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Executive Summary

***To be completed once plan is finalised.**

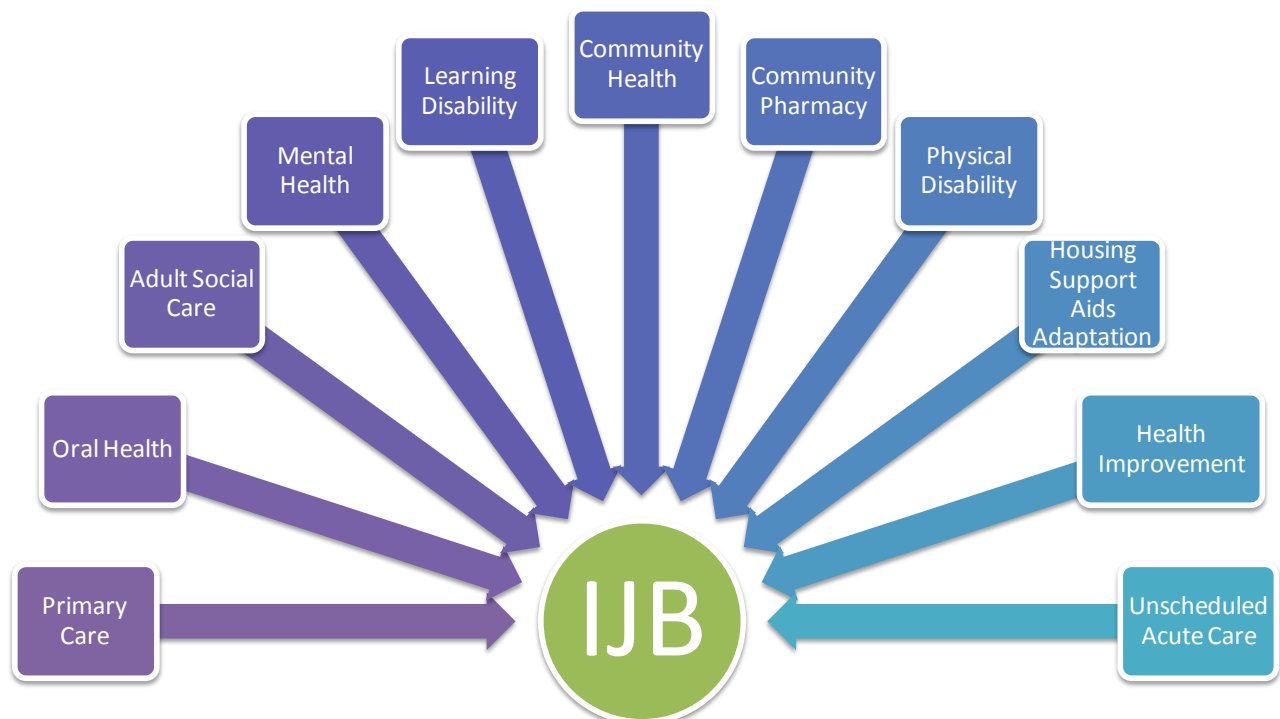
1 Introduction

It has been recognised both nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet those needs can be disjointed and not as well coordinated as they could be. The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland and sets out the requirements for public service reform and a bottom-up, outcomes- based approach to improve performance and reduce costs. The Act requires each Health Board and Local Authority to delegate some of its functions to new Integration Authorities. In West Lothian this is the Integration Joint Board (IJB).

The IJB is a separate legal entity from NHS Lothian and West Lothian Council and the arrangements for the IJB's operation, remit and governance are set out in the [Integration Scheme](#) which has been approved by West Lothian Council, NHS Lothian and the Scottish Government

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

Figure 1: Functions Delegated to the IJB



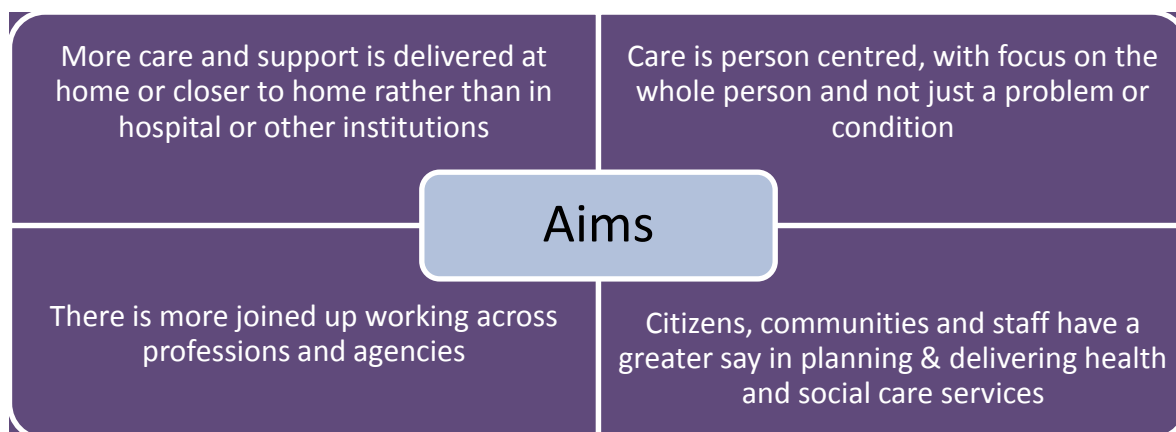
Our Strategic Plan builds upon joint planning foundations established through our Community Planning and Health and Social Care Partnership. The plan outlines our vision for health and social care services for the people of West Lothian; what our priorities are and how we will build on a foundation of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

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

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

With responsibility for the strategic planning of some acute hospital care services including emergency care and inpatient services relating to general medicine, geriatric medicine and rehabilitation, we will identify opportunities to design and deliver services which ensure care is delivered in the right place, at the right time, by the right person.

We recognise the way health and social care services are delivered locally can have a significant impact on shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. Through this strategic plan we aim to ensure:



In order to meet the challenges we will work together to create a culture of cooperation, coproduction and coordination across all partners and through working with people, their families and the wider community, we can create effective and sustainable solutions and achieve the best outcomes for the people of West Lothian.

Strategic Scope

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

We have defined two localities across which our health and care services will be planned. The importance of the localities in determining the strategic direction of health and social care planning is reflected in the plan.

Strategic Development

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

The strategy aligns with Transforming Your Council, West Lothian Council's Corporate Plan 2018-23; Our Health, Our Care, Our Future, NHS Lothian's Strategic Plan 2014-23; and our Commissioning Strategy and Care Group Commissioning Plans.

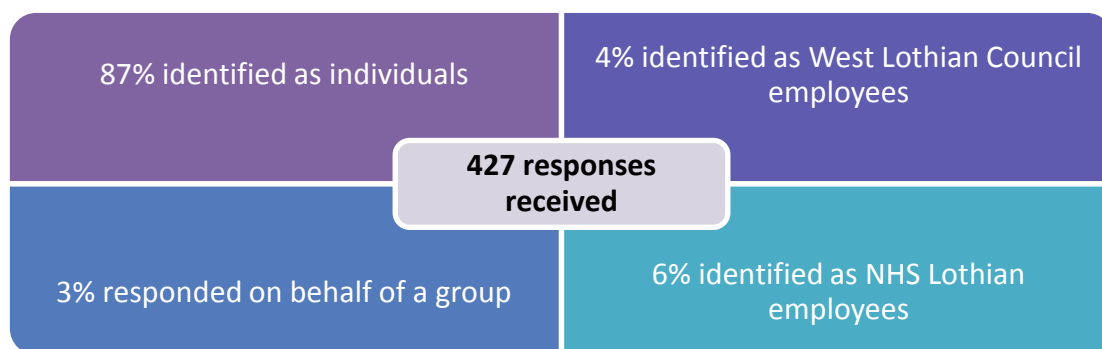
When commissioning services we will ensure we fulfil our statutory duty to achieve best value and will adopt a personalised approach when commissioning services to meet need. To achieve this, we will work closely with a range of strategic partners such as Housing, Building and Construction Services, Education and the Police as well as the Third and Independent sectors.

Consultation

Legislation places a duty on the Board to consult stakeholders in the preparation, publication and review of the Strategic Plan.

The first phase of consultation set out the IJB's vision and values, and key priorities and asked if people agreed with these, and if not, what they thought should be included. The consultation covered a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing, third sector providers and school children.

Consultation Response



The responses were overwhelmingly in support of what was proposed in the consultation document.

<input checked="" type="checkbox"/>	95% of respondents agree with the Vision “to increase wellbeing and reduce health inequalities across all West Lothian communities”
<input checked="" type="checkbox"/>	95% of respondents agree with the Values “to ensure seamless accessible services which are person centred, caring, safe and respectful, with focus on quality and accountability, are empowering, supportive and inclusive and involve individuals and communities
<input checked="" type="checkbox"/>	88% of respondents believe the five priorities are the right ones to make health and social care services better in West Lothian <ol style="list-style-type: none">1. Tackling inequalities2. Prevention and early intervention3. Integrated and co-ordinated care4. Managing our resources effectively5. Transformational change programmes

2 Vision, Values and Outcomes

Our Vision

Recognising the different needs of vulnerable groups when designing and delivering services and ensuring all adults are able to live the lives they want as well as possible, achieve their potential to live independently and exercise choice over the services they use are key elements of our vision:

“To increase wellbeing and reduce health inequalities across all communities in West Lothian”

Our Values

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



Scottish Government 2020 Vision

“By 2020 everyone is able to live longer healthier lives at home or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission”.

