home services. In addition, twice weekly resilience meetings are attended by senior managers which are stepped up in response to emerging challenges.
- 1.4 This report sets out the current position in key performance areas and gives an overview of the planning actions which have been undertaken.

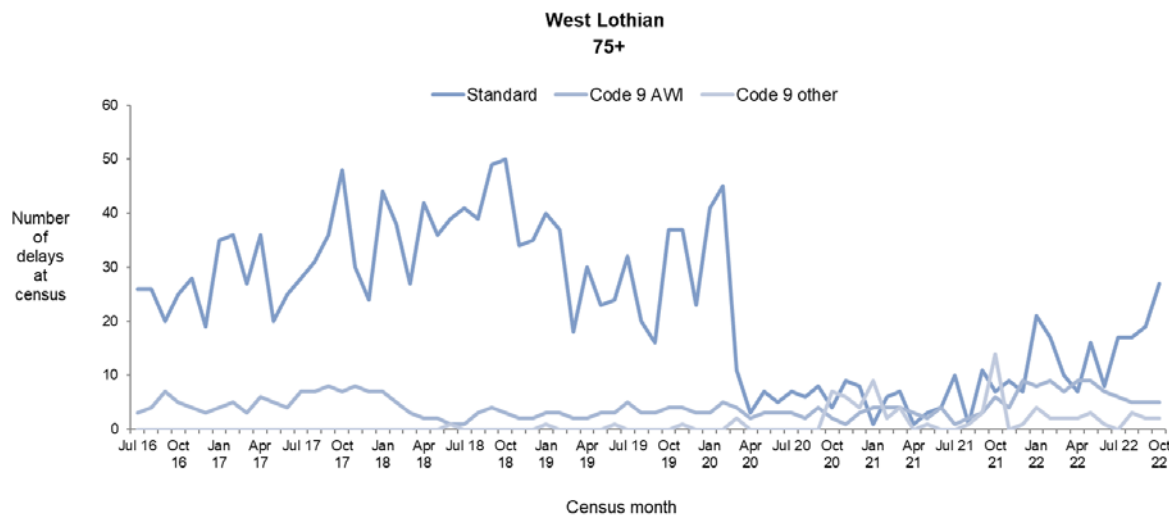
### 2. Current Performance

#### 2.1 Delayed Discharges

The latest published data available to October 2022 demonstrates the ongoing challenges of discharging people when they are medically fit to leave hospital. The chart below shows increasing delayed discharges for people aged 75+ for health and social care reasons which are mainly attributable to those awaiting a care home place or care at home provision.

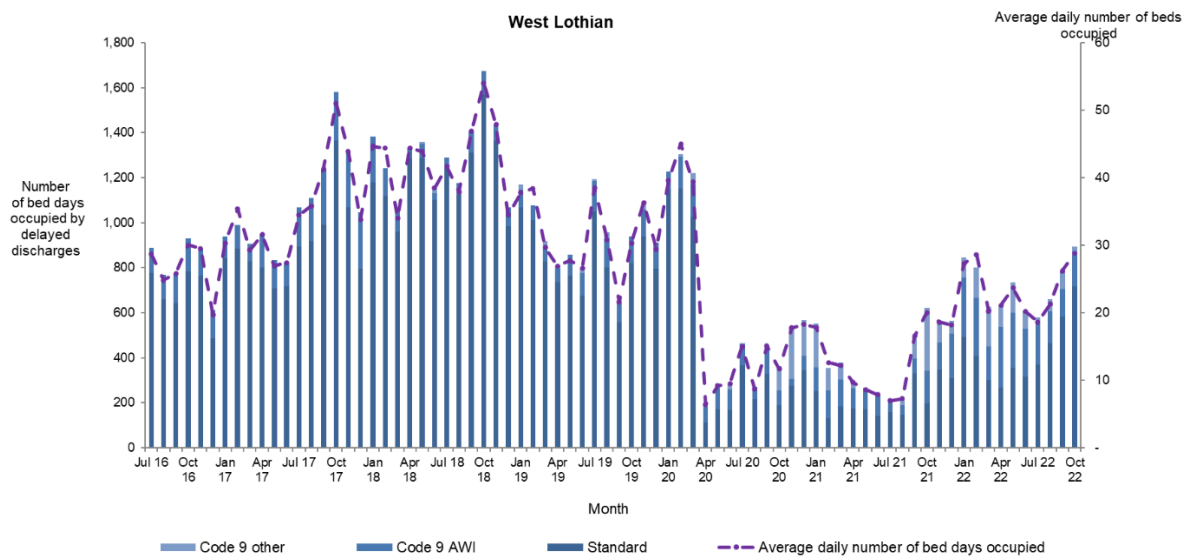
- 2.2 At the time of writing, there are 32 delayed discharges in West Lothian, 22 of which are on the St John's Hospital site. 15 of the total number of delays are as a result of people awaiting a care home place or care at home service.
- 2.3 There have been high numbers waiting for guardianship applications impacting ability to discharge people from hospital. Delays are experienced as families apply for Legal Aid to progress private applications and there have been delays in securing court dates. To improve this situation, the WLHSCP has taken a range of actions:
- Discharging people without capacity training has been delivered to strengthen practice
  - Ways to join up hospital and community pathways to identify people without capacity at the earliest opportunity have been explored
  - A dedicated Mental Health Officer has been employed in the Integrated Discharge Hub to focus on complex and urgent Guardianship applications
  - A 365 day mental health officer service with emergency out of hours provision
  - Staff from Carers of West Lothian involved in daily flow meetings to identify people who may require assistance with Power of Attorney or other supports

**Chart 2 - Delayed Discharge Census by Delay Reason**



- 2.4 The graph below shows the number of bed days occupied by people aged 75+ whose discharge has been delayed which is also increasing.

**Chart 1 - Bed Days Occupied by Delayed Discharges**

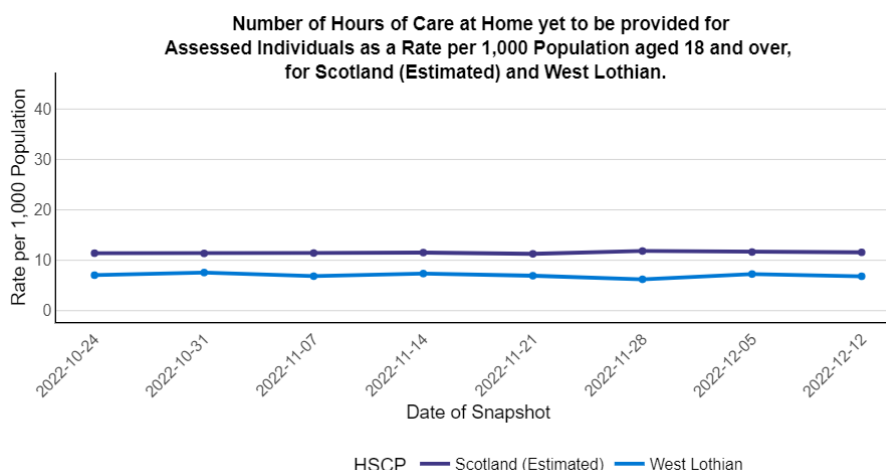


- 2.5 Whilst the West Lothian delayed discharge position has been deteriorating overall, this is against a backdrop of increasing delayed discharges across Scotland also. West Lothian is reporting a better position than the average situation in Scotland.

#### Care at Home Unmet Need

- 2.6 There are significant ongoing problems in securing enough care at home services to meet demand. Challenges with recruitment and retention of staff are reported to varying degrees by West Lothian care providers but there are currently no providers working within their business continuity planning arrangements. The biggest challenge is expanding the care at home market to cope with the levels of demand being seen.

- 2.7 Work is progressing via Workstream 4 of the Home First Programme to develop a new care at home contract which will be effective from October 2023. The focus of this work will be on trying to secure additional capacity to match demand. In addition, a test of change is being progressed as part of the partnership's winter planning arrangements with a view to securing a small amount of additional provision across West Lothian in the short term, especially in hard to reach areas.
- 2.8 There is a weekly care at home oversight group established with wide representation from health and social care services. The group monitors both community and hospital unmet need, demand for services and provider resilience.
- 2.9 All health and social care partnership are required to submit data to the Scottish Government on unmet care at home need on a weekly basis. The graph below shows the people in West Lothian aged 18+ per 1,000 population who have been assessed as requiring a service but have yet to have this provided. There are currently 155 people (1021 hours of care) in this situation.

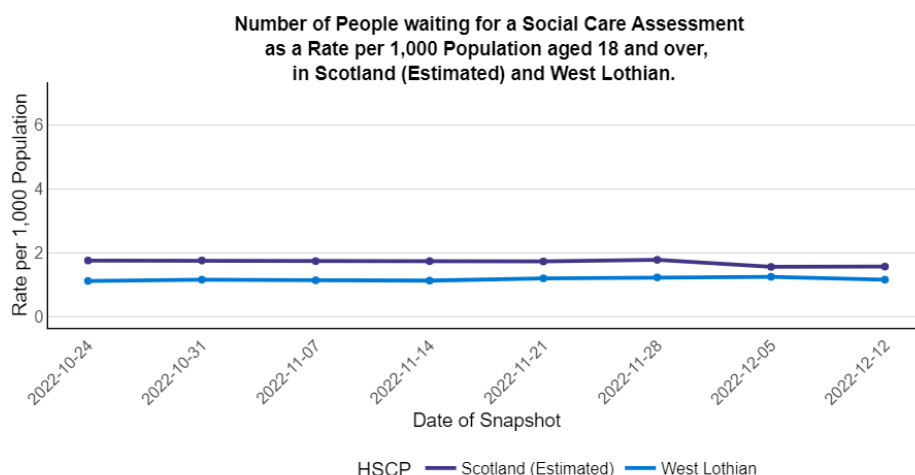


- 2.10 In line with reporting requirements to the Scottish government the data excludes people who are receiving care from internal rehabilitation and supported discharge teams and whose care needs to be moved to alternative care providers. 96 people (691 hours of care) are being delivered by the internal reablement service and are waiting to be matched to another provider which creates challenges for whole system flow and restricts capacity to discharge some people from hospital.

#### People Waiting for a Social Care Assessment

- 2.11 The Scottish government also publishes weekly data on the number of people awaiting a social care assessment. There are currently 166 people waiting to be assessed for social care in West Lothian. When considered as a rate per 1,000 of population, there are lower numbers of people awaiting a social care assessment when compared with the estimated Scottish position. Currently assessments are normally completed within 8-weeks.





### 3. Care Homes

- 3.1 There are 4 care homes in West Lothian owned by the local authority offering 135 beds which operate at almost 100% occupancy all the time. One of the care homes is an interim care facility which offers step down care as people await their care home of choice or a package of care.
- 3.2 There are a further 17 care homes operated by the independent sector with a total of 764 beds. Only 685 of those beds are available to the local authority with the remainder retained for private clients. The occupancy rate in the independent sector is approximately 97%. Whilst recruitment and retention of staff is an ongoing challenge, no major staffing problems are currently being reported by care homes and there are no homes closed to admissions because of infection. Demand for places for people with dementia has increased.
- 3.3 Work is currently underway as part of the Home First Programme to review the entire bed base within West Lothian to consider demand and what future models of care should look like with a business case to be presented in due course. Critical to the future bed modelling is understanding whether people could be better managed in the community at home or a community bed, rather than in an acute bed.

### 4. Expanding Capacity

- 4.1 Options to expand the bed base to cope with Winter demand were explored. Consideration was given to increasing bed numbers temporarily at the Tippethill Hospital site to support people delayed in hospital awaiting a package of care or care home place. Extensive efforts were made to secure staff to allow this to happen but were unfortunately unsuccessful.
- 4.2 Agreement has been reached to provide 5 additional interim care home places at Limecroft Care Home to support people awaiting a package of care. Recruitment of staff has also proved challenging, but it is hoped that beds will open early in the New Year.

### 5. Winter Planning Actions

- 5.1 A range of planning actions have been explored to mitigate the risks of winter and to complement the substantial transformation being progressed via the Home First Programme. The main initiatives are outlined below.

### Focus on Assessment

- 5.2 A new approach to assessment for ongoing care and support needs has been established in St John's Hospital recently with the aim of identifying people earlier and commencing assessment by community staff at the beginning of a person's stay in hospital. A multi-disciplinary team of community staff are now embedded in wards and attending daily ward run downs working with acute colleagues towards a planned date of discharge. This allows more time to plan care and allows assessments to be focused on the strengths of the individual and have regard to the full range of community supports available on discharge. A new assessment and review team is also being created within the partnership's social work service to maximise resources and improve waiting times. Allied Health Professional provision has also been enhanced.
- 5.3 There has been investment in 'discharge to assess' health and social care teams which operate seven days per week. Reablement assessors are also supporting discharge planning with overall planning being co-ordinated via the Integrated Discharge Hub based in St John's Hospital. Daily flow huddles are supported by staff from community and acute services.

### Single Point of Contact

- 5.4 The Home First Programme introduced an urgent care 'single point of access' in the community as a test of change to allow rapid access to health and social care teams and avoid unnecessary hospital admissions. Referral is via GPs and the Lothian Unscheduled Care Service and is being scaled up to cover all GP practices for winter. Early indications show positive impact on hospital admission avoidance and patient experience.

### Co-ordinated Volunteer Project

- 5.5 A co-ordinated volunteer programme has been developed with the Voluntary Sector Gateway to support people within the community who are waiting for a package of care to be matched. The project will provide low level supports in a range of ways to promote health and wellbeing outcomes, independence and engagement with the local community. The aim of the project is to:
- Provide early support to prevent escalation to crisis point potentially reducing hospital attendance and dependence on statutory services
  - Support people to manage their own health and wellbeing
  - Support unpaid carers to continue their caring role.

### Community Connections

- 5.6 Information hubs are being rolled out across West Lothian to allow people to drop in to services in their local area and get early access to lower levels of community support and information and advice.

## **6. Conclusion**

- 6.1 The current problems in health and social care system are unprecedented. Efforts continue to be made to support the whole system daily but the main challenges for the partnership are increasing delayed discharges, insufficient care at home services to meet demand and being unable to provide enough care home capacity to enable flow through the system and prevent delays.

|     |   |
|-----|---|
| 6.2 | Insufficient supply of care at home is reflected as a high risk on the IJB's risk register. Whilst a number of steps have been taken to mitigate risk, ongoing challenges with recruitment and retention of staff mean that it have not been possible to enhance capacity to the extent required. |
| 6.3 | The IJB is asked to note the difficult position and the ongoing actions being taken to support service users in West Lothian.   |

|            |  |
|------------|--|
| References | N/A  |
| Appendices |  |
| Contact    | <p>Yvonne Lawton<br/>Interim Head of Health<br/><a href="mailto:yvonne.lawton@nhslothian.scot.nhs.uk">yvonne.lawton@nhslothian.scot.nhs.uk</a></p> <p>Robin Allen<br/>Senior Manager<br/><a href="mailto:Robin.allen@westlothian.gov.uk">Robin.allen@westlothian.gov.uk</a></p> <p>10 January 2023</p> |





|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 14              |

## Report to West Lothian Integration Joint Board

**Report Title: Primary Care Premises Capital Investment Priorities**

**Report By: General Manager Primary Care and Community Services**

| Summary of Report and Implications                           |   |
|--|---|
| <b>Purpose</b>   | This report: (tick any that apply).   |
|  | - seeks a decision <input checked="" type="checkbox"/>  |
|  | - is to provide assurance <input type="checkbox"/>  |
|  | - is for information <input type="checkbox"/>   |
|  | - is for discussion <input type="checkbox"/>  |
|  | The paper outlines the main priorities for capital investment in primary care premises in West Lothian following strategic assessment of the primary care estate. The paper also seeks approval from the Integration joint Board to submit the priorities to NHS Lothian for inclusion in a Lothian-wide capital investment submission to the Scottish Government.                            |
| <b>Recommendations</b>                                       | <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the priorities outlined in the paper for submission to the NHS Lothian Primary Care Initial Agreement Programme Board</li> <li>• Agree that the priorities will be reflected in NHS Lothian's submission to the Scottish Government for capital funding for primary care premises</li> </ul> |
| <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.  |
| <b>Resource/ Finance/ Staffing</b>                           | Capital investment levels still to be determined but the funding implications generated from the findings of this report fall within the scope of capital planning and investment.  |
| <b>Policy/Legal</b>  | The works link to GP contract requirements to ensure the strain on GP capacity is reduced by ensuring suitable accommodation is provided.   |
| <b>Risk</b>  | Inadequate premises poses a risk to service delivery and to staff retention and wellbeing. Accommodation and associated risks are held and reviewed via the HSCP risk register.   |

|   |  |
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| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | A full integrated impact assessment was carried out on the IJB's Strategic Plan 2019-2023. Future construction will have regard to environmental and sustainability requirements.                |
| <b>Strategic Planning and Commissioning</b>                                   | West Lothian Primary Care Improvement Plan.  |
| <b>Locality Planning</b>  | Reporting is currently done on a West Lothian basis and data is not broken down by localities. Two locality profiles have been created for the East and West of West Lothian using 2019/20 data. |
| <b>Engagement</b>   | Primary Care Management Group<br>NHS Lothian Primary Care Initial Agreement Programme Board<br>Consultation with all GP practices in West Lothian  |

| <b>Terms of Report</b> |   |
|------------------------|---|
| <b>1. Background</b>   |   |
| 1.1                    | In October 2021, a practice infrastructure audit was sent to the managers of all GP practices and community teams in West Lothian to determine priorities for improving primary care premises. The main outcomes of this audit were reported to the West Lothian Integration Joint Board on 29 June 2022. Some of the smaller building improvements identified can be met from existing resources but others require significant capital investment from the Scottish Government.   |
| 1.2                    | West Lothian has one of the fastest growing populations in Scotland. Planned housing development indicates that 11,685 dwellings are programmed to be built in West Lothian over the next 7 years from 2020/21 to 2026/27. Population growth is the main factor contributing to the strain on general practice and primary care within West Lothian.  |
| 1.3                    | Following the premises audit, a strategic assessment was carried out to prioritise West Lothian primary care premises for capital investment. The priorities will be submitted to the NHS Lothian Primary Care Initial Agreement Programme Board for inclusion in an NHS Lothian primary care capital investment submission to the Scottish Government. It should be noted that a business case has already been developed for a replacement health centre in East Calder which is therefore not featured in this report. |
| 1.4                    | The strategic assessment considered the following aspects in determining the priorities for West Lothian: <ul style="list-style-type: none"> <li>• Clinical Facilities</li> <li>• Clinical rooms per population</li> <li>• Total site capacity utilisation</li> <li>• Overall site condition</li> <li>• Car parking facilities</li> <li>• Housebuilding /Population growth</li> </ul>   |

|     |   |
|-----|---|
| 1.5 | <p>Previous and future mitigations were also considered in determining the priorities as follows:</p> <ul style="list-style-type: none"> <li>• Patient records moved to storage off site, allowing the repurposing of space for administration purposes.</li> <li>• Creation of additional clinical space by repurposing existing underutilised space.</li> <li>• Refurbishment of existing clinical space.</li> <li>• Application to purchase land with a view to expanding carparking and improving general access to site for deliveries at Whitburn Health Centre.</li> </ul>   |
| 2.  | <b>West Lothian Priorities.</b>   |
| 2.1 | <p><u>1. Barbauchlaw Medical Practice</u></p> <p>The medical practice has 2 sites at Armadale and Blackridge providing services for a combined list of 17,000 patients. Significant population growth has occurred within Armadale and Blackridge and is expected to grow by 13% over 8 years making this practice West Lothian's most at risk for this reason. The Armadale site runs at capacity and relies on Blackridge to balance demand. Refurbishments have been required to increase clinic and administration spaces on several occasions at both sites over previous years. There are no shared GP catchment areas in West Lothian which would allow patient distribution as a mitigation.</p>            |
| 2.2 | <p><u>2. Almond Group Practice</u></p> <p>The practice has 2 sites at Winchburgh and Kirkliston providing services for a combined list of 10,000 patients. In addition to recent population growth, the local area expects a further 14% growth over 8 years, the highest in West Lothian except for East Calder which is expected to see a new build. The Winchburgh site runs at capacity and relies on Kirkliston to balance collective demand. Previous refurbishments have created additional clinic rooms and provided general upgrade to clinical and administration facilities. There are no shared GP catchment areas in West Lothian which would allow patient distribution as mitigation.</p>            |
| 2.3 | <p><u>3. Whitburn Medical Group</u></p> <p>The group runs from Whitburn Health centre where primary care and community services are provided. The site runs at capacity and is significantly challenged regarding access for staff, patients, and deliveries. The building infrastructure needs upgraded, specifically in relation to consulting rooms, treatment rooms and amenities. Several refurbishments have taken place to maximise capacity. Population will grow 12% in 8 years. There are no shared catchment areas in West Lothian which would allow patient distribution as a mitigation.</p>   |
| 2.4 | <p><u>4. Howden Health Centre</u></p> <p>The health centre is in the grounds of St John's Hospital. Howden Medical Group and community services are provided in Howden Health Centre. The site runs at capacity and is significantly challenged regarding accommodation for GP and community staff, patients, and more recently decanted staff from St John's Hospital. The building infrastructure needs upgrade and would significantly improve the car parking on St John's site if relocated. Several refurbishments have taken place to maximise capacity. Population will grow 5% in 8 years. There are no shared catchment areas in West Lothian which would allow patient distribution as a mitigation.</p> |
| 3.  | <p><b>Conclusion</b></p> <p>The Integration Joint Board is asked to note the priorities within West Lothian for primary care capital investment and approve submission of these to the NHS Lothian Primary Care Initial Agreement Programme Board. The Board is also asked to agree to the priorities being included in the overall NHS Lothian submission to the Scottish Government for capital funding.</p>  |

|                   |  |
|-------------------|--|
| <b>Appendices</b> |  |
| <b>References</b> | <ul style="list-style-type: none"><li>• Public Bodies (Joint Working) (Scotland) Act 2014</li><li>• <a href="#">West Lothian Practice Infrastructure Report 29 June 2022</a></li></ul> |
| <b>Contact</b>    | Neil Ferguson, General Manager, Primary Care and Community Services<br>Email: <a href="mailto:Neil.Ferguson4@nhslothian.scot.nhs.uk">Neil.Ferguson4@nhslothian.scot.nhs.uk</a>         |





|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 15              |

## Report to West Lothian Integration Joint Board

**Report Title:** Older People Day Care Provision

**Report By:** Robin Allen, Senior Manager, Older People Services

| Summary of Report and Implications                                     |  |
|--|--|
| Purpose  | This report:   |
|  | <ul style="list-style-type: none"> <li><b>seeks a decision</b></li> </ul>  |
|  | Purpose of report is to seek a direction from Integration Joint Board (IJB) to West Lothian Council for procurement of Older People Day Care provision to achieve Best Value.  |
| Recommendations  | <p>It is recommended that the IJB:</p> <ol style="list-style-type: none"> <li>Directs West Lothian Council to implement new contractual arrangements for the delivery of day care services for older people in West Lothian that are within the allocated budget and ensuring best value.</li> </ol>                       |
| Directions to NHS Lothian and/or West Lothian Council                  | As detailed within Appendix 2.   |
| Resource/ Finance/ Staffing  | Current annual financial contract value £905,854.<br>Saving Review of Commissioned Services associated with the reduced uptake of commissioned places £295,000.  |
| Policy/Legal   | Public Bodies (Joint Working) Scotland Act 2014.<br>Standing Orders of West Lothian Council and the Public Contracts (Scotland) Regulations 2015.<br>The Local Government in Scotland Act 2003 - Best Value Guidance.<br>The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 |
| Risk   | Viability of the provision of 5 Older People day centres following reduction of funding.   |
| Equality, Health Inequalities, Environmental and Sustainability Issues | No specific requirements   |
| Strategic Planning and Commissioning                                   | The current contract for Older People Day Centres is due to end on the 31 March 2023. It is proposed that a new contract is commissioned with the 5 Older People Day Centres which are more closely aligned to the current uptake of placements.   |

|                          |   |
|--------------------------|---|
| <b>Locality Planning</b> | None  |
| <b>Engagement</b>        | Corporate Providers Procurement Unit, Legal Services and Older People Day Centre. |

## TERMS OF REPORT

- 1. Background**
  - 1.1** Day care services are currently commissioned from five older people day centres in West Lothian - Answer House, Acredale House, Braid Health and Wellbeing, Linlithgow and District and Rosebery Centre to meet the assessed needs of older people in West Lothian.
  - 1.2** Adults' and older people's day care services are planned, designed, commissioned and delivered under statutory functions delegated to the IJB. The council must comply with directions from the IJB as to how to deliver those services on behalf of the IJB.
  - 1.3** A contract based upon cost and volume commenced on 1st February 2016 and ended on 31st March 2021. This was subsequently extended until 30th September 2022 due to COVID19. A further 6 month direct award was agreed with the current contract arrangements for older people day care provision due to end on 31 March 2023
  - 1.4** Throughout the contractual period, providers have been paid at a minimum of 90% of the contract value and have not been impacted financially if the actual referred uptake was below 90%.
  - 1.5** The IJB noted a report regarding older people day care provision, including current contract performance and proposed future contractual arrangements to achieve Best Value when it met on 8<sup>th</sup> November 2022. Link to full report is contained within appendix 1.
  - 1.6** A strategic direction was not included with the November report but is now required to enable West Lothian Council to implement new contractual arrangements.
- 2. Service, procurement and contractual position**
  - 2.1** Proposed contractual arrangements remain as detailed within report considered by IJB on 8<sup>th</sup> November 2022.
  - 2.2** In terms of Best Value requirements, which council is bound by, officers have been engaging with the day care centres to identify the contract value in relation to the level of service provision being delivered. As such, there have been discussions with the providers in relation to contract renewal on the basis of current performance.
  - 2.3** It is proposed that procurement activity is undertaken for older people day centres for 2 years with the option to extend by a further year, based on new contract values derived from current reduced contractual performance.
  - 2.4** Declining levels of people attending older people day care services was the key factor in the service concluding that older people day services contractual arrangements required review, in line with statutory best value duties.

| Year                                 | Overall %<br>Uptake of Placements |
|--------------------------------------|-----------------------------------|
| April 2017 - March 2018              | 98.6%                             |
| April 2018 - March 2019              | 86.4%                             |
| April 2019 - March 2020              | 62.9%                             |
| <sup>1</sup> April 2020 – March 2021 | 49.3%                             |
| April 21- March 2022                 | 42.7%                             |

<sup>[1]</sup> Centres were closed from March 2020 to October 2020 due to Covid-19 Pandemic and government guidance.

2.5 The proposed overall future contract value will be based upon average uptake from June 2022 to October 2022 which is 63%. Individual provider contract values will be based upon average uptake during this period.

2.6 Due to contract values and procurement legislation, it is not possible to progress direct awards for all providers. The aggregated contract value for Braid Health and Wellbeing would fall within the legislative threshold and therefore a tendering exercise would be required to ensure compliance with the appropriate procurement legislation. One of the four remaining providers have identified that they may not progress with an offer of a direct award. This will be considered further during associated procurement activity.

2.7 Each of the five West Lothian based older peoples day care centres engaged with West Lothian Council’s Economic Development Team through the Business Gateway service over recent years to assist them with business advice and information as required. This support has covered areas including business planning, marketing, financial planning, funding applications, market research, developing new services and training

2.8 Work is ongoing with centres to assist them to find new services and income streams and to assist them to improve the marketing of the services they deliver, as it was identified that some potential clients within the wider community do not have a clear understanding of the services available in each of the centres. Business Gateway support will continue to be available to each of the five organisations to review their ongoing sustainability as required by each organisation

3. **Conclusion**

3.1 Older people day centres continue to operate at a reduced uptake level of available commissioned placements however are paid at a minimum of 90% of commissioned placements

3.2 It is recommended West Lothian Integration Joint Board directs West Lothian Council to implement new contractual arrangements for the delivery of Day Care services for Older People in West Lothian that are within the allocated budget and ensuring best value.

**References**

1 [West Lothian Integration Scheme](#)

2 Social Policy PDSP22 October 2021 and Council Executive, 16 November 2021 – agreement of proposals for second phase of savings for budget saving measure SJ4d

3 West Lothian Council, 15 February 2022 - Revenue Budget 2022/23, including budget saving measure SJ4d

4 [Scheme of Administration](#) for full council, A1(h) – reserved power to full council to delete or make substantial changes to revenue budget reduction measures approved at the annual budget setting meeting each year.

|                   |  |
|-------------------|--|
| 5                 | Integration Joint Board, 8 November 2022   |
| <b>Appendices</b> | <p><b>Appendix 1</b> Report to West Lothian Integration Joint Board - Older People Day Care Provision <a href="#">West Lothian Council Committee Information - View Committee Document</a></p> <p><b>Appendix 2</b> West Lothian Integration Joint Board – Direction to West Lothian Council</p> |
| <b>Contact</b>    | <p>Robin Allen<br/>Senior Manager, Older People Services<br/><a href="mailto:Robin.Allen@westlothian.gov.uk">Robin.Allen@westlothian.gov.uk</a></p>  |

## West Lothian Integration Joint Board – Direction to West Lothian Council

|    |  |   |
|----|--|---|
| 1. | Implementation date                              | 10 <sup>th</sup> January 2023   |
| 2. | Reference number                                 | WLIJB/WLC/D04-2020  |
| 3. | Integration Joint Board (IJB) authorisation date | 10 <sup>th</sup> January 2023   |
| 4. | Direction to                                     | West Lothian Council  |
| 5. | Purpose and strategic intent                     | <p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> <li>– Maximise independent living</li> <li>– Provide specific interventions according to the needs of the service user</li> <li>– Provide an ongoing service that is regularly reviewed and modified according to need</li> <li>– Provide a clear care pathway</li> <li>– Contribute to preventing unnecessary hospital admission</li> <li>– Support timely hospital discharge</li> <li>– Prevent unnecessary admission to residential or institutional care</li> </ul> |

|    |  |   |
|----|--|---|
|    |  | <ul style="list-style-type: none"> <li>– Are personalised and self-directed, putting control in the hands of the service user and their carers</li> </ul>   |
| 6. | Does this direction supersede or amend or cancel a previous Direction? | This is a new Direction to West Lothian Council from the IJB.   |
| 7. | Type of function   | Integrated function (West Lothian Adult Social Care Services)   |
| 8. | Function(s) concerned  | <p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> <li>– Learning Disabilities</li> <li>– Physical Disabilities</li> <li>– Mental Health</li> <li>– Older People Assessment &amp; Care</li> <li>– Care Homes &amp; Housing With Care</li> <li>– Contracts &amp; Commissioning Support</li> <li>– Other Adult social care services</li> </ul> <p>The IJB Director will be the lead operational direction for these services which are to be delivered through the Director's Joint Management Team and in cooperation and partnership with NHS Lothian.</p> |

|     |  |  |
|-----|--|--|
| 9.  | Required Actions / Directions                  | West Lothian IJB directs West Lothian Council to implement new contractual arrangements for the delivery of Day Care services for Older People in West Lothian that are within the allocated budget and ensuring best value.   |
| 10. | 2023/24 Resources                              | <b>Budget</b> <span style="float: right;"><b>(£550,854)</b></span><br>Total budget for the delivery of Older People's Day Care Services  |
| 11. | Principles                                     | <p>As a fundamental principle, any material changes to 2023/24 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>   |
| 12. | Aligned National Health and Wellbeing Outcomes | <p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> <li>1. People are able to look after and improve their own health and wellbeing and live in good health for longer</li> <li>2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</li> <li>3. People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>5. Health and social care services contribute to reducing health inequalities</li> <li>6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</li> </ol> |

|     |  |   |
|-----|--|---|
|     |  | <ul style="list-style-type: none"> <li>7. People using health and social care services are safe from harm</li> <li>8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</li> <li>9. Resources are used effectively and efficiently in the provision of health and social care services</li> </ul>   |
| 13. | Aligned priorities, strategies, outcomes | This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and Health and Social Care commissioning plans. It will specifically be monitored through the Social Policy Contract Monitoring Framework.  |
| 14. | Compliance and performance monitoring    | <ul style="list-style-type: none"> <li>1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of integration outcomes will rest with the IJB and West Lothian Council will provide performance information so that the IJB can continue to develop a comprehensive performance management system.</li> <li>2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, West Lothian Council will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.</li> <li>3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan in accordance with the detailed performance framework within West Lothian IJB's Strategic Plan.</li> <li>4. The IJB, through its officers, will meet on a regular basis with senior West Lothian Council officers to discuss cost, quality and performance matters linked to the Strategic Plan and commissioning plans. This will be incorporated into regular updates to the IJB on the IJBs performance against key strategic outcomes.</li> <li>5. The IJB directs West Lothian Council, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to West Lothian</li> </ul> |



|     |  |  |
|-----|--|--|
|     |  | Council in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures. |
| 15. | Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs | N/A  |



|             |                 |
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| Date        | 10 January 2023 |
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**Report to: West Lothian Integration Joint Board**

**Report Title: Community Connections Implementation update**

**Report By: Senior Manager, Adult Services**

| Summary of Report and Implications                           |  |
|--|--|
| <b>Purpose</b>   | This report: (tick any that apply).  |
|  | - seeks a decision <input type="checkbox"/>  |
|  | - is to provide assurance <input type="checkbox"/>   |
|  | - is for information <input type="checkbox"/>  |
|  | - is for discussion <input type="checkbox"/>   |
|  | The purpose of the report is to provide an update on the progress made with regard to the implementation of the Community Connections Hubs |
| <b>Recommendations</b>                                       | note the content of the report   |
| <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction(s) is not required.  |
| <b>Resource/ Finance/ Staffing</b>                           | £60,000 one-off funding  |
| <b>Policy/Legal</b>  | N/A  |
| <b>Risk</b>  | There is no risk identified with this service currently.   |
| <b>Equality, Health Inequalities, Environmental and</b>      | An integrated impact assessment for Community Wellbeing Hubs was completed for the IJB's Strategic Plan 2019 – 2023.                       |

|   |  |
|---|--|
| <b>Sustainability Issues</b>                |  |
| <b>Strategic Planning and Commissioning</b> | N/A  |
| <b>Locality Planning</b>                    | Locality perspectives are taken into consideration due to the nature of the service. |
| <b>Engagement</b>                           | Internal services and local community organisations                                  |

| <b>Terms of Report</b>     |  |
|----------------------------|--|
| <b>1. Background</b>       |  |
| 1.1                        | The Development of Community Hubs has been identified as a key component of the West Lothian Health and Social Care Partnership's 'Home First' transformation programme. The programme aims to redesign the way in which health and social care services are delivered for adults and older people in West Lothian. The delivery of the hubs is undertaken in partnership with West Lothian Council's antipoverty service who were awarded funding from West Lothian Council to develop community hubs to support individuals as we mobilised out of the Covid-19.       |
| 1.2                        | Community Connections aims to support those who attend with accessing a range of statutory and volunteering services that may operate within their local communities.  |
| 1.3                        | The intention is for the hubs to operate in informal locations throughout West Lothian, in places where people pass through naturally, to creating a relaxed environment for people to receive information and advice. It was proposed that a range of supports would be offered through a volunteering model with input from social work, carers organisations, the advice shop, and other partners. Short-term funding was awarded by the council for 2022 to 2023 to enable recruitment of a Business Support Officer to support the development of the agreed model. |
| <b>2. Current Position</b> |  |
| 2.1                        | A project board has been established and is chaired by Senior officers from NHS Lothian and West Lothian Council with a range of core partners from existing council, NHS and third sector organisations. As part of the project board and decision making the board have summarised the project into four phases.   |
| 2.2                        | Phase one of the project identified two initial sites that would act as pilot sites, the sites selected were Linlithgow Partnership Centre and West Calder Education Centre and Community Hub. These have been operating weekly since March 2022.  |
| 2.3                        | The volume of those accessing the Community Hubs has steadily increased. Seventy engagements have occurred since the Hubs were established with a significant number of these engagements being from returning individuals and others who have been referred to the drop-ins via personal recommendations from previous individuals who have found the support useful.   |
| 2.4                        | As support to the Ukrainian Settlement Programme developed, a proportion of the Linlithgow community had Ukrainian nationals living with them. In recognition of this, the Community Hub in  |

- Linlithgow adapted its provision to provide support and advice to Ukrainian families and individuals to drop in and receive support, information and advice to help with their very specific circumstances.
- 2.5 A review of phase one was completed by the then project officer which highlighted a need to have better engagement with existing groups operating within the community and foster better links to ensure effective signposting. Alongside this, whilst the attendance at the initial two hubs has increased there was an acknowledgement that better and more local advertisement of the role and purpose of the hubs was needed. All of which was considered for phase 2.
- 2.6 Phase two of the project has focused on the establishment of a further two hubs in Livingston North Partnership Centre and in Blackburn Partnership Centre.
- 2.7 Alongside this the Business Support Officer developed a communication and engagement strategy to ensure an ongoing programme of engagement and publicity. This included the development of a specific webpage hosted on the council website that provides up to date information on the hubs and the organisations represented.
- 2.8 Both hubs were due to launch in September 2022 however were delayed due to the period of national mourning. The hubs opened in November.
- 2.9 Phase 2 also so the launch of the volunteer recruitment campaign for volunteers. This resulted in seven individuals registering and completing their training. The volunteers have recently begun attending hubs in a shadowing role before commencing their full role in January 2023. There will be a rolling programme of volunteering recruitment to ensure a sufficient pool of volunteers to support the ongoing development and roll out of the project. The ongoing recruitment of volunteers is integral to the expansion and ongoing sustainability of Community Connections.
- 2.10 The cost of living crisis is a concern for many people and to support people's financial concerns all staff are being trained to offer benefit health checks to individuals attending the drop-ins to ensure individuals incomes are maximised and to seek additional financial advice if required.
- 2.11 Part of Phase 2 was the development of on-line hubs. During the pandemic the online video conferencing platform Near Me was utilised successfully by NHS and by West Lothian Health and Social Care Partnership's Mental Health hubs.
- 2.12 For Community Connections we plan on using this online platform to support members of the community where there is either not a hub in their community or they are unable to make one of the face to face drop ins. Staff and volunteers are currently being trained in its use with it being expected that this online version of Community Connections goes live in early 2023.
- 3. Future Plans**
- 3.1 The project board is now focusing on the delivery of phase 3 and phase 4 of the project.
- 3.2 Phase 3 will see the establishment of hubs in East Calder, Whitburn, Fauldhouse and Broxburn. Work has already been established with partners and community groups ensuring community support. It is anticipated that these hubs will go live in mid- December 2022.
- 3.3 Phase 4, which is planned to launch in March 2023 will see a further four hubs in Armadale, Bathgate, Craigshill and Winchburgh.
- 3.4 A full evaluation of the current hubs will be undertaken analysing the impact of the project against key project objectives of
- improving access to information, advice and signposting within communities

- to support early intervention, self-management and to reduce reliance on statutory services where alternative community supports might be available.

#### 4. Conclusion

- 4.1 The ongoing development of Community Connections remains a key priority for the Health and Social Care Partnership. Whilst the numbers attending the drop ins started slowly there is steady growth in the number of people accessing the service.
- 4.2 Experience from the development of phase one of the project has resulted in a number of improvements being made in the roll out of Phase two and the planning for phase 3 and 4.

|                   |  |
|-------------------|--|
| <b>Appendices</b> | None   |
| <b>References</b> | None   |
| <b>Contact</b>    | <p>Name and title: Karen Love, Senior Manager – Adult Services, Social Policy</p> <p>Email: <a href="mailto:karen.love@westlothian.gov.uk">karen.love@westlothian.gov.uk</a></p> <p>Phone number: 01506 281235</p> |



|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 17              |

### Report to West Lothian Integration Joint Board

**Report Title: Chief Social Work Officer's Annual Report 2021-2022**

**Report By: Chief Social Work Officer**

| Summary of Report and Implications |  |
|------------------------------------|--|
| <b>Purpose</b>                     | This report: (tick any that apply).  |
|                                    | - seeks a decision <input type="checkbox"/>  |
|                                    | - is to provide assurance <input type="checkbox"/>   |
|                                    | - is for information <input type="checkbox"/>  |
|                                    | - is for discussion <input type="checkbox"/>   |
|                                    | This report provides the Integration Joint Board with the opportunity to note the contents of the Chief Social Work Officer's annual report. This report provides an overview of the statutory work undertaken during the period 2021 -2022.   |
| <b>Recommendations</b>             | <p>It is recommended that the Board:</p> <p>note the contents of the Chief Social Work Officer's annual report for 2021 - 2022;</p> <p>note that the report was presented to West Lothian Council on 22 November 2022;</p> <p>note that the report has been submitted to the Scottish Government Chief Social Work Advisor</p> |

|   |  |
|---|--|
| <b>Directions to NHS Lothian and/or West Lothian Council</b>                  | A direction is not required.   |
| <b>Resource/ Finance/ Staffing</b>  | None   |
| <b>Policy/Legal</b>   | No new implications; Equality Impact Assessments will be applied to specific commitments where appropriate.  |
| <b>Risk</b>   | No new risks have been identified  |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. |
| <b>Strategic Planning and Commissioning</b>                                   | The services covered by the report contribute to the delivery of the Strategic Plan Outcomes.  |
| <b>Locality Planning</b>  | The services covered by the report contribute to the Local Outcomes Improvement Plan.  |
| <b>Engagement</b>   | The report has been considered at the meeting of West Lothian Council on 22 November 2022.   |

| <b>Terms of Report</b> |  |
|------------------------|--|
| <b>1.</b>              | <b>Background</b>  |
| 1.2                    | The legislation governing the delivery of Social Work Services requires the Chief Social Work Officer to exercise a general level of oversight.  |
| 1.3                    | The Scottish Government published national guidance for local authorities on the appointment and responsibilities of Chief Social Work Officers, including related reporting arrangements. The arrangements in West Lothian are consistent with this guidance.                                       |
| <b>2.</b>              | <b>Service Overview</b>  |
| 2.1                    | The role of Social Work Services is to support, care for and protect people of all ages, by providing or purchasing services designed to promote their safety, dignity and independence, and to contribute to community safety by reducing offending and managing the risk posed by known offenders. |



|           |   |
|-----------|---|
| 2.2       | Services are delivered within a framework of statutory duties and powers imposed on the Council. Services are required to meet national standards and to provide best value. Where possible, services are delivered in partnership with a range of stakeholders, including, most importantly, people who use them.  |
| <b>3.</b> | <b>Chief Social Work Officer Duties</b>   |
| 3.1       | The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sectors.   |
| 3.2       | In addition, there is a small number of duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom responsibility has been appropriately delegated.   |
| 3.3       | <p>The Council's scheme of delegation provides for senior social work staff to make certain decisions on behalf of the local authority in the following areas:</p> <ul style="list-style-type: none"> <li>• Adults with incapacity;</li> <li>• Mental health;</li> <li>• Adoption</li> <li>• Secure accommodation and emergency placement of children.</li> <li>• Protection and Risk Management: <ul style="list-style-type: none"> <li>Child Protection <ul style="list-style-type: none"> <li>▪ Adult Protection</li> <li>▪ MAPPA</li> </ul> </li> </ul> </li> </ul> |
| <b>4.</b> | <b>Chief Social Work Officer Report</b>   |
| 4.1       | The Chief Social Work Officer Report provides an overview of the role and responsibilities of the Chief Social Work Officer and outlines the governance arrangements that are in place in West Lothian. The report highlights Council's statutory duties, the decisions that are delegated to the Chief Social Work Officer and gives a summary of service performance.   |
| <b>5.</b> | <b>Conclusion</b>   |
| 5.1       | 2021/22 has been another challenging year for social work and social care services in West Lothian. The service has continued to manage the changing impact of the Pandemic, manage the demands resulting from this, return to more usual ways of working, continue to focus on service developments, make improvements to practice and address pandemic related performance dips.  |
| 5.2       | Looking forward the role of the Chief Social Work Officer will be significant in ensuring that there is stability across the profession and a continued focus on critical priorities whilst the direction of the future in terms of the National Care Service is decided upon and implemented. It will be important to mitigate against risks presented by uncertainty as the detail of the most significant changes to the professions of social work and social care is awaited.  |

|                   |   |
|-------------------|---|
| <b>Appendices</b> | Appendix 1: Chief Social Work Officer's Report 2021/2022  |
| <b>References</b> | N/A   |
| <b>Contact</b>    | <p>Jo MacPherson, Chief Social Work Officer, Head of Social Policy</p> <p>Tel: 01506 281920</p> <p><a href="mailto:Jo.macpherson@westlothian.gov.uk">Jo.macpherson@westlothian.gov.uk</a></p> |

# **Chief Social Work Officer Annual Report**

**01/04/21 – 31/03/22**

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## Chief Social Work Officer's Introduction

The annual Chief Social Work Officer (CSWO) report provides an overview of social work services in West Lothian over the period 2021/22.

The years 2020/21 and 2021/22 have presented the most challenging circumstances for social work and social care as a result of the Covid-19 global pandemic and its impact on individuals, communities and services. These impacts overlay existing pre-pandemic pressures.

The Health and Social Care Partnership has continued to manage high levels of risk in relation to shortages of critical resources and this has been most marked in the provision of care at home support. Significant work has continued over the year to mitigate and manage this area of high risk. Workforce challenges and the impact of them have been a key feature of the year and actions are ongoing over a number of fronts to impact on this.

Although there have been pandemic related challenges to delivering transformational change, the service has delivered programmes of change working in partnership to meet the needs of service users. These have been developed or delivered within the context of financial constraints and some clearly linked to the delivery of agreed savings measures. Commitment to ongoing improvement remains a key priority alongside delivering on strategic priorities set out by the Community Planning Partnership, Council and the West Lothian IJB with the backdrop of ambitious and stretching national strategic programmes of transformation.

Services have also responded again at pace and with flexibility to some of the new demands that have emerged over the end of the reporting year and into the new year and this includes responses and support provision for Ukrainian citizens who have come to West Lothian in response to the situation within their homeland.

During this reporting period, a consultation on the proposed National Care Service for Scotland has been launched. The detail has been considered by social workers and social care staff at all levels across all services. The focus on improving the experiences of users of services and carers and recognition of the need for significant investment to achieve this is welcomed. The proposals, due to their significance in terms of potential future change and the lack of detail on key areas, bring uncertainty in relation to future structures, employment arrangements, governance and accountability.

Despite these complexities and uncertainties, the social work and social care workforce in West Lothian during the year has again shown leadership, resilience and creativity as they have worked hard to provide services, to further develop positive practice and approaches aimed to improve outcomes and experiences for all ages.

## 1. Governance and Accountability

### 1.1 Overview of governance arrangements

Social Policy encompasses a wide range of social work services planned and delivered for a large number of people with a spectrum of differing needs. Together with health services managed locally, it is part of the council's Health and Social Care Partnership Directorate.

The Directorate is headed by the council's Depute Chief Executive who is also the Chief Officer of the Integration Joint Board and is accountable to the Chief Executives of the council and NHS Lothian. The Chief Social Work Officer, in the dual role of Head of Social Policy, and the Head of Health Services report to the Depute Chief Executive. Four senior managers

reporting to the Head of Social Policy have responsibility for defined aspects of Social Policy services: Adults services, Older People services, Children and Families /Inclusion and Support Service and Justice Services including some aspects of children's services. Mental Health and Addictions Services are managed under integrated management arrangements reporting to the Head of Health with links to the CSWO.

The Health and Social Care Partnership (HSCP) is focused on the delivery of integrated health and care services that will improve the wellbeing, safety and quality of life for people living in West Lothian, particularly those most at risk in society. Social Policy contributes to the aims of the HSCP. Those include, delivering positive outcomes and early interventions for early years; improving the quality of life for older people; minimising poverty, the cycle of deprivation and promoting equality, reducing crime and improving community safety and delivering positive outcomes on health.

The service contributes with key partners to a number of strategic plans including:

- The Council's Corporate Plan
- The Integration Joint Board Strategic Plan and its Engagement Strategy
- The Children's Services Plan
- The Community Justice Plan
- The Plans agreed by all West Lothian Public Protection Committees
- The Council's Transformation Programme and Digital Transformation Strategy
- Joint Commissioning Plans

### Partnership

Social Policy has a key role to play in the wider Community Planning system. The service contributes to partnership working in three key strategic planning partnerships: The Integration Joint Board and its Strategic Planning Group; the Children and Families Strategic Planning Group; and the Safer Communities Strategic Planning Group.

Figure 1 – Strategic Planning Structure



### West Lothian Integration Joint Board

The Integration Joint Board (IJB) is a separate statutory body responsible for carrying out health and social care functions delegated by the council and the health board. The delegated functions are set out in the West Lothian Integration Scheme, a statutory agreement between

council and health board and approved by the Scottish Ministers. The Scheme of Integration has been reviewed during this reporting period and no changes made to the functions delegated to the IJB. The IJB sets the strategic direction and priorities for those functions and issues statutory directions to council and health board for their delivery. The delegated functions cover all Social Policy services for adults and older people, domestic abuse and health improvement functions.

The IJB approved its Strategic Plan for the period 2019-23 in April 2019 and also approved a planning structure to support the achievement of the strategic priorities. The plan details how high-level outcomes are to be achieved through a process of strategic commissioning plans.

