
West Lothian Integration Joint Board Annual Performance Report 2016/17

Foreword

Welcome to the first Annual Performance Report of West Lothian Integration Joint Board (IJB). In this first year of the integration legislation, all Integration Authorities are required to publish an Annual Performance Report. This report will focus on our performance for the period April 2016 to March 2017 in delivering the National Health and Wellbeing Outcomes. The focus on outcomes allows us to think about the things that matter to the people who use our services and throughout the report you will find real life examples of how we are making a difference to the people of West Lothian.

Overall 2016/17 has been a successful year for the IJB. In addition to overseeing the delivery of health and social care services the IJB has progressed major service changes to manage the demands of an increasingly old and frail population through the Frailty Programme, started work to redesign mental health services, and introduced the living wage for social care workers.

There has been increased joint working across health and social care to integrate service delivery in areas such as supporting older people to stay in their homes and to return home from hospital as soon as possible. A local West Lothian Health and Social Care Delivery Plan has been developed setting out the transformational journey across care services that will allow key integration outcomes to be achieved over the medium term.

Careful financial management and close joint working with NHS Lothian and West Lothian Council has allowed the IJB to successfully deliver on a range of outcomes and manage the delegated financial resources within a challenging financial and operating environment. The pace of change will continue to be demanding and a joined-up approach to strategic and financial planning will be key to ensuring the future delivery of quality care services to the West Lothian population is managed within available resources.

We would like to acknowledge the significant effort of all the NHS Lothian and West Lothian Council staff supporting the IJB in its first full year of operation and look forward to building on the progress that has been made during 2017/18.

Jim Forrest
Chief Officer

July 2017



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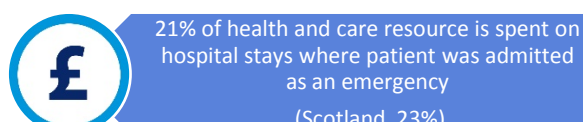
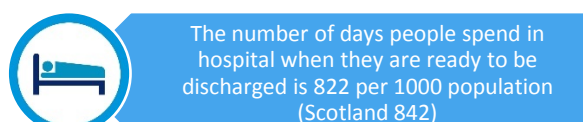
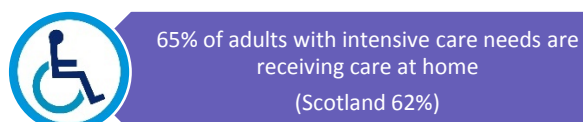
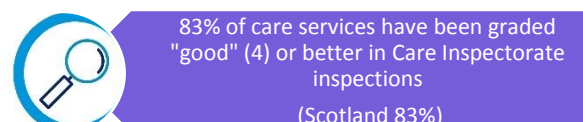
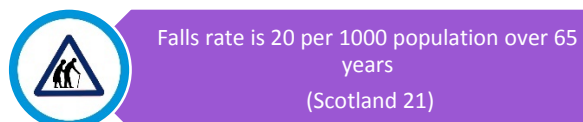
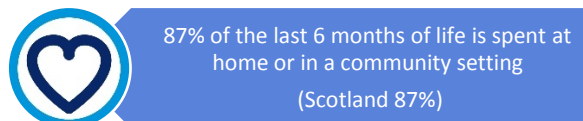
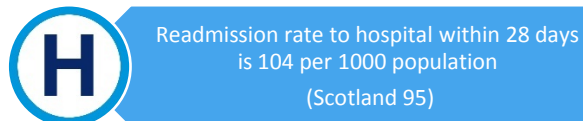
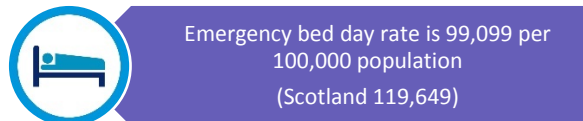
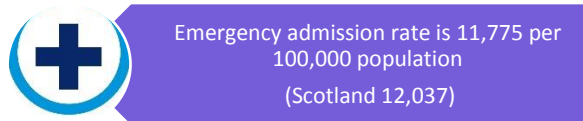
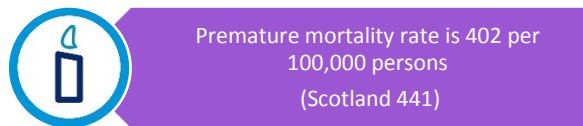
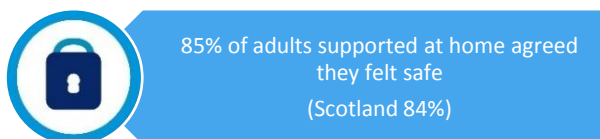
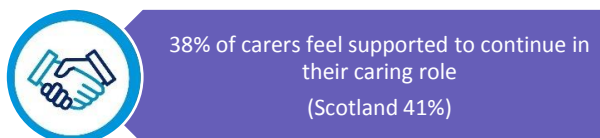
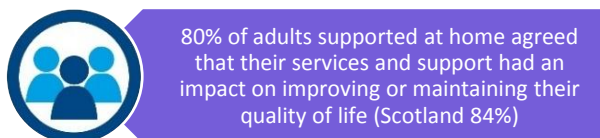
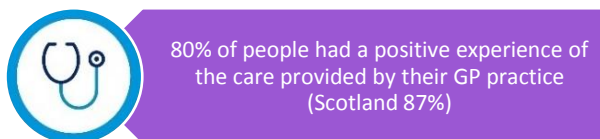
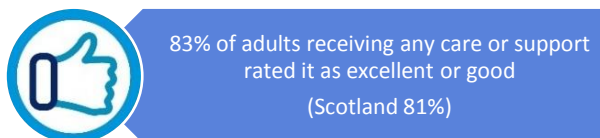
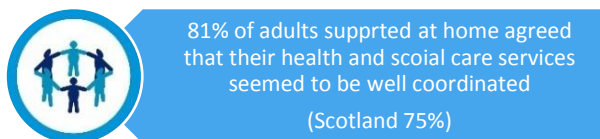
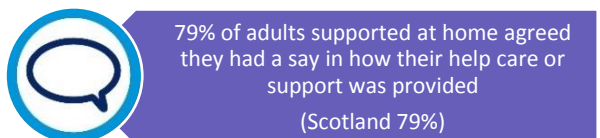
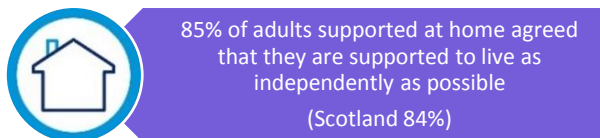
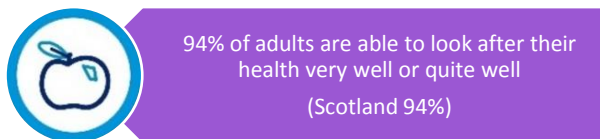
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2016 /17 Performance at a glance¹



¹ ISD (June 2017) West Lothian 2016/17 Performance Core Suite of National Health and Wellbeing Outcome Indicators



Introduction

The IJB was formed in October 2015 to deliver integrated health and social care as set out in the Public Bodies (Joint Working) (Scotland Act) 2014. It brings together NHS, West Lothian Council, communities and other stakeholders to plan and provide or commission services based on the local needs of our population. The NHS and Council functions delegated to the West Lothian IJB include adult community health services, adult social care services and some hospital services.²

Our Vision for integration of health and social care is to *increase wellbeing and reduce health inequalities across all communities in West Lothian*. Through working with people in their own communities, listening to them and enabling them to be active participants in how care is delivered and using our collective resources wisely will result in better outcomes for people. Our Strategic Plan 2016-2026³ has been designed to deliver on the nine National Health and Wellbeing Outcomes for integration⁴. These outcomes are set out in the Public Bodies (Joint Working) (Scotland) Regulations 2014 and provide a strategic framework for the planning and delivery of health and social care services and focus on the experiences and quality of services for service users, their carers and families.