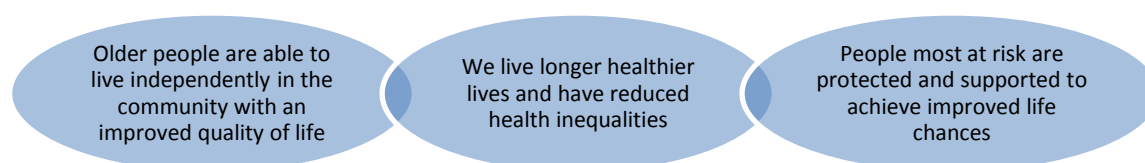
Outcomes

We have developed and designed our Strategic Plan to deliver the nine national health and wellbeing outcomes for integration. These are high-level statements of what health and social care partners are attempting to achieve through integration and improvement across health and social care;

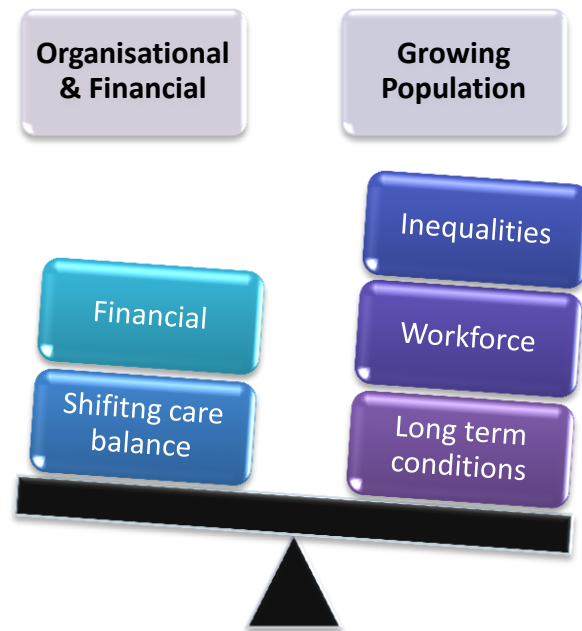
Nine National Health and Wellbeing Outcomes

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

Through delivery of this plan we also aim to meet local outcomes where:



Why Does Health and Social Care Need to Change?



Economic Challenges

Both West Lothian Council and NHS Lothian are facing significant financial challenges over the next five years.

Population Projections

West Lothian's population is growing and is expected to increase by 10,000 over the next 5 years. At the same time, the over 75 years population will increase by 25%. These changes will result in more demand for health and social care services.

Health Inequalities

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

Long Term Conditions and Complex Needs

Over a third of people in West Lothian are living with one or more long term conditions which affects their wellbeing.

Workforce

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

Shifting the Balance of Care

We need to provide more care in the community to reduce avoidable hospital admissions and

support people to return home or to a homely setting as soon as possible.

3 Understanding Our Population's Needs

***This whole section is under review by the analytical team and will be updated with current data**

Locality Planning

We have defined two localities across which health and social care services will be planned and delivered (Figure 5). The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

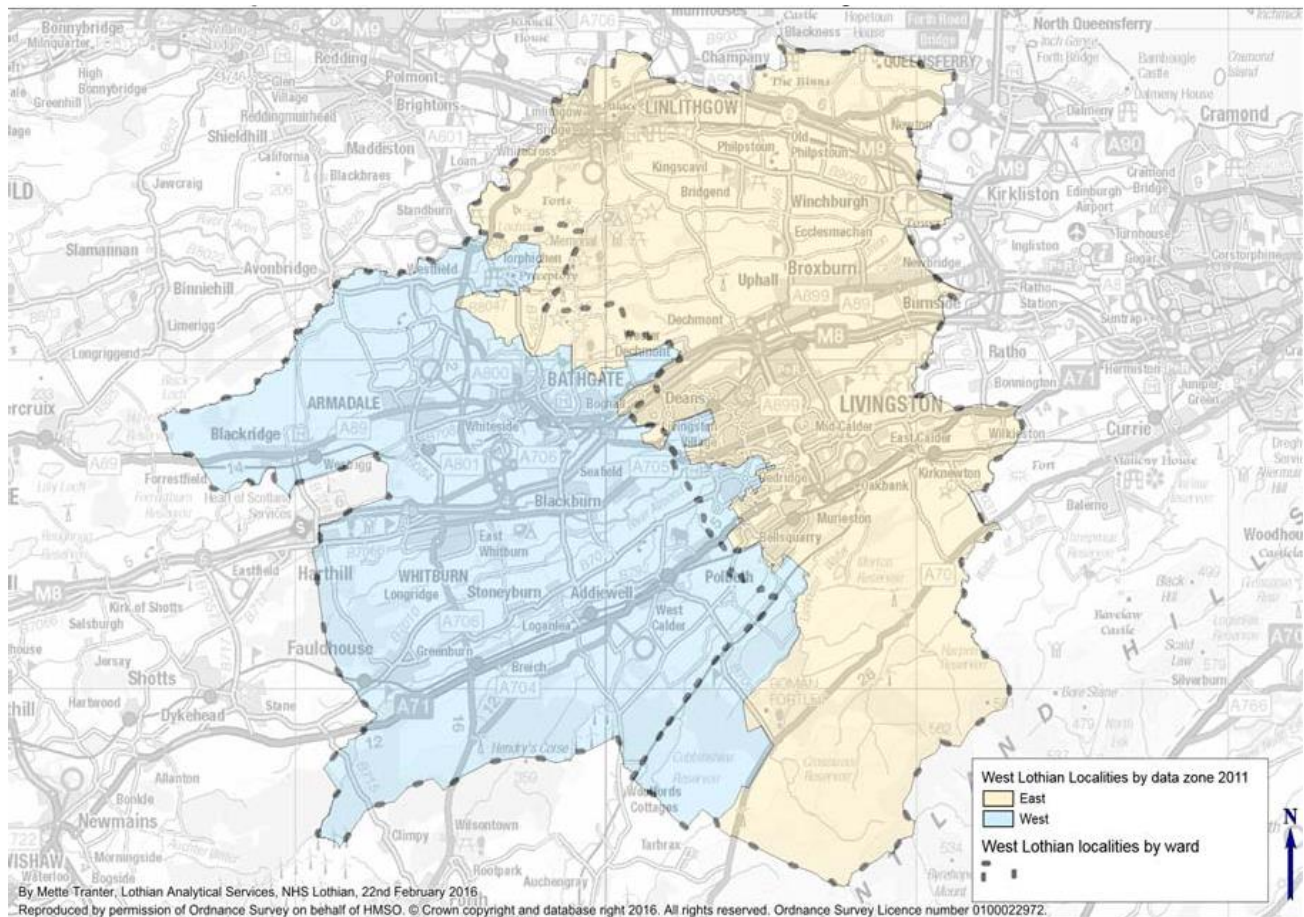


Figure 5: Map of East and West Localities: Lothian Analytical Services 2015: Ordnance Survey, HMSO 2015

The way health and social care services are delivered locally can have a significant impact on addressing the main health and wellbeing challenges. To ensure the quality of localities' involvement in strategic planning Locality Groups will be formed with the direct involvement and leadership of:

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

The views and priorities of the localities will be taken into account in the development of Strategic Commissioning Plans therefore it is essential that strategic and locality level planning work together to create the best working arrangements to enable them to take account of local and deep rooted issues such as inequalities and poverty.

Each Locality Group will develop a locality plan, which will take account of community plans and local regeneration plans within the localities. It is anticipated that locality plans will build upon the insights, experiences and resources in localities to support improvements in local networks, enable development of robust and productive professional relationships and improve health and wellbeing outcomes.