### **West Lothian Integration Joint Board Strategic Planning Group**

The West Lothian Integration Joint Board Strategic Planning Group (IJB SPG) has a significant statutory role in the IJB's delivery against National Health and Wellbeing Outcomes and in accordance with the Integration Delivery Principles. It is responsible for the following:

- Developing the IJB's Strategic Plan and Strategic Commissioning Priorities
- Developing and overseeing the related three-year Action Plan
- Localities-based activity
- Monitoring performance against national outcomes and locally agreed outputs
- Reviewing the Strategic Plan and the three-year action plan
- Providing input to the IJB in responding to emerging policy and regulations
- Linking with staff on service changes and organisational development

### **West Lothian Integration Joint Board - Health and Care Governance Group**

The Health and Care Governance Group (IJB HCGG) and Care Governance Framework was established in 2017 and it was reviewed and revised in June 2019. It aims to provide assurance to the IJB on quality of care, planning and delivery of services and maintenance of professional standards and regulation of staff. It builds on existing duties, systems and processes already in place in the council and health board for the proactive promotion of safe, high quality, integrated care. It sets out explicit local lines of accountability across health and social care, with clear paths of escalation where evidence of risk is beginning to rise. An action plan has been put in place to further develop the processes required to give that assurance. It focuses on providing transparency and maintaining a culture which supports the safe and effective delivery of care.

### **West Lothian Children and Families Strategic Planning Group**

The West Lothian Children and Families Strategic Planning Group (C&F SPG) is part of the West Lothian Community Planning structure. It can therefore draw on partnership working with community planning partners. It oversees the development of Getting It Right for Every Child (GIRFEC) across West Lothian and has responsibility for the duties in the Children and Young People (Scotland) Act 2014, including the development of a joint Children's Services Plan and Corporate Parenting Plan. It is responsible for the statutory duty to report on progress on the seven priorities in the West Lothian Children's Services Plan 2020-2023 which are:

- Corporate Parenting
- Child Protection
- Raise achievement and attainment
- Promote health and wellbeing
- Reduce offending behaviour in children and young people
- Reduce substance misuse
- Promote children's rights

The plan reflects the commitment to providing services that are holistic and developed with families themselves and partner agencies; that tackle inequalities, and focus on improved outcomes for children through early intervention and protection services when these are necessary.

### **Community Justice**

Since April 2017, statutory Community Planning Partnership arrangements have ensured oversight of the Community Justice Partnership Service delivering Community Safety and of compliance with multi-agency Justice and Youth Justice arrangements. It does so through the Community Justice Strategy 2018/23 and its supporting West Lothian Community Justice Strategic Plan 2019-2024.

The vision in the plan is to make communities safer and more resilient and to support people with criminal convictions to change their behaviour and become valued citizens. The plan sets out a clear commitment to effective partnership. Its principles cover utilising all available resources from the public, private and third sectors, individuals, groups and communities. The principles also cover working closely with individuals and communities to better understand their needs, making best use of talents and resources, supporting self-reliance and building resilience. It emphasises the need for early intervention and prevention approaches.

### **Public Protection**

There are four dedicated public protection committees reporting to the West Lothian Chief Officer Group (COG) and providing leadership across Adult Support and Protection, Child Protection, Gender Based Violence and Offender Management (MAPPA). The committees ensure that staff have up to date policies, procedures, guidance and training to ensure that they are equipped to work in partnership to protect those at risk of abuse and harm. They are also responsible for quality assurance and making sure that members of the public have access to relevant information and know who to contact if they have any concerns that a child or adult may be at risk of harm.

The West Lothian Alcohol and Drug Partnership (WLADP) also reports to the COG and their key responsibilities are to minimise alcohol and drug related harm and usage in West Lothian and improve the lives of those in West Lothian harmed by substance misuse with a focus on prevention and early intervention.

**Figure 2 – Public Protection**





The Chief Officers' Group oversees the work of the Public Protection Committees and the WLADP. The COG comprises Chief Officers from Council, Health Board and Police Scotland. The CSWO is a member. The COG is responsible for ensuring that all agencies, individually and collectively, work collaboratively to protect the children, young people and vulnerable adults of West Lothian. Strong connections remain across the areas ensuring a holistic and joined up public protection approach.

## **1.2 The Role of the Chief Social Work Officer**

### **Overview**

The Chief Social Work Officer (CSWO) in West Lothian is responsible for monitoring all social work and social care service activity across the council and within any integrated arrangements.

The CSWO is by law a non-voting member of the IJB. The CSWO also has a defined role in professional and clinical and care leadership and has a key role to play in the IJB's Health and Care Governance systems, currently chairing the Health and Care Governance Group.

From the commencement of the local clinical and care oversight group arrangements for care homes, the CSWO has contributed on a daily and now twice weekly basis to the collective oversight of the position of each West Lothian care home in terms of infection control arrangements, staffing capacity and resident health and wellbeing. This commitment has enabled the CSWO to be fully sighted on the impact of COVID 19 on the care home sector and contribute to the support and assurance activity provided by the Health and Social Care Partnership. The CSWO has reported through governance structures on a regular basis on the work of the oversight group and requirement to use any of the intervention powers introduced by the Coronavirus (Scotland) (No 2) Act 2020. None of the powers in relation to interventions concerning care provisions have been applied within West Lothian.

The CSWO is a member of a number of significant decision-making teams and groups, both within the council and in multi-agency settings. These include internal senior corporate and service management meetings; attendance at council, committee and panel meetings; meetings of the IJB and its committees and groups; strategic planning groups and scrutiny and oversight meetings such as the Protection of Vulnerable Groups (PVG) Referral Panel, the Child Protection and Adult Protection Committees and the Edinburgh, Lothian and Scottish Borders Strategic Oversight Group. The CSWO is Chair of the West Lothian CPC, the Health and Care Governance Group and interim Chair of the Children and Families Strategic Planning Group.

There are a range of other roles undertaken by the CSWO and these include:

- Significant case reviews: signing off all significant case review reports across Social Policy and chairing the Child Protection Committee and its Learning Review sub-committee
- External audits and inspections: leading on all social work-related audits and inspections and liaising with inspecting agencies
- Human resources: ensuring 'Safer Recruitment' practices within the council including involvement in all instances where referral of a staff member is being considered to the Scottish Social Services Council (professional standards and conduct), the Central Barring Unit (protection of vulnerable groups legislation), or the Disqualified from Working with Children List

### **Planned Reports: Statutory Decision Making**

The CSWO must monitor the statutory decision-making aspects of the remit which have been delegated on a day-to-day basis to managers across the council. This is achieved by regular summaries of activity. The main areas for monitoring are listed below. There are some other less frequent statutory decisions which are delegated and discussed with relevant managers to ensure oversight.

- Complaints: receiving regular reports on social work complaints, complaint outcomes, the actions taken forward and any learning to be applied. In addition, the CSWO is sighted on any local Scottish Public Services Ombudsman decisions and disseminates decisions involving other authorities for learning
- Secure accommodation authorisations: convening a Secure Care Panel where secure care is being considered for a child to review and consider all of the information presented. This supports the CSWO to decide if the legal test has been satisfied and if secure care best meets the child's needs. Regular reviews are carried out to ensure both that the legal test for continued secure care is still met and that the child's needs are met through secure care
- Emergency movement of children subject to a supervision requirement: receiving and scrutinising a quarterly summarised report
- Adoption and fostering: overseeing decisions made through authority delegated to senior managers
- Mental Health Officer decisions: overseeing decisions made through authority delegated to senior managers by receiving quarterly reports
- Adults with Incapacity Act decisions: scrutinising quarterly reports summarising decisions made
- Multi-Agency Public Protection Arrangements (MAPPA): receiving quarterly reports in relation to all high and very high-risk offenders and attending MAPPA Level 3 case conferences

### **Critical Incident Reporting**

Critical Incident Reports ensure the CSWO can advise and support staff and determine if additional measures need to be put in place and whether other agencies need to be informed.

- The CSWO must be informed at the earliest possible time of the death of, or serious harm, to a child looked after by the council or a young person who has experienced care; on the Child Protection Register; receiving a service from the council; or referred for a service. This will take the form of a written report detailing the facts of the incident and the actions put in place.
- The CSWO must be informed of the death of, or serious harm, to an adult subject to a statutory order under the mental health legislation; in residential or supported accommodation, whether provided or purchased by the council; receiving a service; or referred for a service, but awaiting allocation. This will take the form of a report detailing the facts of the incident and the actions put in place.
- The CSWO must be informed of any very high-risk offenders defaulting from their risk management plans. Critical incidents where the case is likely to be high profile, attract media interest or likely to represent a risk to West Lothian Council and cases that meet the Multi Agency Public Protection Arrangements (MAPPA) Level 3 category where the CSWO would be involved.
- The CSWO must be informed of any potentially adverse media attention to social work services.

- The CSWO must be informed of serious adverse staffing matters, such as the suspension of a member of staff, which may attract media interest or where the continued running of a service is under threat.

### **Corporate Governance**

In West Lothian, it is recognised that good governance is not merely an auditing requirement; it is crucial for effective public services and achieving the social outcomes which are the council's objective. The council has adopted the Chartered Institute of Public Finance and Accounting (CIPFA)/Society of Local Authority Chief Executives (SOLACE) Framework. It has developed a Code of Corporate Governance in which each principle has a number of specific requirements which have to be met for the council to show that it complies with the code, and for each of those requirements, a responsible officer in the council has been identified.

The statutory CSWO role is currently combined with the management position of Head of Social Policy. The combined role is described in the council's Scheme of Delegation to Officers.

The CSWO is required to report annually to the council and the arrangements set out here will form the basis of the content of the annual report. The CSWO also reports annually to the IJB. Statute guarantees the right of the CSWO to have access in the council to senior managers and elected members and to report to them whenever required. Similar provision has been made in the IJB's Standing Orders. The council's Scheme of Delegation to Officers ensures the independence of the CSWO and CSWO decisions form senior management control in relation to the statutory functions in the CSWO remit.

## 2. Service Quality and Performance

### 2.1 Service Performance

Performance during the year is monitored and reported using the council's performance management system, Pentana. The Social Policy Management Plan outlines how services contribute to delivering these outcomes. The Management Plan is reported to the relevant Policy Development Scrutiny Panels. There is alignment between Management Plans, Activity Budgets and services, providing a link between resources, performance targets and outcomes.

The following information is an extract from the Social Policy Management Plan for 2022/23 and provides an overview of key activities, outcomes and resources required to deliver these over the period. Social Policy makes a meaningful and measurable contribution to the delivery of the Council's Corporate Plan 2018/23 and other key strategic plans previously listed as detailed in the following tables:

| Alignment with Corporate Priorities / Enablers                         |  |   |  |                |                     |                |
|--|--|---|--|----------------|---------------------|----------------|
| Council priority / enabler   | Deliverable  | Social Policy key activities / processes  | Indicator(s)   | 2021/22 Target | 2021/22 Performance | 2022/23 Target |
| 2 Delivering positive outcomes and early interventions for early years | (P2.1) Providing sustainable models of parenting support work within home, community and education settings. | <ul style="list-style-type: none"> <li>■ Inclusion and Support Service.</li> <li>■ Family Placement Team</li> <li>■ Families Together</li> <li>■ Child Care and Protection Teams</li> <li>■ Residential Houses</li> </ul> | SPCF096_9b Balance of Care for Looked After Children: Percentage of Children being Looked After in the Community | 93%            | 91%                 | 93%            |

### Alignment with Corporate Priorities / Enablers

| Council priority / enabler   | Deliverable   | Social Policy key activities / processes  | Indicator(s)  | 2021/22 Target | 2021/22 Performance | 2022/23 Target |
|--|---|---|---|----------------|---------------------|----------------|
| 2 Delivering positive outcomes and early interventions for early years | (P2.2) Providing support for vulnerable children and young people to achieve sustainable positive outcomes and destinations in line with priorities in the West Lothian Corporate Parenting Plan. | <ul style="list-style-type: none"> <li>Child Care and Protection Teams</li> <li>Child Disability Service</li> <li>Reviewing Officers Team</li> <li>Domestic and Sexual Assault Team</li> <li>Social Care Emergency Team</li> <li>Residential Houses</li> <li>Inclusion and Aftercare Service</li> </ul>   | P:SPCF138_9b.1c<br>Percentage of children involved with the Families Together service who have avoided becoming accommodated who were assessed as being at high risk of being accommodated. | 90%            | 80%                 | 85%            |
| 3 Minimising poverty, the cycle of deprivation and promoting equality  | (P3.6) Contributes to providing a route out of poverty through work and continuing to support those further from the labour market to progress towards work.                                      | <ul style="list-style-type: none"> <li>Families Together</li> <li>Aftercare Service</li> <li>Inclusion and Support Service</li> <li>Youth Justice Team</li> <li>Community Payback Team</li> <li>Support to adults with physical disabilities, learning disabilities and mental health issues</li> <li>Domestic and Sexual Assault Team</li> <li>Community Addictions Services West Lothian</li> </ul> | SPCF127_9b.1c<br>Percentage of young people eligible for Aftercare identified as homeless as at 31st July   | 2%             | 2%                  | 2%             |
| 4 Improving the quality of life for older people                       | (P4.1) Through the delivery of the Integration Joint Board Strategic Plan, older people are able to live independently in the community with an improved quality of life.                         | <ul style="list-style-type: none"> <li>Assessment and Care Management Services (including Self Directed Support and compliance with the Carers (Scotland) Act 2016)</li> <li>Facilitating Hospital Discharge</li> <li>Care Homes</li> <li>Housing with Care</li> <li>Day care and personalised support</li> </ul>   | P:SPCC017_6a.7<br>Percentage of customers who rated overall satisfaction with the Older People's service they received as good or excellent.  | 98%            | 88%                 | 100%           |

### Alignment with Corporate Priorities / Enablers

| Council priority / enabler                       | Deliverable  | Social Policy key activities / processes  | Indicator(s)  | 2021/22 Target | 2021/22 Performance  | 2022/23 Target |
|--|--|---|---|----------------|----------------------|----------------|
|  |  | <ul style="list-style-type: none"> <li>Care at Home and specialist provision</li> </ul>   | SW03a Percentage of People Aged 65+ with long-term care needs who are receiving personal care at home   | 64%            | 62.74%* <sup>1</sup> | 66%            |
| 4 Improving the quality of life for older people | (P4.3) Redesigning services for older people with a focus on supporting those most in need and maximising the use of technology enabled care where appropriate.  | <ul style="list-style-type: none"> <li>Provision of Home Safety Service and further development of Telecare Services</li> <li>Reablement and Crisis Care Services</li> <li>Occupational Therapy Service</li> <li>Home Safety and Technology Enabled Care programme</li> </ul> | CP:SPCC100_9b.2a The number of people aged 75+ supported by technology to remain at home  | 2,775          | 2,294                | 2,993          |
| 4 Improving the quality of life for older people | (P4.4) Developing a more sustainable service delivery model targeted to those most in need with an increased emphasis on reablement to retain or regain independence within their home or community setting. | <ul style="list-style-type: none"> <li>Provision of Home Safety Service and further development of Telecare Services</li> <li>Reablement and Crisis Care Services</li> <li>Occupational Therapy Service</li> <li>Home Safety and Technology Enabled Care programme</li> </ul> | CP:SPCC014_6b.5 Percentage of Occupational Therapy assessments allocated within 6 weeks of referral.<br><br>P:SPCC024_9a.1a Net cost per head of population of services for older people. | 70%            | 52%                  | 70%            |
|  |  |   |   | £1,423         | £1,513               | £1,423         |

<sup>1</sup> \* data is for the period 2020/21

### Alignment with Corporate Priorities / Enablers

| Council priority / enabler                       | Deliverable   | Social Policy key activities / processes   | Indicator(s)  | 2021/22 Target | 2021/22 Performance | 2022/23 Target |
|--|---|--|---|----------------|---------------------|----------------|
| 4 Improving the quality of life for older people | (P4.5) As part of the delivery of the Integration Joint Board Commissioning Plan for Older People, the council will focus on:   | <ul style="list-style-type: none"> <li>■ Assessment and Care Management services for older people</li> <li>■ Reablement and Crisis Care</li> <li>■ Short Breaks/Respite and Day Care</li> <li>■ Housing with Care</li> </ul> | CP:SPCC101_9b.2 The number of carers of older people who have an adult carer support plan.                  | 175            | 186                 | 200            |
|  | <ul style="list-style-type: none"> <li>a) Improving dementia care, with particular emphasis on improving post-diagnostic support;</li> <li>b) Expanding use of technology-enabled care to support older people and carers of older people;</li> <li>c) Supporting older people to live at home or in a homely setting for longer;</li> <li>d) Ensuring specialist mental health provision for the over 65's;</li> <li>e) Ensuring support needs of carers are met, particularly carers of those with dementia;</li> <li>f) Developing single points of information for all older peoples' service provision.</li> </ul> | <ul style="list-style-type: none"> <li>■ Redesign of Post Diagnostic Support Service</li> <li>■ Provision of Home Safety Services and development of Telecare</li> </ul>   | CP:SPCC019_9b.1a Average number per month of West Lothian patients whose discharge from hospital is delayed | 10             | 27                  | 10             |

### Alignment with Corporate Priorities / Enablers

| Council priority / enabler               | Deliverable   | Social Policy key activities / processes   | Indicator(s)   | 2021/22 Target | 2021/22 Performance | 2022/23 Target |
|--|---|--|--|----------------|---------------------|----------------|
| 6 Delivering positive outcomes on health | (P6.1) The development of more targeted care at home, the use of assistive technology and provision of reablement will positively contribute to improved outcomes for people.   | <ul style="list-style-type: none"> <li>■ Reablement and Crisis Care</li> <li>■ Home Safety Service and Development of Technology</li> </ul>  | P:SPCC015_9b.2a Number of households receiving telecare.   | 4,000          | 3,632               | 4,000          |
| 6 Delivering positive outcomes on health | (P6.2) Through the delivery of the Integration Joint Board Strategic Plan, increase well-being and reduce health inequalities across all communities in West Lothian. Locality planning will provide a key mechanism for strong local, clinical, professional and community leadership. | <ul style="list-style-type: none"> <li>■ Assessment and Care Management</li> <li>■ Improve % of Personalised Care Options</li> <li>■ Develop Core and Cluster Housing Models</li> <li>■ Access to Employment</li> <li>■ Community Addictions Services West Lothian</li> </ul>  | SOA1307_19 Premature mortality rate (European Age Standardised Rate per 100,000 population <75)  | 411            | 438 <sup>*2</sup>   | 411            |
| 6 Delivering positive outcomes on health | (P6.3) Improving our approach to integrated models for mental health services for children, young people and adults recognising the importance of mental health and wellbeing on people achieving positive outcomes.  | <ul style="list-style-type: none"> <li>■ Acute Care and Support Team</li> <li>■ Child and Adolescent Mental Health Service</li> <li>■ Older People Acute Care Team</li> <li>■ Post Diagnostic Support (Dementia)</li> <li>■ Development of Core and Cluster</li> <li>■ Domestic and Sexual Assault Team</li> <li>■ Criminal and Youth Justice Service</li> </ul> | SPCJ124_9b Percentage of women with mental health issues receiving Almond Project support who report improvement in mental health and wellbeing. | 100%           | 100%                | 97%            |

<sup>2</sup> \* data is for the period 2020/21



### Alignment with Corporate Priorities / Enablers

| Council priority / enabler               | Deliverable   | Social Policy key activities / processes  | Indicator(s)  | 2021/22 Target | 2021/22 Performance | 2022/23 Target |
|--|---|---|---|----------------|---------------------|----------------|
| 6 Delivering positive outcomes on health | (P6.4) Improving support to carers over the next five years through improved identification of carers, assessment, information and advice, health and well-being, carer support, participation and partnership.                             | <ul style="list-style-type: none"> <li>Support to adults with physical disability and mental health issues</li> <li>Assessment and Care Management</li> <li>Carer Assessment and development of Carer Support Plans</li> </ul>  | CP:SPCC101_9b.2 The number of carers of older people who have an adult carer support plan.<br><br>SOA1306_17 Percentage of carers who feel supported in their care role | 175<br><br>46% | 186<br><br>25%      | 200<br><br>46% |
| 6 Delivering positive outcomes on health | (P6.5) Delivering effective and integrated equipment and technology solutions to promote independence, support the ongoing shift in the balance of care, reduce and prevent hospital admissions and facilitate speedier hospital discharge. | <ul style="list-style-type: none"> <li>Day care and personalised support plans</li> <li>Occupational Therapy Services</li> <li>Access to Employment</li> <li>Short Breaks from Caring</li> <li>Provision of HSS and development of Telecare</li> <li>Joint management of the Community Equipment Store</li> </ul> | P:SPCC002_6b.5 Percentage of Care Inspectorate Inspections undertaken within Registered Learning Disability Services graded good or above.                              | 100%           | N/A                 | 100%           |
| 6 Delivering positive outcomes on health | (P6.6) Improving the health and well-being of service users through rehabilitation and reablement, which will, in turn, have a positive impact on carers.   | <ul style="list-style-type: none"> <li>Reablement and Crisis Care</li> <li>Joint Management of Equipment Store</li> <li>Development of Independent Housing Options</li> </ul>   | P:SPCC015_9b.2a Number of households receiving telecare.  | 4,000          | 3,632               | 4,000          |

### Alignment with Corporate Priorities / Enablers

| Council priority / enabler                      | Deliverable  | Social Policy key activities / processes   | Indicator(s)  | 2021/22 Target | 2021/22 Performance | 2022/23 Target |
|---|--|--|---|----------------|---------------------|----------------|
| 7 Reducing crime and improving community safety | (P7.4) Protecting those in our community who are most at risk by providing effective interventions across the four main strands of public protection; Child Protection, Adult Support and Protection, Violence Against Women and Girls | <ul style="list-style-type: none"> <li>Child Care and Protection Teams</li> <li>Prison based Social Work Team at HMP Addiewell</li> <li>Criminal Justice Throughcare Team</li> <li>Domestic and Sexual Assault Team</li> <li>Public Protection Team</li> </ul> | SOA1305_04<br>Percentage of women who report that they feel safer as a result of intervention by the Domestic and Sexual Assault Team   | 100%           | 99%                 | 100%           |
| 7 Reducing crime and improving community safety | (P7.5) Working with our partner agencies to deliver the priorities agreed in the Community Justice Strategy; focused on ensuring that those over the age of 16 involved in the justice system are best supported not to reoffend.      | <ul style="list-style-type: none"> <li>Youth Justice Team</li> <li>Community Payback Team</li> <li>Unpaid Work Order Team</li> <li>Assessment and Early Intervention</li> <li>Early and Effective Intervention</li> </ul>                                      | CP:SPCJ158a_9b<br>Percentage of Early and Effective Intervention (EEI) cases 12 to 17 years who do not become known to the Youth Justice Team within 12 months<br><br>CP:SPCJ144_9b.1a<br>Percentage of Community based supervision Orders supervised by the Justice Service with a successful termination. | 95%            | 97%                 | 95%            |
|   |  |  |   | 80%            | 66%                 | 80%            |

## **Service Quality and Performance**

Service performance is monitored on a monthly basis at Senior Management Team meetings. All service risks and high risks are regularly reviewed by the Senior Management Team with input from the Council's Risk and Governance Manager to that process.

The Social Policy Management Plan 2022 - 23 is the key document that details the strategic direction for service delivery and plans to improve outcomes and services. The Management Plan does not stand alone and is part of a wider planning and service development approach.

The wider Health and Social Care Partnership Senior Management Team also meet on a monthly basis and routinely consider service performance measures to enable challenges to be identified at the earliest opportunity. Work has been undertaken to review the performance measures used across the partnership and an integrated performance framework will be developed to underpin the new IJB Strategic Plan.

### **Regulation, Inspection and Improvement Activity**

During the pandemic, the Care Inspectorate undertook targeted inspections that were short, focused and carried out with Health Improvement Scotland and Health Protection Scotland to assess care and support for people during the Covid-19 pandemic.

In terms of directly provided services, the following were subject to inspection in the reporting year. Craigmair Interim Care Home for older people was subject to a targeted inspection during 2021/22 and was awarded a grade of 4 (Good) for How good is our care and support during the Covid-19 pandemic.

Whitrigg House, a residential house for young people was subject to an announced (short notice) inspection on 18 March 2022. The service was inspected on the following areas and awarded the relevant grade:

How well do we support children and young people's wellbeing? 4 (Good)  
How good is our leadership? 4 (Good)  
How good is our staff team? 4 (Good)  
How good is our setting? 3 (Adequate)  
How well is our care planned? 3 (Adequate)

Inspection reports are analysed and action plans, to address any recommendations, are produced by the relevant service. Reports on inspection activity are routinely reported to elected members who have the opportunity to scrutinise progress.

In addition to external scrutiny, the social work service has a range of internal mechanisms to monitor the quality of provision and any improvement activity required. These include:

- Direct supervision of front-line practice by team managers
- Individual reviews of care plans and packages of care by case managers
- Analysis of social work complaints
- Monitoring of service level agreement and contracts for the purchase of care
- Case file audits
- Routine performance monitoring
- Self-evaluation through Customer Service Excellence/West Lothian Assessment Model

- Multi-agency self-evaluation and quality assurance activity in relation to adult and child protection

### **Joint Inspection**

No Joint Inspections were undertaken during this reporting period.

The Partnership was advised in April 2022 by the Care Inspectorate and inspection partners of their intention to undertake a joint inspection of Adult Support and Protection in West Lothian Partnership over a fifteen-week period from May 2022 to July 2022 with report publication in September 2022. The key improvement actions from this inspection process will be translated into an action plan overseen by the APC to address inspection findings and key messages. Detail in relation to the findings of the inspection is covered in section 2.4.

## **2.2 Improvement and Performance Activity**

### **Contract Monitoring**

Contract monitoring and review is a fundamental function in the commissioning of social care services. It is required to evidence best value to the council and its regulators as well as ensuring the delivery of outcomes for vulnerable people living in West Lothian.

The purpose of the Contract Monitoring Framework in place is to provide a consistent approach to the monitoring of externally purchased care and support services across Social Policy. It is recognised that due to the impact on the quality of life, health and wellbeing of service users and their carers, the procurement of care and support service requires specialist consideration in order to ensure a focus on outcomes.

The contract monitoring framework aims to ensure that service users receive the highest quality of service, which demonstrates value for money, meets contractual standards and is continuously improved.

### **West Lothian Assessment Model (WLAM)**

The West Lothian Assessment Model is the council's self-assessment framework which helps services to ensure that they provide good quality and improving services for the people and local communities in West Lothian.

West Lothian Council recognises that there is always a way to make better and more efficient services for the people we serve, balancing quality of service provision with value for money.

The West Lothian Assessment Model (WLAM) helps the council to do this by providing a consistent and challenging set of questions or statements that services will use to identify their strengths, areas for improvement and importantly it also provides a structure for improvement.

The WLAM is used by all council services to self-assess:

- The way that services are delivered
- How they are performing in key results and outcomes
- How change is managed
- The way services prepare for the future

A new framework, WLAM 2022-25, has been developed in line with the new European Foundation Quality Management (EFQM) 2020 Model which is intended to offer a more flexible and updated approach to improvement.

Self-assessment is an important part of the council's improvement strategy, as it encourages innovation from within.

Social Policy has four WLAM Units within the service, Children and Families, the newly formed Inclusion and Support service, Community Care and Justice services. All of the Social Policy WLAM units have demonstrated an improvement after each cycle of assessment as highlighted by the increase in WLAM scores across the service.

| WLAM Unit                         | Cycle   | WLAM | Change |
|-----------------------------------|---------|------|--------|
| <b>Children and Families</b>      | 2014/17 | 482  | +57    |
|                                   | 2017/20 | 539  |        |
| <b>Community Care Services</b>    | 2014/17 | 456  | +72    |
|                                   | 2017/20 | 528  |        |
| <b>Criminal and Youth Justice</b> | 2014/17 | 488  | +65    |
|                                   | 2017/20 | 553  |        |

A new WLAM programme has been developed:

| WLAM Unit                      | Cycle   |
|--------------------------------|---------|
| <b>Community Care Services</b> | 2022/23 |
| <b>Children and Families</b>   | 2023/24 |
| <b>Justice Services</b>        | 2023/24 |
| <b>Inclusion &amp; Support</b> | 2024/25 |

### External Assessment

To supplement internal improvement processes, the council undertakes planned external assessment on a periodic basis. This ensures that the council is scrutinised across different standards and frameworks promoting excellence and the highest standards of practice. It also allows comparison with the best performers across all sectors in the UK and beyond.

The key external assessment process for the council is:

| Assessment                         | Assessment Method                            | Improvement focus   | Assessed level      |
|------------------------------------|--|---|---------------------|
| <b>Customer Service Excellence</b> | Three-year programme of corporate assessment | Assessment of the organisation's customer focus and overall standards of customer service and delivery. | CSE standard (2022) |

## Complaints

Social Policy adopts the council's Model Complaints Handling Procedure which was revised in April 2021 in line with The Scottish Public Services Ombudsman (SPSO) guidance. This remains a two-stage process:

- Stage 1: Frontline Resolution
- Stage 2: Investigation

The SPSO remains the final stage for complaints about public services in Scotland. The council's social work services are required by statute to report annually on statutory complaints received from service users, would-be service users, their carers and representatives. Improvement activity is ongoing with regard to resolution timeframes as well as tracking themes to better identify and address any issues with effective action. Training is also being rolled out to all staff involved in the complaints process.

The council is committed to improving social work services for the people of West Lothian and recognises that complaints are an important source of customer feedback.

The following table provides an overview of the complaints received during 2021/22 and their outcome.

|   |              |
|---|--------------|
| <b>Total number of complaints</b>                         | <b>93</b>    |
| <b>Percentage of complaints upheld</b>                    | <b>29%</b>   |
| <b>Percentage of complaints partially upheld</b>          | <b>28%</b>   |
| <b>Percentage of complaints not upheld</b>                | <b>43%</b>   |
| <b>Percentage of complaints resolved within timescale</b> | <b>67.7%</b> |

## 2.3 Service Developments and Progress

### 2.3.1 Services for Adults and Older People

Work continues to redesign services to ensure that they best meet the needs of those who are most vulnerable in society and are sustainable for the future. Social Policy actively engages customers and potential customers in the delivery and redesign of services to ensure that these are accessible and focused on their needs and preferences.

### Coming Home Developments

In relation to services for adults, the strategic focus remains around shifting the balance of care from hospital to community-based services supporting the Royal Edinburgh Campus Redesign Programme. This is a collaborative approach to remodel services focusing on people accessing care, support and treatment within the West Lothian Health and Social Care Partnership.

Plans were approved in June 2019 for a new £3 million housing project for people with learning disabilities who have complex care needs. The proposed accommodation consists of sixteen one-bedroom tenancies that each provides a main living room, separate double bedroom, galley kitchen, built in storage and toilet/bathroom. All will have their own small separate garden area as well as access to the wider garden grounds. Support to individuals will be person centred with individuals being able to make informed decisions as far as they are able to on their own model of care and delivery of this. In order for this to be achieved, the

identification of those individuals who will be moving to their own tenancy has commenced; this being undertaken in conjunction with the individual and their extended family.

The original target for completion of the build was Autumn 2021. However, due to the impact of Covid-19 pandemic, the completion date has been revised to Winter 2022/23.

### **Adults Day services modernisation**

West Lothian was one of five local authorities working with Health Improvement Scotland on the second phase of the Day Services Collaborative. Whilst we have not progressed to the third phase with the Collaborative, the service remains committed to transformational change in the delivery of day care services and learning gained through this work will help guide future delivery. Over the coming year the intention is to support individuals into more community-based activities designed to meet the aspirations and outcomes of individuals.

The supported employment service continues to provide specialist employability and training support for individuals with a range of disabilities. Over the course of the pandemic they have continued to provide this support adapting their face to face and group work activity online. The hard work and dedication of the team has once again been acknowledged, this time at an international level with the team being invited to join the online Global Award Ceremony Achievement Awards. They achieved an Excellent Outcome Award for supporting 77% of participants into paid employment, which given that all support was undertaken online, is a remarkable achievement.

The Community Equipment Store continues to work in partnership with the council's Digital Transformation Team and health colleagues to explore digital solutions to improve service delivery and support people remaining at home with additional support or leaving hospital at the earliest time with supportive equipment when fit to do so.

### **Care Homes**

The Covid-19 pandemic had a significant impact on older people and in particular people living in care homes. The partnership worked with all care home providers for adults and older people to deliver enhanced support throughout and the CSWO has contributed to this work.

Daily review meetings were held over the course of the pandemic period and now continue on a twice weekly basis with the Chief Nurse, Chief Social Work Officer, and other senior staff to identify emerging issues and to determine the appropriate response. The delivery of safe and effective care for people who live in care homes remains an ongoing priority for the HSCP.

The oversight group has engaged with local care home providers to review the current oversight and support arrangements to ensure that they are appropriate, reflect current practice, are sustainable and ultimately continue to add value for people supported by social care supports. This includes support to implement the 'Open with Care' visiting guidance to enable residents to receive regular, meaningful contact with friends and family

The Partnership has committed to continuing enhanced assurance and support for care homes into the future, with a model of integrated nursing and social work assurance and support implemented. Joint visits are completed by health and social care staff and outcomes scrutinised by the oversight group. The assurance visit process has strengthened oversight arrangements and promoted collaborative working across care homes in West Lothian.

The Scottish Government has confirmed multi-disciplinary oversight arrangements require to remain in place until March 2023.

## **Care at home**

From the beginning of the Covid-19 pandemic, the position in relation to care at home services, unmet need and delayed discharge performance improved. It is likely this was, in part, as a consequence of the unique economic and employment circumstances created by the furlough scheme, closure of retail and hospitality sectors and people working from home. Since early summer 2021, however, pressures have become increasingly apparent with a shortage of care at home capacity to meet the needs of people living in the community and those at risk of their discharge from hospital being delayed.

In West Lothian, in line with the national position, providers highlighted that they face competition for staff from within the social care sector itself in addition to competition from other sectors, such as retail and hospitality.

A weekly Care at Home oversight meeting was established on 14 June 2021 with the aim of better understanding the risk and developing actions to mitigate risk and improve the situation. This has included active engagement with care at home providers, with the aim of facilitating market stability and improving supply. An intense focus of activity has been around recruitment and retention strategies to increase capacity in the care at home sector as well as the creation of alternative interim step-down arrangements to support those in hospital facing a delay in their discharge.

The group continues to focus on enhancing arrangements to support care at home provision within West Lothian with better analysis and scrutiny of key data across the whole care at home system.

In collaboration with key stakeholders, work has started to develop a revised contractual framework over the course of the next 12 months. Benchmarking across other similar organisations will take place with an aim to implement best practice and provide the best possible care at home contracted provision.

An Assessment and Review Team has been established to focus specifically on the assessment and review of service users and needs which are unmet in relation to care at home provision. The team will ensure assessments focus upon the functional ability of the person and promote existing strengths, community supports or technology to their maximum to promote independence.

Assessments will be undertaken by a multi-disciplinary team of social workers, occupational therapists and reablement officers all working in a collaborative manner. The team will aim to reduce waiting times for individuals requiring an assessment and ensure individual needs are managed where possible without dependency on formal care and support. In addition, the team will review existing care at home services in a timely manner, ensuring supports continue to meet the individuals assessed need whilst also ensuring that those with an unmet need are monitored and that any change in need is captured at the appropriate time.

## **Home First**

The Home First transformational approach focuses on prevention and early intervention to support people to remain in their own homes or community setting wherever possible. It focuses on developing new ways of working and models of care to proactively assess and manage people in the community, with admission to an acute hospital only where there is clinical need. The norm should be to receive care and support at home to prevent hospital admission, wherever appropriate. Where hospital admission is clinically appropriate and unavoidable, responsive support should be available to facilitate discharge and allow people to return to a community setting without delay.



The principles of Home First are:

- Greater focus on better, integrated and evidence-based outcomes for service users
- Promoting flexibility and agile ways of working to meet surges in demand and changes in need
- Maximising digital solutions
- Whole system approach and benefit realisation

There are specific programmes being developed under the Home First approach and these include

#### **Community Single Point of Contact**

West Lothian is developing an integrated community urgent care Single Point of Contact (SPoC) This allows for professional referrers to access community health, social care and third sector services with the SPoC screening and developing a plan - communicated back to the referrer, family and carers within two to four hours, to prevent unnecessary hospital presentation/admission. The approach will be subject to a pilot test.

The intention is that the SPoC developments will bring benefits to both the people and referring professionals of West Lothian. The aim is to provide timely access to coordinated community pathways, support and personalised plans within a short time period in order to prevent further deterioration and safely manage a person at home, wherever possible.

#### **Review of bed-based resources**

Whilst the key priority remains to support people at home as far as is possible, work commenced to review the bed-based provision for people in West Lothian to ensure that commissioning and resources are realigned to enable people to be cared for in the right bed-based resource when that is needed. A whole system approach is being taken to fully cost and model Intermediate Care beds and Hospital-Based Continuing Complex Care (HBCCC) in the community, Local Authority and Independent Care Home beds, and the Acute Medical and Rehabilitation beds in West Lothian.

This review will develop a new community bed-based delivery model and access criteria for intermediate care and longer-term beds, as well as identifying whether existing care and pathways can be better delivered in alternative settings. It will also develop a bed model for Frail Elderly People/People living with Dementia.

The Home First Programme Team is working closely with performance and data analyst colleagues across the council and NHS Lothian. This work will be data dependent and a 5 year (pre and post Covid) historical acute bed baseline and minimum data set will be established before beginning the whole system modelling and costing bed-base for the short, medium and long term.

#### **Integrated Hospital Front Door Model**

This project aims to develop an integrated (acute and community) 'Home First' model at the front doors of St. John's Hospital (SJH), which include Accident & Emergency (A&E), Emergency Medical Assessment (EMA) & Same Day Emergency Care (SDEC).

The integrated front door approach will enable front door community teams (nursing, therapy and social work) - working in situ and in partnership with front door acute colleagues – to support joint decision making and facilitate a person being placed onto a community pathway once acute medical needs/diagnostics have been met.

The aim is to reduce unnecessary hospital presentation/admission and improve direct access to community health and social care services and third sector supports. This project also seeks to build pathways between the Integrated Hospital Discharge Hub (IDH) and the integrated front door team ensuring that, where people are placed on admission pathways, they are known to the IDH at point of admission and a Planned Date of Discharge (PDD) is set at the earliest opportunity and monitored closely to reduce unnecessary transfer to medical wards.

### **Community Connections Hubs**

The West Lothian HSCP identified a need for improved access to information, advice and signposting within communities to support early intervention, self-management and to reduce reliance on statutory services where alternative community supports might be available. The approach is a multi-agency one including services and staff from council, health, 3<sup>rd</sup> sector and also with volunteer's participation.

The model in development involves the set-up of informal 'pop up' hubs in locations throughout West Lothian, based on learning from other local authority areas.

Community Connections Hubs are now established in two locations and there is ongoing engagement with community partners to promote and raise awareness of the hubs. There is also ongoing work to identify other appropriate local venues to deliver the service and a mapping exercise is being carried out of existing community resources to avoid duplication of services.

### **Digital and Technology supporting care**

During the pandemic period, the service participated in the Connecting Scotland Programme providing laptops, iPads and support to individuals in the community to increase digital skills and reduce isolation.

The service continues to research and explore emerging technologies to support individuals to live as independently as possible at home. This includes telecare alarms and a range of sensors to raise an alert when help is required or monitor the environment, the application of intelligent medication administration, safer walking through GPS and activity monitoring to inform care planning.

In November 2021 the service began the transition from analogue to digital telecare with the upgrade of the Alarm Receiving Centre (ARC), following this was a sustained period of testing and trialling of new digital telecare alarms which will begin to be deployed in the community from May 2022 onwards.

To develop the use to technology enabled care further, a TEC Board has been formed to explore and take forward further innovation of technology which can support independence at home.

## **Mental Health Services**

### **Supported accommodation**

The West Lothian HSCP Mental Health teams have delivered significant change to support those living under supported accommodation arrangements within West Lothian. In October 2021 over 160 service users moved from previous block contract arrangements to Self-Directed Support payments to enhance the choice and control around both where they live and who supports them. Fourteen service users have also moved from previous shared

accommodation units to new build properties, supported by the West Lothian Council housing team. This joint working from both the HSCP and housing colleagues has allowed service users to move to properties that better link them to their local community.

### **Community Mental health teams**

The Community Mental Health Teams (CMHT) are also working through a quality improvement (QI) project to better ensure those receiving care in the community for a mental health condition are accessing the correct and most appropriate physical health checks and screening programmes through primary care. The QI project has seen amendments made to care planning documentation to ensure physical health checks are at the forefront of the delivery of care and support to ensure better long-term outcomes.

### **Multi-disciplinary team working**

Additional efforts have also been undertaken to improve multidisciplinary team working across West Lothian Mental Health services to ensure health, social and personal outcomes are at the forefront of service delivery. Examples including embedding social work within emergency psychiatric assessment and a dedicated Mental Health Officer within the Integrated Discharge Hub are examples of this.

### **Crisis interventions**

The HSCP is working with colleagues across Lothian to ensure that those in distress in their community can be seen by the right service at the right time and most importantly, first time. This is achieved in two ways. Firstly, to support those accessing the NHS 24 Mental Health Hub (24-hour support line) and secondly those accessing the unscheduled care team (ACAST) at the front door of St John's Hospital.

In 2021 the ACAST team moved their service delivery from 0800-2000 model to a 24-hour service which ensures that those at the highest level of distress can be seen by a Registered Mental Health nurse at any time. Ongoing work with social work teams, both in and out of hours, will further improve the pathways for people into crisis services.

### **Supporting community wellbeing**

On Friday 26 November 2021 the Mental Health and Communities Fund launched in West Lothian. The £470,000 fund was allocated to the West Lothian Gateway to support community mental health and wellbeing. The fund was broken into two grants:

1. The small grant (£2,000 – £9,999)
2. The large grant (£10,000 - £50,000).

The purpose of the fund is to support small and medium sized community organisations including, 3<sup>rd</sup> sector organisations, registered charities, community councils, partner councils and other bodies that can make a positive difference to mental wellbeing in a local community. The Gateway (West Lothian's third sector interface) will administer the funds in line with Scottish Government guidance.

### **Alcohol and Drug Services**

The immediate post lockdown environment has been challenging for addictions services, with increased referrals to treatment services and many supporting or preventative activities still unable to be offered. The main indicator for drug and alcohol treatment service, the A11 standard, (that no one should wait more than 3 weeks for treatment for drug or alcohol

misuse), dipped through 2021-22. This was due to a significant increase in referrals. It returned to compliance in the last 2 months of the quarter 1 period.

Unfortunately, the trend of increasing drug related deaths in Scotland and West Lothian continues. The National Record of Scotland shows that there were once again 32 'drug misuse' deaths in West Lothian in 2021, the same figure as for 2020 and an increase of 9 compared to the previous year.

Evidence indicates that being in some form of drug treatment reduces the risk of death. The mainstay of West Lothian's response to reduce drug related deaths is to fully implement the MAT standards for Medication Assisted Treatment and is making good progress against this. Open access drop in now operate four days a week and will shortly be offered five days. These offer significantly simpler access to Medication Assisted Treatment for people who are seeking it.

The West Lothian ADP is recruiting an additional officer to address the need to expand prevention activity as well as continuing the focus on treatment. A newly constituted ADP Executive is intended to widen the reach of the ADPs influence to support preventative approaches. We are also progressing with a Public Social Partnership to develop and evaluate services for the whole family where it is impacted by drug or alcohol use.

Alcohol related deaths in West Lothian fell from 45 to 40 in 2021, but this remains an increase on recent years. There is increased access to psychological support for people who use alcohol and drugs to keep up with rising demand. We await the Scottish Government's planned new guidelines for treating alcohol dependence.

### **2.3.2 Services for Children, Young People and Families**

The West Lothian Children's Services Plan 2020-2023 outlines the work of the West Lothian Children and Families Strategic Planning Group and follows an outcome-based approach to planning as led by the West Lothian Community Planning Partnership. There is a clear focus on multi-agency collaborative partnership working allowing the provision of more seamless responses to individuals with multiple and complex needs.

We recognise that new challenges have emerged as a result of the pandemic. Some of the families who were vulnerable prior to the pandemic are presenting with greater difficulties now. Families who would not have presented as vulnerable previously, now are. These changes are considered in planning of services going forward.

The experience of Covid-19 has highlighted the flexible and innovative ways of working that staff, volunteers, carers and services have undertaken to ensure the safety and wellbeing of vulnerable children and families has been maintained.

#### **GIRFEC**

In response to messages from Learning Review processes in West Lothian, a multiagency GIRFEC group was established this year to refresh and develop revised guidance for Child's Planning Meetings, to assist practitioners in understanding the role and function of planning meetings and to ensure timely and effective use of meetings. The guidance defines the named person and lead professional and outlines timescales. The voice of the child is highlighted and prioritised within the preparation, delivery and recording of Child Planning Meetings in line with The Promise. Care Planning Meetings will produce a consistent Child Plan document compiled by the Named Person or Lead Professional. The guidance introduces the option for

a professional Reflective Core Group to be utilised in cases professionals will benefit from a facilitated discussion. These meetings will be chaired by an independent manager to allow for third party perspective and scrutiny. The guidance is currently being consulted on within agencies prior to roll out following feedback.

### **Corporate Parenting**

As Corporate Parents we are committed to getting it right for every looked after child, young person and care leaver in West Lothian and are determined to improve the life experiences of our looked after children by narrowing the gap in outcomes between looked after children and young people and their peers. For us this means more love, better understanding of rights and less stigma. We are committed to supporting the Independent Care Reviews vision of Scotland leading the way to be the 'best care system in the world' and incorporating recommendations from The Promise into working practices throughout West Lothian

The West Lothian Corporate Parenting Plan builds on the previous plan and it is focussed on how partners will work together to tackle the identified outcomes gap. The four priorities in the plan are:

- Improving quality of care and care planning
- Improving health and wellbeing
- Raising attainment and promoting positive destinations
- Providing effective throughcare & aftercare support and services

Workstreams are established for each priority and progress on each priority is overseen by the Corporate Parenting Strategic Group. Each of the work streams has a detailed action plan in place which sets out specific actions and activities to drive forward identified areas of improvements.

In this reporting period a focus has been on emerging from the pandemic and implementing the Promise, as well as recruiting additional staff, reviewing processes, updating guidance for staff and rolling out new and refresher training to ensure we meet the needs of our looked after children and care experienced people.

### **The Promise, West Lothian**

The Promise Scotland launched Plan 21-24, on 31 March 2021 which sets out the Five Priority Areas and Five Fundamentals which will be essential to achieving the transformation change required to improve outcomes for care experienced children and young people.

The Promise articulates the need for cultural change. Therefore, in addition to the tangible actions outlined in Plan 21-24, this process will enable opportunities for change in relation to thinking and approaches. A dedicated time limited role was developed in West Lothian to support the system, practice and cultural changes that will be required to take forward this key priority area of improvement work. As a result of this, a detailed plan was produced.

In support of the local development work, sessions on The Promise Plan 21-24 were rolled out across Social Policy and involved corporate parents during 2021 to raise awareness. There is work underway with Promise Scotland to drive forward this transformational change and progress with implementation of the West Lothian plan. In line with this the service continues to strengthen community based, holistic services work in partnership across the authority to provide a variety of services to support families at the right

time for them. There have been a number of new developments that have been established and are continually evolving by ongoing dialogue directly from children and their families

### **Children's Rights and Participation**

Promoting Children's Rights is a priority in the West Lothian Children's Services Plan 2020-2023 and the associated action plan prioritises embedding the articles of the UNCRC into practice. The UNCRC sets out the specific rights that all children have to help fulfil their potential, including rights relating to health and education, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard.

In terms of examples of practice, Social Policy have a children rights officer for court ordered contact to ensure children have a voice in decisions that are being made about them in Child Welfare Hearings. The model is based on a research project with children and young people who have experienced domestic abuse and have court ordered contact. The service works collaboratively with Education, Health, Police and the Domestic and Sexual Assault Team (DASAT). The approach is informed by the Lundy model of child and young people's participation. This has been a positive development and working relationships have been developed with Sheriffs with views of the child provided directly to the Sheriff in a letter. Since its inception in 2018, there have been 289 referrals and the officer has worked with 40 young people in this reporting period. The youngest child referred was 3 years old. Feedback received from parents, social work professionals, Sheriffs and young people is positive with examples provided of success in having contact changed in response to the child's view or arranged safely with the child's wishes and views central to the process.

Children's Rights across Social Policy continues to be integrated within practice. Children are asked their view during 'my planning' meetings and discussions with any professional workers supporting them (i.e. social workers, family support workers, children and young people's workers, residential care workers). Sessions on working knowledge of the UNCRC was rolled out across children and families social work during 2021. There is close working with an independent organisation who advocate for our care experienced young people supporting and representing them at meetings and Children's Hearings.

West Lothian's Having Your Say care experienced participation group has been running for 19 years. Although there were adjustments during the pandemic the group continued to meet on a fortnightly basis virtually. Young people lead this group and they set the agenda for sessions. The young people supported Children's Hearing panel member training and contributed to Scottish Government consultations on such topics as the Children (Scotland) Act 2020 and the Rights of Siblings. The meetings of the group have now resumed on a face to face basis.

