West Lothian Health & Social Care Partnership
westlothianhscp.org.uk

NHS Lothian

West Lothian Council

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN WORKING FOR WELLBEING

West Lothian Integration Joint Board

Annual Performance Report 2022/2023

Contents

A message from our Chief Officer and Chair

We are delighted to be introducing West Lothian Integration Joint Board's 6th Annual Performance Report which covers the financial year 2022/23 and is also our final annual performance report for the strategic plan which covered the period of 2019 to 2023.

This year was another one of change, adaptation and innovation for West Lothian Health and Social Care Partnership, none of which would have been possible without the terrific efforts of skilled and dedicated staff working in Health and Social Care. Thank you to all our staff, working across each of our services and sectors: we value and appreciate all you do.

We are acutely aware that our communities, service users, their families and our staff have been impacted considerably by the ongoing response to Covid-19. New ways of working were established during this period with our colleagues and partners trying their very best to care for people within the restrictions we needed to have in place.

In this Annual Performance Report, you will read about some of the ways our services continued to develop and evolve in response to the challenges presented. The report also describes the progress we made throughout the year in delivering our strategic objectives, and presents key data related to our performance.

We have progressed our transformation work and have expanded the 'Home First' programme. This is reflected in the reported data showing a decrease in the rate of emergency bed days for adults and a decrease in the rate of emergency admissions for adults. We have progressed important developments in mental health, such as expanding out Liaison Psychiatry Service and supporting people with learning disabilities to live more independently within West Lothian. We continue to develop our services to support people to look after and improve their own health and wellbeing and ensuring our services are centred on helping people maintain or improve their quality of life. To help us achieve this we have worked with our partners within the community on developments such as Community Connections, Ageing Well and the Health and Wellbeing Program.

We are aware that statistics show we aren't performing as well in some areas compared to the national level and we have a range of work being progressed across the partnership. This includes the development of West Lothian Carers Strategy, a revised governance structure and implementation of Medication Assisted Treatment (MAT) Standards within our Alcohol and Drug Partnership; and the creation of an Adult Support and Protection Team.

A message from our Chief Officer and Chair

Looking forward to the year ahead, work is already underway after the new Strategic Plan was approved at the IJB in March 2023 which covers the period 2023-2028. We recognise that we face a very challenging time ahead with the combination of a growing and ageing population alongside the difficult national and local financial resource situation; and in West Lothian, as across the region, we have to endeavour to recruit and retain health and social care staff in a competitive market. We have undertaken a wide consultation exercise about possibilities for future service delivery in West Lothian and we will take decisions with the aim of continuing to provide safe and good quality health and care services to all the people who need our assistance.

We hope you find the information provided in this annual performance report helpful in giving an overview of the performance of the partnership and of the developments which have taken place over the past year.

Alison White
Chief Officer

Bill McQueen, CBE
Chair of West Lothian
Integration Joint Board

Introduction

Welcome to the sixth Annual Performance Report from West Lothian Integration Joint Board.

The West Lothian Integration Joint Board (IJB) has responsibility for planning for most of the health and social care services for adults in West Lothian.

The IJB is required to publish an annual performance report setting out an assessment of progress toward its vision to 'increase wellbeing and reduce health inequalities across all communities of West Lothian'.

The annual performance report for 2022/23 has been prepared to give an overview of the following aspects of planning and service delivery as required by The Public Bodies (Joint Working) (Scotland) Act 2014.

What's Included

Introduction

The Role of the Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland.

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

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.

Integrated Services in West Lothian

The health board and local authority are legally required to delegate some of their functions to the Integration Joint Board. The following table provides an overview of the services which are delegated in West Lothian by the local authority and the health board in the integration scheme. In addition, West Lothian's IJB has responsibility for podiatry services.

Delegated functions	Lothian-wide services
Primary **Care**	Podiatry Services
Adult Social Care	
Mental Health Services	
Learning Disability Services	
Physical Disability Services	
Community Health Services	
Community Pharmacy Services	
Health Improvement	
Unscheduled Care for Adults	
Housing Support/Aids and Adaptations	

Introduction

Review of the West Lothian Integration Scheme

West Lothian Council and NHS Lothian agreed the original integration scheme for health and social care services in May 2015. It was approved by Scottish Ministers on 16 June 2015.

New integration functions were created by the Carers (Scotland) Act 2016. As a result, West Lothian Council and NHS Lothian followed a review process and agreed a second integration scheme which was approved by Scottish Ministers on 19 September 2019.

The Public Bodies (Joint Working) Scotland Act 2014 requires a review to be carried out before the expiry of five years from the date of approval of the original integration scheme. An initial review process was agreed in January 2020 which would have ensured legal compliance. The review was interrupted by the coronavirus pandemic and the diversion of resources.

The revised Lothian Integration Schemes were approved by Scottish Ministers on Monday 15 May 2023 and can be accessed **here**.

Membership of the IJB

The West Lothian IJB is made up of representatives from West Lothian Council, NHS Lothian, Third Sector, service users, and carers. The current chair of the Board is Bill McQueen CBE, a non-Executive Board Member of NHS Lothian. A list of all the members of the board can be found **here**.

Role of the IJB Chief Officer

The legislation requires the IJB to appoint a Chief Officer who has responsibilities to the Board for strategic planning as well as the management and operational delivery of delegated functions. The Chief Officer in West Lothian is Alison White who was appointed in July 2021.

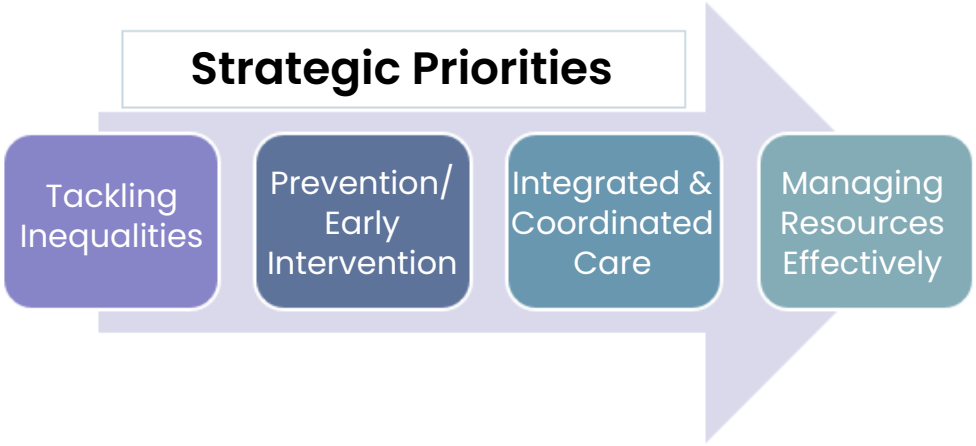
Strategic Planning

Strategic Plan

The purpose of the Strategic Plan is to set out the vision and future direction of health and social care services in West Lothian.

The IJB originally developed a long-term strategic plan for the period 2016 to 2026 which set out its key priorities. Integration legislation requires a review of the IJB's Strategic Plan every three years and the first plan was reviewed during 2018/19 which resulted in a new Strategic Plan being developed and approved by the IJB in April 2019 for the period up to 2023.

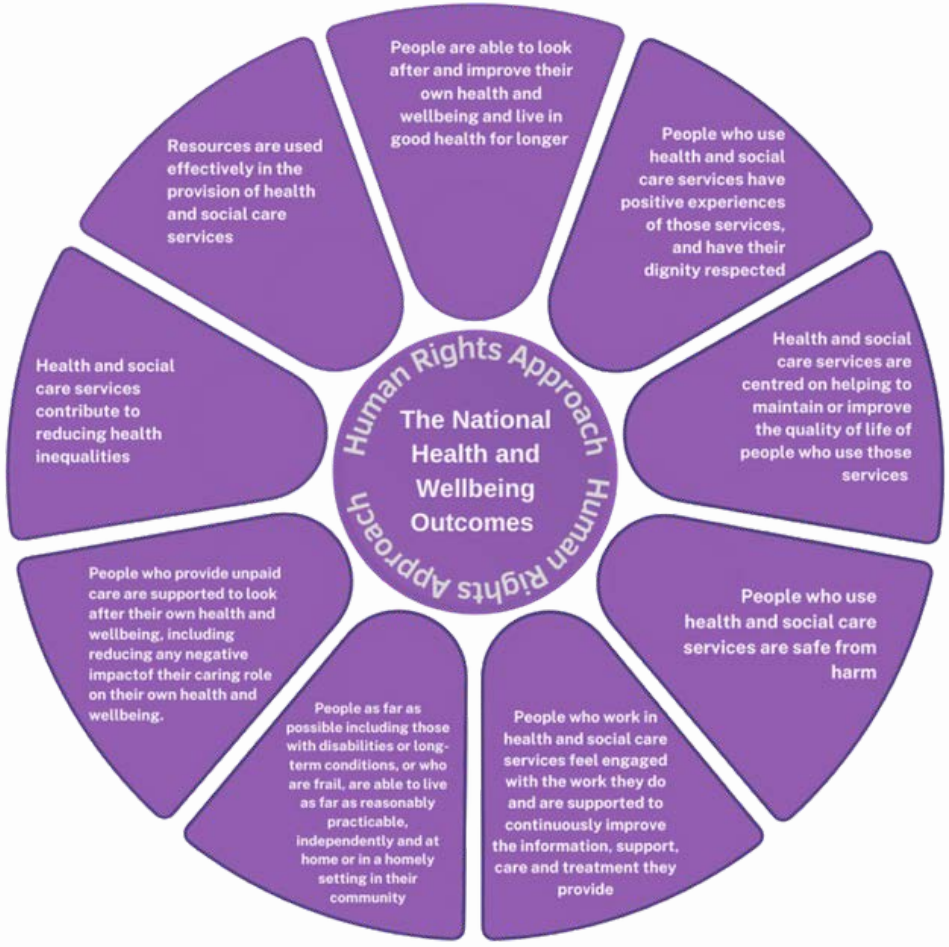
The Strategic Plan for West Lothian (2019 to 2023) defined four key priorities.



The Strategic Plan has been designed to deliver the nine National Health and Wellbeing Outcomes for integration.

National Health and Wellbeing outcomes

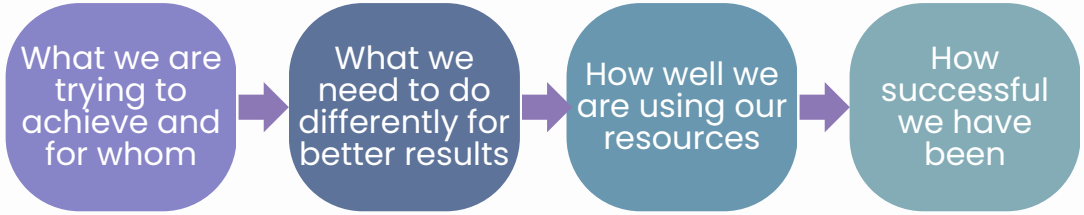
The National Health and Wellbeing Outcomes provide the foundation for the West Lothian Strategic Plan. The outcomes are high level statements by the Scottish Government setting out what health and social care partners are attempting to achieve through integration.



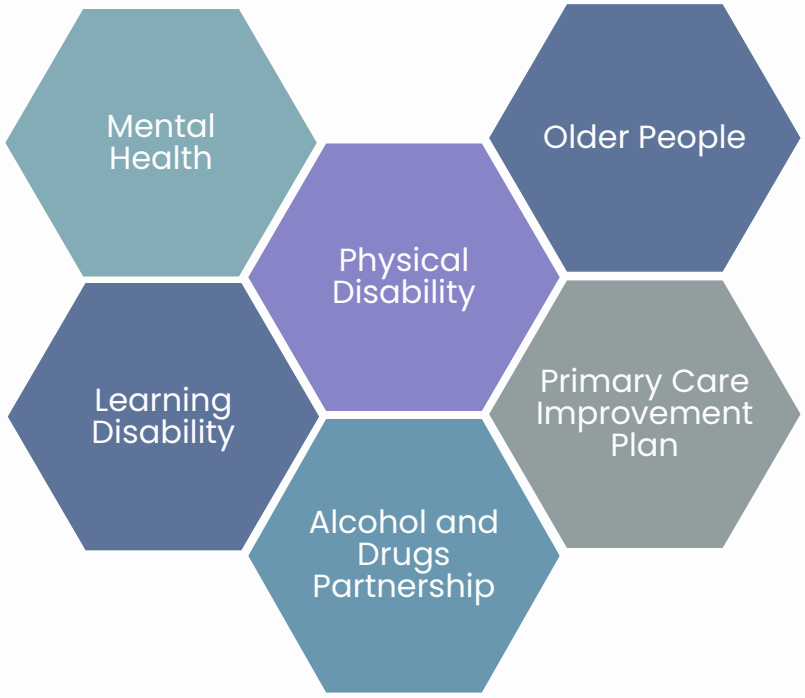
Strategic Planning

Strategic Commissioning Plans

Strategic commissioning is the term used for setting out how the partnership will improve outcomes for people who need care, treatment, and support. It covers:



In support of the IJB's Strategic Plan, strategic commissioning plans were approved for key care groups.



Each of the commissioning plans contains a series of actions and sets out how services will be developed to support the IJB's planning priorities.

Despite the significant staffing and operational challenges experienced as a result of Covid-19, progress was made and taken forward the actions in each commissioning plan as detailed in the table below.

Plan	Complete	Carried forward to the new Strategic Plan	Total
Alcohol & Drugs	49	1	50
Learning Disabilities	31	2	33
Mental Health	28	4	32
Older People	47	0	47
Physical Disabilities	25	1	26
Total	**180**	**8**	**188**

In summary 96% of actions completed and 4% of actions were carried forward to the new Strategic Plan.

Strategic Planning

Development of the new Strategic Plan 2023-2028

The IJB requested that a new plan be developed from 2023 onwards and this has been progressed during 2022/23.

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.

Alongside data analysis, a comprehensive engagement exercise was 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.

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
  - Health Inequalities
  - Overall life expectancy in West Lothian
  - The prevalence of health conditions and where these are spread unequally across population groups
  - 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

Strategic Planning

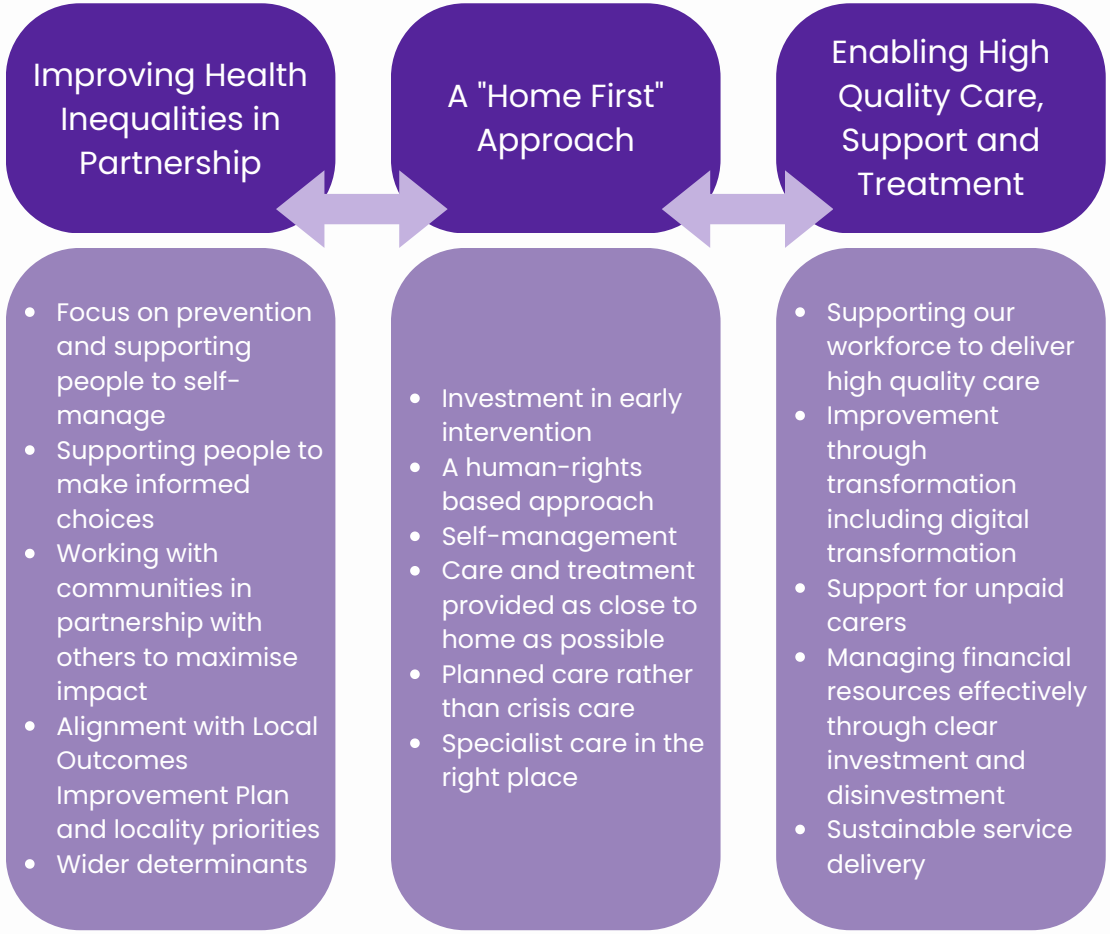
- **Public and support service feedback on:**
  - The proposed strategic aims of:
    - Tackling health inequalities,
    - Taking forward a Home First approach and
    - Enabling good care and treatment
  - What the IJB currently does well
  - Where the gaps are and what needs to be improved
  - Their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

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:

- **Challenges**
  - 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

Work was also 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:



Delivery Plans will underpin each of these strategic priorities and will cover all adult care groups.