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

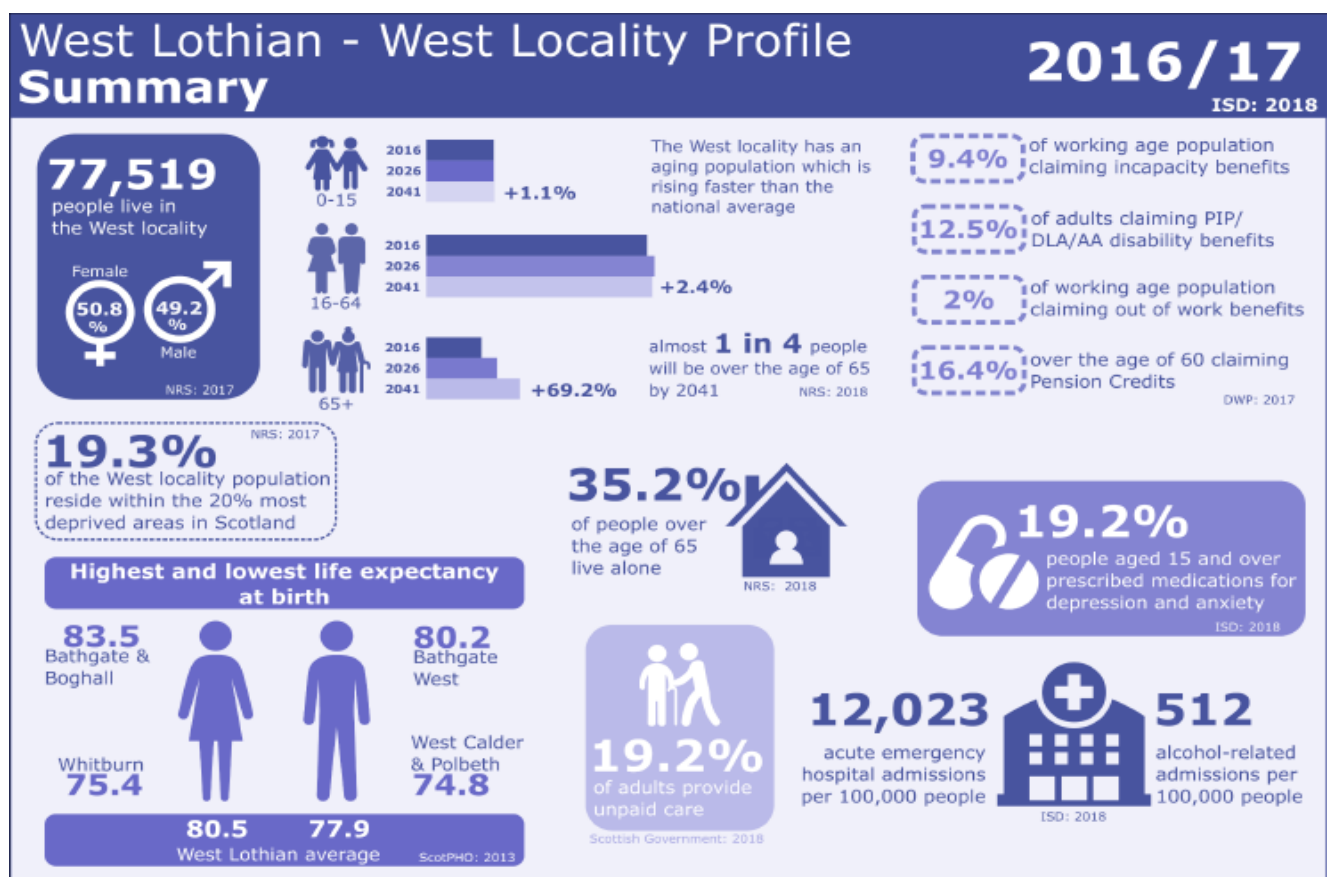


Figure 6a Summary of West Locality Characteristics (NHS Lothian Analytical Services & ISD)

West Lothian - East Locality Profile Summary

2016/17

ISD: 2018

102,611

people live in
the East locality

Female

51.1%

Male

48.9%

NRS: 2017



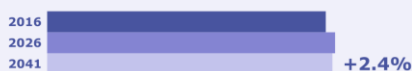
0-15



The East locality has an aging population which is rising faster than the national average



16-64



65+



almost **1 in 4** people will be over the age of 65 by 2041

NRS: 2018

6.7%

of working age population claiming incapacity benefits

10.7%

of adults claiming PIP/ DLA/AA disability benefits

1.5%

of working age population claiming out of work benefits

11.3%

over the age of 60 claiming Pension Credits

DWP: 2017

13.9%

of the East locality population reside within the 20% most deprived areas in Scotland

NRS: 2017

Highest and lowest life expectancy at birth

88.2
Linlithgow North

Livingston (Dedridge East)
76.9



83.0
Knightsridge & Deans North

Craigshill
73.6

80.5 **77.9**
West Lothian average

ScotPHO: 2013

30.2%

of people over the age of 65 live alone



NRS: 2018



Scottish Government: 2018



18%

people aged 15 and over prescribed medications for depression and anxiety

ISD: 2018

10,977

acute emergency hospital admissions per 100,000 people



381

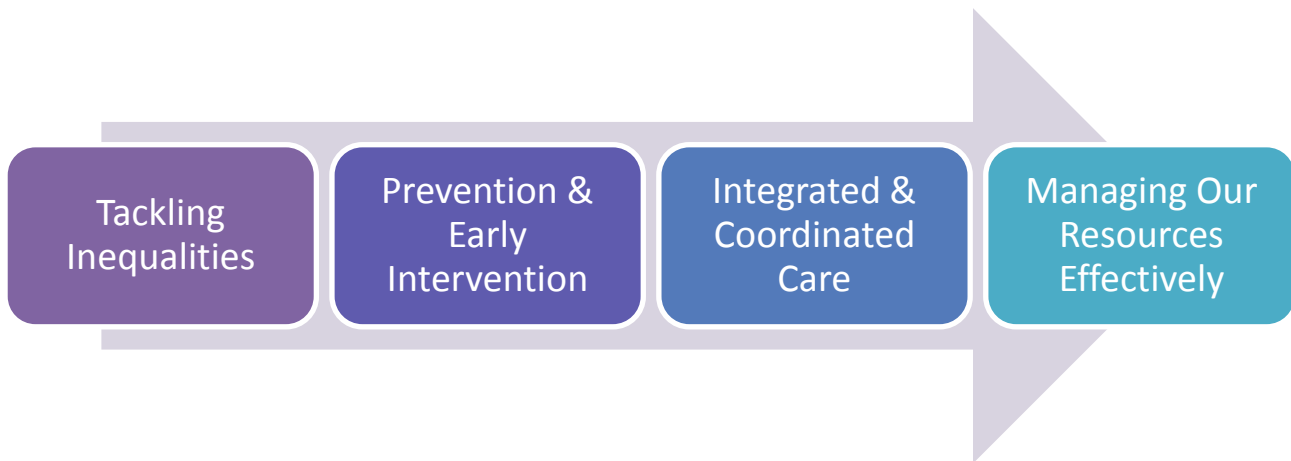
alcohol-related admissions per 100,000 people

ISD: 2018

Figure 6b Summary of East Locality Characteristics (NHS Lothian Analytical Services & ISD)

4 Strategic Priorities

Our plan is focused on achieving a sustainable health and care system for West Lothian. This will require **transformational change** over time in order to improve health and wellbeing outcomes and support the transition to the future model of care. Throughout this process we will ensure our change programmes are well connected and we will establish planning and accountability structures to ensure consistency in delivery of integrated health and social care outcomes.



Tackling Health Inequalities

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

Research highlights the importance of addressing fundamental determinants of health inequalities such as poverty, income, employment, wealth and housing in order to effect change. The IJB will ensure its own services are sensitive to the needs of most disadvantaged groups. At the same time, the IJB will adopt a Health in All Policies approach and work with colleagues to shape policies outside health and social care services that have such a significant impact on health and wellbeing. The new Health and Wellbeing sub-group of the Community Planning Partnership will provide a focus for tackling inequalities and focusing on prevention.

We will work with our partners to reduce the impacts of social circumstances on unfavourable health through:

- ❖ Ensuring services are accessible to all based on need, and barriers to care are addressed.
- ❖ Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups.
- ❖ Supporting services and initiatives to reduce the impacts of inequalities on individuals' and communities' health and well being
- ❖ Working with community planning partners on initiatives to address underlying social inequalities that result in health inequalities.
- ❖ Offering income maximization assistance to families and access to specialist benefits and money advice.

Prevention and Early Intervention

Shifting the focus of services towards prevention of ill health and anticipating need for support at an earlier stage will prevent crises and enable individuals to make better health and well-being decisions and achieve better outcomes.

Offering a greater range of community based health screening and health activities to support people to participate in smoking cessation, healthy weight and alcohol and drug programmes will help to prevent illness.

We will ensure that our approach to supporting people with long term conditions is person centred, anticipatory and that people are supported to self-manage their conditions to stay healthy and more independent for longer. This will include:

- ❖ Improving access to services and care planning to promote early intervention and recovery.
- ❖ Extending the use of new technology such as telehealth/telecare which will allow individuals to monitor their health and link closely with GP practices reducing the need for frequent appointments.
- ❖ Further development of primary health care teams which will transform how day-to-day health care is provided in the community to ensure that people see the right person at the right time.
- ❖ Developing our Housing Contribution Statement so that housing and care provision is planned with foresight about population needs.

Integrated and Co-ordinated Care

Through working with people in their own communities and using our collective resources wisely we can transform how we deliver services. Our focus will be on ensuring we deliver the right care, in the right place, at the right time for each individual so that people are:

- ❖ Assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary
- ❖ Discharged from hospital as soon as possible with support to recover and regain their independence at home and experience a smooth transition between services
- ❖ Safe and protected and have their care and support reviewed regularly to ensure these remain appropriate
- ❖ Actively involved in decisions about how their health and social care needs should be met through placing 'good conversations' at the centre of our engagement with them

This will include improving use of technology to support people at home; sharing information with other professionals to reduce duplication and developing models of care that support personalization, choice, independence and inclusion to enable people to lead fulfilled lives and have more control of their care and support.

Managing our resources effectively

We aim to make the best use of our shared resources by working with our partners, communities, and with individuals and their carers to inform where and how our services are delivered and consider if we can achieve this in a more efficient way.

To improve patient experience, reduce waiting times and ensure people get faster access to the treatment they need, we will signpost people to the most appropriate resource to meet their needs and enable them to directly access a range of services without the need to go through their GP wherever possible. We are engaging with stakeholders and communities to help develop Locality Plans for the East and West of West Lothian. These plans will take account of different needs in the two Localities and aim to make the best use of our existing assets and resources.