### **Early intervention approaches**

Social Policy and Education Services have worked together to develop the new Inclusion and Support Service (ISS) The aim is to maximise resources to provide an appropriate framework of support for children, young people and their families to enable a holistic view of family need and provide support at an earlier point.

The Inclusion and Support Service launched on 19 April 2021. The service enables a holistic approach to early intervention and support for young people and their families to prevent escalation. The service, with a single vision of family need, will strengthen professional links and a co-ordinated response to identified need. This is supported through new systems and processes for information sharing, screening, prioritisation and service matching as well as

links to wider agencies and services that form part of the service delivery model. Through this new model, it is anticipated that there will be impact on direct work to support children and their families. One single referral pathway will prevent duplication of resources and offer a simplified customer orientated approach. Working with partner agencies, it will streamline processes, make more efficient use of resources and ensure consistency of approach and equity of opportunity across West Lothian. The impact of the new service has yet to be evaluated and this will be undertaken.

### **Children with a disability**

From the outset of the pandemic, the service has been very aware of the impact on families caring for children with disabilities. The social work Child Disability Service have accessed short term funding to better support families. The service has also been able to maximise holiday play spaces for children and young people through the Get into Summer programme funded by West Lothian Council and the Scottish Government. This has provided social opportunities for children and young people and also support/respite for families when term time activities are not available.

The service has reviewed processes and systems to improve practice, for example to ensure timely referrals to Adult Services, with the aim of improving transitions and providing continuity of support. Adults services have created new posts to support more effective transition planning.

### **Supporting Mental Health and Wellbeing**

In recognition of the impact of the pandemic on the mental wellbeing of children and young people, a children and young people's mental health strategic needs assessment was carried out in June 2021 which provided a clearer picture of what the needs of the families were in West Lothian. In addition, data was collected from the Wellbeing Recovery Group (WRG), the multi-agency group of professionals that meet regularly to match the most appropriate services to children and young people who are referred to the Inclusion and Support Service for additional support. This, along with the national drivers, led to changes within the service provision and participation and engagement became a priority in West Lothian

The WRG identified an increase in demand for mental health and wellbeing support for children, young people and their families. To respond to this demand, it was agreed that a partnership of third sector partners with the provision of a new model of accessible, multi-agency support based on local need in West Lothian could help to manage the demand.

Following the implementation of the Community Young People's Mental Health and Wellbeing Support and Services Framework values and principles, and using learning from assessments and evaluations, a new Public Social Partnership (PSP), of 11 partner agencies was formed called Roots with referrals being screened via the WRG.

The Roots model provides services that meet the needs of children, young people and their families. The services are available when/where families need it, and are provided by people with the right knowledge, skills and experience. Through discussion with the families we have ensured the received support is embedded in the community either close to their home, education, or employment.

To compliment the work of the Roots PSP, five Listen and Link workers have been recruited to take forward the newly developed self-referral phone line for young people and their families. This service will empower families to manage their own wellbeing by providing a

listening ear, signposting to appropriate services that meet their needs and providing further support where required.

### **Whole Family Approach – substance misuse**

In January 2021, the Scottish Government announced a new National Mission to reduce drug related deaths and harms with associated funding available to support the implementation of the 'Whole Family Approach' to ensure families affected by alcohol and drugs are supported in holistic, family centred ways and there is support for the whole family. In West Lothian there was an investment of £109,727 per annum to WLADP. In November 2021, a Public Social Partnership (PSP) model was approved to manage the 'Whole Family Approach' monies in West Lothian for 3 years (2022/25). The PSP's steering group membership includes partners in the NHS, Council, third sector and chaired by an independent Professor from Stirling University.

### **Intensive support – Families Together**

There has been a longstanding commitment in West Lothian to strengthening whole family approaches to prevent children having to be placed out with their home and family network. It is a priority to support more young people in non-residential settings and in their local communities. This drive and direction has partly involved realigning resources in children's services by reducing capacity within our Residential House care provision and developing the Families Together service. This has enabled an increase of staffing compliment in the Families Together Service during 2021/22. The service priority has been to provide intensive support for families but also crisis intervention when necessary so we can respond in a timely way when support is required, have availability to build relationships with families that will enable them and to assist in building capacity within family networks to prevent children being accommodated.

In 2021-22, the service has supported 107 children, of which 22 became looked after and accommodated. The service has been involved in higher numbers of crisis intervention, particularly relating to teenage children and relationship breakdowns within families. Families together have remained involved when children and young people have been accommodated and have been successful in supporting some children to return home after short periods. The service has been successful in sustaining kinship placements and for a high number of children to remain at home.

### **Family Group Decision Making**

As an early intervention approach, West Lothian is committed to utilising family group decision making (FGDM), a service provided by Children 1<sup>st</sup>. This is intensive work with a family to draw on the wider network in deciding how best to care and support a child. The focus is on the family network, finding solutions to difficulties and developing a plan with a co-ordinator. In 21/22, 110 children from 68 families were supported in FGDM work. Although some of the children were from the same families, the approach was different as it required specific plans to be created for each child. Children 1<sup>st</sup> also provide Lifelong Links for children and young people to support building and sustaining relationships, recognising the value positive support networks have into adulthood.

### **Supporting kinship arrangements**

Over the reporting time period, the service has continued to work closely with an independent organisation in delivering kinship support to approximately 40 families per year. Despite this however, over the reporting period there was a notable increase in difficulties experienced and disruption of kinship arrangements. Additional short-term council funding enabled the



appointment of additional support workers to complement the existing supports. The workers have been in post since 1 November 2021 and in the reporting period, supported more than 60 families providing practical and emotional support, parenting support, one to one work with children and young people and supporting kinship carers at meetings. The feedback has been very positive from kinship carers and has included comments around feeling less stressed, wishing they had access to the support sooner, feeling more knowledgeable in meetings and in understanding processes and benefiting from support groups. The kinship services have facilitated monthly support groups, provided financial support and arranged numerous events and activities for families to meet up. The extension of the service has improved the support and training on offer and has supported better participation and engagement from kinship carers.

### **Foster Care**

During the reporting period, recruitment of foster carers has continued although this has been challenging. There are seven assessments of potential fostering households ongoing which started during this reporting period. A revised mandatory training programme has been rolled out which carers have advised has provided them additional support and strengthened their knowledge and confidence in undertaking their caring role. To support children and young people, we have developed a revised welcome booklet and also have been completing carer profiles for all our carers. A number of processes have been refreshed as part of ongoing work to support us in keeping The Promise. The service continues to run monthly support groups, virtually during the pandemic but these and carer consultative forums are back up and running face to face driven by the views of our carer population. The family placement team have run a number of events which there has been positive feedback, one of which included a picnic in the park for carers, children and young people.

### **Residential houses**

Due to organisational change following redesign in keeping with shifting the balance of care and the impact of the pandemic, only one of the residential houses was open for a significant period. A full staffing group has now been recruited to enabling both houses with a stable and consistent staff group to be operating at full capacity. All staff have been involved in Promise sessions contributing fully to the necessary changes required moving forward.

Missing young person's training has been rolled out and there is some evidence this may be having a positive impact on reducing the number of young people being reported as missing. A new protocol is being rolled out across a range of professionals including Residential Houses, Social Care Emergency Team (SCET), children's services teams and Police colleagues. A multi-agency group meets on a monthly basis to discuss cases where there are repeated incidents of someone going missing with a view to addressing the causes. This considers all children going missing including children who are looked after.

### **Level Up**

The Level Up Attainment Project is a partnership between Education and Social Policy services, using Scottish Attainment Challenge funding to support West Lothian's Looked After Children. It is a multi-agency team made up of an Inclusion Officer, Teachers and Family Support Workers. The main aim of the project is to maximise the attainment of Looked After Children through a creative and flexible approach. However, there is an increased focus on supporting wider achievements and promoting all areas of health and wellbeing.

In 2021/22, the project has supported a cohort of 25 young people: 9 have now left school and progressed to positive destinations and some are continuing to be supported by the

project to explore further employment and training opportunities; 16 are still at school, 10 of which continue to receive support from one or more of the project team. The young people have had opportunities to be involved in the Duke of Edinburgh Award Programme and Rural & Urban Training Scheme in addition to activities such as curling and rock climbing.

### **Young carers**

An action plan was established to underpin the West Lothian Carers Strategy 2020-2023 and the actions are grouped in areas of priority, of which one is Young Carers. The strategic outcome is that Young Carers are supported and protected from inappropriate caring and from negative impacts on their education, social lives and future development.

A review of the referral pathways for young carer statements was completed and a new statement has been produced. An information session was delivered by a trainee Educational Psychologist and the YC worker from Carers of West Lothian to secondary school head teachers to raise awareness of the new processes and referral mechanisms to support young carers complete a statement if required.

Throughout this reporting period, other actions were prioritised which include:

- Ensuring young carers voices are heard and they have the opportunity to engage in strategic decisions that will affect them
- Schools actively play a key role to identify and support young carers and signpost / refer to the necessary support organisations
- Ensure the necessary support for young carers is in place when transitioning from school to their next positive destination; further and higher education or into employment
- Promote the financial support available for young carers including; Young Carer grant, Young Scot Package, free bus travel
- Young Carers are made aware of their Children's Rights in line with the GIRFEC principles which reflect the United Nations Convention on the Rights of the Child (UNCRC)

Aligned to the work of "The Promise" and as a key action of the Children's services Plan, a children's rights group has been established. This group will also be tasked with considering the rights of young carers and ensuring their voices and experiences are recognised and considered in matters that affect their lives.

### **Supporting older young people**

There has been a longstanding commitment to recruiting carers to provide supported accommodation and support for young people aged 16 years and over. The approach was initiated prior to the introduction of formal continuing care and originally focused on ensuring children in foster care settings would be able to remain there past their 18<sup>th</sup> birthday. The service has developed over the years and is no longer only about offering supporting living for children in foster care over age 18 years. A new coordinator has been appointed and work has begun on updating key processes and creating a handbook that supports work in keeping The Promise. The focus is on recruitment activity and developing a recruitment plan to ensure there is a larger group of supported young adult carers. In addition, we have strengthened our supported adult placement panel and are working on developing training.

We continue to build on the successful implementation of the Housing First Model which enables young people with multiple and complex needs, who are homeless or care experienced to access and sustain permanent accommodation. The service builds on the success of a pilot project, run in partnership between The Rock Trust and Almond Housing Association, which launched in 2017 and was the first of its kind in the UK. Young people are

supported into a permanent tenancy, without condition, and provided with the high-intensity, wrap around support for as long as they require it. Funding allocated through the West Lothian Rapid Rehousing Transition Plan and Social Policy has allowed the service to grow and there are now 17 young people supported through the project.

### **Anti-Poverty work**

With support from the Anti-Poverty Service, West Calder High School has developed the role of pupil 'Challenge Poverty Ambassadors' who aim to support the school community to promote inclusion and equality and address barriers and stigma associated with poverty. During Challenge Poverty Week 2021, Challenge Poverty Ambassadors delivered poverty awareness training around the cost of the school day to their teachers in the school and created a display board to raise awareness of poverty related issues.

A targeted campaign to focus on lone parent families and those with a disability to provide long term support, was taken forward in the 2021-22 period with the recruitment of 3 new Campaign Development Officers who will work directly with 6 high schools to embed advice and support services for families and young people directly through the school setting.

### **Ukrainian support work**

West Lothian Council prepared for welcoming and supporting people displaced from Ukraine, working with partners and communities. Social Policy, Housing and other services have worked closely together to quickly establish systems to ensure a co-ordinated approach for Ukrainians coming to West Lothian via the UK Homes for Ukraine Scheme where households have directly registered to be hosts and matched with Ukrainians and also the Scottish Government Super Sponsor Scheme, allowing Ukrainians to apply for visas without prior matching. Social Policy staff have a key role in undertaking safeguarding checks for hosts, providing guests with direct practical, financial and emotional support and signposting to other services as required.

### **Domestic Abuse**

The long-established Social Policy Domestic Abuse and Sexual Assault Team (DASAT) have worked to overcome the challenges posed by the pandemic and supported a total of 2055 people in West Lothian during 2021/22. This is an increase of 16% compared to the previous year when 1773 referrals were received and is an increase of 28% compared to the same period in 2019/20.

Covid-19 impacted on the referrals received by DASAT with a change in the demographic of service users noted. This included individuals and their children who have not previously accessed the service and an increased number of older individuals being referred. Additionally, there has also been an increase in the number of people who experience additional barriers such as substance misuse and mental health issues and those who require the support of translation services. Professionals faced significant challenges during 2021/22 in providing effective responses due to delays with cases involved in the Justice System.

To support increased demand, the Council invested short term resources to allow additional support worker posts to be added to the team to support recovery and reduce waiting times. The team have also been awarded funding for 2 years from Inspiring Scotland and have attracted further 1-year funding from Scottish Government to tackle waiting lists as a result of the pandemic. Short term funding was also identified to employ a part time lead officer for gender-based violence for a two-year period. This has had a positive impact on the work of DASAT.

DASAT have changed their delivery of service in response to the backlog of cases in the court system and longer waiting times. A pilot virtual court support group has been established which is offered to women receiving support from the duty service and court advocacy service. The initial pilot was well received with 8 women taking part in February and March 2022. This was evaluated positively with plans to develop this and offer a Court Support Group quarterly.

The team offers a range of services including:

#### **The Court Advocacy Service**

The Court Advocacy Service works closely with the Domestic Abuse Investigation Unit within Police Scotland, and the Procurator Fiscal's Officer to deliver a high-quality service for victims of domestic abuse involved in the court process. The service received and supported 780 referrals during the period 2021/22, this is an increase of 2%. This is still a significant increase from pre-pandemic figures of 615 referrals with a total of a 27% increase. The court advocacy workers continue to provide support throughout the court process and ensure that the views and the voices of individuals (victims/survivors) are represented in court.

#### **Living in Safe Accommodation (LISA)**

The LISA service aims to keep women and children safe in their own homes and provide other housing options to support women.

In 2021/22 the LISA project supported 230 women. This is an increase of 7% on the previous period and an 11% increase on pre-pandemic figures. West Lothian Council introduced a new housing allocation policy in 2020/21 which allocated higher point levels to people fleeing Domestic Abuse. As a result of this new policy, people experiencing domestic abuse are no longer presenting with homeless services and are being offered permanent accommodation in an area of their choice. This had a positive impact on the families supported by DASAT as it reduces the number of housing moves required, reduces the disruption to children's education and access to child care and employment.

#### **Court Contact Children's Right's Service**

Although not accountable to the DASAT service, the Court Contact Children's Right's Officer (CCCRO) is very closely aligned. This role aims to increase awareness of domestic abuse in the context of child contact improving outcomes and highlighting patterns of coercive control perpetrated through child contact. The worker ensures that children's voices are heard and their rights upheld within an adult judicial system by allowing Sheriffs to hear directly from the child so decisions can be made in a child's best interests. During 2021/22 the CCCRO received 114 referrals and supported 40 children. The role has been part of a research group within Edinburgh University.

#### **DASAT Children's Services**

DASAT children's service supported 126 children, either in the form of intensive 1-1 support, groupwork or both. 1-1 support typically takes place within schools or community-based resources and is relationships based, building trust and exploring experiences of abuse to tailor the focused work on children's ability to understand and process. The nurture group is a 6-week programme, allowing young children to express their feelings and includes work around safe people, worries and emotions. A nurture parents' group is also offered which supports parents in understanding the needs of their children and how domestic abuse can impact on the child's development. For older young people, groupwork runs for 8 weeks and includes sessions around personal and online safety, healthy and unhealthy relationships, anxiety, self-esteem and resilience.

### **CEDAR (Children Experiencing Domestic Abuse Recovery)**

CEDAR is a group work model for children who have experienced domestic abuse. During 2021/22 COVID 19 continued to impact on group work and support offered had to be adapted resulting in delivery remotely via online platforms or 1:1 support with children within their education setting. It is noted that face to face delivery is more effective.

### **Trauma Therapist**

The trauma therapist provides a high-quality holistic service for young people within the judicial system who have experienced sexual abuse. This early intervention at the point of reporting abuse, allows the service support to be optimised. Working in partnership with the sexual violence service ensures that people are supported in practical ways, preparing them for any legal process as well as offering a therapeutic response to support them to process and recover from their experiences of abuse. The trauma therapist has provided a safe consistent space for young people engaged in the service with sessions being flexible to fit round young people's education and/or child care issues. The focus is on young people in pre or post court conditions as well as young people who have had their cases deemed as not proceeding by Police/Procurator Fiscal. An increase in funding allowed for an increase in service provision by volume and age of people being referred which is now for ages 13-25 years. The trauma therapist also facilitates consultation to the DASAT team on a monthly basis helping them to process and work in a trauma informed way.

MARAC is a Multi-Agency Risk Assessment Conference to discuss how to help victims at high risk of death or serious harm. In West Lothian there is a number of people who require the support and protection of a multiagency framework, ensuring safety planning and highlighting the behaviour of abuse perpetrators.

During 2021/22, DASAT supported 202 people presented to MARAC conference, which is a 35% increase on 2020/21. During the pandemic there has been an increase in repeat offenders, an increase of people referred to MARAC generally and an increase in the number of referrals where there are additional barriers to support such as substance misuse, mental health issues. There has also been an increase in people from minority ethnic backgrounds being presented.

### **2.3.3 Justice Services**

Children and Young People under the age of 18 years who come into conflict with the law and are subject to Compulsory Measures of Supervision via the Children's Hearing system, continue to be supervised and supported by the Youth Justice Team. The use of Early and Effective Intervention (EEI) remains in place with key agencies to address earlier concerns, where appropriate.

The Age of Criminal Responsibility (Scotland) Act 2019 took effect on 17 December 2021. The Act raised the age of criminal responsibility from 8 to 12 years and provides new specific investigative powers for Police investigating the most serious cases of harmful behaviour and new duties for Local Authorities. This included considering appropriate Places of Safety arrangements. Within West Lothian, dependent on levels of risk and need, we would consider various options as an appropriate place of safety including family home, kinship care, foster care, and residential care.

Justice and Youth Justice services continue to maintain high levels of contact with those subject to statutory supervision. The criminal courts over 2021/22 returned to running at pre-

pandemic levels and they have in place a recovery programme with recovery courts.

As levels of pre-pandemic operation have returned, those serving long term prison sentences or short-term sentences subject to statutory post release supervision are being released at their due date on parole or other licences.

The unpaid work order scheme which had been significantly impacted upon in 2020/2021 has returned to being fully operational in 2021/22 from an organisational perspective. There has continued to be an impact on attendance to unpaid work due to COVID cases which fluctuate dependant on outbreaks. This has been managed with increased health and safety measures and reducing numbers sharing transport or being in close proximity to each other.

The Red, Amber, Green (RAG) analysis has also continued to be undertaken in line with National Outcomes and Standards and presenting levels of risk. In some circumstances video calling continued to be used where a risk assessment dictated that seeing internal physical environments was necessary and this was not possible due to COVID status. In the main face to face visits resumed.

Multi Agency Public Protection Agency (MAPPA) continued to operate at all levels through virtual meetings and those presenting as a risk supervised appropriately.

Over the reporting period the justice service maintained a presence in courts so that a response could be provided to those appearing from custody.

### **2.3.4 Whole Service Developments**

#### **Self-Directed Support (SDS)**

The Social Care (Self-directed Support) (Scotland) Act 2013 came into effect on 1st April 2014. In March 2021 the Scottish Government published the Self-Directed Support Framework of Standards. This framework consists of a set of standards (including practice statements and core components) written specifically for local authorities to provide an overarching structure, aligned to legislation and statutory guidance, for further implementation of the self-directed support approach and principles.

Social Policy is committed to the principles of SDS and recognises that when people have more control over how they live their lives and any support they may require, they are likely to achieve better outcomes.

An SDS Project Board has recently been established with an aim to further embed SDS across all relevant service areas and ensure that we are delivering services of a high standard in line with the Framework of Standards. The project board is currently in its 'discovery phase' and an action plan has been developed which will initially focus on engagement with practice teams and people receiving support under SDS as well as third sector and community-based providers. It is envisaged that information gathered as a result of this engagement will help to shape and further develop the action plan as it progresses. The board aims to develop an SDS Training Strategy for staff that will be informed in part by identifying training and development needs through engagement with staff and people receiving support. The board also plans to explore opportunities to expand the use of technology in relation to SDS and the type of supports that people are choosing. This will be done by working jointly with the TEC Board to explore ways of delivering new innovative technology to promote independence, self-management and wellbeing.

## Unpaid Carers

Social Policy values the vital role that carers play within West Lothian and in particular how they enable the people they care for to enjoy a quality of life and independence that would otherwise not be possible. However, we recognise that without appropriate support there can be a cost to the carer in terms of their own health and well-being. In recognition of this, Social Policy and key partners are working together to identify how best the statutory and the voluntary sector could support carers in their caring role and ensure compliance with the requirements of the Carers (Scotland) Act 2016.

With input from internal and external partners and more importantly carers themselves, the West Lothian Carers Strategy and Carers Short Breaks Statement were approved by the IJB in August 2020 and sets out our vision and aims for unpaid carers in West Lothian. The Carers Strategy is underpinned by an Implementation Plan which is overseen by the West Lothian Carer Strategy Implementation Group (CSIG). The group was established in May 2021 and will ensure that aims and objectives of the strategy are implemented in West Lothian and will:

- Develop a coordinated approach for the implementation of the Carers (Scotland) Act 2016
- Develop a coordinated approach for the implementation of West Lothian's Carer Strategy and Action Plan.
- Project manage the implementation of the priorities and actions included in the Action Plan and monitor progress made in implementing the strategy.
- Communicate and engage with partner organisations to ensure a broad range of carer experience is represented on the group
- Develop and implement performance management systems with all key partners to collate and prepare performance information to report to the Integration Joint Board (IJB) and Community Planning Partnership (CPP)
- Develop processes which maintain a regular and effective means of communication
- Oversee the development of performance reports and annual reports
- Act as a key consultative group for national and local policy development

The critical role carers play in the health and social care system has never been more apparent than during Covid-19 and the subsequent emergence from the pandemic. People have reported feeling increasingly isolated over the past year and are concerned about their mental health and wellbeing. To ensure that unpaid carers can access the help that they need to maintain and improve their mental health and wellbeing, investment has been made in a range of early intervention and prevention supports, in particular the Unpaid Carer Health and Wellbeing Fund. The fund will be open to all local, community-based organisations with the aim of encouraging the development of innovative ways to support carers to have short breaks from caring to support their health and wellbeing. The fund was launched at the end of April 2022.

To better understand the needs of carers and prepare for the review and refresh of the next Carers Strategy, a survey was undertaken from January to March 2022 where people in West Lothian who help care for others were asked to share their experiences of their caring role. The aim of the survey was to provide a better understanding of the level of care that is currently being delivered by unpaid carers in West Lothian and also to determine the supports that they require to enable them to continue with their caring role and stay in good health themselves. 592 people responded to the survey and the results have given meaningful information especially around the information, advice and support needed by carers. The findings will be used to shape the next Carers Strategy 2023-2026.



## **Rights, Participation and Engagement**

The pandemic undoubtedly impacted our ability to undertake engagement activity in our standardised way but it has also provided new opportunities to look at different ways to communicate with and engage with partners and stakeholders and in particular explore digital solutions. Social Policy services continue to work in close partnership with other agencies, service users and their carers to ensure that the support and care services provided are as person centred and flexible as possible.

Overall, across Social Policy, work continues to redesign services to ensure that they best meet the needs of those who are most vulnerable in our society and are sustainable for the future. Social Policy actively engages customers and potential customers in the delivery and redesign of services to ensure that these are accessible and focused on their needs and preferences.

We have commissioned advocacy services to provide support to the most vulnerable groups of people who need our support to ensure they have a voice to have their views expressed:

- Adults up to age 65 with mental health issues
- older adults (over 65)/ adults with physical disabilities
- adults up to age 65 with learning disabilities
- care experienced children and young people and children involved in child protection

## **2.4 Delivery of Statutory Functions**

The council's scheme of delegation allows senior social work staff to make certain decisions on behalf of the local authority in the following areas:

- Mental health
- Looked After Children and Young People:
  - Adoption
  - Secure accommodation and emergency placement of children
- Protection and Risk Management:
  - Child Protection
  - Adult Protection
  - MAPPA

Details of the annual monitoring in these areas are included in the subsequent paragraphs.

### **2.4.1 Mental Health**

Section 32 of the Mental Health Care & Treatment (Scotland) Act 2003 places a statutory duty upon local authorities to appoint a sufficient number of Mental Health Officers (MHO) within their area to appropriately discharge the functions of Mental Health Officers.

The core tasks and responsibilities of Mental Health Officers stem from 3 main Acts of the Scottish Parliament and these are:

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Criminal Procedures (Scotland) Act 1995
- Adults with Incapacity (Scotland) Act 2000



The Adult Support and Protection (Scotland) Act 2007 has also brought significant additional duties and responsibilities for all council staff including MHOs. There has been consistent demand on MHO services to consider measures under the Adults with Incapacity Act for service users under the multi-agency Adult Protection procedures where Welfare and/or Financial Guardianship is considered necessary to provide safeguarding measures.

A duty Mental Health Officer is available 24 hours a day across the whole council area. Since the Covid-19 pandemic, the MHO service has operated a 'hybrid' model of working involving a blend of office based and home-based working and there has been no impact on the continued delivery of the Duty MHO service.

MHO's continue to undertake the full remit of work under the Mental Health Care and Treatment (Scotland) Act 2003. There has been a decrease in the number of practising MHO's across the Council over the past year due to a number of MHO's leaving the council to take up alternative employment, in some cases leaving the social work profession and in other cases to take promoted posts with other agencies. However, the decrease in absolute numbers of practising MHO's in the Council has been balanced with an increase in FTE numbers of MHOs due to investment and successful recruitment to two dedicated MHO posts, one in the Integrated Discharge Hub at St John's Hospital and another in the dedicated MHO Team. Local pressures in relation to the numbers of practising MHO's in West Lothian remains similar to the national picture where there are significant issues with the demographic of the MHO workforce and recruitment and retention of MHO's. While this is a national issue, West Lothian Council continues to prioritise the training of MHO's with a further two candidates in place to undertake the 2022/2023 MHO course and with two candidates in the process of completing their training from the 2021/22 intake. The establishment of a full-time MHO at the Integrated Discharge Hub at St John's Hospital to assertively progress Guardianship applications and offer advice and guidance in relation to lawful discharges from hospital has been well-received.

A short-life group continues to operate to implement change in relation to the findings of the Mental Welfare Commission; Authority to Discharge Report, 2021. A training needs analysis has been completed and a rolling programme of training related to the recommendations of the Report has been implemented. There is ongoing work related to the introduction of improved recording practices and of audit procedures related to hospital discharges where an issue related to 'mental incapacity' has been identified.

The numbers of Emergency Detentions under the Mental Health Act have continued to rise nationally but these detentions are increasingly done without MHO involvement although the number of recorded MHO assessments in this regard in West Lothian has remained relatively static since 2020/21. There has been a slight decrease in the number of Short-Term Detentions completed locally over the past year but a significant increase in the number of Compulsory Treatment Order applications over the same period. The Mental Welfare Commission reports a national increase in the rates of detention for Emergency Detention, Short-Term Detention and Compulsory Treatment Orders.

A significant part of the work and responsibility of a Mental Health Officer is work emanating from the Adults with Incapacity (Scotland) Act 2000. Under the Act, the council has a protective function towards those adults who lack capacity. The largest area of work for MHOs under the 2000 Act continues to fall within Part 6 of the Act, namely Intervention Orders and Guardianship Orders.

Since the introduction of the 2000 Act, the trend in Guardianships has changed significantly and the number of applications granted by the Sheriff Courts continue to rise year on year. Guardianships are now routinely granted for a time limited period by the Court which has led to an increase in demand in relation to provision of MHO reports for renewal of Guardianship applications.

Over the current reporting period there has been an increase of over 40% in renewal applications on the previous year. There has also been a significant increase in the total number of applications for Guardianship and Intervention Orders made within the Council area in the past year, rising from 73 in the previous reporting period to 121 in the current period. This increase is likely to reflect in some part the return to 'normal business' in the Court system following the Covid pandemic but also reflects a greater awareness of the need for legal measures to protect the human rights of adults who lack capacity.

There has also been an increase in the number of younger adults with learning disabilities being made subject to Guardianship due to a greater awareness of legal rights and safeguards for service users transitioning from child to adult services.

There remains a trend towards an increased number of private applications for Guardianship as opposed to local authority applications which is consistent with the picture across Scotland. Local authority applications continue to tend to relate to individuals where there are significant vulnerabilities and safeguarding issues where Guardianship is viewed as a protective measure.

The increase in the staffing establishment of the MHO resource within the Council over the reporting period has meant that there has been a marked improvement in the reduction of waiting times for the allocation of MHOs to prepare statutory reports in relation to applications under the 2000 Act by the end of this reporting period. There have also been marked improvements in relation to local authority responsibilities in relation to the supervision of Welfare Guardians due to investment in staffing and successful recruitment within the MHO service.

The following table indicates assessments undertaken under the Adults with Incapacity (Scotland) Act 2000.

|                                  | 2019/20                | 2020/21                | 2021/22                |
|----------------------------------|------------------------|------------------------|------------------------|
| <b>New Guardianships granted</b> | Private 69<br>CSWO 12  | Private 50<br>CSWO 19  | Private 90<br>CSWO 26  |
| <b>Total</b>                     | 81                     | 69                     | 116                    |
| <b>Existing Guardianships</b>    | Private 269<br>CSWO 57 | Private 326<br>CSWO 66 | Private 350<br>CSWO 73 |
| <b>Total</b>                     | 326                    | 392                    | 423                    |
| <b>New Intervention Orders</b>   | 10                     | 8                      | 4                      |

The following table indicates assessments undertaken under the Mental Health (Care & Treatment) (Scotland) Act 2003

|   | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---------|---------|---------|---------|
| <b>Emergency Detention Certificates – Sec 36</b>      | 44      | 38      | 56      | 54      |
| <b>Short term Detention Certificates – Sec 44</b>     | 153     | 163     | 210     | 199     |
| <b>Compulsory Treatment Orders (new applications)</b> | 48      | 37      | 39      | 64      |
| <b>Assessments (Sect 86, 92, 95)</b>                  | 352     | 336     | 431     | 471     |

#### 2.4.2 Looked After Children and Young People

Local Authorities are responsible for providing care and support for Looked After Children whether at home, within their kinship network, residing in foster care, residential houses or school and in secure care accommodation. The number of looked after children in West Lothian has reduced by 6% overall from on average 411 in 2020/21 to 384 in 2021/22. A contributing factor to this is the reduction in children who are looked after at home.

The total number of Children Looked After in West Lothian at 31/03/2021 and 31/03/2022 by statute and length of time under statute is detailed in the table below:

| Looked After Children                       |           |           |           |           |            |            |            |            |           |           |            |            |
|---|-----------|-----------|-----------|-----------|------------|------------|------------|------------|-----------|-----------|------------|------------|
|   | Under 1   |           | 1-4       |           | 5-11       |            | 12-15      |            | 16+       |           | Total      |            |
|   | 2021      | 2022      | 2021      | 2022      | 2021       | 2022       | 2021       | 2022       | 2021      | 2022      | 2021       | 2022       |
| <b>At Home with parents</b>                 | 1         | 1         | 14        | 7         | 40         | 24         | 23         | 21         | 4         | 4         | <b>82</b>  | <b>57</b>  |
| <b>Away from home – Community setting</b>   | 12        | 13        | 48        | 65        | 110        | 105        | 71         | 72         | 29        | 32        | <b>270</b> | <b>287</b> |
| <b>Away from home – Residential setting</b> | 0         | 0         | 0         | 0         | 3          | 1          | 18         | 22         | 9         | 9         | <b>30</b>  | <b>32</b>  |
| <b>Secure care</b>                          | 0         | 0         | 0         | 0         | 0          | 0          | 0          | 0          | 0         | 0         | <b>1</b>   | <b>0</b>   |
| <b>Total</b>                                | <b>13</b> | <b>14</b> | <b>62</b> | <b>72</b> | <b>153</b> | <b>129</b> | <b>112</b> | <b>115</b> | <b>43</b> | <b>45</b> | <b>383</b> | <b>376</b> |

In line with the findings and recommendations of the Independent Care Review (2020), West Lothian is committed to delivering services for children and families in line with The Promise. There has been investment by resource shifting from residential services to earlier intervention and intensive family support services to prevent children becoming looked after.

The percentage of children being looked after in the community for 2021/22 is 91% which is a slight decrease from 92% in 2020/21. It continues to be a priority in West Lothian for children and young people to be cared for in their family and community with Family Group Decision Making routinely being utilised to enable families to come together to make plans to prevent children becoming accommodated or to promote a return home at the earliest opportunity. New kinship care support staff have been appointed who are providing support for children and carers. Four weekly review meetings are taking place with the team around the child for all children looked after away from home. This is in addition to formal My Planning Meetings to ensure timely progression of care plans with the aim of identifying and addressing any problems in planning as they arise and supporting return home to family or kinship networks where that is possible.

The service is committed to reducing the number of children and young people placed out with West Lothian in external foster care and residential placements. Ongoing recruitment campaigns aim to increase the number of West Lothian foster carers and supported young adult placements, alongside a focus on utilising and supporting family and kinship placements. The appointment of a Transitions Worker will further target the return of children home or into an internal provision more local to their home communities.

For children and young people accommodated out with West Lothian, care plans are continually reviewed to explore a return to care and support locally. Young people who are looked after are being supported with transitions to independent living through close partnership with Housing and third sector. This includes stabilising current care arrangements, support with independent living skills, assessing need and support with appropriate move on options at the right time. This has allowed matching young people to suitable support packages and accommodation provision when making the transition from being looked after.

In November 2021, the National Transfer Scheme became mandatory for all Local Authorities due to the increasing numbers of Unaccompanied Asylum-Seeking Children (UASC) entering the UK. West Lothian Council is allocated children through a rota-based system. To date 4 young people are being supported by the service and cared for by internal and partner resources. It is anticipated that the rate of young people arriving in West Lothian through this program will further increase due to the high numbers of arrivals by boat to the UK.

In the design of its services, Social Policy is taking account of responsibilities for unaccompanied children and is working with its accommodation providers in relation to how young people can transition to independent living successfully at the right time.

### **Permanence planning and adoption**

Achieving early permanence and stability is crucial to enhancing the life chances of care experienced children and young people. Towards this aim, West Lothian Council continues to implement the aims of the Permanence and Care Excellence (PACE) programme, applying improvement methodology to identify and address any areas of delay in securing permanence for looked after children. Initial improvements have been impacted by the Covid-19 pandemic. The target for all children (under the age of 12) to have a timely decision regarding permanence in 2019 was 62.9 weeks from the date the child was accommodated. By 31 March 2020 this figure had been reduced to 53.4 weeks. On 31 March 2022 the length of time for children requiring a permanence decision has increased to 71.6 weeks. Between 1 April 2020 and 31 March 2021 children looked after and under the age of 5 in need of permanence through an Adoption or Permanence Order, had this decision made within 43.1 weeks. By the 31 March 2022 this timescale increased to 57.2 weeks.

The Covid 19 pandemic presented immediate challenges in service delivery and performance to the targets set. Initial lockdowns and restrictions directly impacted on capacity to undertake the rigorous assessments needed to inform permanence planning and the intensity of support that could be provided to families leading to many assessments and plans becoming outdated. This has hampered the speed at which permanence planning could progress. Consequently, there has been delays in assessment and planning and in the numbers of children being presented at the Adoption and Permanence Panel. Simultaneously the pandemic has impacted staffing, and the functioning or reduced capacity of partner agencies to operate including the Courts.

|  | 2019/20 | 2020/21 | 2021/22 |
|--|---------|---------|---------|
| <b>Children registered for adoption</b>  | 7       | 6       | 4       |
| <b>Children matched to adopters</b>  | 6       | 6       | 5       |
| <b>Children registered for permanence order with authority to adopt</b>                              | 6       | 4       | 3       |
| <b>All children under the age of 12 registered for permanence excluding kinship/residence orders</b> | 7       | 11      | 6       |

Despite the challenges West Lothian Council has been able to make some progress reducing the timescales in lodging legal applications in Court to slightly below pre-pandemic levels.

West Lothian Council continues to have a 100% success rate in family finding for children requiring adoption. This has been achieved by improvements in the use of Child Assessment and Permanence Reports (CAPR), matching considerations reports alongside the ongoing commitment to working in partnership with Adoptions Agencies.

Social work services continue to work in partnership with St Andrew's Children's Society to deliver concurrent planning, avoiding unnecessary delay in making permanent plans for very young children in families where children have previously been removed on a permanent basis. Children are placed with concurrent carers who will be their foster carers while West Lothian Council pursues a rehabilitation plan with the parents. If the child cannot return to birth parents, the concurrent carers, who are already caring for the child petition the Court to adopt the child in line with their wishes. There are currently two children placed with concurrent carers.

West Lothian Council is currently looking at ways to build upon and broaden the adoption service. Including examining how this service currently operates, reviewing existing policy and procedure, staff knowledge and skills and the support provided for adopted children and their families. Work is ongoing to ensure we deliver high quality, robust assessments and advance the knowledge, skills and confidence of our workforce. Consultation and peer support is routinely made available. Every adopted child has an adoption support plan. Adopted children requiring therapeutic services are routed through the Mental Health and Wellbeing screening group. This includes counselling, parenting, play therapy and resilience services. Post adoption support is also provided via arrangements with partner adoption agencies.

### **Continuing Care**

Continuing Care was established by the Children and Young People (Scotland) Act 2014 and offers looked after young people the right to remain in their care setting until aged 21 years. On 31 March 2022, West Lothian were supporting 34 young people in continuing care placements: 15 remained with foster carers, 12 with kinship carers and 7 in residential care. For the young people, the benefits of continuing care include continuity of care and provision of a stable home and the opportunity for further preparation for leaving care at the right time for them.

There are challenges in relation to the available funding supporting legal duties placed on local authorities and this and resulting capacity pressures contributes to the budget pressures experienced by children and families social work services in West Lothian.

### **Through Care and After Care**

The throughcare and aftercare service continue to support young people transitioning from being looked after and those previously looked after. The service works closely with housing and third sector partners to support moving towards independence and also to sustain tenancies. Staff are

also working with partners to support young people in further education/employment, budgeting and financial matters, as well as many aspects of health and wellbeing. On 31 March 2022, of the 309 young people eligible for aftercare, 122 were in receipt of a service. During the pandemic, throughcare staff made contact with those who were not in receipt of a service and maintained links with young people who were open to having ongoing contact. The service is reviewing the capacity for this going forward and also considering other ways to support young people, for example, a drop-in resource with partners.

### **Secure Accommodation of Children**

Secure care placements have been used in specific circumstances of high risk during the last year where it is assessed there is no safe alternative for care. There have been three young people in Secure Care during the reporting year, with two of these being new placements. The Children and Young People's Commissioner Scotland undertook an investigation into secure care across Scotland between 2018 and 2019 and published its report, Statutory Duties in Secure Accommodation: Unlocking Children's Rights, in 2021 making recommendations for local authorities and Scottish Government. Since this investigation, there has been full review of local guidance, processes and recording requirements to ensure compliance with legal duties and competence of staff in assessing the need for secure care and ensuring the rights of children and their families are promoted and upheld throughout these processes.

### **2.4.3 Protection and Risk Management**

The assessment and management of risk posed to individual children, adults at risk of harm and the wider community, are part of the core functions of social work.

The effective management of risk depends on a number of factors, including:

- Qualified, trained and supported staff, with effective professional supervision
- Clear policies and procedures and use of agreed or accredited assessment tools and processes
- Consistency of standards and thresholds across teams, service and organisational boundaries
- Effective recording and information sharing
- Good quality performance management data to inform resource allocation and service improvement
- Multi-disciplinary and inter-agency trust and collaboration.

Reflecting the importance of joint working, the following multi-agency mechanisms are well established in West Lothian:

- West Lothian Chief Officers Group
- West Lothian Child Protection Committee
- West Lothian Adult Support and Protection Committee
- Gender Based Violence Committee
- Offender Management (MAPPA) Committee
- Community Justice Partnership

Membership of the Chief Officers Group (COG) allows the Chief Social Work Officer to have an overview of related risk management activity, both within the council and across agencies. As Chair of the Child Protection Committee, the CSWO also meets quarterly with the Chairs

of all the public protection committees in West Lothian and the ADP Chair to share relevant learning, identify cross cutting themes and consider any actions needed.

Each of the areas of Public Protection has a performance framework in place with regular reporting to the COG and Community Planning Strategic Group.

## Child Protection

|  | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|--|---------|---------|---------|---------|
| <b>Child protection referrals</b>                              | 413     | 422     | 410     | 428     |
| <b>Joint Investigations</b>                                    | 193     | 173     | 156     | 180     |
| <b>Initial and Pre-birth Child Protection Case Conferences</b> | 84      | 122     | 101     | 119     |

The West Lothian CPC is the local body for developing, implementing and improving child protection strategy across and between agencies and the local community. The CPC performs a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that “its everyone’s job to make sure I’m alright”.

The key functions of the West Lothian CPC are; continuous improvement, public information, engagement and participation, strategic planning and connections and reporting annually on the work of the CPC. West Lothian CPC has 3 subcommittees to support its work: Quality Assurance & Self Evaluation (QASE), Practice and Training (P&T) and a Learning Review (LR) subcommittee. A multi-agency group of senior staff meets fortnightly to review all IRDs for quality assurance purposes, to monitor practice and to identify emerging themes which are reported to the Child Protection Committee. A management Information Group analyses data on a quarterly basis and reports to the CPC.

The CPC has strong links with the Children and Families Strategic Planning Group with its overall oversight and leadership of Getting It Right for Every Child in West Lothian and promotes partnership working to keep children and young people safe, provide strong and clear leadership and direction, ensures staff learning and development, evaluates performance and ensures continuous improvement and communicates and engages with children, young people and families.

There has been a range of improvement activity started and completed over the reporting year. This has included taking forward learning from an SCR themed on child neglect, auditing and evaluating practice in cases where children’s names were reregistered on the child protection register, embedding improvements after developing revised approaches to reports and chronologies at child protection core groups. A pilot to produce a multi-agency chronology and core group report for 6-month child protection review case conferences was positively evaluated by the Quality Assurance Self Evaluation (QASE) subcommittee, partners and parents and is now embedded in practice. Parental attendance is encouraged at CPCCs and barriers to non-attendance explored after each CPCC. Participation of children and young people is being reviewed to ensure there is meaningful engagement.

It was identified that the role of case conference chairs should be strengthened to be more robust in case conferences to ensure plans address identified risks and are reviewed to



evidence impact. Audit activity identified that some reports were lengthy and a need to refocus on analysis of information to improve the quality of some assessments.

Two cases met the criteria for a Significant Case Review. It was agreed that both cases should be considered as part of a wider review to identify the barriers to changing culture and practice. The review report was completed in December 2021 and the subcommittees have been developing plans, incorporated into the CPC Improvement Plan 2022-2024 to address the issues identified in the report. There were several messages to emerge from case reviews, feedback and surveys undertaken about the barriers to embedding learning into practice. Work has begun to more embed a learning culture to ensure that staff are involved in and aware of the need for any practice changes and how it will be achieved and how we can better engage them in this work. Staff have consistently spoken of the benefits of multi-agency events allowing them to build relationships, understand each other's roles and responsibilities and hear different perspectives. It is also recognised that one off formal training increases knowledge but to embed change, this learning also needs to be talked about, reinforced and reiterated by managers and practitioners.

The CPC also recognises that for the different professionals involved in child protection core groups there are varying levels of supervision in place for time to reflect. Core group supervision will be built into the child protection process, delivered by a Social Work Team Manager independent of the case and a template and approach developed to support this. The impact of this change will be evaluated.

The new approach to joint interviewing of children (Scottish Child Interview Model) has been implemented in West Lothian following a commitment to the intensive training programme for police and social work staff. Further work is needed and planned as to the development of the Bairn's Hoose concept in West Lothian.

The updated 2021 National Child Protection Guidance has been published, incorporating UNCRC and fundamentals of the Promise. In light of this the Edinburgh and the Lothian child protection procedures are in process of being updated and implications for local practice assessed and planned for.

### Adults Support and Protection

|   | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---------|---------|---------|---------|
| <b>Adult Protection Referrals</b>                               | 732     | 799     | 1,116   | 1,491   |
| <b>Inter-agency Referral Discussions (IRDs)</b>                 | 147     | 195     | 171     | 139     |
| <b>Adult Protection Case Conferences</b>                        |         |         |         |         |
| <b>(this includes Adult Protection Case Conference Reviews)</b> | 82      | 82      | 70      | 75      |

The Adult Protection Committee (APC) has a leadership role in working with partners to ensure the continuous improvement of adult protection services in West Lothian. The Committee provides links with wider adult support services and reinforces and develops, through joint multi-agency practice, the integration of adult support and protection services across West Lothian.



The APC works in close collaboration with the West Lothian Child Protection Committee, Gender Based Violence Committee and Offender Management Committee, sharing information, communicating and co-ordinating protection policies and practices for adults, children and family services, and justice services.

The APC in the delivery of its key objectives is supported by the work of its Quality Assurance subcommittee and a practice and training subcommittee.

The Quality Assurance Subcommittee is responsible for audit and quality assurance activity in relation to the key processes associated with Adult Support and Protection. Audit activity provides assurance to the APC that key processes are meeting their agreed aims in protecting adults at risk of harm. The subcommittee also considers the learning from other National sources such as published Significant Case Reviews.

Over the reporting period, West Lothian has not undertaken any significant case reviews, however has progressed two initial case reviews. These have provided important learning actions. For example, highlighting the importance of multi-agency information sharing to ensure continued focus on Adult Support and Protection when working with individuals who find it difficult to engage with support they receive.

Whilst there have been no Large-Scale Investigations over this reporting period, there has been one multi agency meeting held under the terms of the Large-Scale Investigation protocol. Multi-agency meetings provide a robust framework to share information, identify risks and determine if any immediate action is necessary to minimise risk.

The Practice and Training subcommittee links with the quality assurance sub-committee to ensure their work plan reflects necessary training. To date this has informed key activities relating to the strengthening of Adult Support and Protection process including – Duty to Inquire, use of chronologies and risk assessment.

Understanding the experiences of individuals, families and carers who come into contact with adult support and protection arrangements is a key area of development we will also focus on over the next reporting period.

A full review of local Adult Support and Protection procedures has been progressed to ensure these align with developing practice and revised codes of practice.

West Lothian's Appropriate Adult service deploys an Appropriate Adult to support people to understand what is happening and to be understood, during police investigations. They provide support to people aged 16 years and over with communication support needs.

The purpose of the West Lothian statutory Appropriate Adult service is to fulfil the duties from the Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019 to Local Authorities - which came into force on 10 January 2020.

West Lothian continues to have representation at national and Pan Lothian Appropriate Adult groups and forums. The Appropriate Adult Coordinator holds meetings with Appropriate Adults and circulates the COSLA Appropriate Adult newsletter to support them in their role and remit. New Appropriate Adults will be trained using the national eLearning training programme.

During 2021/22 there has been a further increase in the number of Adult Support and Protection referrals compared to the previous year, a trend that is replicated nationally.

Additional Scottish Government funding has been utilised to strengthen our approach to managing adult support and protection concerns. A centralised team has been developed to ensure there is a robust and consistent approach to all aspects of ASP activity. The team are located with the Adult Social Care Enquiry Team (ASCET) to ensure early identification of adult protection issues at initial point of referral. The team will work closely with both multi agency partners and other teams to ensure individuals receive the necessary levels of support and protection.

The Care Inspectorate with partners from Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland undertook a joint inspection of Adult Support and Protection arrangements within West Lothian in May 2022. The findings from this inspection were published by the Care Inspectorate in September 2022.

The inspection report identifies a number of key strengths and identified areas for improvement. Against the two quality indicators the inspectors identified weaknesses within key processes, whilst assessing that there was effective strategic leadership with clear strengths in supporting positive experiences and outcomes.

A social work improvement plan has been drafted with key actions to address the necessary improvements for social work services. This work will be monitored by a social work leadership board. The APC will oversee the development and review of the partnership improvement plan which will contain the single agency social work improvements.