Home First

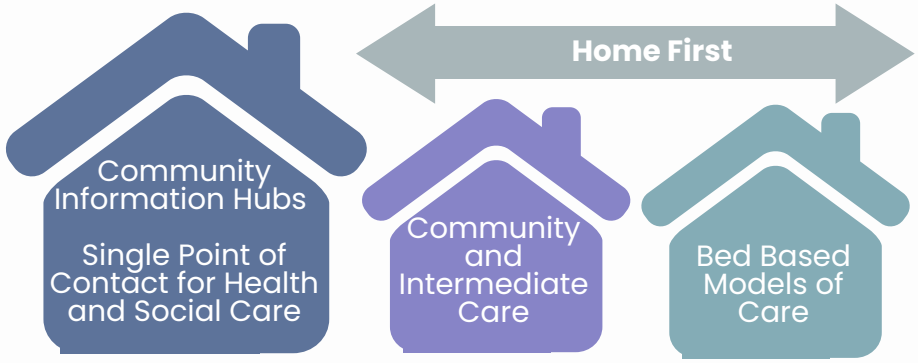
The IJB is committed to taking a 'Home First' approach focussing on enabling and supporting people to remain at home or in a homely setting wherever possible.

'Home First' is the overall ambition of our programme to transform the way we deliver care to adults and older people. In line with national direction, we are trying 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 places for people who need specialist short-term care and should therefore only be considered when care cannot be delivered in any other care setting.

Our transformation programme focuses on developing new ways of working and models of care to manage people in the community, with admission to an acute hospital only where there is clinical need for this to happen. The norm should be to receive care and support at home and prevent deterioration and crisis wherever possible.

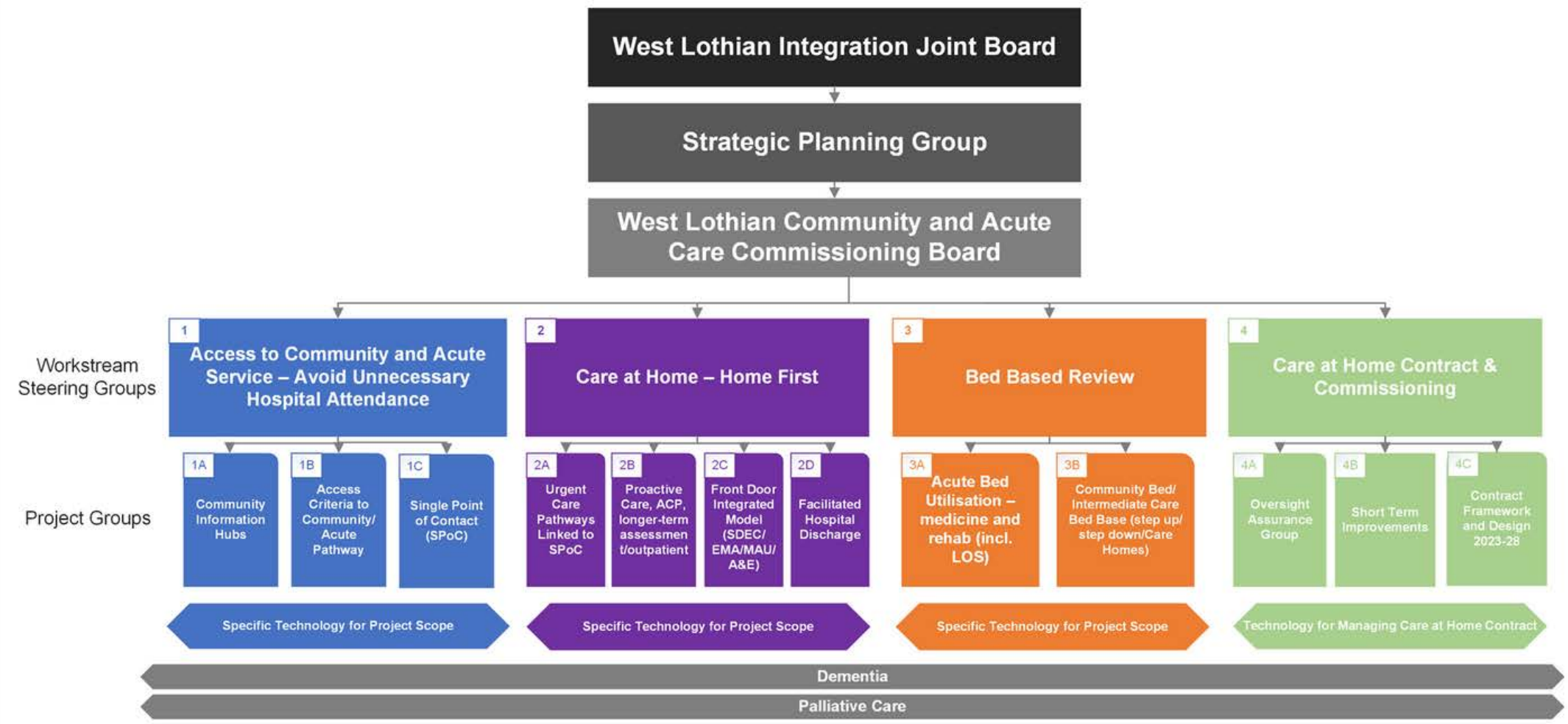
Where hospital admission is necessary for clinical reasons, we are trying to ensure that responsive support is available to enable discharge and allow people to return to community settings without delay. This is the right thing to do as we know that staying longer in hospital than is necessary can result in poorer outcomes for some people, especially 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:



Over the past year, the transformational project work within the Home First Programme has continued with positive engagement and commitment from stakeholders at all levels. The Programme comprises of 4 workstreams covering whole-system transformation from community, primary care and care at home initiatives to acute and community beds and unscheduled care. The current Home First governance structure is outlined on page 13.

Home First Governance Structure



Strategic Planning

Home First Principles

Care in your own home wherever possible is our aim

Care and support to enable people to return home wherever possible

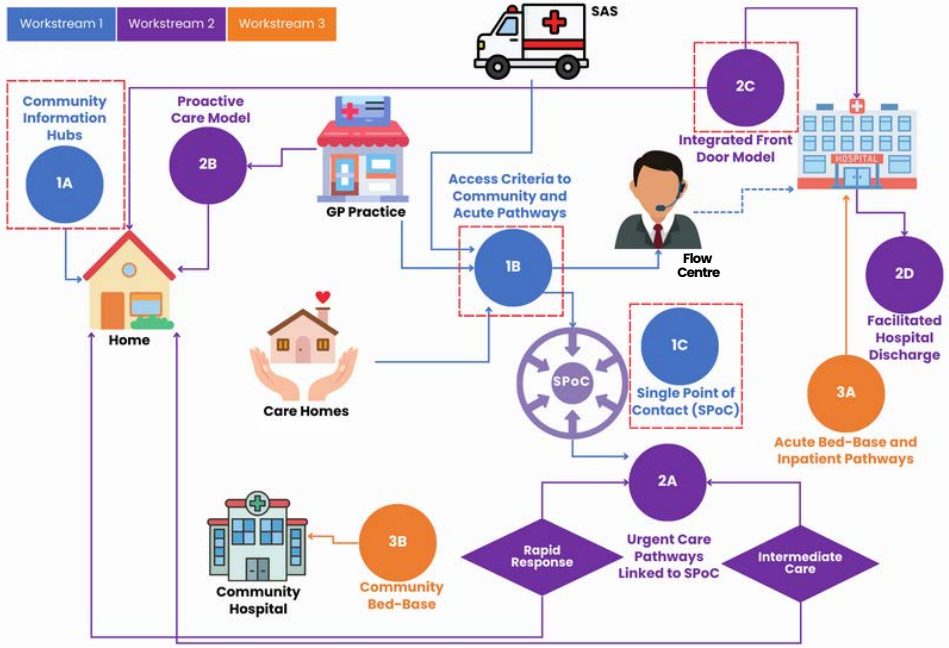
Specialist provision where necessary with community focus

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

Home First Whole System Approach

The Home First Programme is the Partnership's vehicle to deliver whole-system transformational change. The visual below highlights the scale of the transformation, with various working groups set up to streamline existing ways of working or test and implement new ways of working, with the focus always being on adopting a Home First approach.



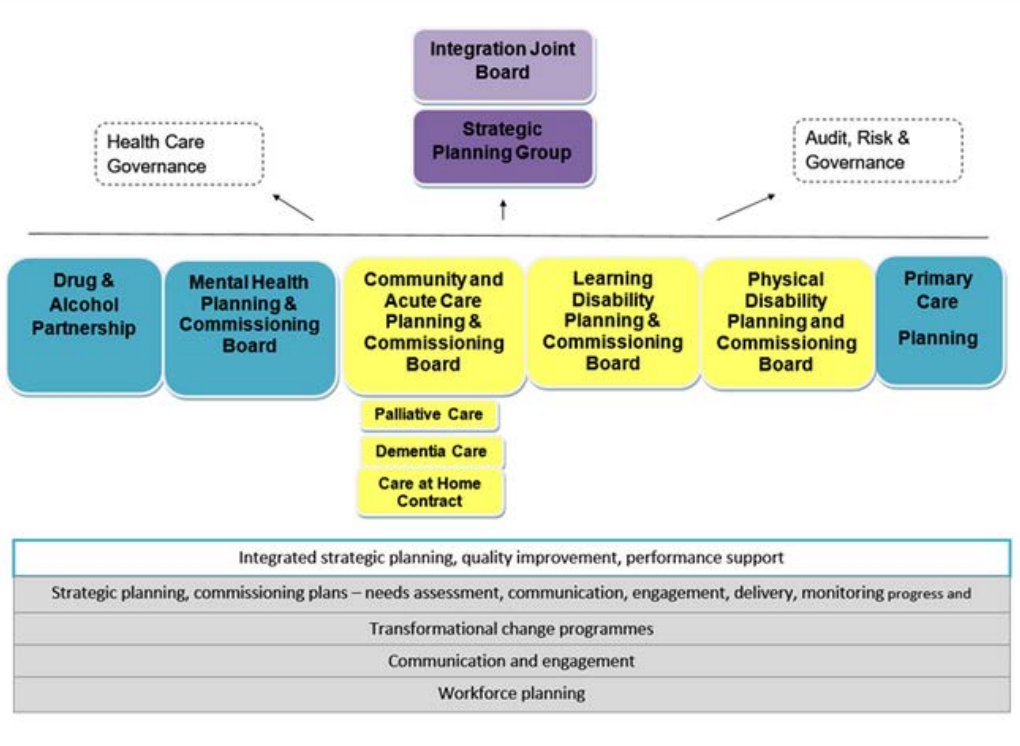
Working groups are currently active and focused on change projects across the community, in primary care settings and in the acute hospital. It is essential that a whole-system, integrated approach is taken to transformation to ensure that the Home First ethos is reflected and promoted in all areas of the Health and Social Care Partnership.

Strategic Planning

Review of Strategic Planning Structure

Views were sought from members of the Strategic Planning Group and commissioning boards in February 2022 on whether they felt the governance arrangements were continuing to work effectively. The responses from members of the SPG and planning and commissioning boards were consistently positive about the current structure being fit for purpose and working well.

It was agreed by the IJB that the structures would be further refined to support the new strategic plan.



Communication and Engagement Plan Update

The SPG and IJB also asked for an update on implementation of the Communication and Engagement Strategy to be included in the annual performance report.

A new IJB Communication and Engagement Strategy is currently being developed that will be reported to the Board in August 2023.

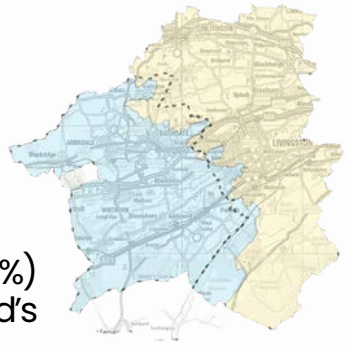
West Lothian Population

West Lothian has a population of

185,580

(National Records of Scotland , 2021)

This is an increase of 26,550 people (16.7%) since 2001. Over the same period, Scotland's population rose by 8.2%.

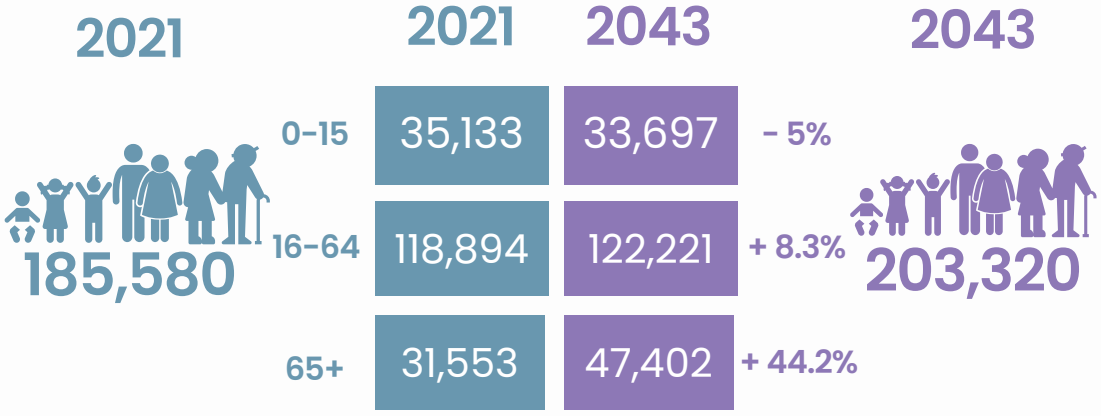


35,133 children aged 0-15 years (**18.9%**)

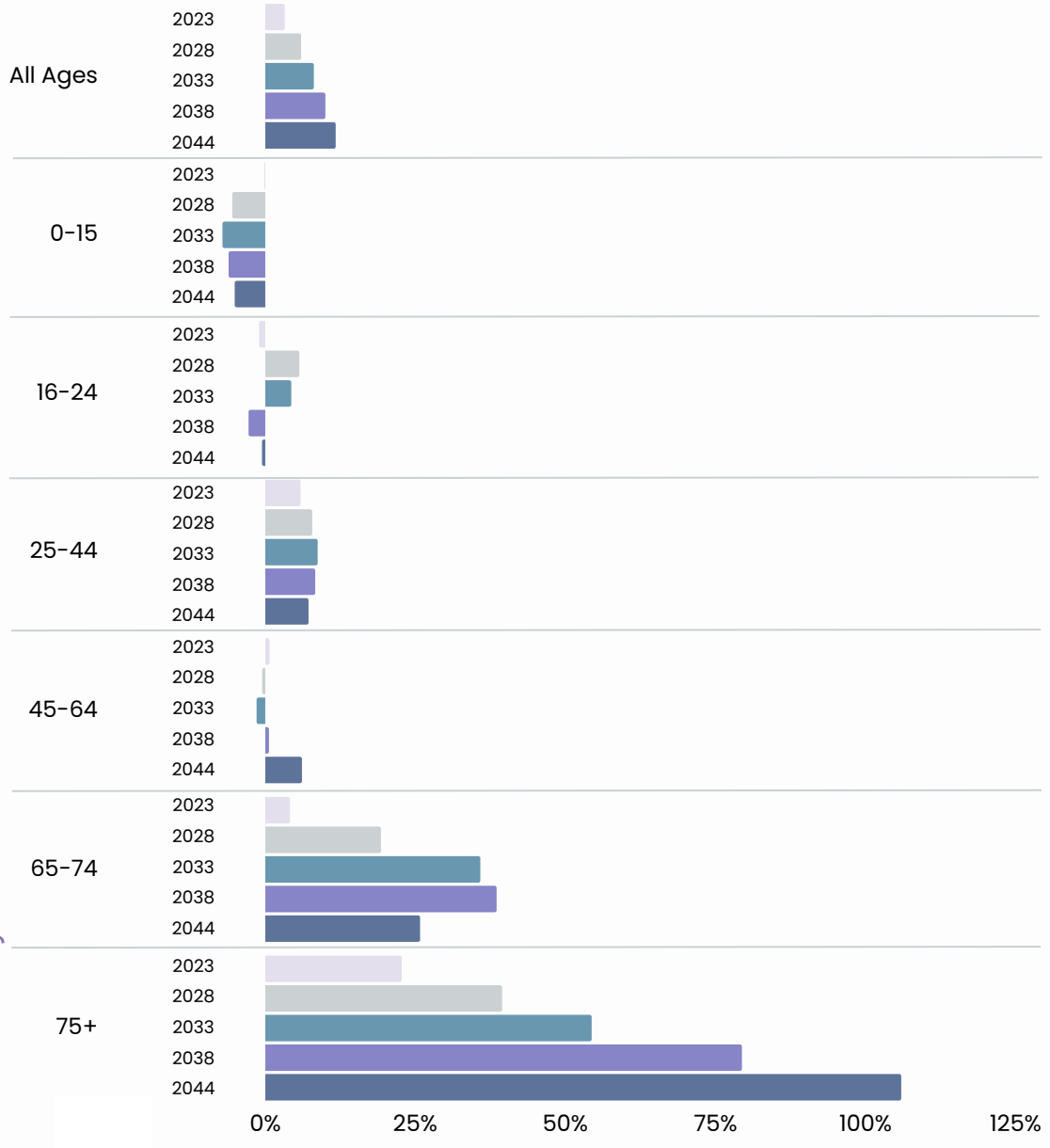
118,894 adults aged 16-64 years (**64.1%**)

