Healthcare Improvement Scotland

care inspectorate

JOINT INSPECTION (ADULTS)

The effectiveness of strategic planning in

West Lothian Health and Social Care Partnership

September 2020

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Contents

1. About this inspection

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of strategic planning by integration authorities[1]. This includes how integration authorities plan, commission and deliver high-quality services in a coordinated and sustainable way. In this inspection the focus was on how well the partnership had:

- improved performance in both health and social care
- developed and implemented operational and strategic planning arrangements, and commissioning arrangements
- established the vision, values and aims across the partnership, and the leadership of strategy and direction.

To do this, we assessed the vision, values and culture across the partnership, including leadership of strategy and direction. We evaluated the operational and strategic planning arrangements (including progress towards effective commissioning) and we assessed the improvements West Lothian health and social care partnership has made in health and social care services that are provided for all adults.

In these inspections of strategic planning we do not set out to evaluate people's experience of services in their area. Our aim is to assess the extent to which the health and social care partnership is making progress in its journey towards efficient, effective and integrated services that are likely to lead to better experiences and improved outcomes for people who use services and their carers over time.

Both the Care Inspectorate and Healthcare Improvement Scotland undertake a variety of other scrutiny and improvement activities, in collaboration with other scrutiny bodies, which provides assurance about the quality of services and the difference those services are making to people in communities across Scotland.

The health and social care partnership comprised West Lothian Council and NHS Lothian and is referred to as 'the partnership' throughout this report. This inspection took place between January 2020 and March 2020. The conclusions within this report reflect our findings during the period of inspection. The timescale for the publication of this report has been impacted by the COVID-19 pandemic.

An outline of the quality improvement framework is shown in Appendix 1. There is a summary of the methodology in Appendix 2. In order that our joint inspections remain relevant and add value, we may refine our scrutiny methods and tools as we learn from each inspection.

[1] The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on integration authorities to develop a strategic plan for integrated functions and budgets under their control.

2. West Lothian context

West Lothian has a long history of partnership working and joint delivery of health and social care services. The West Lothian community health and care partnership was established in 2004 and evolved into the West Lothian health and social care partnership following implementation of the Public Bodies (Joint Working) (Scotland) Act 2014. The functions delegated to the integration joint board cover adult health and social care services but do not include criminal justice services or those for children and families. Each integration joint board in Lothian hosts or manages a range of services provided on a pan Lothian basis on behalf of the other integration joint boards: West Lothian hosts oral health and podiatry services.

West Lothian has undergone significant change over the last twenty years in demography, physical environment and in its economy. There has been a significant shift from an economy reliant on traditional manufacturing towards businesses that are more knowledge based, including research and development, and high technology manufacturing industries. The area is also a key location for business service and retail companies.

West Lothian's population on 30 June 2018 was 182,140. Between 1998 and 2018, the population of West Lothian increased by 18.9% compared with 7.1% across Scotland. Between 1998 and 2018, the 25 to 44 age group saw the largest percentage decrease. The 75 and over age group saw the largest percentage increase. Between 2016 and 2026, the population of West Lothian is projected to increase by 6.6%, which compares to a projected increase of 3.2% for Scotland as a whole. Growth of the older population will present increasing challenges to the partnership going forward. The impact of a growing population will be increased demand for services.

Around 9,000 people in West Lothian live within some of the most deprived areas in Scotland, which accounts for around 5% of West Lothian's total population. There are significant differences in health outcomes between some communities and individuals with an 8-10-year gap in life expectancy between the most deprived and least deprived in West Lothian.

West Lothian is likely to experience workforce challenges over the next decade and beyond. Problems have been experienced in recruiting and retaining sufficient supply of care staff (both internally and externally) to respond to community demand.

3. Inspection findings

Quality indicator 1: Key performance outcomes

Performance
At the time of our inspection we found that the partnership was performing in line with national averages. Performance was better than the national average in some areas. For example:

- West Lothian had a greater proportion of people with long term care needs receiving care in their own home
- the number of people attending hospital as a result of an emergency and the associated bed days occupied was proportionally lower
- fewer people who were receiving home care experienced an emergency admission to hospital.

We have highlighted these because they reflect the importance and impact of services at St John's Hospital, Livingston, for the partnership. The partnership's performance was also better than a number of partnerships that shared similar characteristics to West Lothian, as measured through the local government benchmarking framework. Examples of areas where performance was weaker than the national average included:

- the proportion of people referred for dementia post-diagnostic support who went on to complete it
- in the health and care experience survey 2017/18, people in West Lothian were significantly less positive than the Scottish average about the overall care provided by their GP practice.

Work was being undertaken by the partnership through its primary care improvement plan to improve people's experience of GP practices.

Reporting and use of data
We found that performance data was regularly gathered and reported to the senior management team and the integration joint board. The team and board members advised us that the data they received was sufficient for decision-making but were also confident that they could draw on additional data if they required it.

The integration joint board received integrated performance reports against the ministerial strategic group and core integration indicators twice a year. There was no integrated framework for performance information (except national indicators) or human resources reporting. In addition, there was no format for reporting performance on outcomes for individuals. This was an area that the partnership was working on and it planned to have an integrated and meaningful approach to reporting in place by July 2020. The senior management team had a regular meeting where they considered health and social care performance information and used a tracker spreadsheet to monitor and manage performance across key services in relation to capacity and flow. There was good evidence that this allowed them to identify and react to problems in the system.

The gathering and analysis of performance data had contributed to service changes and improvement in some areas. For example, the partnership had developed an

integrated discharge hub at St John's Hospital, Livingston. This was not a fully integrated service, but it did bring primary and secondary care staff together with social work staff and carers in one location. Understanding of performance data in relation to delayed discharge had also led to further investment into re-ablement services.

The partnership had experienced difficulties after one of their biggest care at home providers was unable to fulfil their contract. In-house services had been required to step in, which reduced delays to people receiving services. In addition, qualitative reports on the partnership's fast track triage arrangements for setting up care packages were also positive. In the three months before our inspection, the average rate of bed days occupied by delayed discharge patients was better than the national average for the 18-74 age group and similar to the national average for the 75+ age group after both being much higher in previous reporting years. However, we were told that services within the discharge hub did not always work together as effectively as required. Work needed to be done to make sure that teams within the service work together consistently to support positive outcomes. There was also a need to make sure that there was a system in place to evaluate services and outcomes delivered as part of the overall performance monitoring process.