National Health and Wellbeing 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 and 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

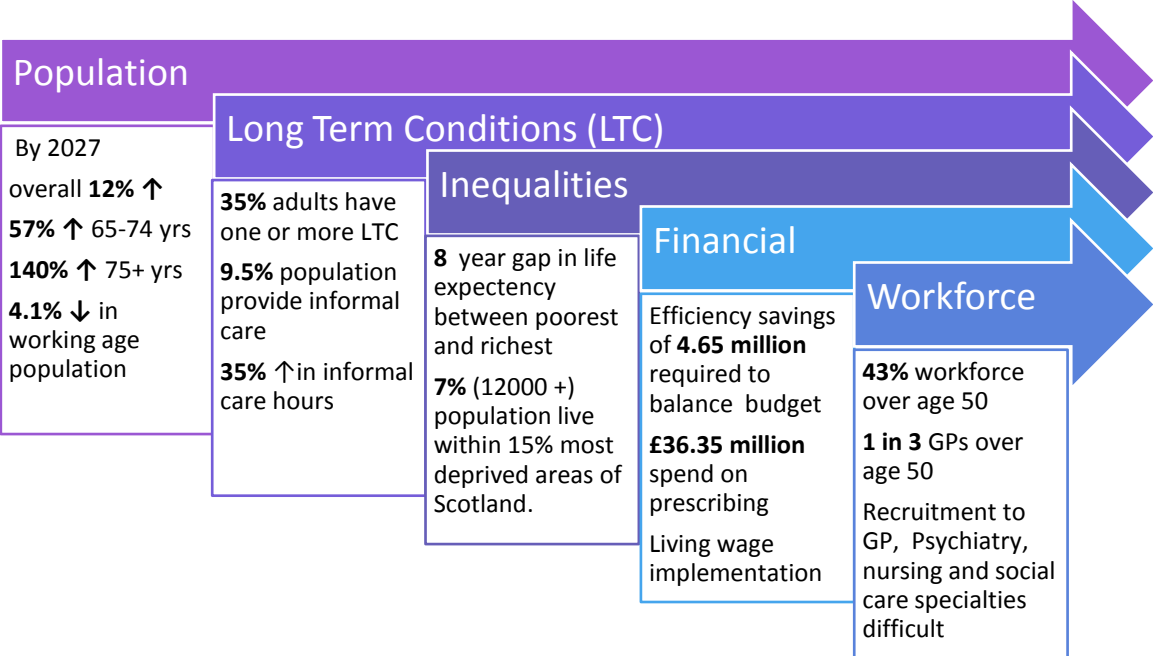
This performance report describes what the IJB has achieved in its first full year of operation against the National health and Wellbeing Outcomes and sets out a number of important measures of progress. The report reflects on 2016/17 and celebrates the achievements delivered by our employees and partners

² West Lothian Integration Scheme <http://www.westlothianchcp.org.uk/hsci>

³ Strategic Plan 2016-26 <http://www.westlothianchcp.org.uk/media/10225/West-Lothian-IJB-Strategic-Plan-2016-26/pdf/IJB>




⁴ Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014

and provides an opportunity to think about and appreciate the challenges that face us in terms of performance now and in the months to come. The main challenges are detailed below:



Our health and social care system has to adapt to the needs of our population which is getting larger, older and has more complex conditions and care needs. People who are poor or disadvantaged often have poorer health and tackling inequalities is a fundamental challenge. We have to make substantial efficiency savings to balance the budget, which means doing things differently to make sure we make best use of our resources to deliver the greatest benefit. Our workforce is getting older and we are experiencing issues in relation to recruitment which are having an impact on service delivery. The needs of patients and service users must come first and we are redesigning services to improve their journey through our care services and enhance their experience to achieve better outcomes.

There are 23 National Integration Indicators upon which each partnership is measured and the data provided for these is provided by the Information Services Division (ISD) on behalf of the Scottish Government. Within this report this data along with other local measures is presented and aligned to the outcomes. Our performance has been compared to the Scottish average and where applicable to performance targets. Performance has been rated on a red, amber, green scale as detailed below.

-  Performance is equal to or better than the Scottish Average or Target
-  Performance is close to Scottish Average or Target
-  Performance is below the Scottish Average or Target



People are able to look after and improve their own health and wellbeing and live in good health for longer

There are a range of health improvement activities in place to promote healthy eating, increase physical activity, reduce smoking and improve health in later life. Health improvement priorities have been reviewed and action plans developed with focus on mental health, alcohol use, social isolation, exercise needs and obesity.

The number of adults able to look after their own health and wellbeing is sustained at 94% and there has been improvement in smoking rates which will have long term health benefits.

85.2% of clients referred for alcohol or drug treatment are being treated within 3 weeks; an improvement plan is in place to meet the 90% target.



94% of adults are able to look after their health very well or quite well (Scotland 94%)



85.2% of clients are being seen within 3 weeks of referral to treatment for alcohol /drugs (Access Target 90%)



Adult Smoking Rate reduced by 5% to 19.3% over last 5 years. (Scotland 20.7%)

*Located close to Bathgate Town Centre, **Rosemount Gardens** is a new purpose built supported housing complex offering 30 tenancies to people over the age of 60 years. In addition to offering comfortable homes for rent and easy access to the town centre a range of on- site facilities and services help to ensure tenants can access all they could possibly need. On site facilities include a well laid out garden area, café, restaurant and hairdressing salon. All are accessible and well used by the public, thus helping to ensure the facility and tenants are engaged with and remain part of the local community.*