31,553 older people aged 65 and over (**17%**)

By 2043 West Lothian's population is expected to increase to 203,320 (11.6%)



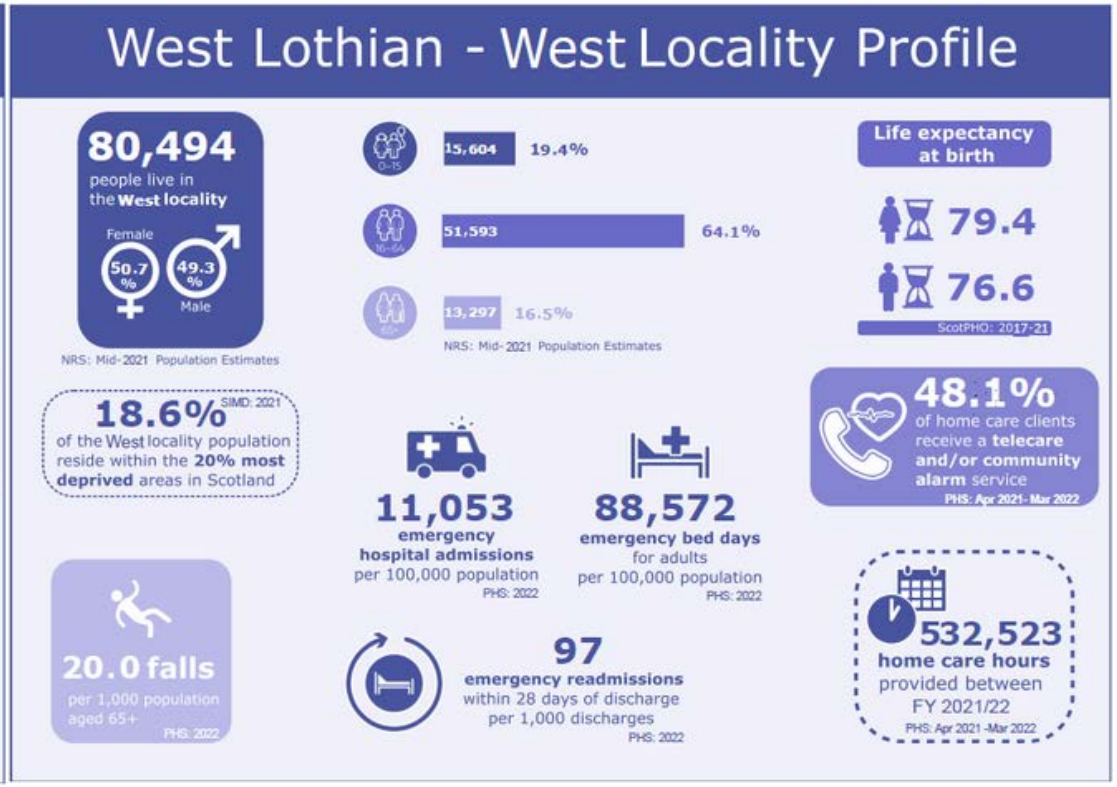
Projected percentage change in population by age group until 2043



Locality Profiles

The locality profile below set out an overview of each of the West Lothian localities: East and West.

We know that there are differences in key outcomes between the localities and we have placed more focus on this in our new strategic plan.



Ongoing Covid-19 Response

Support to Care Homes

The West Lothian Care Home Clinical and Care Professional Oversight Group was implemented as determined by the Scottish Government on 18 May 2020 to ensure the safe and effective care delivery in care homes. The Coronavirus (Expiry) Scotland Act 2021 expired on 30 September 2022, on the 14th December 2022, the Scottish Government confirmed revised arrangements for enhanced support to adult and older people's care homes. The revised arrangements recommend that assurance and support continue focusing on adult and older people's care homes. Many of the challenges facing the care home sector that were apparent during the pandemic remain and have been exacerbated by the recent cost of living crisis, staff shortages and wider pressure in the health and social care sector.

The Collaborative Care Home Support Group continue to meet twice weekly to consider and evaluate information relating to the Covid-19 status and any other issues highlighted by older people and adult care homes in West Lothian. This is supplemented by twice weekly direct contact with care homes and daily oversight of information available through the TURAS system. Health and Social Care Teams continue to work collaboratively to ensure care homes are provided with appropriate support to maintain the health and well-being of residents. There are a range of resources available to care homes in West Lothian, including access to education and training, specialist wound care advice and vaccinations.

Care at Home Assurance

Significant challenges continued to be experienced over the course of the year in relation to the supply of care at home and in particular staff recruitment and retention. However, since November 2022 the external care at home market has had some positive recruitment of staff from schemes such as the UK Health and Care Worker visa programme which has resulted in a reduction in the number of providers reporting implementation of their business continuity planning arrangements and a more stable position achieved which has also contributed to reducing the overall number of assessed care needs not being met.

Work began to design future care at home delivery models as part of the Home First Transformation Programme which will be influenced by benchmarking with other Health and Social Care Partnerships, engagement with key stakeholders and learning from the current care at home contract. The new care at home contract will be in place by October 2023.

A weekly care at home oversight meeting was established in June 2021 and continues with the aim of better understanding our data, risks and development of actions to improve the care at home provision. Data continues to be refined to better understand the whole care at home system particularly around demand, performance and care assessment and review. Insufficient supply to meet service demands in care at home is identified as a high risk both within the Integration Joint Board and Council risk registers. Key actions continue to be monitored on a monthly basis and reported via relevant governance structures.

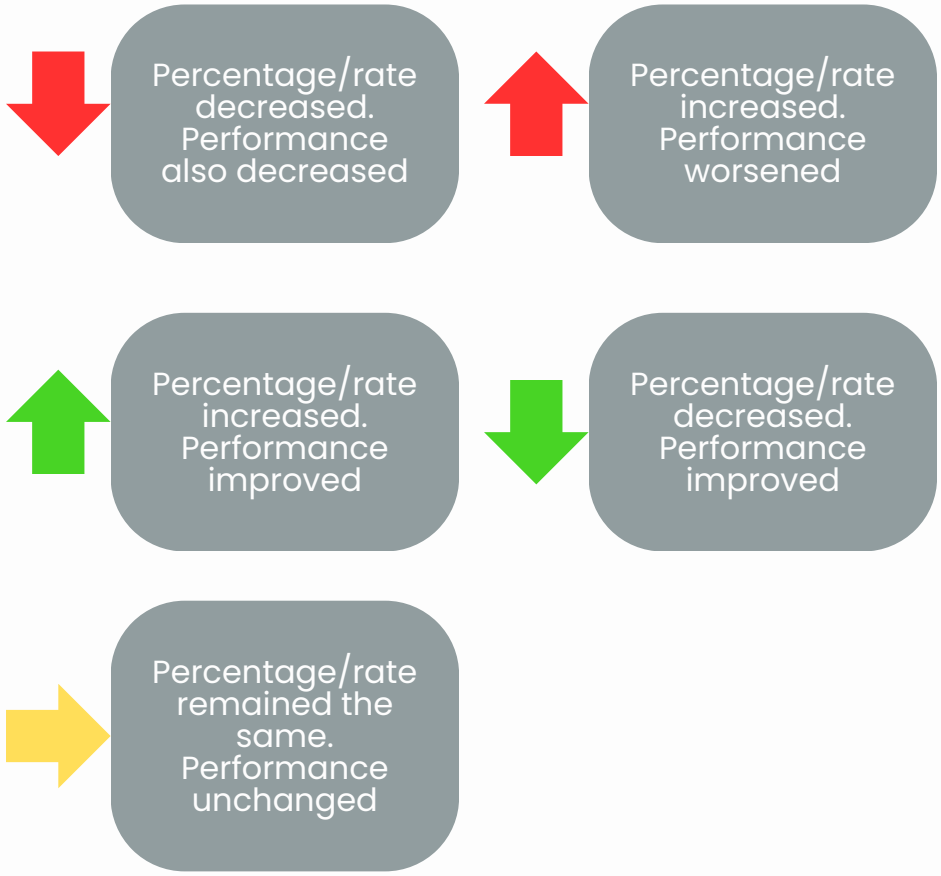
Performance Reporting

Performance Review

West Lothian IJB has developed a range of performance indicators to allow progress against health and wellbeing outcomes and integration indicators to be measured. Underneath the nine National Health and Wellbeing Outcomes sits a Core Suite of Integration Indicators which all Health and Social Care Partnerships use to report their performance against. Performance indicators are scrutinised regularly by the Integration Joint Board to monitor progress against objectives and identify areas for improvement.

The annual performance report outlines how West Lothian is performing against the main indicators using the latest published data.

Performance Key



Summary of Core Suite of Integration Indicators

Indicators 1 to 9

Indicators NI1 to NI9 are reported in the Health and Care Experience Survey commissioned by the Scottish Government.

The latest data from the 2021/2022 survey is included below. Unfortunately, the data in indicators 1 to 9 cannot be compared with previous years because of changes in the way the survey was designed.

This survey is sent randomly to around 5% of the Scottish population every two years. The response rate across Scotland was 26%. In West Lothian 3,894 people responded to the survey, a response rate of 26% in line with the Scottish position.

National Indicator (NI)		2019/20		2021/22	
		West Lothian	Scotland	West Lothian	Scotland
NI-1	Percentage of adults able to look after their health very well or quite well	93.4%	92.9%	89.5%	90.9%
NI-2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	79.4%	80.8%	70.4%	78.8%
NI-3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	70.7%	75.4%	80.6%	70.6%
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	75.7%	73.5%	71.7%	66.4%
NI-5	Total percentage of adults receiving any care or support who rated it as excellent or good	75.4%	80.2%	80.5%	75.3%
NI-6	Percentage of people with a positive experience of the care provided by their GP practice	74.6%	78.7%	62.2%	66.5%
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	75.3%	80.0%	79.0%	78.1%
NI-8	Total combined % carers who feel supported to continue in their caring role	36.4%	34.3%	25.2%	29.7%
NI-9	Percentage of adults supported at home who agreed they felt safe	86.7%	82.8%	79.8%	79.7%

Summary of Core Suite of Integration Indicators

Indicators 11 to 19

The primary source of data for National Indicators NI11 to NI20 are Scottish Morbidity Records (SMRs) which are collected nationally. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2022; this ensures that these indicators are based on the most complete and robust data currently available. It is not expected that these numbers will differ greatly to full 2022/23 financial year figures and so should not affect any conclusions that have been drawn.

The next section of the report sets out how delegated functions performed throughout 2022/23 and provides examples of what was done to progress the IJB's priorities and national outcomes. We use indicators to look at how well we are achieving the National Health and Wellbeing Outcomes and have provided comparisons for each indicator with performance across Scotland.

Indicator		2020/21		2021/22		2022		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 11	Premature mortality rate per 100,000 persons (calendar year)	**438 (2020)**	*457 (2020)*	**462 (2021)**	*466 (2021)*	**439 (2022)**	*442 (2022)*	↓	↓
NI - 12	Rate of emergency admissions for adults (per 100,000 population)	**11,663**	*10,957*	**11,975**	*11,632*	**10,813**	*11,155*	↓	↓
NI - 13	Rate of emergency bed days for adults (per 100,000 population)	**87,475**	*101,967*	**92,807**	*112,939*	**88,819**	*113,134*	↓	↑
NI - 14	Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	**123**	*120*	**107**	*107*	**94**	*102*	↓	↓
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	**91%**	*90%*	**90%**	*90%*	**90%**	*89%*	→	↓
NI - 16	Falls rate per 1,000 population aged 65+	**19.1**	*21.7*	**19.8**	*22.6*	**19.1**	*22.2*	↓	↓
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	**84%**	*83%*	**81%**	*76%*	**76% (2022/23)**	*75% (2022/23)*	↓	↓
NI - 18	Percentage of adults with intensive care needs receiving care at home (Calendar Year)	**65% (2020)**	*63% (2020)*	**67% (2021)**	*65% (2021)*	**63% (2022)**	*64% (2022)*	↓	↓
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	**360**	*484*	**426**	*748*	**657 (2022/23)**	*919 (2022/23)*	↑	↑
NI - 20*	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	**N/A**	*N/A*	**N/A**	*N/A*	**N/A**	*N/A*	**N/A**	*N/A*

* NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate

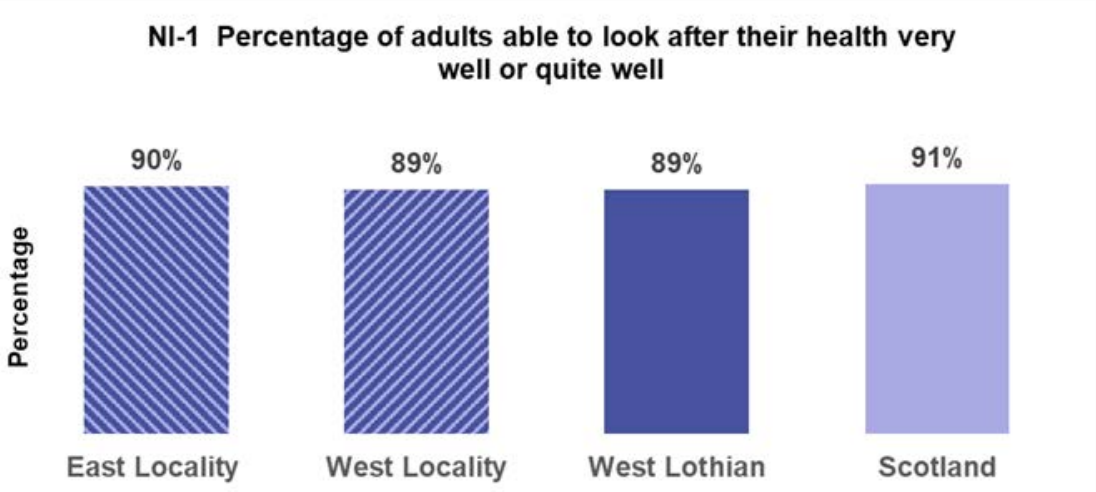
Outcome 1

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

Our Performance

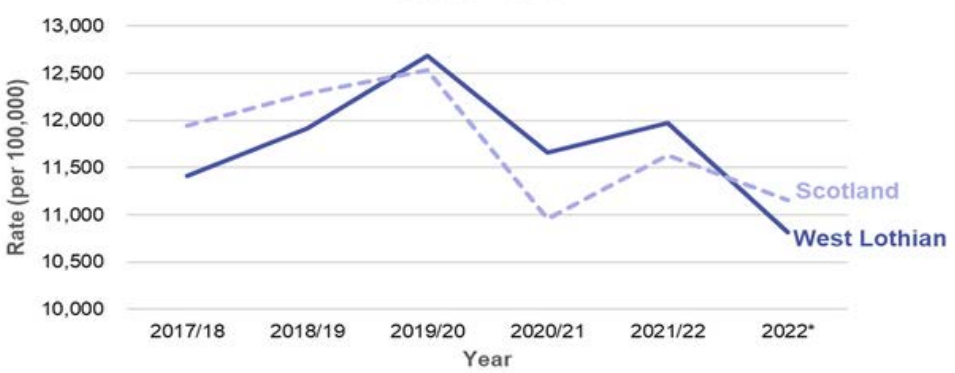
NI-1 Percentage of adults able to look after their health very well or quite well

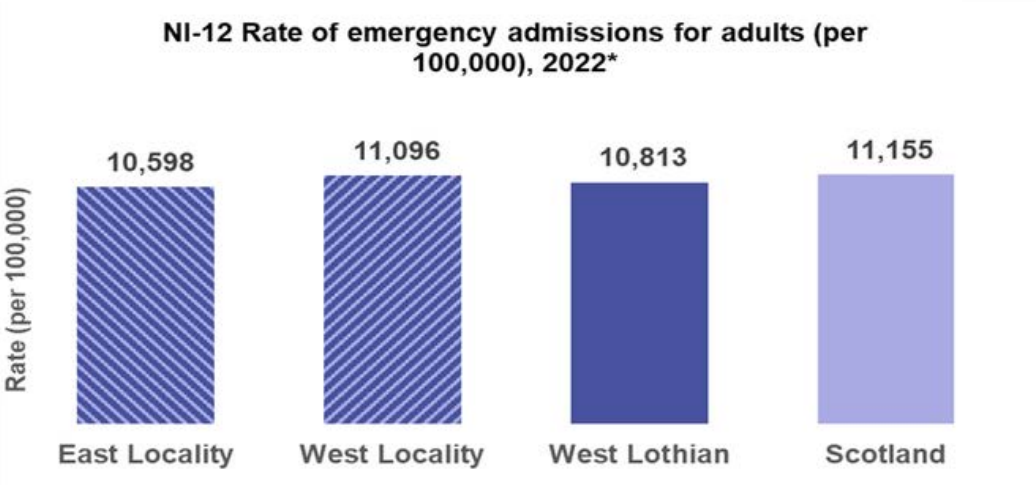
	East Locality	West Locality	West Lothian	Scotland
2021/22	90%	89%	89%	91%



In financial year 2021/22, the percentage of people in West Lothian who thought that they could look after their health very well or quite well was 89%. This is 4 percentage points lower than 2019/20 and two percentage points lower than Scotland.

NI-12 Rate of emergency admissions for adults (per 100,000)





The rate of emergency admissions in adults per 100,000 increased steadily from 11,412 emergency admissions in 2017/18, to 12,686 admissions in 2019/20. There was then a reduction in 2020/21, likely due to the fact there was a national lockdown in 2020 due to COVID-19. In 2021/22 there was a slight increase, however the latest rate for 2022 shows a significant decrease in admissions to 10,813 per 100,000 which corresponds with the trend of the national average.