Two wellbeing hubs had been established with funding from the primary care improvement plan. The need for support for adults with mild to moderate mental health concerns within primary care had been identified through GPs and was included in the primary care transformation plan. Early performance data had demonstrated that these wellbeing hubs were having a positive impact within primary care and for people accessing this service.

In West Lothian, a greater proportion of people with long-term care needs received care in their own home compared to Scotland as a whole. The partnership had developed a range of initiatives to support people to self-manage long-term conditions at home. Performance information showed that the proportion of the adult population receiving a community alarm or other telecare service in West Lothian was higher than the Scottish average. The rapid elderly assessment care team (REACT) supported staff working in care homes to develop and initiate anticipatory care plans to avoid hospital admissions. Performance monitoring indicated there were reduced hospital admissions in the care homes that worked with REACT.

The partnership was regularly gathering and reviewing performance information. There was evidence of this being used to drive improvement in some areas of service. The partnership recognised that there was still some work to be done to deliver consistently good performance.

With no fully integrated performance framework in place, there were parallel reporting structures leading to duplication. The senior management team considered separate reports on the same subjects, for example staff absence and finance for NHS and the local authority. Analysts from the NHS local intelligence support team had no direct interface with performance analysts employed by the local authority. Therefore, performance data was not gathered on an integrated basis. This revealed a culture of co-working rather than full integration.

Overall, the partnership was not capturing qualitative data on personal outcomes. This was identified as an important area for them to address, as it would support more outcome-focused decision-making at a strategic level. It would also build on the evidence captured through the annual performance report.

Quality indicator 6: Policy development and plans to support improvements to service

Strategic planning

The partnership had a clear statement setting out its vision of promoting wellbeing and reducing health inequalities in all its communities. This was reflected in its strategic commissioning plan and aligned with the vision and values of NHS Lothian and West Lothian council. While there was an expectation that all partnerships would refresh their strategic commissioning plans in 2019, the West Lothian partnership comprehensively reviewed its plan and identified that performance and the delivery of strategic outcomes were not effectively supported within the previous plan. This was a positive decision. The new strategic commissioning plan for 2020-23 clearly identified four key aims and four strategic priorities that would help the partnership achieve its aims. These were consistent across other planning documents such as the care group commissioning plans and the communication and engagement strategy. The strategic priorities were:

- tackling inequalities
- prevention and early intervention
- integrated and co-ordinated care
- managing resources effectively.

The new plan was constructively focused on service transformation and was helpfully structured around the national health and wellbeing outcomes[2]. It was explicit about the outcomes it hoped to see for individuals and set out an intention to develop and implement commissioning plans across key groups and themes. These included:

- older people
- learning disability
- mental health
- physical disability
- substance misuse
- unplanned hospital care
- primary care
- palliative care.

The new plan included a medium-term financial framework, setting out estimated budgets across key service areas for the coming four years. In addition, the strategic commissioning plan included a comprehensive range of demographic data for West Lothian as a whole and for its two localities. The partnership had engaged external consultants in 2015/16 to carry out a comprehensive strategic assessment of needs across key care groups. This informed the development of commissioning plans for older people, people with physical and learning disabilities and people with mental health issues for the period of 2016-19. Detailed needs assessments were provided but did not include analysis at locality level. The partnership considered that these needs assessments remained relevant for the 2019-22 strategic commissioning plan and care group commissioning plans. They had updated the needs assessments by refreshing data and carrying out further stakeholder

[2] https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

consultation. The alcohol and drugs partnership also commissioned its own strategic needs assessment for substance misuse in 2019.

As intended in the new strategic commissioning plan, the partnership had established planning and commissioning boards for older people, people with disabilities (physical and learning) and mental health issues. These boards comprised NHS health and council staff and were beginning to support a more integrated approach to planning, commissioning and service development. While they still had to fully develop the detail of their plans, they had a clear sense of their priorities. Encouragingly, these encompassed the whole spectrum of care, from early intervention and prevention, through to complex care and end of life care. The partnership had decided that these planning and commissioning boards would be accountable to the strategic planning group. There would be representation of supported people and carers in the strategic planning group. Doing this was important if the partnership was to make sure that supported people and carers had meaningful involvement in making decisions about plans.

Three commissioning plans (learning disability, physical disability and mental health) were fully approved at the January 2020 integration joint board meeting. The plans featured an integrated approach. They were well structured and fully aligned to the partnership's vision, values, aims and strategic priorities. They built on the previous plans, setting out an update on progress and provided an outline of anticipated expenditure across the next four years in line with the partnership's medium-term financial plan. Each plan had a SMART action plan[3] which was cross-referenced to the national health and wellbeing outcomes and the partnership's strategic priorities. The plans were accompanied by detailed directions to West Lothian council and NHS Lothian to implement necessary changes.

An older people's commissioning plan had also been developed but required more detail and was to be resubmitted to the integration joint board. This was a key element in the partnership's strategic planning and an area they needed to prioritise. The partnership had included younger people with dementia within the remit of services for older people. There had been considerable debate within the partnership about whether dementia should be dealt with by the older people or mental health commissioning groups. Ultimately, the decision had been taken to include it in services for older people. Some managers were dissatisfied with this outcome because they felt the decision was based on maintaining the current structure rather than on achieving the optimum planning structure and best outcomes for people. This reflected a broader difference of opinion among managers about the way the partnership was organised.

As part of the new planning structure, the partnership had revised the terms of reference and remit for the strategic planning group. The newly constituted group had only met once and was not fully established at the point of our inspection. The partnership identified that they wanted the strategic planning group to be more influential in guiding strategic direction through robust discussion and debate. The revised terms of reference specified that the group would have a key role across much of the business of the partnership. Membership of the group had been

[3] A **SMART action plan** incorporates 5 characteristics of a goal: specific, measurable, attainable, relevant, and time-based.

reviewed and there was a stated commitment to securing engagement from the third and independent sectors, housing providers, supported people and carers. It was important for the strategic planning group to act to ensure there was broader representation from supported people, carers and housing providers. To support more open and robust debate, the group planned to hold its meeting in private although minutes of the meeting would be publicly available as part of the full integration joint board meeting papers. This risked making the work of the group less transparent and accountable, particularly if the strategic planning group was not successful in securing consistent representation from supported people and carers. The group members had a wide range of knowledge and experience and understood the scale of the challenge. The strategic planning group expressed confidence that it could effectively manage its expanded remit, but it was not entirely clear how it would operate in practice and it was too early for us to be able to share that confidence. Given the significant changes to the form of the strategic planning group, it was important that the partnership closely monitored how well it was able to function. The partnership needed to make sure that it sought active and meaningful involvement from supported people and carers.

