

Health and Care report to the Executive of the Joint Forum of Community Councils in West Lothian as at February 2021.

West Lothian Chief Social Worker's Annual Report 2019-2020.

My last report covered the Social Policy Management Plan 2020/21. In particular I focussed on functions and risks. I intend to not repeat any of that here, nor do I want to include information on issues regularly dealt with elsewhere in my reports. Instead I will try to pick out other information of interest, although some repetition may be unavoidable.

While challenging within the current context, services are committed to applying a greater focus on earlier intervention in all areas, including building capacity in families and communities to help people maintain their independence. For such approaches to be successful, resources will require to be moved upstream. The implications associated with COVID-19 will further increase the financial challenges and may impact on current plans to meet demands.

There has been a continuing positive downward trend in the use of **residential school placements** out-with West Lothian. At the end of 2016/17, there had been 29 young people placed in such resources. By the end of 2019/20 the figure was down 24% to 22. There was slight increase in the use of secure care with 5 young people requiring such provision. All secure placements were for short time periods.

A number of care experienced young people have been able to access and sustain permanent accommodation through the **Rock Trust Housing First** pilot. The West Lothian pilot project, in association with Almond Housing, commenced with 5 young people and has extended this to a total of 12. Further funding will give help to a further 5 young people who are homeless or at risk of homelessness.

The incidence of **domestic abuse** recorded by the police per 10,000 population in West Lothian remains above the Scottish average. The Domestic and Sexual Assault Team responded to 1,620 referrals during 2019/20 (1,647 in 2018/19). The DASAT team offers a range of services including:

- The Court Advocacy Service works with the Procurator Fiscal and received 615 referrals in the year, down 4%.

- The Living in Safe Accommodation service aims to keep women and children safe in their own homes and provides multiple housing options to support women. The LISA project supported 206 women, an increase of 45% on the previous period.
- The Court Contact Children's Rights Officer aims to increase awareness of domestic abuse in the context of child contact, highlighting how patterns of coercive control can be continued through child contact. The worker ensures that children's voices are heard, and their rights upheld, within an adult judicial system, by allowing Sheriffs to hear directly from the child so decisions can be made in a child's best interests.

Plans were approved in June 2019 for a **new £3 million housing project**, consisting of sixteen one-bedroom residences, in Pumpherston for people with learning disabilities who have complex needs. The original target for completion of the build was Autumn 2021 but that is now most likely to be Spring 2022.

A duty **Mental Health Officer** is available across the whole Council area. MHOs undertake the full remit of work under the Mental Health Care and treatment (Scotland) Act 2003. There has been a decrease in the number of practising MHOs across the Council over the past year, partly due to maternity leave and withdrawal from the MHO rota of established MHOs to focus on the demands of their substantive posts. This decrease is similar to the national picture where there are significant issues with the demographics of the MHO workforce and recruitment and retention of MHOs.

West Lothian had the **9th highest population** in 2019, of all 32 council areas in Scotland. Between 1998 and 2019, the West Lothian population increased by 19.5%, the 2nd highest percentage change of all 32 council areas. Over the same period, Scotland's population rose by 7.6%. The West Lothian over 75 population is forecast to grow by 120%. During the same period, the working age population 25-49 and 50-64 are only projected to grow by 2% and 4% respectively. The number of unpaid carers in West Lothian is similar to the national average and has not changed since the 2011 census. There has however been a significant increase (35%) in the hours of care -provided.

Back in July, I reported on the emergency temporary powers relating to care provisions introduced by the **Coronavirus (Scotland) (No2) Act 2020**. To this point, none of the new powers have been applied in West Lothian.

Hearing the Voices of Women of Scotland.

In my September report I mentioned that the Scottish Government had convened a Women's Health Group. The Group had been created earlier in the year to develop, promote and implement a Women's Health Plan, which will underpin actions to tackle women's health inequalities. In addition to the Plan, the Group should:

- Provide a focal point for discussion, leadership and direction to focus policy development and quality improvements on the needs of all women across Scotland.
- Link strategically with other developments and policy areas across the Scottish Government as appropriate to ensure women's health and wellbeing is considered in policy output by the Scottish Government.
- Identify gaps in the provision of services, consider existing areas of best practice and develop actions to address these gaps.
- Support Health Boards, local authorities, partner agencies and professional organisations to work collaboratively to ensure the services best meet women's health needs.