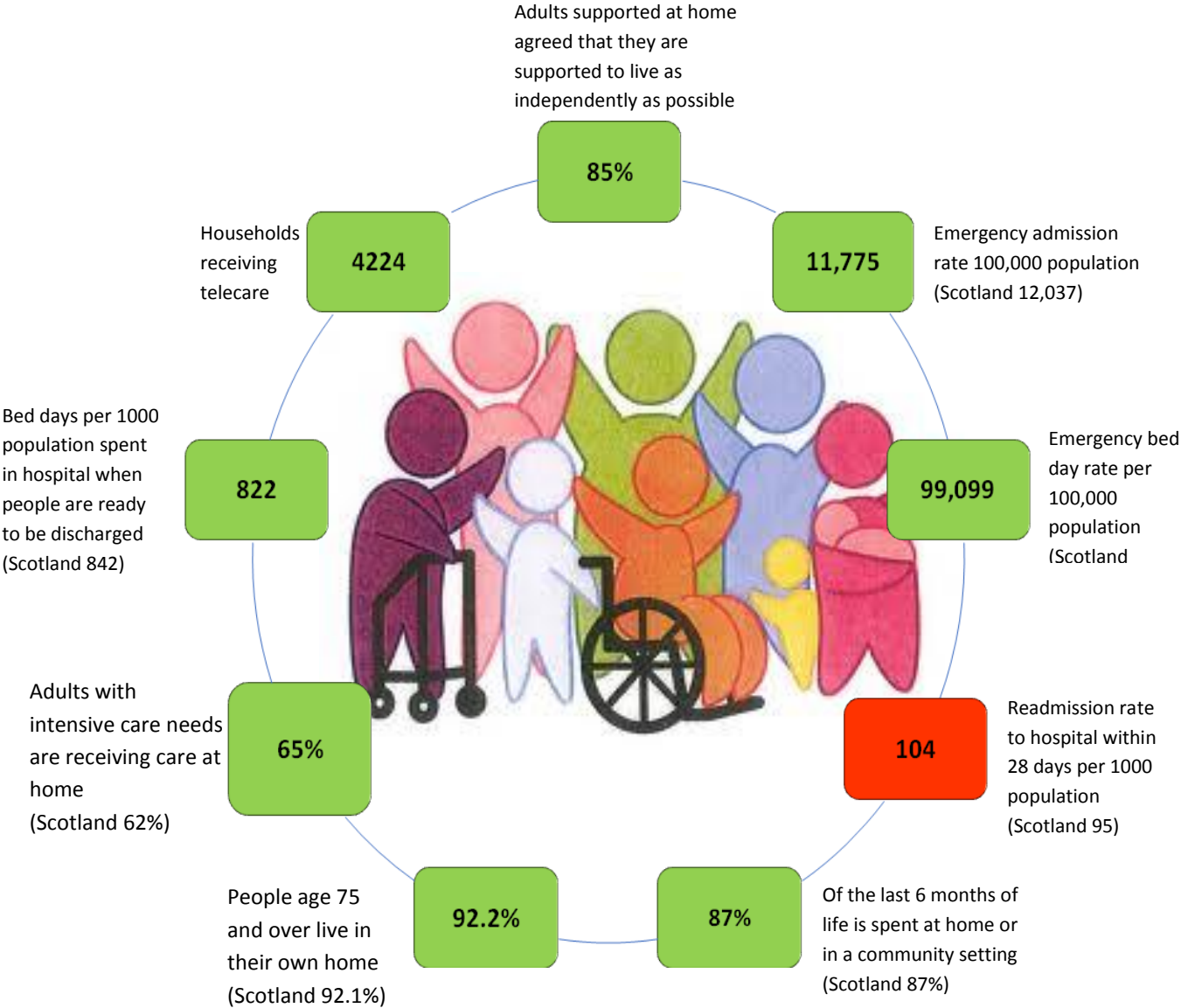
Discrete technology is available within each tenancy; this can be customised to individual needs. Core provision includes heat and smoke alarms and a means of summoning help in an emergency via a 24/7 call centre.

On- site assisted living staff offer practical advice and support to maximise choice and independence.

Being able to have friends and socialise plays a major part in an individual’s overall quality of life and wellbeing. The staff team have a key role in developing a range of social events and activities which attract friends, family and members of the public to help ensure Rosemount Gardens remains connected to the local community. The facility boasts two activity rooms which are proving popular and are well used by tenants, other organisations and groups /clubs for a range of events and activities.



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



Performance indicates that we are working together well to support people in their own homes or as close to home as possible. 85% of people receiving care felt they were supported to live as independently as possible. This is consistent performance with 2013/14 and slightly above the Scottish average. We have seen a steady improvement in the amount of time spent at home at the end of life (87%) and an increase in the number of people with higher level of care needs receiving care at home.

We have a substantial programme of work in place to address unscheduled care activity across the whole system which seeks to further reduce emergency admissions, readmissions and improve our performance on delayed discharges as we work towards the 72-hour discharge standard.

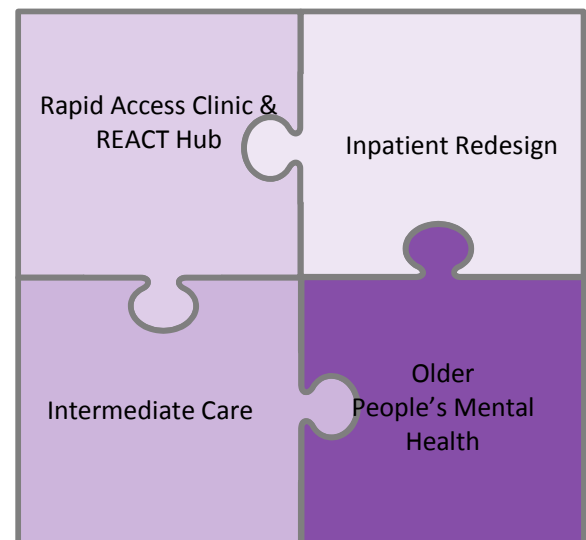


Focus on Frailty

The population of frail elderly people is expected to increase over the next 10 years along with the projected increase in the older age population. This will increase demand across the whole health and social care system.

The Frailty Programme aims to develop a care pathway that will improve outcomes for older people in West Lothian by joining-up services across health and social care. The frailty programme consists of four main areas of improvement that join up like puzzle pieces to form the overall Frailty Service.

The programme will ensure care is provided in the most appropriate setting be that in hospital, at home or through our community services. Wherever possible people will have their care delivered within the community and when admission to hospital is required then this will be actively managed to promote recovery and enable discharge home as soon as possible. In addition to ensuring rapid access and assessment for those with acute illness the programme also includes mental health with a focus on those with a new diagnosis of dementia to ensure their support needs are met.



Reflective Practice: A Patient Story

I've never been so glad to get home. I'm 91 and don't have any family nearby so Some carers were asked to visit and give me some help.

On my first night home I fell in the hall and was unable to get up. I couldn't call for help as I'd left my alarm by my chair. The carer arrived in the morning; she got me a pillow and blankets and called for help from the district nurse. They helped me up and onto my chair. A physio from the hospital arrived later and for a few days we had some lessons.

The carers continued to visit me in the morning and at night and helped me with washing, dressing and meals. They didn't come in at lunch time but always made sure I had something left for lunch.

The District Nurses also visit to look after my legs. They really know what they're doing you know.

The carers didn't have to do much for me for very long as I was often washed and dressed before they came by. I'm quite fit for my age. The thing I appreciated most was that they made me feel safe. They were there.

I do have my alarm, and know I can contact someone but it was nice to have that extra support. They always reminded me to lock my door as they were leaving and I knew they'd be back to see me

I got to know all the staff. They would tell me about their plans and sometimes their families. One lass was going shopping on Saturday after her shift for holiday clothes. She's going on holiday soon and there's that blonde one who makes me laugh. She sits on that chair every time she's here and makes me laugh. They're a lovely bunch. I couldn't fault any of them. They're all lovely.



People who use health and social care services have positive experiences of those services, and have their dignity respected

Taken from the Health & Care experience survey these measures are directly relevant to our strategic priorities of maximising choice and control, promoting continuous improvement and contribute to our ongoing desire to ensure that personal experience and user voice influence quality improvement.

Results reflect a positive experience with 79% of people having a say in how their care was provided and 83% rating the care they received as excellent or good. People feel they are listened to and treated with respect. Although 80% reported having a positive experience of care within their GP practice this is well below the Scottish average and a key area for improvement.