The partnership had made limited progress since 2016 in integrating planning that supported operational work. It had a high-level strategic workforce development plan (2018-23). This plan set out a premise that workforce planning and development arrangements in place within NHS Lothian and West Lothian council would continue. It also set out a range of intentions that would make sure the partnership would have the right people with the right skills, in the right place and at the right time. This was based on an analysis of established workforce capacity and anticipated demands for services. There had been only limited progress with implementing the workforce plan. The partnership had recently established an integrated workforce planning development group to oversee implementation of the workforce development plan. This work was at an early stage and the group was waiting to analyse the care group commissioning plans before they would be able to make any meaningful progress.

Similarly, while there was clear communication between officers of the integration joint board and the partner agencies in relation to finance, reporting on finance was separate, making it more challenging to plan. Financial settlements to the board, especially from the council, were based on decisions by the council in isolation. More positively, there was a sense of common understanding between the most senior officers on the board, in NHS Lothian and in West Lothian council about the financial situation, and how any overspend or shortfall would be addressed so the board could balance its budget.

Localities

The partnership had identified two localities at the time of integration legislation, comprising the east and west areas of West Lothian. Locality planning processes had been ineffective and there had been a lack of collaboration between community planning and locality planning. The partnership recognised this and the integration joint board had approved new plans for both localities in December 2019. It also decided that the strategic planning group would take a lead role in co-ordinating locality planning to develop closer links with community planning structures. Arrangements were in place for locality representation on the strategic planning group and cross representation on the integration joint board and the community

planning partnership board. A new health and wellbeing subgroup to the community planning partnership was created to manage health and care issues. This was a complex approach meaning staff and managers were unclear about planning at locality level.

There were different opinions about the status of the locality plans and how these would be implemented and reviewed under the new structure. The partnership had been considering how locality work could be carried out, though community planning structures focused on West Lothian's eight regeneration areas. This reflected differing opinions about the validity of having the two identified localities. Some managers believed the division was a helpful one, reflecting real economic and social distinctions, and many others felt the distinction was unhelpful and not meaningful to the people of West Lothian.

West Lothian's two GP clusters, mental health wellbeing hubs and adult social care enquiry teams were based in the localities, resulting in a degree of service delivery at locality level. However, there was a lack of clarity about future intentions to commission or deliver services at locality level, or to consider devolving budgets to support this. This lack of clarity about the partnership's approach to localities needed to be resolved for commissioning plans to be developed and progressed.

Pan-Lothian and hosted services

The West Lothian integration joint board was one of four in the NHS Lothian area. NHS Lothian and the four partnerships had recently established an integrated care forum to identify ways of working more collaboratively and efficiently together, while meeting the needs of individual partners. The membership of the forum included chief officers, integration joint board chairs and vice chairs, and the chief executive and key senior officers of NHS Lothian. The forum had established two boards chaired by chief officers; one to look at learning disability and mental health services and the other, chaired by West Lothian's chief officer, to look at unscheduled care. The forum was at an early stage but demonstrated a positive approach to addressing health and social care issues.

West Lothian hosted oral health and podiatry services for NHS Lothian. Planning for hosted services was done in collaboration with NHS Lothian and the respective health and social care partnerships. Governance of hosted services was a challenge for the partnership's health and care governance group, with services spanning four partnership areas. The operation of hosted services was not featured in partnership plans to any real degree, but delivery was felt to be positive by the partnership.

There was no systematic approach or evaluation of hosted services, either provided or received by the partnership. It was positive to see that there was work underway to identify performance measures, which included those services hosted by the partnership. However, the governance and reporting of hosted services required strengthening to provide further assurance.

Intermediate care was being delivered within two care homes but there was a lack of clarity around the intentions of what intermediate care was to deliver. The role of community hospitals within the commissioning plans was not clear. This had been

recognised by the partnership and work to review the role of community hospitals was at an early stage.

Primary care
The partnership's primary care implementation plan was integral to shifting service provision along with the implementation of the 2018 contract for GPs. There was evidence of a strong and proactive focus on developing links between GP surgeries and a wide range of community-based services including anti-poverty initiatives and local leisure facilities. Receptionists within GP surgeries had undergone training in signposting to the appropriate services.

Additional health staff employed by the partnership and working within primary care included treatment room nurses, pharmacy teams and physiotherapy teams. GPs had been offered training through NHS Lothian's quality academy to support the change in working with other professionals within the primary care setting.

Primary care improvement in the partnership demonstrated that support from the partnership had effected changes to meet the needs of the population. This was subject to review, reporting and measurement. At the time of our inspection, there was evidence of good progress. The partnership acknowledged that there was further work to do before completion of the plan in 2021.

Early intervention, prevention and communities
The partnership was committed to working more closely and engaging with the community planning partnership to support the development of community capacity. This was to make sure that health and social care services were better linked to community-based services. This collaboration was at an early stage in setting out how the two partnerships would work together to promote increased capacity for the provision of health and care support in local communities. An internal audit report in December 2019 on the effectiveness of the integration joint board's strategic planning processes noted that the intention to align locality planning with community planning was not reflected in board and community planning partnership governance documents and structures. The report suggested that this could lead to confusion and lack of clarity about responsibility for health and care issues in communities.

The council's recent implementation of adult social care enquiry teams in the localities was designed to provide assistance through better signposting and advice to people who did not meet the eligibility criteria for care services. This initiative was a positive one, but it was at an early stage.

Stakeholder engagement
There had been extensive effort to seek engagement of stakeholders in commenting on the partnership's key plans, including the strategic commissioning plan. The consultation on the strategic commissioning plan was widely disseminated and received hundreds of responses. The partnership recorded responses to the consultation as overwhelmingly positive and supportive of the proposed plan.