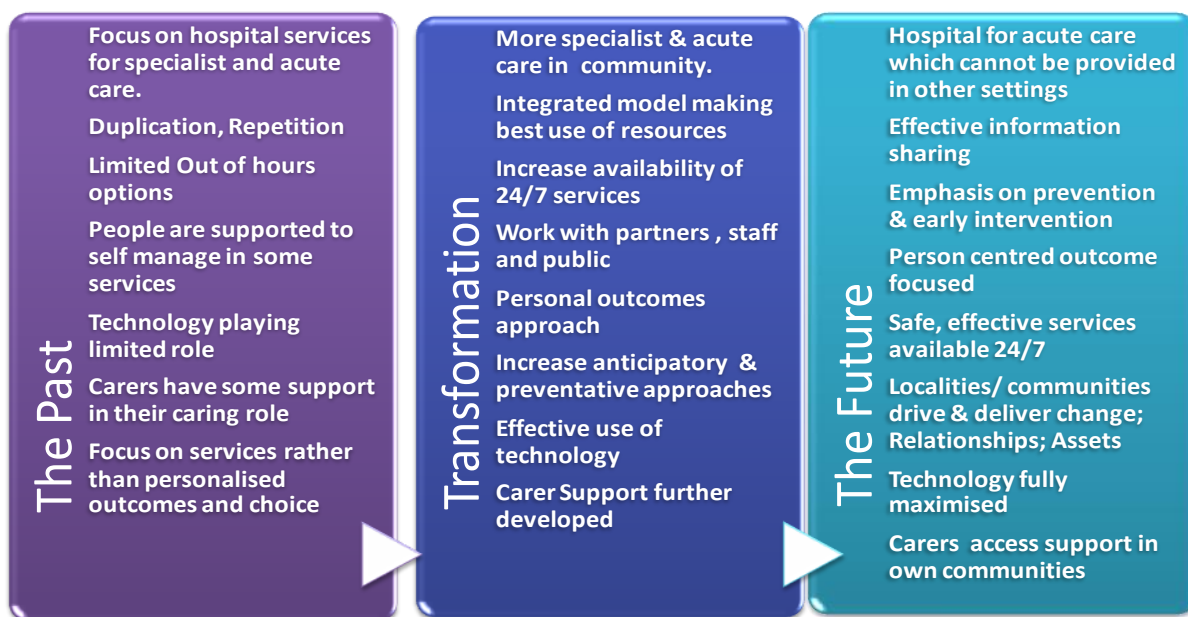
Our workforce are critical to the effective delivery of health and social care and we will ensure they are fully engaged and able to contribute to the design and delivery of health and social care integration and have the knowledge and skills to respond to the changes we envisage.

The next section sets out how we intend to do this.

5 Transforming Health and Social Care

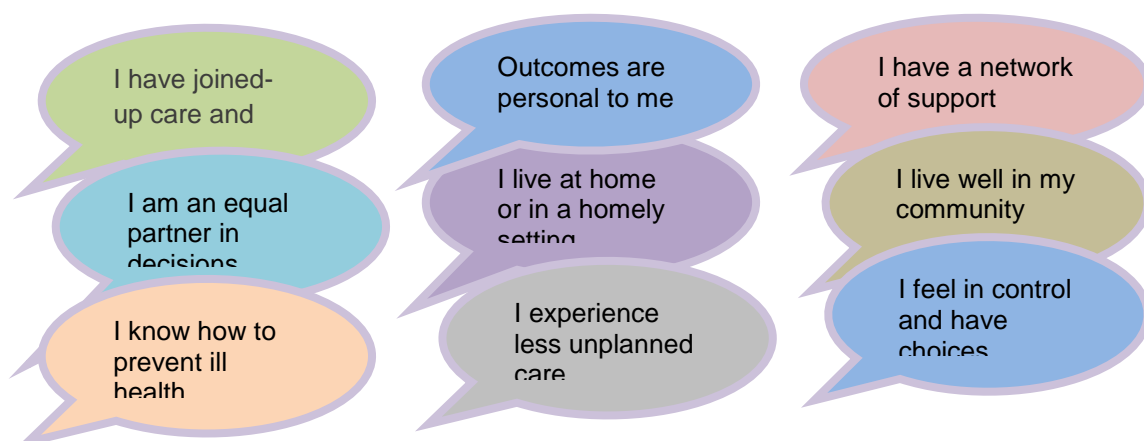
Strategic Commissioning

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



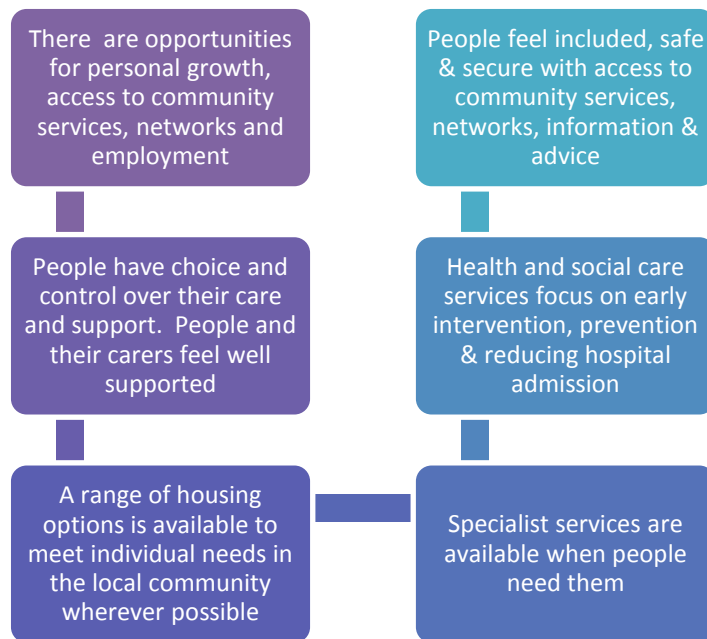
The changes in our population require a different type of health and social care system, one that is modelled on supporting people to live independently in the community. Therefore the real added value of strategic commissioning will be in our ability to shift resources from the traditional models of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

We aim for people to say:



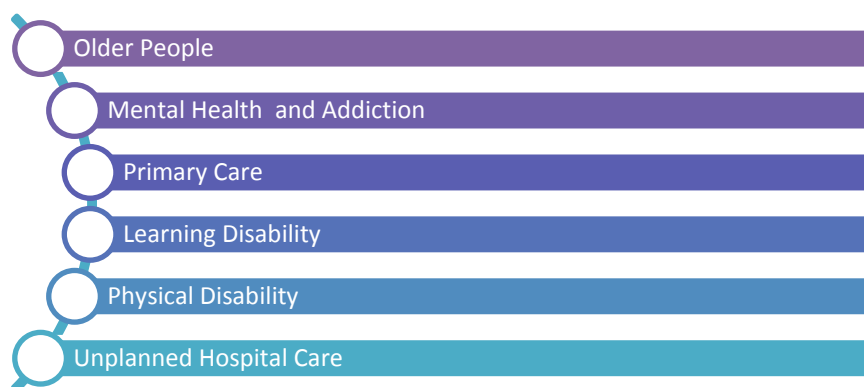
How will we do it?

The programmes of change for people in West Lothian are based on the principle that people have the opportunity to live independently within local communities, with a range of supports available locally to prevent problems arising and manage challenges if they occur. Major programmes of modernisation and redesign are underway for a range of services which involve shifting the balance of care from hospital to community settings and the development of local services to allow people to access care, support and treatment within the West Lothian Health and Social Care Partnership where possible.



Areas of Transformational Change

The main areas of transformational change are outlined below. Each area will be supported by a strategic commissioning plan which will set out the transformational change programmes in more detail and how resources will be used to deliver services across West Lothian

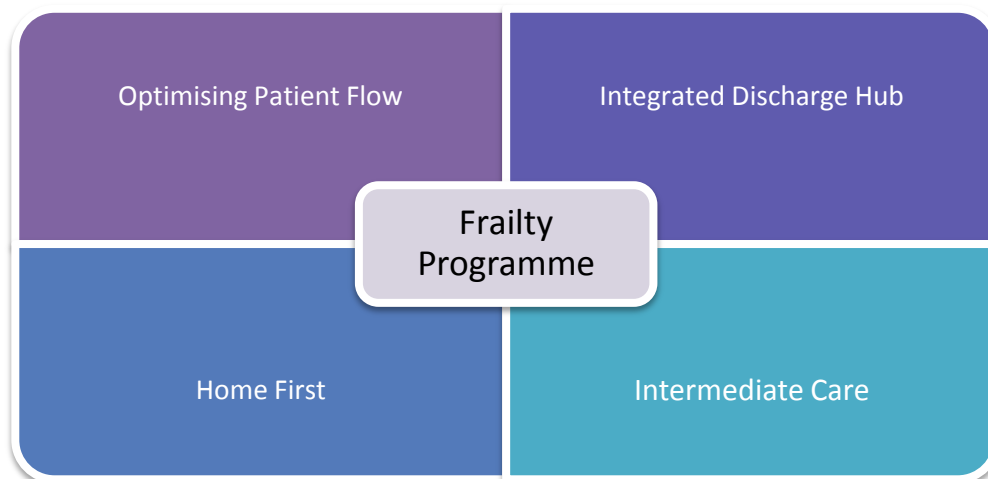


Older People

The population of frail elderly people is expected to increase over the next 5 years along with a projected increase in the over 75 years population. This will increase demand across the whole health and social care system. The Frailty Programme has been refreshed to ensure that care is provided in the most appropriate setting be that in hospital, at home or through our community services.