83% of adults receiving any care or support rated it as excellent or good (Scotland 81%)



79% of adults supported at home agreed they had a say in how their help care or support was provided (Scotland 79%)



80% of people had a positive experience of the care provided by their GP practice (Scotland 87%)



94% of service users are treated with respect (Scotland 90%)



87% of Service users feel they are listened to. (Scotland 84%)

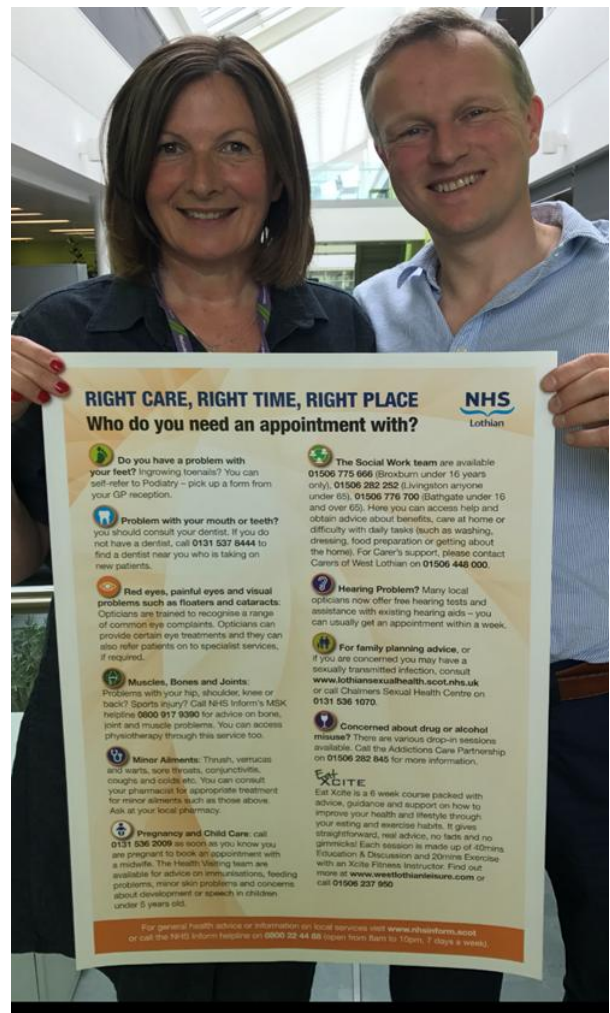
Signposting

To improve patient experience and ensure people can access the right person first time we have developed Signposting.

All the reception staff within West Lothian General Practices have received special training to enable them to signpost people to the right service to meet their needs.

Posters and leaflets are displayed throughout health centres and other community premises to inform people about how they can directly access a range of services without the need to go through their GP.

This will have positive impact on waiting times and ensure people get faster access to the treatment they need.



RIGHT CARE, RIGHT TIME, RIGHT PLACE Who do you need an appointment with?



Do you have a problem with your feet? Growing toenails? You can self-refer to Podiatry – pick up a form from your GP reception.

Problem with your mouth or teeth? You should consult your dentist. If you do not have a dentist, call 0131 537 8444 to find a dentist near you who is taking on new patients.

Red eyes, painful eyes and visual problems such as floaters and cataracts. Opticians are trained to recognise a range of common eye complaints. Opticians can provide certain eye treatments and they can also refer patients on to specialist services, if required.

Muscles, Bones and Joints. Problems with your hip, shoulder, knee or back? Sports injury? Call NHS Inform's MBK helpline 0800 017 9390 for advice on bone, joint and muscle problems. You can access physiotherapy through this service too.

Minor Ailments: Thrush, warts and warts, sore throats, conjunctivitis, coughs and colds etc. You can consult your pharmacist for appropriate treatment for minor ailments such as those above. Ask at your local pharmacy.

Pregnancy and Child Care: call 0131 536 2009 as soon as you know you are pregnant to book an appointment with a midwife. The Health Visiting team are available for advice on immunisations, feeding problems, minor skin problems and concerns about development or speech in children under 5 years old.

The Social Work team are available 01506 775 666 (Broxburn under 16 years only), 01506 282 282 (Livingston anyone under 65), 01506 776 700 (Bathgate under 16 and over 65). Here you can access help and obtain advice about benefits, care at home or difficulty with daily tasks (such as washing, dressing, food preparation or getting about the home). For Carer's support, please contact Carers of West Lothian on 01506 448 000.

Hearing Problem? Many local opticians now offer free hearing tests and assistance with existing hearing aids – you can usually get an appointment within a week.

For family planning advice, or if you are concerned you may have a sexually transmitted infection, consult www.lothiansexualhealth.scot.nhs.uk or call Chalmers Sexual Health Centre on 0131 536 1070.

Concerned about drug or alcohol misuse? There are various drop-in sessions available. Call the Addictions Care Partnership on 01506 282 845 for more information.

EXITE
EXITE is a 6 week course packed with advice, guidance and support on how to improve your health and lifestyle through your eating and exercise habits. It gives straightforward, real advice, no tests and no gimmicks! Each session is made up of 40mins Education & Discussion and 20mins Exercise with an Xcite Fitness instructor. Find out more at www.westlothian.nhs.uk or call 01506 227 900

For general health advice or information on local services visit www.nhsinform.scot or call the NHS Inform helpline on 0800 22 44 88 (open from 9am to 10pm, 7 days a week).

Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services

Measures included in this section link to person centered and outcome focused work with people to improve their quality of life.

The Care Inspectorate assess quality among our local providers for care and support, quality of environment, staffing and management and leadership with 83%of providers of care at home, care home, housing support and other services assessed as good or better in West Lothian



83% of care services have been graded "good" (4) or better in Care Inspectorate inspections (Scotland 83%)



80% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life (Scotland 84%)

Project Search is a year-long, full-time, supported employment programme in West Lothian for young people with a learning disability and/or autism involving a partnership between Jabil (a large electronics manufacturing employer based in Livingston), West Lothian College and West Lothian Council.



Project Search aims to obtain paid employment for students, or to ensure that they leave the programme ready for work and better placed to secure employment in the future. The programme gives students work experience with the host employer, whilst receiving on-site support from a job coach from West Lothian Council and a lecturer from West Lothian College. Students take part in three twelve week work place rotations which are

designed to build skills and confidence whilst studying for a SCQF Level 4 qualification. Students have undertaken a wide variety of roles, for example, in production, assembly, testing, stores, facilities, finance and reception as well as attending business meetings and social events.

The first year of the programme has been very successful and has demonstrated that young people with a developmental delay, who historically have faced significant barriers to employment, are able, with the right support and in the right environment, to develop the skills necessary for future employment.

In April, three students were successful in securing full-time employment with two electronics companies, and a further two moved to jobs in May: one to a warehouse position and the other to a post in retail. One further student is awaiting the outcome of the recruitment process for a Lab Technician, and the others are attending interviews. All the positions secured were advertised through the open job market.

Jabil has reported that the programme has had a very positive impact on organisational culture with employees embracing the opportunity to be workplace mentors to the students. Sadly, Jabil will close its Livingston operation later this year therefore a new business partner is being sought for Project Search.



Health and social care services contribute to reducing health inequalities

Tackling health inequalities is a cross cutting priority for the IJB and Community Planning Partnership. The measures inform progress on tackling poverty, deprivation and inequality. The Strategic Plan 2016-26 outlines our approach to mitigating, preventing and undoing the causes and effects of inequality.

The core integration measure of premature mortality among people aged 75 and under shows positive progress with a reduction from 484 to 402 deaths per 100,000 populations over 5 years.



Male life expectancy at birth 77.9 years (Scotland 77.1 years)



Female life expectancy at birth 80.5 years (Scotland 81.1 years)



Premature mortality rate 402 per 100,000 population (Scotland 441)

Male Life expectancy has improved by 4.9% over the past 10 years and at 77.9 years is higher than the Scottish average of 77.1 years. Female life expectancy has improved by 3.3% over the same period and at 80.5 years is slightly lower than the Scottish average of 81.1 years.