Consultation on the care group commissioning plans used a range of methods to seek opinions on what was important. This included two public events, which provided opportunity for members of the public to contribute to the strategic

commissioning plans for older people, mental health, learning disability and physical disability. Attendance at these was limited, particularly by people who used services. The partnership intended to continue monitoring and reviewing levels of engagement to identify how it could improve.

The partnership had a number of forums in place to engage with people who use services. For example, forums for older people, people with a learning disability and for people with mental health issues. These forums were not routinely used to engage with people around the strategic planning agenda. The partnership should strengthen this engagement in order to give them the opportunity to secure better and more widespread involvement in planning and decision making.

The partnership had previously developed a participation and engagement strategy for the period 2016-26, to complement the original strategic commissioning plan. There was no evidence that this plan had been implemented in practice or that progress had been reviewed. A new communication and engagement strategy was presented to, and approved by, the integration joint board in January 2020, while our inspection team was on site. The plan was linked to the aims and strategic priorities of the strategic commissioning plan. It set out broad intentions for communication with customers and staff, including the use of social media and digital technology.

The partnership found it difficult to engage people who use services including unpaid carers, with regards to planning structures in any meaningful way. While there was attendance from carers and provider representatives at the integration joint board, there was no direct representation for supported people at the strategic planning group at the time of inspection. The planning and commissioning boards only had membership from NHS Lothian and West Lothian council. The lack of routine stakeholder representation in strategic planning forums meant that there was limited opportunity for stakeholders to engage in the early iteration of plans, monitoring the progress of implementation or routine scrutiny of performance and quality. Neither the strategic planning group nor the integration joint board had mechanisms in place to receive routine feedback from people using services, unpaid carers or providers on the effectiveness of their services or planning structures. Therefore, they were unable to use feedback to inform improvement activity.

Carers of West Lothian represented the voice of carers in West Lothian and the carers' centre was active in supporting them. There had been some representation from carers in the consultation events for the care group commissioning plans. All four care group commissioning plans were explicit about a commitment to working with carers. However, many of the carers we spoke to advised us that key aspects of their support needs were not met. For example, respite and out of hours support. The partnership did not have a carers' strategy in place. It did not have a formal and established mechanism to support unpaid carers to improve the chances of people being able to remain in their own homes. At the time of inspection, we were advised that a new lead officer for carers had been appointed.

The partnership engaged with providers at strategic planning level through representatives of the voluntary sector gateway and Scottish Care, who attended the integration joint board and strategic planning group. Not all providers felt that these organisations were able to fully represent the third and independent sector. The

integration joint board had not been involved in commissioning the voluntary sector gateway, and its involvement in partnership groups was additional to its original role of third sector representation to the council.

Direct communication with providers was mostly managed through the contracts team in the council's business support service. This communication was largely focused on contract management and day-to-day operations. The commissioning plans all referred to working with providers. However, there was no representation from providers on the planning and commissioning boards. There was limited opportunity for the partnership and integration joint board to engage directly with providers in a meaningful way to inform future commissioning of services. This impacted on the partnership's ability derive the maximum benefit from the provider market.

Housing

There had been some partnership working with housing in relation to specific initiatives but joint planning was limited. Housing services had provided a small number of core units for people with learning disabilities and the development of cluster flats was anticipated. Additionally, the partnership engaged directly with some registered social landlords in relation to the provision of sheltered housing and housing with care for older people. As a positive development, housing services were to be part of the reconfigured strategic planning group and were represented on the three main planning and commissioning boards. Housing and accommodation needs were a key feature of the commissioning plans. In addition, the council had established a rapid rehousing transition plan board (RRTPB). This board had participation from the partnership at a senior level, with the partnership's chief officer on the board and the mental health and addictions manager chairing the RRTPB health and wellbeing subgroup.

The partnership was in the process of developing an accommodation with care project for people with complex needs, to facilitate the return of some people placed outside the West Lothian area. It had engaged with other health and social care partnerships to inform the planning of this initiative. The project was funded by the council's general fund, reflecting a broader commitment to securing positive outcomes for people. The partnership needed to do more to plan constructively with housing for the future accommodation needs of vulnerable people. They were already committed to this through the planning and commissioning boards and were seeking to develop a 10-year plan to link future housing investment to the delivery of health and care services.

Governance and quality assurance

The integration joint board had a number of effective processes in place for self-evaluation and improvement in relation to its own governance and scrutiny role. An audit, risk and governance committee met bi-monthly. This committee considered the annual governance statement in June 2019. This statement included a comprehensive plan to address all governance issues that had been identified as requiring action. These included:

- a more integrated approach to financial management and clinical and care governance

- improved performance reporting and improved communication and engagement.

The plan was kept under review by the partnership's senior management team and progress considered annually at the time of the next annual statement to make sure that it was fully actioned.

The audit, risk and governance committee carried out an annual self-assessment exercise under The Chartered Institute of Public Finance and Accountancy framework in relation to its effectiveness as a scrutiny and control body. The most recent of these was reported to the audit risk and governance committee in December 2019. The report highlighted that committee members felt that they did not have sufficient training and development to undertake their role and that stakeholders were not made aware of the work of the committee. The committee had yet to agree whether action should be taken in respect of these results. At the time of inspection, the integration joint board had not set dates for members' development sessions for 2020.

The integration joint board had an action plan in relation to the ministerial strategic group for health and community care review of progress with integration. The action plan was to be kept under review by the board but had not been reviewed since it had been submitted to the Scottish Government in August 2019.

The board had an oversight of health and social care activity through the issuing and review of detailed and comprehensive directions to NHS Lothian and West Lothian council. Directions were reviewed on an annual basis and had driven the implementation of care group commissioning plans.

There were clear and effective governance arrangements in place for managing strategic risk. The integration joint board had a detailed risk management strategy that clearly set out responsibilities for the management of risk. A risk register was reviewed by the audit, risk and governance committee at least twice a year and by the senior management team every two months. At the September 2019 meeting, the key risks were the sustainability of primary care and delayed discharge. On these two issues, the risk score had not yet decreased despite the number of measures in place to mitigate the risk. In other areas previously identified as high risk, the risk score had substantially decreased. These included inadequate funding, failure of clinical and care governance and failure of health and safety. An internal audit report on the integration joint board's strategic planning processes in December 2019 found that the board had adequate controls in place for the management of risk.

Despite the clear remit and actions of the integration joint board to provide scrutiny and oversight of the planning and delivery of health and social care services, the council also had a policy development and scrutiny panel (PDSP) for health and care. While the PDSP was not a decision-making body, it received a wide range of reports on issues delegated to the board. In practice, these made up the majority of the panel's business. It also received the minutes of the integration joint board and the NHS Lothian board meetings. This represented a duplication in reporting and governance structures. It was not clear how the involvement of the PDSP added

value and it raised concerns about governance and the degree to which the integration joint board was able to make decisions independently of the PDSP.

The partnership did not have an integrated quality assurance process in place to evaluate the quality, effectiveness and impact of the operational health and care services that the partnership directed. West Lothian council and NHS Lothian had separate processes in place for quality assurance, improvement and the management of and learning from complaints.

There was limited evidence that the partnership used feedback to drive improvement in service provision. It did not have a systematic approach to gathering or scrutinising feedback from key stakeholders. The reconfigured mental health service was widely considered by staff and managers to be a success but there was no organised process to consider how the key success factors would inform improvement and transformation in other areas. In addition, there was negative feedback about the way the charging policy and eligibility criteria were introduced. There was no process that allowed the partnership to learn from this to inform more positive ways to introduce difficult change.

Clinical, care and professional governance arrangements for practice within West Lothian council and NHS Lothian were effective. Staff readily referred to their line managers when asked about how the quality of services was managed and assured. The integration joint board received assurance on the quality and effectiveness of social and clinical care through reports from professional advisers. For example, the chief social work officer and clinical director's reports. There was a health and care governance group, which the board's own evaluation found to be ineffective. This was a key area to be progressed for the partnership to deliver safe, effective and high-quality integrated health and care services. The partnership had recognised this and was taking steps to address the issues.

Finance

The integration joint board's medium-term financial plan provided the planning and commissioning boards with an indication of likely resources available to them over the next four years. In April 2019, the chief finance officer presented a report to the board, updating it on the partnership's medium-term financial plan. The report set out likely contributions from NHS Lothian and West Lothian council to the board budget from 2019/20 to 2022/23. The report also included analysis of likely pressures on those budgets and identified a total funding gap of £26.27m by 2022/23. Of this sum, £14.197m was set against social care functions and £12.073m against health. However, savings were already identified to the level of £14.197m in social care and £4.782m in health. This left a funding gap of £7.921m by 2022/23, all in relation to health services. The report noted that work would be ongoing to identify potential further savings over the next few years.

At the time of the inspection there was a projected overspend of £971k. This was caused predominantly by staffing pressures. In particular, nursing overspend at St John's Hospital. The partnership suggested that this might be due to inadequate budget rather than overspend and the matter was under discussion between the integration joint board and NHS Lothian. It should be noted that a projected £382k underspend on hosted services in West Lothian was mitigating a higher end-of-year

deficit figure. It was anticipated that this overspend would be met by NHS Lothian, enabling the board to achieve breakeven position at the year end.

Despite having a general hospital based in its area, the partnership had limited ability to address the issue of set-aside budgets, particularly in relation to social care, as bed-based care was an issue that affected all four Lothian partnerships jointly. The potential to release set-aside monies would only be realised through discussion and close partnership working between NHS Lothian and all four partnerships over a significant period of time.

During January 2020, the integration joint board also considered and approved a proposal to amend the reserves policy for the board. The proposal was to reduce the target for uncommitted reserves from 2% of budget (approximately £5.1m) to an absolute target of £2m. This would be more achievable in the current climate and reflected a more realistic balance between reality and prudent financial planning. This was a good example of the board reacting appropriately to reflect a different reality from that which had been expected.

The board was provided with good information about financial affairs. It had acceptable processes in place to guarantee effective financial governance and this was confirmed by the 2018/19 external audit report. This report also acknowledged a need for continued work to achieve the necessary savings that had been identified. An integration joint board development day had been dedicated to financial management. However, budget allocations to the partnership were still considered to be health and social care monies, with NHS Lothian and West Lothian council having clearly defined expectations over how the monies would be used. Financial planning, including the identification of savings, was carried out by West Lothian council and NHS Lothian in the same way as it was prior to integration and communicated to the board. While it was positive that the board issued comprehensive directions to NHS Lothian and West Lothian council, these did not yet demonstrate that the board was making decisions about how resources might be used more effectively to benefit the people of West Lothian.

Service development

The partnership had implemented positive joint initiatives to address key areas of challenge. For example, delayed discharge and the high incidence of mild to moderate mental health problems. Staff were encouraged to work collaboratively to support meaningful integrated working and good practice.

The implementation of the discharge hub at St John's Hospital had a positive effect on improving delayed discharge figures. The co-location of NHS Lothian, local authority staff and a carer representative based in the hub facilitated good communication and joint working.

The primary care sector, as part of the primary care improvement plan, had established wellbeing hubs in the two localities. These were staffed by NHS Lothian and third sector staff to provide services for people with mild to moderate mental health problems and reduce workload pressures for GPs. The hubs were in the early stages of operation but were being closely monitored and there was evidence of responsive development coming from learning. For example, using link workers to

visit patients who had not attended following GP referrals. Early performance information was showing positive results in terms of both the GP workload and outcomes for patients.

There was a range of focused services delivered by the partnership that supported people to remain at home or return home rather than receiving in-patient care. These services, while not integrated, did work closely together. The discharge hub hosted the discharge to assess team. REACT could act quickly to assess a patient in the community and provide immediate care, linking with the hospital at home team. The acute care and support team focused on supporting people in acute mental health crisis to remain at home. The West Lothian psychological approach team worked to support care homes to maintain placements for people with dementia when their behaviour was challenging. All teams were limited in capacity and while there were different perspectives on their effectiveness, they represented a real attempt to develop services that would support people to remain in the community. All worked closely with the re-ablement and crisis team that was part of the council's support at home provision, although the re-ablement team was negatively impacted by a significant number of staff vacancies due to challenges in recruiting people.

The support at home team also hosted the home safety team, which was responsible for developing the use of technology to support people to remain at home. This included West Lothian council's telecare provision as well as more developed applications such as GPS monitoring for people living with dementia and electronic monitoring of medication compliance.

There was also a well-developed joint equipment store, jointly funded by West Lothian council and NHS Lothian. This provided small aids and adaptations to promote people's ability to live safely at home. This was an innovative service with transport and drivers available seven days a week. Some drivers were able to make assessments and recommendation for small items of equipment when they were in people's homes, which reduced delays.

Care at home and care homes

The partnership was committed to reducing its use of care homes and to supporting more people to live in their own homes through an enhanced care at home provision. Overall, it had a positive balance of care with 69% of people with long-term care needs receiving care at home in 2018 compared with 62% in Scotland as a whole.

The partnership was beginning to work more closely with housing colleagues to develop alternative and new housing models for people to live in their communities with care and support provided. Each of the care group commissioning plans identified housing as an issue or priority. The partnership was also investing in the housing support for people with mental health and substance misuse problems, with the alcohol and drug partnership funding the support element of the service.

Contracts and commissioning

The partnership had clear arrangements in place for contract management through the finance and contracts team within West Lothian council's business support team. The business support team had recently been restructured and the contracts team was newly established. This team worked closely with procurement services where

there was a dedicated and experienced category manager for social care. The team was co-located with the programme and projects team in the NHS Lothian structure, which supported communication and joint working. The contracts team was represented on each of the planning and commissioning boards.

The contracts team had a comprehensive and up-to-date contract monitoring framework that aimed to make sure that monitoring was proportionate, equitable and transparent. Each contracted service had a link worker within the contracts team who was responsible for monitoring the contract and for managing the relationship with the provider. Positively, most providers had a good relationship and communication with their link worker.

However, whereas the partnership had invested a considerable effort in planning for the new care at home contract, the providers we met had not been involved in this. There was also limited awareness among third and independent sector providers that they were represented on the integration joint board and strategic planning group through the voluntary sector gateway and Scottish Care. There was no forum for meeting with providers as a group and no strategic approach to engaging with or developing the third and independent sector.

The partnership had developed a market facilitation plan. The plan noted some broad intentions in relation to commissioning and communication and some high-value procurement intentions for 2018-23. However, it had limited detail in terms of transformation, market analysis and finance. The contracts team was not aware of the market facilitation plan or its purpose, and it had not been discussed with providers. This resulted in the market facilitation plan being ineffective. The plan was to be subject to annual review but it needed urgent action in terms of both content and application if it were to provide meaningful support to the partnership's agenda.

Decisions about the award, variance or continuation of contracts, as well as contract monitoring reports were considered by the contracts advisory group, which was a high-level group within West Lothian council that met on a four-weekly basis. NHS Lothian staff attended when there was relevant business under discussion and minutes of meetings were sent to some managers in the partnership. However, there was no regular process for the wider partnership to be involved in the business of the contracts advisory group. This resulted in a single agency rather than an integrated approach to monitoring and understanding the implementation and impact of commissioning intentions.

Integrated planning

In the 12 months preceding our inspection the partnership had worked towards developing an integrated planning structure. This included the revised strategic planning group and the planning and commissioning boards that facilitated the development of integrated commissioning plans. This structure had the potential to support an integrated approach to the management of resources across health and social care.

The partnership was still in the process of moving away from separate management structures for health and social policy staff, workforce planning and governance. Budget allocations were made to the partnership by NHS Lothian and West Lothian

council and remained as health or social policy budgets, often with predetermined spend against them. Planning for delegated hospital and hosted services sat largely with NHS Lothian.

Senior management and strategic planning staff had been co-located in the civic centre and this supported improved communication and joint working. The strongest example of successful integration was the recently re-configured mental health service. This service was consistently referred to by staff we spoke to as an example of positive integrated working between NHS Lothian and West Lothian council staff under a single management structure. Communication and information in mental health were effective and services were designed to meet the needs of people using them. The substance misuse and learning disability teams were also positive examples of integrated working.

Despite the stated strategic priority for more integrated and co-ordinated care, there was not a consistent vision among leaders and senior managers of how the partnership should proceed in terms of integration. Some managers felt that co-location and a history of collaborative working was sufficient, particularly as the partnership's performance was not generally worse than the Scottish average and in some areas was better. Other managers recognised the importance of proceeding with integrated models across other services to develop more effective and efficient services and better outcomes for the people who used them. This lack of consistency of vision had hampered further progress towards the partnership's stated aims of integrated health and social care.

The health and social care partnership had evolved from the previous community health and care partnership, which had encompassed criminal justice and children's services which were not delegated to the integration joint board. This meant that there was a need for the partnership to have separate planning, management and governance structures for the services it provided. This was a source of confusion and blurred identity. The partnership attempted to address the issue of identity in its communication and engagement strategy (January 2020) by explaining when it would identify itself as the health and social care partnership and when as the integration joint board. However, staff and managers did not feel confident or clear about the identity of their organisation and it was likely that this perpetuated the lack of clarity about the future for integrated services in West Lothian.

Quality indicator 9: Leadership and direction that promotes partnership

Change and improvement
The partnership had a clearly articulated vision around improving wellbeing and reducing inequalities for all its communities. The vision was aligned with the national outcomes framework and based on core health and care values. It was underpinned by clearly identified priorities and aims and these informed the partnership's strategic commissioning plan. Both senior managers and integration joint board voting members were clear about the vision and the priorities for the partnership and how they would set and drive the agenda forward. We were satisfied with the board's capacity to critically challenge partnership officers in a constructive, measured and thoughtful way

Relationships between the most senior members and officers of the integration joint board, the partnership and the two partner bodies were robust and transparent. We saw and heard of examples that demonstrated good communication. A significant positive factor was an agreed aim of leaders, which the partnership should seek to measure success not just in terms of its performance relative to other partnerships in Scotland but also in the context of West Lothian. This meant setting its own specific targets, rather than targets linked to national averages.

Senior managers within the partnership and its partner agencies demonstrated a shared understanding of what changes were necessary to make progress in difficult circumstances and how financial pressures needed to be managed.

However, the partnership vision did not include and reflect a commitment to integrating services fully to achieve better outcomes and more effective use of resources. The partnership had recognised that historically, there should have been better engagement with community planning partners, as identified in audit work in the months leading up to inspection. Leaders had demonstrated little progress in locality planning and in the development of localities using the locality planning framework. The partnership needed to work on this with community planning partners, as achieving its vision and objectives depended on support from other agencies and services.

The senior leadership team had made sure they were engaging with their staff through a variety of means. The chief officer and heads of service conducted regular visits to frontline services and had discussions with staff about the issues and challenges in delivering services and achieving the vision. Senior managers were committed to communicating with staff and were able to explain the importance of making sure they were visible. Some of them issued weekly email updates to staff about their work, which were well-received. Others chose not to have allocated desks, instead choosing to work at alternating desks in their various teams in order to be more visible and available to staff

Survey evidence about the quality and impact of leadership in the partnership was mixed. In our staff survey there was an almost equal split between those who thought senior managers communicated well in general and those who did not.

We analysed the partnership's 2019 survey for NHS Lothian staff (iMatter), and the 2019 survey conducted among the partnership's West Lothian council staff (social policy staff survey). The results of the three surveys closely mirrored each other, reflecting that staff were generally more positive about the leadership team than not. Staff were particularly positive about being recognised and valued, as well as the visibility of the senior leadership team. When asked whether they felt equipped and trained to carry out their role, staff were almost universally positive. However, a small number of staff did not feel that change and communication were managed well. Addressing this was important in making sure that there was a shared understanding of the vision, values, aims and priorities.

We found that the partnership had made progress, especially in the months preceding our scrutiny, in establishing a positive relationship with staff. While staff recognised that many services were not yet fully integrated, there was a culture of collaborative working in place between practitioners that was supported by leadership. Where there were fully integrated teams, for example in mental health, staff were very positive about this. This was a strength, but one the partnership needed to build on further as it moved forward with integration. At the time of our inspection, most services and teams were not integrated.

We found evidence of the current leadership working effectively to deliver change and improvement where it was required. For example, the leadership team had examined the effectiveness of the strategic commissioning plan and the role of the strategic planning group in the previous year. Neither had been considered as being as effective as they could have been and this had limited progress on integration. The partnership had made significant changes to its strategic plan and was in the process of making changes to its structure and governance, including strengthening the strategic planning group.

A significant resource was committed to leadership training for partnership officers, particularly a programme in relation to managing integrated health and social care. The recent establishment of a transformation board was a further reflection of where the partnership acted to drive improvement. This board would be chaired by the chief officer and have a specific remit to look across the various service areas and identify where and what significant change was necessary.

However, there were also important strategic issues where a lack of such agreement or a shared vision had significantly hindered progress being made. These included the partnership's approach towards integration. Senior managers in the partnership had significant experience of joint working and while all managers were committed to working together, not all saw the need to progress to full integration. More widely, senior managers and staff needed to support the chief officer's clear message that integrated services were critical and offered the best way of delivering positive outcomes for people in the challenging climate they faced. The partnership's approach to locality planning and locality working was another area where a lack of consensus about the way forward had significantly impeded progress. The partnership was still to conclude what locality arrangements it intended to have and how it would implement and deliver these.

The partnership needed to resolve and address these outstanding issues as a matter of priority. A failure to do so would risk undermining the good progress being made in other areas. The transformation board had the potential to ensure necessary progress on the partnership's agenda. It was too early to assess how effective the board would be.

Strategy and direction

Senior managers and leaders were well-informed about future trends and service demands that would result from an older population with health and social care needs. West Lothian's older population was projected to grow much more than the national average. They also had clear understanding of the importance and need for West Lothian, within the context of NHS Lothian, to have a redesign of mental health, learning disability and physical disability services. This was evident in many elements of their commissioning plans.

Integration joint board voting members demonstrated a good understanding of how service changes were necessary to achieve the vision and respond to demands and pressures. They had regular briefings from senior managers, including the chief officer, the chief financial officer and the chief social work officer. In addition, they received a suite of performance information twice a year, which they were able to interrogate, and which allowed them to issue appropriate directions to the partner bodies.

In most cases, management structures were not yet fully integrated. This was a priority for the partnership as the integration of management structures was intended to be achieved within six months of our inspection. While integrated structures were seen as the strategic direction for management, the partnership felt it provided a lot of benefits from managers by simply being co-located. The success of co-located working was recognised by all and this was something the partnership wished to build upon in a positive manner.

However, there was still work to be done to make sure that all leaders and managers were fully committed to integration. This would deliver better outcomes and maximise the effectiveness of resources.

4. Evaluations and areas for development

Quality Indicator 1: Improvements in partnership performance in both health care and social care

The partnership was performing in line with national trends and in some areas, it was performing slightly better than the national average. Comparisons with the partnership's local government benchmarking forum family were very positive. Reporting on performance was robust. Senior managers expressed confidence in the data they had access to.

The senior management team met regularly to consider performance information and monitored and managed performance across key services in relation to capacity and flow. There was good evidence that this allowed them to identify and react to problems in the system. Performance information had been used to inform some changes to services, but the partnership needed to actively promote a culture of performance improvement across all services.

Performance reporting was not integrated. The partnership was working on this and it planned to have an integrated approach to reporting in place by July 2020. This would help build a culture that recognises the benefits of integration. The partnership had met its legislative requirement to produce an annual performance report linked to the core suite of indicators. It recognised a need to work on gathering more comprehensive qualitative data on personal outcomes. This would support it to make better decisions about how it used its resources.

The partnership would benefit from a more comprehensive evaluation of the effectiveness of its interventions. For example, post-diagnostic dementia support take-up levels were relatively low, but it was not clear why this was the case. The primary care improvement plan was demonstrating positive results, but these needed to be captured and evaluated.

Evaluation – Good

Quality indicator 6: Policy development and plans to support improvements to service

6.1 Operational and strategic planning arrangements
6.3 Quality assurance, self-evaluation and improvement
6.5 Commissioning arrangements

The partnership had a coherent range of plans at a strategic and operational level, with important and common themes running through them. Commissioning plans for learning disability, physical disability and mental health had been approved by the integration joint board but the plan for services for older people required more detail.

The partnership had progressed a number of initiatives that were helping shift the balance of care, to reduce delayed discharges and prevent hospital admissions. The work around transforming primary care was positive. This included a focus on developing links between GP surgeries and a wide range of community-based services.

The partnership had shown a willingness to refresh plans and processes when necessary and there was robust governance around the integration joint board. The partnership was progressing work in areas like integrated workforce planning and reporting, but this was at an early stage.

There was also an appetite to develop and strengthen quality assurance as at the time of inspection, but this was not done on an integrated basis. This reflected a wider pattern of a lack of planning on an integrated basis.

There was a need to develop stronger engagement with supported people and carers. The partnership did not have mechanisms in place to receive routine feedback from people using services or unpaid carers on the effectiveness of their services or planning structures.