Wherever possible people will have their care delivered within the community and when admission to hospital is required this will be actively managed to promote recovery and enable discharge home as soon as possible.

The Frailty Programme aims to develop a care pathway which will improve outcomes for older people in West Lothian by joining up services across health and social care. There are four main aspects to the programme:

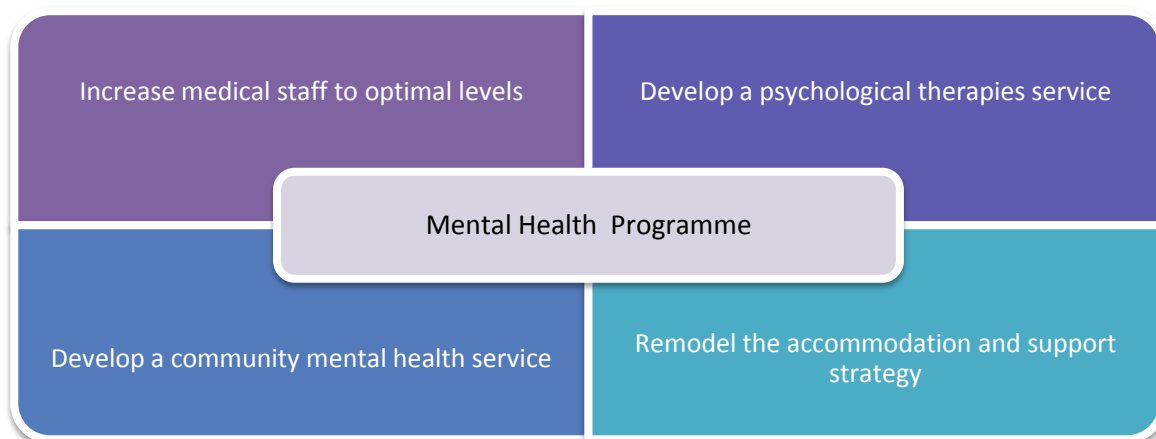


Mental Health

The Scottish Government published the new ten year Mental Health Strategy in March 2017, and see it as the centrepiece for the Government's focus on improving Mental Health. The Strategy contains 40 specific actions. Each action is intended to tackle a specific issue and, in this way, the Strategy will make a positive and meaningful difference to people with mental health issues.

Mental health services with a focus on avoiding admission to hospital, supporting discharge from acute care and maintaining patients in the community are experiencing increasing demand and changing clinical need. This will be represented in a tiered approach which will encompass Community Mental Health Hubs in Tier 1 through to in-patient services in Tier 4.

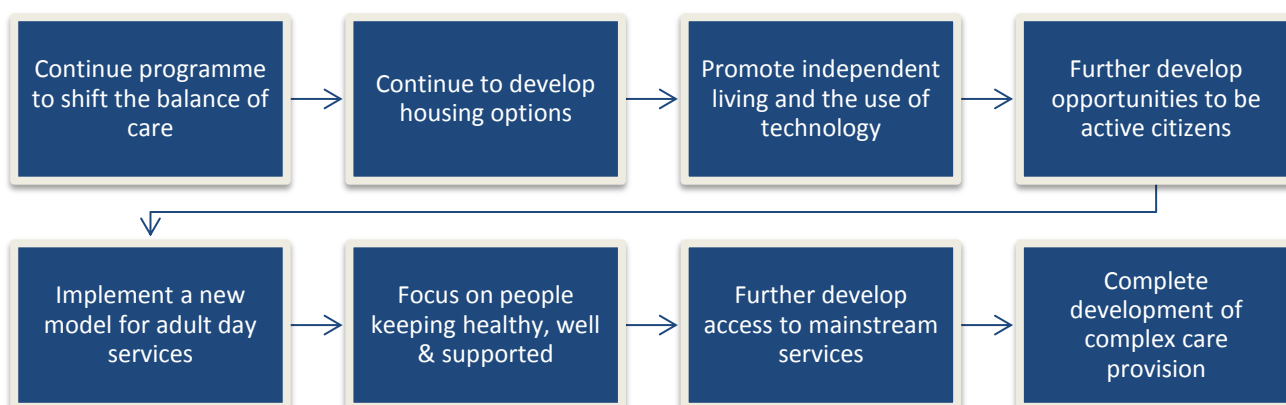
A Mental Health Redesign Programme in West Lothian has sought to develop a service model which moves towards a more preventative, assessment and outcomes focus for service users with an emphasis on caring for people in their own homes and communities whilst providing safe in-patient care for those who need it. The Mental Health Redesign Programme has 4 main elements:



Learning Disability

The Scottish Government published a national strategy for learning disability in 2013 which provides the basis for developing our services in West Lothian. The main focus of the 10 year strategy is on improving the health inequalities which exist for people with a learning disabilities. The strategy also promotes community living and improved quality of life through greater choices for people. Our aim is for people with a learning disability to be included in society and live life as equal citizens. Four strategic outcomes were identified:

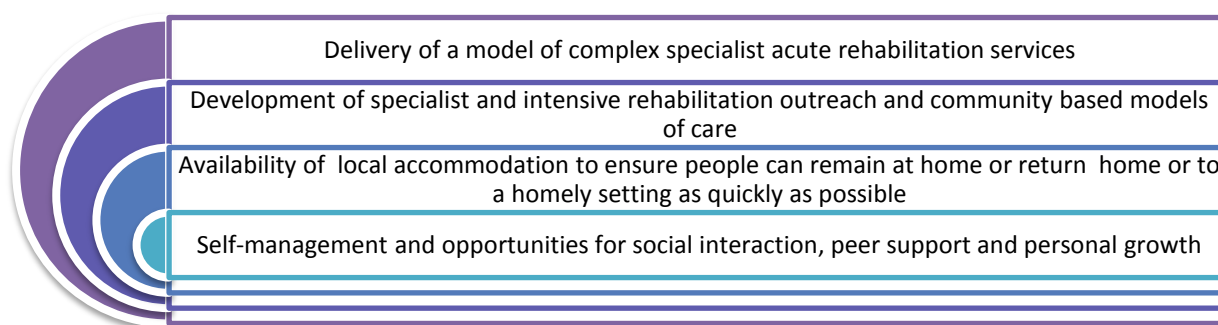
- ❖ **A Healthy Life:** People with learning disabilities enjoy the highest attainable standard of living, health and family life;
- ❖ **Choice and Control:** People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse;
- ❖ **Independence:** people with learning disabilities are able to live independently in the community with equal access to all aspects of society; and
- ❖ **Active Citizenship:** People with learning disabilities are able to participate in all aspects of community and society.



Physical Disability

A programme of change for people with physical disabilities will be based on the principle that people have the opportunity to live independently within local communities, with partners working to develop a range of supports which enable people and their families to set and achieve rehabilitation goals. Our approach will draw on the ambitions set out by the Scottish Government' in 'A Fairer Scotland for Disabled People'.

The Scottish Government and NHS Lothian is working in partnership to deliver a major programme of redesign at the Royal Edinburgh Hospital. The programme will provide an opportunity to develop community focused services which are more streamlined and better integrated. Planning with focus on key areas such as:



Primary Care

In recent years general Practices have been under significant pressure due to increasing volume and complexity of workload and challenging workforce availability. In 2018 a new General Medical Services Contract has been agreed which aims to stabilize and develop Primary Care Services and create a sound basis for the future. The Contract identifies seven key areas for change.



2018 General Medical Services Contract Areas for Change

Implementation of the contract is focused firmly on the needs of General Practice as well as the wider Primary Care community to ensure that plans are robust and geared towards the needs of GPs and their patients. Implementation of the contract will take place over three years from April 2018 and is underpinned with a Primary Care Improvement Plan. The plan describes a broad range of development activities aimed at stabilizing and supporting General Practice to ensure provision of sustainable patient centered care over the coming years. By supporting all practices and taking a collaborative approach to make progress in a consistent way we aim to strengthen our service and provide consistent and sustainable services.

Out of Hours Primary Care Provision

Out of Hours (OOH) Urgent Primary Care Services are provided in West Lothian by Lothian Unscheduled Care Service (LUCS). LUCS is a Lothian-wide service delivering these services on behalf of local primary care in West Lothian. Patients who need care can access LUCS through NHS24.

The service is provided during the times when GP practices are closed. Services operate out of the Outpatients Department at St John's Hospital where patients can be seen. In addition to this, LUCS also provides home visiting and telephone support and care to patients in West Lothian where that is required.

Throughout Scotland, OOH primary care services are seeking to implement the recommendations of a National Review, known as the 'Ritchie Review'. These recommendations include being able to provide more coordinated and supportive care for patients through the creation of Urgent Care Resource Hubs. Such Hubs would be able to coordinate care in the OOH period across a more diverse range of services than is currently available.