### Justice Services - Statutory Supervision

The responsibility for Community Justice rests with the Community Planning Partnership. In West Lothian this has been undertaken by the Community Justice Partnership which is part of the West Lothian Community Planning Partnership structure. The revised National Strategy for Community Justice was launched in June 2022 and it includes four national aims and associated priority actions. The West Lothian *Community Justice Outcome Activity Annual Report* has been submitted. The Community Justice planning partnership is now working on a revised action plan and will ensure this aligns to the Outcome Performance Improvement Framework (OPIF) when it is revised in April 2023.

|   | At 31 March 2020 |        |       | At 31 March 2021 |        |       | At 31 March 2022 |        |       |
|---|------------------|--------|-------|------------------|--------|-------|------------------|--------|-------|
|   | Male             | Female | Total | Male             | Female | Total | Male             | Female | Total |
| CPO requirement for supervision                         | 269              | 48     | 317   | 136              | 27     | 163   | 266              | 41     | 307   |
| CPO with a requirement for unpaid work                  | 253              | 28     | 281   | 94               | 3      | 97    | 189              | 18     | 207   |
| Drug treatment and testing orders                       | 13               | 0      | 13    | 6                | 1      | 7     | 7                | 3      | 10    |
| Number of individuals subject to Statutory Through Care | 160              | 3      | 163   | 153              | 2      | 155   | 159              | 2      | 161   |

The figures in the table detail the new orders put in place during the period April 2021 to March 2022 and does not reflect existing orders that can be in place for up to 3 years. Post custodial sentence (Justice Throughcare) can be for life.

In respect of the volume of new cases that could be processed through the courts, this is now back up to almost pre-pandemic levels. The Coronavirus (Scotland) Act 2020 provisions which allowed for the early release of specific prisoners, and a 35% reduction of some unpaid work orders and the extension of time to complete said orders has now expired.

The Scottish Government committed in its 2019-20 Programme for Government to extend the presumption against short sentence of 12 months or less, once additional safeguards for victims in the Domestic Abuse (Scotland) Act 2018 were in force. We anticipate a likely increase in the need for more community-based support. In the last two years, Justice nationally has developed and implemented a range of alternatives to custody. Enhanced Direct Measures including the expansion and further development of bail which includes supervision and electronic monitoring along with a national drive to increase the uptake of Diversion from Prosecution is in progress. In addition, the introduction of Structured Deferred Sentences should afford further options for community sentencing alongside Community Payback Order and Drug Treatment and Testing Orders.

The management of high risk sexual and violent offenders in the community is one of the highest priorities for Justice services and Police working together. Housing and Health services along with other statutory agencies also play a significant role in the detailed multi-agency public protection procedures which are followed in West Lothian. This activity requires to be reported to Scottish Ministers.

When subject to statutory supervision on release from prison or community supervision, such individuals require to comply with any conditions attached to their licence / orders. They are subject to robust risk management which is regularly reviewed. If the individual breaches any of the conditions imposed on them, they may be subject to further investigation or a recall to prison, either by Scottish Ministers, the Parole Board or the Courts.

Multi-Agency Public Protection Arrangements (MAPPA) are defined in legislation and national guidance currently applies to the management of all registered sex offenders. In West Lothian these arrangements are well established. In the last few years Scotland has now implemented MAPPA Category 3 which covers very high-risk violent offenders. This supports multi-agency risk management of the critical few which can include high risk domestic cases. Justice Services along with Police and Health are the key responsible authorities that manage those subject to MAPPA in the community.

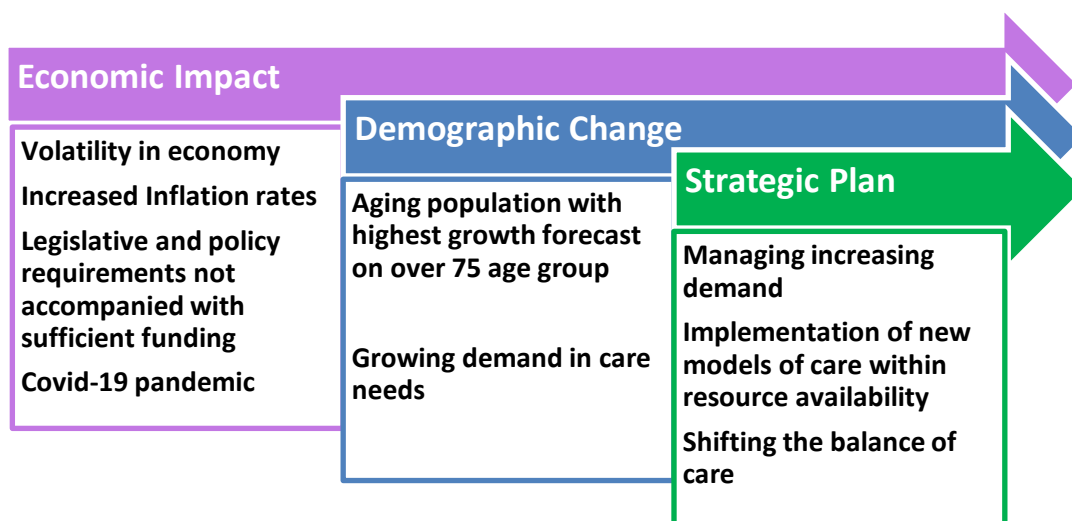
Young people in conflict with the law are also managed through either the above MAPPA Process or in line with the Young Person Risk Management Procedure (YPRMP) depending on age and stage of development or the statutory and legal status of the child/young person. The impact of the change in Age of Criminal Responsibility has required us to review how we support children who will no longer meet the threshold for Early and Effective interventions. Whilst small numbers, the ethos of early intervention has resulted in close partnership working with local Police to ensure these cases are still identified. For young people in the adult justice system, the national focus of the new pre and post sentence orders are particularly welcomed to support young people. The Youth Justice Team provide the knowledge and skill required to work with young people and support them to engage with any statutory requirement imposed by the Procurator Fiscal or the Courts. No young people received a custodial sentence between 2021 and 2022.

The Up2U Domestic Abuse programme is established within the Justice Service. The Courts and Parole services are now actively mandating attendance via community disposals / licence conditions. The programme can be tailored to work with both males and females from the age of 16 years and can also be delivered for people who use domestically abusive behaviours in same sex relationships. No evaluation of the programme was possible due to the limited number of clients who completed the programme over the last year. Now that pandemic restrictions have eased, an increase in delivery including group work is anticipated which will allow for evaluation.

### 3. Resources

The medium-term financial plan plays an important role in informing the planning and prioritisation of future service delivery, and strategic planning and commissioning. Financial planning assumptions are reviewed on an ongoing basis to take account of events such as changes to funding levels, economic forecasts, care demands and policy decisions impacting on the delivery of social work services.

Medium-term financial planning requires to take account of a number of risks as summarised below:



In February 2018 West Lothian Council agreed a five-year revenue budget strategy including measures to address a budget gap of £65.3 million over the five years from 2018/19 to 2022/23. The Social Policy element of these savings was £23.3 million. Social Policy delivered £5,583,000 of these savings in 2021/22. The council is now in the fifth year of this strategy and continues with its ambitious project management approach to ensuring a break-even budget is achieved at the end of each financial year.

The total net expenditure for Social Policy in 2021/22 was £114,549,000 which represented an overspend of £79,000, due to pressures in external placements for children within residential schools, continuing care and foster care placements.

There remain a number of significant pressure areas as outlined below

### 3.1 Financial Pressures

- External Placements for Looked After Children
- Residential Care for Older People
- Care at Home for Adults with Learning Disabilities

These areas are all subject to ongoing monitoring and all form part of the council's redesign programme that will ensure that we can continue to deliver quality services within the available budget.

During a time that has been particularly challenging, due to the disproportionate effect that the pandemic has had on vulnerable people, social care resources continue to be focused on supporting those most in need. The health and social care joint strategic commissioning plans are focused on supporting people through this difficult time, whilst also continuing to deliver services in new and innovative ways such as expanding the use of technology. The increasing complexity of care requirements means that there will be an ongoing need to develop more sustainable delivery models. This will result in a greater emphasis on prevention and supporting people within their home environment.

### 3.2 Social Services Delivery Landscape

West Lothian is in Central Scotland, has a population of approximately 183,820 (National Records of Scotland 2020 mid-year estimate). This is an increase of 0.4% from 183,100 in 2019.

It covers an area of 165 square miles, two thirds of which are predominantly used for agriculture and a tenth of the area is taken up by urban development. In the east-central band there is a large shale oil field, whilst the area in the west is dominated by Scotland's central coalfield. Both of these natural resources were greatly exploited in the 19th and early 20th centuries and contributed to the development of a number of West Lothian's communities. The rapid development of these 'boom' communities meant the loss of these industries was felt heavily, and this legacy has resulted in some small but prominent concentrations of deprivation.

Between 2018 and 2028, the population of West Lothian is projected to increase from 182,140 to 192,812. This is an increase of 5.9%, which compares to a projected increase of 1.8% for Scotland as a whole.

West Lothian had the 9th highest population in 2020, out of all 32 council areas in Scotland. Between 1998 and 2020, the population of West Lothian has increased by 20.0%. This is the 2nd highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 7.7%.

Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-5.4%) and the 75 and over age group is projected to see the largest percentage increase (+39.4%). In terms of size, however, 45 to 64 is projected to remain the largest age group.

#### Inequalities

There is increasing evidence that the impact of Covid-19 is likely to widen existing inequalities and may have a disproportionate impact on groups of people already facing challenge and disadvantage. It is as yet unclear what the lasting impact of Coronavirus will be but there will undoubtedly be poorer health and economic outcomes for some. It is recognised that we will need to collaborate closely with stakeholders across health and social care, community planning and the third sector to build new ways of working to support people.

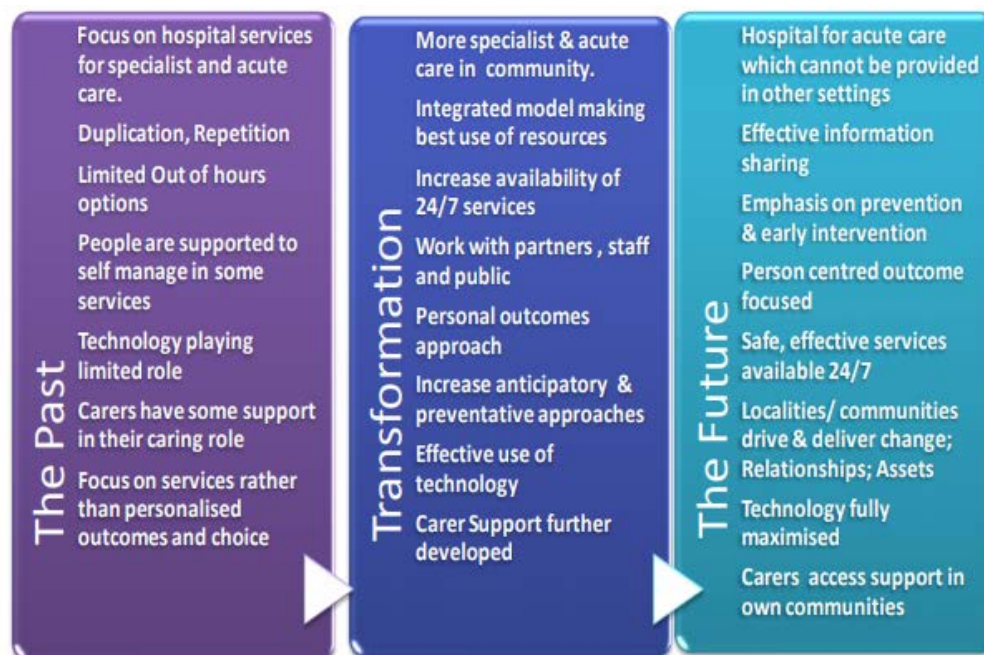
- Latest estimates (2020/21) show that 21.1% of children in West Lothian experience poverty. This is a reduction from 24.6% in 2019/20. This is likely due to the implementation of Scottish policies such as the Scottish Child Payment as rates appears to be lower across all 32 Scottish local authorities.
- SIMD 2020 shows that West Lothian has 35 data zones in the 20% most deprived areas.
- 19% of West Lothian residents experience fuel poverty and 9% experience extreme fuel poverty
- 14.5% earn below living wage (2021 – latest estimates)

Social Policy is committed to contributing to the delivery of the West Lothian Anti-Poverty Strategy 2018-23 and the Child Poverty Action Plan.



## Strategic Commissioning

Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. This includes challenging historical spending patterns in light of what we know about our population needs and in particular managing the major trends of a growing, ageing population with increasing comorbidity.



A strategic approach has been taken to commissioning and there is commitment to working with partners to:

- Empower people to live independently through applying the principles of personalisation in the way in which we commission services.
- Undertake appropriate consultation and involvement with service users and their carers to achieve their agreed outcomes when commissioning services.
- Engage positively with providers of health and social care services in the public, voluntary and private sector.
- Adhere to relevant procurement legislation and guidance and ensure that services are commissioned in a way that is fair, transparent and open;
- Ensure that quality, equality and best value principles are embedded through our commissioning processes.

Commissioning is an ongoing and evolving process and our approach is based on an annual Analyse, Plan, Do and Review cycle

## Strategic Commissioning Plans

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Integration Authorities to develop a 'strategic plan' for integrated functions and budgets under their control. In compliance with this requirement, strategic commissioning plans have been developed for all adult care groups. These strategic commissioning plans incorporate the important role of informal, community capacity building and asset-based approaches, to deliver more effective

preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system.

The IJB's strategic plan and strategic commissioning plans will help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium-term financial planning process associated with health and social care services. The implications arising from Covid-19 on delivery of care services are being taken account of in the ongoing review of strategic commissioning plans.

With regard to future years, health and social care services will be faced with significant challenges to meet demands and operate within tight fiscal constraints for the foreseeable future. The implications associated with Covid-19 will further increase the financial challenges and may impact on current plans to meet demands. In line with the Board's agreed approach to IJB financial planning, budget plans have been and continue to be developed across IJB health and social care functions with the objective that overall health and social care considerations are taken into account in joint IJB / Partner financial planning.

In 2022/23 strategic commissioning plans will be developed for services for children and families and also for Community Justice services.

## **4. Workforce**

### **4.1 Workforce Planning and development**

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

In recognition of these unprecedented circumstances, Scottish Government has asked for all Health and Social Care Partnerships to provide workforce plans outlining within a local context how they intend to meet the challenges of this change. All HSCPs are asked to provide integrated workforce plans for the period 2022-25. A working group has been established across the Health and Social Care Partnership to take this work forward.

The initial development of the plan was formed through a series of engagement events with staff groups and a short online survey to gauge views on what skills the workforce will require as we progress, what career paths and development staff would like to see and what would good look like for them and the development of their service. Virtual meetings based on these questions were held with senior and group managers and an e-survey circulated amongst staff. The plan has been developed following this feedback with 4 emerging themes of: Effective Management; The right structure for teams; A nurtured and empowered workforce; A workforce that can deliver excellence.

Health and Social Care services have been under increasing recruitment pressures that have been exacerbated by the Covid-19 pandemic. Recruitment in this area is challenging and is an area of national concern. Efforts have focussed on identifying potential routes into social care and where there might be success in recruiting new people. These include those returning to the workforce, those seeking a career change, those impacted by the pandemic and in attracting younger people to the profession.

A new Business Support Officer post has been recruited to support Careers in Care. This post will support the recruitment of unqualified staff to Care Homes and Care at Home Service and



the undertaking of SVQ2 Social Care and Health qualification achievement to support SSSC registration requirements for these staff. The post incorporates a mentoring scheme to support staff in their new role and support the retention of staff.

### **Lothian Care Academy Mentoring Programme**

The mentoring programme is linked to the development of Lothian Care Academy whose main objectives are;

1. To agree the soft skills required to take on a role in care and identify the means where staff are able to develop these skills.
2. To understand pastoral workplace support, required for health and social care workers.
3. To identify the initial barriers for a career in care and how to alleviate these barriers.

The workstream taking forward this work has progressed over the past year with the aim of launching a mentoring programme and this began in May 2022. The Mentoring Programme has 2 pilots running, one within Social Policy Business Support Customer and Community team and one within a Care Home in Edinburgh. The Edinburgh pilot is trialling an 'in house' support with experienced carers supporting new care staff. West Lothian Council are providing external mentoring support for both Care Homes and Support at Home.

Mentoring roles have now been established in both pilots with the Edinburgh Care Home identifying 5 mentors, with 1 mentor currently matched with 1 mentee. West Lothian have 1 mentor matched to 12 mentees', this has been developing over a longer period from February 2022. The evaluation of the mentorship programme will take place in August 2022, with the aim; 'By 30 August 2022 the Lothian Care Academy will develop a mentorship programme to increase the recruitment, retention and support for 75% of participating staff to increase the retention rate by 5%'.

In the longer term, the post will seek to expand opportunities for careers in care with the young workforce and those looking for new career direction and the continuing development of the Lothian Care Academy.

There have been several recruitment campaigns across social media, on council website, on advertising boards in shopping centres and banners developed for use in and around Council and NHS premises. The autumn 2021 social media campaign reached over 100,000 people and was shared over 4,000 times. The campaign resulted in 66 enquiries, 34 applications and 23 appointments. Further campaigns have resulted in the recruitment of 8 additional care workers.

An internal recruitment campaign for staff working across the council resulted in 65 inquiries and 20 applications to assist with providing cover for sickness absence and annual leave. This campaign has recruited 15 people to support these services. Work is now underway to incorporate these staff into the existing Locum Bureau.

There are established links with Access2Employment, in particular for young people who would be supported through the Jobs Fund process. This fund is aimed at young people aged 16-25 years to support them into work. Young people are paid an allowance and are supported to achieve qualifications leading to permanent employment. Four opportunities have been created in Care Homes and 5 in Care at Home. As a consequence, opportunities were explored to support adults within the long-term unemployment programme to provide adults aged 25 years+ with a 6-month placement of between 16 and 30hrs per week paid at

Living Wage rate. Two placements are now established within the Home Safety Service supporting enhancement and roll out of TEC supports.

A programme of HNC/HND placements for students from West Lothian College has been developed. All four of the directly provided Care Homes are taking part in this with 7 students on placement within the care homes 2 days per week for the next 6 months. It is hoped that on completion of their studies, students will have enjoyed their experience of working in our care homes and will be better placed to seek full time employment.

A partnership programme was established with West Lothian College to develop opportunities through the Skills Boost programme. Two courses have been developed. An introduction to technology that linked with a pilot project to issue tablets/iPads to care workers and the drive towards more digital processes within the service. Staff used their allocated tablets and participated in various sessions including introduction to ICT, staying safe online, the use of MS Teams and connecting with people, Wellbeing and taking care of yourself whilst working in social care, PVG applications, SSSC and use of MyHR.

The 2nd course is a two-week social care (Skill Boost Programme) induction course for new staff which will form part of their induction. The first session took place in May 2022 for 20 members of staff from Support at Home, Care Homes and Housing with Care. The second session will take place in October 2023 and this will form part of our into work recruitment programme for care homes and care at home.

There is a planned programme of work to support the recruitment of new social workers with a dedicated post to support this at the heart of it. In 2021 a concentrated effort was made to increase the number of social work student placements available. A review of current Practice Educators (PE) was carried out and opportunities for experienced social workers to become link workers as part of the SSSC regulations on the resumption of social work student placements. This gave staff the experience of supervising students and resulted in an increase in applications for the Post-graduate course in Practice Education. As a result of this, 13 student placements were offered in 2021 and 5 candidates undertook the PE course. A new Practice Learning (PL) course has been introduced at Edinburgh Napier University and 3 candidates started this course in January 2022.

It is envisioned that the current cycle of student placements will continue and the number of placements increased over the next 2 years to 24 placements per year.

Initial discussions have taken place with the Open University to establish a pathway for existing staff to progress and study for a degree in Social work. Staff do undertake this degree route at present, although difficulties can arise with the requirements of a longer placement as studies progress with one candidate currently accommodated on a 6-month placement. It is hoped to establish reciprocal arrangements across Social Policy service areas to allow staff to work in another service area other than their own to complete the placement requirement.

As well as these routes into Social work, it would be our intention to re-introduce a process to recruit and support 2 candidates per year to study for a degree in Social work.

## 5. Conclusion

2021/22 has been another challenging year for social work and social care services in West Lothian. The service has continued to manage the changing impact of the Pandemic, manage the demands resulting from this, return to more usual ways of working, continue to focus on

service developments, make improvements to practice and address pandemic related performance dips. This has taken place against a backdrop of a challenging budget position, managing significant areas of demand related pressure, staff recruitment challenges whilst also managing the requirement to meet statutory obligations.

There are many examples of good practice developed or implemented over the last year and these are referenced in this year's report. The impact of some of this work may not yet be fully realised but services are moving forward with a clear strength based strategic direction focused on delivering care and support informed by GIRFEC, The Promise, Coming Home, Home First and Community Justice focus. There is a strong connected theme running through the work social work and social care is engaged in whatever the age range of people being supported or the focus of work. Much of this work will be a continuing priority moving forward as will developing the workforce.

Services delivering protection for West Lothian citizens are of the highest priority and there is ongoing self-evaluation and improvement work in all those areas. A strong focus will remain on strengthening the learning culture across all areas to enable learning opportunities to be fully identified and ensure improvement is embedded and sustained. Addressing the findings of the joint inspection of Adult Support and Protection in West Lothian are of the utmost priority to the Adult Support and Protection Partnership and the CSWO.

The CSWO and relevant managers keep abreast with the progress of the Scottish Child abuse Inquiry and have taken opportunity to reflect on foster care and kinship practice.

The responsiveness and flexibility of teams and leaders continues to be significant and bodes well for the future. This is exemplified by responses to new events such as supporting those from the Ukraine into our communities and also in the persistence and resilience of all those working to identify options to address very enduring and complex issues of workforce availability or complex social work practice improvements.

We will continue in our work to improve and enhance the participation and engagement of service users and carers in decisions affecting their own lives and in informing service planning.

Looking ahead, the role of the Chief Social Work Officer will be significant in ensuring that there is stability across the profession and a continued focus on critical priorities whilst the direction of the future in terms of the National Care Service is decided upon and implemented. It will be important to mitigate against risks presented by uncertainty as the detail of the most significant changes to the professions of social work and social care is awaited.

Finally, I would like to acknowledge and thank all for the excellent work undertaken by social work and social care teams in West Lothian over this last year. The flexibility, dedication, compassion and professionalism they have all shown has been truly outstanding.



|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 18              |



## Report to West Lothian Integration Joint Board

**Report Title: West Lothian Health and Social Care Partnership Workforce Communication and Engagement Strategy**

**Report By: Communication and Engagement Lead**

| Summary of Report and Implications                           |  |
|--|--|
| <b>Purpose</b>   | This report: (tick any that apply).  |
|  | - seeks a decision <input type="checkbox"/>  |
|  | - is to provide assurance <input type="checkbox"/>   |
|  | - is for information <input type="checkbox"/>  |
|  | - is for discussion ✓ <input checked="" type="checkbox"/>  |
|  | The purpose of this report is to update the Board on the development of the West Lothian Health and Social Care Partnership's (HSCP) Workforce Communication and Engagement Strategy.  |
| <b>Recommendations</b>                                       | It is recommended that the Board: <ol style="list-style-type: none"> <li>Note the measures outlined in the Workforce Communication and Engagement Strategy that are aligned with the actions detailed in the HSCP Workforce Plan 2022-2025.</li> </ol> |
| <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction is not required.   |
| <b>Resource/ Finance/ Staffing</b>                           | No change to resource or staffing is proposed in this report.  |
| <b>Policy/Legal</b>  | <a href="#">West Lothian Health and Social Care Partnership Workforce Plan 2022-2025</a><br><a href="#">West Lothian Council People Strategy 2018/19 to 2022/23</a><br><a href="#">NHS Lothian Work Well Strategy April 2021</a>                       |

|   |   |
|---|---|
| <b>Risk</b>   | There are no new risks anticipated.   |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | This report does not propose any substantial change in policy or resources, and no environmental impact is anticipated, therefore, an Integrated Impact Assessment has not been carried out.  |
| <b>Strategic Planning and Commissioning</b>                                   | The Workforce Communication and Engagement Strategy will underpin the HSCP's Workforce Plan 2022-2025 and support the priorities outlined within the IJB Strategic Plan.  |
| <b>Locality Planning</b>  | Not applicable.   |
| <b>Engagement</b>   | Staff across the health and social care partnership were engaged in the development of the Workforce Plan. The draft strategy was considered at the IJB Strategic Planning Group. Members of the Workforce Planning Board contributed to the development of the strategy. |

| <b>Terms of Report</b> |   |
|------------------------|---|
| <b>1.</b>              | <b>Background</b>   |
| 1.1                    | A key commitment within the West Lothian HSCP Workforce Plan 2022-2025 is the development of a workforce communication and engagement strategy to underpin the future support and development of the West Lothian's health and social care workforce.   |
| <b>2.</b>              | <b>Workforce Communication and Engagement Strategy - Aims and Objectives</b>  |
| 2.1                    | The strategy is intended to articulate the importance of having strong, clear and consistent ways of communicating and engaging with the health and social care workforce to ensure that people feel valued, are supported and understand their role within the partnership. The strategy provides a framework to inform the ways in which we will engage with our workforce.   |
| 2.2                    | The Workforce Communication and Engagement Strategy aims to: <ul style="list-style-type: none"> <li>• Promote the values of West Lothian Council and NHS Lothian</li> <li>• Promote communication and collaborative working within the partnership.</li> <li>• Ensure that employee voices are at the heart of all partnership decision making.</li> <li>• Promote leadership at all levels to provide a strong, strategic narrative about the partnership and its future direction.</li> <li>• Allow for feedback structures to ensure employees feel valued and heard.</li> </ul> |
| <b>3.</b>              | <b>Evaluation of the Workforce Communication and Engagement Strategy</b>  |
| 3.1                    | The strategy's success will be monitored using a number of evaluation tools to ensure it is effective and meets the needs of the health and social care workforce and the HSCP.   |

|     |   |
|-----|---|
|     | <p>The tools used will include:</p> <ul style="list-style-type: none"> <li>• Workforce analysis statistics such as absence rates; turnover; health and safety incidents</li> <li>• An annual employee engagement survey which will allow us to find out how engaged we are, address any particular issues and analyse the factors behind success</li> <li>• A detailed report on progress will be submitted to the West Lothian Integration Joint Board and the Social Work and Health Policy Development and Scrutiny Panel (PDSP) annually</li> <li>• Regular reports to staff on our progress through our internal communications channels.</li> </ul> |
| 4.  | <b>Conclusion</b>   |
| 4.1 | In West Lothian we recognise and value our health and social care workforce and recognise the importance of ensuring that staff feel valued, listened to, informed, supported and empowered within their roles.   |
| 4.2 | The HSCP Workforce Communication and Engagement Strategy details the communication and engagement actions set out in the West Lothian HSCP Workforce Plan 2022-2025. A report on the progress and implementation of this strategy will be submitted to the IJB and the Social Work and Health PDSP on an annual basis.  |
| 4.3 | The Workforce Communication and Engagement Strategy has been informed by both the West Lothian Council People Strategy 2018/19 to 2022/23 and NHS Lothian's Work Well Strategy April 2021 along with other operational plans.   |

|                   |  |
|-------------------|--|
| <b>Appendices</b> | 1. West Lothian HSCP Workforce Communication and Engagement Strategy   |
| <b>References</b> | <a href="#">West Lothian Health and Social Care Partnership Workforce Plan 2022-2025</a><br><a href="#">West Lothian Health and Social Care Partnership Communication and Engagement Plan 2019-2023</a><br><a href="#">West Lothian Council People Strategy 2018/19 to 2022/23</a><br><a href="#">NHS Lothian Work Well Strategy April 2021</a><br><a href="#">West Lothian Integration Joint Board's Strategic Plan 2019-2023</a><br><a href="#">West Lothian Council People Strategy – Employee Engagement Framework</a> |
| <b>Contact</b>    | Katy Street – Communication and Engagement Lead<br>Katy.Street@nhslothian.scot.nhs.uk<br>07761050989   |





# West Lothian Health and Social Care Partnership Workforce Communication and Engagement Strategy

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# West Lothian Health and Social Care Partnership Workforce Communication and Engagement Strategy

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## Section 1: Introduction

West Lothian Health and Social Care Partnership (WL HSCP) is committed to ensuring people living in West Lothian are supported to live healthy lives in as close to their own community as possible. Supporting a dynamic and thriving workforce is one key factor to ensure this commitment is met.

The purpose of the West Lothian HSCP Workforce Communication and Engagement Strategy is to ensure that all HSCP staff and the wider West Lothian health and social care workforce are aware of and engaged in the work of the partnership undertakes. Through collaborative working we can create effective and sustainable solutions and achieve the best outcomes for our staff and the people of West Lothian.

To ensure West Lothian's Health and Social Care services are operating to the highest standard and meeting the needs of the people in West Lothian it is essential that West Lothian HSCP staff have their voices are listened to, feel valued and supported and understand their role within the partnership. This strategy has been written to aid the delivery of the actions outlined in the WL HSCP Workforce Plan 2022-2025.

In developing the WL HSCP Workforce Plan actions, a 10-week period of staff engagement was carried out to ensure that the actions set out in the three-year plan were based on the vision and the needs of WL HSCP in post staff. The results of this engagement can be found summarised below:

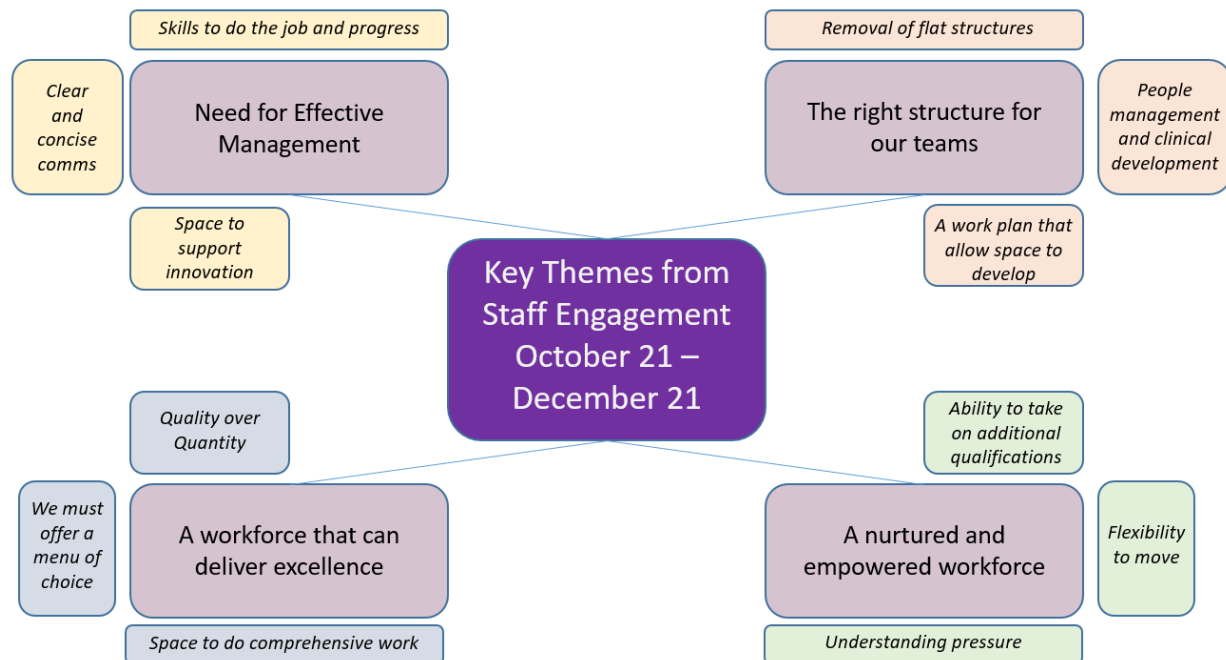


Figure 1: Key themes identified from staff engagement

## Section 2: West Lothian Values

The Communication and Engagement Strategy aims to support cooperative and collaborative working across the Health and Social Care Workforce in line with the values of both the West Lothian Council and NHS Lothian. These are further outlined in West Lothian Council's People Strategy and NHS Lothian's Work Well Strategy.

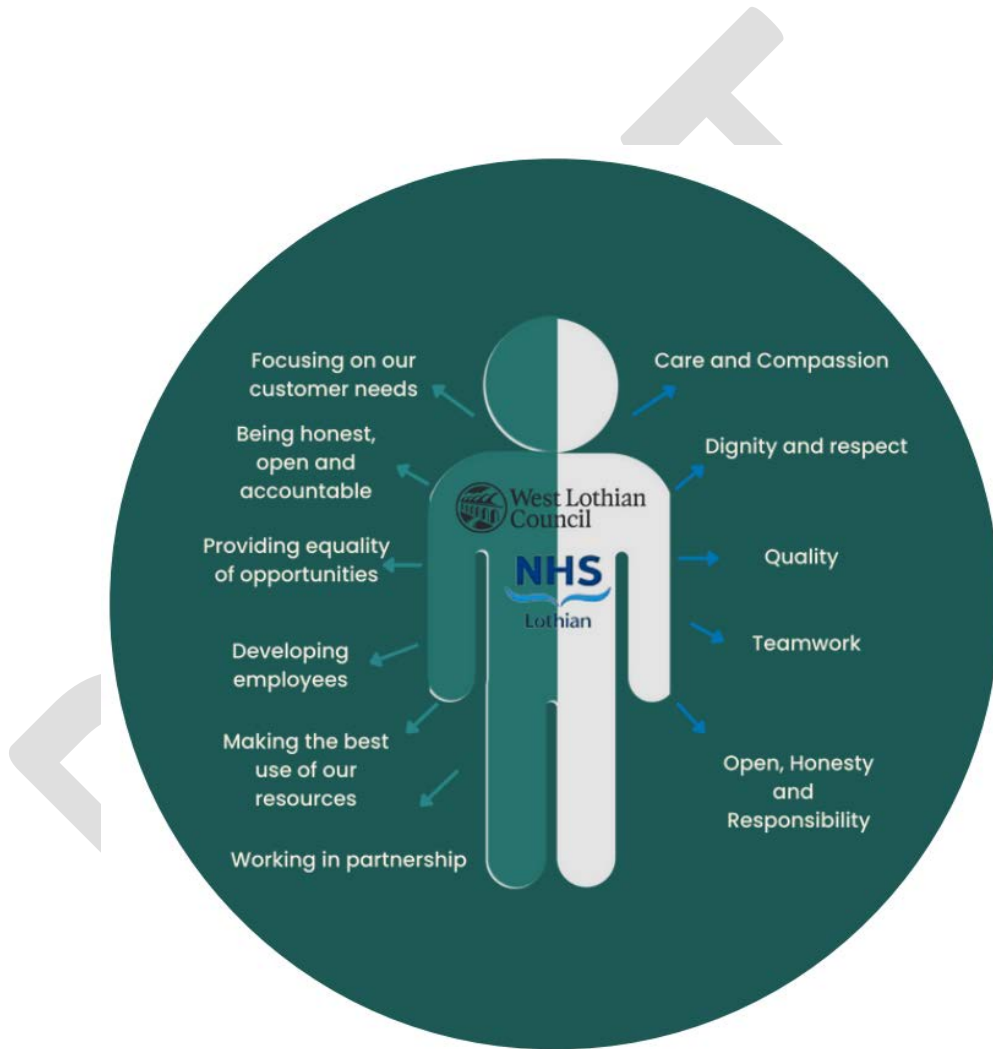


Figure 2: NHS Lothian and West Lothian Council values

## Section 3: Workforce Communication and Engagement Strategy Aims and Objectives

This strategy has been designed to engage and support all health and social care staff in West Lothian, whether they are employed by West Lothian Council; NHS Lothian or a third party. It is our aim that this document be a useful aid for all staff to help support proactive and transparent communication.

We want to create working environment within the WL HSCP where we listen to each other and as a result, improve motivation, cooperation, and individual capability at all levels. Based on feedback from the Employee Engagement Survey carried out in the creation of the WL HSCP Workforce Plan 2022-2025, this strategy aims to:

- To work in line with NHS and WL Council values
- Promote communication and collaborative working within the partnership
- Ensure employee voices are at the heart of all partnership decision making
- Promote leadership at all levels to provide a strong, strategic narrative about the partnership and its future direction
- Allow for feedback structures to ensure employees feel valued and heard

## Section 4: What is Employee Engagement and why is it important?

Our health and social care workforce is the greatest asset of the Health and Social Care Partnership and as such it is essential that we ensure that they are supported in the best way that we can. We are committed to ensuring that staff feel valued, listened to, informed, supported and understand their role within the partnership.

We recognise that high levels of workforce engagement result from a combination of experiences at work which includes involvement in decision making, personal development and training, strong management and leadership and a healthy, safe, work environment, where every role counts.

Highly engaged and empowered staff not only generate better outcomes for service users but there are further benefits such as:

- improved quality of services
- improved staff health and well-being
- lower levels of sickness absence

People who are highly engaged at work:

- feel excited and enthusiastic about their role
- say time passes quickly at work
- are prepared to give discretionary effort when required
- believe that they make a difference
- invite others into the activity or organisation (their enthusiasm is contagious);
- are less likely to experience symptoms of stress or burnout, such as emotional exhaustion and cynicism
- report higher levels of self-efficacy (the extent or strength of one's belief in one's own ability to complete tasks and reach goals)
- find it easy to stay focused
- have higher levels of commitment to the organisation are less likely to say they intend to leave

## Section 5: Our current approach to Employee Engagement

West Lothian HSCP's current approach to employee engagement is set out in both West Lothian Integration Joint Board's Strategic Plan 2019-2023 and West Lothian HSCP's Workforce Plan 2022-2025.

The Strategic Plan states that West Lothian's workforce is critical to the effective delivery of health and social care. Ensuring staff are fully engaged and able to contribute to the design and delivery of health and social care integration and have the knowledge and skills to respond to the changes envisaged are key priorities. The Workforce Plan identifies the following four staff engagement themes

- Need for effective staff management
- Right structure for our teams
- Nurtured and empowered workforce
- A workforce that can deliver excellence

These have been combined with the five pillars of workforce planning (**Plan, Nurture, Attract, Train and Employ**) to create an action plan for workforce planning. Engagement actions points have been identified and are the responsibility of the West Lothian HSCP Communication and Engagement Lead to action and develop.

The new IJB Strategic Plan 2023-2028 is currently in development, one of the main priorities of the new plan is “Enabling Good Care and Treatment”, a key component of this is supporting our workforce to deliver high quality care.

## Section 6: Benefits

Clear and regular communication and engagement across the Health and Social Care Partnership is essential in ensuring that people feel valued, supported and understand their role within the partnership. It is also crucial that people are supported to provide the highest standard of care and support for those using our services.

We aim to:

- Improve understanding of the WL HSCP vision and priorities allowing staff to have a greater understanding of their own purpose and value within the partnership
- Develop and live by shared values that result in greater trust and motivation to perform to their best ability
- Have a desire to improve the way things are and to make a difference to people’s lives
- Feel empowered at work and enabled to contribute ideas that are acted upon
- Be advocates for the ongoing work of WL HSCP services
- Strengthen collaborative working within and between teams within the WL HSCP
- Feel happier, healthier and more fulfilled at work
- Feel more involved in the ongoing changes within the WL HSCP

## Section 7: Workforce Communication and Engagement Strategy Action Plan

| Type of Communication    | Purpose  | Examples  | Minimum Frequency | Employee Level Targeted      | Owner            | Communications Route |
|--------------------------|--|---|-------------------|------------------------------|------------------|----------------------|
| Management team meetings | <p>Communicate updates on key strategic and operational issues</p> <p>Monitor implementation of appropriate plans and actions</p> <p>Provide a forum for a two-way dialogue and support between colleagues</p> | <p>HSCP senior management team</p> <p>Service managers</p>  | Monthly           | Senior officers and managers | Heads of Service | Face to face         |
| Team meetings            | <p>Communicate updates on key service issues</p> <p>Monitor implementation of appropriate plans and actions</p>  | <p>District nursing</p> <p>Children's services</p> <p>Mental health</p> <p>Strategic planning</p> | Monthly           | Services and teams           | Managers         | Face-to-face         |



|                           |  |   |           |                      |                                   |   |
|---------------------------|--|---|-----------|----------------------|-----------------------------------|---|
|                           | <p>Standardisation of team meetings – both physical and virtual. Ensure that all meeting take place with the same consistency and have the same format.</p> <p>Provide a forum for a two-way dialogue and support between colleagues</p> | <p>Home First team</p> <p>Primary care</p>  |           |                      |                                   |   |
| Employee Driven Campaigns | <p>Communicate key issues facing West Lothian HSCP</p> <p>Engagement staff in particular work undertaken by the HSCP</p>   | <p>Leadership and Learning</p> <p>Love Learning May</p> <p>Data Driven December</p> | Quarterly | Individual employees | Communication and Engagement Lead | <p>Face-to-face</p> <p>Email</p> <p>Internet</p> <p>Written</p> |
| One-to-ones               | <p>To allocate work and monitor progress</p> <p>Discuss issues relating to performance</p>   | All staff   | Monthly   | Individual employee  | Line managers                     | Face-to-face (or via Microsoft Teams)                           |

|                              |  |   |  |  |                                   |   |
|------------------------------|--|---|--|--|-----------------------------------|---|
|                              | Provide a forum for support and discussion between line manager and direct report  |   |  |  |                                   |   |
| Employee Performance Reviews | <p>Formal review of work performance and progress on work plans</p> <p>Review of targeted development and performance outcomes</p> <p>Discussion on support requirements</p> | <p>Appraisals</p> <p>Continuing Personal Development</p>  | Annual – with six-monthly progress meeting | Individual employees                                   | Line Managers                     | <p>Face-to-face</p> <p>Written</p>              |
| Workplace Briefing           | Structured cascade of information relating to key decisions affecting employees and service provision  | Manager briefings   | As required                                | Services and teams                                     | Service managers                  | <p>Face-to-face</p> <p>Email</p> <p>Written</p> |
| Email                        | <p>Communicate updates and key messages</p> <p>Share information and documents</p>   | <p>Leaders and manager updates</p> <p>HSCP Newsletter</p> | As required/<br>Quarterly                  | Depend on nature of content – managers; all employees; | Communication and Engagement Lead | Email   |

|                      |  |   |                           |  |                                   |                                      |
|----------------------|--|---|---------------------------|--|-----------------------------------|--------------------------------------|
|                      | Provide confidential and/or sensitive information to a select audience   |   |                           | individual employee                                |                                   |                                      |
| Online Content       | Access to online services and information<br><br>Communication of plans, policies and events                         | HSCP website<br><br>NHS and West Lothian council intranet<br><br>Stand-alone HSCP intranet to be accessed via the external website (proposed) | As required/<br>Quarterly | All employees with access to internet/<br>intranet | Communication and Engagement Lead | Internet                             |
| Employee newsletters | Communicate key information to a wide range of people<br><br>An alternative source and format to provide information | HSCP newsletter<br><br>NHS Weekly Brief<br><br>West Lothian Council Bulletin  | Weekly/<br>Quarterly      | All employees                                      | Communication and Engagement Lead | Written<br><br>Email<br><br>Internet |
| Publications         | Communicate key information to a wide range of people  | Leaflets<br>Pay slip inserts<br>Posters   | As required               | Individual employees                               | Communication and Engagement Lead | Email<br><br>Internet                |

|  |   |   |           |                      |  |  |
|--|---|---|-----------|----------------------|--|--|
|  |   |   |           |                      |  | Written  |
| Employee surveys                               | <p>Improve understanding of employees' needs, in relation to their management and development</p> <p>Identify improvements for appropriate intervention/action</p>            | <p>NHS Lothian staff survey</p> <p>West Lothian Council staff survey</p> <p>HSCP staff survey</p> | Annual    | Individual employees | <p>Communication and Engagement Lead</p> | <p>Face-to-face</p> <p>Telephone</p> <p>Email</p> <p>Internet</p> <p>Written</p> |
| Focus groups                                   | <p>Improve understanding of employees' needs, in relation to their management and development</p> <p>Consult with representative groups of employees on particular issues</p> | Focus groups of individual services with a view to collect views from all services                | Annual    | Groups of employees  | <p>Communication and Engagement Lead</p> | Face-to-face   |
| Events to educate and involve our stakeholders | Plan a programme of events and meetings to engage staff in different areas of HSCP work.  | <p>Leadership and learning events throughout 2023.</p> <p>Home First conference to</p>            | Quarterly | All employees        | HSCP Communications and Engagement Lead  | <p>Face-to-face</p> <p>Email</p> <p>Internet</p> <p>Written</p>                  |

|                        |   |   |         |               |   |         |
|------------------------|---|---|---------|---------------|---|---------|
|                        |   | be held in Spring 2023.   |         |               |   |         |
| Social media programme | An ongoing churn of information for social media that can not only engage and inform the public, but also staff<br><br>Development of other social media channels outside of Twitter. | All staff campaigns, such as Data Driven December and Love Learning May to be publicised on these channels. | Ongoing | All employees | HSCP Communications and Engagement Lead | Written |

## Section 8: How will we know it's working?

As a partnership we must ensure that our Workforce Communication and Engagement Strategy is effective. To help us do this, we will use a number of different evaluation tools to monitor progress including:

- Workforce analysis statistics such as absence rates; turnover; health and safety incidents
- An annual employee engagement survey which will allow us to find out how engaged we are, address any particular issues and analyse the factors behind success
- A detailed report on our progress to the West Lothian Integration Joint Board on an annual basis
- Regular reports to staff on our progress through our internal communications channels

We will use the information that we receive to review and inform the development of this document throughout 2023.

## Section 9: Monitoring and Review

The Workforce Communication and Engagement Strategy is a live document that will flex to opportunities that may arise during its lifespan. It will be reviewed on a regular basis to ensure it remains relevant to our aims and objectives.

The Employee and Engagement Strategy will be monitored by:

- West Lothian Communications and Engagement Lead
- Head of Strategic Planning and Performance
- West Lothian HSCP Workforce Planning Working Group
- West Lothian Integration Joint Board
- West Lothian Council Policy Development and Scrutiny Panel
- Third party staff and organisations

## Section 10: References

West Lothian Health and Social Care Partnership Workforce Plan 2022-2025

[https://westlothianhscp.org.uk/media/55244/West-Lothian-Health-and-Social-Care-Partnership-Workforce-Plan-2022-2025/pdf/HSCP\\_Workforce\\_Plan\\_2022-2025\\_WL\\_31.10.2022\\_v3.pdf?m=638028336921400000](https://westlothianhscp.org.uk/media/55244/West-Lothian-Health-and-Social-Care-Partnership-Workforce-Plan-2022-2025/pdf/HSCP_Workforce_Plan_2022-2025_WL_31.10.2022_v3.pdf?m=638028336921400000)

West Lothian Health and Social Care Partnership Communication and Engagement Plan 2019-2023

<https://coins.westlothian.gov.uk/coins/viewSelectedDocument.asp?c=e%97%9Dh%93jy%8A>

West Lothian Council People Strategy 2018/19 to 2022/23

<https://www.westlothian.gov.uk/media/1316/The-People-Strategy-2018-19-to-2022-23/pdf/PeopleStrategy2018-2023.pdf?m=637140151774930000>

NHS Lothian Work Well Strategy April 2021

[https://org.nhslothian.scot/Strategies/Documents/NHS\\_Lothian\\_Work\\_Well\\_Strategy\\_Lo-Res%20Final.pdf](https://org.nhslothian.scot/Strategies/Documents/NHS_Lothian_Work_Well_Strategy_Lo-Res%20Final.pdf)

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

<https://coins.westlothian.gov.uk/coins/viewSelectedDocument.asp?c=e%97%9Dg%96jz%8C>

West Lothian Council People Strategy – Employee Engagement Framework

[https://www.westlothian.gov.uk/media/3468/The-People-Strategy-Employee-Engagement/pdf/Employee\\_Engagement.pdf?m=637140151638130000](https://www.westlothian.gov.uk/media/3468/The-People-Strategy-Employee-Engagement/pdf/Employee_Engagement.pdf?m=637140151638130000)





|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 19              |



## Report to West Lothian Integration Joint Board

**Report Title: Scotland's Digital Health and Care Strategy – Delivery Plan 2022-23**

**Report By: Head of Strategic Planning & Performance (interim)**

| Summary of Report and Implications  |   |
|---|---|
| <b>Purpose</b>  | This report: (tick any that apply).   |
|   | - seeks a decision <input checked="" type="checkbox"/>  |
|   | - is to provide assurance <input checked="" type="checkbox"/>   |
|   | - is for information <input type="checkbox"/>   |
|   | - is for discussion <input checked="" type="checkbox"/>   |
|   | The purpose of the report is to inform the IJB on the publication of the Scottish Government and COSLA's publication of Care in Digital Age: Delivery Plan 2022-23. |
| <b>Recommendations</b>  | It is recommended that the IJB note the contents of the report.   |
| <b>Directions to NHS Lothian and/or West Lothian Council</b>                  | A direction(s) is not required.   |
| <b>Resource/ Finance/ Staffing</b>  | None identified at this stage.  |
| <b>Policy/Legal</b>   | Public Bodies (Joint Working) (Scotland) Act 2014   |
| <b>Risk</b>   | No specific risks identified at this stage.   |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | An Integrated Impact Assessment was carried out during development of the Strategic Plan. .   |

|   |  |
|---|--|
| <b>Strategic Planning and Commissioning</b> | Digital development underpins the WL IJB Commissioning Plans.                      |
| <b>Locality Planning</b>                    | N/A  |
| <b>Engagement</b>                           | Engagement with the Strategic Planning Group to inform a future report to the IJB. |

| <b>Terms of Report</b> |  |
|------------------------|--|
| <b>1.</b>              | <b>Background</b>  |
| 1.1                    | The Scottish Government published the “Care in Digital Age: Delivery Plan 2022-23” on 8 November 2022. This is a national plan that describes the activities under way that are supporting local Health Boards, Health and Social Care Partnerships, local authorities, Primary Care, social care, social work, and care providers to offer new or improved services, with better systems and infrastructure, or because they can now offer access to digital services and products. |
| 1.2                    | This plan follows directly from the publication of the strategy “Enabling, Connecting and Empowering: Care in the Digital Age” from the Scottish Government and COSLA in October 2021.   |
| 1.3                    | The strategy sets out how we will work together to improve the lives of people in the context of the Scottish Government and COSLA’s broader vision for national wellbeing across society and in line with the National Performance Framework. Building on the ambitions of the 2018 Digital Health and Care Strategy.   |
| <b>2.</b>              | <b>Vision and Aims</b>   |
| 2.1                    | The vision is to “improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services”.   |
| 2.2                    | The strategy has three aims, which are underpinned by six linked workstreams.  |
| 2.3                    | <b>Aim 1:</b> Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.  |
| 2.4                    | <b>Aim 2:</b> Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology in order to improve the delivery of care.   |
| 2.5                    | <b>Aim 3:</b> Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.  |
| 2.6                    | To achieve the aims, and ultimately the strategy vision, there is a focus on six priorities areas: <ul style="list-style-type: none"> <li>• Digital access</li> <li>• Digital skills and leadership</li> <li>• Digital services</li> </ul>   |

|           |  |
|-----------|--|
|           | <ul style="list-style-type: none"> <li>• Digital futures</li> <li>• Digital foundations</li> <li>• Data-driven services and insight</li> </ul>   |
| <b>3.</b> | <b>Conclusion</b>  |
| 3.1       | The Board is presented with information on the publication of the "Care in the Digital Age: Delivery Plan 2022-2023". A plan will be developed to outline how we will take forward the recommendations of the strategy and the actions detailed in the national delivery plan, which will be taken to a future meeting of the IJB. |

|                   |  |
|-------------------|--|
| <b>Appendices</b> | <ol style="list-style-type: none"> <li>1. Enabling, Connecting and Empowering: Care in the Digital Age</li> <li>2. Care in the Digital Age: Delivery Plan 2022-23</li> </ol>                                       |
| <b>References</b> |  |
| <b>Contact</b>    | <p>Sharon Houston<br/>Head of Strategic Planning and Performance (Interim)</p> <p><a href="mailto:Sharon.Houston@westlothian.gov.uk">Sharon.Houston@westlothian.gov.uk</a></p> <p>10<sup>th</sup> January 2023</p> |



# Scottish Government and COSLA



# Joint Foreword

In 2018, Scotland's first Digital Health and Care Strategy was published. It was a bold and ambitious strategy that recognised the health and wellbeing of the people of Scotland can, and should, be enhanced and transformed through the use of digital technology. We echo and extend the sentiment made in the foreword to that strategy: digital technology is an essential component of fit for purpose health and care services in a modern, dynamic Scotland.