What We Have Done

Community Information Hubs

As part of the Home First programme, we have supported the development of community hubs across communities in West Lothian, through '**Community Connections**'. Through these hubs people can get information and advice to help them access support at an early stage with the aim of avoiding crisis wherever possible.

We have been working in partnership with council services such as the Anti-Poverty Service, Economic Development, Housing, Carers of West Lothian and others to offer a comprehensive one stop model of support in community locations which provide easy access for people.

Twelve hubs are now operational and all locations run on a weekly basis. Work is ongoing with Community Regeneration Officers to identify areas that would benefit from pop-up drop-ins within communities.

An online referral form has being created to allow referrals between partner organisations. Online Hubs are also being established, using the Near Me video Conferencing platform to provide the same level of support and access to services for those who are not able to attend the in person hubs.

A number of volunteers have completed their training and are supporting staff in the drop-ins. Further recruitment is currently underway to train more volunteers to support the hubs.

image: Community Connections launch at Blackburn Partnership Centre

The latest information and a list of drop-in locations can be found by clicking **here**

What We Have Done

Ageing Well

Ageing Well aims to improve, maintain and promote the physical and mental health and wellbeing of older people and improve their quality of life through a peer support programme of activities and services. It has been established since 2001 and is delivered by West Lothian Leisure.

Ageing Well provides an extensive range of physical activity and wellbeing opportunities which can help reduce loneliness and social isolation. These include buddy swimming, walking groups, seated exercise, line dancing, knit and natter, gentle exercise, badminton, tai chi and social events.

The project works in partnership with organisations including OPAL (Older People Active Lives), Good Neighbour Networks, Paths for All, Care Homes/ Day Care Centres, Macmillan, SMILE Adventure with Dementia and West Lothian 50+ Network.

Ageing Well has 44 volunteers who support activities such as health walks and exercise classes. Volunteers are provided with training to support them in their role.

In 2022/23 Ageing Well training has been delivered to new volunteers and there has been Visual Impairment Training for Walk leaders. There has been development of a new Ageing Well Facebook page and an Ageing Well section of the WLL website. There also continues to be provision of an at home on-demand service.

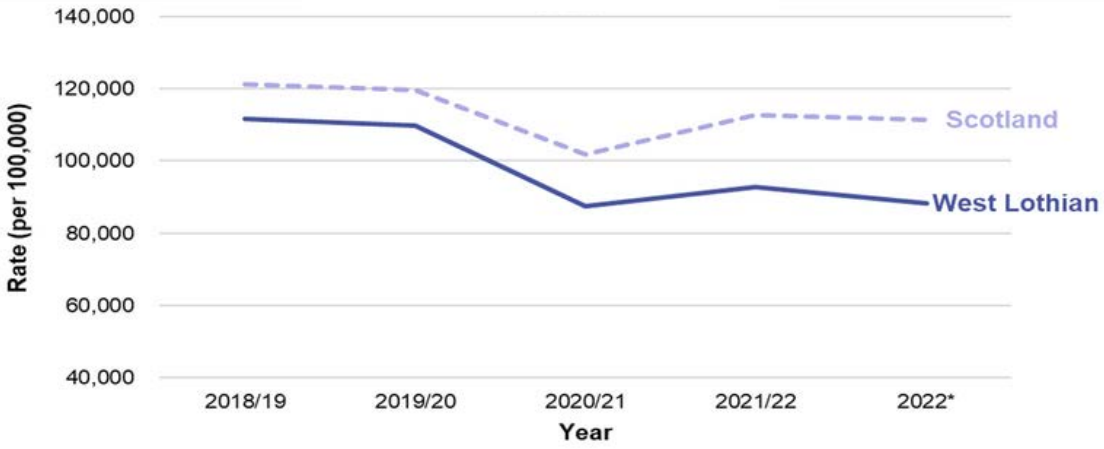
"I started going to Paracise just after lockdown allowed as I retired during lockdown. I was having difficulty getting up and down stairs, I couldn't go on tiptoes or lift my knees up or lift my left arm up due to arthritis amongst other things. I would get out of breath quite easily but gradually I got stronger and fitter as I now go to a variety of classes delivered by Ageing well and participate well now due to the perseverance and patience of instructors and my own determination. This has also affected my mental wellbeing as I'm meeting new friends and socialising, especially with my line dancing friends. I feel years younger. My mobility has improved beyond my expectations, my doctor sees the change in me too. I have lost weight, changed shape, and learned new skills."

Outcome 2

People as far as possible including those with disabilities or long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community

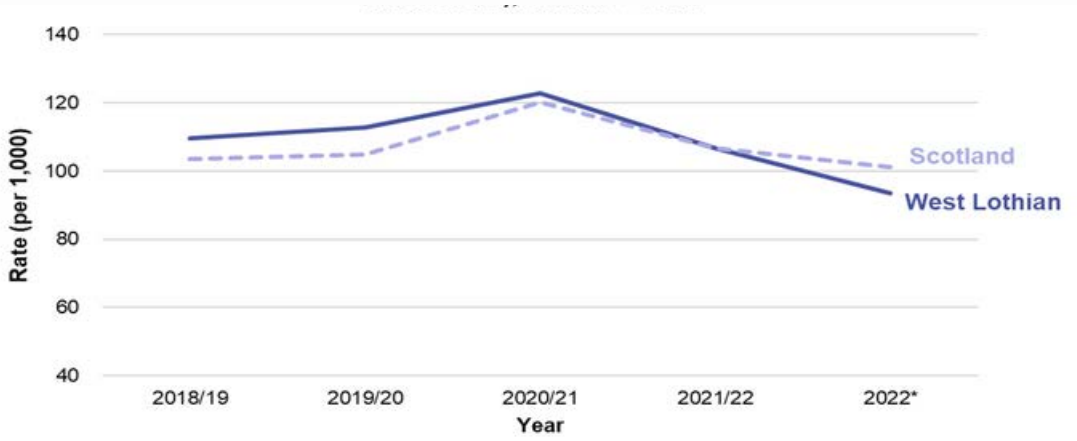
Our Performance

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

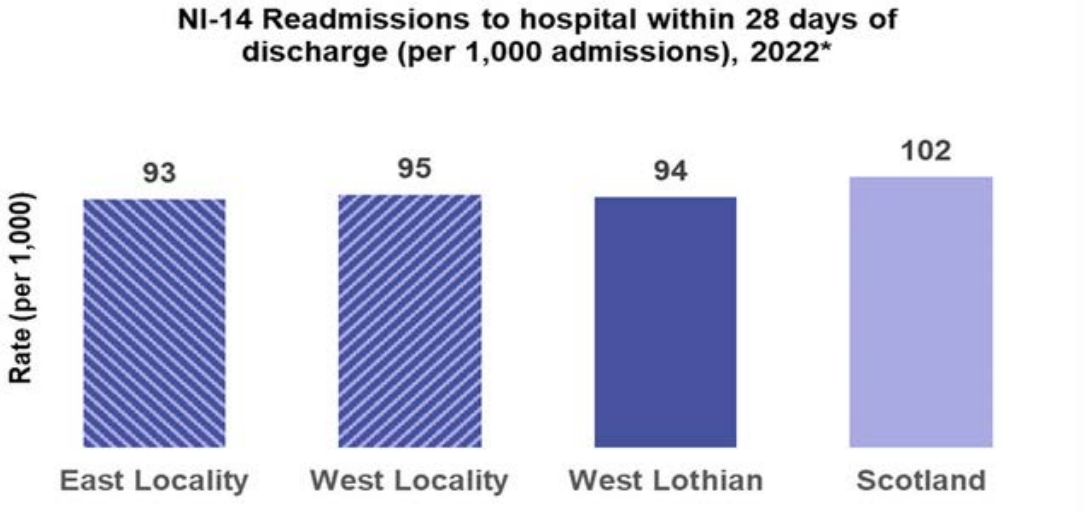


The emergency bed day rate of adults, per 100,000 population, was 88,819 for West Lothian in 2022. This was an decrease of 4.30% bed days compared to 2021/22. The Scotland rate in 2022 is 113,134 which is 0.17% increase in comparison to 2021/22.

NI-14 Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)



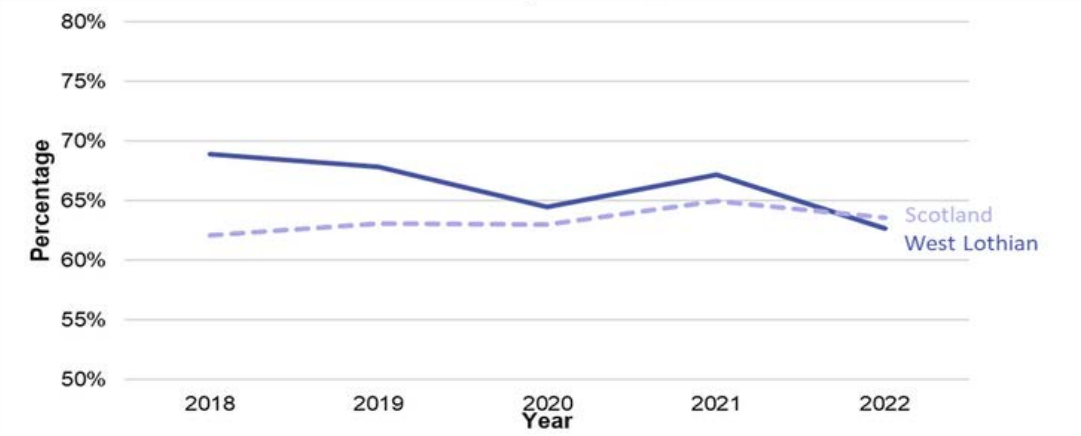
The re-admission rate to hospital for adults within 28 days in 2022 was 94 per 1,000 admissions which has been the lowest rate since 2017/18. The trend has fluctuated since 2017/18, with the highest rate of 123 in 2020/21. The Scottish rate has followed a similar trend with 102 per 1,000 admissions and the lowest reported rate since 2017/18.



Outcome 2

Our Performance

NI-18 Percentage of adults with intensive care needs receiving care at home (Calendar Year)



The latest data we have for this indicator is calendar year 2022, where 63% of adults with intensive care needs are receiving care at home. The trend has remained consistent, fluctuating between 63% and 69% across the past 5 years. The trend for the Scottish average has followed a similar pattern with 64% reported in 2022 and the rate fluctuating between 62% and 65% over the past 5 years.

What We Have Done

Care at Home Contract Review and Assurance

As part of the 'Home First' transformation programme, a project was established to review care at home contractual and oversight/assurance arrangements to provide the best possible care at home provision in West Lothian and manage oversight of the care at home provision.

Care at Home services provide personalised care and social support to enable people to continue or resume residing in their own home. 93% of services (13,000 hours per week) are delivered by the independent sector with the purpose of ensuring quality of life for individuals, while enabling them to retain their independence.

The Care at Home Contract and Commissioning project identified the following objectives:

1. Design and implement new contracting arrangement for the delivery of Care at Home Services in West Lothian.
2. Improve and stabilise the supply and care at home services.
3. Develop a whole system approach to ensure the delivery of care at home services underpinned by the principles of Home First.

What We Have Done

Care at Home Contract Review and Assurance Continued

The desired outcomes of the project are to:

1. Improve the supply of Care at Home Services in order to meet demand
2. Refresh the care market by encouraging the development of the new services, as well as innovative practices
3. Where possible, people are supported to remain at home and live independently
4. Flow is established within the partnership's internal teams

The Care at Home Contract and Commissioning project will be delivered in 4 key stages:

1. Scoping, Researching and Model Design (Aug 2022 – December 2022)
2. Tendering (December 2022 – June 2022)
3. Implementation (July 2023 – October 2023)
4. Business as Usual October 2023 onwards

As a result of the project the following actions will be implemented to support future care at home provision and quality assurance management:

- Increase in financial resource – the hourly rate will increase by £1.08 per hour which will support recruitment and retention and attract providers to the contract
- A new 'test of change block' contract will operate alongside the flexible framework to support care which is difficult to support based on locality
- Support providers to use their own electronic call monitoring systems and remove duplication of effort with double reporting
- Agreement to employ a business support contracts officer to support quality assurance of provision
- Employment of a business support assistant to support matching care provision to individuals
- Establishment of a care at home collaborative working group, led in conjunction with Scottish Care Intendent Sector Lead
- Piloting Technology Enabled Care to support the delivery of care
- Proposals for future contracts which will support the objectives of Home First
- Refined data to accurately reflect position to enable assessment of assurance around the current Care at Home provision

What We Have Done

Complex Care Housing Development

The Coming Home Report published by the Scottish Government in 2018 sets out the strategic vision for people with learning disabilities and complex needs to be supported to lead full, healthy, productive, and independent lives in their communities, with access to a range of options and life choices.

Sixteen bespoke houses have been built in Pumpherston for individuals to move into as their own tenancies with a Scottish Secure Tenancy Agreement. Great consideration has been taken to ensure the design of the houses meet the current and future needs of the clients. The development has the use of underground Heat source pumps, which are highly economical and efficient. In the current energy crisis this will ensure that tenants cost of heating will be more manageable as opposed to the use of solid fuels.

A bespoke service has been commissioned to provide high quality, flexible care and support services that allows us to meet individual needs and outcomes.

All 16 tenancies are due for completion with it being anticipated that the first residents will move in early Autumn 2023.

Advanced Practice District Nurses

The District Nursing (DN) service have two Advanced Practice District Nurses – Specialist Practitioner District Nurses who have also completed their Advanced Nurse Practitioner education and training. We have one for East Cluster and one for West Cluster.

They are working with DN teams to identify people with long term conditions and/or living with frailty and will work alongside DN teams to optimise nursing interventions to support people to live well.

The aim is for the Advanced Practice DNs to support education and training to enable DN teams to embed advanced assessment skills into everyday practice. They will also provide high level clinical expertise from a District Nursing perspective. We hope to increase the ability of the DN service to internally manage the health and wellbeing needs of the people we support at home by increasing the knowledge and skills the teams are practicing with.

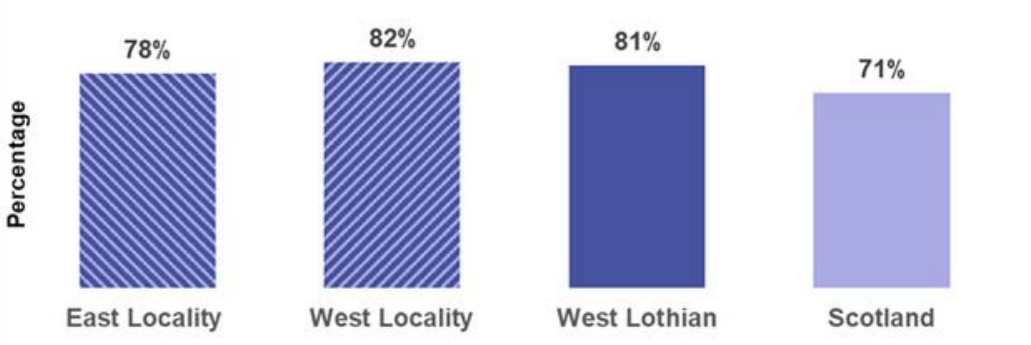
The Advanced Practice DNs are also supporting the CTAC (Community Treatment and Care) team to identify and support people who are living with mild to moderate frailty with the aim of early intervention and the hope that progression to severe frailty is delayed.

Outcome 3

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

Our Performance

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

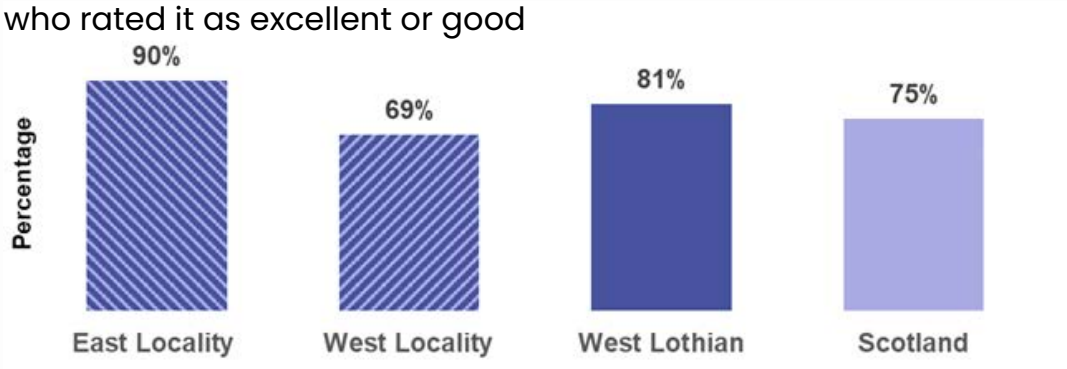


In West Lothian, 81% of people surveyed in 2021/22 agreed that they had a say in how their help, care or support was provided, 10 percentage points higher than the 2019/20 figure and the 2021/22 Scotland average.

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

In financial year 2021/22, 72% of adults supported at home, agreed that their health and social care services seemed to be well coordinated, 4 percentage points lower than in 2019/20. The response for West Lothian sits above the Scottish average of 66%.