Within Lothian, work is advancing to develop plans that will support the Review's recommendations. Forthcoming tests aim to bring other clinical professions into OOH working in a way not seen before. This includes pharmacy and psychiatric nursing services. It is expected these tests will mean more services are available to patients in West Lothian during the OOH period.

LUCS has experienced the same pressures as day time General Practice in recruiting and retaining staff. Similarly to day time services this has led to some restrictions in access to services. In West Lothian it has sometimes been difficult to fully staff the Out of Hours base at St John's Hospital, although West Lothian residents have always been able to access the service at other bases and home visits have been maintained. The frequency of these difficulties has been increasing over the last year.

West Lothian IJB will work with LUCS to improve the situation and maintain access to Primary Care out of hours locally in West Lothian through supporting the developments above both financially and operationally and through working with West Lothian GPs to increase support for the service.

Unplanned Hospital Care

Unplanned hospital care and treatment is often required as a result of an emergency or urgent event. Most of the focus on unplanned care is on accident and emergency attendances, and emergency admissions to hospital. The Scottish Government has made unplanned care an important area of focus for the health service in Scotland, with key targets to reduce waiting times in Accident and Emergency Services and reduce the number of emergency admissions. While the overall direction is to shift the balance of care from acute to community services it is necessary to ensure that appropriate pathways and processes are in place across the health care system to ensure timely access and delivery of equitable and consistent services.

St John's Hospital is one of NHS Lothian's four major hospital sites and provides the majority of unplanned hospital care services for the residents of West Lothian. The IJB has a key role in the governance, planning and resourcing of these services.

It has been recognized that the current footprint of the Emergency Department and layout of the acute receiving wards are contributing to prolonged waiting times and delays in treatment and transfers of care.

The IJB is committed to working with NHS Lothian and key stakeholders in the redesign of services at St John's Hospital to improve access and performance and to promote safe and effective care pathways for unplanned care across the whole primary, community, acute and social care system.

Supporting Developments

There are other areas of development which underpin the transformational change programmes including Palliative Care, Addictions and Carer Support

Palliative Care

As well as wanting people in West Lothian to live well, we want to help people to receive the right care in the right place at the end of their life. To do this we will:

- ❖ Better identify those who are reaching the end of their life
- ❖ Identify where a person is best cared for; at home or somewhere else
- ❖ Have a safe place for people to receive care at the end of their life when staying at home isn't an option
- ❖ Ensure that wherever possible, people spend the last 6 months of their life at home or in a community setting

- ❖ Support a joined-up approach to Anticipatory Care Planning to ensure that the wishes of patients and their families in relation to end of life care are respected.

Anticipatory Care Planning involves discussing and recording a person's goals and wishes so that in the event of a gradual or sudden decline, those providing care have clear guidance on what that person wishes to happen. This needs to be supported by systems to allow those caring for the person to access those wishes in an emergency and be empowered to respect those wishes. This allows those people who do not want to be admitted to hospital for medical intervention to stay at home or in their community instead and be kept comfortable by treating them for symptoms only, if that is their wish.

Addiction Services

The West Lothian Alcohol and Drug Partnership (WLADP) is a multi-agency partnership with strategic responsibility for:

- ❖ Coordinating actions to address local issues with alcohol and drugs
- ❖ Commissioning substance misuse services.

West Lothian ADP has an investment plan which focuses on improving outcomes in the following areas:

- ❖ Access to timely treatment;
- ❖ Reduction in drug deaths.

Change within addition services will be delivered via a strategic commissioning plan which will identify areas for development and how resources will be invested.

Supporting Carers

Carers play a vital role in society and there is a long history in West Lothian of working in partnership with unpaid carers. It is important that carers are recognised as equal partners in planning and decision making and that they are supported not only to fulfil their caring role but also to lead a good life beyond their caring responsibilities.

Good progress has been made with the implementation of the Carers (Scotland) Act 2016 which came into effect in April 2018. Going forward there will be focus on early intervention and prevention to ensure that carers have access to high quality information, advice and supports, including breaks from caring when they need it.

The West Lothian Carers Strategy will be refreshed to ensure progress continues to be made and will identify the key priorities for supporting carers in the future.

Hosted Services

Each IJB in Lothian hosts or manages a range of services provided on a pan Lothian basis on behalf of the other IJBs. We will actively work with NHS Lothian and our neighbouring IJBs to ensure the right services are developed and delivered for people in West Lothian. West Lothian hosts Oral Health, Psychological Services and Podiatry.

Commissioned Services

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

Delivery of care and support at home and care home services plays an essential role in the effective delivery of a whole system approach to transformational change. Commissioning plans will set out how we will work with commissioned services. In addition, the IJB's Market Facilitation Plan sets out how we will engage with our providers of health and social care to support market development and facilitate change in key areas of commissioning. .

Workforce Planning

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

6 Financial Framework

Medium-Term Financial Planning

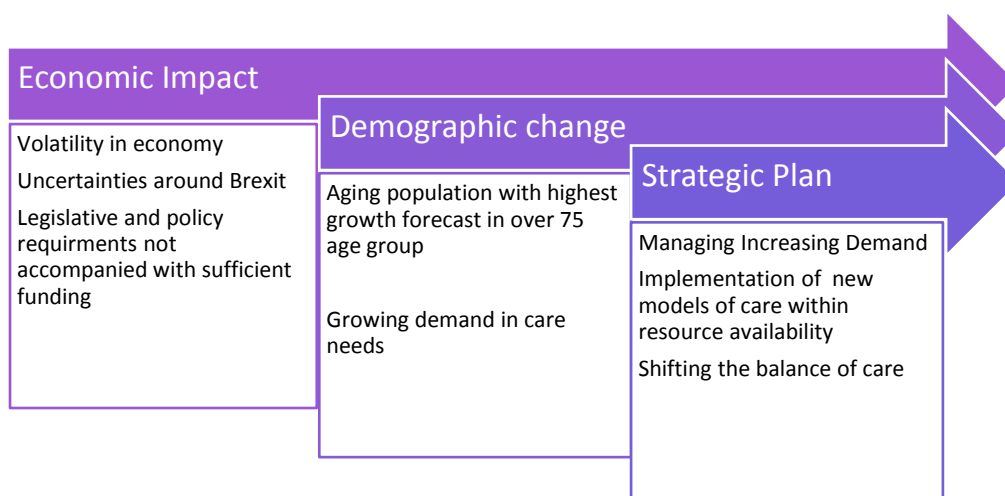
In line with best practice guidance from Audit Scotland, Accounts Commission and the Chartered Institute of Public Finance and Accountability (CIPFA), the IJB has an approved approach to medium term financial planning and developed a five year plan over the period 2018/19 to 2022/23. The IJB's medium term financial plan (MTFP) has been developed on a collaborative basis with partners at West Lothian Council and NHS Lothian.

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

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

Both partner organisations have complex financial and funding arrangements which remain uncertain over the medium to long term. Consequently, the forecast of a longer term financial plan to match the transformational change programmes outlined in this document is challenging and requires to be monitored and updated on a regular basis to take account of changing circumstances and events. This section seeks to set out the financial position of the IJB which will be used as a basis of helping inform resource availability in relation to the delivery of this Strategic Plan.

Medium-term financial planning is not without risk, as summarised below:



Updated IJB Five Year Financial Plan

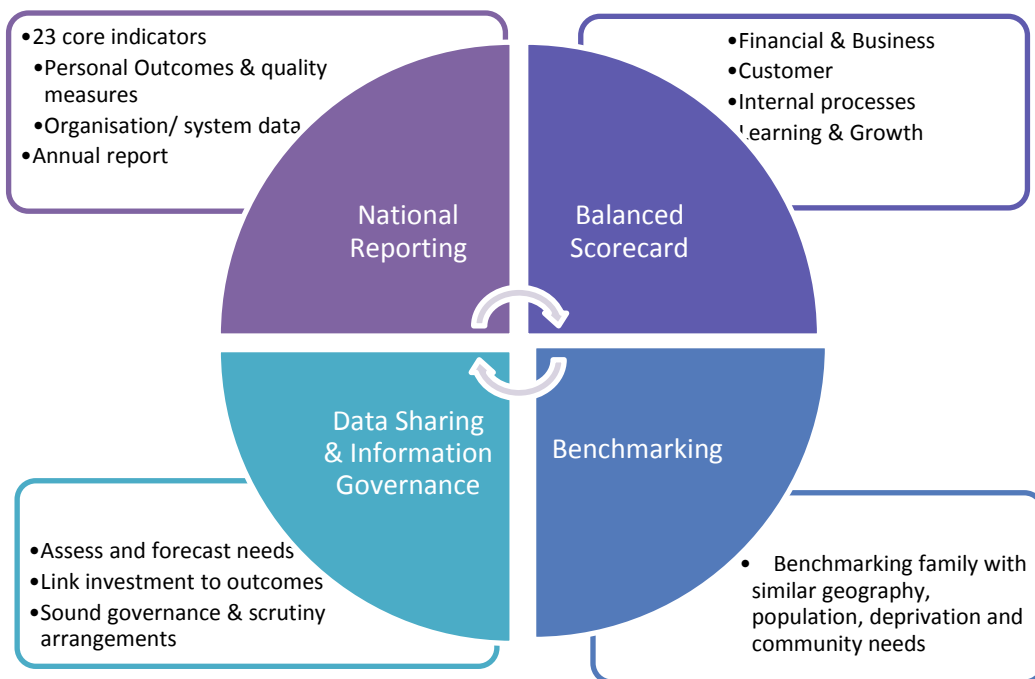
The IJB's MTFP has been updated to take account of the 2019/20 Scottish Budget and the Scottish Government Medium Term Financial Framework. In line with the Board's agreed approach to IJB financial planning, budget plans have and continue to be developed across health and social care functions and officers supporting the IJB are at the forefront of ensuring overall health and social care considerations are taken into account in ensuring there is a collaborative approach to IJB and partner financial planning. This should importantly help ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, council and Health Board.

The indicative IJB five year financial plan is summarised below.

***Table to be added – currently being updated**

7 Monitoring Performance

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

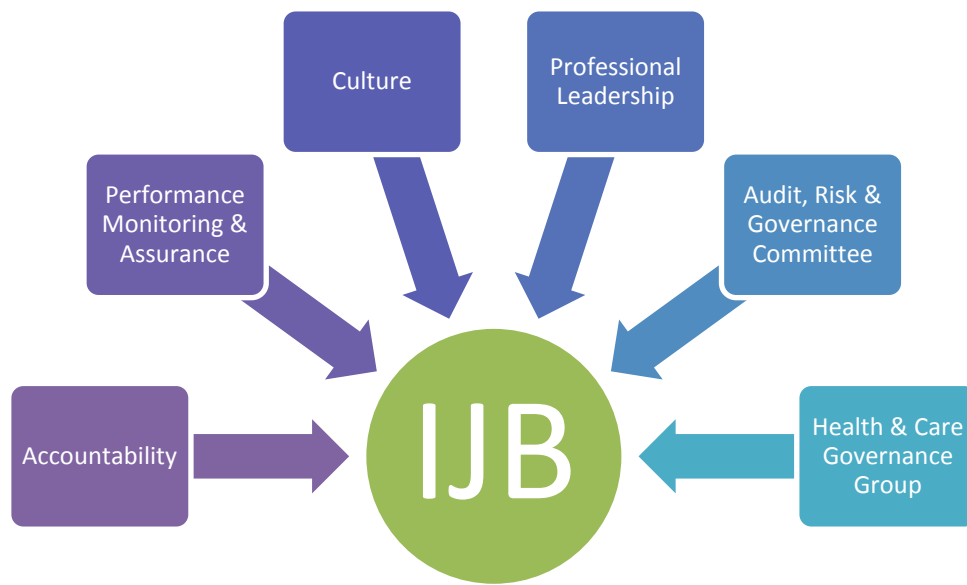


We will continue to develop local measures to provide a broader picture of local performance and link our performance framework to strategic commissioning plans. This will ensure that we have appropriate arrangements in place for measuring progress against our strategic priorities.

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

8 Clinical and Care Governance

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



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

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

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

West Lothian IJB

Strategic Plan 2019/23

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April 2019

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Appendix 1: Draft Housing Contribution Statement

***Housing Services will continue to review**

1.0 Introduction

This housing contribution statement builds on the previous two statements. The purpose of this statement is to explain the way in which housing and related services in West Lothian support improvement in health and social care outcomes.

The approach to specialist housing provision is to ensure that people live in accommodation that most closely meets their needs. For most people, this will mean living in their own homes with support provided in accordance with their assessed needs. For a fewer number of people, subject to assessment, they will be housed in specialist accommodation with high levels of housing support. Enabling people to live independently when they are able is a key objective of the approach to housing in West Lothian.

1.1.Strategic Links

The key housing strategies and plans that inform the Housing Contribution Statement are the Local Housing Strategy, the Rapid Rehousing Transition Plan and the Strategic Housing Investment Plan.



There are also important links with Commissioning Plans for each of the client groups in relation to the need for housing and housing support. The Housing Contribution Statement is also informed by The West Lothian Local Outcomes Improvement Plan which sets out West Lothian Community Planning Partnership's long term vision for West Lothian. It sets out the local outcomes the CPP will prioritise and how the CPP will deliver on these.

The Housing Contribution Statement also has links to the Anti-Poverty Strategy. There are a number of housing related activities that aim to mitigate the effects of poverty. These include;

- Measures to address fuel poverty including funding to support insulation to housing
- Income maximisation measures through the advice shop
- Employability projects

Finally, the Housing Contribution Statement is developed within the context of "Transforming Your Council" objectives that set out the way in which council services are delivered to ensure that those in greatest need obtain the support they require.

1.2 Consultation

Consultation on this statement will be undertaken. This will include RSL partners, Voluntary Sector partners through the Joint Strategy Group for Homelessness and the Tenants' Panel.

1.3 Aims of the Strategic Plan in the Housing Context

The aims of the Strategic Plan (noted below) can be assisted by housing solutions.

- More care and support is delivered at home rather than in a hospital or other institutions
- Care is person centred with focus on the whole person and not just a problem or condition.
- There is more joined up working across professions and agencies
- Citizens, communities and staff involved in providing health and social care services will have a greater say in how services are planned and delivered.

2.0 Housing Need and Demand

There has been an increase in recent years in the number of homeless presentations. There were 1530 homeless presentations in 2017/18, an increase of 166 from the previous year. At January 2019 there were 8,135 households on the waiting list for homes in West Lothian.

Both of the IJB localities have an ageing population which is rising faster than the national average.

Further pressures arise in relation to the following needs

- Hospital closures
- Reconfiguration of specialist provision
- Provision for young people
- Provision for older people
- Housing provision for people with bariatric conditions



A model of specialist provision and the journey between the sectors for clients has been developed in conjunction with Social Policy (Diagram 1). The majority of people will remain in their own homes with support but for some they may require more intensive support at times of crisis or as an ongoing requirement. Where possible, the objective is to enable people to live as independently as possible and so a spectrum of accommodation, care and support is planned to ensure people's needs are met.

3.0 Health and Homelessness

The links between poor health and homelessness are well documented. The National Health and Homeless standards were published in 2005 and are designed to assist NHS Boards to continuously improve their service to homeless people and those at risk of homelessness.

<https://www2.gov.scot/Publications/2005/03/20774/53766>

The standards recognised that poor health is not only a consequence of homelessness but can also help to precipitate it with there being greater risk of premature death and morbidity amongst the homeless population than the population at large. It should be recognised that health problems are not confined to those sleeping rough. People living in temporary accommodation, with friends or in hostels have little stability, often having to share kitchens and bathrooms with little privacy or security.

A comprehensive study was undertaken in 2017/18 to understand the links between ill health and homelessness. (Health and Homelessness in Scotland, June 2018, Dr Andrew Waugh <https://www.gov.scot/publications/health-homelessness-scotland/>)

The study highlighted that there is a correlation between increasing interactions with health services immediately preceding a homeless crisis, with the peak of interactions being around the time of homeless assessment and then as the household achieves settled accommodation health interactions decrease again however some remained at a higher level than previously.

The council has recently agreed to take part in a project with the Information Services Division (ISD) part of NHS Scotland, to collect homelessness data and link it with existing Health and Social Care data. This work will help inform the key areas of work required to be taken forward in relation to homelessness, health and social care.

4.0 The Rapid Rehousing Transition Plan

4.1.1 Rapid re-housing is a new strategic policy objective to reduce homelessness and rough sleeping. The key principles are:

- Providing settled, mainstream housing as quickly as possible;
- Preventing homelessness through further shift to prevention using more extensive housing options in West Lothian, early intervention approaches and review of the council's current Allocations Policy;
- Reducing time spent in temporary accommodation by creating better flow through the system with the fewer the transitions the better;
- Transforming temporary accommodation with the optimum type being mainstream, furnished within a community;
- For people with complex need which are beyond a housing response, the Housing First model should be the first response or highly specialised provision where Housing First is not suitable.

The Rapid Rehousing Transition Plan identifies the gaps in the supply of affordable housing against demand as well as the support required to transition to rapid rehousing. This will be achieved through a partnership vision of "Working Together" which includes West Lothian Council, West Lothian IJB, registered Social Landlords and the voluntary sector. (Link to RRTP).

Summary of Homeless Position 2017/18

1,530 total homeless applicants in West Lothian in the year.
1,165 households where West Lothian Council has a duty to provide settled accommodation
1,061 homeless open case with a duty to house as of 31st March 2018
165 households sleeping rough at least once in the last 3 months
57 households are likely to have multiple and complex support needs and 5 households are likely to require specialist accommodation provision.

4.1.2 The main issues for West Lothian in relation to homelessness are;

- Increasing homeless presentations and use of bed and breakfast accommodation
- Insufficient housing supply
- High levels of youth homelessness

4.1.3 Key RRTP Actions

- Increase focus on early intervention, prevention and housing options to stop homelessness happening in the first place.

- Improving access to affordable housing options and reducing lengths of stay in temporary accommodation by improving flow through the system diverting away from the use of Bed and Breakfast accommodation.
- To ensure where homelessness does occur that housing options are focused on enabling households to navigate through the system as quickly as possible.
- Implement actions required to ensure people have access to the required levels of support.

These actions will be taken forward through the four RRTP workstreams of,

- Early intervention/Prevention and Housing Options,
- Supply and Temporary Accommodation,
- Support and Supported Accommodation,
- Health and Wellbeing.