In relation to engagement with providers, there were positive operational links with the contracts team. However, there was limited opportunity for providers to engage in a meaningful way with the partnership and the integration joint board to inform future commissioning of services.

The partnership had made limited progress with the development of localities. It had yet to develop a model for locality planning that fitted with all its services.

Further work was also required to develop plans and structures that supported the full delivery of integrated services. The recently reconfigured mental health service was an example of positive integrated working between NHS Lothian and West Lothian council staff under a single management structure.

Evaluation - Adequate

Quality Indicator 9: Leadership and direction that promotes partnership

While there was evidence of strengths in leadership, including good working relationships between chief and senior officers, there were also areas for improvement. The leadership team had undergone significant changes in the 12 months prior to inspection, with new appointments to a number of key positions.

The leadership team showed a strong commitment to engaging with their staff and promoting their visibility in a range of ways. They had also demonstrated the ability to adapt to new and evolving demands, and change direction and strategy on some key strategic issues.

There was still work to be done and progress to be made on locality planning and in developing and implementing integrated management structures. These had not been progressed as expected since 2016.

Integration joint board voting members demonstrated a good understanding of the service changes required to meet the health and social care demands on the partnership.

Key senior leaders expressed a strong commitment to progressing with integration. However, there was not a consistent and shared commitment to this across the broader partnership's leadership and management teams. The leadership team needed to be clear about the differences between co-location, joint working and integration. Leaders needed to demonstrate a commitment to integration and develop a plan for taking this forward.

Evaluation - Adequate

5. Recommendations

QI 1	• The partnership should progress with developing and implementing a fully integrated performance framework. • The partnership should develop the means to gather and use qualitative data on personal outcomes.
QI 6	• The partnership should produce the detail to underpin its commissioning plans, particularly for older people, and progress to implementing these. • The partnership should develop and deliver integrated plans that support delivery of services. For example, workforce planning. • The partnership should develop and progress a coherent and meaningful approach to locality planning. • The partnership should agree and progress the steps it needs to take to strengthen its engagement with and involvement of supported people, carers and care providers.
QI 9	• Leaders should establish a clear identity for the integration authority to ensure its role in supporting the functions of the integration joint board is clearly evident to the people of West Lothian. • Leaders should have an agreed approach for integration and produce a plan for all managers and leadership to progress.

6. Conclusion

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to assess the progress made by health and social care partnerships in delivering better, more effective and person-centred services through integration. In doing so, we considered the partnership's ability to:

- improve performance in both health and social care
- develop and implement operational and strategic planning arrangements and commissioning arrangements
- establish a vision, values and aims across the partnership and the leadership of strategy and direction.

We found this partnership had made limited progress towards integration since 2016.

The partnership was able to demonstrate positive performance results. There were clear processes for reporting on performance and the partnership had used performance data to make improvements. Further progress was required in integrating its performance reporting and making better use of qualitative data.

The partnership had clear and consistent plans for the development of services. Further work was required to make sure that systems and structures were integrated to support the seamless delivery of services. The partnership needed to clarify its approach to locality planning and progress the development of localities.

There had been significant changes in the leadership team in the months preceding the joint inspection. This had created a momentum for positive change. However, there was a need to make sure that there was a clear consensus about integration and the need for integration. The partnership also needed a robust plan setting out how integration would be achieved.

We found this partnership needed to make more progress in integrating health and social care services. There was a clear commitment from key senior officers to address this. This was important, as despite some evidence of positive outcomes for people, the partnership could make more effective use of resources and ultimately deliver better outcomes through more integrated working.

We will work with the partnership to support and monitor how they address the recommendations in this report.

Appendix 1 – Quality improvement framework

1. Key performance outcomes	4. Impact on the community	6. Policy development and plans to support improvement in service	7. Management and support of staff	9. Leadership and direction that promotes partnership
We assessed 1.1 Improvements in partnership performance in both healthcare and social care	4.1 Public confidence in community services and community engagement	**We assessed 6.1** Operational and strategic planning arrangements	7.1 Recruitment and retention	**We assessed 9.1** Vision, values and culture across the partnership
1.2 Improvements in the health and wellbeing and outcomes for people, carers and families	**5. Delivery of key processes**	6.2 Partnership development of a range of early intervention and support services	7.2 Deployment, joint working and team work	**We assessed 9.2** Leadership of strategy and direction
2. Getting help at the right time	5.1 Access to support	**We assessed 6.3** Quality assurance, self-evaluation and improvement	7.3 Training, development and support	9.3 Leadership of people across the partnership
2.1 Experience of individuals and carers of improved health, wellbeing, care and support	5.2 Assessing need, planning for individuals and delivering care and support	6.4 Involving individuals who use services, carers and other stakeholders	8. Partnership working	9.4 Leadership of change and improvement
2.2 Prevention, early identification and intervention at the right time	5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks	**We assessed 6.5** Commissioning arrangements	8.1 Management of resources	**10. Capacity for improvement**
2.3 Access to information about support options, including self-directed support	5.4 Involvement of individuals and carers in directing their own support		8.2 Information systems	10.1 Judgement based on an evaluation of performance against the quality indicators
3. Impact on staff			8.3 Partnership arrangements	
3.1 Staff motivation and support				

What is our capacity for improvement?

Appendix 2 – Inspection methodology

Our inspection of West Lothian Health and Social Care Partnership was carried out over three phases:

Phase 1 – Planning and information gathering
The inspection team collated and analysed information requested from the partnership. The inspection team sourced other information before the inspection started. Additional information was provided during fieldwork.

Phase 2 – Staff survey and fieldwork
We issued a survey to 1,845 staff. Of those, 406 (22%) responded. We also carried out fieldwork activity over seven days, during which we interviewed a number of people who hold a range of responsibilities across the partnership. The partnership offered observation of the integration joint board and the audit and performance committee, which inspectors attended.

Phase 3 – Reporting
The Care Inspectorate and Healthcare Improvement Scotland jointly publish an inspection report. The report format for this inspection focuses on strategic planning and commissioning and links this to evidence gathered on current performance and the development of the integrated leadership team. Unlike previous joint reports, comment is provided on our level of confidence in respect of the partnership's ability to successfully take forward its strategic plans from intentions to changes in operational delivery.

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