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

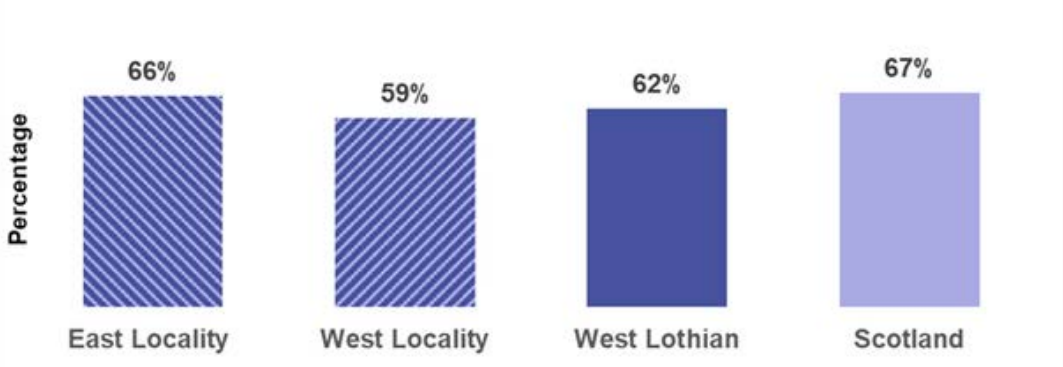


The percentage of adults receiving any care or support, who rated it as excellent or good was 81% in 2021/22, an improved result from the survey in 2019/20. The response for West Lothian sits above the Scottish average of 75% in 2021/22.

Outcome 3

Our Performance

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



In 2021/22, the percentage of adults who had a positive experience of the care provided by their GP practice was 62%. The Scotland average was 5 percentage points higher for the same year.

What We Have Done

Trauma-Informed Practice

The Scottish Government has recognised that trauma-informed approaches are crucial to ensuring all children, young people and adults can lead healthy and fulfilled lives. It has supported progress through the development of the knowledge and skills framework for psychological trauma for the workforce, by NHS Education for Scotland (NES), and the subsequent establishment of the National Trauma Training Programme (NTTP).

A Trauma-informed Practice Project Board (TiPPB) was established in November 2022. The remit of the board is to govern and co-ordinate the rollout of the NTTP to support cultural and organisational change through the development of a trauma informed and responsive workforce across West Lothian. The Board works closely with key partners within the West Lothian Council, HSCP, NHS Lothian, and other stakeholders to ensure the work is closely aligned with national and local outcomes and workforce development plans.

To ensure reduced duplication and efficiency, a multi-agency training group has been established to develop a training strategy for the rollout of NES trauma training levels 1-3, mental health first aid and suicide prevention training. In addition, a mental health oversight group and a suicide prevention board have also been developed.

What We Have Done

West Lothian Community Single Point of Contact (SPoC)

The West Lothian Health and Social Care Partnership secured funding for a community Single Point of Contact (SPoC) 'test of change' for two years. In August 2022, the SPoC was established as a single front door for health and social care professionals to urgently access health, social care and wider community teams with the aim of preventing an avoidable hospital presentation or admission. The service has gradually scaled up since initial pilot commencement and is now open to all West Lothian GPs, out of hours GPs, Scottish Ambulance Service and District Nurses.

The SPoC Leads take referrals for patients who require urgent access to one or more community services. The lead takes a creative and person-centred approach, navigates community health, social care and third sector teams and develops a plan to meet the holistic needs of the individual within 2-4 hours of referral.

Phase 2 of SPoC roll out will look to open SPoC out to a wider group of health and social care professionals with a view to further increase the impact of SPoC.

As of 31 March 2023, the SPoC has received appropriate 128 referrals. 88% of these referrals prevented a hospital presentation/admission.

These prevented admissions may potentially result in a significant system cost benefit of c.£120,684 (based on an average cost of £178 per occupied bed day in a medical ward and a nominal 6-day length of stay for 113 patients recorded as a prevented hospital admission). This signals that there may be an opportunity to re-invest cost savings in the community at the point of final evaluation of this two-year test of change.

What We Have Done

Joint GP Practice and Community Pharmacy Serial Prescribing Implementation

Initial work to increase serial prescribing use in West Lothian was implemented further during 2022/23 with the majority of GP practices engaging.

Training session were delivered during March 22 to practices, community pharmacies and primary care pharmacy teams in collaboration with Lothian's Community Pharmacy Development Team.

Primary care pharmacy teams engaged with practices and community pharmacies throughout the year to increase use of serial prescribing.

Introducing high percentages of serial prescribing in practices has:

- Reduced administrative staff time required for processing prescription requests
- Ensured patients journey is much easier – particularly for older population, who found it increasingly difficult to order prescriptions via internet
- Improved clinical patient care through medication reviews at point of conversion to serial prescriptions.

Prior to this work in March 2022, six practices had started introducing serial prescribing with two having greater than 5% of their repeat prescriptions as serial scripts. At May 2023, sixteen practices had introduced serial prescribing with eight having greater than 5% serial prescriptions.

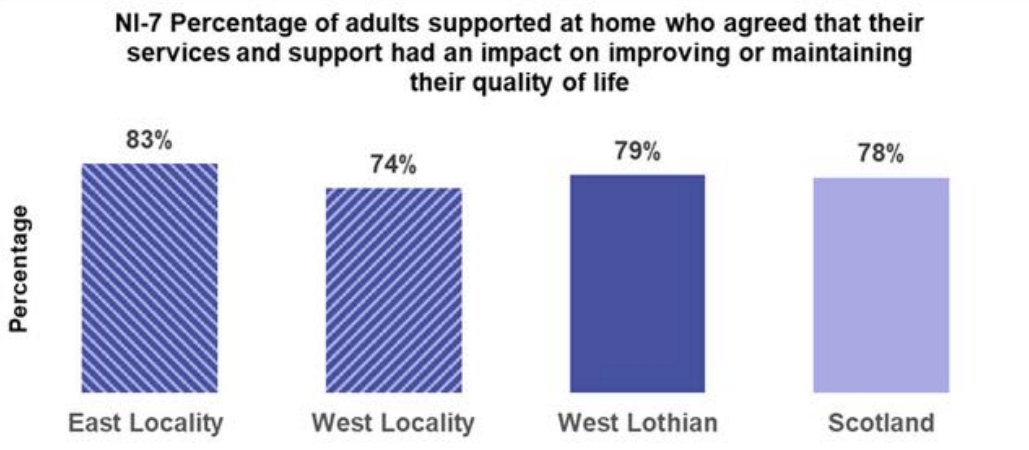
GP Practice	Serial prescription % March 22	Serial prescription % May 23	Increase %
1	21.28%	35.58%	14.30%
2	0.21%	26.39%	26.18%
3	3.58%	9.11%	5.53%
4	4.00%	8.98%	4.98%
5	0.00%	8.80%	8.80%
6	0.10%	7.11%	7.01%
7	0.07%	5.85%	5.78%
8	3.35%	5.73%	2.38%
9	3.29%	4.70%	1.41%
10	0.02%	4.62%	4.60%
11	0.02%	4.57%	4.55%
12	0.04%	2.80%	2.76%
13	0.05%	2.36%	2.31%
14	0.08%	1.96%	1.88%
15	0.02%	1.41%	1.39%
16	0.05%	0.84%	0.79%

Outcome 4

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

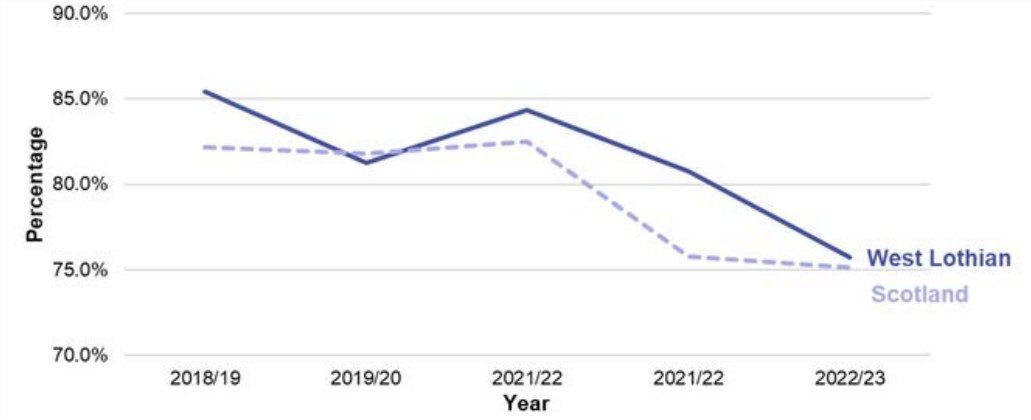
Our Performance

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



The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life was 79% in 2021/22, 4 percentage points higher than in 2019/20. The Scotland response rate was slightly lower at 78% in 2021/22.

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



The overall quality of care as good (4) or better in Care Inspectorate inspections was 76% in 2022/23, which is 1 percentage point higher than the Scottish average of 75%. Not all services are inspected each year and inspections in 2020 were different than in previous years due to the COVID-19 pandemic.

What We Have Done

HSCP Community Wellbeing Hubs

The West Lothian Community Wellbeing Hubs are designed to reduce GP workload in relation to people with mental health problems, specifically those with recurrent mild-to-moderate conditions.

The service commenced in June 2019 and have so far engaged and supported a total of 7,977 adults. Originally the service was focused on supporting adults aged between 18 and 64 years inclusive, however during 2022/23 this was extended to include people over 65 years of age.

Interventions have been delivered through a range of different engagement methods including face to face, telephone, and digital consultation.

The Hubs are staffed by a skilled multi-disciplinary team who work in partnership with Lanarkshire Association for Mental Health (LAMH).

Adopting a holistic approach, the service focuses on prevention, early intervention, and self-management by developing people's confidence, coping skills and helping them to set goals and priorities.

There is no Psychiatry involvement in the Hubs therefore those people with severe and enduring mental illness will continue to be referred to appropriate secondary care Mental Health services.

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

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

- 1:1 Assessment and Therapy
- Individual and Group Work
- Tools for stress relief and Wellbeing sessions
- Planning for the future

A total of 2,000 consultations have been done using the NEAR ME platform during the period April 2021 to March 2023. The Community Wellbeing Hubs continue being the team with the most usage of remote consultations tools/systems in West Lothian Health and Social Care Partnership (WLHSCP) with an average of +1,000 interventions per year.

What We Have Done

Expansion of the Physiotherapy Primary Care Pain Management Service

A new introductory pain class started in October 2022 for people with persistent pain who want to learn more about pain and self-management strategies. It is a brief information session to cover the basic principles of pain management and what Physiotherapy can offer for them. Referrals are from GPs, GP APPs, Pharmacists and primary care practitioners. Nine classes have taken place in different locations across West Lothian.

Classes have been well received with most people reporting it increased their understanding of their pain and almost all those who attended reported that they would recommend the class to others.

Additionally there has been an increase in the offer of Pain Management programmes and gentle exercise classes for this group, with links to Xcite leisure facilities and the Wellbeing hubs to improve participation in the locality.

An estimated **16%** of the Scottish population live with a long term musculoskeletal (MSK) pain condition (i.e. has lasted or is expected to last longer than 1 year). This increases to 22% in the fifth most deprived areas of Scotland. [1]

Community Treatment and Care (CTAC) - Focus of Frailty

The Community Treatment and Care (CTAC) nursing team utilise the data captured in the e-frailty project to proactively support those people identified as living with mild to moderate frailty.

The CTAC nurses offer follow up assessment visits to people and can signpost to relevant services to promote living well in the community, for example to Community Connections or Single Point Of Contact (SPOC). Linking in with community teams, third sector and voluntary services will support people to live well with frailty, enable independence and promote wellbeing.

The CTAC nurses work in conjunction with the Advanced Practice District Nurses to support the management of people living with severe frailty, using existing community nursing services to offer additional support where necessary.

This will contribute to the delivery of the Primary Care Improvement Plan and the aim is to offer early recognition of frailty indicators and early intervention to prevent ill health / dependence on GP services.

[1] https://www.versusarthritis.org/media/24238/state-of-msk-health-2021.pdf

Outcome 5

Health and social care services contribute to reducing health inequalities

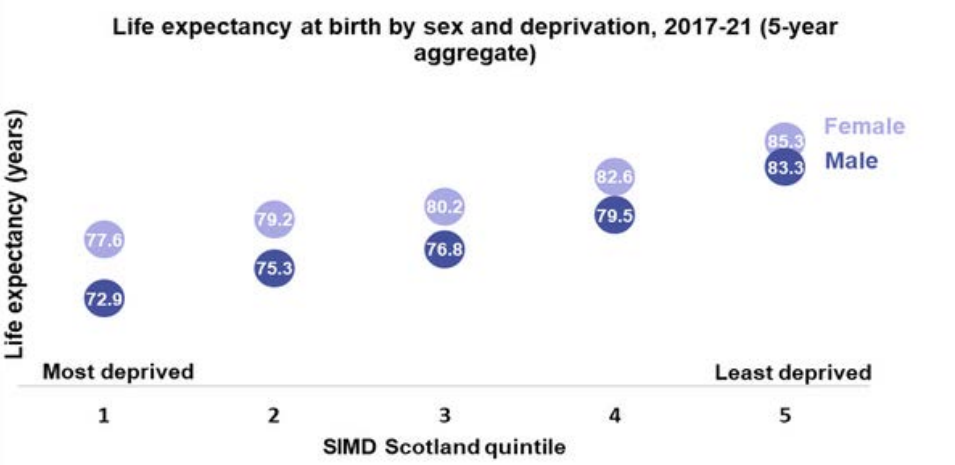
Our Performance

Life expectancy at birth by sex, 2014-2021 (3-year aggregates)

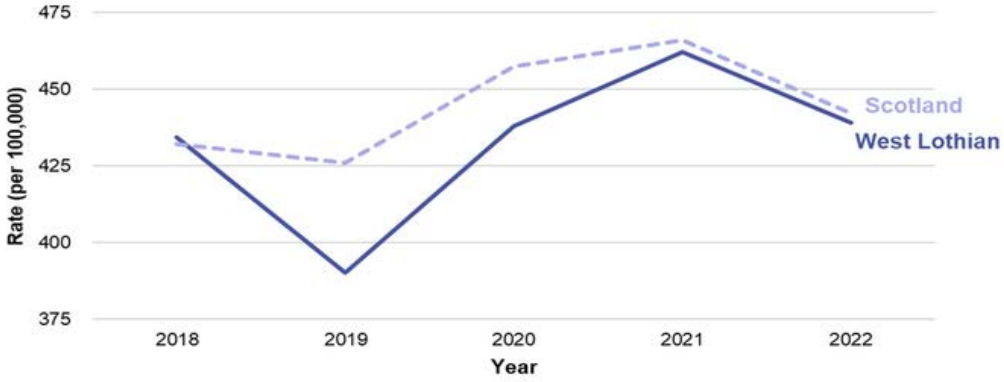
		2014-16	2015-17	2016-18	2017-19	2018-20	2019-21
West Lothian	Male	78.3	78.1	77.8	77.9	77.5	77.2
	Female	80.8	81.0	80.8	81.0	80.5	80.6
Scotland	*Male*	*77.1*	*77.0*	*77.1*	*77.2*	*76.8*	*76.6*
	Female	*81.1*	*81.1*	*81.1*	*81.1*	*81.0*	*80.8*

Source: NRS

Female life expectancy is better than for males which is consistent with the national picture. Life expectancy in West Lothian is consistent with the Scottish position. Life expectancy is higher in least deprived areas of West Lothian and Scotland.



NI-11 Premature mortality rate per 100,000 persons (calendar year)



The premature mortality rate, which is the number of people dying before the age of 75, for West Lothian was 439 deaths per 100,000 in 2022. West Lothian's premature mortality rate has routinely outperformed the Scotland average since 2019. Scotland's premature mortality rate was 442 deaths per 100,000 in 2022.

What We Have Done

Home First – Integrated Discharge Hub (New Ways of Working)

The Integrated Discharge Hub (IDH) within St. John's Hospital launched in December 2018 as an inter-agency multi-disciplinary team made up of discharge co-ordinators, hospital social workers, Carers of West Lothian as well as in-house care team representatives.

In December 2022, a rapid change initiative was introduced to further refine the processes of the IDH, with the aim of adopting a truly integrated approach between IDH and wards. The aim of the change initiative was to ensure identification at the earliest point for people who may require support for discharge and maintaining a consistent, uniform, and timely approach to IDH decision making and assessment. The revised IDH model involves:

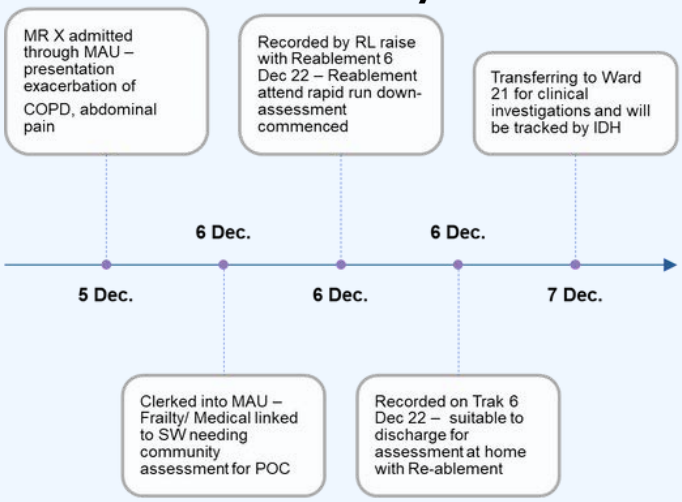
- **Identification** – early identification of people who may require support for discharge
- **Triage & Joint Decision Making** – triage new patients and collaboratively come to a joint decision on initial discharge plan
- **Assessment / Discharge Planning** – conducting a rapid strength-based assessment to support discharge planning
- **Case Management** – management of ongoing discharge plans and potential discharge delays

The new ways of working have allowed the original "Request for Service" (RFS) process to be replaced by the Social Work and Reablement team attending ward run-downs and commencing community assessment at the earliest point of an acute pathway.