West Lothian Alcohol and Drug Partnership commissions and works with many partners to help adults and families address problematic substance use and to achieve sustainable recovery. The current ADP Commissioning Plan 2015-18 was developed with the collaboration and support of all the partners and as is now standard approach for strategic commissioning in the IJB, the plan was informed by an independent needs assessment. The plan has four main themes aligned to the seven national ADP outcomes and other local priorities based on the needs assessment: Prevention; Early Intervention; Recovery; Community Safety. Activities include:

- *Specialised support and help to those experiencing difficulties with alcohol and drugs;*
- *Individual counseling and psychosocial interventions for those affected by alcohol use;*
- *Working closely with people in prison and custody on alcohol use;*
- *Providing family support to parents experiencing addiction issues; offering relapse prevention support.*

The Cyrenians Recovery Service uses a Public Social Partnership model to provide a moving on/after care service for those in recovery who wish to build a non-substance using lifestyle. Interventions aim to support service users to maintain their positive relationships and to contribute to and support the recovery of others and at the same time gain skills to support their future employability.



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



79% of adults agreed they had a say in how their help care or support was provided (Scotland 79%)



51% of carers said they have a say in the services provided for the person they look after (Scotland 50%)



66% of carers have a good balance between caring and other things in their life (Scotland 68%)



38% of carers feel supported to continue in their caring role (Scotland 41%)

Caring without enough support in place can have a huge impact. Whether caring is full-time, or it is part of a stressful mix of work and other family responsibilities, many carers find they do not have the time or energy to maintain relationships, stay in work, or look after their own health and wellbeing.

The 2011 Census indicated there had been a 9.9% increase in the number of carers in West Lothian to 16,645 and a 60% increase in care provided for 20-29 hours per week and 22% increase in those providing over 50 hours per week.

We are working with our partners to prepare for implementation of the **Carers (Scotland) Act** which will come into force on April 1, 2018. The Act is designed to support carers' health and wellbeing with provisions including requirements for local authorities to provide support to carers, based on their identified needs and local eligibility criteria; specific Adult Carer Support Plan and Young Carer Statement to identify carer's needs and personal outcomes and an information and advice service for carers which must include emergency and future care planning, advocacy, income maximisation and carers' rights.



Carers of West Lothian (CoWL) provide support and services to unpaid carers of all ages and in all caring situations throughout West Lothian. In 2016/17 the number of carers registered with them increased by 10.4% to 4949. In addition to increased numbers of carers being supported, CoWL has seen a marked increase in the complexity of the caring role, and rise in demand for support for carers, for working carers, young adult carers, parent carers and bereaved carers.

They offer a wide range of support tailored to individual's needs including:

- Emotional support and counselling,
- Practical information,
- Financial advice
- Peer support groups and
- Training
- Quarterly newsletter and daily social media updates support carers to engage in their local communities.

CoWL have recently been awarded a Big Lottery Fund Grant of £372,437 for 3 years which will enhance the level of support they can provide and are the 1st Scottish organisation to be accredited with **PQASSO** Quality Mark at the highest Level in 2017

People using health and social care services are safe from harm

Measures associated with supporting people to be safe from harm are strongly linked to integrated work undertaken in respect of protection of adults at risk and in the prevention of potentially avoidable harm such as falls.

The core integration indicators demonstrate positive performance with 85% of people supported at home feeling safe and the falls rate among people aged 65+ stable at 20 per 1000. Our well-established falls pathway is supported through interagency working with Scottish Ambulance Service, Crisis Care and community health teams with aim to assess and maintain people who have fallen and are uninjured at home and prevent unnecessary journeys to hospital.

Telecare is an important element of our strategy to support older people for as long as possible in their own home. Our *Technology Enabled Care* programme has been awarded Scottish Government funding to extend the use of home and mobile health monitoring, videoconferencing and uptake of Telecare with focus on prevention, transitions in care & dementia.



85% of adults supported at home agreed they felt safe (Scotland 84%)



4224 households receiving telecare with 700+ new installations per annum



Falls rate is 20 per 1000 population over 65 years (Scotland 21)



99.8% of MAPPA cases have level of risk contained or reduced

Case Study – Mrs Jones

Mrs Jones lived independently in supported accommodation. She had previously been active in the local community, attending the church and community events. Family reported that she was suffering from extreme exhaustion, was listless during the day and was reluctant to engage with people or any of her social activities. Mrs. Jones had a formal diagnosis of vascular dementia. Her daughter has Power of Attorney and had needed to take time off work due to her concerns about her mother. Based on Mrs. Jones diagnosis and recent health issues it was considered possible that she may require long-term residential care.

Actions taken

Staff undertaking the assessment process requested the installation of activity monitoring equipment for six weeks (Just Checking). Data from the monitoring showed that Mrs. Jones, having been a shift worker prior to retirement, was very active during the night – consequently when disturbed during the day she was disoriented and unwilling to engage with family and friends. The data provided sufficient confidence in her ability to prepare food and undertake activities of daily living.

Outcomes:

Mrs. Jones still lives in supported accommodation, and has become involved in her community activities again and her health and wellbeing has improved. The introduction of Activity Monitoring has meant that the need for residential care was avoided making a net saving of £26,250 per annum.

The data produced by the Activity Monitoring process may also be used as benchmark in the future.

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

Workforce engagement, participation, training and development is at the centre of our plans for the partnership. Arrangements are in place to address consultation, communication, wellbeing, health and safety.

Our staff survey indicates 75% of employees would recommend West Lothian as a good place to work. We continue to strive towards 85% of our staff having an annual performance review and for staff to receive recognition and reward for good performance.

Promoting attendance at work is a key priority and we continue to focus on management of absence and to reduce this further. Main causes of absence relate to mental wellbeing and musculoskeletal issues and we have established proactive approaches to improve health and wellbeing with focus on managing stress, promoting *Health Working Lives*, access to Occupational Health support and implementation of policies to support employees to return to work as early as possible.