A review of the Housing Allocations Policy will be undertaken to dovetail with the RRTP in terms of ensuring compliance with the plan and ability to move people that are homeless through the system quickly in order to obtain a permanent let.

4.1.4 RRTP High Level Actions Linked to Health and Social Care Integration

The RRTP includes a high level action plan, a number of these actions link directly with Health and Social Care outcomes and require a collaborative approach;

- Develop and implement a “moving on model” for young people leaving care and young people at risk of homelessness
- Review hospital discharged delay protocols
- Review Health and Homeless service and implement changes
- Complete project with ISD to collate and align homeless data with health and social care data
- Review and update Health and Homelessness Standards for homeless people accessing health services
- Expand existing and develop new Housing First models to meet individual client group including Addictions, Domestic Abuse and Mental Health.
- Quantify the residential accommodation requirements for adults where housing the community would be suitable.
- Review the current domestic abuse refuge provision
- Review all homeless cases estimated as needing “medium” support against the new social care eligibility criteria to quantify gaps in provision.

4.1.5 Support for People at risk of Homelessness

It is important to note the contribution of both RSLs and the voluntary sector in relation to support for people who are Homeless. Almond Housing Association has been working with the Rock Trust to provide a range of housing options for people at risk of homelessness.

5.0 Providing New Homes

A housing supply target of 3,000 new affordable homes between 2017-2022 was identified in the West Lothian Local Housing Strategy.

The focus in recent years has been on the council new build programme with completions of 529 homes between 2014/15 and 2018/19. RSLs have provided 178 homes between 2014/15 and December 2018.

A future programme of 250 new build council homes has been agreed and sites have been identified. A number of bungalows and cottage flats will be built.

RSLs and the council will work together to provide more affordable housing through the Homes for West Lothian Partnership. This will include specialist housing provision including properties for older people.

In recent years, the council has developed many of its own sites to contribute to increasing the supply of affordable housing. There is now a need for greater coordination with other public sector bodies such as the NHS to ensure that where sites are suitable for affordable housing they can be brought forward within a reasonable timescale.

5.1 Housing for People with Physical Disability

To ensure that the new council housing meets a range of needs, bungalows have been constructed. Since 2012, 46 wheelchair homes have been built and a further 69 are to be completed.

In 2017 two new homes for wheelchair users were provided in Stoneyburn by Horizon Housing Association. They also provided four homes with wet floor showers.

In the current Strategic Housing Investment Plan, RSLs have identified 83 homes that could be suitable for wheelchair users. This would be subject to funding being made available.

5.1.1 Adaptations

Changes have recently been made to the way in which adaptations are provided in West Lothian. This service involves an assessment of needs and where it is appropriate, provides equipment and adaptations to improve levels of ability and to promote a safer environment. This enables children, adults and older people with physical, mental and/or learning disabilities to be as independent as possible in their own home. A Community Occupational Therapist from the Council can visit you in your home to carry out this assessment.

	Council House Adaptations		Adaptations to homes in other tenures	
	Number of Adaptations	Expenditure	Number of Adaptations	Expenditure
2016/17	720	£374,666.00	1689	£407,440.18
2017/18	641	£373,685.60	1345	£388,983.64

5.2 Older People

In 2016/17 new build council housing for older people was developed at Rosemount Gardens and Rosemount Court. The development consists of self-contained one and two bedroom flats

with communal facilities. The Assisted Living model of care and support operates at this development.

There has also been a development for older people at West Main Street, Broxburn.

Some RSLs have changed the model of care in their developments.

Types of provision

- Sheltered housing (WLC)
- Assisted Living (WLC)
- Retirement Housing (provided by RSLs)
- Housing with Care (WLC)

In the current Strategic Housing Investment Plan 2019-2024, RSLs identified sites for 116 homes that could be suitable for older people. This is subject to the availability of funding and sites coming forward.

A capacity plan for older people requires to be developed so that we can fully understand housing requirements over the next 10 years and make appropriate plans and investment decisions.

5.3 People with Learning Disability

In keeping with the principles of independent living, the aim is for most people with learning disability to live in their own homes or in a homely setting. For some people, they will require more intensive support. Recent developments include Core & Cluster housing for people who are able to live in mainstream housing with support as well as proposals for a complex care unit for people who require more intensive support and care.

5.3.1 Core and Cluster Housing

Core and cluster housing has been provided for people with learning disability as part of the new build council housing programme. This enables people to live in a homely setting with support. A further development of this type is planned.

5.3.2 Complex Care Unit

A development of 16 homes is planned for people with complex care needs. This will enable some people to move from a hospital setting to suitable housing that meets their needs. A site has been identified and the aim is to complete the development in 2021.

5.4 Young People

Develop and implement a “moving on model” for young people leaving care and young people at risk of homelessness. Site options for this provision are currently being examined and assessed.

5.5 Mental Health –

A reconfiguration of current supply and support arrangements for people with mental health issues is underway. This will link to the RRTP action to expand and develop a new Housing First model to meet client’s needs.

5.6 Substance misuse –

As key action included in the RRTP is to expand existing and develop new Housing First models to meet individual client group including Addictions, Domestic Abuse and Mental Health.

Appendix 1

Specialist Housing Provision/Services completed since Housing Contribution Statement in 2016.

Client Group	Action	Lead Organisation	Number of Units	Year of Completion
Older People	Specialist Housing Provision	WLC	48	2016
Physical Disability	Wheelchair Housing	WLC	46	2016 -2018
	Wheelchair Housing	Horizon Housing Association	2	2017
	New build housing with wet floor showers	WLC		2016-2018
		Horizon Housing Association	4	2017
	Adaptations	WLC	1361	2016 & 2017
		Other Tenures	3034	2016 & 2017

Appendix 2 – Future Resource Requirements

Client Group	Additional Accommodation	Additional Support Requirements	Priority	Capital and Revenue Resources
Homeless People	<p>Increase affordable housing supply by RSLs and the council.</p> <p>Increase % lets to homeless households by RSLs.</p> <p>Develop a partnership approach with local lettings agents and individual landlords.</p>	New support process to be put in place for those at risk of homelessness		
		Models of low level support to be explored.		
		Review homeless cases as needing medium support against the new social care eligibility criteria to quantify gaps in provision		
Residential Care	Quantify the residential accommodation requirements for adults where housing in the community would not be suitable.			
Learning Disability	Core & Cluster Reconfiguration of existing accommodation			
Mental Health	Core & Cluster			

	Reconfiguration of existing accommodation			
Older People	TBC – in line with findings of Capacity Plan			
People with physical disabilities	TBC			
People with Addictions	Develop a housing first project for people with addictions	Support required for this provision through the RRTP		
Young People	Accommodation for 12 young people to be developed	Associated support required for Young People		
Criminal Justice				
Domestic Abuse	TBC			
Refugee Provision				
Adaptations		Maintain current levels of expenditure over the next 5 years.		

Appendix 2: Supporting Plans and Strategies

Health and Social Care Delivery Plan

The Health and Social Care Delivery Plan set out a framework for the delivery of services, bringing together the National Clinical Strategy and the Scottish Government's key reform programmes, such as Health and Social Care Integration. Its aim is to ensure that Scotland provides a high quality service, with a focus on prevention, early intervention and supported self-management, and if people need hospital services, they are seen on a day case basis where appropriate, or discharged as soon as possible.

Public Health

Our plan also takes cognisance of the Public Health Priorities published in June 2018. With our partners in the Community Planning Partnership, we recognise our part in supporting prevention and early intervention in relation to public health.

Public Health Priorities for Scotland

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

Workforce Planning and Organisational Development

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

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

The development of the organisation and workforce will be an iterative process to reflect strategic developments and respond to local needs and availability of resources. More information on this can be found in the IJB's Workforce Strategy.

Partnership Working

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

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

Housing

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

Housing Services have produced a Housing Contribution Statement, which is attached to this plan at Appendix 1.

Community Planning and Health Inequalities

The IJB is a member of the West Lothian Community Planning Partnership, which is establishing a new Health and Wellbeing Partnership to function as a forum for health, prevention and inequalities.

This new partnership brings partners together from across the Community Planning Partnership to work together to take forward the inequalities and prevention agenda at a strategic level by providing a platform for preventative efforts to be developed across the partnership and ensuring health inequalities and prevention is taken forward as a shared priority as part of a wider 'whole system' CPP approach to issues like poverty, housing, education, employment and transport.

The Health and Wellbeing Partnership will function as the West Lothian Community Planning Partnerships forum for health, prevention and inequalities.

The forum will support the delivery of the Local Outcomes Improvement Plan with a specific responsibility for Outcome 7:

- We live longer healthier lives and have reduced health inequalities.

Market Facilitation

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

Participation and Engagement

The IJB's Participation and Engagement Strategy brings together NHS and Council Social Policy engagement activity within a single unified systematic approach which will improve standards of engagement and involvement across all services and staff groups, with the goal of improving outcomes for patients and service users. This is underpinned by the principles of community engagement (figure 10).

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

Figure 10 : Principles of Community Engagement (Communities Scotland, 2005)

Data Sharing and Information Governance

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

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

Equality

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

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

We published our Equality Outcomes and Mainstreaming Report in April 2017. ***This will be updated in 2019.**

Climate Change

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

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

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

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