Improvements between December 2022 - April 2023

- Average number of days between a person being admitted to SJH and being identified as potentially requiring hub support has reduced by 52%
- Average length of stay for patients managed on the IDH tracker, discharged between Dec 22 and April 23 has reduced by 28%

Patient Journey



What We Have Done

Health and Wellbeing Program – West Lothian Leisure

West Lothian Leisure's Health and Wellbeing Program (funded through WL HSCP) is designed to support people living with long term conditions to use physical activity as a self-management tool. The program aims to support over 3000 residents across West Lothian who are living with conditions such as heart disease, COPD or requiring support with their mental health to get active.

The program provides a person centred approach by creating a range of options to suit individual needs, abilities and physical function. Activities include 1:1 gym sessions, Easyline group classes (designed to support those with limited mobility) and group circuit classes. The group classes provide an opportunity for social connectedness and friendships to be formed. Each participant referred to the program receives 12 weeks of funded access to all Xcite venues across West Lothian to encourage an increase in physical activity levels.

Through engaging in the program, participants experience a positive impact on their quality of life, manage their condition better, maintain independence for longer and reduce their reliance on health and social care services.

"I heard about this service through my GP. I suffer from anxiety and needed something to help me manage it. It was the best thing I have ever done. Exercise helps me function better and it really lifts my mood. I no longer need medication to manage my anxiety. I would highly recommend exercise and your programme to anyone suffering mental illness. The staff are great and no judgement was made when I attended my initial induction"

Referrals sources are from GPs, nurses, physiotherapists, link workers and a range of health and social care professionals.

What We Have Done

Alcohol and Drug Partnership (ADP)

ADP Governance Arrangements

The Alcohol and Drug Partnership have revised their governance structure to reflect the requirements of the partnership delivery framework signed by Scottish Government and ADPs in 2019. The revised structure will enable a more joined up approach that will focus on delivering on agreed outcomes and priorities, monitor performance, and improve accountability of local services. Furthermore, it will assist with relevant local governance structures.

MAT Standards Implementation

The ADP have partially implemented the Medication Assisted Treatment (MAT) Standards within tier 2 and tier 3 specialist alcohol and drug services during 2022/23. This will ensure people with problematic drug use can access a minimum level of support when seeking healthcare. Work to progress the remaining aspects of the MAT Standards will continue until 2025.

System Wide Human Rights Based Awareness Training

The Alcohol and Drug Partnership have agreed to undertake a system wide human rights based awareness training programme. This will ensure all staff operating across ADP agencies are aware of this approach. It will also assist in meeting wider HSCP approach of embedding a human rights based approach across service delivery.

West Lothian Alcohol&Drug Partnership

For information on how to get support and advice if you or someone you know is struggling with problematic substance use please click **here**

Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

Our Performance

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

In 2022 the IJB agreed to create a one-off fund to support local organisations enhance their support to carers. It was aimed at grass roots community groups, small charities, social enterprises, 3rd sector and voluntary organisations to bid to proactively find innovative ways to encourage carers (and their cared for person if appropriate) to engage in short breaks from caring to support their health and wellbeing. This funding also raised awareness of the needs and rights of carers.

What We Have Done

Development of West Lothian Carers Strategy

Extensive partnership working has been undertaken during 2022-23 to develop the new Carers Strategy 2023-2026. The aim of the strategy is to support adult and young carers in their caring role to ensure carers remain in good health and have a life of their own outside their caring role.

To develop the strategy, a range of engagement activities was undertaken with partners, carer organisations and unpaid carers to ensure that the views of those who have caring responsibilities were involved in the development of the strategy.

The main methods used to shape the strategy included:

- The findings from the West Lothian Carers Survey undertaken in January–March 2022
- Unpaid Carers views sought as part of an independently commissioned research carried out by the local carers organisation Carers of West Lothian
- The findings from the Strategic Needs Assessment based on carers responses to develop the Integrated Joint Board Strategic Plan 2023-2028
- Learning from members of the Carer Strategy Implementation Group (CSIG) around national and local knowledge of current carers concerns

Supporting people who care for others

What We Have Done

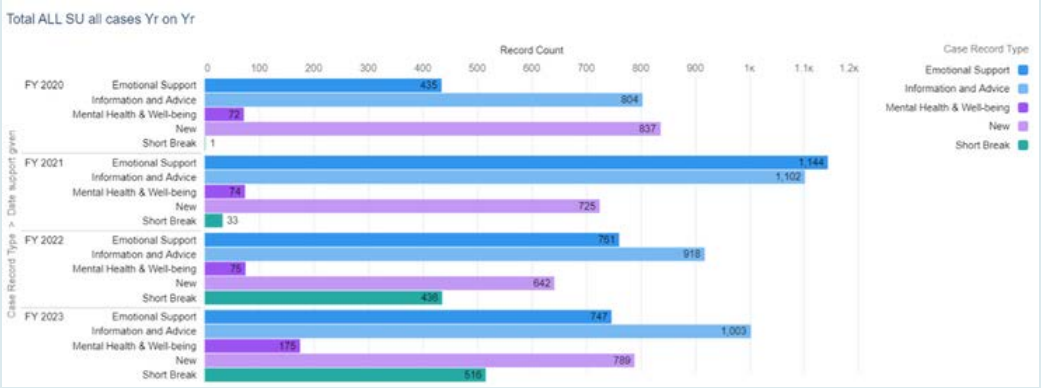
Carers of West Lothian - Evidencing Changing Needs

During the 2022/23 year, Carers of West Lothian continued to support unpaid carers and disabled people providing information, advice and support. In Summer 2022 independent consultants conducted a needs assessment and evaluation of Carers of West Lothian. From 356 surveys completed, 4 focus groups and 12 stakeholder conversations, we heard:

- 80% of respondents worry about getting too exhausted, stressed or ill to continue
- 76% don't prioritise their own health
- 66% said it is hard to remember to make time for themselves
- 41% don't feel they get the support they need to keep their life well balanced
- 38% feel they don't have a say in the health and social services that matter to them
- 67% worry about their financial situation
- 57% of participants were not aware of Adult Carer Support Plans or Young Carer Statements; only 20% of those have an ACSP

Carers of West Lothian

The pandemic continues to have an impact on unpaid carers and disabled people with the continuing pressures on social care services and the cost of living also increasing challenges; CoWL is experiencing higher demand than pre-pandemic levels for emotional support, information and advice, and respite breaks, shown in the table below.



Quotes from service users

"I actually feel they were my saving grace at my worst time in my life I can't thank their patience, kindness, knowledge, enough. I was a wreck, confused vulnerable. They pulled me through. Without a doubt I owe much to them"

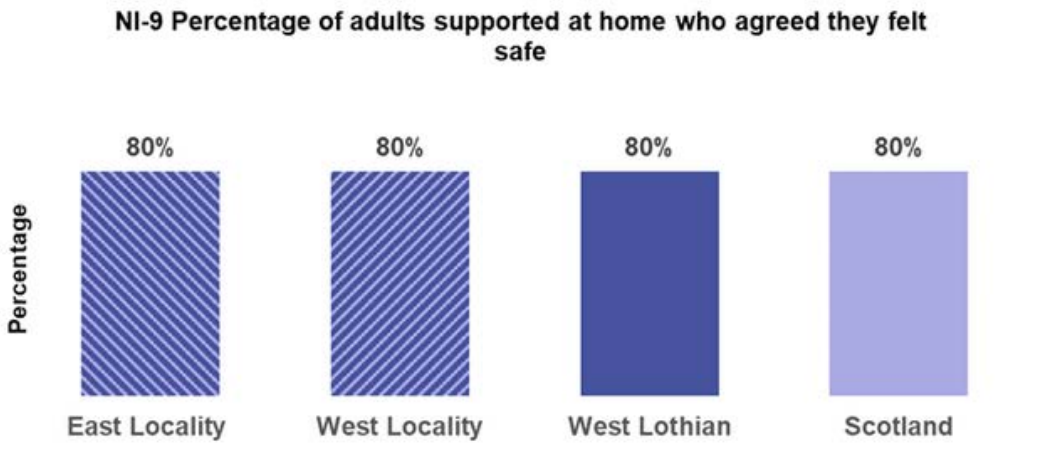
"It is my safe place.....I can offload without judgement and with people who really understand"

Outcome 7

People who use health and social care services are safe from harm

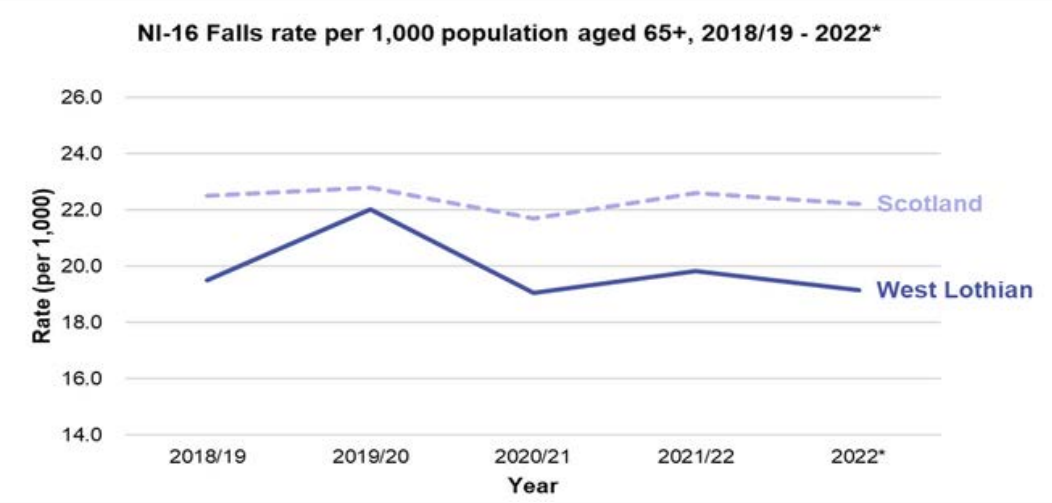
Our Performance

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



The percentage of adults in West Lothian who responded to the survey and agreed that they felt safe was 80% in 2021/22. This reflects the Scottish average which is also 80%.

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



The falls rate for adults aged 65 years and older has been fluctuating since 2017/18, with the highest level of 22 in 2019/20, to the lowest 19 in 2020/21 and in 2022/23. West Lothian's rate per 1,000 of the population has decreased from 20 in 2021/22 to 19 in 2022. It is also good news that West Lothian has been performing better than the Scotland average.

What We Have Done

Care Home Liaison Team

Moving away from a pandemic response to working in partnership with Care Homes is a welcome development for the Care Home Liaison Team (previously known as the Care Home Assurance Team).

The Team is an integrated team consisting of nurses and social workers and aim to work in partnership with every care home in West Lothian to support the implementation of the Scottish Governments Healthcare Framework for Adults Living in Care Homes.

We provide link workers from nursing and social work to each care home, and they jointly visit each resident on admission to support with transition, and then at least annually for review of personal plans and anticipatory care plans. The team also supports with focused interventions for individuals living in care homes as required and offers discharge reassessment visits following any period in hospital.

We aim to work as part of the primary care team and link in with existing services, acting as a bridge or facilitator for easy access to services.

The team can provide education and training for care home staff and support with quality improvement work, building on the strengths of each other to work in partnership.

This builds on the Home First approach by enabling robust management of people at home, fully supported by health and social work to actively promote realistic medicine and reduce over-medicalisation of people living in care homes.

What We Have Done

Liaison Psychiatry Service

During 2022-23 we were able to expand the Liaison Psychiatry service covering physical health wards at St John's Hospital. Two nurses joined the existing Liaison Psychiatry consultants to supplement and enhance the work they do.

The service, which works 09.00 – 17.00 during Monday to Friday, offers mental health assessment, interventions and links to other mental health and third sector services for in patients in St John's Hospital. It also provides training, support and advice to clinicians to assist them in the management of their patients.

The nurses work across the lifespan, being managed as part of the ACAS Team and getting direct supervision from the Consultant Liaison Psychiatrists in both Adult Liaison Psychiatry and Psychiatry of Older Age.

This service allows much more responsive assessment and care for people with mental health problems in physical health wards. It has supported the overall liaison service throughout a period where the consultant psychiatry vacancy rate has been over 60%, allowing some resilience. Now that recruitment into one of the vacant Liaison Psychiatry posts has been successful, it is anticipated that the range of work that will be able to take place will be expanded, and patients and clinicians will get a quicker response. This will support timely discharge from hospital.

Adult Support and Protection Team

In September 2022 saw the creation of a stand alone Adult Support and Protection Team within Social Policy. This team consists of 8 council officers (social workers with sufficient level of post qualifying experience) and one Team Manager. This team is responsible for all Adult Support and Protection activity for individuals where there is no allocated social worker. This additional investment sees the partnership strengthening and enhancing their approach to protecting adults at risk of harm.

Outcome 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

What We Have Done

Data Driven December

Data Driven December was a staff campaign designed to promote the good use of data within West Lothian HSCP. We wanted to highlight that good quality data and information helps us deliver better quality care and support, and by analysing this data, we can improve outcomes for people who use our services.

Throughout December, staff were invited to online sessions to discuss how we made good use of data throughout 2022. Staff who had made excellent use of data were asked to lead the sessions to share how data was used to enhance the outcomes of their service. The following seminars were offered:

- The Power of BI: Care at Home
- Flexdashboards, R and Tableau
- eFraility
- Data in Child Services
- Waiting Times in Podiatry
- Data Collection in Listen and Link Services

The seminars were well-received, and staff who attended found them very beneficial.

Workforce Communication and Engagement Strategy

Following the publication of the West Lothian HSCP Workforce Plan 2022-25, it was identified within that report West Lothian HSCP needed a Workforce Communications and Engagement Strategy. This 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 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.

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 Workforce Plan identifies the following four staff engagement themes and sets out an action plan for how these can be achieved.

- Need for effective staff management
- Right structure for our teams
- Nurtured and empowered workforce
- A workforce that can deliver excellence

The plan was approved by the Integration Joint Board in January 2023 and is now in process of being implemented by HSCP Workforce Planning Working Group.

What We Have Done

Care Staff Mentoring Programme

The mentoring programme commenced February 2022 with the aim to support the retention of new care staff. Mentoring support is available for all new care staff during their induction period, providing pastoral and professional support for up to 6 months, with mentoring sessions taking place every 4 weeks.

The mentoring programme has received 48 referrals from Support at Home, Care Home's and Housing with Care. Out of these referrals a 34 members of staff have accepted the mentoring support.

A total of 21 members of staff have completed the mentoring support so far and 9 members of staff are receiving ongoing mentoring support. However, 2 members of staff left their post while receiving mentoring support, 1 member of staff's contract ended while receiving mentoring support and 1 member of staff was terminated from mentoring support due to lack of engagement yet remains in post.

Overall the mentoring support has received positive feedback from staff, the mentoring survey has highlighted;

- 100% of mentees felt having a mentor supported their wellbeing
- 86% of mentee felt valued an employee
- 100% felt mentoring was helpful for their learning and development

After receiving mentoring, 12 members of staff have now been in post for over 1 year, this data is continuing to be monitored and reviewed as other members of staff reach this point.

Staff Wellbeing Funding

West Lothian Health and Social Care Partnership's Social Policy Team agreed to use staff wellbeing monies from the Scottish Government for the provision of hot drinks. These were distributed across various sites throughout the partnership. This included bids for kettles, hot drinks machines, microwaves and fridges depending on the requirement of the service.

The anticipated benefits of the project were:

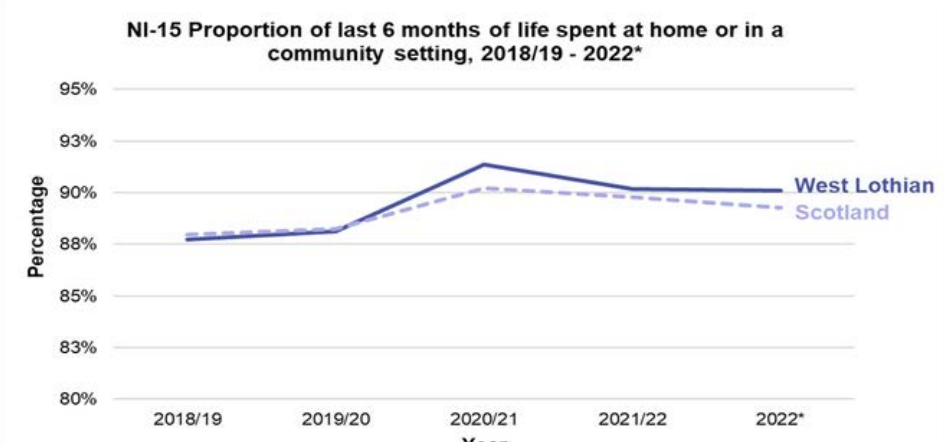
- Opportunity for all staff to make hot drinks, reheat food and store food
- A large reach as hot drinks machines and the above will be placed in areas which can be accessed by off-site staff
- A feel-good factor for staff

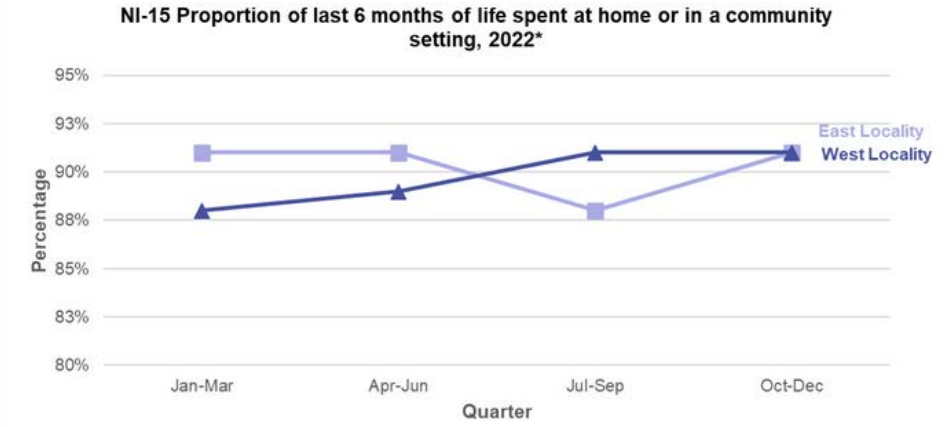
Outcome 9

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

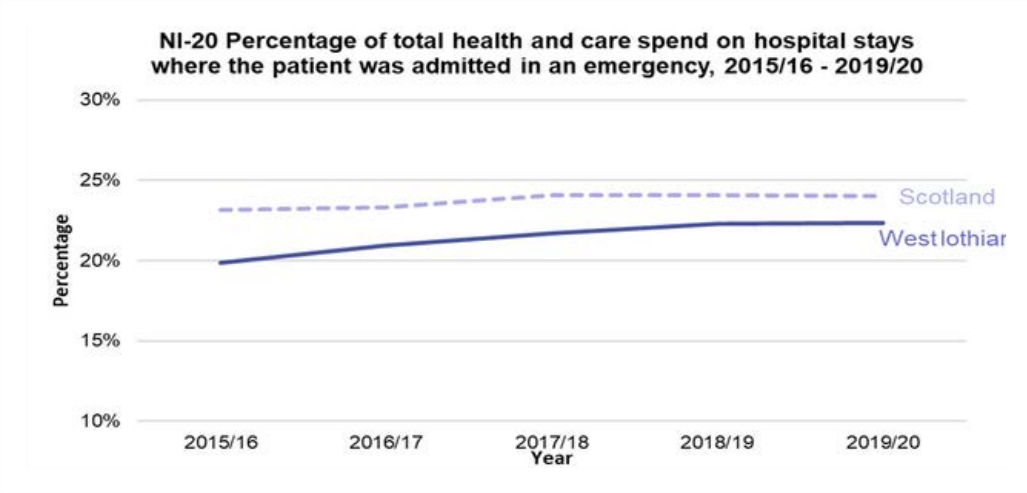
Our Performance

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





The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 89% in 2017/18 to 90% 2022. The trend reflects that of Scotland which has also increased from 88% in 2017/18 to 89% in 2022.



What We Have Done

Home First Bed Base Review

The bed based workstream within the Home First programme aims to review the bed base provision for people in West Lothian to ensure that we commission and realign resources to enable people to be cared for in the right bed and, wherever possible, in their home or in a community setting.

The key objective is to understand the demand and capacity pre and post covid in determining the short, medium and long term bed based needs for our people within West Lothian. In determining a baseline extensive monitoring of admission, occupied bed bays have been tracked over the last 18 months and this has been underpinned by 4 separate day of care snapshots of the number and types of people in our acute and community beds.

eFRAILTY Power BI Dashboard

This is a new initiative designed to better understand and present the frailty needs of our West Lothian population.

Following a pilot with one GP practice, 17 practices in total have now been recruited to better understand the level of frailty within the community to assist in future planning and appropriate development in the service required based on the frailty of the population. Currently we have over 7000 recorded frailty records.

Data was gathered through questionnaires from people 75+ in the form of a frailty indicator tool when they attended for vaccinations. The data was entered by each practice into the Vision/EMIS system. The data was extracted from the system and analysed before a dashboard was built to visualise the data.

The dashboard allows for easy identification of the four frailty scores at practice and cluster level.

We aim to fully utilise the analytics and dashboard outputs to identify and improve any health inequality gap discovered in frailty and provide a better understanding of the current and future needs around frailty in West Lothian.

What We Have Done

Analogue to Digital Telecare Transition

The Home Safety Service continues to progress their transition to digital telecare following the upgrade to the Alarm Receiving Centre (ARC) in November 2021. To date 764 (21%) of people have transition to a digitally ready telecare alarm.

The service has worked closely with the Scottish Government's Digital Office, and has achieved the Silver 'Digital Telecare Implementation Award' in October 2022.

Work continues towards Gold Level 1 which is anticipated in the Summer of 2023. These awards demonstrate the dedication from staff and recognise the scale and depth of the transition using a best practice approach. The approach and model used in the acceptance testing stages of the transition was adopted by the Digital Office and used as a learning tool and best practice guide for other Local Authorities across Scotland, many of whom are benchmarking their progress against West Lothian.

The worldwide shortage of components continues to affect the manufacture and supply of alarms which impacts the scale of the rollout West Lothian, it is anticipated the supply chain will improve in 2023/24.

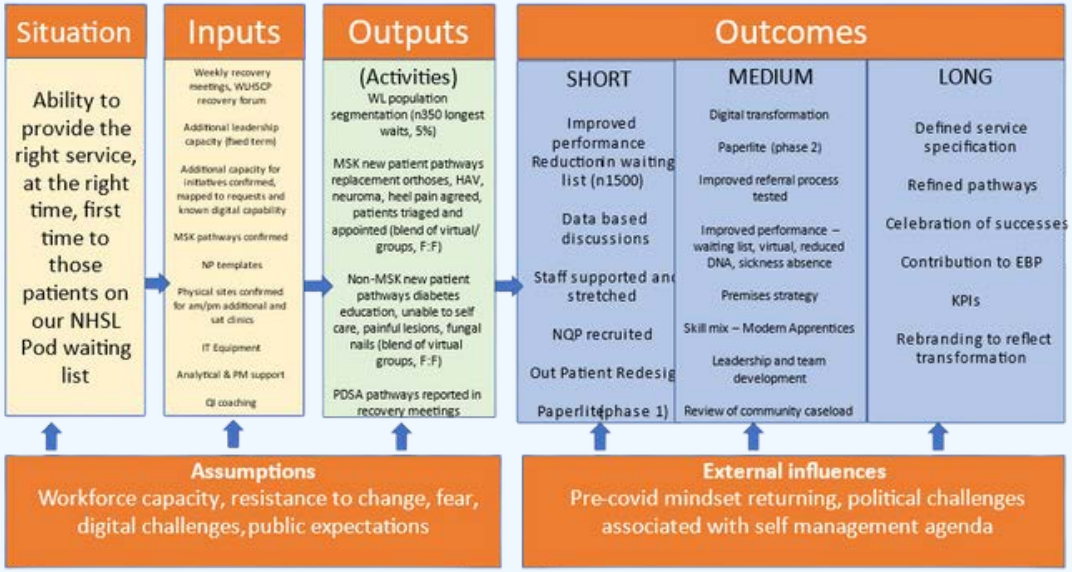
image: Home Safety Service with the Silver Digital Telecare Implementation Award

What We Have Done

Podiatry Recovery Plan

The Podiatry Recovery Plan seeks to recover the NHS Lothian Podiatry Service, specifically our waiting list which arose in response to the business continuity measures to Covid 19.

In line with the NHS in Scotland 2021 (Audit Scotland, 2021) this involved immediate measures to monitor performance, maximise service efficiency and enable service transformation to address the backlog and the ongoing demands on the service. The following Logic model summarises the project.



On 1st April 2022, we had 6078 patients waiting to be seen. By March 2023, this was 3913. Our goal is to return to pre-covid waiting list (2000 patients waiting up to 12 weeks) by July 2023.

With the support of the WLHSCP, we have been able to establish an infrastructure to support the project and focus on:

- Monitoring and sustaining performance
- Maxmise efficiency
- Transformation

image: Podiatry Development Event

What We Have Done

Home First - Respiratory Team

The REACT Respiratory Team (RRT) has been operating for the past three years, providing a specialist community-based respiratory service and specialist advice to both acute, community and primary care teams. This team sits alongside REACT Hospital@Home (H@H) providing input to respiratory patient management. They provide a subacute review following acute episodes to optimise the management of their chronic respiratory condition and aim to reduce future admissions.

Access to rapid assessment - ie same day either at home or clinic - is not currently available via specialist respiratory services. React H@H currently responds to GP referrals where acute needs can be managed in a virtual ward, but with a third of the people presenting with respiratory illness there is an opportunity to introduce rapid access and treatment from specialist respiratory practitioners

The REACT Respiratory team secured investment for a 2 years test of change to expand its functions

- Rapid access to assessment and treatment within 2 hrs to prevent unnecessary hospital admission and reduce the pressure on our acute front door (by embedding respiratory specialist practitioners within H@H aligned to SPOC, with advice to Flow Centre as needed)
- Strengthen GP led primary Multidisciplinary Team (MDT) to manage respiratory patients who are at risk of a future admission or emergency presentation (ie patients with high symptom burden, frequent exacerbations) and allow them to be proactively managed to remain in the community by providing a new model of proactive care.

The aim of this project is for partners to embrace a single integrated model with seamless integrated pathways that optimise both primary and community care and collaborate for the benefit and experience of the people we serve.

Financial Planning

The Public Sector (Joint Working) (Scotland) Act 2014 requires each Integration Authority to publish an annual financial statement on the resources that it plans to spend in implementing its strategic plan. For the financial year 2022/23 the IJB reported a deficit of £19m. This compares to a surplus in 2021/22 of £21m which was because of the Scottish Government allocating funding in 2021/22 for use in 2022/23. Most of this funding was for Covid-19 related expenditure. The deficit for 2022/23 is because of the IJB incurring expenditure against its ringfenced reserves. IJB financial performance against the "in year" budget (excluding earmarked reserves) is shown below:

	Budget £'000	Expenditure £'000	Variance £'000
Health Functions	217,172	218,831	1,659
Social Care Functions	85,148	85,147	0
Sub Total IJB	302,320	303,979	1,659
One-off support from NHS Lothian	1,659	0	-1,659
Total IJB	303,979	303,979	0

The overall IJB "in year" position was break even in 2022/23 excluding earmarked reserves. Health budgets were overspent, a break-even position was only achieved following an additional one-off allocation of £1.7m from NHS Lothian to support the set aside position.

In addition, reserve balances of £9.3 million were available at 31 March 2022 for earmarked spending priorities, and £2million was available within the IJB general reserve.

Budget Summary

Covid-19 costs in 2022/23 incurred by the IJB totalled £4.7m, these costs were funded in full from Scottish Government funding carried forward from 2021/22 in an IJB earmarked reserve. £15.3m of Scottish Government funding was carried forward at the end of 2021/22 in an IJB earmarked reserve, the remaining unspent funding of £10.6m was returned to the Scottish Government during 2022/23.

Whilst the IJB achieved a break-even position against the "in year" funding for the year this was only after receiving an additional one-off allocation of funding from NHS Lothian to support the overspend in set aside budgets. The financial pressures facing the IJB include:

- **GP Prescribing** costs remain extremely volatile and throughout the year there have been increases in the volume of medicines prescribed as well as a significant increase in unit costs driven by short supply of medicines. The prescribing budget is managed within the HSCP and was overspent by £1.7m in 2022/23
- **Internal Care Homes and Housing with Care** are managed within the HSCP and were overspent by £1.8m in the year because of the ongoing impact of the pandemic and reflects use of agency staffing, locum and overtime costs to cover vacancies and sickness absence

- **Set Aside** budgets relate to Acute Services within NHS Lothian and are managed on behalf of the four Lothian IJBs. NHS Lothian agreed a one-off allocation to support the overspend within set aside budgets. Ongoing pressures within these areas include:
  - The use of agency staffing at St John's Hospital to cover nursing vacancies and sickness absence.
  - Increased levels of acuity of patients across all acute hospitals in NHS Lothian resulting in increased staffing requirements
  - The use of agency and locum medical staff to provide necessary cover to medical rotas because of substantive vacancies
  - Increasing cost of hospital drugs being higher than funding available from the new medicines fund, for example Gastroenterology drug costs are increasing on average at 18% per year

These pressures have been offset largely by a high level of vacancies within HSCP services. Recruitment of staff, particularly to community roles remains a significant challenge. The IJB also over delivered by £0.5m against planned savings within 2022/23, savings delivery for the year is shown below:

	Planned £'000	Achieved £'000	Under/ (Over) Achieved £'000
Health Functions	2,618	3,070	-452
Social Care Functions	4,179	4,179	0
Total IJB	6,797	7,249	-452

Financial Performance

Reporting on the performance of delegated resources is routinely undertaken by the IJB in line with its approved financial regulations and Integration Scheme. The Integration Scheme details that when resources have been delegated by the IJB via strategic directions, NHS Lothian and West Lothian Council apply their established systems of financial governance. This reflects the IJB's role as a strategic planning body which does not deliver services directly, employ staff or hold cash resources. Budget monitoring of IJB delegated functions is undertaken by finance teams within West Lothian Council and NHS Lothian working with budget holders to prepare information on financial performance. The IJB Chief Finance Officer works closely with these teams to provide information on operational budget performance to the Board in respect of delegated health and social care functions.

Medium Term Financial Plan

Alongside the new Strategic Plan, the IJB also approved a three-year budget plan and a five-year financial strategy in March 2023. The 2023/24 budget offers from NHS Lothian and West Lothian Council were agreed as part of the plan and Directions issued to Partners. Current estimates indicate a balanced budget position compared to initial 2023/24 spend forecast. A balanced budget position was only achieved after earmarking funding from the general reserve to offset the remaining budget gap of £1.4m.

The budget contributions from partners do not take account of additional cost implications as a result of the ongoing impact of Covid-19. The expectation is that ongoing Covid-19 costs are funded via IJB baseline budgets. Ongoing Covid-19 costs have been included in the spend forecasts for 2023/24 and relate to support for social care providers, additional staffing costs and prescribing costs.

The five-year budget outlook was presented to the IJB in March and shows an estimated gap of £28.2m over the five years. In addition to the five-year budget outlook, a more detailed revenue budget plan was approved for the three years 2023/24 to 2025/26. This reflects the need to develop more detailed plans for the three-year period and provide sufficient time to implement budget savings required. To ensure the IJB is financially sustainable and can meet growing care demands, significant budget savings are required, including transformative changes to some service delivery models. The IJB launched a public consultation on during the 2022, seeking the views of people in West Lothian on high level efficiency measures focused on the following themes:

- Service Redesign, Efficiency and Modernisation
- Community Building Based Supports
- Digitalisation and Technology

The consultation received a total of 176 responses from a range of respondents throughout West Lothian, and several key themes were identified which have been taken account of in the budget saving measures being proposed. The overriding objective in developing saving measures has been to protect and maintain service delivery capacity for those that require health and social care services, and to seek to ensure that growing demands can continue to be met.

Savings plans were presented total £13.1m which compares to a budget gap over the same time of £17.3m. The recurring budget gap of £4.2m at the end of year 3 relates to health functions. The IJB approved balancing the 2023/24 budget by using £1.4m of one-off funding. The overall position is set out below:

3 Year Budget	23/24 £'m	24/25 £'m	25/26 £'m	3 Yr £'m
Social Care Budget Gap	1.39	2	2.8	**6.1**
Social Care Savings	-1.4	-2	-2.8	**-6.1**
Remaining Budget Gap	0	0	0	0
Health Savings	-5.2	-0.9	-0.9	**-7**
Health Budget Gap	6.6	2.3	2.4	**11.2**
Remaining Recurring Budget Gap	1.4	1.4	1.5	4.2
One off Monies Required in 2023/24	-1.4	0	0	**-1.4**
Revised 2023/24 Budget Gap	0			

Although the 3-year budget is not balanced, this reflects the complexity of developing a medium to long term financial strategy in the current financial climate, coupled with developments and ongoing uncertainty around the National Care Service, means it is challenging to forecast with certainty both the funding and expenditure elements of the budget model. To ensure that a balanced budget position is achieved over the whole three-year budget period, officers will review assumptions and look to identify potential additional saving measures. Further consultation with staff, service users and the wider West Lothian public and stakeholders will be undertaken as required.

Best Value

The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As a Section 106 body under the 2003 Act, Integration Joint Boards have the same statutory duty to secure best value.

The statutory duties of the 2003 Act are:

- The duty of Best Value, being to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and in making those arrangements and securing the balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development
- The duty to achieve break-even in trading accounts subject to mandatory disclosure
- The duty to observe proper accounting practices
- The duty to make arrangements for the reporting to the public of the outcome of the performance of functions

The above duties apply to the IJB other than the duty to secure a break-even in trading accounts which is not relevant to the IJB as it does not have trading accounts.

Best Value Framework and Compliance

An updated Best Value Framework was approved by the Board on 18 March 2021.

Taking account of all the relevant factors including Legislation, Ministerial Guidance and Audit Scotland Guidance, the agreed area relevant in assessing the achievement of best value for the IJB are shown below.

- Vision and Leadership
- Governance and Accountability
- Effective Use of Resources
- Partnership and Collaborative Working
- Working with Communities
- Sustainable Development
- Fairness and Equality

It has been agreed that for each of these areas there would be an annual assessment of how the IJB has demonstrated best value in the delivery of delegated functions. This is achieved through an Annual Statement of Compliance produced by the Chief Finance Officer, considered by the IJB senior management team and reported to the IJB Audit, Risk and Governance Committee for consideration. The Annual Statement of Compliance is used to inform the Governance Statement within the annual accounts and the Annual Performance Report. The 2022/23 Best Value Annual Statement of Compliance was reported to the IJB Audit, Risk and Governance Committee on 07 June 2023.

The annual performance report requires Integration Joint Boards to report on inspections by: Healthcare Improvement Scotland; Social Care and Social Work Improvement Scotland (The Care Inspectorate); Audit Scotland; Accounts Commission and the Scottish Housing Regulator which relate to delegated functions.

Inspections by the Care Inspectorate

During the pandemic, the Care Inspectorate did not undertake routine inspection activity and instead continued to focus on infection prevention and control, personal protective equipment and staffing in care settings. The Care Inspectorate undertook targeted inspections that were short, focused and carried out with colleagues from Health Improvement Scotland and Health Protection Scotland, to assess care and support for people during the COVID-19 pandemic. During 2022-2023 the routine inspection regime re-commended. More information on the approach to inspections and reports can be found on the Care Inspectorate website.

Adult Support and Protection Inspection

In May 2022 the Care Inspectorate along with partners from Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland undertook a Joint Inspection of adult support and protection within West Lothian. The subsequent report identified areas of strength and also a number of areas for improvement in particular around key processes.

The Adult Protection Committee within West Lothian agreed a robust multiagency action plan to address all areas for improvement and are responsible for the oversight of this plan. A number of improvements have been made over the past 6 months and work will continue to ensure that any improvements will be embedded within core practice and will continue to enhance practice going forward.

Significant Decisions and Directions

Significant Decisions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service out with the context of the Strategic Plan.

Decisions made by the Integration Joint Board during the year 2022/23 are set out in the IJB's papers which are hosted on West Lothian Council's website.

The Board issued four overarching Directions during 2022/23 to NHS Lothian and West Lothian Council. One further direction was issued in January 2023 in relation to Older People Day Care Provision.

Complaints

Complaints received by the IJB are reported to its meetings on a quarterly basis, in line with recommendations from the Complaints Standards Authority and the IJB's Complaints Handling Procedure.

Complaints to the IJB may relate to dissatisfaction with:

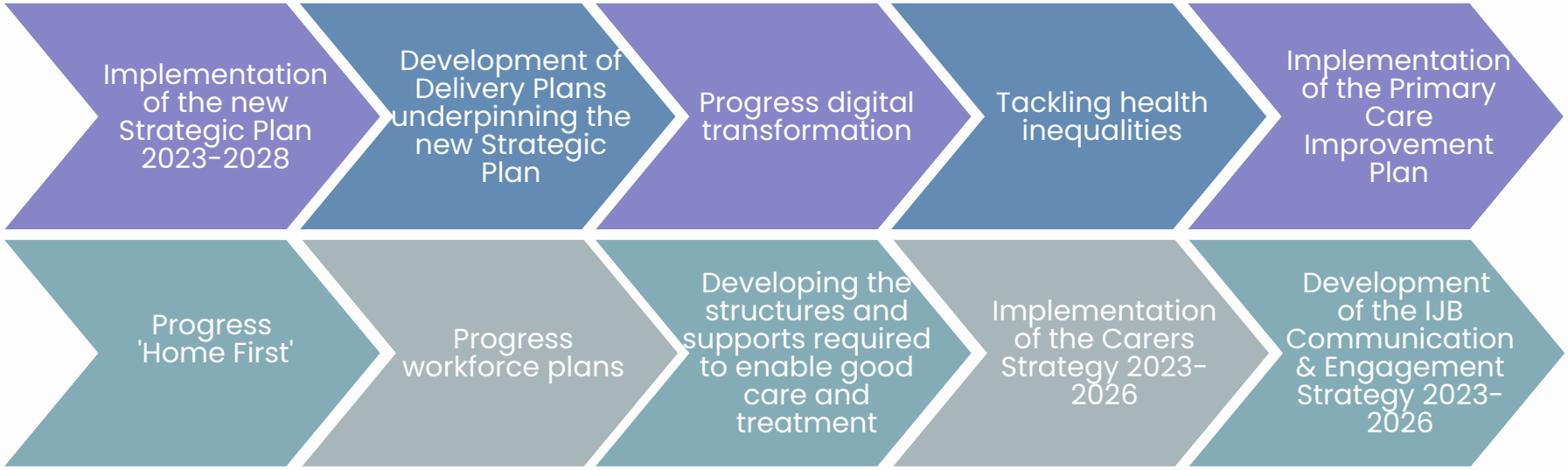
- West Lothian IJB's procedures
- West Lothian IJB's decisions
- The administrative or decision-making processes followed by the IJB in coming to a decision

No complaints were received by the IJB in 2022/23.

Key Priorities for 2023/24

West Lothian Health and Social Care Partnership continue to respond to a difficult financial climate and operational service delivery is shaped by the ongoing need to deliver services in a challenging environment.

We are acutely aware that our communities, service users, their families and our staff have been impacted considerably by the impact to the response of Covid-19. We will focus now on working with our partners on the following key priorities:



Appendix 1 - Ministerial Strategic Group Integration Indicators

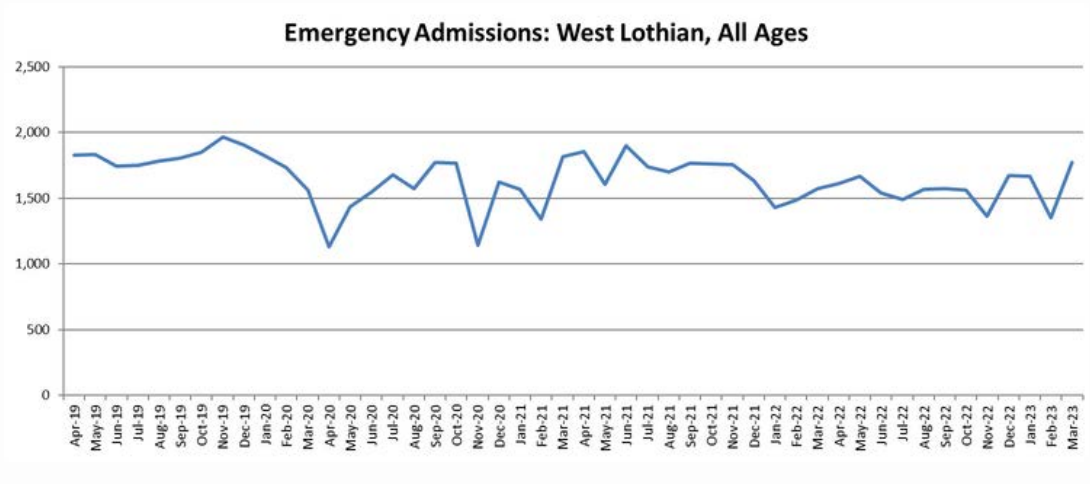
Alongside the Core Suite of Integration Indicators, the Ministerial Strategic Group (MSG) for Health and Community Care defined six key indicators of integration authorities' performance in 2017 which are monitored quarterly. The Ministerial Strategic Group is made up of leaders from health and social care and is tasked with providing leadership and direction on matters relating to health and social care.

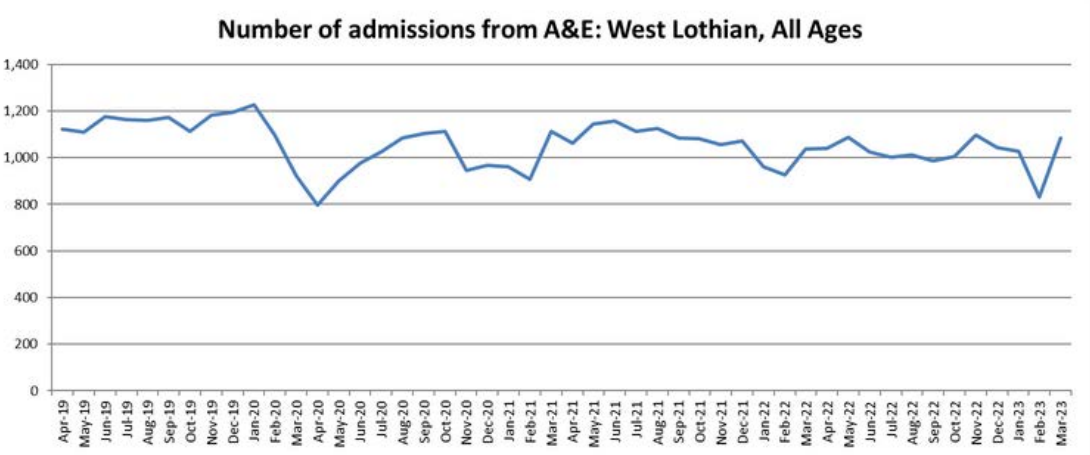
The indicators are:

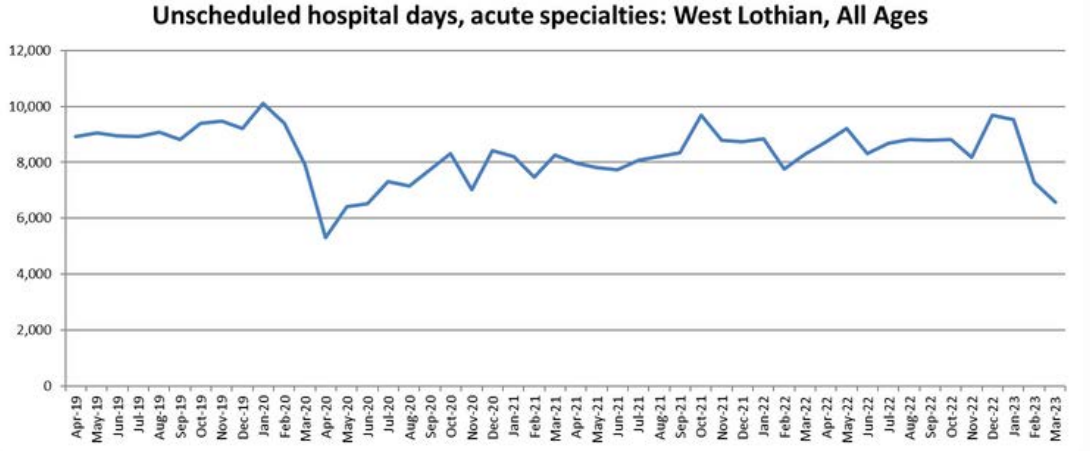
1. Number of emergency admissions
2. Number of unscheduled hospital bed days
3. Number of accident and emergency attendances
4. Number of delayed discharge bed days
5. Percentage of last six months of life in the community
6. Percentage of population residing in non-hospital setting for all people aged 65+

Some of the indicators overlap with the core suite of integration indicators detailed in the section above but some are different.

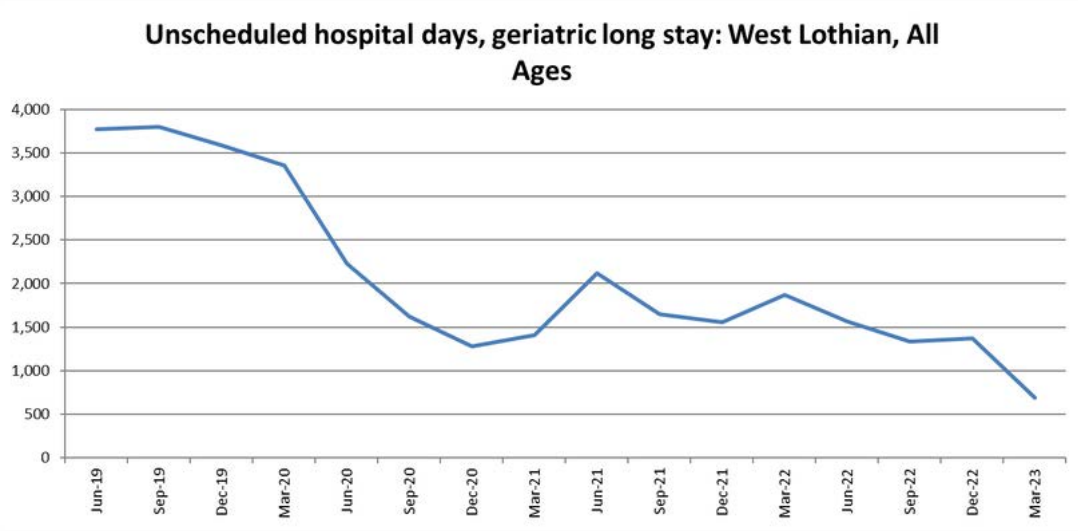
The following graphs show West Lothian's performance for all six MSG indicators based on the latest data available for individual indicators.

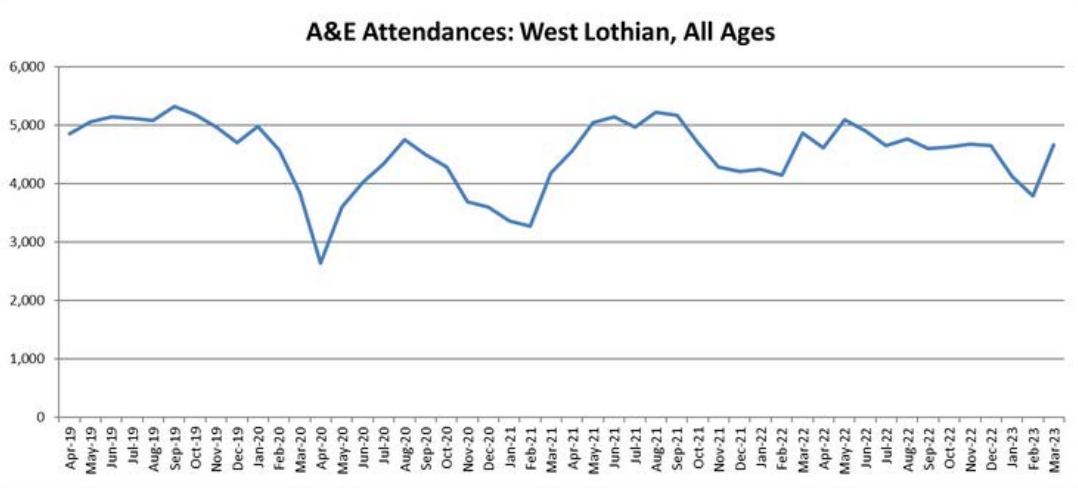


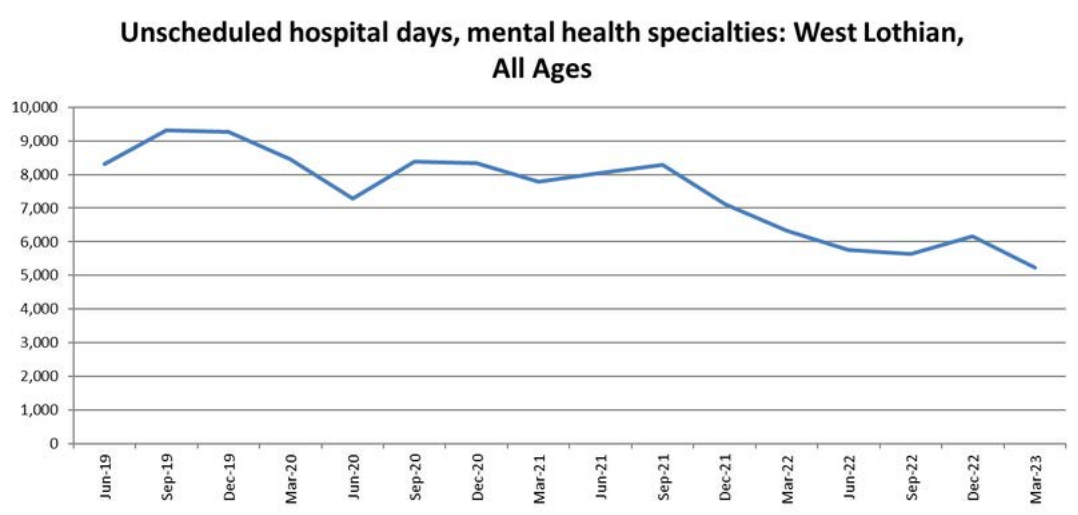


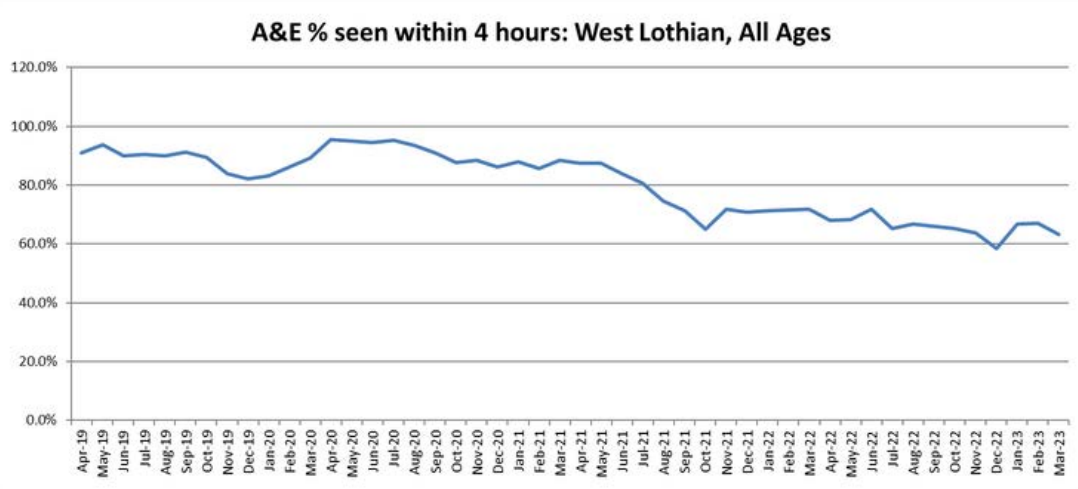


Appendix 1 - Ministerial Strategic Group Integration Indicators









Appendix 1 - Ministerial Strategic Group Integration Indicators