As part of this work, the Health and Social Care Alliance Scotland put out a survey in August to hear about lived experience of women's health. It had 405 responses in total, with a reasonable range of respondent demographics.

Many common themes emerged throughout the survey responses, with positive experiences and improvements to be made as well as themes in the negative experiences. Positive messages include that accessible, reliable information, and healthcare professionals who are well-informed about women's health and proactive with discussions, particularly around stigmatised topics such as menopause, are needed and very welcome when they are available. Another key message was that the speed and efficiency of the service has an influence on levels of satisfaction, along with consistent aftercare.

Some contrasting themes from less positive experiences are that across all areas of women's health, respondents reported feeling like they were wasting healthcare professionals' time or not feeling heard, particularly when they received unclear or incomplete information.

Some respondents felt that they were put on the oral contraceptive pill as a default, which masked symptoms of menstrual health issues, such as endometriosis and delayed diagnosis. There were also mentions of the risks of treatment, both surgery and medication, not being fully discussed before taking place.

There were strong messages to be drawn from the questions asking if any other factors in respondents' lives had made accessing healthcare difficult, and from the question asking those who would not participate in a research study why they would not. These were that it was difficult to fit in visits around work, caring responsibilities limited their time and mobility – especially since most places to access women's health services are not child friendly, and therefore changes in opening hours, or flexibility with care arrangements, need to be implemented. Another theme from this area was existing health conditions causing complications, such as clashes of medication or making the person housebound, making access harder. Proximity to services was also highlighted as a particular problem in remote areas.

Scottish Vaccine Deployment Plan.

The Plan sets out how to vaccinate everyone over the age of 18 and those aged 16 and 17 who are frontline health and social care workers, young carers or have underlying health conditions – 4.5 million people. The workforce and infrastructure will be in place to vaccinate 400,000 people each week by the end of February.

A national booking service will be available by phone from 1 February, and online shortly thereafter. Letters will start to be sent out in the last ten days of January, to allow people to attend appointments from February onwards. The Scottish COVID-19 Vaccination Helpline (0800 030 8013) is open 7 days a week 8AM to 8PM, to make sure those who are called forward for the vaccine can get the information they need.

The UK Department for Business, Energy and Industrial Strategy forecast gives three planning scenarios and an estimation for Scotland's share of expected batches – worst case, operational case and best case.

The Scottish Government has been deliberately cautious and used the worst case scenario for planning purposes.

Priority Groups 1 and 2 (Care home residents, Care home staff, Frontline health and social care staff, Over-80 year olds) to have first doses by 5 February.

Priority Groups 3 and 4 (all those 70 and over, and all clinically extremely vulnerable individuals) to have first dose by mid- February.

Priority Group 5 (all those 65 and over) to have first dose by early March.

Priority Groups 6, 7, 8 and 9 (all those 50 and over, and all individuals aged 16-49 with underlying health conditions which put them at higher risk of serious disease and mortality and Unpaid carers) will start getting their first dose in early March and aim to complete by early May.

Rest of the population to follow.

In West Lothian, the mass vaccination centres mentioned in the plan will be at:

- Strathbrock 1-14 February only – capacity 2,352 per week.
- Pyramid Business Park in Bathgate from 15 February – capacity 14,280 per week.

Strathbrock and Howden Medical Practice in Livingston will additionally be open Saturday-Sunday – capacity 400 per week.

Edinburgh will have available the Edinburgh Conference Centre (18,900), where I am getting my first jab, Queen Margaret University, Royal Bank Gyle campus and the Highlsnd Showground Ingliston.

There are currently almost 5,500 individual vaccinators registered across Scotland, not counting GPs.

The Scottish Government publishes daily updates of the cumulative number of people receiving their vaccination: www.gov.scot/publications/coronavirus-covid-19-daily-data-for-scotland

Weekly updates are published by Public Health Scotland providing more detailed breakdowns by groups vaccinated and geography: <https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-data-and-intelligence/covid-19-weekly-report-for-scotland/>

Use of Data.

This has been one of my hobbyhorses over the years. My issues are over the use, misuse or non-use of data, for example:

- Do decision-makers use the data available?
- Do they use it properly?
- Are they even aware it exists?
- Have they been trained in how to use it?
- Are they even interested in using it or are they selective in its use?