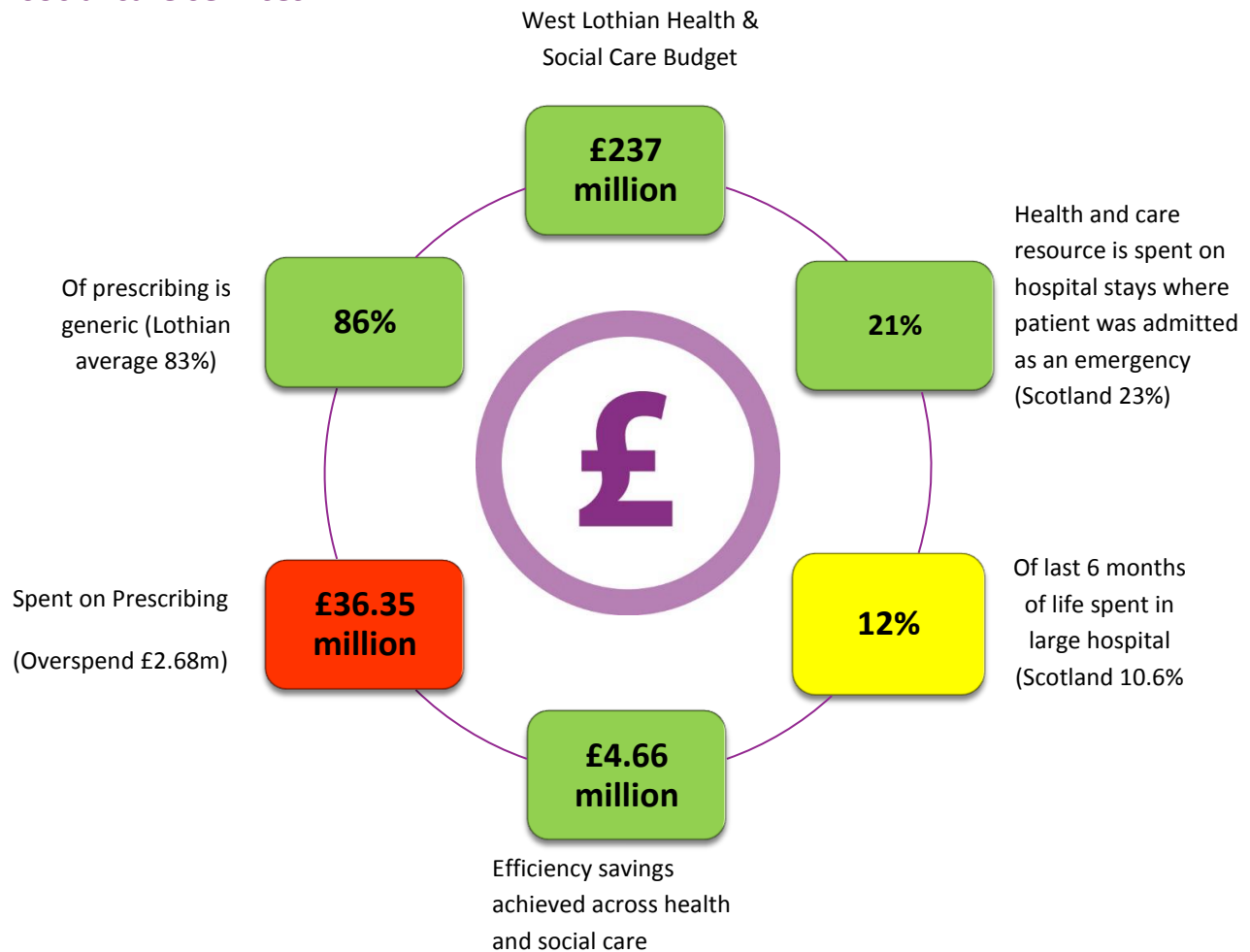
*Our **Healthy Working Lives** programme promotes health and wellbeing at work and at home. The programme is delivered throughout West Lothian with staff able to access a range of initiatives and support including: active travel; physical activity; healthy eating; smoking cessation; carers information; alcohol awareness; slips, trips and falls; blood pressure checks; mental wellbeing.*

Joint quality and performance arrangements support integration of health and social care. Our Quality Improvement approach is based on the business excellence model which supports effective partnership working with “Sharing what works” at the heart what we do.

Our staff have been working hard to identify and implement quality improvement initiatives with focus on improving patient and service user experience. Already holding Quality Scotland’s **Committed to Excellence Award** we have continued our Excellence Journey and have achieved the prestigious **Recognised for Excellence Award** in 2017.



Resources are used effectively and efficiently in the provision of health and social care services



In 2016/17, we achieved a balanced budget position on the £237 million health and social care budget.

At 21% the level of health and care resource spent on emergency hospital care is below the national average of 23% and we have seen the percentage of the last 6 months of life spent in a large hospital reduce from 13.7% to 12% with a corresponding increase in percentage of time spent in the community from 85.9% to 87.7% demonstrating a positive shift in the balance of care.

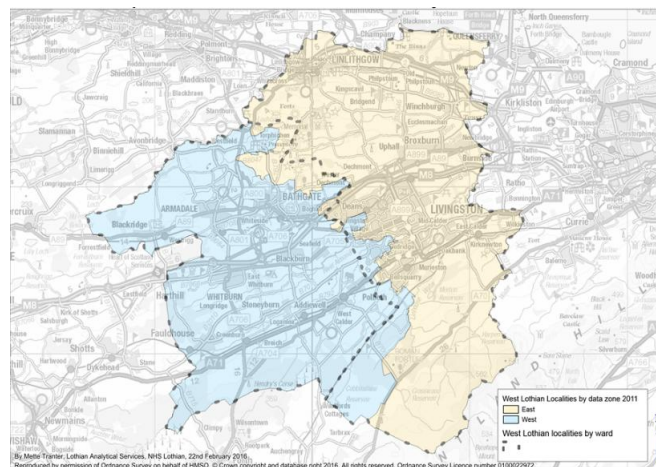
The spend on prescribing is our main financial pressure which had an overspend of £2.68million in the year. The level of generic prescribing remains high at 86% and the average cost per patient is £192 which is comparable to Scotland level of £191 per patient.

Successful implementation of the Social Care (Self Directed Support) (Scotland) Act 2013 has resulted in growth in Self Directed Support which promotes more individual choice and control over how services are delivered.



Locality Planning

Within West Lothian we have defined two localities across which health and social care services will be planned and delivered. The localities provide a key mechanism for strong local, clinical, professional and community leadership and will ensure services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning. Locality groups have been formed with agreed terms of reference and membership from a broad cross section of the identified key stakeholders.



The main function of the locality groups is to be responsible for the planning, design and delivery of the Locality Plan, in line with the IJB’s Strategic Plan and Scottish Government Locality Guidance. The East and West Locality Groups have been working to:

- Build relationships with partners across the localities
- Develop profiles of the localities and map out what is already happening
- Clearly define how we will consult and engage with the communities.
- Determine how we can work with communities to build resilience and take an asset based approach to planning.

In general, the issues of an aging population, poor health, deprivation and unemployment are more significant in the West than the East with differences in life expectancy, life chances and health and well-being. It is also important to recognise for planning purposes that significant differences also exist within each of the localities. The table below outlines the estimated level of investment in each locality for primary care, community care and some aspects of acute services.

	2016/17	East	West
	£'000	£'000	£'000
<i>Core West Lothian Community Health Services</i>	104,600	59,076	45,524
<i>NHS Hosted Services</i>	20,058	11,488	8,570
<i>NHS Set Aside Services</i>	33,647	19,197	14,450
<i>Non-Cash Limited Health Services</i>	18,221	10,550	7,671
<i>Adult Social Care Services</i>	60,584	34,135	26,449
Total Health & Social Care Budget	237,110	134,446	102,664
Population	177,850	101,658	76,192
£ per head of population	£1333	£1322	£1347

Next Steps

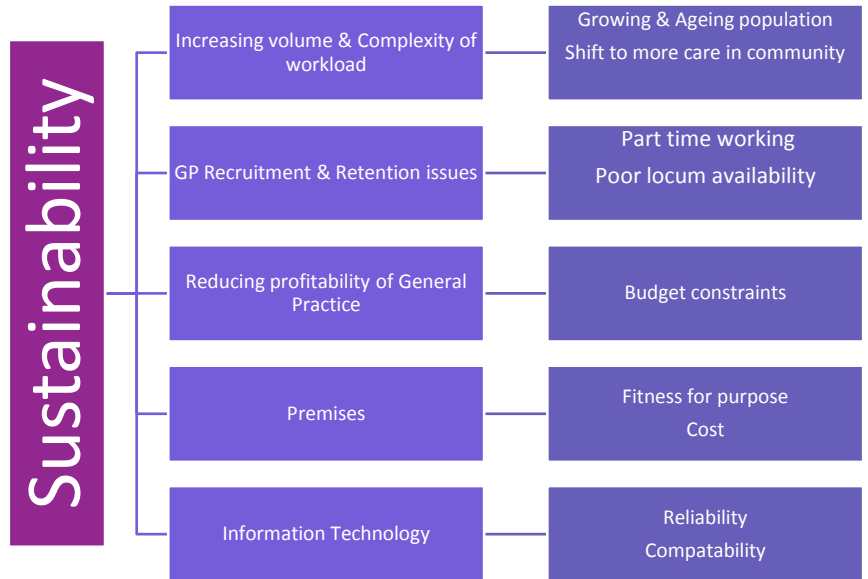
An engagement plan has been developed with a clearly defined stakeholder list and action plan to support consultation and engagement with the communities using a wide variety of engagement methods. Consultation will commence over the coming months and the output from this will inform the development of the Locality Plans.