What no-one could have envisaged then is the pace and scale of change brought about by the coronavirus pandemic. Organisations across Scotland have used digital technologies to work differently, both to respond to Covid-19 and to sustain essential health and care services, at great speed and under incredible pressure. Continued innovation will be supported by our refreshed strategy, ensuring Scotland remains well-placed to develop, design and adopt new technologies.

Just as digital technology was at the forefront of our response to the pandemic, it will be central to how we re-build and remobilise the health and social care system as part

of the recovery from Covid-19. As outlined in the recently published NHS Recovery Plan, digital technologies can support us to address backlogs in healthcare and increase capacity in the NHS. Beyond the NHS, digital technology also remains critical to how we embed and sustain health and social care integration, ensuring that technology enables people to interact seamlessly across health and care services. Health boards, local authorities, health and social care partnerships, housing organisations, industry, third and independent sector organisations have all been central to the design, development and delivery of our ambitions. .

In line with the refresh of the overall [Digital Strategy for Scotland](#), we recognise the problems that come from digital exclusion. Digital inclusion, now more than ever, must be at the heart of what we do. We heard time and again throughout the engagement process for this strategy the need to tackle digital exclusion and provide 'digital choice'. As we continue to develop digital service choice for our citizens, this strategy recognises the imperative to do digital right. Whilst technology can and does transform lives for the better, we must ensure that no one is left behind.

Historically, an emphasis has been placed on how the system uses technology in the health and social care sector, as opposed to how people use technology. Continuing in the same vein as its predecessor, this is a strategy that seeks to put people first – whilst also recognising our impact on the planet. Many digital technologies can help us address the climate emergency, from smart sensors in the home through to greater use of remote technology that reduces travel, and it is imperative that health & care plays its part.

The time is right to refresh Scotland's Digital Health and Care Strategy, to build on and embed the rapid advances that have been made, and to really focus on enhancing and enabling citizens' access not only to services, but to their health and care data as well.

**Our thanks go to everyone who has helped to deliver on these successes.**



**Humza Yousaf**

Cabinet Secretary for  
Health and Social Care  
Scottish Government



**Councillor Stuart Currie**

COSLA Spokesperson for  
Health and Social Care  
COSLA

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# Background

**Our Vision: 'To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services.'**

Scotland's 2018 Digital Health and Care Strategy recognised the transformative potential of technology and set out an ambitious strategic direction to embrace the opportunities that it presents. The response to Covid-19 was facilitated by the work undertaken as part of it.

The pandemic, and our response to it, has accelerated the pace of digital transformation, whilst highlighting the challenges faced by people who find themselves excluded from the digital world. It also highlighted some of the gaps that existed within it, most notably around inclusion, equalities, ethics and data. It is for these reasons that we set out to refresh our Digital Health and Care Strategy for Scotland, building on the progress that has been made to date, whilst taking account of

the opportunities and challenges brought about by the changed landscape that we now live in.

People should have the opportunity to access technology, understand its benefits and limitations, develop the skills they need and have control over how their personal information is used. To do this, we must tackle digital exclusion and support the development of skills. Furthermore, people across Scotland need to be involved at every stage of the innovation, design and delivery process. Experience tells us that the best services and initiatives, and those most used, are those which have been designed and developed in this inclusive way.

A person-centred approach to digital health and care is also one that promotes choice.

Choice for citizens means digital and non-digital options offered in parallel, on an equal footing. People will not be forced to use a digital service if it is not right for them, but it will be made available to those who want it.

We also recognise that digital transformation in health and social care has implications beyond Scotland's health and wellbeing ambitions. Digital technologies can ensure that care is delivered in a way, place and time that works best for people, furthering our ambitions to support personal and community-led decision making.

As such, the strategy supports the aims of the NHS recovery plan ([NHS Recovery Plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/nhs-recovery-plan)) in its ambition to address the backlog in care and meet ongoing healthcare needs for people across Scotland. It will support reform of the care system, including better integration of health and care services. It outlines the health and care contribution to the overarching Digital Strategy ([A changing nation: how Scotland will thrive in a digital world - gov.scot www.gov.scot](https://www.gov.scot/a-changing-nation)).

Digital technology can also contribute to our efforts to address the climate change crisis for example by, reducing travel to appointments and reducing our reliance on large data warehouses via our commitment to rolling out cloud infrastructure. We are committed to developing and embedding a culture which takes into account how we can positively impact on climate change through our project developments, procurement processes and equipment life span.

This refreshed strategy also provides the framework for the development of Scotland's first Data Strategy for Health and Social Care. The Data Strategy will ensure that health and care data supports the delivery of health and care services and that it does so in a way that empowers citizens and supports innovation and research. This refreshed Strategy is also set within the wider context set out by the Digital Strategy for Scotland: it acts as a support to it and confirms how our health and care services will adopt and embed its principles and approaches.

This refreshed Digital Health and Care Strategy will be accompanied by a rolling three-year delivery plan, updated each year from April 2022, which will provide the detailed map for our journey towards realising the ambition of this strategy. It will outline the 'how', 'what', 'who' and 'when' of the high-level commitments outlined in this document.

The delivery of this strategy will be a collective effort across health and care partners working in the statutory, third, innovation, academic and private sectors. This strategy was developed in consultation and collaboration with these partners and our thanks go to all who contributed.



# Our Vision

'To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services.'

Right care, right place, right time



## Aims

This is a strategy that sets out how we will work together to improve the lives of people in the context of the Scottish Government and COSLA's broader vision for national wellbeing across society and in line with the National Performance Framework. Building on the ambitions of the 2018 Digital Health and Care Strategy, we will deliver our vision through the key aims detailed below.



**Aim 1:** Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.



**Aim 2:** Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.



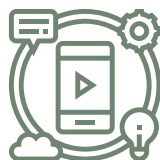
**Aim 3:** Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

## Our Priorities

Of course, delivering on these aims in and of itself does not guarantee improved outcomes for people: the health and care system as whole – and its partners in wider society – need to continue to embrace the change required. This includes but is not limited to:

- ◆ Committing to constantly improve, innovate and evolve – and sometimes change completely.
- ◆ Making better use of the data, both that already held and data which is not routinely held at present.
- ◆ Involving people and staff in the design of tools, technologies and services that support them, noting that those that have been designed with users are more likely to deliver meaningful and lasting change that improves outcomes.

To achieve our aims, and ultimately our vision, we will focus on six priority areas.



### Digital access

- ◆ People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.

### Digital services

- ◆ Digital options are increasingly available as a choice for people accessing services and staff delivering them.

### Digital foundations

- ◆ The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

### Digital skills and leadership

- ◆ Digital skills are seen as core skills for the workforce across the health and care sector.

### Digital futures

- ◆ Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

### Data-driven services and insight

- ◆ Data is harnessed to the benefit of citizens, services and innovation.

While all the action areas contribute to the aims of this strategy, their main alignment is outlined below:

## Aim:

## Achieved through:



Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.

**Digital access**  
**Digital services**  
**Data-driven services and insight**



Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.

**Digital services**  
**Digital foundations**  
**Digital skills and leadership**  
**Data-driven services and insight**



Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

**Digital futures**  
**Data-driven insight**  
**Digital foundations**  
**Digital access**

# Digital Access

**Priority one: People have digital access to information, their own data and services which support their health and wellbeing, wherever they are.**

Society has seen fundamental changes over the past decade in how technology is used to support access to services, and the ways in which they are offered. People want and expect to have greater choice and control over how – and increasingly when – they access their care, support and services. This means offering digital and non-digital options.

The response to Covid-19 has accelerated the pace of change across health and care, with services moving quickly and innovatively to provide better access to flexible and digitally enabled support. For many people, this has increased choice and flexibility. For services, it has eased pressures, freeing up time and capacity for services which cannot be delivered digitally.

## Near Me

**Around 300 people a week were using video conferencing technology** to access health and care services/appointments at the start of **2020**.

**By mid-2020**, this number had risen to approximately **20,000 appointments every week**, via the Near Me video consultation service.

**In July 2021**, over **1 million appointments** had been delivered virtually.

**Our ambition in 2018 was merely to spread its use: now we want to build on this and make it a choice that is available in every relevant health and social care interaction for every member of society.**

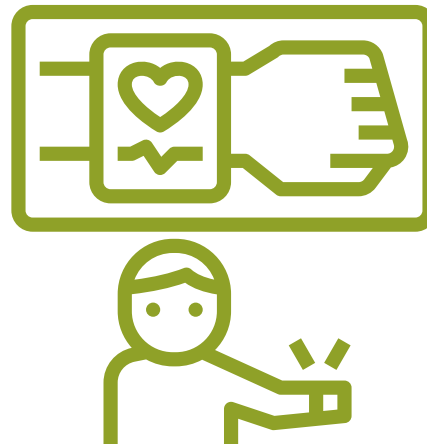




For many people across Scotland digital exclusion remains an issue. This may be due to a lack of access to an appropriate device or a lack of skills and confidence to use digital services and to take advantage of the opportunities and benefits that come from being digitally connected. Supporting the development of digital skills in health and care and ensuring that everyone, regardless of their geography or background, can choose to access digital services across health and care is essential to ensuring that they really are for everyone. It is also in line with Scotland's overriding aim to achieve world-leading levels of digital inclusion.

Our underlying focus remains on addressing inequalities and improving citizen experience, making digital services as accessible as possible. This means services which communicate with each other across our integrated health and care system, but also digital options that are available in a range of formats and recognise that people have different accessibility needs.

Ensuring digital access for all is an essential element of shifting the focus of health and care systems from crisis intervention towards prevention, early intervention, enablement and supported self-management. Achieving our ambitions will support people to not only access support, but to manage and control their own health and care needs.



## Our Commitments:

To improve digital access we will:

- ◆ Build on our Transforming Local Systems Pathfinders and involve citizens at all stages in the design and delivery of digital services to increase engagement and improve data quality, in line with the Scottish Approach to Service Design.
- ◆ Work with [Connecting Scotland](#) to ensure everyone is supported to access the devices, data and support they need to be able to use digital technology.
- ◆ Work with partners to ensure patients and residents of health and care services have full access to free Wi-Fi, both bedside and in public areas within healthcare settings.
- ◆ Make video-based access via the Near Me service a choice available for all appropriate appointments and services across health and care. This includes increasing the number of ways people can access the care, support and information they need, including opening up video-based access to group consultations, educational resources and peer support groups for all.



- ◆ Provide access to, and enable citizens to have control over, their own health and care information – including the ability to view and update information contained in their records, and access information such as test results, letters and treatment/care plans.
- ◆ Provide 24-hour digital access to services through asynchronous communication (the ability to ‘chat’ with services any time, when an instant response is not required, such as via email and online).
- ◆ Further develop and implement online triage so that people can be better supported/directed to information that allows them to access the most appropriate service depending on their needs, including self-service, Pharmacy First and others.
- ◆ Increase the number of ways whereby people can access the care, support and information they need, including through social prescribing.
- ◆ Ensure people understand their rights and responsibilities for using digital means to access information and services, and support people to embrace existing, new and emerging technologies.
- ◆ Continue to work closely with the Digital Equality and Inclusion Group to ensure work covered by this strategy recognises the diversity of Scotland’s people and their accessibility needs, and embeds equality approaches.

# Digital Services

## Priority two: Digital options are increasingly available as a choice for people accessing services and staff delivering them.

The ways care is delivered is changing, with an increasing number of services becoming digital, either fully or in part. These range from basic services, such as ordering repeat prescriptions, booking appointments and accessing trusted online information, to the digital tools and products to help people manage their own health and wellbeing at home. Over the coming years, digital services will become the first point of contact with health and care services for many people, and will inform how many will choose to engage with health and care services on an ongoing basis. Coupled with the work on digital access, this will result in an overt 'digital citizen', who is suitably empowered and enabled to use digital technology to support their individual needs.

Some of this is about building on the significant growth in people going online to access trusted information. For example, there were well over 8 million visits to NHS Inform in April 2021, up from under 2 million in April 2018. NHS Inform currently offers digital access to information; however, a growing number of services, such as appointment scheduling for Covid-19 vaccines, are also offered. Linking it and Care Information Scotland into the wider health and care system, there is an opportunity to develop it as a 'front door' service in its own right to a far greater range of services and support across the whole of health and care.

### The Digital Front Door

This strategy commits to developing a new streamlined approach to how people navigate their way through services, which will include a safe, simple and secure digital app. This will support people to access information and services directly – like a 'digital front door' – as well as self-manage, and access and contribute to their own health and care information. This new service will be built on a common approach to online identity where personal data is controlled by the individual and people are able to authenticate their identity. It will enhance access and convenience, providing a better, consistent service experience to users. It will also reduce the administrative workload on staff and services.

We recognise that these ambitions will require service re-design, not just at a national level but at a local level too. This is particularly important as we consider the wider steps that should be taken as we recover and re-mobilise from Covid-19 and proceed with ambitious reforms of the care system, including the development of a National Care Service.

Health and care support not only takes place in a variety of formal settings, but increasingly also in the community, in people's homes or in libraries and community hubs. Supporting the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services is essential to how we plan services of the future. Supporting the adoption of digital practices, including through collaboration with partners across the third, independent and housing sectors, is a central component of how we can achieve this ambition.

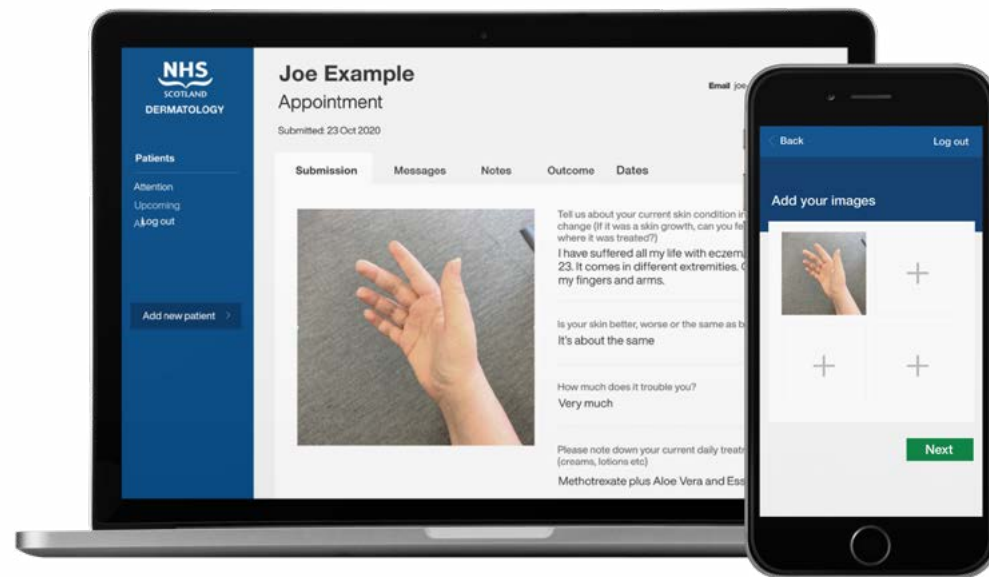
All this is about improving services for people. We recognise that people want services that are accessible and simple to use. They want them to be inclusive, designed around their needs and responsive to changes in circumstances. That is why we will ensure that

we are designing services around the needs of the people who use them and will support people to play a full and active part in this process from the outset.

## Remote Health Pathways: Digital Dermatology

This service lets people upload images of their skin and report on their condition from a convenient place and at a time that suits them. The service allows two-way messaging between the patient and

clinician and the information can be shared with people supporting the patient (where consent is given). It stops unnecessary travel to appointments and saves time for patients and staff.



## Supporting People At Home

Telecare services currently support around 182,000 people in Scotland to live independently and safely at home.

Telecare devices relay information from a person's home or community to a 24/7 monitoring centre, to be acted on in some way. Telecare services help prevent unsafe conditions developing and enable a quick response should an incident – such as a fire or a fall – occur. Monitoring centres in Scotland handle around 5 million calls each year.

The introduction of digital telecare will support a shift to a more proactive and preventative approach with the potential to integrate and use citizens' data to assess, anticipate and even predict needs enabling earlier intervention and improved resilience and wellbeing.



## Digital Mental Health Therapy Services

Eighteen evidence-based digital mental health CBT treatments are currently available covering a range of conditions such as depression and anxiety disorders. Supporting patients and Health and Care staff over 46,000 referrals and self-referrals have been received by digital therapy services in the last twelve months.

Treatment is completed in patients' homes at a time which suits them and is offered with minimal delay greatly increasing availability of service across the population of Scotland.



## Our Commitments:

To improve digital services we will:

- ◆ Develop a fully interactive 'Front Door', both online and via mobile, into a range of different services across health and care. This will be a way in to both digital and physical services across the statutory, third and independent sectors, making it more convenient to access timely services across a choice of channels.
- ◆ Continue to enable prevention, independent living and healthy ageing through the provision of digital services in the home, such as telecare and the use of smart sensors.
- ◆ Facilitate and develop opportunities for digital services as part of social care reform, including in support of residents in care homes and those in receipt of care at home.
- ◆ Enable people to book/rearrange appointments online, order prescriptions, update their details and generally conduct all routine 'transactions' online.
- ◆ Provide the ability for people to use digital products and services to manage their condition(s). This means being able to access health assessments, diagnosis, monitoring and treatments, making it an option for everyone with a long term condition to use digital tools.
- ◆ Expand the range of fully digital clinical and care services, treatment and support available, based on the latest evidence.
- ◆ Increase access to evidence-based digital mental health treatments, products and services. For example, build on computerised cognitive behavioural therapies (cCBT) to expand treatment choice, while enabling people to better manage their own mental health and wellbeing.
- ◆ Continue to look to bridge the digital divide by supporting the overall national approach to digital inclusion, building upon the success of the [Digital in Care Home Action Plan](#) and working to improve digital health literacy, including promoting the use of trusted online health and care information.
- ◆ Provide software which is intuitive, safe and supports work-planning across the health and care system.
- ◆ Ensure all staff have the devices and equipment they need to do their job, including the ability to work remotely/flexibly.
- ◆ Ensure there is one single and secure way for staff to sign in to clinical and care systems and data. This will both improve safe access, and ensure staff have the same experience of, and access to, core digital tools throughout the health and care system.
- ◆ Provide user-friendly, role-appropriate information and resources to support the individual being cared for.
- ◆ Develop and publish a framework for the development and implementation of digital services.
- ◆ Provide better access to appropriate data, to better analyse, understand and improve processes and services at different levels and better inform strategic planning priorities.

# Digital Foundations

## Priority three: The infrastructure, systems, regulation, standards and governance are in place to ensure robust and secure delivery.

Alongside our people and our services, digital technology provides the foundation on which our health and care system is built upon. Some of what we have needs modernising or improving. It might still be effective at doing what it was designed for but is not capable of supporting the way we want our modern integrated health and care system to function.

For people interacting with services, and for the staff who work in them, there still exists a fragmentation of experience across the system. We need aligned infrastructure, systems, regulation, standards, procurement and governance to be in place across all services to ensure their effective delivery. This extends to the standards that are used within those systems, and the cyber resilience of what is in place.

Addressing these issues means investing in the development of modern cloud-based infrastructure that adheres to today's standards, and is as secure and resilient as possible. We also need to make sure our systems comply with legislative standards. This includes the need to comply with regulatory requirements where some health and care software and digital products can be classed as medical devices. This approach will help ensure the best features of design, deployment, maintenance, monitoring, as well as the clinical/care safety, are present for our IT systems across health and care. Adhering to recognised global standards will also enable easier data sharing and privacy controls.

### National Digital Platform

A core commitment in the last strategy was to develop a 'National Digital Platform' (NDP). This is not a single product but a collaborative and integrated approach to delivering cloud-based digital components and capabilities that will play a significant role in our health and care digital ecosystem, underpinning our commitment to improve the availability and accessibility of health and care information and services. Whereas the 2018 Strategy had one section focusing on the NDP, in this version it is integrated throughout and is seen in the focus on new architecture, the development of a cloud strategy and the increased focus on shared standards.



And as we open up access to data and services, we will ensure we are only providing access to those who are able to prove they have the right to do so. This requires both our staff and our citizens to be able to authenticate/verify their identity. The roll out of Office 365 across much of the public sector – and all of the NHS – means staff now possess this capability. However, this is not the case for everybody in Scotland and for many of our partners in the third and independent sectors. This must be addressed if we are to achieve a fully integrated health and care approach for citizens.

A digital approach is about more than just the technology and systems, it is about a cultural shift toward thinking and planning as digital organisations. The Digital Maturity Assessments committed to in this strategy will provide the foundation for how we learn, share and prioritise improvements. An assessment of digital maturity undertaken in 2019 was a key early deliverable from the 2018 Strategy and the findings from the previous assessment have informed the content of this strategy.

By ensuring the correct digital foundations are in place in line with the commitments set out in this strategy, we can improve the overall experience for everyone who uses health and care services.



## SNOMED: digital working behind the scenes for staff and patients

**SNOMED** is a clinical coding system for use in electronic health records. **SNOMED** gives clinical and care IT systems a single shared language. It contains all the terms needed, from procedures and symptoms through to clinical diagnoses and medications. This enables data to be recorded consistently and accurately which, in turn, makes exchanging information between systems easier, safer and more accurate. We will roll out the use of **SNOMED** across Scotland. We will explore opportunities for its use in the care sector. There will be a strong focus on training and support for users to learn and use the new codes for patient care.

## Our Commitments:

- ◆ Work with the digital identity programme to adopt a common approach to online identity where personal data is controlled by the individual.
- ◆ Develop and provide support for organisations to have access to the basic resources required to develop as digital organisations.
- ◆ Review the current digital funding delivery model in Scotland to support all of our organisations, regardless of size, to reach their digital potential.
- ◆ Put in place a regular assurance process for reporting and regular discussions to support our organisations with planning, strategy development and other key decision making as appropriate.
- ◆ Further embed Office 365 across the health and care system, to support staff working across organisational boundaries so that they can better work in multi-disciplinary teams.
- ◆ Publish a cloud-first strategy that details our approach across health and care to national infrastructure, data hosting and architecture, including how the development of a digital platform will contribute to the twin aims of citizen and staff access to relevant real-time information.
- ◆ Develop and embed a standards based approach to clinical and care safety cases for all major systems.
- ◆ Publish, and review on a regular basis, details of our approach to ensuring compliance with a range of technical, data and design standards.
- ◆ Develop a commercial and procurement strategy that covers all national, regional and local approaches to developing and buying digital products, including requiring all suppliers to demonstrate their commitment to citizen/user needs/design.
- ◆ Modernise our core business systems to support our workforce and ensure safe staffing.
- ◆ Conduct digital maturity exercises across our health and care delivery landscape every two years, with funding to support identified areas of improvement, both nationally and locally.
- ◆ Develop a model for 'what good looks like' for Scotland, building on other maturity models globally, that showcases the incremental steps required for digital progression.
- ◆ Only fund initiatives that are secure by design: we will improve the security capabilities and resilience of our services by protecting the digital systems that support Scotland's health and care infrastructure and essential services and ensuring a secure-by-design approach is adopted across the supply chain.
- ◆ Streamline the information governance landscape setting out the roles of key organisations, and building on our learning from the response to Covid-19.

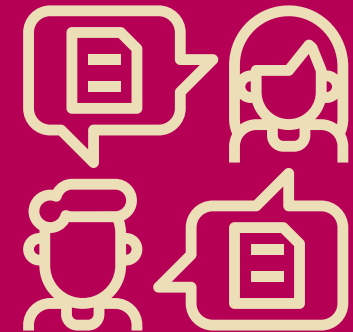


# Digital Skills and Leadership

## Priority four: Digital skills are seen as core skills for the workforce across the health and care sector.

The success of digital transformation is entirely reliant on people's ability to know when, why and crucially how to use digital. Workforce development in digital skills, leadership and capabilities across the whole health and care sector underpins the successful uptake and use of digital technologies. The delivery of safe and effective care demands it – from the specialist skills that are essential for the development and running of our digital systems, to the core skills that all frontline health and care professionals need to fully realise the benefits that these systems offer. This is more than developing skills of staff across the sector in relation to technical skills, though this vital, it is also about how staff engage with people who use health and care services.

In order to embed digital transformation, leaders across health and care must be equipped with the necessary digital skills. That extends to the skills required to identify where digital could be used, rather than just how to use digital. This requires us to continue building knowledge and skills within the health and care system to support and deliver digital transformation. This starts from the top of an organisation, from Board-level down.



## Our Commitments:

To support digital leadership we will:

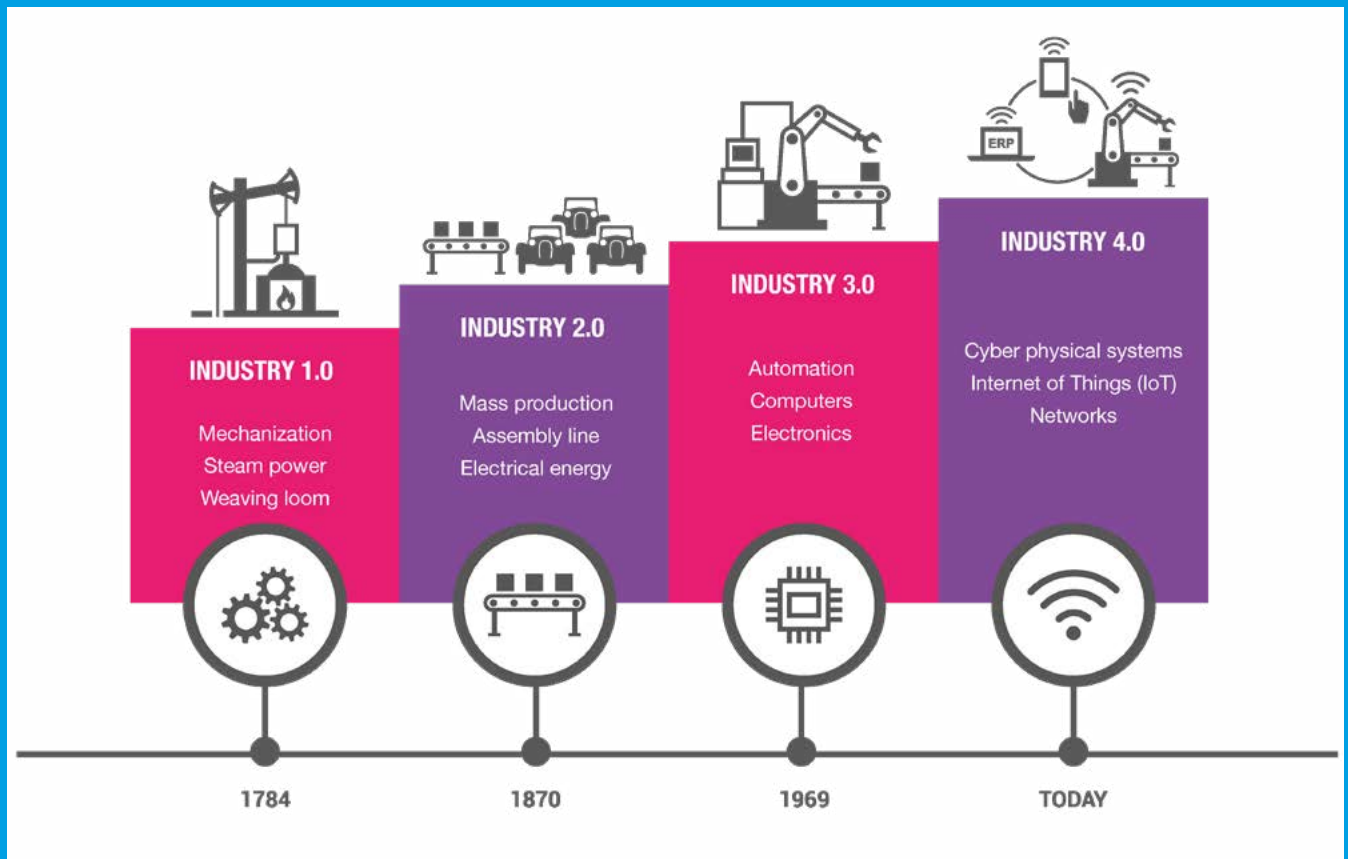
- ◆ Work with and support senior leaders (including executive and non-executive directors) to gain and further develop the skills to embed digital technology and literacy across their organisations. This means understanding of the potential implications of the digital agenda and increasing the confidence and capability to harness the opportunities it provides.
- ◆ Support and further develop and expand our specialist digital, data, design and technology (DDAT) professional workforce, including those working in clinical and care informatics, and information governance and cyber security professionals, ensuring that there is the appropriate level of leadership, skills and capacity, and an appropriately trained and resourced specialist workforce with career development opportunities across the system to support the design and delivery of enhanced digital services.
- ◆ Invest in information governance (IG) and cyber skills across our entire workforce by developing appropriate tools and training resources.
- ◆ Ensure all staff possess the essential digital skills they need to do their job. This includes providing consistent and tailored digital skills learning and development on accessible platforms for all health and care staff incorporating blended training approaches as necessary.
- ◆ Prepare the workforce to deliver different types of services in different (online) ways. In addition to digital skills this includes recognising cultural barriers, supporting citizens to use digital technology, applying safeguarding measures and support on-line.
- ◆ Equip our staff with the ability to understand and interrogate data-driven recommendations and decision support tools, including those powered by Artificial Intelligence.
- ◆ Further develop communities of practice and our learning network, sharing and learning together on what works and what does not.
- ◆ Consider the impact of digital technology on the workforce, including ways of working, job roles and responsibilities.
- ◆ Build on our collective response to Covid-19 by further developing and embedding approaches that enable flexible remote working for health and care staff.
- ◆ Work with our universities and colleges to shape the future workforce by ensuring curricula prepares students for a digitally enabled health and care environment and ensures graduates of the future for whom digital is a core skill.
- ◆ Ensure the Turas platform provides staff across health and care with the information they need.

# Digital Futures – Innovating and Enhancing Our Digital Nation

**Priority five: Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.**

Advances in technology, and the growth in its use, means we need a constant focus on what is coming next. Scotland is well placed to support the development, design, testing and – ultimately – the adoption of new technology. This ranges from advances in artificial intelligence (AI), 5G, Internet of Things (IoT), through to the apps, tools and products that we increasingly use in our everyday lives, such as smart connected devices in the home and the ever more powerful devices in our pockets.

How we work with and influence some of these important developments in technology will be key to ensuring that they put public wellbeing at their core. This will rely upon shared knowledge, expertise and understanding across a wide range of sectors. Scotland's Innovation Centres will play a key role, whilst continued knowledge



exchange and international collaboration can help us embrace new technologies that support our workforce, our people and our wider strategic ambitions.

We will seek to maximise opportunities for a pipeline of innovation through supporting the adoption and scaling up of initiatives that have the potential to reduce the already heavy burden on our workforce. This will also create new jobs and roles of tomorrow and strengthen how people interact and engage with health and care services. In keeping with our focus on getting it right for people and challenging inequalities, we will be mindful of the potential inherent biases being embedded in technology, whilst being rightly excited by the potential of advances in areas such as the use of AI to support fast diagnosis and prognosis for a growing range of illnesses.

## Our Commitments:

We will:

- ◆ Continue to place Scotland at the heart of international digital health and care business development with successful collaborative bids for UK, European and International funding opportunities to drive innovation locally and globally.
- ◆ Work with organisations including DHI and other Innovation Centres, 5G Centre, Centre for Cyber Resilience, Centre for Sustainable Delivery, and Public Health Scotland to realise the potential of digital health and care.
- ◆ Enhance our industry networks and clusters, collaborating to support our small and medium enterprises (SMEs) to be innovative and offering a clear product route from development to implementation at scale.

- ◆ Provide a permanent digital testing environment that allows potential new technology to be developed and tested in a safe environment, whilst providing greater opportunity for success.
- ◆ Provide an assurance process to ensure digital innovations are developed in an ethical, standards-based way.
- ◆ Promote and facilitate appropriate, safe and secure access to clinical, biomedical, care and other data for approved research, development and innovation in the public interest.



# Data-Driven Services and Insights

## Priority six: Data is harnessed to the benefit of citizens, services and innovation.

People wonder why their health and care records don't move with them when they move. They are surprised that hospitals and GPs can't share medication lists, or that their doctor doesn't link with their care support worker to coordinate support. They get frustrated that they are asked the same questions at every appointment with different workers in different parts of the health and care system. Data about an individual is often held in multiple different places, making it difficult for people providing support across health and care to access the most relevant, up-to-date information. This makes effective delivery of care, and continuity of care across different service providers and over time as care needs change, more challenging than it

needs to be. It also hampers planning and development of services, research, and continuous improvement.

If digital is the engine of our health and care system, data is its fuel. In our 2018 Strategy, we recognised the importance of data, particularly in relation to opening up access to citizens and staff, and how we managed access to health and care data for research and innovation. However, whilst we have some of the best world-class data resources at our disposal, there remain considerable data gaps and we are information poor in a number of areas. Covid-19 has exposed real gaps across health and social care which hindered the response to Covid-19. These are gaps we must address. There is also poor data collection in areas such as ethnicity and

inequalities, which has hampered our ability to design appropriately targeted support and to fully understand the impact of Covid-19 on different ethnic groups. As dependencies on AI and new algorithms to support health and care decision making grow, this will likely highlight further gaps that need to be addressed.

For example, aligned with our Women's Health Plan ([Women's Health Plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/women-s-health-plan)), the gender data gap and its increasingly well documented detrimental impact on the delivery of high-quality timely healthcare, from diagnosis through to treatment methods, is a known gap in many areas that needs to be addressed.

While we have a wealth of data that exists through clinical trials on the safety and general efficacy of specific medicines/drugs, we need to better understand the real-world impact of our medicines, the outcomes they are facilitating, and an understanding of what drugs work best for which people.

Information Governance (IG), assurance, and cyber and data security lie at the heart of the work we do – without it data will not flow across the services, and people will not feel trust in our ability to keep data safe. This strategy depends on the development of a consistent and national approach to our IG landscape, and a clearly defined set of cybersecurity assurances will be at the heart of the Data Strategy. This strategy and accompanying programme of work, will set out how we improve access to data and digital technologies, resolve inconsistencies in decision-making and collectively manage risk, all built around citizen choice and control. This will resolve issues of lengthy waits to access data, improve our security capabilities, and help individuals to take ownership of IG.

## The Shielding List: good data can save lives

At the outset of the pandemic, we knew we needed to protect our most clinically vulnerable members of society. To do this, we created a national 'Shielding List', based on criteria agreed by the UK's four Chief Medical Officers. It quickly became clear, however, that implementation was going to be a challenge. Being able to identify, and notify, individuals at risk at a national level was not straightforward as there were differences in approach across different

health boards to recording data. This meant there was a need for urgent work to develop coding to generate the necessary data rapidly at a national level. There is now a well-functioning approach to identifying and notifying patients deemed to be at highest risk. Nonetheless, underlying issues of inconsistent coding remain – which our renewed focus on standards and a commitment to fully implement SNOMED (see page 19) will seek to resolve.





**That is why this strategy commits to the development of Scotland's first-ever dedicated Data Strategy for Health and Social Care.**

This will include detailed consideration of how to increase citizens' trust and transparency in data sharing, how to unlock the value of health and care data and how the tricky challenges around safeguarding our data can be addressed, as well as consider aspects such as ethics, standards, relationship with industry and legislative requirements.

Key to successful delivery of the Data Strategy will be the ongoing public and professional dialogue that will be required throughout the process, building on our work over the past few years with NESTA on [Data dialogues](#) and in line with our Open Government commitments. Through NESTA, we are in the process of refining an online dialogue tool, and will utilise the research conducted through the data dialogues programme on approaches to participatory public engagement (e.g. immersive theatre, gamification, pop-up interactive exhibitions). Public trust in what we are doing, and growing public understanding in the value of data, is essential.



The Data Strategy will lay the groundwork for a radical shift in the power dynamic between the 'state' largely controlling how and when data is used, to one where citizens are in far greater control over their own data. Although we are talking about a Data Strategy for Health and Social Care, it will also encompass data from any sources that can better improve individual outcomes. Whilst that is the principal aim, we are also looking at improvements in how data is used more broadly. These include but are not limited to service delivery, innovations, research and economic benefits. The strategy will also outline the skills, information governance, legal and standards frameworks that need to be in place.

## Dialogues about data

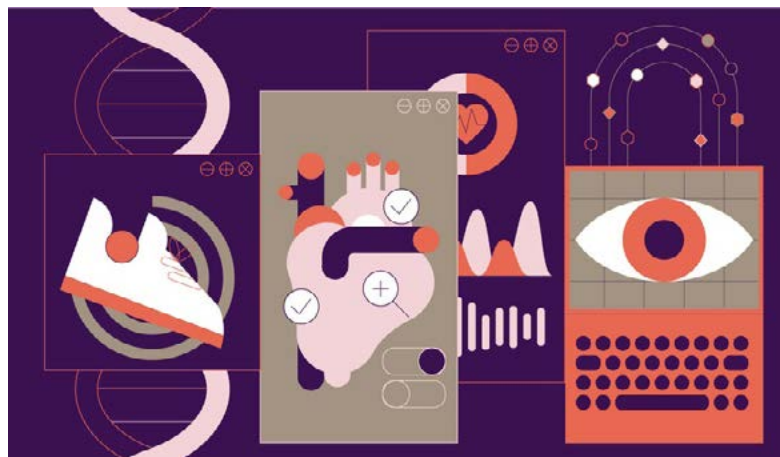
Our work with NESTA, and research elsewhere, suggests people have a complex relationship with data.

Some people recognise the value of sharing their data to improve the services they receive. Some people don't have a strong need for data sharing solutions and they don't recognise an immediate benefit to their lives. They are concerned with more abstract issues of autonomy, and worry about losing control of their own decisions.

Some think that data will only be used against them. In some cases this fear is

abstract but others have suffered at the hands of the system, have experienced prejudice in their healthcare, and feel the system isn't designed to help people like them. On the other end of the spectrum some people want their data to be shared all of the time, but most people sit somewhere in the middle.

It is important for some people to know how their data is being used to help people and that proper protections are in place to ensure an ethical and equitable system.





# Our Standards

## We are committed to developing and delivering services in an ethical way.

To support this ambition, we will publish a detailed standards document that establishes what is required to deliver secure, interoperable systems across health and care. These standards will direct and assure how data, including clinical data, is coded, stored and flows across the system, and how systems should be designed. We will modernise regulation and legislation where required to maximise the progress and benefits of digital technology. However, what the system looks like, and what services are developed, will be guided by the following standards.

1. Start with the [Scottish Approach to Service Design](#), so that the people of Scotland are supported and empowered to actively participate in the definition, design and delivery of their public services.
2. Develop using the [Digital Scotland Service Standard](#). This is the service standard that aims to make sure that services in Scotland are continually improving and that users are always the focus. It is made up of 14 criteria for all organisations in Scotland to work towards – including building in security and privacy from the start.
3. Use internationally recognised open technical standards to improve interoperability and workflows between systems. We will look to publish open source code where possible to support wider use of the software developed in Scotland.
4. Ensure clinical safety and security of our systems are embedded throughout, noting that all software classed as a medical device must be compliant with current UK regulations.
5. Build on [Scotland's Digital Participation Charter](#) to ensure that all employees and people across Scotland are able to develop the essential digital skills they need to do their jobs, live their lives, and use different digital services with confidence.
6. The technical and data standards we publish will be a core requirement for the digital systems we procure and develop.
7. Robust ethical and impact assessments will be conducted to ensure that we are trustworthy and transparent in the way we work.

# Aligning Our Work to Scotland's Priorities

Scotland's National Performance Framework (NPF) sets out our vision for how we create a more successful Scotland. It focuses on how the wellbeing of people living in Scotland can be increased across a range of economic, social and environmental factors. Most obviously, this strategy contributes to this vision in the areas of 'we are healthy and active', and 'we live in communities that are inclusive, empowered, resilient and safe', but it does more than that. For example, there are environmental advantages to embracing digital technology within health and care, such as a decrease in travel for both citizens and the workforce and therefore a decrease in carbon emissions. Our innovations in digital health and care contribute to the sustainability of our national economy as well as to achievements in the international arena. The potential for digital health and care solutions to contribute to the reduction in inequalities is also considerable.

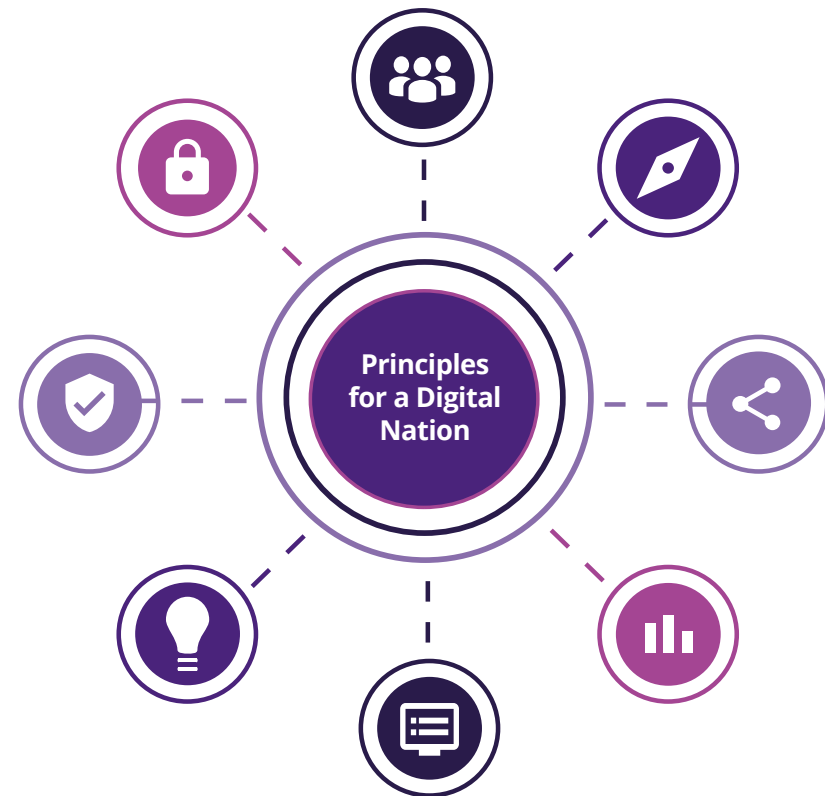
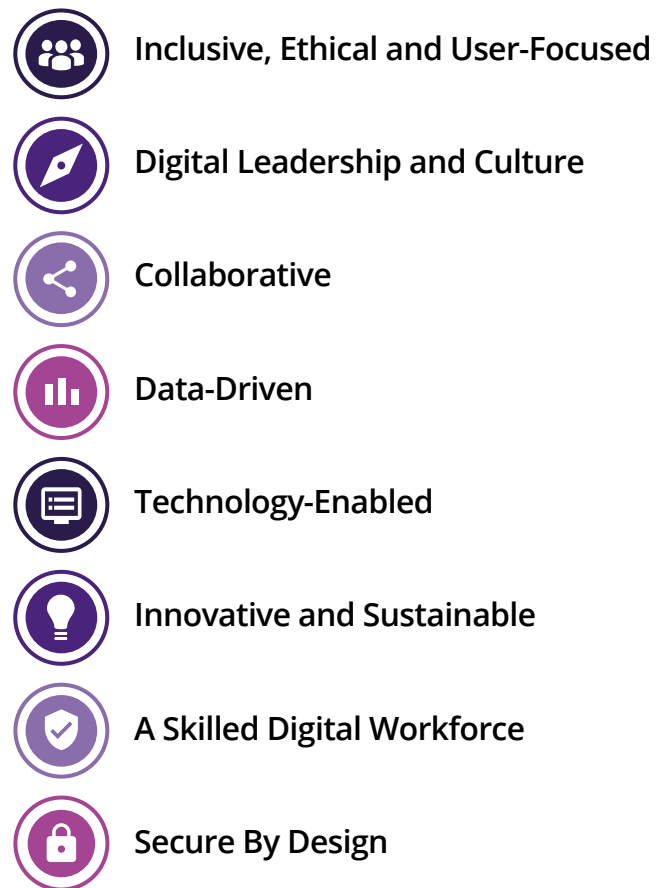
Further detail on the National Performance Framework can be found at [National Performance Framework](#)

## National Performance Framework



### This strategy is nested within the overall Digital Strategy for Scotland

([A changing nation: how Scotland will thrive in a digital world - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/a-changing-nation/how-scotland-will-thrive-in-a-digital-world/pages/11-to-14.aspx) and confirms how our health and care services will adopt and embed its approaches. Central to this are the eight Principles of a Digital Nation which are threaded throughout the document.



# From Strategy to Delivery

A key requirement of the 2018 Strategy was to establish a national leadership structure to support the roll-out of the strategy and ensure it achieved its aims. This is now in place, and overall delivery of this strategy is directed by a national decision making board made up of executive representatives of the Scottish Government, Local Government and the NHS – the Digital Health and Care Strategic Portfolio Board – who identify and agree the priorities for development and improvement. This Board is supported by a cross-sector Digital Citizen Delivery Board, a Data Board, and an Enabling Technology Board, with external independent critique and challenge provided by an Equalities and Inclusion Group for Digital Health and Care. It is intended that all national digital developments and proposals for health and care will go through this governance structure, which will also provide technical and design assurance.

We will transform our culture and the way we work through digital thinking, with its emphasis on openness, networking and agility. Trust, transparency and collaboration, in line with our Open Government ambitions,

are also essential to this.

This strategy will go further than our 2018 Strategy by introducing a rolling three-year delivery plan, updated each year from April 2022, recognising that the transformation required is rooted in the ‘how’, and not the ‘what’ or the ‘why’. This delivery plan will confirm what our priorities for delivery are, what outcomes are expected to be achieved, who has been tasked with delivery, what budget has been allocated to the work and how success will be measured. It will be developed alongside a clear approach to commissioning and benefits realisation. It will outline in detail which parts of this strategy will be achieved at local, regional and national level.

We will need digital solutions as we begin to recover and rebuild as a society post pandemic. We have to address long-standing issues such as an ageing population, stalling healthy life expectancy, persisting health inequalities and a drugs death crisis. Additionally, as a result of Covid-19 there are additional mental health challenges, long-Covid and the population health impact of

the treatment backlog. We will not meet these challenges without digital being part of the solution. As can be seen throughout this refreshed strategy, the rapid – and unexpected – growth in digital technology has led to a desire to do much more, including moving towards a more overt ‘digital choice’ approach to the design and delivery of public services.

Successful delivery of this strategy has the potential to provide greater choice and control for people in how they are able to access services, and manage their lives, but also represents a need for a fundamental shift in organisational mind-sets and approaches to how services are delivered.

People want and expect their services to join up and ‘speak’ to each other and it is important that we break down the barriers which hinder this integration. Also, while health and care support takes place in a variety of health settings it also takes place in the community, in people’s homes or in places like libraries and community hubs. This refreshed strategy recognises this as we plan the services of the future.



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# Care in the Digital Age: Delivery Plan 2022-23

## Delivery Plan 2022-23

This is a national delivery plan. It describes the activities under way that are supporting local Health Boards, Health and Social Care Partnerships, local authorities, Primary Care, social care, social work, and care providers to offer new or improved services – with better systems and infrastructure, or because they can now offer access to digital services and products. This plan follows directly from the publication of our strategy ‘Care in the Digital Age’ (October 2021). This responded to the widespread use of digital solutions to meet health and care needs during the early days of the coronavirus pandemic. This also recognised changed public views on using digital to access health and social care services, and how digital can be used to help improve people’s health and care in Scotland. This plan will be updated again by April 2023 taking account of the budget available for 23/24 and further opportunities to support and accelerate reform.

**Our vision is to ‘*improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services.*’**

Our Strategy has three aims, which are underpinned by six linked workstreams. This Delivery Plan demonstrates how we are progressing our aims through each of the workstreams, noting the work ongoing in 2022-23 and signalling how we will make choices within available resources during 2023-24 and in future years. It takes account of the shifting needs of the health and care system as it emerges from the pandemic, the development of the care and wellbeing portfolio, and the ever-shifting creativity of new technology.

- ◆ **Aim 1:** Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.
- ◆ **Aim 2:** Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology in order to improve the delivery of care.
- ◆ **Aim 3:** Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

To achieve our aims, and ultimately our vision, we are focusing on six priority areas:

**Digital access:**

- ◆ People have flexible digital access to information, their own data and services that support their health and wellbeing, wherever they are.

**Digital skills and leadership:**

- ◆ Digital skills are seen as core skills for the workforce across the health and care sector.

**Digital services:**

- ◆ Digital options are increasingly available as a choice for people accessing services and staff delivering them.

**Digital futures:**

- ◆ Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

**Digital foundations:**

- ◆ The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

**Data-driven services and insight:**

- ◆ Data is harnessed to the benefit of citizens, services and innovation.

# Our Dynamic Delivery Context

This Delivery Plan recognises the unprecedented economic upheaval of the past few months: much like the 2022 Programme for Government, although we cannot guarantee that increased uncertainty and rising costs will not impact our plans, our ambition and our intentions to deliver on our Strategy are unchanged.

Although our ambitions and intentions are unchanged, the unique pressure our health and social care system continues to be under – with winter 2022/23 expected to be one of the most challenging our NHS and social care sector has ever faced – has led to a necessary change in priorities. Some actions detailed therefore focus on those immediate priorities that we believe should be driven forward with urgency in the face of current challenges.

This includes ensuring that Health Boards, local authorities, independent and third sector social care providers, are supported to take the steps required to ensure that contingency measures are in place where necessary, recognising the appropriate use of digital and data can support preparations this winter. Some of this work is foundational – maximising investment in Microsoft Office 365 to support the integration of NHS and local authority teams, enhancing the digital monitoring capabilities of Hospital@Home services, as well as supporting the availability of Near Me video consultations – and some offers long term transformation opportunities.

This re-prioritisation to focus on system pressures has meant we have had to scale back some of our activity. For example, whilst we are on track to deliver our Programme for Government commitment on digital prescribing by 2025, we have re-phased the delivery of programme milestones. We also have to flex to respond to emerging situations, such as the recent

cyber attack on one of NHS Scotland's key suppliers. This necessitates significant investment in time, effort and resources in alternative ways of working and in the work required to safely restore affected systems, all of which impacts on planned programmes of work. This flexibility means that the plan is a dynamic one.

This first Delivery Plan does not address every commitment in our Strategy. Instead, we have focused on activities that will make a difference to people using and delivering health and social care services. We have also highlighted 'behind the scenes' work likely to lead to a direct change in health and social care over the next 12 to 24 months. We also show examples of the work we are doing to support local service providers, such as Health Boards and local authorities, to improve the services they offer.

It is not, however, a 'crisis' response plan – it also confirms the important foundational activity being invested in for long-term transformation. As such, it has been fully developed to integrate with the Care and Wellbeing Portfolio of Scotland's health and care services. This is a wider area of work aiming to improve healthy life expectancy, achieve fairer outcomes, and reduce health inequalities, all enabled by the use of digital. This overall mission for our health and care services lines up with the existing vision of 'Care in the Digital Age' to 'improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services.'

The work of the Scottish Government's Digital Health and Care Directorate will be fully integrated with the Care and Wellbeing Portfolio, and this will be evidenced in each of the Portfolio's annual delivery plans. A digital approach is about more than just the technology and systems; it is about a cultural shift toward thinking and planning as digital organisations. By ensuring the correct digital foundations are in place in line with the commitments set out in our Strategy, we can improve the overall experience for everyone who uses health and care services. We will separately produce an illustration showing how our work maps to the Three Horizons, a common model and language of change that brings both our Digital Strategy and the Care and Wellbeing Portfolio alive. It will highlight the work prioritising the here and now, whilst showing the transformational programmes that lead to our long-term aims being realised. Work is under way on developing a critical path that charts the key technological and other developments that are necessary to achieve the third horizon, and what can be expected and by when. This, along with a sharper focus on innovation and prioritisation, will form the basis of the 2023-24 Delivery Plan.

# Digital Access

## Priority One: People have digital access to information, their own data, and services which support their health and wellbeing, wherever they are.

Ensuring digital access for all is an essential element of shifting the focus of health and care systems from crisis intervention towards prevention, early intervention, enablement, and supported self-management. Achieving our ambitions will support people to not only access support, but to manage and control their own health and care needs, with a collective focus across all programmes on inclusion and engagement.

| What we will deliver  | Why we are doing this  | Who is leading this work                               | When it will be delivered by                                    |
|---|--|--|---|
| Continue to expand opportunities to embed, and grow the use of, <b>Near Me</b> in NHS services and key priority areas, including women's health services and group consultation services. | To improve access and choice and to increase resilience in health services. To provide additional functionality within Near Me to support group treatment programmes in mental health, educational type interventions and explore the use of group clinical consultations to reduce waiting times. | Scottish Government                                    | Ongoing spread and scale, with shift to core business activity. |
| Re-procurement of the <b>Near Me</b> Video platform ensuring effective transition.  | To ensure a sustainable cost-effective model is in place for all NHS providers of video enabled services and those across the public sector who use Near Me.   | Scottish Government and NHS National Services Scotland | March 2023  |

| What we will deliver  | Why we are doing this  | Who is leading this work  | When it will be delivered by   |
|---|--|---|--|
| Ability for people to have the choice for a video appointment with social work.   | To improve remote access to social care for people using services and families through service re-design by embedding Near Me as part of the toolkit within Social Work Scotland (SWS).  | Scottish Government and Social Work Scotland                                      | March 2023   |
| Public transparency on, and access to, planned care and outpatient <b>waiting times information</b> for their local services.   | By making planned care and outpatient waiting times and data available to the public on NHS inform, this will enable them to be better informed of their care and to help manage public expectations.  | NHS 24  | Completed September 2022, now available at <a href="https://www.nhsinform.scot/waiting-times/">https://www.nhsinform.scot/waiting-times/</a> |
| A prototype online <b>'symptom checker in your pocket' app</b> deployed to deliver existing <b>NHS inform self-care guides</b> as well as signposting people to their nearest GP/Pharmacy/Dentist/Optician/Hospital using the Scottish Service Directory. | It is anticipated that a 'symptom checker in your pocket' will enable people to take charge of their own health, have an increased knowledge of how and where to access help and support, and reduce pressure on NHS Scotland services by providing tools for appropriate self-care. | NHS24   | Initial product October 2022   |
| Launch a digital inclusion programme with a focus on mental health and housing.   | To support the increase in access to a range of health and care services through digital, raising awareness and digital skills for people who could benefit most.  | Scottish Government and partners, and Scottish Council of Voluntary Organisations | March 2023   |

# Digital Services

## Priority Two: Digital options are increasingly available as a choice for people accessing services and staff delivering them.

The way care is delivered is changing, with an increasing number of services becoming digital, either fully or in part. These range from basic services such as ordering repeat prescriptions, booking appointments and accessing trusted online information, to the digital tools and products to help people manage their own health and wellbeing at home. Over the coming years, digital services will become the first point of contact with health and care services for many people, and will inform how many will choose to engage with health and care services on an ongoing basis.

| What we will deliver  | Why we are doing this   | Who is leading this work | When it will be delivered by |
|---|---|--------------------------|------------------------------|
| Expand capability to deliver self-management resources, advice and guidance through <b>improvements to NHS inform</b> to allow focused support for mental health. Expansion of <u>Mind to Mind</u> with additional functions and resources. | Supports ongoing opportunities for self-management, prevention and mental wellbeing with access to low-level digital mental health therapies and other interventions.   | NHS 24                   | September 2023               |
| Increased self-management opportunities for people with high blood pressure by further modernising and expanding our ' <b>Connect Me</b> ' service to all primary care settings for management of hypertension.                             | To reduce face-to-face appointments and clinics, freeing up clinician time, allowing citizens to take more control of their conditions, and improving access to services. Improved outcomes for citizens, more advanced technology. | Scottish Government      | March 2023                   |

| What we will deliver  | Why we are doing this  | Who is leading this work  | When it will be delivered by |
|---|--|---|------------------------------|
| The ability for local services to offer to their patients new nationally-consistent pathways for <b>at-home monitoring</b> of a greater range of long term conditions such as COPD, heart failure and asthma. | To reduce face-to-face appointments and clinics, allowing people to take more control of their conditions and freeing up clinician time.<br><br>Increased self-management and improved access to services. Improved outcomes for citizens. | Scottish Government, Centre for Sustainable Delivery, Health Boards | March 2023                   |
| Implement the digital approaches in social care programme including the <a href="#">Care Home Action Plan</a>   | To support people in their own homes and in supported housing, improve access and support to people in care homes, aid wellbeing and maintaining independence, and thereby keep people out of hospital.                                    | Scottish Government, local authorities, care providers              | November 2023                |
| Ability for people to refer themselves to <b>digital mental health therapies</b> for common conditions include depression, anxiety and insomnia.  | Improving accessibility and increasing access to evidence-based psychological treatments.  | Scottish Government, NHS 24 and Health Boards                       | January 2023                 |
| Greater access to <b>mental health</b> CBT treatment for <b>young people</b> .  | Support CAMHS services by providing young people access to digital therapies for anxiety and low mood.   | Scottish Government, NHS Education for Scotland and Health Boards   | March 2023 onwards           |



| What we will deliver  | Why we are doing this  | Who is leading this work                                    | When it will be delivered by  |
|---|--|---|---|
| Introduce new workforce models that increase capability and capacity to deliver <b>digital mental health therapies</b> in Health Boards through the development of 'digital therapy teams.' | Enable the further expansion of digital therapy services through that support local provision of psychological services while greatly increasing access to CBT treatment.  | Digital Mental Health Programme and Health Boards           | March 2023  |
| Implementation plan for an October 2023 first release and a three-year roadmap/investment plan for the <b>Digital Front Door</b> that includes options for accelerating delivery.           | <p>The Digital Front Door will support the citizens of Scotland to access a wide range of self-served health and social care services from a common digital source.</p> <p>It will help people to access services and their own health information directly.</p> | Scottish Government   | <p>Investment Plan – March 2023</p> <p>Release 1 – October 2023</p> |
| Establishing the digital contribution to the reduction of <b>drug-related harm</b> in Scotland.   | Improve digital inclusion, and design digital solutions that better meet people's needs, to improve the health outcomes for people who use drugs, reducing the risk of harm and death.   | Scottish Government<br>Digital Health and Care and partners | March 2023  |

| What we will deliver  | Why we are doing this   | Who is leading this work                                     | When it will be delivered by |
|---|---|--|------------------------------|
| Improvements to <b>telecare services</b> , such as greater use of proactive wellbeing calls by alarm receiving centres to telecare users.   | To increase people's quality of life at home and in their communities through more proactive support, ensuring needs are met by the right service at the right time, driving up quality standards and supporting the development of preventative and predictive services based on intelligence born from better use of telecare and other datasets. | Scottish Government, COSLA, Local Government Digital Office  | December 2023                |
| Improving links between <b>fire safety and telecare services</b> including publication of new guidance, clarify the responsibilities of telecare services in relation to the new legislation, developing guidance and supporting good practice in implementation. | Increase standardisation of service to drive up the safety, effectiveness and efficiency of telecare service delivery, safeguard telecare customers and improve the experience and outcomes of people in receipt of telecare.   | Scottish Government and the Scottish Fire and Rescue Service | December 2022                |
| Implement the Phase 2 TECH in Housing programme.  | Facilitate the development of sustainable, effective and efficient person-centred services that will improve people's health and wellbeing.   | Scottish Federation of Housing Services                      | March 2024                   |

| What we will deliver  | Why we are doing this   | Who is leading this work  | When it will be delivered by |
|---|---|---|------------------------------|
| Establish national decision support service, building on the <a href="#">Right Decision Service</a> . | <p>To provide validated evidence and guidance for health and care staff.</p> <p>To embed evidence within day-to-day tools and processes, to make it easy for professionals and citizens to access, so that they can make the best possible decisions about health and care.</p> | Scottish Government and the Digital Health & Care Innovation Centre (DHI) | March 23                     |

# Digital Foundations

## Priority Three: The infrastructure, systems, regulation, standards and governance are in place to ensure robust and secure delivery.

Alongside our people and our services, digital technology provides the foundation on which our health and care system is built. Some of what we have needs modernising or improving. Addressing these issues means investing in the development of modern cloud-based infrastructure that adheres to today's standards, and is as secure and as resilient as possible. We also need to make sure our systems comply with legislative standards. This covers a huge amount of work 'behind the scenes' that is needed to modernise our health and care systems. From providing over 160,000 staff with up-to-date Microsoft Office software, to exploring the use of ultra-high definition medical images for diagnosis and treatment of diseases such as cancer, this work is critical to safe and effective delivery of care. Ultimately, better systems can lead to faster diagnosis and more targeted treatment, improving life chances. An Enabling Technology Board oversees these large technical programmes.

| What we will deliver  | Why we are doing this   | Who is leading this work | When it will be delivered by   |
|---|---|--------------------------|--|
| Conduct second national <b>Digital Maturity</b> exercise with health and care organisations | Building on understanding of baseline exercise in 2019, to contribute to identifying priorities and areas requiring additional support and development. | Scottish Government      | Snapshot of priority areas by March 2023<br>Full exercise by June 2023 |

| What we will deliver  | Why we are doing this  | Who is leading this work  | When it will be delivered by  |
|---|--|---|---|
| A <b>Cyber Centre of Excellence</b> (CCoE) to continue to improve the security of NHS systems and grow our specialist cyber workforce – helping to protect people’s data and services.  | To enhance the response to security threats and drive excellence through continuous improvements by focusing on key enablement pillars including Centralised Security, 24/7 Monitoring, Threat Hunting, Incident Response and Training and Awareness.  | NHS National Services Scotland  | Operational charter to be completed by end of 2022.   |
| The Security of Network and Information Systems (NIS) Regulations <b>audit lifecycle</b> , which will continue to assess on a yearly basis all NHS Scotland health boards, <b>cyber resilience practices</b> and improvements. The findings from the yearly audits/reviews help to inform the strategic direction by focusing on mitigating practices for the areas of greatest risk. | To protect our critical infrastructure and the data held within it, and to comply with the <a href="#">NIS Regulations 2018</a> . These set out standards which all NHS Scotland health boards (Operators of Essential Services) must comply with. These standards cover managing security risk, defending systems against cyber-attack, detecting cyber security events, and minimising the impact of cyber security incidents. These are all currently assessed against the Scottish Public Sector Cyber Resilience Framework (PSCRF). | Scottish Health Competent Authority, which is a Scottish Government function on behalf of the Scottish Ministers<br><br>PSCRF – Scottish Government Cyber Resilience Unit | Ongoing audit lifecycle programme of work which commenced 2020<br><br>PSCRF revised version due November 2022 |

| What we will deliver  | Why we are doing this   | Who is leading this work       | When it will be delivered by  |
|---|---|--------------------------------|---|
| The ability for Health Boards to offer new, more advanced systems for GP practices through the national ' <b>GP IT</b> ' programme. | These will speed up some admin tasks, lead to better recording of health information and allow different teams to work more closely thanks to greater ability to share patient records, and remote and mobile access. It introduces more features designed to support patients, such as advanced appointment functionality. | NHS National Services Scotland | First deployment from July 2022<br><br>All Health Boards have selected an accredited system by end January 2024<br><br>Rollout to all GP practices targeted for June 2026 |
| An improved <b>hospital bed management system</b> in critical care.   | This will allow for better planning and co-ordination of critical care capacity, including efficiency gains through automated and timely reporting to Public Health Scotland.   | Public Health Scotland         | Deployed September 2022   |
| Expanding our <b>National Clinical Data Store</b> .   | Enhancing the ability to capture data once and share it many times, building on work on COVID-19 vaccination records through adding further data such as different vaccinations or medicines taken.   | NHS Education for Scotland     | Continuous expansion, with travel vaccinations included from September 2022   |

| What we will deliver   | Why we are doing this  | Who is leading this work   | When it will be delivered by  |
|--|--|----------------------------|---|
| Implement a new <b>Inventory Management System</b> (IMS) as part of the wider 'Scan for Safety in Scotland' programme.   | To improve tracking of medical equipment and medical devices across Scotland.  | National Services Scotland | Inventory Management System (IMS) rollout completed March 2023.<br>Medical Device Data Hub designed March 2023. |
| Fully implement <b>Hospital Electronic Prescribing</b> and Management Administration (HEPMA) systems across Health Boards.   | Digital approach to prescribing within Acute Care to improve patient safety, better manage drug stocks, and reduce paper.  | Health Boards              | December 2025   |
| Enhanced <b>diagnostic capability</b> . This includes replacing Scotland's Picture and Archiving Communications System (PACS), which stores all radiography images so that they can be viewed from anywhere, in any hospital, in any Health Board. | The new PACS will support fast access to images from any location, providing opportunities for improved utilisation of scarce radiology resources, making images accessible for safe patient care and supporting the development of innovations such as artificial intelligence. | National Services Scotland | Procurement to conclude December 2022, contract award May 2023  |

| What we will deliver   | Why we are doing this  | Who is leading this work  | When it will be delivered by      |
|--|--|---|-----------------------------------|
| A new, faster, private, and secure public sector broadband service via the <b>'Scottish Wide Area Network'</b> (SWAN) will start rollout in April 2023, with full coverage complete by 2026.   | This will support increasing use of online services, the transfer of greater amounts of data for better patient care, and provide greater resilience in our systems across the public sector.            | National Services Scotland  | April 2023 onwards                |
| A modern <b>master patient management system</b> to hold and protect data that identifies individuals – known as the Community Health Index (CHI) – that provides individual patients with their unique CHI number, used by all parts of the health service. | To upgrade and modernise our core patient demographics infrastructure, so that services always know who an individual patient is, and can match their health information to their core health record.    | National Services Scotland  | June 2023 onwards                 |
| Supporting the transition and rollout of <b>Analogue to Digital Telecare.</b>  | To mitigate the risk to citizens with analogue telephony switch off and ensure response services remain resilient.   | Local Government Digital Office   | To be achieved nationally by 2025 |
| National procurement of a shared cloud-based <b>Alarm Receiving Centre</b> technology solution to expedite Telecare service providers' transition to digital telecare, and drive innovation.   | This solution will increase resilience, allow adopting providers to take advantage of shared routes to implementation of new technologies, improve access to data, and open new service delivery models. | Scottish Government, Local Government Digital Office and Scotland Excel | June 2023 Onwards                 |



| What we will deliver   | Why we are doing this  | Who is leading this work   | When it will be delivered by            |
|--|--|--|---|
| 'Federated' collaboration of <b>Microsoft 365 across health and social care</b> (local government) systems.  | By making it easier for health and local government-employed social work and social care staff to collaborate and share information, enhancing use of Microsoft Office 365 will increase efficiency and working experience.          | Local Government Digital Office, with NHS National Services Scotland | October 2022 onwards – Phase 1 complete |
| Infrastructure in place to support the delivery of Scotland's <b>Scottish Vaccination Immunisation Programme</b> .   | This SVIP digital infrastructure will support the delivery of Scotland's ambition to have a world class vaccination and immunisation programme and the creation of single vaccination record.  | Public Health Scotland   | April 2023 onwards                      |
| Enhanced information sharing between Primary Care and the Scottish Ambulance Service for patients treated but not transferred to secondary care by deploying <b>Ensemble</b> to all Health Boards. | By making it easier for information to be shared with SAS, Primary Care and Flow Navigation Centres, this will support with supply and demand for unscheduled care, helping to ease winter pressures and support continuity of care. | National Services Scotland   | October 2022                            |

| What we will deliver   | Why we are doing this   | Who is leading this work  | When it will be delivered by  |
|--|---|---|---|
| Establish <b>a new National Information Governance Programme</b> to address the recommendations of the <a href="#">Information Governance Review</a> executive summary which sets out a number of key challenges around access to and sharing of data across health and social care. | <p>Key challenges to be addressed by the National Information Governance Programme include:</p> <ul style="list-style-type: none"> <li>enhanced transparency and trust by citizens through transformative-participatory public engagement</li> <li>scoping a proposal for a national IG body that promotes a federated national approach to IG across health and social care</li> <li>carrying out an IG maturity review across our partners and ensuring the right IG tools are in place to support the right IG task</li> <li>empowering people through training and career paths to be confident in data and digital</li> </ul> <p>Progressing these challenges will be fundamental to the success of the Data Strategy.</p> | Led by Scottish Government Digital Health and Care National Information Governance Programme team | April 2022 onwards with the initiation of the National IG Programme Board and governance structures by end 2022 |
| Enhancing our <b>cyber security tools</b> and responses.   | To actively promote security controls, regulatory requirements and best practices that include infrastructure security, end-user behaviour, organisational policies, network security, information security, and cloud security.  | National Services Scotland  | Ongoing   |

| What we will deliver  | Why we are doing this   | Who is leading this work   | When it will be delivered by |
|---|---|--|------------------------------|
| Options appraisal for a new national approach to Radiology Information Systems (RIS).       | A new national approach to RIS is anticipated to result in better co-ordination and management of radiology services, including tracking and issuing results to patients. | Digital Diagnostics Group, supported by National Services Scotland             | April 2023                   |
| Further developed tools to support safer staffing and more flexible workforce arrangements. | A national eRostering solution is to be deployed on a 'Once for Scotland' basis that will provide a single source of real-time workforce demand and fulfilment data.      | National Services Scotland   |                              |
| A digital prescribing system for GPs and citizens in Scotland.                              | To remove "wet ink" signatures from GP Prescriptions<br><br>Enable electronic prescribing and dispensing without paper.   | Scottish Government, National Services Scotland and NHS Education for Scotland | December 2025                |

# Digital Skills and Leadership

## Priority Four: Digital skills are seen as core skills for the workforce across the health and care sector.

In order to embed digital transformation, leaders across health and care must be equipped with the necessary digital skills. That extends to the skills required to identify where digital could be used, rather than just how to use digital. This requires us to continue building knowledge and skills within the health and care system to support and deliver digital transformation. This starts from the top of an organisation, from Board-level down. The success of digital transformation is entirely reliant on people's ability to know when, why and, crucially, how to use digital. Workforce development in digital skills, leadership and capabilities across the whole health and care sector underpins the successful uptake and use of digital technologies.

| What we will deliver   | Why we are doing this  | Who is leading this work  | When it will be delivered by   |
|--|--|---|--|
| Publish a comprehensive action plan clarifying the range of <b>learning and development options</b> for our integrated workforce. This will detail digital principles, learning outcomes and outputs, evaluation methodology and measurements of progress. | There is a range of different offers from different providers and we will reduce duplication, identify gaps, and provide more collaborative opportunities to improve understanding and skills of our shared workforce. | Scottish Government and Digitally Enabled Workforce Programme Board | Initial Action Plan document agreed by December 2022. Updates provided in advance and discussed at Programme Board meetings. |

| What we will deliver  | Why we are doing this   | Who is leading this work                                    | When it will be delivered by         |
|---|---|---|--------------------------------------|
| Provide a <b>Leading Digital Transformation in Health and Care</b> MSc for 60 people a year.  | Provision of effective and efficient health and care services requires an understanding of the role digital plays. Places open to staff from health, housing and care.  | NHS Education for Scotland and sub-contracted partners      | First cohort starts March/April 2023 |
| <b>Digital Mindset Masterclasses.</b> Initially three two-hour masterclasses. The initial pilots being one professional specialist group and two territorial Health Boards. | <p>To equip Board-level executives and non-executives with the understanding of digital health, governance and leadership skills necessary to support transforming service delivery.</p> <p>This includes a train the trainer approach so that the pilot can be scaled and continued longer term dependent on commitments, evaluation and permanence of the team.</p> | NHS Education for Scotland                                  | Initial pilots March 2023.           |
| Review <b>roles and career pathways</b> to support Digital, Data and Technology workforce.  | To support and develop this specialist workforce to enable delivery of related priorities.  | NHS Education for Scotland and Scottish Government partners | August 2023                          |
| Review of <b>Information Governance</b> Framework.  | Shared understanding of Information Governance is essential to successful partnership service delivery.   | NES and Scottish Government                                 | September 2022 onwards               |

| What we will deliver   | Why we are doing this   | Who is leading this work   | When it will be delivered by |
|--|---|--|------------------------------|
| Create a library of digital skills resources.  | Recent user research confirmed a demand for readily accessible, reliable, role-focused digital resources. Including videos, checklists, condition-specific care guides and good practice case studies | NHS Education for Scotland   | June 2022 onwards            |
| Creation of a Knowledge, Information and Data (KIND) <b>virtual learning academy</b> .   | To support multi-disciplinary and geographically neutral collaboration.   | NHS Education for Scotland, Healthcare Improvement Scotland and Public Healthcare Scotland | June 2022 onwards            |
| Identification of requirements (roles, responsibilities, knowledge and skills) for <b>IG competency framework</b> across health and care.  | To improve the information governance services in Scotland addressing the recommendations of the IG Review.   | NHS Education for Scotland and Scottish Government   | Complete March 2023          |
| <b>New service design resources</b> to support local skills and understanding of how to embed digital transformation, through completion of the Transforming Local System pathfinder programme and associated evaluation report. | This will allow us to demonstrate the impact of, and share the learning from, the programme and user-centred design in health, housing and care.  | Scottish Government  | March 2023                   |

# Digital Futures – Innovating and Enhancing Our Digital Nation

## Priority Five: Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

Advances in technology and the growth in its use, means that we need a constant focus on what is coming next. Scotland is well placed to support the development, design, testing and – ultimately – the adoption of new technology. We will seek to maximise opportunities for a pipeline of innovation through supporting the adoption and scaling up of initiatives that have the potential to reduce the already heavy burden on our workforce. This will also create new jobs and roles of tomorrow and strengthen how people interact and engage with health and care services.

We also engage across the UK and Europe – and further afield – to share learning and knowledge, attract extra money and grow our own expertise. This includes conducting extensive research so that we understand the best approach to replacing some of our core systems, and the detailed planning needed before we replace old systems or change the ways that people work.

| What we will deliver   | Why we are doing this   | Who is leading this work  | When it will be delivered by |
|--|---|---|------------------------------|
| Further develop our <b>UK and International collaborations</b> , bringing inward investment in support of improvements, and innovations and industry collaborations. | Progress significant co-designed collaborative programmes to address a key health and care demand challenge, and deliver further inward investment for digital health and care in Scotland. | DHI, Scottish Government Digital Health & Care Innovation Centre, Scottish Government | March 2023                   |

| What we will deliver   | Why we are doing this   | Who is leading this work  | When it will be delivered by |
|--|---|---|------------------------------|
| Opportunities for <b>knowledge exchange and collaboration</b> with international stakeholders to support the sustainable development and delivery of digital health and social care for Scotland.  | Promoting Scotland as a leader and as a strong collaborative and learning partner in digital health and care.   | Scottish Government   | March 2023                   |
| Continued support for innovation through development of <b>Healthy Ageing and Mental Health innovation clusters</b> to support increased investment in Scotland and improved infrastructure for innovation and evaluation activity within mental health. | <p>To further develop a strong digital health and care ecosystem and identify a pipeline of innovations with an infrastructure to support adoption at scale. Sharing good practice and actively promoting knowledge exchange with a focus on collaboration.</p> <p>To promote the development and testing of new and emerging technologies focused on improving the mental health and wellbeing of individuals across Scotland.</p> | Digital Health & Care Innovation Centre with Innovation Centres | March 2023                   |
| Develop an effective partnership model, bringing together health and care practitioners, industry, and academia to collaborate to solve key demand-led challenges and support economic growth for Scotland.  | Create economic growth; increase jobs in Scotland's digital health and care sector and foster, maintain partnership and collaborations; create routes to market for new products.   | Scottish Government   | March 2023                   |



# Data-Driven Services and Insights

## Priority Six: Data is harnessed to the benefit of citizens, services and innovation.

It is essential that data is used to the benefit of people, services, and innovation but in a secure, transparent and ethical way that is built on trust and a shared understanding with the public.

We committed in the Strategy to developing a first-ever Data Strategy for Health and Social Care. The consultation for this closed on 12 August and we will publish the Data Strategy in the spring of 2023. We have established a new Data Board for Health and Social Care that will help co-ordinate and oversee all data requirements, and lead the changes required to support improvements to information governance.

| What we will deliver  | Why we are doing this  | Who is leading this work                         | When it will be delivered by |
|---|--|--|------------------------------|
| Commencement of a programme of work to improve how <b>clinical information</b> in our systems is recorded against common, internationally defined standards (these are called <b>SNOMED-CT</b> for clinical health terminology and <b>ICD-11</b> for disease classification). | By setting preferred common data standards, we can begin to increase the quality of the data in our health and social care systems. Common standards will also help drive up interoperability, ultimately leading to greater insight being derived from data that can improve care outcomes. | Public Healthcare Scotland/NHS National Services | Ongoing                      |
| Continuing with planning for the digital and data requirements of the National Care Service, including consideration of what is required to deliver a <b>nationally consistent integrated record</b> .  | Creating a nationally consistent integrated care record will help to further our ambition of giving citizens access to their health and care data in a way that is transparent and meaningful and support greater sharing of information between front-line professionals.                   | Scottish Government                              | Ongoing                      |

| What we will deliver   | Why we are doing this  | Who is leading this work                       | When it will be delivered by |
|--|--|--|------------------------------|
| Developing our approach to the introduction of legally mandated standards for the safe and effective <b>sharing of information across health and social care</b> , under the powers proposed by the National Care Service (Scotland) Bill. | By mandating common data standards we can increase data quality and interoperability. We can also make the Scottish health and care landscape easier to interact with for vendors, particularly when aligning standards with other partners in four nations.   | Scottish Government                            | Ongoing                      |
| An approach to improving the quality and consistency of <b>protected characteristic demographic data</b> (such as ethnicity).  | We must have a more complete picture of protected characteristics data in order to ensure that we are providing equitable care for all citizens.   | Scottish Government and Public Health Scotland | March 2023                   |
| A national approach to the ethical, transparent consideration of adoption and implementation of <b>Artificial Intelligence (AI)-based tools</b> , products and services.   | There is significant interest in, and activity exploring the potential for AI in healthcare, but currently no consistent way of assessing its value or measuring its impact. As part of developing options for an 'AI Hub' (or wider data hub), there is a recognised need to create a national policy framework for the use of AI as part of overall work on the Data Strategy. | Scottish Government                            | February 2023.               |

| What we will deliver   | Why we are doing this   | Who is leading this work   | When it will be delivered by |
|--|---|----------------------------|------------------------------|
| Enhanced capability for <b>statistical analysis</b> , reporting and use of predictive analytics by shifting from a data warehouse to cloud hosted data storage and reporting system (SEER platform). | To strengthen and improve availability of critical data for statistical analysis and reporting by providing greater technical capability to deliver data-driven insights.                                       | National Services Scotland | December 2023                |
| Publication of the responses to and analysis of the consultation on the <b>Data Strategy</b> for health and care.  | In line with our principle of being transparent in our approach to health and care data, we will publish the responses to the consultation and the associated analysis for stakeholders and the public to view. | Scottish Government        | October 2022                 |

# Preparing for the Future – Laying the Foundations for Future National Delivery Plans

This Delivery Plan focuses on what is becoming available for people (whether patients, service users or staff that provide care) to use in 2022 and 2023. There is, however, no shortage of future options for new, enhanced digitally enabled services, products and tools that improve people's experience of health and care services. All the activities highlighted so far have gone through extensive design, development, evaluation and decision-making processes so that we can be confident that we are delivering the right priorities across Scotland.

We have a robust process for innovating new products, trying them out in real life, and deciding what works. Many promising apps, products and devices are assessed as not being suitable for wider use. We also have to ensure that any product meets a variety of legal requirements, including ensuring people's data is properly protected and that they fully align with accessibility standards. A new 'Accelerated National Innovation Adoption' (ANIA) pathway has been developed, hosted by the Centre for Sustainable Delivery, which has been designed to create a robust process for assessing evidence and value cases for adoption, with an Innovation Design Authority providing oversight and governance to make recommendations on what is considered 'ready for adoption'.

The Delivery Plan for 2023-24 will be developed based on the results and anticipated benefits of candidate programmes; available resources; the ANIA innovation pipeline; and prioritisation by NHS Scotland's Chief Executives' Group, the Strategic Portfolio Board for Digital Health and Care, and the Scottish Government's Health and Social Care Management Board.

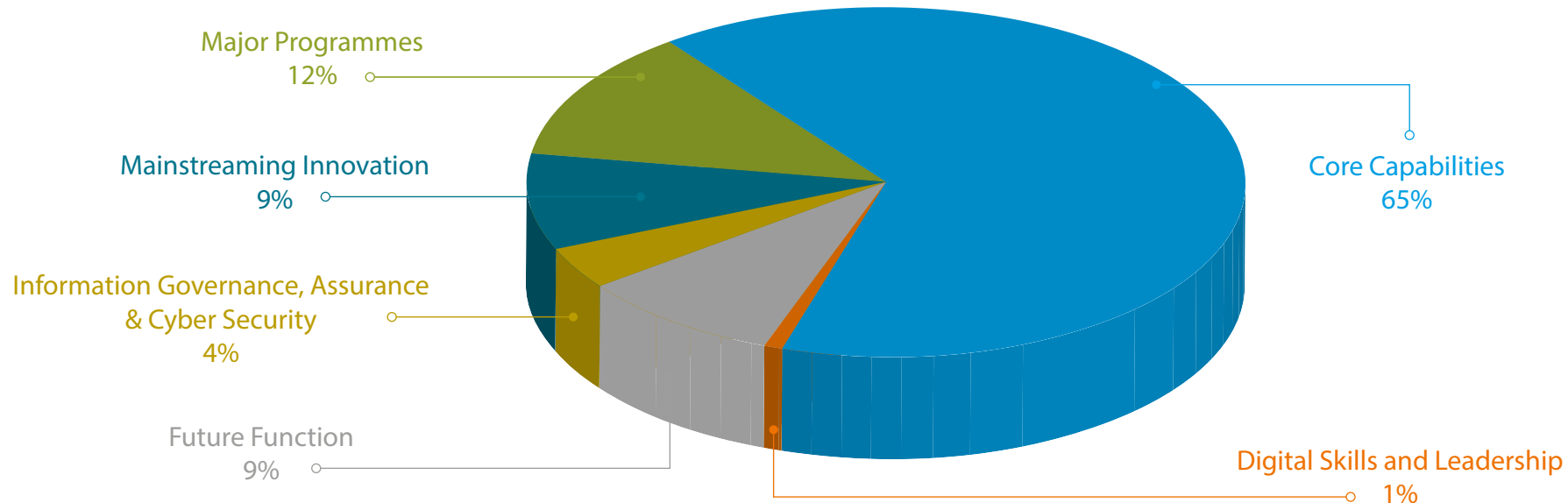
# Conclusion

This year, in 2022/23 as part of the overall health portfolio investment, we are investing £99.6 million in digital health and care. We are on track to deliver a balanced budget in this financial year. This covers a huge amount of work 'behind the scenes' that is needed to modernise our health and care systems. From providing over 160,000 staff with up-to-date Microsoft Office software, to exploring the use of ultra-high definition medical images for diagnosis and treatment of diseases such as cancer, this work is critical to safe and effective delivery of care. Ultimately, better systems can lead to faster diagnosis and more targeted treatment, improving life chances.

This investment in our systems – and the required cyber security, the training of staff to use the systems and the ongoing maintenance and development – takes up most of our budget. But without this investment, not only would our health and care services struggle to work, websites or apps for people to use wouldn't have any systems to connect to. For example, an app that let you request repeat prescriptions, wouldn't be able to show you the medicines on your record so that you could pick what you needed.

Spend has been totalled by type of funding within the chart on page 31 to provide a visual representation of the distribution of spend across the Scottish Government's Digital Health and Care Directorate. Some key cost drivers within each theme are illustrated below:

- ◆ Core Capabilities includes £19.4m of strategic money allocated to all Boards to fund digital work that supports the Strategy and funding of £28m for the NHS SLA (covers various BAU including SWAN and O365 NHS Mail);
- ◆ Future Function includes Digital Prescribing (£0.716m) and £7.4m for NES Digital (includes National Digital Platform and SCI-Diabetes);
- ◆ Information. Governance, Assurance & Cyber Security includes NIS Audits and the Cyber Centre of Excellence (£1.5m);
- ◆ Mainstreaming Innovation includes Near Me across NHS and wider public sector (£1.25m), and TEC Connect Me (£2.48m);
- ◆ Major Programmes includes GPIT Re-provisioning (£2.24m), SNOMED CT (£1.5m) and eRostering £1.2m);
- ◆ Digital skills and leadership includes work delivered by NES on digital masters courses and other projects to develop digital skills in the workforce (£1.1m).

**Forecast 2022-23 Resource £99.6 million****Future planned spend**

- ◆ The expected spend for 2023-24 for digital health and care is approximately £125m if all contracts and committed programmes of work are to proceed as planned. This includes 'go live' of new CHI, new PACS, SWAN system contract, majority of new GP IT sites and the new NHS Near Me contract.

This Delivery Plan, and next year's, along with the Data Strategy, start to show how care will change as our health and care services increasingly embrace the reality of us all living and working 'in the digital age'. Our ambitions for the central role of digital – and the transformational impact of the people of Scotland having greater access to their own health information, and far greater control and management over their own health and wellbeing – will be further set out in the care and wellbeing programme of work. The intended results of care and wellbeing – right care, right time, right place that enables prevention, early intervention, proactive care and good disease management through collaborative and collective working across sectors, providers and the public – will only be achieved by us all embracing digital.

Just as digital technology was at the forefront of our response to the pandemic, it will be central to how we rebuild and remobilise the health and social care system as part of the recovery from COVID-19.



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Any enquiries regarding this publication should be sent to us at  
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**w w w . g o v . s c o t**







|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 20              |

**Report to: West Lothian Integration Joint Board**

**Report Title: Medication Assisted Treatment and A11 Standards Implementation Plan**

**Report By: General Manager for Mental Health and Addictions Services.**

| Summary of Report and Implications  |   |
|---|---|
| <b>Purpose</b>  | This report: (tick any that apply).   |
|   | - seeks a decision  |
|   | - is to provide assurance <input checked="" type="checkbox"/>   |
|   | - is for information <input checked="" type="checkbox"/>  |
|   | - is for discussion   |
|   | The purpose of the report is to update the IJB on West Lothian ADP commitments, governance, performance and financial position  |
| <b>Recommendations</b>  | It is recommended that the IJB: <ul style="list-style-type: none"> <li>note the contents of the report;</li> </ul>  |
| <b>Directions to NHS Lothian and/or West Lothian Council</b>                  | A direction(s) is not required.   |
| <b>Resource/ Finance/ Staffing</b>  | Updates on the financial position   |
| <b>Policy/Legal</b>   | <ul style="list-style-type: none"> <li>Medication Assisted Treatment (MAT) standards: access, choice, support</li> <li>West Lothian IJB Strategic Plan 2019-2023</li> <li>Scottish Drug Deaths Task Force: Changing Lives</li> </ul>  |
| <b>Risk</b>   | <p>Risk associated with failure to fully implement the MAT Standards include poor quality of life and increased drug-misuse deaths.</p> <p>Risks to implementation include workforce issues and financial issues due to rising costs impacting on service delivery.</p>           |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | <p>An integrated impact assessment was completed for the IJB's Strategic Plan 2019 – 2023. No known risk has been identified.</p> <p>Actions in the paper aim to reduce health inequalities by providing high quality local care for people frequently excluded from services</p> |

|   |  |
|---|--|
| <b>Strategic Planning and Commissioning</b> | This implementation is in line with the Drugs and Alcohol Strategic Plan 2019-23 and will inform the next planning cycle.  |
| <b>Locality Planning</b>                    | NA   |
| <b>Engagement</b>                           | A range of stakeholders have been consulted on the development of the proposals. Further engagement work will be carried out through links with advocacy, a lived experience panel and through the experiential evidence gathered as part of implementation. |

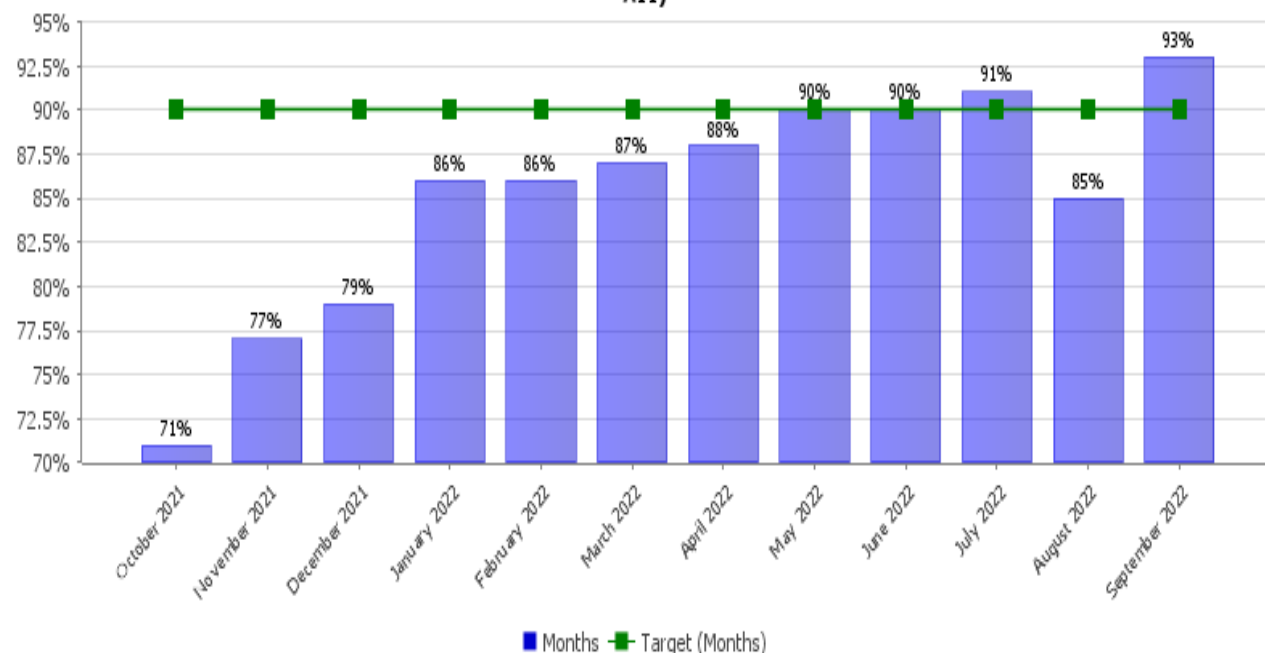
| <b>Terms of Report</b> |  |
|------------------------|--|
| <b>1.</b>              | <b>Background</b>  |
| 1.1                    | In the West Lothian Council area there were 32 drug misuse deaths in 2021. The same number of people died of a drug-misuse death in 2020 and 23 people died in 2019  |
| 1.2                    | In the West Lothian Council area there were 40 alcohol related deaths in 2021. This is a reduction of 5 from 2020: there were 45 alcohol-related deaths in 2020 and 28 alcohol-related deaths in 2019.   |
| <b>2.</b>              | <b>Performance</b>   |
| 2.1                    | <p><b>Medication Treatment Standards Progress Update</b></p> <p>The <a href="#">Medication Assisted Treatment (MAT) standards: access, choice, support</a> were published on 31 May 2021. The standards cover 10 areas with a focus within 2022-23 on the first five standards. This paper outlines progress made in West Lothian against the first five MAT standards. The first five MAT standards are</p> <ol style="list-style-type: none"> <li>1. All people accessing services have the option to start MAT from the same day of presentation.</li> <li>2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.</li> <li>3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</li> <li>4. All people are offered evidence-based harm reduction at the point of MAT delivery.</li> <li>5. All people will receive support to remain in treatment for as long as requested.</li> </ol> <p>To be partly achieved by April 2022 and fully achieved by March 2023</p> <ol style="list-style-type: none"> <li>6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</li> <li>7. All people have the option of MAT shared with Primary Care.</li> <li>8. All people have access to independent advocacy and support for housing, welfare and income needs.</li> <li>9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</li> <li>10. All people receive trauma informed care.</li> </ol> <p>To be achieved by March 2024</p> |

These standards apply to community services only. Criminal justice services will enter into scope in 2023 and are due for completion by March 2025

The IJB approved the MAT standards Implementation Plan on 20 September 2022 and a further update has been submitted to Scottish Government noting good progress against all 10 MAT standards. The most recent update is attached as appendix 1.

## 2.2 A11 Treatment Standard Report

**SPCC005\_9b.1a Percentage of all clients waiting no longer than three weeks from referral to appropriate drug or alcohol treatment (HEAT A11)**



Overall, the drop-in performance in 2021 in relation to the treatment target has improved and there was a return to compliance in May to September 2022, with a dip in August. This improvement was as a result of additional resources being directed towards the therapeutic support service and internal improvements within that organisation. The dip in August was as a result of workforce pressures. The main pressures of increased referrals, and workforce pressures including Covid related sickness and recruitment issues will continue to create pressure and continued support for the service will be required.

## 2.3 Drug Treatment Target Trajectory

On 16 March 2022 the Scottish Government introduced a substance use treatment target. This target requires Integration Authority areas to increase the number of people receiving community based opioid substitution therapy (OST) (i.e., MAT) by approximately 9%. In West Lothian this equated to an increase of 74 people in treatment from 841 to 915 by April 2024.

West Lothian IJB approved the trajectory on 20 September 2022.

Public Health Scotland were due to provide quarterly data to allow ADPs to map progress against the trajectory. This data was expected in September 2022, but has not been published due to problems with the data. It is therefore not possible to track progress against the trajectory and this leads to a risk that West Lothian HSCP will miss the target.

Unofficial data which is anticipated to approximate the national PHS data and is provided by NS Lothian's Analytical Services has suggested West Lothian is making good progress in the first quarter

|    |   |
|----|---|
| 3. | <p><b>Governance</b></p> <p>3.1 At the West Lothian Integration Joint Board meeting on 20 September, West Lothian ADP's Self-Assessment tool for Alcohol and Drug Partnerships was reviewed and it was noted further consideration was required by the ADP team regarding the report and governance.</p> <p>This was particularly in relation to oversight and approval of ADP spend on areas which are not delegated to the West Lothian Integration Joint Board, such as justice or children / young people's services.</p> <p>A paper presented at the West Lothian ASP Executive on 7 December 2022 noted the clear process agreed by West Lothian IJB to ensure that all ADP proposals were approved by West Lothian IJB where investment was made to services delegated to the IJB. Where non-delegated services were to be invested in, it was agreed that any such decision would be made jointly with the relevant Board (Children Services; Community Justice; Community Planning) and gain that Board's approval. The ADP noted it has members from those boards within the Executive and the ADP is similarly represented in those Boards.</p> <p>The IJB is asked to note this arrangement.</p> <p>3.2 On 6 October 2022, Scottish Government wrote to Integration Authority Chief Officers and ADP Chairs stating that <i>'[for] 2022-23, ADP funding should continue to be used to deliver the priority services set out in the 23 June letter. The funding must be delegated in its entirety to IAs.'</i></p> <p>The requirement to delegate, in entirety, ADP spend to IAs, contrasts with anticipated governance of some of the priority areas. In particular, the 'Whole Family Approach' stream funds children and young people services, which are not delegated to the IJB.</p> <p>This IJB is asked to note this. The letter is attached as Appendix 2</p> |
| 4. | <p><b>ADP Developments</b></p> <p>4.1 The ADP has recruited a full time ADP lead working as part of the Strategy Policy and Change Team. The officer has now started, alongside the recently appointed (part time) Business Support Officer for the ADP, and this means that the ADP now again has capacity to focus on its priority areas.</p> <p>Key areas for development are: the prevention agenda; increasing the voice of people with lived and living experience of addiction; and improving capacity for delivery and assurance of drug and alcohol services.</p> <p>4.2 On 7 December 2022 the ADP Executive approved £36,000 non-recurrent spend over 2 year2 for a proposal made jointly by Royal Edinburgh and Associated Service and Edinburgh ADP to fund a training programme for people who work with people with Alcohol Related Brain Disorder (ARBD). The proposal is to fund psychologists, OTs and social workers to train care-at-home workers, care-home workers and health and social care staff in how to work with people with ARBD. The intention is to improve capacity to support people with ARBD at <i>home</i> or <i>close-to-home</i>.</p> <p>This addresses an action on the HSCPs Action Plan in relation to the Mental Welfare Commissions report on ARBD services, <a href="#">Care and treatment for people with alcohol related brain damage in Scotland</a> (MWC, 2021)</p> <p>The IJB is asked to note this investment.</p>   |

#### 4.3 **Pregnancy and Perinatal Worker**

Funds from the Scottish Government funding stream 'Whole Family Approach' (£109,727 pa for 5 years) have been placed into a Public Social Partnership running from April 2022 – March 2025.

That PSP has so far approved funding for a Father's Worker working with people who use drugs and alcohol and who are fathers (£25,935 pa) and funding for a Youth Worker with an Alcohol & Drug focus working as part of a Youth Action Project (£41,162 pa).

Most recently the PSP has approved a Pregnancy and Postnatal Worker (£29,361 pa) and this post will be recruited to in the near future.

The IJB is asked to note this investment

#### 5. **Financial Position and Risks**

- 5.1 The financial return prepared on behalf of the HSCP Chief Financial Officer and submitted to the Scottish Government on 2 November 2022 is included as Appendix 3. In a letter on 20 December 2022 to IJB Chief Financial Officer, Chief Officers and ADP Chairs, Scottish Government has advised that due to issues with forecast spend across Scotland an additional quarterly return will be required to be submitted on 26 January 2023. In the letters of 6 October and 20 December, SG has advised that already agreed funding to ADPs will be delivered in two tranches, and titrated against actual and forecast spend.

Accordingly unspent reserves will effectively become unavailable to the ADP. Reserves had been considerable due to full year funding for 2021-22 being received through that year without time to agree investment plans.

ADP spending is fully funded in 2022-23 due to the reserves accrued during 2021-22.

However, the revenue position going forward is more challenging and a number of pressures and risk are presented here.

- 5.2 **Deficit due to Non-Recurrent Funding**

There is an approximate £150,000 pa overspend in the HSCP's NHS Community Addictions Service which is due to the inability of NHS Lothian to submit posts funded by non-recurrent ADP funding to Scottish Government as permanent positions and thus receive the annual pay uplift. Over time this position has deteriorated, and is particularly associated with the 21.5% cuts made to the ADP Budget in 2016 being replaced by non-recurrent 'Programme for Government funding, but also applies to the recent 5 year funding streams associated with the Drug Death Mission. The ADP Chair has sought clarity from Scottish Government in this issue but has not received a response. As it stands this represents an ongoing and increasing shortfall in funding for ADP funded NHS services. It is currently managed by the use of reserves or in-year underspends.

- 5.3 **Buvidal**

Long acting Buprenorphine injections or Buvidal are a novel way of delivering opioid OST via a monthly injection. For some people they represent a significant advance on regular oral medicine and allow the person to live a normal life. The medicine is now on the NHS Lothian formulary to be used where other treatments are unsuitable. MAT standard 2 requires people to be offered an informed choice of OST and have been an early adopter in offering Buvidal, with some positive outcomes. In 2021-22 Scottish Government provide central funding to ADPs to support use of Buvidal. This has now been withdrawn, although some reserves are able to be used to support this in 2022-23.

Whilst it is too early to be able to reliably project spend going forward an estimate is currently

|     |   |
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|     | <p>£250,000 pa overspend.</p> <p>It is considered that use of Buvidal may confer economic advantage across the wider system, with those on Buvidal attending the Emergency Department or their GP less, or there being less police or ambulance attendances. It is unclear how those reductions in use of services may translate into funding for Buvidal. Without funding for Buvidal there is a considerable financial pressure with limited options to mitigate.</p>   |
| 5.4 | <p><b>Drug Death Taskforce Funding</b></p> <p>This fund formerly (£68,027 pa for 2 years) funds some key services for West Lothian ADP. Scottish Government announced in their letter of 23 June 2022 that this fund, now at its end, would be replaced by a new Taskforce Response Fund and details released in the autumn. These details have not been released and this funding's position is unclear.</p>   |
| 5.5 | <p><b>MAT Standards for Criminal Justice</b></p> <p>As noted above MAT standards require to be implemented in criminal justice settings – including prisons and custody suites by March 2025. Although health care in HMP Addiewell is provided by REAS, Scottish Government has indicated that responsibility for oversight of implementation of the standards sits with ADPs and IJB Chief Officers.</p> <p>West Lothian ADP were initially advised that any funding for criminal justice settings would be spate to the initial funding allocation of £250,000. ADPs have recently been advised there will be no additional funding for criminal justice environments. This will impact those ADPs with a prison locally, including West Lothian. The impact on West Lothian is currently unclear.</p>   |
| 5.6 | <p><b>Third sector contracts.</b></p> <p>West Lothian ADP has a number of significant third sector contracts to fund key services. Approximately £1,304,000 pa is the contract value across 4 contracts. These contracts are offered on a 3 years plus 2 basis to allow stability to organisations.</p> <p>In the high inflation environment these contracts have become more challenging, with organisations needing to offer cost of living pay increases to staff. Organisations have made representations to the ADP to advise that contracts are becoming untenable. One off funding made from reserves in 2022-3 will not longer be available in 2023-24 and onwards</p> <p>Without additional funds being made available to ADPs management of these contracts will become more challenging, and in some settings likely to result in reduced activity. This may in turn impact on performance including the A11 standard.</p> <p>The ADP will continue to work closely with the recipients of contracts to ensure best practice, and value for money.</p> |
| 6.  | <p><b>Conclusion</b></p> <p>The IJB is asked to note the contents of this report, including the recent developments.</p> <p>The IJB is asked to note to significant financial pressures on drug and alcohol services and the probable impact that those pressures will have on services and performance.</p>  |

|                   |   |
|-------------------|---|
| <b>Appendices</b> | <ul style="list-style-type: none"> <li>- Appendix 1: MAT Standards Implementation Plan Update</li> <li>- Appendix 2: Letter to ADP Chair and IJB Chief Officer from Deputy Directors of Drug Policy and Health Improvement Divisions, Scottish Government,</li> <li>- Appendix 3: Twice-yearly Financial Return to Scottish Government, West Lothian ADP</li> </ul> |
| <b>References</b> | <ul style="list-style-type: none"> <li>- <a href="#">Medication Assisted Treatment (MAT) standards: access, choice, support</a></li> <li>- <a href="#">Drug-related Deaths in Scotland in 2021, July 2022</a></li> <li>- <a href="#">National benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards 2021-22</a></li> </ul>     |



|         |   |
|---------|---|
| Contact | <p>Mike Reid</p> <p>General Manager – HSCP Mental Health and Addictions</p> <p><a href="mailto:Mike.Reid@nhslothian.scot.nhs.uk">Mike.Reid@nhslothian.scot.nhs.uk</a></p> |
|---------|---|





## MAT STANDARDS IMPLEMENTATION PLAN QUARTERLY PROGRESS UPDATE

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

|   |
|---|
| <i>(Integration Authority Area)</i><br>West Lothian |
|---|

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

| Name      | Position/Job Title                                    |
|-----------|---|
| Mike Reid | General Manager, Mental Health and Addictions WL HSCP |

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

|  |  |  |   |                  |
|--|--|--|---|------------------|
| <b>MAT Standard 1</b>  | <b>All people accessing services have the option to start MAT from the same day of presentation.</b> | This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help. |   |                  |
| April 2022 RAG status AMBER  |  |  |   |                  |
| <b>Actions/deliverables to implement standard 1</b>  |  | <b>Timescales to complete</b>  | <b>Progress in Period</b>               | <b>Risks</b>     |
| <p>A test of change was implemented in Bathgate from April 2022 offering same day OST prescribing through drop-in clinics every Friday between 09.00 and 12,00. Once staff complement has been achieved drop-in clinics will be rolled out 5 days a week in the following areas: Bathgate, Blackburn, Broxburn, Howden and Whitburn. By 18.07.22 drop-in clinics were in operation across West Lothian.</p> <p>Prescribing guidelines are in place that support same-day prescribing and there is a Standard Operating Procedure to support the safe initiation of same-day opioid substitution therapy. As of 1/9/22 only one site – Whitburn - is outstanding. Online information has been updated by all services in the partnership with information on the same day prescribing clinics.</p> <p>Not all clinics have been well attended so there is a plan below to consider an evening clinic to see if that improves attendance. Additionally, partners will work with local homeless units to improve attendance. Homelessness addictions workers may support this.</p> <p>Referral pathways to the same day clinics have been expanded to include telephone and GP referrals.</p> |  | 4 Days completed by 18 <sup>th</sup> July 2022   | Attendance improved at Blackburn clinic |                  |
| Offering 4 days same day prescribing service currently. Plan   |  | 6 October 2022   | Opening delayed                         | Workforce issues |

|  |       |  |  |                           |
|--|-------|--|--|---------------------------|
| now in place to increase this to 5 days by offering an evening clinic to accommodate people who cannot attend during the day. This will depend on securing access to a venue |       |  | due to 3 <sup>rd</sup> sector workforce issues.<br><br>This will start by end January 2023 | and difficulty to recruit |
| Assessment of Progress:  | Amber |  |  |                           |
| Comment / remedial action required   |       |  |  |                           |
| ADP Chair to meet 3 <sup>rd</sup> sector organisation  |       |  |  |                           |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|  |  |   |   |              |
|--|--|---|---|--------------|
| <b>MAT Standard 2</b>  | <b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b> | People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly. |   |              |
| April 2022 RAG status AMBER  |  |   |   |              |
| <b>Actions/deliverables to implement standard 2</b>  |  | <b>Timescales to complete</b>   | <b>Progress in Period</b>                                 | <b>Risks</b> |
| Clinical guidelines in place which include methadone and short and long-acting buprenorphine as treatment choices for people who present. The Lothian formulary now does have long-acting buprenorphine as an available medication choice.   |  | <b>Complete June 2022</b>   |   |              |
| When people attend drop in clinic information leaflets are given to clients on choice of medication and discussed with staff on site   |  | <b>Complete June 2022</b>   |   |              |
| The ADP have secured funding for Home Office licenses for the storage of controlled drugs , one in Whitburn and one in Broxburn to improve access to medication for same day prescribing and ensure Buvidal can be kept in stock.<br><br>This action will progress once we are clear that the drop-in clinics are successful in the area we apply for.<br><br>This does not prevent prescribing in all geographical areas within WL but will improve efficiency, as patients are prescribed sub-lingual buprenorphine then transferred to LAI. |  | <b>December 2022</b>  | <b>Continuing to assess to best place for the license</b> |              |
| There is a pilot in Blackburn Pharmacy that allows administration of Buvidal by a pharmacist and we will monitor the effectiveness of this. This will increase the local delivery of Buvidal but does  |  | <b>Will report in June 2023</b>   |   |              |

|   |       |  |  |  |  |  |
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| not prevent Buvidal being available across the council area |       |  |  |  |  |  |
| Assessment of Progress:                                     | Green |  |  |  |  |  |
| Comment / remedial action required                          |       |  |  |  |  |  |
|   |       |  |  |  |  |  |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|  |   |  |   |              |
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| <b>MAT Standard 3</b>  | <b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b> | If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT. |   |              |
| April 2022 RAG status AMBER  |   |  |   |              |
| <b>Actions/deliverables to implement standard 3</b>  |   | <b>Timescales to complete</b>  | <b>Progress in Period</b>   | <b>Risks</b> |
| <p>There is a draft Standard Operating Procedure for assertive outreach to people who experience near fatal overdose and attend Scottish Ambulance Service, Police Scotland or E.Ds. Information sharing agreements are in place with NHS Lothian, West Lothian Council, and all commissioned partners contracted by West Lothian ADP and West Lothian council.</p> <p>This allows anyone who has taken an overdose to be flagged to the addictions team who advise a third sector assertive outreach team if their intervention is considered to be necessary to support immediate access to MAT.</p> <p>Policies and procedures for child and adult protection are in place and include staff training. The draft SOP will shortly be agreed between commissioned partners and NHS Lothian. This will also include a measure of the interventions and their outcomes.</p> <p>The pathway currently operates but the SOP is being reviewed. The recent change to this is that reports are now sent daily rather than weekly to ensure that there is an offer of MAT within 24 hours or up to 72 hours at weekends</p> |   | <b>Pathway in place since October 2021<br/>SOP to be reviewed by October 2022</b>  | <b>Pathway has been reviewed and SOP is in process of being signed off.</b> |              |
| People at high risk are also identified through arrest referral in Livingston custody suite, and voluntary through care arrangements   |   | <b>Historically in place</b>   |   |              |

|   |       |                       |  |  |
|---|-------|-----------------------|--|--|
| for West Lothian residents liberated from His Majesty's Prisons Edinburgh and Addiewell. We are working closely with Police Scotland and receive direct referrals for high risk people they come across.  |       |                       |  |  |
| The Addictions service has invested in training for ward staff at St John's Hospital to improve identification and support for high risk people attending hospital. The Addictions Liaison service offer same day treatment (Monday to Friday)if anyone is identified by the inpatient services |       | Historically in place |  |  |
| Assessment of Progress:   | Green |                       |  |  |
| Comment / remedial action required  |       |                       |  |  |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|  |   |  |                           |              |
|--|---|--|---------------------------|--------------|
| <b>MAT Standard 4</b>  | <b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b> | While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone. |                           |              |
| April 2022 RAG status AMBER  |   | They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.  |                           |              |
| <b>Actions/deliverables to implement standard 4</b>  |   | <b>Timescales to complete</b>  | <b>Progress in Period</b> | <b>Risks</b> |
| This standard is implemented as the core harm reduction interventions (naloxone, injection equipment, blood borne virus testing, sexual health and wound assessment and management) are consistently available at the same time and place as all MAT appointments.   |   | Completed July 2022  |                           |              |
| The above should be offered at every appointment the patient attends.<br><br>They are offered routinely across the partnership by NHS and 3 <sup>rd</sup> sector staff at every clinic. A spreadsheet is kept which documents whether each of the 6 harm rection measures are offered at each appointment. It notes both offers and completion of harm reduction |   | Completed July 2022  |                           |              |
| Assessment of Progress:  | Green   |  |                           |              |
| Comment / remedial action required   |   |  |                           |              |



|   |   |  |                           |              |
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| <b>MAT Standard 5</b>   | <b>All people will receive support to remain in treatment for as long as requested.</b> | A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely. |                           |              |
| April 2022 RAG status AMBER   |   | Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.   |                           |              |
| <b>Actions/deliverables to implement standard 5</b>   |   | <b>Timescales to complete</b>  | <b>Progress in Period</b> | <b>Risks</b> |
| The ADP reports that there are a variety of approaches to enable retention in care and safe discharge. These include regular partnership meetings and case load reviews to ensure people are seen by the most appropriate service or staff and there is the option to have shared care with primary care. There is a variety of strategies to manage caseloads and appointment systems, including fixed appointments, drop-ins, four evening and a Saturday morning clinic. |   | <b>In place April 2022</b>   |                           |              |
| The use of pharmacy sites and recovery café clinics are currently being explored for patients to be transferred for ongoing support.  |   | <b>March 2023</b>  | <b>None</b>               |              |
| If someone does not attend an appointment, the individual team will assertively follow up. If no contact can be established, a referral may be made to the CGL Assertive Outreach Service, depending on risk. CGL have a risk stratification strategy to prioritise follow up. Contact may be telephone or face to face depending on need, risk and preference.   |   | <b>Completed July 2022</b>   |                           |              |

|   |                               |  |  |
|---|-------------------------------|--|--|
| Should someone suitable for Primary Care prescribing then people can be supported via the Enhanced Practices. This extends across the council area. | <b>Historically available</b> |  |  |
|---|-------------------------------|--|--|

|                                    |              |  |
|------------------------------------|--------------|--|
| Assessment of Progress:            | <b>Green</b> |  |
| Comment / remedial action required |              |  |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|  |  |  |   |              |  |
|--|--|--|---|--------------|--|
| <b>MAT Standard 6</b>  | <b>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</b> | This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication. |   |              |  |
| April 2022 RAG status  |  |  |   |              |  |
| <b>Actions/deliverables to implement standard 6</b>  |  | <b>Timescales to complete</b>  | <b>Progress in Period</b>   | <b>Risks</b> |  |
| West Lothian has a senior psychologist embedded in the third sector Psychological Therapies Service. This supports the third sector to deliver Tier 1 and 2 interventions. MIST funded 05. B5 Psychology Assistant was recruited, to support lower tier interventions.   |  | <b>Completed</b>   |   |              |  |
| A6 & 10 subgroup has been set up chaired by a Consultant Clinical Psychologist. This group has produced a detailed action plan (Appendix 1)  |  | <b>Completed</b>   |   |              |  |
| The key areas covered are <ul style="list-style-type: none"><li>Local MAT 6 &amp; 10 service area improvement plans to be developed (these should be informed by regular staff/service user surveys and local service walkthroughs)</li><li>Staff training/coaching targets to be agreed (% attending training/coaching)</li><li>Staff reflective practice targets to be agreed (% attending</li></ul> |  | <b>Timescales are being developed - but all anticipate completion by April 2024 at the very latest.</b>  | Psychology now at full complement<br>Group work taking place + individual sessions.<br>All partners |              |  |

|  |  |  |  |
|--|--|--|--|
| <p>reflective practice)</p> <ul style="list-style-type: none"> <li>o Clearly define roles for different staff in relation to delivery of tier 2 structured psychosocial interventions (PSI)</li> <li>o Protected time built into staff job plans as appropriate for delivery of tier 2 PSI (to include agreement over reduced caseload size to allow time for this)</li> <li>o Monitor adherence to these agreed caseload sizes</li> <li>o Establish ways of recording tier 2 PSI delivery</li> <li>o Establish initial targets for volume of tier 2 PSI delivery and targets for improvement (year on year)</li> <li>o Monitor use of appropriate tier 2 manuals and other resources (feedback from coaches)</li> <li>o To oversee implementation of MAT 6 care planning process</li> <li>o Develop/agree and oversee implementation of a staff wellbeing tool</li> <li>o Develop and support implementation of staff wellbeing activities</li> <li>o Develop and implement skilful routine trauma enquiry as part of assessment process</li> <li>o Group chair/co-chair (and others as appropriate) to attend NES Scottish Trauma-Informed Leaders Training (STILT)</li> </ul> |  | <p>attended MI and other psychological therapy training</p> <p>Ongoing supervision</p> |  |
|--|--|--|--|

|                                    |       |  |
|------------------------------------|-------|--|
| Assessment of Progress:            | Green |  |
| Comment / remedial action required |       |  |

|   |  |  |                           |              |  |
|---|--|--|---------------------------|--------------|--|
| <b>MAT Standard 7</b>   | <b>All people have the option of MAT shared with Primary Care.</b> | People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service. |                           |              |  |
| April 2022 RAG status   |  |  |                           |              |  |
| <b>Actions/deliverables to implement standard 7</b>   |  | <b>Timescales to complete</b>  | <b>Progress in Period</b> | <b>Risks</b> |  |
| Most practices in West Lothian operate an enhanced contract to allow GP prescribing of MAT. Where practices do not, neighbouring practices can offer a service. |  | <b>Already in place</b>  |                           |              |  |
| Further work will be required to support those practices to ensure that MAT standards can be met in those areas   |  | <b>September 2023</b>  | <b>None</b>               |              |  |
| Assessment of Progress:   | <i>Red/Amber/Green</i>   |  |                           |              |  |
| Comment / remedial action required  |  |  |                           |              |  |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

|  |  |   |                                |              |  |
|--|--|---|--------------------------------|--------------|--|
| <b>MAT Standard 8</b>  | <b>All people have access to independent advocacy and support for housing, welfare and income needs.</b> | People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly. |                                |              |  |
| April 2022 RAG status  |  |   |                                |              |  |
| <b>Actions/deliverables to implement standard 8</b>  |  | <b>Timescales to complete</b>   | <b>Progress in Period</b>      | <b>Risks</b> |  |
| ADP funds additional advocacy within the broader mental health advocacy contract. This was increased recently.   |  | Completed Jan 2022  |                                |              |  |
| ADP has funded specific advice hours as part of the ‘Advice Shop’ to provide welfare and income needs.   |  | Completed Jan 2022  |                                |              |  |
| Housing needs are supported via good links with housing. Providing services for additional housing needs remains challenging. A Housing First approach is currently under review and the review due for completion by March 2023 |  | Mar 2023  |                                |              |  |
| 2 additional workers have been appointed to work with people with drug /alcohol problems who are at risk of homelessness. This will be evaluated Sep 2023 but is one year funding only at present.                               |  | Sep 2023  | Appointed: will start Nov 2022 |              |  |
| Assessment of Progress:  | Green  |   |                                |              |  |
| Comment / remedial action required   |  |   |                                |              |  |

|   |  |   |  |              |
|---|--|---|--|--------------|
| <b>MAT Standard 9</b>   | <b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b> | People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care. |  |              |
| April 2022 RAG status   |  |   |  |              |
| <b>Actions/deliverables to implement standard 9</b>   |  | <b>Timescales to complete</b>   | <b>Progress in Period</b>  | <b>Risks</b> |
| The addiction services work closely with the mental health crisis team and can have joint assessments for people with both addictions and mental health problems who are an acute crisis  |  | In place  |  |              |
| CPNs in CMHTs can offer support to addictions teams or provide assessment and support.  |  | In place  |  |              |
| There is a plan to improve assessment and treatment for routine co-occurring mental health and addictions. This is in the form of a QI project reporting to the Service Manager for mental health and addictions. It is identified that this will be a significant piece of work. |  | To run March - Sep 2023   | QI project started and change ideas trialled. SOP in development. Shortage of genral adult psyhcistrists may delay |              |

|                                    |       |  |
|------------------------------------|-------|--|
| Assessment of Progress:            | Amber |  |
| Comment / remedial action required |       |  |

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action



|   |   |  |   |              |
|---|---|--|---|--------------|
| <b>MAT Standard 10</b>  | <b>All people receive trauma informed care.</b> | The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.  |   |              |
| April 2022<br>RAG status  |   | The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience. |   |              |
| <b>Actions/deliverables to implement standard 10</b>  |   | <b>Timescales to complete</b>  | <b>Progress in Period</b>                                       | <b>Risks</b> |
| A subgroup of the ADP to drive forward MAT 6&10 has been set up.  |   | Completed  |   |              |
| Trauma training is being rolled out across all ADP services. Training has started and a number of sessions have taken place |   | Ongoing – this will need to be rolling   | Trauma walkthroughs for all partners scheduled for w/c 24/10/22 |              |
| See Appendix one for detailed plan  |   |  |   |              |
| Assessment of Progress:   | <b>Green</b>                                    |  |   |              |
| Comment / remedial action required  |   |  |   |              |

## Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.

The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

|                 |  |
|-----------------|--|
| Q1 Performance: |  |
| Q2 Performance: |  |
| Q3 Performance: |  |
| Q4 Performance: |  |

| Key actions to improve performance | Timescales to complete | Progress in period | Risks |
|------------------------------------|------------------------|--------------------|-------|
|                                    |                        |                    |       |
|                                    |                        |                    |       |
|                                    |                        |                    |       |
|                                    |                        |                    |       |
| Comment / remedial action required |                        |                    |       |

## Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

|                 | Projection | Performance |
|-----------------|------------|-------------|
| Q1 Performance: |            |             |
| Q2 Performance: |            |             |
| Q3 Performance: |            |             |
| Q4 Performance: |            |             |

| Key actions to improve performance  | Timescales to complete | Progress in period | Risks |
|---|------------------------|--------------------|-------|
|   |                        |                    |       |
|   |                        |                    |       |
|   |                        |                    |       |
|   |                        |                    |       |
| Comment / remedial action required<br><br>No data received from PHS to track trajectory |                        |                    |       |



ADP Chair  
Integration Authority Chief Officer

Copies to:  
NHS Board Chief Executive  
Local Authority Chief Executive  
NHS Director of Finance  
Integration Authority Chief Finance Officer  
ADP Chairs and Co-ordinators

6 October 2022

Dear ADP Chair and Integration Authority Chief Officer

**SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2022-23 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES – TRANCHE 1 ALLOCATION UPDATE**

1. We are writing to follow up on our letter of 23 June and provide a further update on the first tranche of 2022-23 allocations for Alcohol and Drug Partnerships (ADPs) which have been issued this month.

**Available Resources**

2. As noted in the 23 June letter, the funding being made available for ADP work in 2022-23 is £106.8 million, which includes baseline funding plus £50.3 million available for in-year allocation.
3. Given the overall financial pressures across health and social care it is prudent and sensible to use existing reserves that have been built up over time before allocating new funding. On that basis, we previously advised that Integration Authorities would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.

**Methodology for Tranche One Allocation**

4. We will be making two in-year allocations of ADP funding on a 70:30 basis. The initial tranche of allocations issued this week totals £12.3 million. This allocation is based on 70% of the £50.3 million available for in-year allocation and takes account of £29.0 million reserve balances at March 2022 as reported by CFOs. Annex A breaks down the total funding available as well as the first tranche of funding being allocated, split by Health Board and by IA.

## Methodology for Tranche Two Allocation

5. Second tranche allocations will follow later this financial year, subject to supporting data and evidence regarding additional ADP funding required in 2022-23. We requested information confirming latest spend incurred, forecast spend and reserves balances in our letter of 14 September with returns due back by 28 October. This information will inform tranche 2 allocations and it is therefore our intention to taper that final allocation to match forecast spend, taking into account any in-year slippage that is expected to arise.

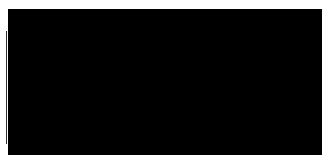
## Scope of ADP funding

6. For 2022-23, ADP funding should continue to be used to deliver the priority services set out in the 23 June letter. The funding must be delegated in its entirety to IAs. The funding for the PfG and National Mission uplift elements is considered an earmarked recurring allocation. The specific programme funding is currently considered non-recurring while we continue to review the next steps on each of these programmes.
7. I look forward to working with you as we continue to drive forward on delivery of the National Mission and our commitments to Alcohol treatment and recovery.
8. If you have any queries on the content of this letter, please contact Fiona Robertson at: [Drugsmissondeliveryteam@gov.scot](mailto:Drugsmissondeliveryteam@gov.scot).

Yours sincerely



Orlando Heijmer-Mason  
Deputy Director, Drug Policy Division  
Population Health Directorate



Karen MacNee  
Deputy Director, Health Improvement Division  
Population Health Directorate

## **List of Appendices**

### **APPENDIX 1: ADP Tranche 1 Allocation by Board and Integration Authority**

## Appendix 1: ADP Tranche 1 Allocation by Board and Integration Authority

|                         | Funding stream                                     | MAT Standards               | Taskforce Response Fund | IA NRAC Share 22/23 | Additional PfG uplift | Additional National Mission uplift | Residential Rehab | Whole family Approach framework | Lived and Living Experience | Total ADP Funds Available | ADP Tranche 1 Available (70%) | Less ADP reserves  | ADP Tranche 1 Allocation (IA) | ADP Tranche 1 Allocation (Board) |
|-------------------------|--|-----------------------------|-------------------------|---------------------|-----------------------|------------------------------------|-------------------|---------------------------------|-----------------------------|---------------------------|-------------------------------|--------------------|-------------------------------|----------------------------------|
| NHS Board Name          | Integrated Authority Name                          | See previous funding letter | Drug prevalence         |                     | NRAC                  | NRAC                               | NRAC              | NRAC                            | NRAC                        |                           |                               |                    |                               |                                  |
| <b>TOTAL</b>            |  | <b>£10,313,775</b>          | <b>£3,000,000</b>       |                     | <b>£17,000,000</b>    | <b>£11,000,000</b>                 | <b>£5,000,000</b> | <b>£3,500,000</b>               | <b>£500,000</b>             | <b>£50,313,775</b>        | <b>£35,219,643</b>            | <b>£29,036,318</b> | <b>£12,293,795</b>            | <b>£12,293,795</b>               |
| Ayrshire & Arran        | East Ayrshire HSCP                                 | £215,080                    | £83,726                 | 2.37%               | £402,900              | £260,700                           | £118,500          | £82,950                         | £11,850                     | <b>£1,175,706</b>         | £822,994.20                   | £1,049,000         | <b>£0</b>                     | <b>£443,243</b>                  |
|                         | North Ayrshire HSCP                                | £250,360                    | £83,726                 | 2.70%               | £459,000              | £297,000                           | £135,000          | £94,500                         | £13,500                     | <b>£1,333,086</b>         | £933,160                      | £890,000           | <b>£43,160</b>                |                                  |
|                         | South Ayrshire HSCP                                | £340,000                    | £49,189                 | 2.25%               | £382,500              | £247,500                           | £112,500          | £78,750                         | £11,250                     | <b>£1,221,689</b>         | £855,182                      | £502,000           | <b>£353,182</b>               |                                  |
|                         | NHS Ayrshire & Arran (programme management)        | £67,000                     |                         |                     |                       |                                    |                   |                                 |                             | <b>£67,000</b>            | £46,900                       |                    | <b>£46,900</b>                |                                  |
| Borders                 | Scottish Borders HSCP                              | £200,154                    | £26,688                 | 2.15%               | £365,500              | £236,500                           | £107,500          | £75,250                         | £10,750                     | <b>£1,022,342</b>         | £715,639                      | £0                 | <b>£715,639</b>               | <b>£715,639</b>                  |
| Dumfries & Galloway     | Dumfries and Galloway HSCP                         | £269,206                    | £57,561                 | 2.97%               | £504,900              | £326,700                           | £148,500          | £103,950                        | £14,850                     | <b>£1,425,667</b>         | £997,967                      | £1,604,000         | <b>£0</b>                     | <b>£0</b>                        |
| Fife                    | Fife HSCP  | £613,148                    | £146,520                | 6.86%               | £1,166,200            | £754,600                           | £343,000          | £240,100                        | £34,300                     | <b>£3,297,868</b>         | £2,308,508                    | £1,700,000         | <b>£608,508</b>               | <b>£608,508</b>                  |
| Forth Valley            | Clackmannanshire and Stirling HSCP                 | £230,899                    | £85,249                 | 2.57%               | £436,900              | £282,700                           | £128,500          | £89,950                         | £12,850                     | <b>£1,267,048</b>         | £886,934                      | £282,000           | <b>£604,934</b>               | <b>£1,150,833</b>                |
|                         | Falkirk HSCP                                       | £259,191                    | £62,794                 | 2.89%               | £491,300              | £317,900                           | £144,500          | £101,150                        | £14,450                     | <b>£1,391,285</b>         | £973,900                      | £428,000           | <b>£545,900</b>               |                                  |
| Grampian                | Aberdeen City HSCP                                 | £462,000                    | £125,589                | 3.81%               | £647,700              | £419,100                           | £190,500          | £133,350                        | £19,050                     | <b>£1,997,289</b>         | £1,398,102                    | £2,286,000         | <b>£0</b>                     | <b>£444,796</b>                  |
|                         | Aberdeenshire HSCP                                 | £436,600                    | £62,794                 | 4.27%               | £725,900              | £469,700                           | £213,500          | £149,450                        | £21,350                     | <b>£2,079,294</b>         | £1,455,506                    | £1,267,000         | <b>£188,506</b>               |                                  |
|                         | Moray HSCP   | £154,319                    | £14,129                 | 1.73%               | £294,100              | £190,300                           | £86,500           | £60,550                         | £8,650                      | <b>£808,548</b>           | £565,984                      | £309,693           | <b>£256,291</b>               |                                  |
| Greater Glasgow & Clyde | East Dunbartonshire HSCP                           | £166,874                    | £37,153                 | 1.85%               | £314,500              | £203,500                           | £92,500           | £64,750                         | £9,250                      | <b>£888,527</b>           | £621,969                      | £652,000           | <b>£0</b>                     | <b>£1,733,677</b>                |
|                         | East Renfrewshire HSCP                             | £172,622                    | £41,863                 | 1.58%               | £268,600              | £173,800                           | £79,000           | £55,300                         | £7,900                      | <b>£799,085</b>           | £559,360                      | £527,000           | <b>£32,360</b>                |                                  |
|                         | Glasgow City HSCP                                  | £1,066,000                  | £622,711                | 11.98%              | £2,036,600            | £1,317,800                         | £599,000          | £419,300                        | £59,900                     | <b>£6,121,311</b>         | £4,284,918                    | £2,676,000         | <b>£1,608,918</b>             |                                  |
|                         | Inverclyde HSCP                                    | £212,767                    | £78,493                 | 1.62%               | £275,400              | £178,200                           | £81,000           | £56,700                         | £8,100                      | <b>£890,660</b>           | £623,462                      | £843,000           | <b>£0</b>                     |                                  |
|                         | Renfrewshire HSCP                                  | £305,726                    | £141,287                | 3.37%               | £572,900              | £370,700                           | £168,500          | £117,950                        | £16,850                     | <b>£1,693,913</b>         | £1,185,739                    | £2,551,000         | <b>£0</b>                     |                                  |
|                         | West Dunbartonshire HSCP                           | £158,000                    | £57,561                 | 1.78%               | £302,600              | £195,800                           | £89,000           | £62,300                         | £8,900                      | <b>£874,161</b>           | £611,913                      | £872,166           | <b>£0</b>                     |                                  |
| Highland                | NHS Greater Glasgow & Clyde (programme management) | £132,000                    |                         |                     |                       |                                    |                   |                                 |                             | <b>£132,000</b>           | £92,400                       |                    | <b>£92,400</b>                | <b>£2,006,325</b>                |
|                         | Argyll and Bute HSCP                               | £171,171                    | £29,304                 | 1.88%               | £319,600              | £206,800                           | £94,000           | £65,800                         | £9,400                      | <b>£896,075</b>           | £627,253                      | £185,000           | <b>£442,253</b>               |                                  |
| Highland                | Highland HSCP                                      | £422,129                    | £73,260                 | 4.70%               | £799,000              | £517,000                           | £235,000          | £164,500                        | £23,500                     | <b>£2,234,389</b>         | £1,564,072                    | £0                 | <b>£1,564,072</b>             | <b>£4,231,608</b>                |
|                         | North Lanarkshire HSCP                             | £570,866                    | £188,383                | 6.36%               | £1,081,200            | £699,600                           | £318,000          | £222,600                        | £31,800                     | <b>£3,112,449</b>         | £2,178,714                    | £0                 | <b>£2,178,714</b>             |                                  |
| Lanarkshire             | South Lanarkshire HSCP                             | £532,991                    | £209,314                | 5.92%               | £1,006,400            | £651,200                           | £296,000          | £207,200                        | £29,600                     | <b>£2,932,705</b>         | £2,052,894                    | £0                 | <b>£2,052,894</b>             | <b>£190,000</b>                  |
|                         | East Lothian HSCP                                  | £402,230                    | £48,142                 | 1.86%               | £316,200              | £204,600                           | £93,000           | £65,100                         | £9,300                      | <b>£1,138,572</b>         | £797,000                      | £607,000           | <b>£190,000</b>               |                                  |
| Lothian                 | Edinburgh HSCP                                     | £753,003                    | £313,972                | 8.35%               | £1,419,500            | £918,500                           | £417,500          | £292,250                        | £41,750                     | <b>£4,156,475</b>         | £2,909,533                    | £4,170,460         | <b>£0</b>                     | <b>£595,099</b>                  |
|                         | Midlothian HSCP                                    | 0                           | £39,770                 | 1.63%               | £277,100              | £179,300                           | £81,500           | £57,050                         | £8,150                      | <b>£642,870</b>           | £450,009                      | £618,000           | <b>£0</b>                     |                                  |
|                         | West Lothian HSCP                                  | £250,000                    | £68,027                 | 3.12%               | £530,400              | £343,200                           | £156,000          | £109,200                        | £15,600                     | <b>£1,472,427</b>         | £1,030,699                    | £718,000           | <b>£312,699</b>               |                                  |
|                         | NHS Lothian (Programme management)                 | £132,000                    |                         |                     |                       |                                    |                   |                                 |                             | <b>£132,000</b>           | £92,400                       |                    | <b>£92,400</b>                |                                  |
| Orkney                  | Orkney Islands HSCP                                | £45,119                     | £1,570                  | 0.49%               | £83,300               | £53,900                            | £24,500           | £17,150                         | £2,450                      | <b>£227,989</b>           | £159,592                      | £364,000           | <b>£0</b>                     | <b>£0</b>                        |
| Shetland                | Shetland Islands HSCP                              | £43,960                     | £8,896                  | 0.48%               | £81,600               | £52,800                            | £24,000           | £16,800                         | £2,400                      | <b>£230,456</b>           | £161,319                      | £359,000           | <b>£0</b>                     | <b>£0</b>                        |
| Tayside                 | Angus HSCP   | £194,443                    | £41,863                 | 2.16%               | £367,200              | £237,600                           | £108,000          | £75,600                         | £10,800                     | <b>£1,035,506</b>         | £724,854                      | £509,000           | <b>£215,854</b>               | <b>£364,067</b>                  |
|                         | Dundee City HSCP                                   | £710,034                    | £120,356                | 2.86%               | £486,200              | £314,600                           | £143,000          | £100,100                        | £14,300                     | <b>£1,888,590</b>         | £1,322,013                    | £1,220,000         | <b>£102,013</b>               |                                  |
|                         | Perth and Kinross HSCP                             | £247,718                    | £78,493                 | 2.78%               | £472,600              | £305,800                           | £139,000          | £97,300                         | £13,900                     | <b>£1,354,811</b>         | £948,368                      | £1,318,000         | <b>£0</b>                     |                                  |
|                         | NHS Tayside (programme management)                 | £66,000                     |                         |                     |                       |                                    |                   |                                 |                             | <b>£66,000</b>            | £46,200                       |                    | <b>£46,200</b>                |                                  |
| Western Isles           | Western Isles HSCP                                 | £60,165                     | £2,616                  | 0.66%               | £112,200              | £72,600                            | £33,000           | £23,100                         | £3,300                      | <b>£306,981</b>           | £214,887                      | £529,000           | <b>£0</b>                     | <b>£0</b>                        |



**Guidance for ADP 6-monthly financial reporting**  
**Report 1 for period: 1st April 2022 - 30th September 2022**

**Spend / Forecast**

|                |  |
|----------------|--|
| Column B       | Please select the area that is relevant from the drop down menu. The areas are in line with this years ADP letter. |
| Column C       | Please provide a description of what this funding was spent on.  |
| Columns D to O | Enter actual spend information for April to September and forecast for October to March.                           |
| Column Q       | Please provide any further commentary that is helpful to understand spend/forecast for each area of budget.        |

**Reserves Position**

|          |  |
|----------|--|
| Cell D35 | Enter reserves balance as at 1 April 2022, including all relevant reserves that are available to contribute towards these areas of spend.  |
| Cell D36 | Enter reserves balance as at 30 September 2022, including all relevant reserves that are available to contribute towards these areas of spend. This enables automatic calculation of the level of reserves utilised in-year. |
| Cell D38 | Enter amount of any other relevant funding being contributed by the ADP towards the funding of this spend in 2022/23 where applicable.   |

When complete please return your reports to: [Drugsmissondeliveryteam@gov.scot](mailto:Drugsmissondeliveryteam@gov.scot)  
Returns requested by 28<sup>th</sup> **October 2022**  
Report 2 for period: 1st October - 31st March 2023 will be due in April 2023

|     |
|-----|
| ADP |
|-----|

West Lothian  
HSCP

Grey cells are calculated cells - no need for input

[illegible]

|   | £         |
|---|-----------|
| ADP Reserves Balance @ 1 April 2022           | 718121    |
| ADP Reserves Balance @ 30 September 2022      | 537772    |
| Reserves utilised in-year @ 30 September 2022 | 180349    |
| Any other funding contributed from ADP        | 0         |
| Forecast outturn                              | 3,810,012 |
| In-year funding requirement                   | 3,091,891 |



|             |                 |
|-------------|-----------------|
| Date        | 10 January 2023 |
| Agenda Item | 21              |

## Report to West Lothian Integration Joint Board

**Report Title: Self-Assessment Survey - Results**

**Report By: Project Officer**

| Summary of Report and Implications  |   |
|---|---|
| <b>Purpose</b>  | This report: (tick any that apply).   |
|   | - seeks a decision <input type="checkbox"/>   |
|   | - is to provide assurance <input type="checkbox"/>  |
|   | - is for information <input checked="" type="checkbox"/>  |
|   | - is for discussion <input checked="" type="checkbox"/>   |
|   | The purpose of this report is to inform the Board of the results of the self-assessment survey of the Board's administrative arrangements and activity. The Board is invited to discuss the results and identify any action required.                     |
| <b>Recommendations</b>  | <p>It is recommended that the Board:</p> <ol style="list-style-type: none"> <li>1. Notes the results of the self-assessment survey; and</li> <li>2. Discuss if any actions should arise from the results.</li> </ol>                                      |
| <b>Directions to NHS Lothian and/or West Lothian Council</b>                  | A direction(s) is not required.   |
| <b>Resource/ Finance/ Staffing</b>  | None  |
| <b>Policy/Legal</b>   | Self-assessment is not a statutory requirement but is considered good practice.   |
| <b>Risk</b>   | No new risks identified.  |
| <b>Equality, Health Inequalities, Environmental and Sustainability Issues</b> | <p>The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.</p> <p>No environmental impacts have been identified.</p> |

|   |  |
|---|--|
| <b>Strategic Planning and Commissioning</b> | There is no direct relevance to the Strategic Plan, but good governance leads ultimately to good outcomes. |
| <b>Locality Planning</b>                    | N/A  |
| <b>Engagement</b>                           | The survey questionnaire was agreed by the Board at its meeting of 29 June and was issued to all members.  |

| <b>Terms of Report</b> |   |
|------------------------|---|
|                        | <b>Self-assessment survey results</b>   |
| 1                      | The CIPFA Framework under which the Board's Code of Corporate Governance was developed suggests that committees involved in scrutiny and internal control should periodically conduct a self-assessment of their effectiveness and operation. The aim is to involve members in close consideration of the role of the committee and its members, its administrative arrangements and the context in which it operates.  |
| 2                      | Additionally, the recommendations of the External Auditor in 2018 included that "building on the process carried out by the Audit Risk & Governance Committee, the Board should assess its own effectiveness and areas for improvement and those for its committees and other bodies". A similar self-assessment questionnaire was therefore developed for the Board and agreed at the Board's meeting of 29 January 2019. It was further agreed this survey would be conducted annually. |
| 3                      | At its meeting of 30 June 2020, the Board considered the question set for the survey and changes were made to make the questions clearer and easier to answer. It was further agreed to include questions on communication to Board Members during the Covid-19 pandemic response and to use the opportunity to consult on the content of a formal induction and support package for Members.   |
| 4                      | At its meeting of 17 August 2022, the Board again agreed to include questions on communication around Covid-19 and any support/development requirements. Due to the board having recently appointed Board Members, it was agreed to delay the survey a few months to allow for further opportunity to attend Board meetings.  |
| 5                      | The survey was circulated to all Board Members on 10 November 2022 and was open for completion until 5 December 2023. Eleven of which completed the survey, an increase of two respondents from the previous year. The results are anonymous and are appended to this report as Appendix 1 for discussion.  |

|                   |  |
|-------------------|--|
| <b>Appendices</b> | 1. Self-Assessment Survey Results  |
| <b>References</b> | Audit, Risk & Governance Committee meetings of 27 June, 12 September 2018<br>Integration Joint Board meetings of 29 January 2019, 30 June 2020, 17 August 2022 |

|                |   |
|----------------|---|
|                | <p>“Delivering Good Governance in Local Government - Framework (CIPFA/SOLACE, 2016)</p> <p>“Delivering Good Governance in Local Government - Guidance Notes for Scottish Authorities (CIPFA/SOLACE, 2016)</p> |
| <b>Contact</b> | <p>Kerry Taylor, Project Officer</p> <p><a href="mailto:kerry.taylor@westlothian.gov.uk">kerry.taylor@westlothian.gov.uk</a></p>  |



## West Lothian Integration Joint Board - Self-Assessment Questionnaire

1. 1. I am aware that the Board's role and powers are set out in Standing Orders:

Number of participants: 11

3 (27.3%): Strongly agree

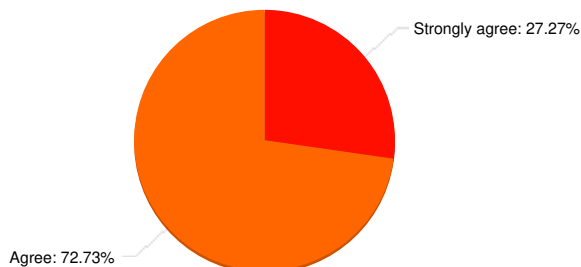
8 (72.7%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



2. Comments:

Number of participants: 0

3. 2. I consider that the Board's role and powers are clear and understood:

Number of participants: 11

2 (18.2%): Strongly agree

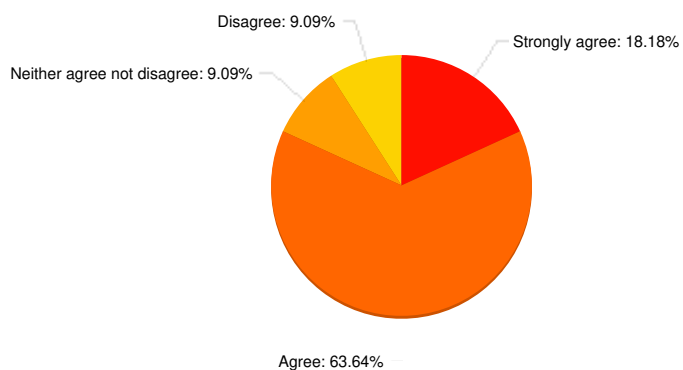
7 (63.6%): Agree

1 (9.1%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



4. Comments:

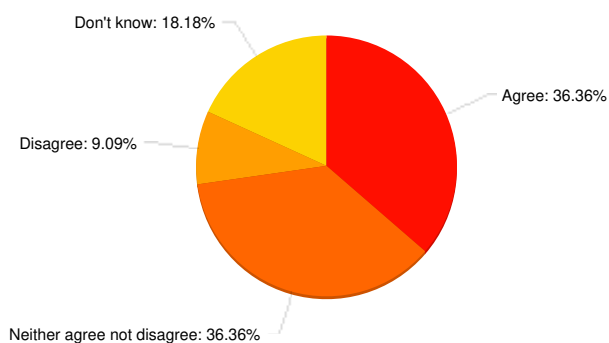
Number of participants: 1

- I think they are broadly understood by Board colleagues, though I sometimes forget precisely what is delegated and what is not. The public are generally unaware of the services delegated to the IJB.

5. 3. I consider that the Board is regarded by stakeholders as a positive influence:

Number of participants: 11

- (0.0%): Strongly agree
- 4 (36.4%): Agree
- 4 (36.4%): Neither agree not disagree
- 1 (9.1%): Disagree
- (0.0%): Strongly disagree
- 2 (18.2%): Don't know



6. Comments:

Number of participants: 1

- No obvious map of who we define as key stakeholders and no evidence that I am aware of to demonstrate how they regard us.



7. 4. I consider that the Board's decisions are respected and acted upon by the partners:

Number of participants: 11

3 (27.3%): Strongly agree

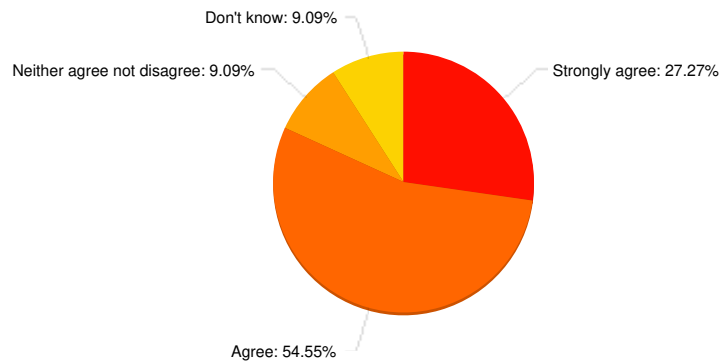
6 (54.5%): Agree

1 (9.1%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

1 (9.1%): Don't know



8. Comments:

Number of participants: 0

9. 5. I consider that there is adequate communication amongst officers and Board members:

Number of participants: 11

1 (9.1%): Strongly agree

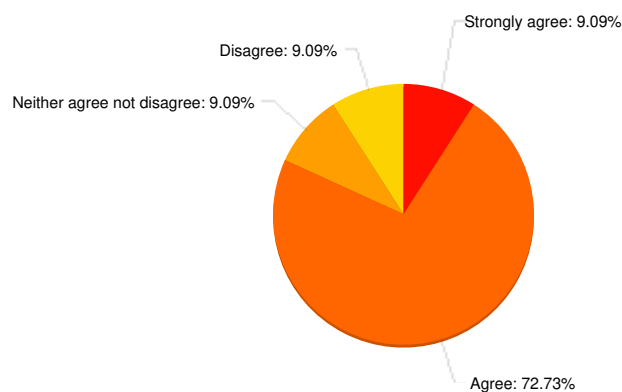
8 (72.7%): Agree

1 (9.1%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



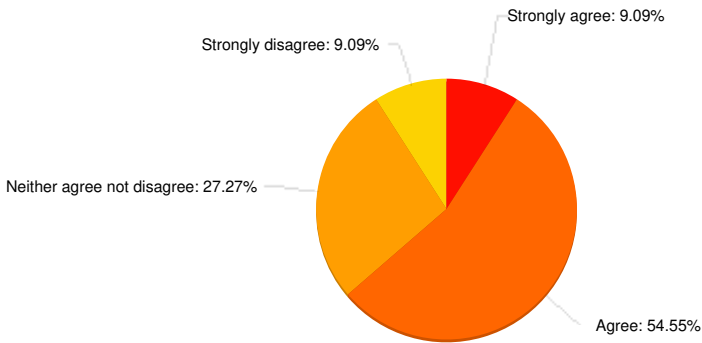
10. Comments:

Number of participants: 0

11. 1. I consider that the Board is of an appropriate size and composition:

Number of participants: 11

- 1 (9.1%): Strongly agree
- 6 (54.5%): Agree
- 3 (27.3%): Neither agree not disagree
- (0.0%): Disagree
- 1 (9.1%): Strongly disagree
- (0.0%): Don't know



12. Comments:

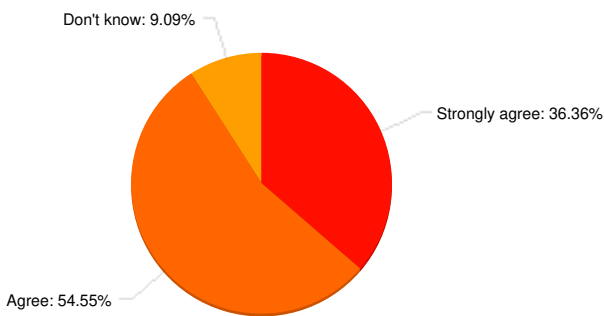
Number of participants: 1

- I disagree with having voting and non voting members - all members should have an equally say and responsibility for Board decisions

13. 2. I consider that the Board is provided with adequate officer support (professional and administrative):

Number of participants: 11

- 4 (36.4%): Strongly agree
- 6 (54.5%): Agree
- (0.0%): Neither agree not disagree
- (0.0%): Disagree
- (0.0%): Strongly disagree
- 1 (9.1%): Don't know



14. Comments:  
Number of participants: 0

15. 3. I consider that meetings are sufficiently frequent and at appropriate times of the year:

Number of participants: 11

4 (36.4%): Strongly agree

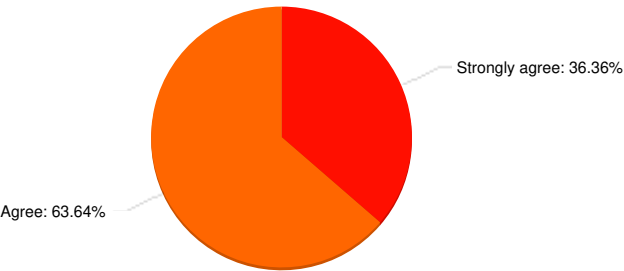
7 (63.6%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



16. Comments:  
Number of participants: 0

17. 4. I consider that the Board maintains a work plan balancing forward planning with flexibility for reactive work:

Number of participants: 11

3 (27.3%): Strongly agree

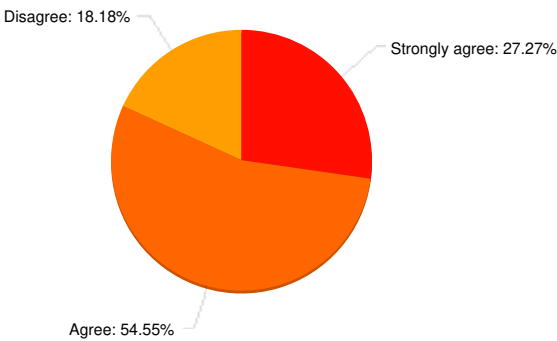
6 (54.5%): Agree

- (0.0%): Neither agree not disagree

2 (18.2%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



18. Comments:

Number of participants: 1

- I don't think there is enough flexibility - too much time spent on forward planning and routine reporting, not enough time spent discussing "live" issues. They may be added to the agenda, but can be squeezed out time-wise by all the routine reporting

19. 5. I consider that meeting papers are distributed appropriately (timeliness and format) to enable me to properly prepare:

Number of participants: 11

4 (36.4%): Strongly agree

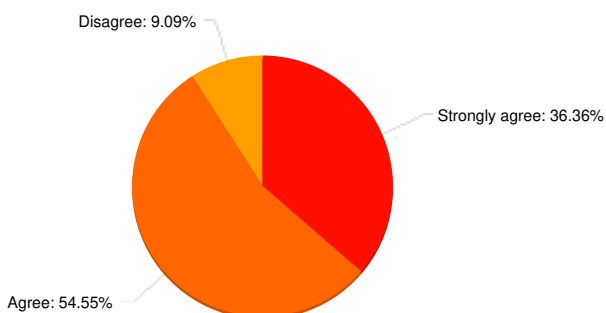
6 (54.5%): Agree

- (0.0%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



20. Comments:

Number of participants: 0

21. 6. I consider that reports and minutes provide relevant, appropriate and sufficient information:

Number of participants: 11

1 (9.1%): Strongly agree

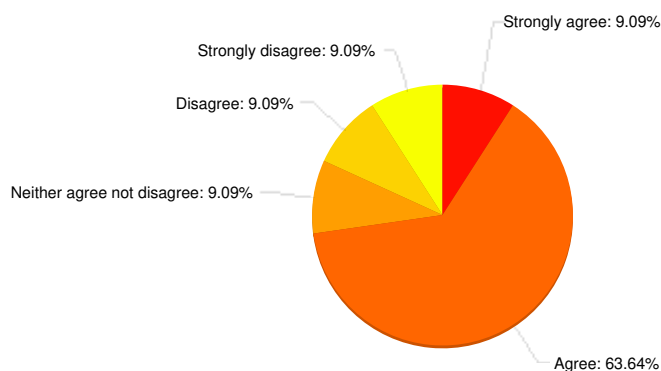
7 (63.6%): Agree

1 (9.1%): Neither agree not disagree

1 (9.1%): Disagree

1 (9.1%): Strongly disagree

- (0.0%): Don't know



22. Comments:

Number of participants: 2

- Minutes are very limited - no discussion is reflected, they just say "paper noted/approved" or whatever and no one who was not at the meeting has any sense of how decisions to approve or not approve were reached
- Minutes of IJB meetings are written in a formula which refers to the recommendations in the documents being discussed. They do not seek to give much flavour of the discussion between members during consideration of the various agenda items

23. 7. I consider that start times and time allowed for meetings provide sufficient time for business to be done:

Number of participants: 10

2 (20.0%): Strongly agree

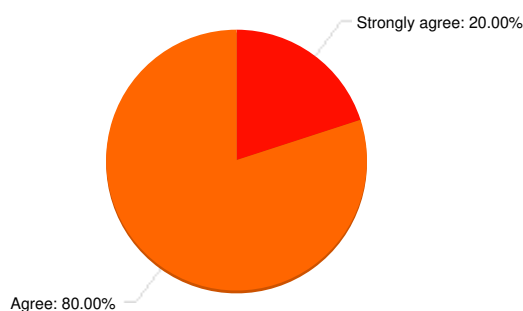
8 (80.0%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



24. Comments:

Number of participants: 1

- Its not that the meeting are too short, but too much is put on the agenda so often there is not time for proper discussion of meaty issue. Also, the order of the agenda often feels wrong - too much routine reporting at the beginning which sucks up all the time. Items requiring proper discussion should be at the top of the agenda, before time runs short and people get tired

25. 8. I consider that public access to reports and meetings is maximised and excluded only where legally justified:

Number of participants: 11

4 (36.4%): Strongly agree

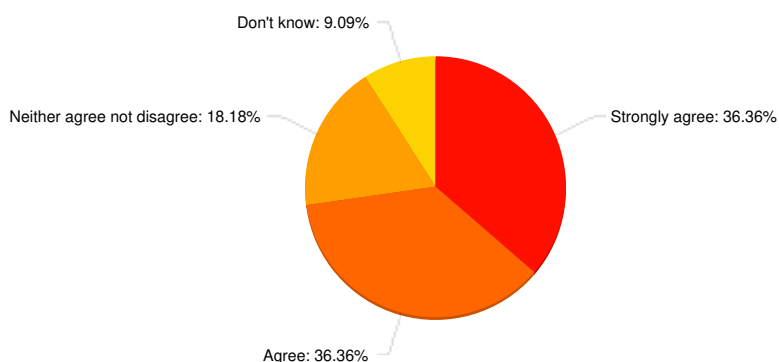
4 (36.4%): Agree

2 (18.2%): Neither agree  
not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

1 (9.1%): Don't know



26. Comments:

Number of participants: 1

- Hard to declare we maximise public access when no one from the public ever attends IJB mtgs but that is part of a wider awareness issue

27. 9. I consider that the Board is able to secure the attendance and assistance of appropriate senior officers:

Number of participants: 11

4 (36.4%): Strongly agree

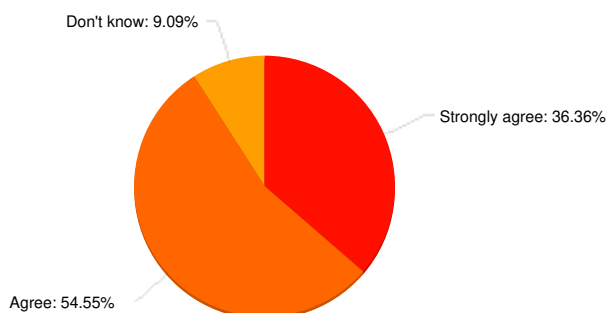
6 (54.5%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

1 (9.1%): Don't know



28. Comments:

Number of participants: 0

29. 10. I consider that the Board is able to secure appropriate professional advice when required:

Number of participants: 11

3 (27.3%): Strongly agree

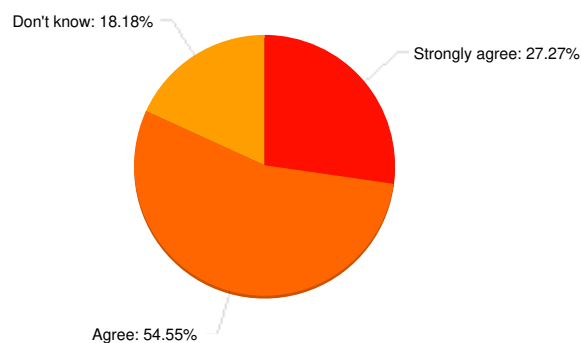
6 (54.5%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

2 (18.2%): Don't know



30. Comments:

Number of participants: 0

31. 1. I consider that my role on the Board is clear:

Number of participants: 11

3 (27.3%): Strongly agree

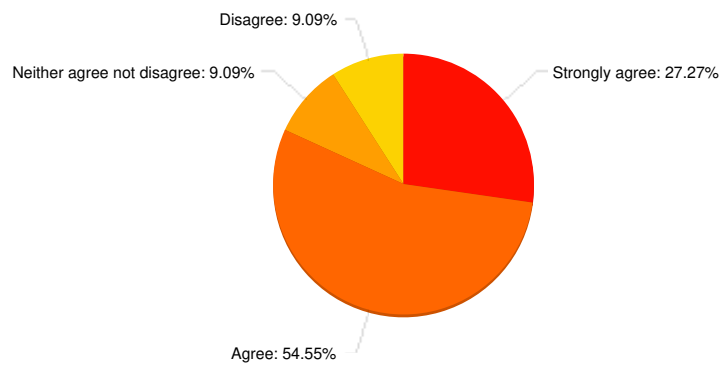
6 (54.5%): Agree

1 (9.1%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



32. Comments:

Number of participants: 0

33. 2. I consider that the Board has an appropriate mix of knowledge, expertise, experience and skills:

Number of participants: 11

2 (18.2%): Strongly agree

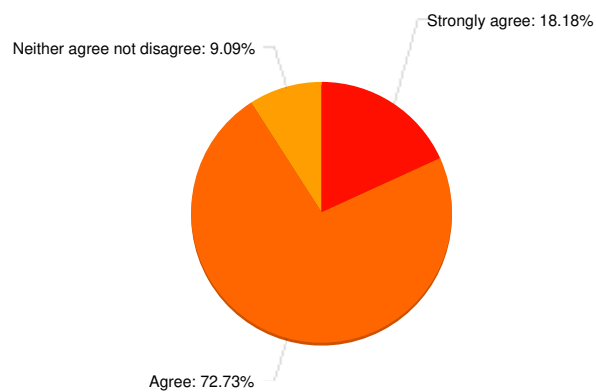
8 (72.7%): Agree

1 (9.1%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know





34. Comments:

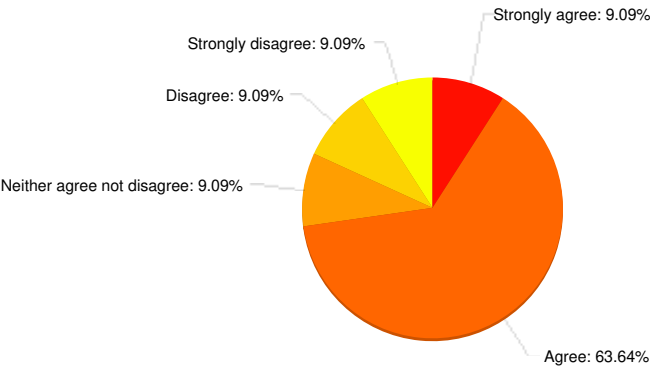
Number of participants: 1

- The legislation prescribes membership categories and the members appointed to fit those roles have good skills and experience, though the Health Board appointees are not West Lothian residents.

35. 3. I receive sufficient and appropriate training and briefings to be effective in my role as a Board member:

Number of participants: 11

- 1 (9.1%): Strongly agree
- 7 (63.6%): Agree
- 1 (9.1%): Neither agree not disagree
- 1 (9.1%): Disagree
- 1 (9.1%): Strongly disagree
- (0.0%): Don't know



36. Comments:

Number of participants: 0

37. 4. I undertake personal development relevant to my role and responsibilities as a Board member:

Number of participants: 11

2 (18.2%): Strongly agree

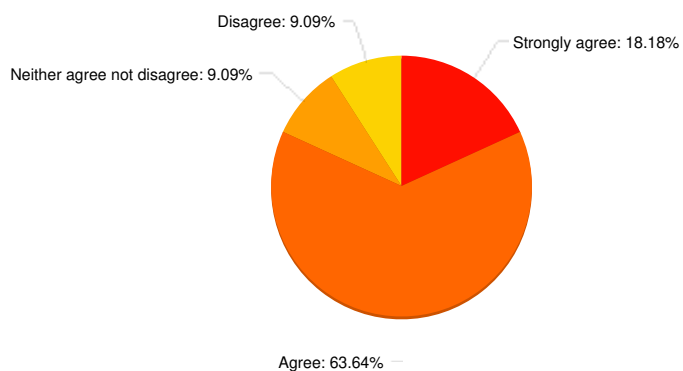
7 (63.6%): Agree

1 (9.1%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



38. Comments:

Number of participants: 0

39. 5. I consider that the Chair promotes and encourages effective and efficient meetings including input from officers and members:

Number of participants: 10

6 (60.0%): Strongly agree

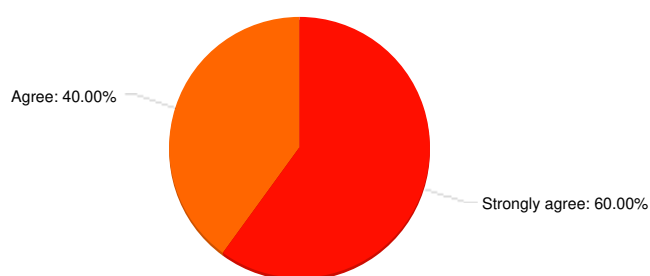
4 (40.0%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



40. Comments:

Number of participants: 1

- As I am the Chair I think it is for others to comment on this Q

41. 6. I consider that members prepare, attend meetings and actively contribute:

Number of participants: 11

3 (27.3%): Strongly agree

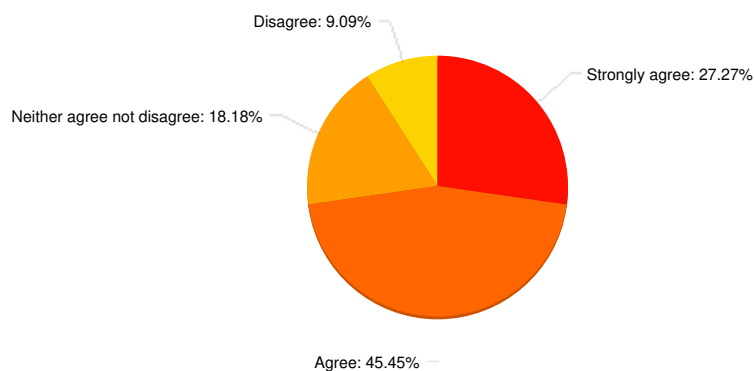
5 (45.5%): Agree

2 (18.2%): Neither agree  
not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



42. Comments:

Number of participants: 1

- variable - some prepare and engage well, others contribute very little

43. 7. I have access to the appropriate information and support to engage and contribute to active discussions at Board meetings:

Number of participants: 11

4 (36.4%): Strongly agree

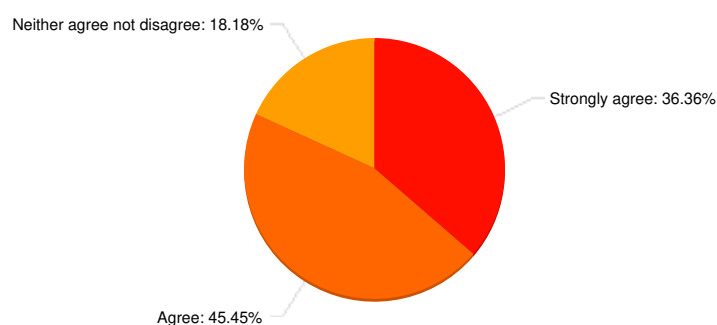
5 (45.5%): Agree

2 (18.2%): Neither agree  
not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



44. Comments:

Number of participants: 0

45. 1. I consider that the Board functions in a positive and constructive manner, including interaction amongst members and with officers:

Number of participants: 11

1 (9.1%): Strongly agree

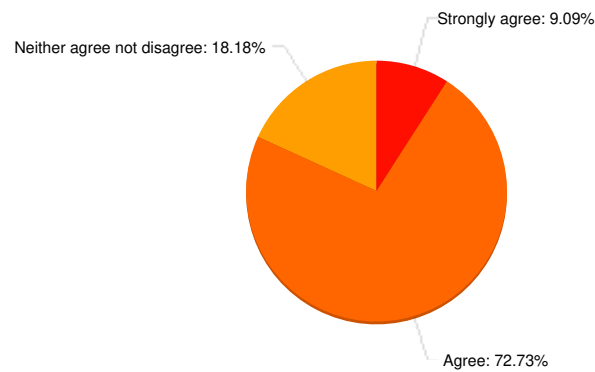
8 (72.7%): Agree

2 (18.2%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



46. Comments:

Number of participants: 0

47. 2. I consider that scrutiny is encouraged and accepted as a means to improve:

Number of participants: 11

4 (36.4%): Strongly agree

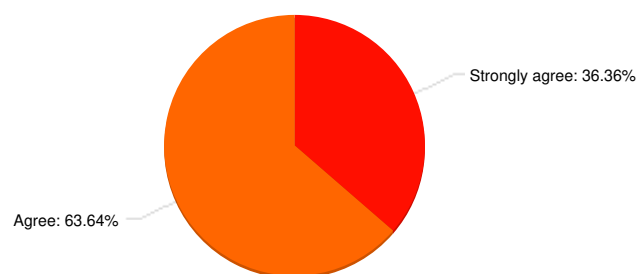
7 (63.6%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



48. Comments:

Number of participants: 0

49. 3. I consider that the Board provides constructive challenge to officers:

Number of participants: 11

3 (27.3%): Strongly agree

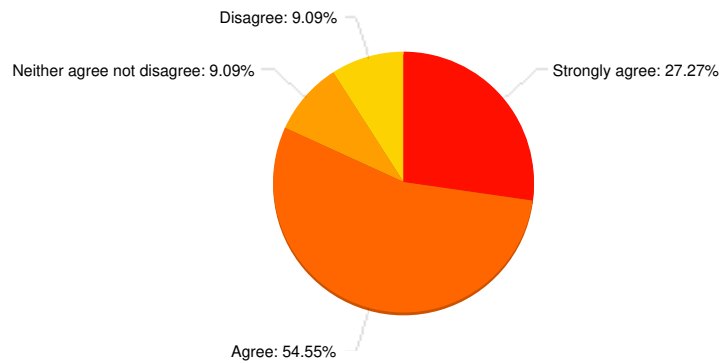
6 (54.5%): Agree

1 (9.1%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



50. Comments:

Number of participants: 0

51. 4. I consider that the Board receives adequate responses from officers to questions:

Number of participants: 11

3 (27.3%): Strongly agree

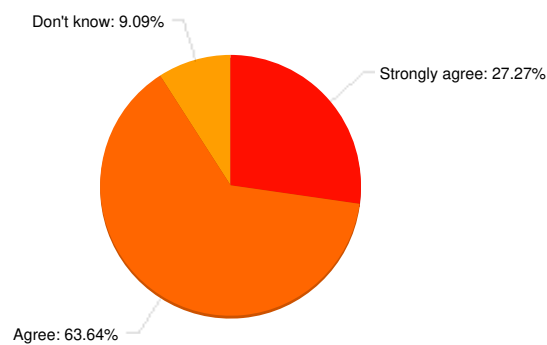
7 (63.6%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

1 (9.1%): Don't know



52. Comments:

Number of participants: 0

53. 5. I feel comfortable asking candid questions and pursuing full answers:

Number of participants: 11

3 (27.3%): Strongly agree

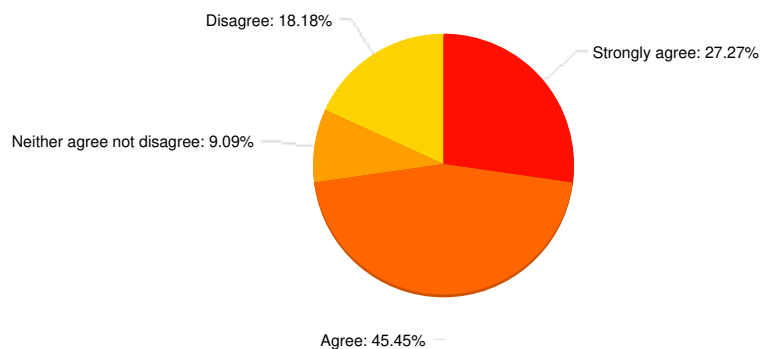
5 (45.5%): Agree

1 (9.1%): Neither agree not disagree

2 (18.2%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



54. Comments:

Number of participants: 0

55. 6. I consider that decisions and recommendations are captured to enable them to be recorded accurately:

Number of participants: 11

1 (9.1%): Strongly agree

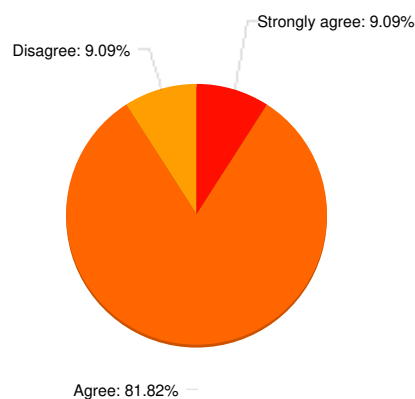
9 (81.8%): Agree

- (0.0%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



56. Comments:

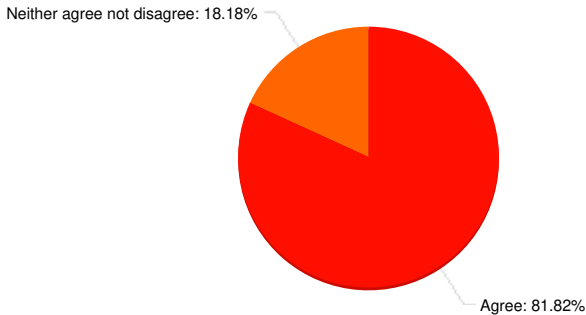
Number of participants: 1

- too little info captured on how decisions were arrived at

57. 7. I consider that decisions are executed properly and in a timely manner and are followed up by Board:

Number of participants: 11

- (0.0%): Strongly agree
- 9 (81.8%): Agree
- 2 (18.2%): Neither agree not disagree
- (0.0%): Disagree
- (0.0%): Strongly disagree
- (0.0%): Don't know



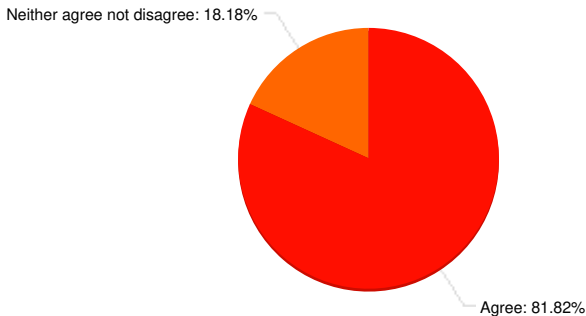
58. Comments:

Number of participants: 0

59. 8. I consider that there is evidence from meeting papers and minutes of impacts or improvements from Board activity:

Number of participants: 11

- (0.0%): Strongly agree
- 9 (81.8%): Agree
- 2 (18.2%): Neither agree not disagree
- (0.0%): Disagree
- (0.0%): Strongly disagree
- (0.0%): Don't know



60. Comments:

Number of participants: 0

61. 9. I consider that the Board has good working relations with key officers, members and organisations:

Number of participants: 11

2 (18.2%): Strongly agree

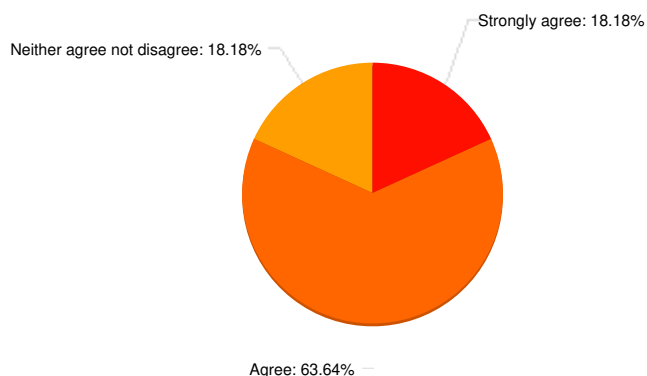
7 (63.6%): Agree

2 (18.2%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



62. Comments:

Number of participants: 0

63. 10. I consider that stakeholders (including other members and the public) are engaged with the Board's activity and are encouraged to participate in the Board's activity:

Number of participants: 11

- (0.0%): Strongly agree

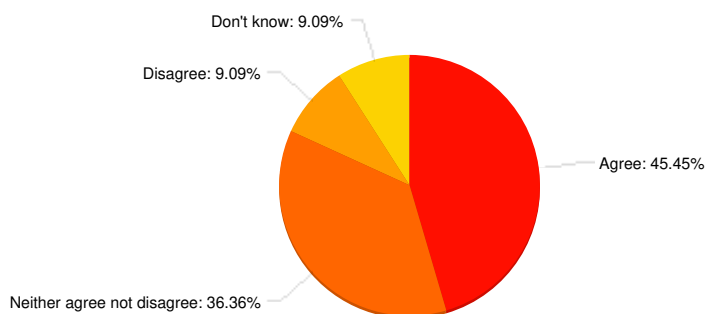
5 (45.5%): Agree

4 (36.4%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

1 (9.1%): Don't know





64. Comments:

Number of participants: 2

- Public are not particularly engaged.
- We do not get much direct public engagement but we do have extensive links to community interests and third sector interests in WL.

65. 1. I consider that interaction with Board's committees and groups is defined and understood:

Number of participants: 11

1 (9.1%): Strongly agree

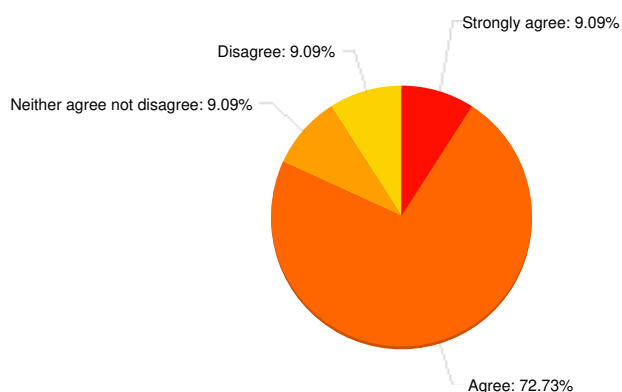
8 (72.7%): Agree

1 (9.1%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



66. Comments:

Number of participants: 0

67. 2. I consider that meetings are attended by external representatives where appropriate:

Number of participants: 11

- (0.0%): Strongly agree

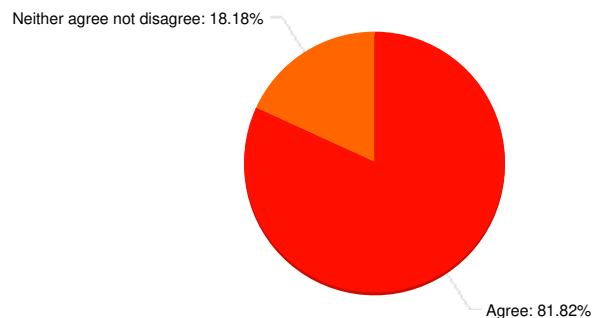
9 (81.8%): Agree

2 (18.2%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



68. Comments:

Number of participants: 1

- We get attendance from Health Board leads on subjects such as public health; perhaps we could do more to bring some CPP stakeholders into our discussions?

69. 3. I consider that the Board's role in relation to the Board's annual accounts and audit of those accounts is defined and understood:

Number of participants: 11

3 (27.3%): Strongly agree

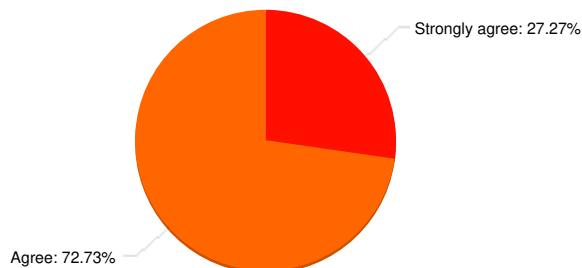
8 (72.7%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know

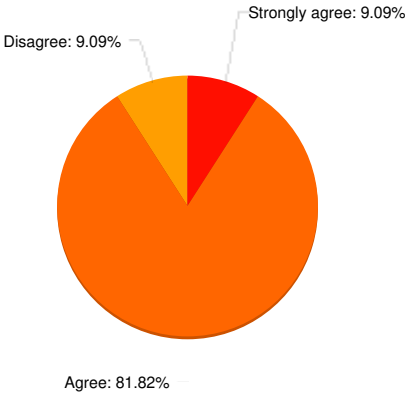


70. Comments:  
Number of participants: 0

71. 4. I consider that the Board's role in relation to performance monitoring is defined and understood:

Number of participants: 11

- 1 (9.1%): Strongly agree
- 9 (81.8%): Agree
- (0.0%): Neither agree not disagree
- 1 (9.1%): Disagree
- (0.0%): Strongly disagree
- (0.0%): Don't know

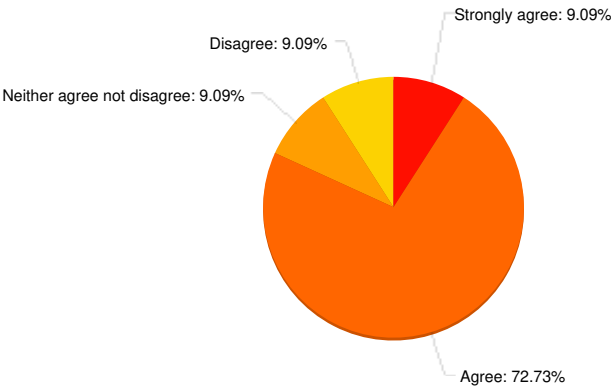


72. Comments:  
Number of participants: 0

73. 5. I consider that the Board's role in relation to risk management is defined and understood:

Number of participants: 11

- 1 (9.1%): Strongly agree
- 8 (72.7%): Agree
- 1 (9.1%): Neither agree not disagree
- 1 (9.1%): Disagree
- (0.0%): Strongly disagree
- (0.0%): Don't know



74. Comments:

Number of participants: 0

75. 6. I consider that members consider fully the contents and conclusions of the Strategic Plan or associated Commissioning Plans before its approval:

Number of participants: 11

1 (9.1%): Strongly agree

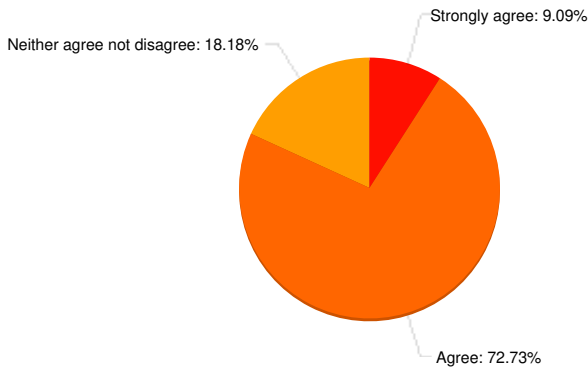
8 (72.7%): Agree

2 (18.2%): Neither agree  
not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



76. Comments:

Number of participants: 0

77. 7. I consider that strategic planning arrangements are defined and appropriate controls are in place:

Number of participants: 11

1 (9.1%): Strongly agree

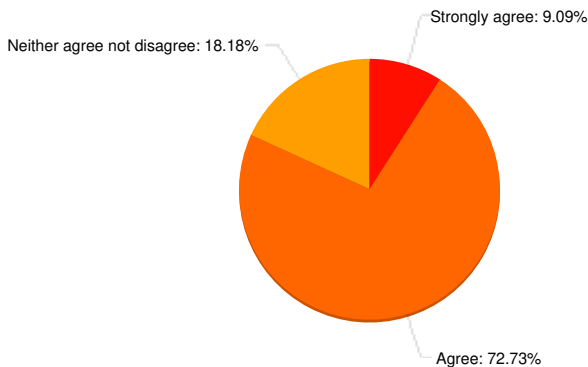
8 (72.7%): Agree

2 (18.2%): Neither agree  
not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



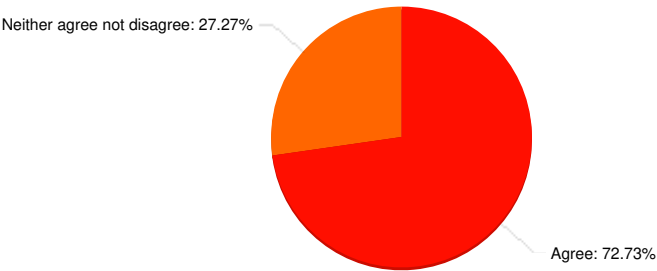
78. Comments:

Number of participants: 0

79. 8. I consider that the Board contributes to effective accountability to the public through challenge of strategic planning process and controls:

Number of participants: 11

- (0.0%): Strongly agree
- 8 (72.7%): Agree
- 3 (27.3%): Neither agree not disagree
- (0.0%): Disagree
- (0.0%): Strongly disagree
- (0.0%): Don't know



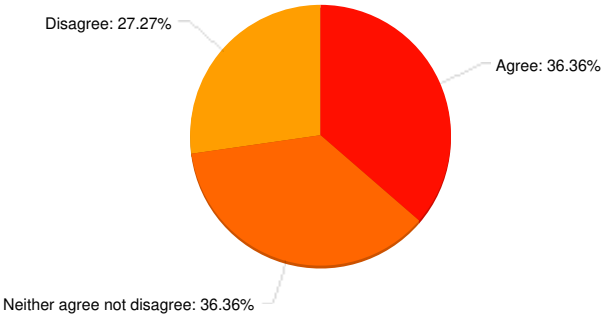
80. Comments:

Number of participants: 0

81. 9. I consider Locality Planning arrangements to be defined and appropriate controls are in place:

Number of participants: 11

- (0.0%): Strongly agree
- 4 (36.4%): Agree
- 4 (36.4%): Neither agree not disagree
- 3 (27.3%): Disagree
- (0.0%): Strongly disagree
- (0.0%): Don't know



82. Comments:

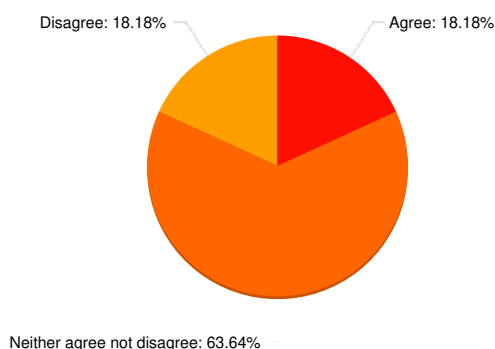
Number of participants: 1

- I think we have moved away from specifically spending effort on east and west locality planning, though we use the geography to present data analyses. We are trying to identify what is needed in specific communities rather than the 2 localities I think.

83. 10. I consider that the Board contributes to effective accountability to the public through challenge of locality planning process and controls:

Number of participants: 11

- (0.0%): Strongly agree
- 2 (18.2%): Agree
- 7 (63.6%): Neither agree not disagree
- 2 (18.2%): Disagree
- (0.0%): Strongly disagree
- (0.0%): Don't know



84. Comments:

Number of participants: 0

85. 1. I have been kept well informed of the response to COVID-19:

Number of participants: 11

4 (36.4%): Strongly agree

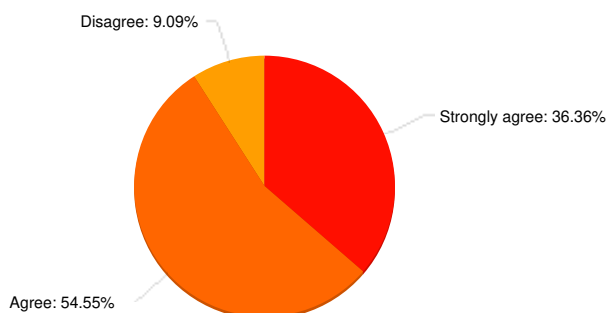
6 (54.5%): Agree

- (0.0%): Neither agree not disagree

1 (9.1%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



86. Comments:

Number of participants: 0

87. 2. I have been kept well informed of changes to meeting arrangements as a result of COVID-19:

Number of participants: 11

5 (45.5%): Strongly agree

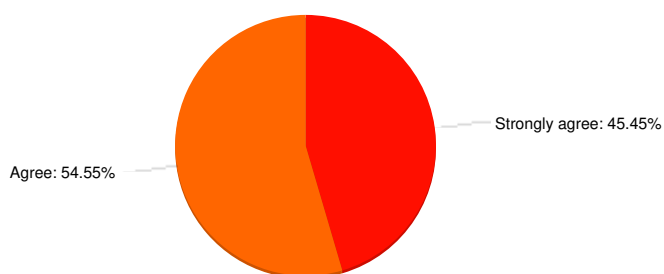
6 (54.5%): Agree

- (0.0%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



88. Comments:

Number of participants: 1

- We have held one face to face meeting recently but people have become used to attending meetings on MS Teams so it may not suit us to go back to a majority of face to face and we should keep this under review.

89. 3. I feel comfortable asking questions or challenging officers in relation to the COVID-19 response:

Number of participants: 11

4 (36.4%): Strongly agree

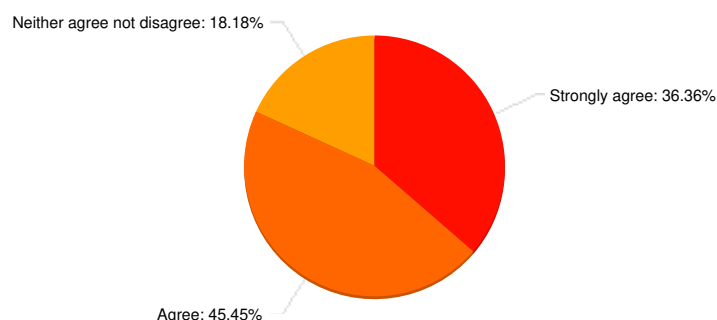
5 (45.5%): Agree

2 (18.2%): Neither agree not disagree

- (0.0%): Disagree

- (0.0%): Strongly disagree

- (0.0%): Don't know



90. Comments:

Number of participants: 0

91. 4. Please list here, any particular support or development topics you think would be of benefit to you and/or the Board:

Number of participants: 1

- National Care Service implications for governance, staff, structures, delivery. Strategic Plan finalisation. Options for considering service changes due to financial situation.





**WEST LOTHIAN INTEGRATION JOINT BOARD  
WORKPLAN  
MEETING DATE: 10 January 2023**



| Month        | Item  | Lead Officer                                     | Meeting Date    | Recurrence  | Reason   |
|--------------|---|--|-----------------|---|--|
| January 2023 | Chief Officer Report  | Chief Officer                                    | 10 January 2023 | Standing item                                       |  |
|              | Chief Financial Officer Budget Update   | Chief Finance Officer                            | 10 January 2023 | Standing item                                       |  |
|              | Minutes<br>Minutes of previous meeting for approval<br>Minutes of Audit, Risk and Governance<br>Committee, Strategic Planning Group and<br>Health and Care Governance Group for<br>noting | Committee Services                               | 10 January 2023 | Standing item                                       |  |
|              | Chief Social Work Officer's Annual Report   | Head of Social Policy                            | 10 January 2023 | To be presented<br>annually – December<br>each year | Requirement of Integration Scheme and<br>Local Code of Corporate Governance, and<br>Guidance on The Role of Chief Social<br>Work Officer Issued by Scottish Ministers<br>– Revised July 2016 |
|              | Digital Strategy Update   | Head of Strategic<br>Planning and<br>Performance | 10 January 2023 |   | As agreed at the IJB meeting of 29 June<br>2022 to provide a future update   |
|              | Self-assessment Results   | Project Officer                                  | 10 January 2023 |   | Moved to January 2023 as agreed at<br>August 2022 IJB due to newly appointed<br>members.   |
|              | Community Wellbeing Hub Report  | Senior Manager Adult<br>Services                 | 10 January 2023 |   | Moved from Nov 2022 to allow time to go<br>through council routes first. Summary<br>update provided on 29 June 2022 with full<br>report requested at a future meeting                        |
|              | Members' Code of Conduct Annual<br>Report & review  | Standards Officer                                | 10 January 2023 | Annual report –<br>November each year.              | Moved to January 2023 from November<br>due to awaiting ethical standards report  |
|              | Workforce Communication and<br>Engagement   | Head of Strategic<br>Planning and<br>Performance | 10 January 2023 |   |  |
|              |   |  |                 |   |  |
|              | Chief Officer Report  | Chief Officer                                    | 21 March 2023   | Standing item                                       |  |
|              | Chief Financial Officer Budget Update   | Chief Finance Officer                            | 21 March 2023   | Standing item                                       |  |

|            |   |  |               |   |   |
|------------|---|--|---------------|---|---|
| March 2023 | Minutes<br>Minutes of previous meeting for approval<br>Minutes of Audit, Risk and Governance<br>Committee, Strategic Planning Group and<br>Health and Care Governance Group for<br>noting | Committee Services                               | 21 March 2023 | Standing item   |   |
|            | Role Descriptions for Members   | Standards Officer                                | 21 March 2023 | Annually in March   |   |
|            | Commissioning Plans Update  | Head of Strategic<br>Planning and<br>Performance | 21 March 2023 | Biannual Reports –<br>March and September                     |   |
|            | Quarterly Performance Report  | Head of Strategic<br>Planning and<br>Performance | 21 March 2023 | Quarterly – including<br>Annual Performance<br>Report in June |   |
|            | Complaints and Information Requests   | Project Officer                                  | 21 March 2023 | Quarterly – Aug, Nov,<br>Feb and May                          | Quarterly reporting of complaints required<br>by Scottish Public Services Ombudsman<br>(SPSO)   |
|            | Timetable of meetings for IJB and SPG   | Committee Services                               | 21 March 2023 | Annually in March   |   |
|            | Update on implementation of CIPFA<br>Financial Management Code (2019)   | Chief Finance Officer                            | 21 March 2023 | Annual Update   | Moved from January 2023 as advised by<br>CFO this will be part of IJB Budget Report<br>in March |
| April 2023 | Chief Officer Report  | Chief Officer                                    | 18 April 2023 | Standing item   |   |
|            | Chief Financial Officer Budget Update   | Chief Finance Officer                            | 18 April 2023 | Standing item   |   |
|            | Minutes<br>Minutes of previous meeting for approval<br>Minutes of Audit, Risk and Governance<br>Committee, Strategic Planning Group and<br>Health and Care Governance Group for<br>noting | Committee Services                               | 18 April 2023 | Standing item   |   |
|            | Coming Home Report Update   | Senior Manager Adult<br>Services                 | 18 April 2023 | Update requested by<br>board                                  |   |
|            | Communication and Engagement<br>Strategy Update   | Head of Strategic<br>Planning and<br>Performance | 18 April 2023 | Annually in April (Full<br>review in 2023)                    |   |
|            | Chief Officer Report  | Chief Officer                                    | 27 June 2023  | Standing item   |   |
|            | Chief Financial Officer Budget Update   | Chief Finance Officer                            | 27 June 2023  | Standing item   |   |

|             |   |  |                    |   |  |
|-------------|---|--|--------------------|---|--|
| June 2023   | Minutes<br>Minutes of previous meeting for approval<br>Minutes of Audit, Risk and Governance<br>Committee, Strategic Planning Group and<br>Health and Care Governance Group for<br>noting | Committee Services                               | 27 June 2023       | Standing item                                   |  |
|             | Annual Performance Report   | Head of Strategic<br>Planning and<br>Performance | 27 June 2023       | Before 30 June each<br>year                     | Agreed by Board on 21 November 2018<br>Include impact of Covid-19 on Pls<br>including Primary Care                             |
|             | Clinical Governance Report  | Clinical Director                                | 27 June 2023       | To be presented<br>annually – June each<br>year | Requirement of Integration Scheme and<br>Local Code of Corporate Governance  |
|             | Complaints and Information Requests   | Project Officer                                  | 27 June 2023       | Quarterly – Aug, Nov,<br>Feb and May            | Quarterly reporting of complaints required<br>by Scottish Public Services Ombudsman<br>(SPSO)                                  |
|             | Self-assessment Questionnaire   | Project Officer                                  | 27 June 2023       | Annual report                                   |  |
|             | Workforce Plan Update (including Staff<br>Engagement Strategy)  | Head of Strategic<br>Planning and<br>Performance | 27 June 2023       | Draft report for<br>submission                  | As requested at meeting on 29 June 2022  |
|             |   |  |                    |   |  |
| August 2023 | Chief Officer Report  | Chief Officer                                    | TBC August 2023    | Standing item                                   |  |
|             | Chief Financial Officer Budget Update   | Chief Finance Officer                            | TBC August 2023    | Standing item                                   |  |
|             | Minutes<br>Minutes of previous meeting for approval<br>Minutes of Audit, Risk and Governance<br>Committee, Strategic Planning Group and<br>Health and Care Governance Group for<br>noting | Committee Services                               | TBC August 2023    | Standing item                                   |  |
|             | Carer Strategy Update   | Senior Manager Adult<br>Services                 | TBC August 2023    | Annually reported on<br>implementation          | Approved by IJB 11 August 2020   |
|             | Records Management Report   | Project Officer                                  | TBC August 2023    | Annual update                                   | To update the IJB  |
|             | Self-assessment Questionnaire   | Project Officer                                  | TBC August 2023    | Annual report                                   |  |
|             |   |  |                    |   |  |
| OTHER TBC   | Developing a new Mental Health and<br>Wellbeing Primary Care Service  | General Manager Mental<br>Health                 | TBC                |   | Moved from September 2022 to November<br>2022 - further delay due to awaiting further<br>information from Scottish Government. |
|             | Civil Contingencies (Scotland) Act 2004 –<br>IJBs as first responders   | Chief Officer                                    | TBC September 2023 | Annual  |  |
|             | Annual Review of Support Services   | Chief Officer                                    | TBC January 2024   |   |  |
|             |   |  |                    |   |  |
|             |   |  |                    |   |  |