On a positive note, I understand there is a piece of work going on called “Active Governance” which includes a focus on what needs to be done to ensure Boards are being more active in the governance of services, with a really strong focus on do they get the right data, presented in the right way, and do they then know how to interpret it? NHS Education for Scotland (NES) are involved in the development of training for non-execs and execs on the effective use of data at a Board level and this should start to drive improvements through the NHS organisations. NES are also looking at the issue of training for analysts as one of the issues being constantly picked up is around poor presentation of data.

West Lothian IJB 2020/21 Budget Update.

The 2020/21 budget relevant to functions delegated to the West Lothian Integration Joint Board is £250 million. The latest forecast is for an overspend of £6.1 million for the year. This is made up of a £4.7 million overspend on core health and social care functions, and a £2.6 million overspend on acute, offset by £1.2 million of unallocated funding.

At month 8, total **additional Scottish Government funding** of £3.789 million has been received along with additional Living Wage funding of £214,000.

This is set against additional COVID-19 costs of £8.419 million. Assurance has been provided in respect of further funding allocations from the Scottish Government to meet the additional costs of the pandemic.

The key **factors contributing to the additional COVID-19 costs** are:

- Additional staffing costs. Staff to help prevent hospital admission and facilitate supported discharge. Social care staff to maintain services across internal care at home and care homes.
- Additional prescribing costs. Both volumes and item prices have increased.
- Payments to GPs for additional costs and extended opening.
- Additional care home capacity.
- Additional support to Care at Home providers for staffing, for PPE and to ensure providers are supported to remain financially sustainable.
- Additional Support to Care Homes to ensure they remain sustainable, covering costs relating to staff sickness, additional staffing, PPE and other COVID-19 costs.
- Reduced Care Income from both non-residential and residential care.

Out-with COVID-19 the **main pressure relates to acute services staffing, in particular nursing overspends at St. John's Hospital**. This has been previously identified, with analysis indicating that budgets allocated were insufficient and were significantly less than West Lothian's share, relative to other Lothian areas.

I previously highlighted this issue in my January 2020 and July 2020 reports. The IJB Chief Finance Officer, in his report to the September 2019 Board, said "The current staffing budget and spend position at St. John's Hospital creates very significant budget pressure for West Lothian which has and will continue to make it extremely difficult to achieve a balanced budget position. It will make it extremely difficult to shift the balance of care (and resources) to fund community provided services when the starting point is that there is insufficient budget in West Lothian acute services to deliver the cost of required staffing."

A further review of this position is being undertaken but the position for 2020/21 is difficult to gauge due to the impact of COVID-19 on staffing requirements and costs.

However, based on the financial assurance work undertaken in March 2020 before the full emergence of COVID-19, it was again evident that the current year acute staffing costs would significantly exceed the core budget provided to West Lothian.

This will make it difficult to fund future service transformation and find the financial flexibility to meet integration objectives associated with shifting the balance of care. This funding shortfall in acute budget resources continues to be raised by IJB officers and will be discussed further with NHS Lothian as part of the financial planning process for 2021/22 and future years.

Interesting to see that the NHS Lothian Staff Governance Committee, at its December 2020 meeting, highlighted the areas that were causing particular concerns. “Within NHS Lothian, staffing at St. John’s Hospital remains challenging.”

West Lothian IJB Self Evaluation Action Plan.

Back in February 2019, the Ministerial Strategic Group for Health and Community Care produced a report on Progress with Integration of Health and Social Care. A detailed West Lothian improvement plan was submitted to Ministers in August that year. Many of the actions can now be considered complete, or partially complete, or ongoing, or superseded elsewhere by, for example, the response to the Joint Inspection of Strategic Planning report. There are three subjects however worth mentioning here:

Carers: Improved understanding of effective working relationships with carers, people using services and local communities is required. A new Carer Strategy was agreed by the IJB in August 2020 and this was produced in close partnership with Carers of West Lothian. An Implementation Group has been formed to manage and deliver on the Carers Strategy. Carers have been involved in developing the commissioning plans and are represented on the Strategic Planning Group and on the IJB.

Separate to this, nationally the Carer Collaborative met on 12 January and discussed progress towards integration. There has been progress in many areas but there is a concern that engagement is still not fully developed and meaningful. Some areas report that “on paper” it looks like progress has been made but the reality “on the ground” is somewhat different. It seems there are lots of positives in the approach here in West Lothian.

Support Services: A formal review of support services will be conducted annually. Support services currently provided to the IJB should be formalised to assure Board members that appropriate support is in place.

A review of support services was due to be reported to the IJB meeting on 21 April 2020, which was cancelled due to the pandemic. The IJB, at its 22 September 2020 meeting, agreed that a full review be delayed until staffing stabilised, many staff having been re-deployed to support the response to COVID-19. *This is relevant to the issue of effective engagement, which can be staff intensive.*

Engagement: Effective approaches for community engagement and participation must be put in place for integration. In my last report, I indicated that, in regard to one aspect of engagement, the Senior People's Forum, I had facilitated a meeting on 22 December involving WLC Social Policy and Healthcare Improvement Scotland, had received an acknowledgement that my briefing had been "very helpful", and that I might have more to report this month. *Well, I haven't.*

OPAL.

The Cyrenians Older People, Active Lives have four regular groups on Zoom:

- **After Hours** fortnightly on Tuesdays 6.30 – 7.30 pm
- **Zoom Room** weekly on Wednesdays 2.00 – 3.00 pm
- **Musical Memories** weekly on Thursdays 2.00 – 3.00 pm
- **OPAL Kitchen** monthly on Tuesdays 2.00 – 3.00 pm

They can be contacted at opal@cyrenians.scot or 01506 815815 or www.facebook.com/OPALCyrenians.

Independent Hospitals to support Elective Care.

Five independent hospitals are supporting NHS Scotland with elective care. This additional support comes on top of the extra capacity already being provided by NHS Golden Jubilee and NHS Louisa Jordan.

These hospitals primarily support planned urgent care and cancer treatment, including breast surgery, urology and gynaecology. These hospitals are:

- Albyn to support NHS Grampian.
- Kings Park to support NHS Fife, NHS Forth Valley, NHS Tayside.
- Nuffield to support NHS Lanarkshire.
- Spire to support NHS Lothian.
- Ross Hall to support NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde.

As at 18 January, more than 10,000 procedures have been performed at **NHS Golden Jubilee** since services recommenced in July, across orthopaedics, ophthalmology, heart and lung surgery, endoscopy and diagnostic imaging, including:

- Over 5,000 cardiothoracic and cardiology procedures – both planned and emergency.
- 1,516 orthopaedic patients.
- 2,114 ophthalmology patients (cataracts).
- 1,422 endoscopies.
- In addition, the recently opened NHS Golden Jubilee Eye Centre will perform more than 18,000 procedures each year.

NHS Golden Jubilee has also carried out 565 urgent cancer operations.

NHS Louisa Jordan has been working with four NHS Boards to provide over 19,000 outpatient appointments across 14 specialties. These include orthopaedics, diagnostic imaging such as CT scanning and general x-ray, dermatology, oral medicine, rheumatology, breast clinics and occupational health services.

Over 19,000 NHS and social care staff have been vaccinated at the site. Over 5,200 individuals from NHS Boards, Universities and colleges have also been trained using the healthcare facilities and simulations on site.

Spire. A case was submitted successfully to Scottish Government for the temporary placement of an additional surgical robot to support prostatectomy procedures and free up theatre capacity at the Western General Hospital for additional bladder cancer surgery.

NHS Lothian has been allocated 20 theatre sessions per week at Spire via a Scottish Government contract, commencing in January and running for approximately 10 weeks, all day Monday to Friday. These sessions will be ring-fenced for Cancer and Urgent Priority 2 patients. Urgent Priority 3 patients could also be considered if they have waited longer than 12 weeks and after clinical review. Services identified include Urology, Colorectal, General Surgery, Plastics, Neurosurgery and Orthopaedics.

Drug Deaths Emergency.

I touched on this subject in a recent report. Since then, the First Minister has outlined a range of actions to tackle the crisis. Talks have been taking place with people with lived experience, with a range of organisations and with the Drugs Death Task Force since the publication in December of the 2019 statistics.

An additional £50 million is to be allocated each year for the next five years and a further £5 million for this financial year to ensure work starts immediately across Scotland as follows:

- Substantially increasing the number of residential rehabilitation beds across the country.
- Reducing stigma and increasing the number of people in treatment for their addiction.
- Allocating funding directly to Alcohol and Drug Partnerships, third sector and grassroots organisations to improve work in communities.
- Widening the distribution of Naloxone. *See my last report.*
- Implementing new standards for the consistent delivery of “no barrier” medicine-assisted treatment to ensure equitable services for all drug users in Scotland.
- Reassessing how overdose prevention facilities might be established despite legal barriers.
- Developing a public health surveillance system for ongoing analysis and interpretation of health-related data.

Support for Childminders.

Funding of £1 million has been made available for childminders who have been financially impacted by the COVID-19 pandemic. Grants of up to £1,000 each will be made to eligible childminding providers, and work is now underway with the Scottish Childminding Association to finalise the details of the scheme. Information on how to apply will be made public shortly.

Valneva Livingston.

Back in December I reported that the UK Government had committed to buy 60 million COVID-19 vaccine doses manufactured by Valneva here in Livingston.

The company have just started clinical trials using initially 150 volunteers at four National Institute for Health research testing sites in Birmingham, Bristol, Newcastle and Southampton. Should this early trial prove successful, larger clinical trials will be planned for April 2021 with over 4,000 UK volunteers testing two doses of the vaccine in two groups – those aged 18 and 65 years and over 65s.

The EU Commission are now in advanced discussions for the supply of 60 million doses to EU countries.

Scottish Health Survey 2020.

This is the first time the survey has been conducted by telephone so they are published as Experimental Statistics and are not directly comparable with previous years:

Mental Health. Over a fifth of adults (22%) recorded a score of four or more (indicative of a possible psychiatric disorder). Among those who had been advised to shield, the figure was 32%.

Loneliness. 5% of adults felt they were lonely “often” or “all of the time” and a further 15% that they felt lonely “some of the time”. Again, the figures were higher for those in the shielding group at 11% and 16% respectively.

Caring. 19% of adults reported they provided regular unpaid care – women 23% and men 14%.

Reported changes since before the first lockdown in March 2020:

- 39% of adults reported an increase in weight and 18% a decrease.
- Women were more likely than men to state their weight had increased (43% compared with 34% of men).
- 24% of adults reported that the number of days per week on which they drank alcohol had increased, 17% that it had decreased.
- 12% reported that the amount of alcohol they consumed per day had increased, while 18% reported a decrease.
- 36% reported there had been an increase in the amount they smoked, while 8% reported a decrease.

NHS Lothian Healthcare Governance Committee.

I was pleased to see the following in the minute of the Committee's November meeting:

“Mr Stavert reported that the patient and public representatives group welcomed the progress made in the last year and would like to see more qualitative data on the number of community engagements and have more information on engagement with partnerships. They also thought it would be helpful for information about public engagement opportunities to be more widely promoted to make the public aware that their input was welcomed.”

Us West Lothian people pop up everywhere!

St. John's Paediatrics.

Inpatient activity has been lower than normal since October due to COVID, the same pattern as at the Sick Children's in Edinburgh. The ward's Surgical Day Care and Programmed Investigation Unit activity has continued and pre-op COVID-19 testing is in place.

Two locums will start from February and April, for 6 months each, to cover short term medical gaps, there is some spare capacity built in to the out of hours rota, so there are no current concerns about the rota's sustainability.

There are no current ward Nursing vacancies. There are now 3.77 whole time equivalent Advanced Paediatric Nurse Practitioners, 3 of whom work cross-site. There is also 1 further trainee APNP who will qualify and start on the rota in February (again cross-site). There was no interest in the most recent Trainee APNP post advertised; this will be readvertised in due course.

Paediatric Outpatient waiting times have significantly improved in the last few months, with almost all children being seen within 9 weeks. There are currently 146 children on the waiting list, 3 of whom are over 12 weeks.

Scottish Government Appointments.

Mrs Caroline Lamb, previously responsible for managing the contact tracing and vaccination programme, has been appointed to the role of Chief Executive of the NHS in Scotland.

Professor Amanda Croft, former Chief Executive of NHS Grampian, is the new Chief Nursing Officer.

Covid-19 in Lothian.

Between 1 and 24 December, Lothian's seven day rate increased from 74 to 124 per 100,000 population. Lothian rates peaked at 213 per 100,000 on 3 January before declining (latest data is 131 per 100,000 on 16 January). Comparative rates on 15 January are Scotland 218, Wales 304, Northern Ireland 384 and England 497.

Positive tests in Lothian peaked at 9.8% on 2 January and declined to 6.3% on 16 January.

Eye Pavilion.

NHS Lothian's Outline Business Case for the Princess Alexandra Eye Pavilion replacement will NOT be supported by the Scottish Government to progress further, due to an inability to identify capital solutions. Work is now underway with their ophthalmology team, including external support, to rapidly review alternative options.

Test and Protect Lothian.

- Percentage of index cases interviewed within 24 hours – 93% (11/1/21).
- Percentage of contacts communicated with within 24 hours – 79% (as at 10/1/21).
- Percentage of cases successfully closed within 72 hours – 99.7% (as at 11/1/21).

NHS Lothian is supporting West Lothian Council developing a bid to pilot asymptomatic testing, as part of the Scottish Community Testing Programme.

Vitamin D.

All NHS Boards in Scotland are being asked to provide Vitamin D3 to all children under 3 years of age and all breastfeeding mothers. This will replace the Healthy Start scheme for this priority group. From February, a pilot project will provide to all breastfeeding mothers a supply of vitamin D for them and their baby on discharge from hospital. This will be replenished at set health visitor visits. This work will complement the expansion in vitamin distribution during pregnancy.

Transformation of Courtyards to Support Mental Health Services.

£6,410 has been received from the Edinburgh & Lothian's Health Foundation to transform both the Intensive Psychiatric Care Units and Ward 3 courtyards at St. John's Hospital. This will complement work planned for March 2021 that will see Occupational Therapists and Activity Co-ordinators upskilled in gardening practices to support mental health care, treatment and assessment.

The project will work with "The Brock" to design the spaces and manufacture some of the fixtures and fittings including heavy duty benches, planters and bird tables. It is hoped that the project will be completed by early Spring.

West Lothian Discharge to Assess.

Recent investment has enabled seven day working, which commenced on 5 December. Early indications are positive with 11 discharges facilitated over weekends to free hospital beds and interventions delivered to a further 11 patients in community settings to prevent crisis admissions to hospital. The approach has also enabled more direct discharges from the Royal Infirmary of Edinburgh as an alternative to moving to St. John's Hospital for bed base rehabilitation.

Conspiracy Theorist.

On 4 February I went into Edinburgh to get my job at the Conference Centre. When I left the Centre I removed my mask but put it back on as I approached the bus shelter where I would wait for my bus back to Livingston. My conversation with a man already in the bus shelter (no mask on) went something like this:

Man: How does it feel to live in Nazi Britain?

Me: There's a pandemic. We all need to put masks on and follow the rules as best we can.

Man: So you believe the Government then?

Me: Yes. And the doctors.

Man: So did Pavlov.

Then my bus arrived and I was saved from getting into an actual argument. I have heard about these people but I think that was the first time I have met someone who actually believes this conspiracy rubbish. Very sad and very dangerous.

Public Health Microbiology.

The Scottish whole genome sequencing (WGS) service went live in November 2020. A UK Strategic Public Health COVID-19 Genomics Advisory Board has been established to expand WGS into a national pathogen genomic service and associated infrastructure.

The new Kent variant was identified as of concern given that it was associated with an apparent increased rate of transmission. Epidemiology and public health microbiology teams have worked to investigate the presence of this variant in Scotland. This has included the molecular typing undertaken in the Edinburgh virology lab of respective samples from across Scotland to confirm the presence of the strain, its distribution and linkage of these mutations to deaths.

A second new variant of concern, originating in South Africa, has been investigated. This involved sequencing samples initially from cases recently returned from South Africa but now from surrounding countries in sub-Saharan Africa.

Public Health Scotland are involved in an important collaboration with university researchers, the EAVE-11 project: Early estimation of pandemic Antiviral, therapy and Vaccine Effectiveness and enhanced surveillance. Led by the University of Edinburgh, the project uses a unique community and laboratory national linked dataset. This links data from all general practices, COVID-19 laboratories, prescribing, vaccination, hospital admissions and deaths to describe the demographics of those affected, clarify risk groups, and enable observations to be made on the effectiveness and impact of vaccines and treatment.

West Lothian Mental Health.

Public Health Scotland hosted a workshop with West Lothian partners (local authority, public health, community regeneration) to begin to develop a partnership project plan for taking a public health approach to mental health in West Lothian. Feedback from attendees on this initial session has been very positive.

This report is long enough so I propose to cover the **Independent Review of Adult Social Care** next month.

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