Primary Care

The responsibility for Primary Care is shared between the NHS Lothian and the IJB.

In recent years General Practices have been under increasing pressure due to workload, workforce and other issues. As GPs retire it is becoming increasingly difficult to recruit and sustain the current model of care.

We held a Primary Care Summit in February 2017 to consider how we can support and sustain Primary Care in West Lothian. This involved over 80 key stakeholders and the output has shaped our priorities and has been developed into a local Primary Care Plan. The themes emerging from the summit highlighted the need for:



- Workforce and skill development including expanding the multidisciplinary team to support delivery of Primary Care ,
- Enhanced public information and education;
- Improved use of Information Technology and better sharing of information;
- Improvement in collaborative and integrated working.

A summary of initial work underway is provided below:

Information Technology	Primary Health Care Team	Maximise Capacity for Patient Care	Support Training & Development
<ul style="list-style-type: none"> • Invest in software to support direct patient care • Text bundles to remind patients of appointments and reduce missed appointments 	<ul style="list-style-type: none"> • Increase number Advanced Nurse Practitioners • Develop new roles e.g. Paramedics • Support recruitment and retention 	<ul style="list-style-type: none"> • Business support • Modelling new systems • Productive General Practice • Performance support 	<ul style="list-style-type: none"> • Skills & competencies • Support new ways of working • Signposting



Inspection of Services

The Care Inspectorate undertook both scheduled and unscheduled inspections across a range of IJB services during 2016/17. The overall quality of care is assessed as good or better in all services for the reporting period.

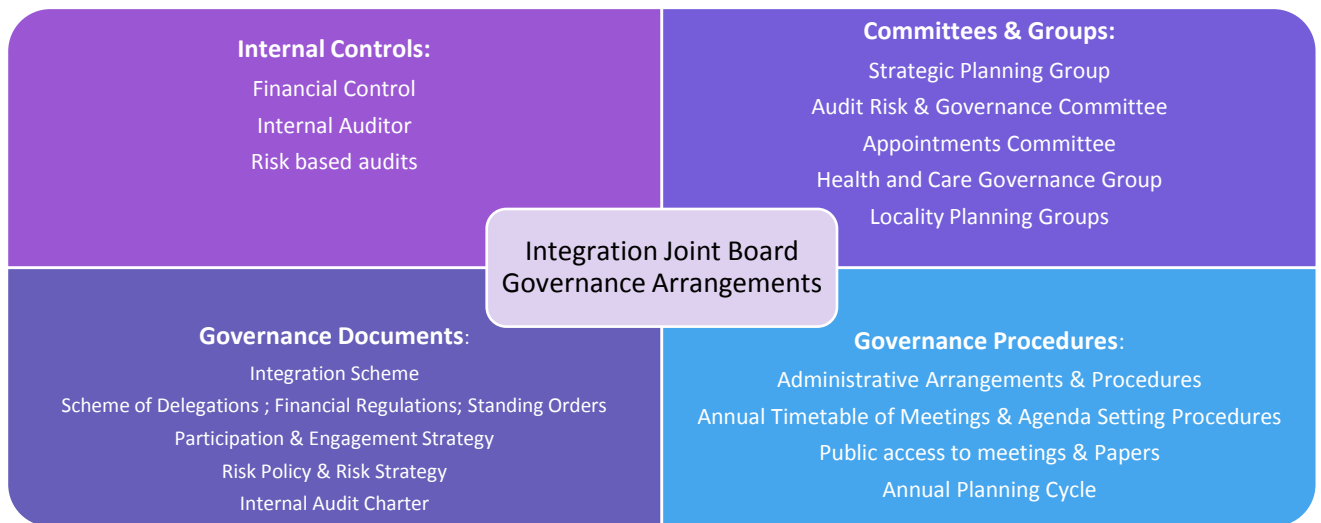
The Mental Welfare Commission undertook two inspections within mental health inpatient facilities during 2016/17. Recommendations from these inspections relate to improving the quality of care plans, psychology provision and improving environment for patients. These recommendations are being taken forward by the Mental Health Management Team

Integration Joint Board Governance and Decision Making

The Board and its members have overall responsibility for good governance arrangements including:

- establishing its values, principles and culture,
- ensuring the existence and review of an effective governance framework, and
- putting in place monitoring and reporting arrangements.

The Board has adopted key documents which support and inform their governance arrangements.



The Board and its committees have engaged in matters relating to good governance through consideration of reports and decisions on a wide variety of issues including:

- Public sector duty & equalities mainstreaming report
- Chief Social Work Officer’s Annual Report
- Adult Support & Protection Committee Report
- Review of Board & Strategic Planning Group Membership
- Board members induction and training
- System of internal control
- Annual governance statement
- Board’s unaudited accounts
- Audited accounts and the external auditors report
- Monitoring implementation of Integration Scheme
- Strategic Plan Impact Assessment
- Strategic Plan Review
- Internal audits of strategic planning & financial assurance



Audit, Risk and Governance

The IJB have established an Audit, Risk & Governance Committee to monitor the effectiveness of the Internal Audit service, approve an annual audit plan, receive reports about its completion and consider reports in relation to audits undertaken. The reports determine whether controls are satisfactory or require improvement with the findings, actions and timescale for completion presented for committee approval.

The committee also receives reports in relation to governance issued by the Accounts Commission and/or Audit Scotland in relation to the Board or the health and care sector. The annual reports on corporate governance and annual governance statement have been prepared for 2016/17.

Formal arrangements have been made for liaison and information-sharing between the Internal Auditors for NHS Lothian, West Lothian Council and the other Lothian IJBs.

Health and Care Governance

The IJB have established a Health and Care Governance Group to provide assurance to patients, service users, clinical and care staff, managers and Board members that:

- Quality of care, effectiveness and efficiency drives decision making about the planning, provision, organisation and management of services
- The planning and delivery of services take full account of the perspective of patients and service users
- The professional standards of staff working in integrated services are maintained and that appropriate professional leadership is in place
- Unacceptable clinical and care practice will be detected and addressed
- Staff are supported in continuously improving the quality and safety of care.

The Health and Care Governance Group provides advice to the Strategic Planning Group and Locality Planning Groups within the partnership and will consider the potential health and care governance impact of any service redesign or development proposals.

Arrangements for monitoring and scrutiny of progress and performance will be developed in line with the review of integration structures and processes and will be embedded within the community and locality planning mechanisms.

Participation and Engagement

Increasing wellbeing and reducing health inequalities depends on patients, carers, other service-users, groups, staff and partners being kept up-to-date on service developments and being able to influence changes to services. The IJB have approved their Participation and Engagement Strategy which sets out the IJB's long-term commitment to effective participation and engagement.

The strategy is designed to help health and social care officers plan community engagement and to show communities and staff what they can reasonably expect from the IJB in terms of being kept informed and being able to make their views known.

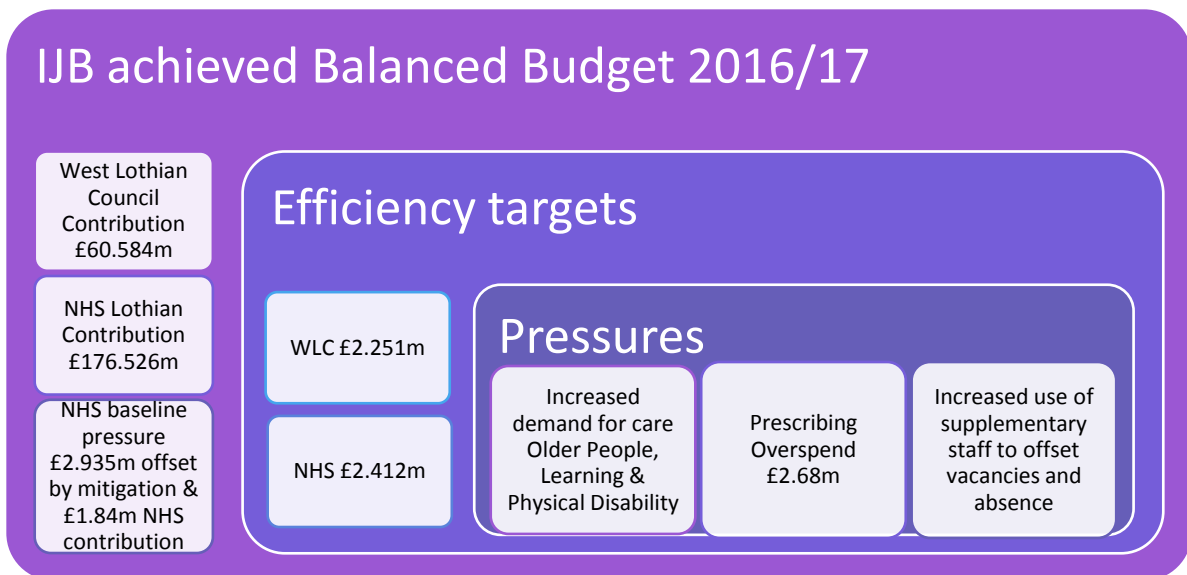
The strategy is accompanied by an annual action plan which details the participation and engagement planned by the IJB in the current year.

The Participation and Engagement Strategy can be accessed here:

<http://www.westlothianchcp.org.uk/media/15085/Participation-and-Engagements-Strategy-2016->

Financial Performance and Best Value: Summary

Financial management, governance and accountability arrangements for IJB delegated functions are set out in the West Lothian Integration Scheme, and by the IJB Financial Regulations approved by the IJB on 23 March 2016.



Summary of Financial Position.

In 2016/17 the IJB has achieved a balanced budget position despite there being many pressures on the system. We have worked closely with NHS Lothian to mitigate the funding shortfall down to £1.84 million with this balance being funded by NHS Lothian through their achievement of an overall breakeven position.

Prescribing is our main pressure which had an overspend of £2.68 million. Substantial work has been undertaken to improve the prescribing budget position for 2017/18 including prioritisation of additional funding and the introduction of a new effective prescribing fund of £2 million for 2017/18 across Lothian. There has also been significant pressure in mental health due to difficulties in recruitment resulting in high agency and nurse bank costs. In addition, there has been a continued demand growth across our care services related to the aging population and need for more complex care and growth in



demands within learning and physical disability care reflecting an increasing shift in balance of care to community settings.

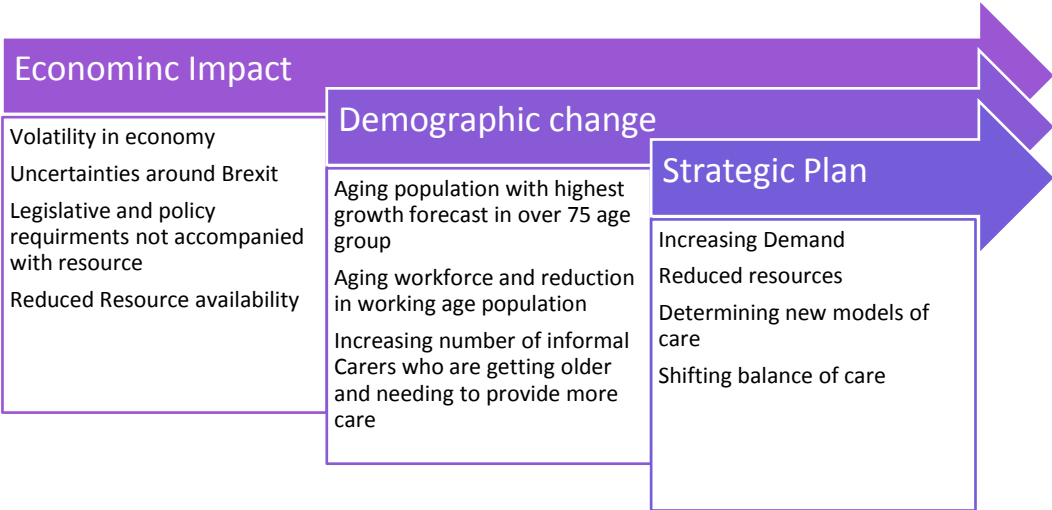
The IJB has the same duty as the Council and Health Board to achieve Best Value. West Lothian IJB therefore expects that the partners will adhere to the principles of Best Value to secure continuous improvement in performance whilst maintaining an appropriate quality to cost balance and maintaining regard to economy, efficiency and effectiveness in carrying out the Directions of the Board.

The unaudited accounts for the IJB are available here- :
[http://www.westlothianchcp.org.uk/media/16441/West-Lothian-IJB-Unaudited-Annual-Accounts20162017/pdf/IJB_201617_Unaudited_Annual_Accounts_to_EY_\(30_June_2017\).pdf](http://www.westlothianchcp.org.uk/media/16441/West-Lothian-IJB-Unaudited-Annual-Accounts20162017/pdf/IJB_201617_Unaudited_Annual_Accounts_to_EY_(30_June_2017).pdf)

Future Financial Plans and Outlook

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. The IJB’s Strategic Plan and Strategic Commissioning Plans 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 for health and social care services.

There are significant risks over the medium terms which are summarised below:



It is important moving forward to 2017/18 and in future years that expenditure is managed within the financial resources available and this will require close partnership working between the IJB as service commissioner and NHS Lothian and West Lothian Council as providers of services. The risks highlight the requirement for robust financial planning which is integrated with strategic commissioning plans. Based on Directions issued to partners it is anticipated that a financial strategy over a minimum three-year period will be developed over the course of 2017.



First Annual Review of Strategic Plan

The Strategic Plan 2016-26 sets the direction for integrated delivery of services. During 2016/17 the Strategic Plan was reviewed to ensure it remained consistent with the policy, economic and social context and ongoing accordance with values, resources, appropriateness, feasibility and desirability. The review determined that the strategic priorities remain constant and it was assessed that no replacement plan was required.

The mechanism for delivery of health and social care was reviewed and a health and social care delivery plan was developed which details out the priority actions to support the changes required in delivery of the Strategic Plan. This was approved by the IJB in March 2017.

Key priorities for 2017/18

Looking ahead for 2017/18 the key priorities are set out below:

