



West Lothian
Council

West Lothian Integration Strategic Planning Group

Working group that sits below the Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

10 August 2017

A meeting of the **West Lothian Integration Strategic Planning Group** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189(a) West Main Street, Broxburn EH52 5LH** on **Thursday 17 August 2017 at 2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minutes of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 20 April 2017 (herewith).
5. Alcohol and Drug Partnership Update - Report by Director (herewith)
6. Palliative Care - Report by Director (herewith)
7. IJB Performance Report - Report by Director (herewith)
8. National Care Homes Contract - Report by Director (herewith)
9. West Lothian Winter Plan - Report by Director (herewith)

DATA LABEL: Public

10. Workplan (herewith)

NOTE **For further information please contact Val Johnston, Tel No.01506 281604 or email val.johnston@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 20 APRIL 2017.

Present – Patrick Welsh, Chief Finance Officer (Chair), Carol Bebbington (Health Professional), Alan Bell (Social Care Professional), Marjory Brisbane (Health Professional), Ian Buchanan (User of Social Care), Margaret Douglas (Health Professional), Steve Haigh (Health Professional), Dianne Haley (Health Professional), Jane Houston (Union Health), Lorna Kemp (West Lothian Council), Pamela Main (Social Care Professional), James McCallum (Health Professional), Mary-Denise McKernan (Carer of Users of Health Care), Bridget Meisak (Voluntary Sector), Martin Murray (Union WLC), Alistair Shaw (Non-commercial Provider of Social Housing), Charles Swan (Social Care Professional), Robert Telfer (Commercial Provider of Social Care)

Apologies – Marion Barton, Elaine Duncan, Jim Forrest, Mairead Hughes and Jane Kellock

In attendance - Belinda Hacking, Consultant Clinical Psychologist and Head of Service for Adult Psychology Services and Amanda Fox, Programme Manager, Long Term Conditions, Edinburgh Health & Social Care Partnership.

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the minute of its meeting held on 2 March 2017 as being a correct record.

3. COPD INTEGRATED CARE MODEL

The Strategic Planning Group welcomed Belinda Hacking, Consultant Clinical Psychologist and Amanda Fox, Programme Manager, Long Term Conditions, Edinburgh Health & Social Care Partnership, to the meeting to carry out a presentation on the COPD Integrated Care Model.

Ms Fox provided background information on the number of people in the UK who suffered from COPD and the impact this had on the number of hospital admissions. The COPD Integrated Care Model created a person-centred community based 'respiratory hub' targeting high risk individuals. The successful integration of primary and secondary care, out of hours emergency services and health and social care provided an improved patient experience with new pathways designed to reduce admissions and increase the number of COPD patients managed at home who were able to confidently self-manage their condition.

Ms Hacking then provided details of the outcomes from evaluations carried out, the key findings of which were that the integrated team

approach has been a key factor in delivering better outcomes for high risk individuals suffering from COPD. The successful development of the community based respiratory hub delivering person centred care and alternative pathways to admission has resulted in a 14% reduction in bed days over the evaluation period. High risk individuals were proactively identified earlier and their physical and mental health assessed and supported.

The COPD Integrated Care Model has achieved a number of awards and accolades which included being the winner of the Scottish Health Award and the National Respiratory MCN award.

Finally, the group was advised that work would continue to reduce the number of respiratory bed days which continued to fall with a productive gain to date of £942,131. It was also reported that early work has been carried out in Midlothian to replicate some aspects of the model. The Scottish Government has recognised the care model as being exemplar and has invited the team to participate in COPD short life working group to develop a national learning workshop.

Ms Fox and Ms Hacking then responded to questions from members of the group highlighting the importance of the collaborative approach and the sharing of patient information by using a care bundle check list to record patient's journeys.

The Chair, on behalf of West Lothian IJB Strategic Planning Group, acknowledged the excellent work carried out and thanked Ms Fox and Ms Hacking for their presentation.

Decision

Noted the presentation.

4. WEST LOTHIAN FRAIL ELDERLY PROGRAMME UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Programme Manager providing an update at the end of year 1 of the 3 year Frail Elderly programme, which had been reported to the group in November 2016 and an update on progress provided in January 2017. The report outlined the four projects in the programme and the programme structure. The chart outlining the programme and the projects was attached at appendix 1 to the report.

The report highlighted that progress across the programme was mixed with some projects developing proposals more quickly than others. A full business case including financials for the Frailty Hub and Rapid Access Clinic was approved at the Frail Elderly Programme Board in March 2017 and detailed implementation planning was underway, working towards a summer target launch date. This was an important first step in the re-design of the model of care for frail elderly adults.

An update on the progress in each of the following projects were outlined within the report:

- Frailty Hub and Rapid Access Clinic;
- Older People's Mental Health Project;
- In-Patient Re-design Project; and
- Intermediate Care Project.

The Programme Manager then advised the group that in relation to the Older People's Mental Health Project, a proposal for taking the post-diagnostic support (PDS) service fully in-house was approved at the April Frail Elderly Programme Board meeting, as part of this service had previously been commissioned. It was also noted that as proposals were being developed stakeholder groups were being consulted and a communications plan would form part of the implementation plan for each project.

It was recommended that the Strategic Planning Group note and comment on the Frail Elderly Programme and its progress.

Decision

To note the contents of the report.

5. HEALTH IMPROVEMENT PRIORITIES

The Strategic Planning Group considered a report (copies of which had been circulated) by Margaret Douglas, Consultant in Public Health Medicine, providing an update on the proposed Health Improvement Priorities identified by the Health Improvement and Health Inequalities Alliance (HIHA), which included activities to fund in the next round of Health Improvement Fund projects from April 2018.

The report recalled that in January 2017 the Strategic Planning group received a paper outlining the role of the Health Improvement and Health Inequalities Alliance and the development of priorities to inform its work over the next few years. The paper also reported that the HIF Oversight Group, chaired by the Director of Public Health, had requested that the Alliance provide advice on funding priorities for a total of £213,268 per year from the NHS Lothian Health Improvement Fund, from April 2018 for West Lothian projects.

The Consultant in Public Health Medicine then advised the group of the following priorities which were identified:

- Family Engagement to promote mental health and wellbeing in children and young people;
- Infant Feeding;
- Preventative interventions to promote healthy weight in children and young people;

- Income maximisation;
- Community led health.

Full details of each of the above priorities were provided in Appendix 1 to the report.

HIHIA was asked to provide recommendations to NHS Lothian for the next round of Health Improvement Funding from April 2018 to March 2021. The current HIF allocations were provided in Appendix 2 to the report. A total of £213,268 would be available for West Lothian projects from April 2018. Once the HIF Oversight Group had approved the recommendations, projects would be commissioned to meet the agreed outcomes with support from NHS Lothian Procurement. The report outlined the breakdown of the maximum allocation of funding to each of the proposed priorities.

The report recommended that the Strategic Planning Group notes and approves the proposed priorities.

The Chair suggested that the recommendation should be for the Strategic Planning Group to note and support the proposed priorities.

Decision

To note and support the proposed priorities.

6. PRIMARY CARE REPORT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing details of the current issues and challenges being faced by General Practice which were affecting the sustainability of Primary Care provision. The report also provided an overview of the measures being taken to support General Practice and the key priorities emerging from the West Lothian Primary Care Summit held on 22 February 2017.

The report recalled that primary and community care services were facing major challenges with an increasing workload, an aging population and increasingly complex medical problems being diagnosed and managed in the community. Population growth in the core development areas of Armadale, East Calder, Whitburn, Bathgate and Winchburgh was having significant impact on General Practices and their capacity to manage the demand associated with increases in list size, leading to practices putting restrictions on their list. This then had an impact on the population not being able to register with a GP and the workload of neighbouring practices. Details of the LEGUP (List Expansion Grant Uplift Scheme) were outlined within the report. It was also highlighted that sustainability of GP services was crucial to Primary Care provision.

West Lothian Primary Care Summit took place on 22 February 2017 which focused on collaborative working across primary, secondary and

social care and the work that could be carried out to improve sustainability in primary care. The key themes emerging from the summit were summarised in the report.

The group was advised that a sustainable workforce plan was required to develop skills and support training for Advanced Nurse Practitioners and Trainee Paramedics to enhance their skills. There was also a need to develop a professional standard marketing and recruitment strategy to attract candidates to West Lothian. Investment was also required to improve IT support systems in GP practices.

The Primary Care Summit also supported the development of a Frailty Hub and Rapid Access Clinic. The Elderly Care Facilities Quality Care Programme has also been developed to support improvements in the quality of care for those in residential facilities.

During the course of the discussion the importance of GP's being given the opportunity to provide supervision in devolving services within their practices and determine how resources should be spent was highlighted. Work would continue to engage with GP Clusters and the Primary Care and Community Forum to maximise opportunities and support best use of available resources.

Finally, it was reported that the priorities outlined within the report would be incorporated into the development of West Lothian's Primary Care Plan which would also take account of the changes in the new GMS contract as these were published.

The group was asked to:

1. Note the contents of the report;
2. Note the current issues and challenges in sustaining Primary Care Services in West Lothian; and
3. Support the priorities identified through the partnership and the Primary Care Summit for further development -
 - a) LEGUP support for list size growth
 - b) Development of emergency fund to support practices in difficulty to maintain service provision
 - c) Enhance the capacity of primary care teams with extended role practitioners to increase capacity and sustainability in primary care
 - d) Develop marketing and recruitment strategy to support practices with recruitment
 - e) Continue to support training of advanced nurse practitioners
 - f) Expand REACT and develop Frailty Hub and Rapid Access Clinic
 - g) Elderly Care Facilities Quality Care Programme

- h) Signposting and Support Hubs to promote self-management and direct access to alternative services
- i) Invest in IT hardware and software to support direct patient care and information sharing
- j) Advance health and social care integration through better joint working between primary and social care.

Decision

To note the contents of the report.

7. IJB ANNUAL PERFORMANCE REPORT 2016/17

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the timeline for the Annual Report 2016/17 and to request examples of good practice to be incorporated within the report. Appendix 1 to the report provided details of the contents of the Annual Performance Report.

The report recalled that the Annual Performance Report for 2016/17 would be the first quantitative performance report and would be prepared in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and subordinate Statutory Instruments and Scottish Government Guidance. The performance report was to be published within four months of the end of the performance reporting period, i.e. by the end of July 2017 for 2016/17 period and included key performance measures, a performance assessment and practice examples for the reporting period.

The report would publish the 2016/17 performance on the core suite of integration indicators and a range of local measures as incorporated in the Balanced Scorecard, attached at appendix 2 to the report. It was intended that each section of the report would provide an assessment of performance and highlight examples of good practice.

During the course of the discussion members of the group were encouraged to provide examples of good practice by 5 May 2017 for inclusion in the IJB Annual Performance report. A suggestion was also made that it would be useful if the Balanced Scorecard included the National Target to allow a comparison to be made between the local and national targets. Another suggestion made was to include the acute sector within the performance scorecard, which would be possible if local indicators were available.

It was then agreed that the draft IJB Annual Performance Report 2016/17 update would be submitted to the next meeting of the group for consideration.

It was recommended that the Strategic Planning Group note the contents of the report and the timeline for publication, agree the performance measures to be reported and consider examples of good practice and

submit these for inclusion.

Decision

1. To note the contents of the report and the timeline for publication;
2. To note that members were encouraged to provide examples of good practice for inclusion in the IJB Annual Performance report;
3. To note the recommendations that the national target and details of the acute sector be included in the Balanced Scorecard; and
4. To agree that an update on the IJB Annual Performance Report 2016/17 be submitted to the next meeting of the Strategic Planning Group.

8. NATIONAL CARE HOMES CONTRACT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing details of the outcome of the National Care Homes Contract negotiations for 2017/18.

The report explained that the National Care Home Contract was last reviewed fully in 2013. The contract has been subject to a major review since 2015. The settlement for 2016/17 was a compromise in anticipation of conclusion of the review in advance of the settlement for 2017/18. Unfortunately, the review of the contract has not progressed as anticipated and, as with the previous year, the settlement for 2017/18 has involved a compromise pending the outcome of the review. The providers' representatives have made it clear that their members' acceptance was conditional on a number of key points, details of which were outlined within the report.

The group noted that while West Lothian had an in-house expertise to address local commissioning should this prove necessary, a strong preference for a national contract was indicated. The main concern around local commissioning would relate to in-house capacity, given these resources were already deployed in support of major change activity within the Integration Joint Board. The two main issues that should be considered by the Strategic Planning Group and reported to the Integration Joint Board were:

1. The budget for 2017/18 was based on an increased cost for external care home provision of 2%. The contract settlement of 2.8% creates a budget pressure of £80,000 which would require to be managed within existing overall budget resources available; and
2. The condition relating to the summary of progress in October to confirm by December whether to progress negotiations for 18/19 on a new basis or to manage a move to local negotiations was potentially significant as providers previously indicated their intention to pursue local commissioning if the national negotiations did not meet their aspirations. This condition provided a clear indication that unless the

review of the contract was on track for conclusion by December it was highly likely that there would be no further compromise settlement and that local commissioning would follow.

During the course of the discussion the group noted that indications were that confirmation would be given by December 2017 on whether or not there would be a national contract. The group recommended that a report be submitted to a future meeting of the Strategic Planning Group to provide an update.

The Strategic Planning Group was asked to note the outcome of the National Care Homes Contract negotiations for 2017/18, in particular the expectation of the providers to conclude the review of the contract by December 2017, and the risks associated with a failure to achieve this.

Decision

1. To note the contents of the report; and
2. To agree that an update report would be provided to a future meeting of the Strategic Planning Group.

9. LOCALITY PLANNING UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing the group with an update on the proposals for the draft engagement plan to develop the Locality Plans.

The report explained that the Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Integration Joint Board (IJB) strategic plan divides the IJB area into at least two localities and requires the IJB to develop measures for delivery of services to those different localities. The IJB approved the Strategic Plan 2016-2026 on 31 March 2016, which identified two West Lothian localities: east and west.

The Locality Planning groups have met every two months with the main focus being the process of developing Locality Plans. A draft Engagement Plan was developed and attached at appendix 1 to the report, which set out proposals for making sure the views of people using or working in health and social care services were used to co-produce the development of the locality plans.

The Senior Manager, Community Care Support & Services, advised the group that the plan proposed that engagement took place in two phases:

1. To establish a broad and representative range of views prompted by the engagement documents; and
2. To garner responses on the proposals in draft locality plans.

Engagement activity would be guided by the commitments set out in the IJB Participation and Engagement Strategy.

The draft Engagement Plan outlined the key stages and timescales to develop the locality plans. Phase one engagement was proposed to be carried out in May/June 2017.

During the course of the discussion Bridget Meisek highlighted the importance of community engagement in the development of the locality plans. She stated that she had suggested amendments to the Engagement Plan which did not appear to have been taken into account.

The question was also raised about how the consultation would be presented and what steps would be taken to motivate people to respond to consultations. A suggestion was also made to engage in dialogue with NHS/Council staff as well as carrying out on-line surveys to ensure better means of consultation.

The Senior Manager recommended that any comments relating to the draft Engagement Plan should be sent to him and copied to Lorna Kemp, which would then be forwarded to the Locality Planning group for consideration. If amendments to the draft engagement plan were modest then these could be dealt with by circulating electronically to the Locality Planning groups. However, if significant changes were recommended then it would be appropriate for an update report to be brought back for consideration by the Strategic Planning Group. It was agreed that updates on Locality Planning would be provided to future meetings of the Strategic Planning Group.

The recommendation in the report asked the group to consider the draft engagement plan as a critical stage of the development of Locality Plans and to suggest any amendments to the Locality Planning groups.

Decision

1. To note the contents of the report and the draft Engagement Plan;
2. To note the comments from the group and the recommendation that comments be emailed to the Senior Manager, copied to Lorna Kemp;
3. To note that if comments relating to the draft Engagement Plan were modest then these would be forwarded electronically to the Locality Planning groups for consideration. If significant changes were recommended then it was considered appropriate for an update report to be brought back for consideration by the Strategic Planning Group;
4. To note that updates would be provided to future meetings.

10. WORKPLAN

A workplan had been circulated which provided details of the work of the Strategic Planning Group over the coming months.

Decision

To note the contents of the workplan, subject to including the following:

1. IJB Annual Performance Report 2016/17 – Update to meeting scheduled to be held on 15 June 2017 – Action: Carol Bebbington;
2. National Care Home Contract – Update to relevant future meeting: Action Alan Bell;
3. Locality Planning – Update to relevant future meeting: Action Alan Bell

Strategic Planning Group

Date: 17 August 2017

Agenda Item: 5

ALCOHOL AND DRUGS PARTNERSHIP (ADP) PERFORMANCE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Strategic Planning Group of the approach proposed by the ADP to inform the impact of the reduction in funding to commissioned services.

B RECOMMENDATION

To support the approach proposed by the ADP to inform the impact of the reduction in funding to commissioned services.

C TERMS OF REPORT

Background

Scottish Government funding for ADPs was reduced by 23% in 2016/17. Given the timing of this confirmation it was not possible to change the investment plans committed for 2016/17 but this resulted in reduced funding for commissioned services of £350,000. A review of ADP strategic commissioning priorities was undertaken during 2016/17 and, as a function delegated to the IJB, the proposals to reduce commissioned services were reluctantly agreed by the IJB on 29 November 2016.

As part of the council's approved 2017/18, additional one off funding of £296,000 was approved for social care / health initiatives. It was subsequently confirmed by the IJB in April 2017 that this funding should be used in part as an investment to commissioned addiction services to partially offset reduced specific Scottish Government funding for Alcohol and Drug Partnerships (ADPs).

As part of its decision on 29 November 2016, the Chair of the IJB wrote to the Minister for Public Health and Sport to express concern about the cut in funding. The reply from the Minister was reported to the IJB on 14 March 2017. The IJB also agreed to review the impact of the cuts to commissioned services over the course of 2017/18.

Current performance HEAT A11

The HEAT (Health improvement, Efficiency, Access to services & Treatment) A11 standard set by the Scottish Government stated that by March 2013, 90% of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. This remains one of the main performance measures for ADP commissioned services.

Table 1 below indicates that performance in 2017 is significantly down on performance in 2016.

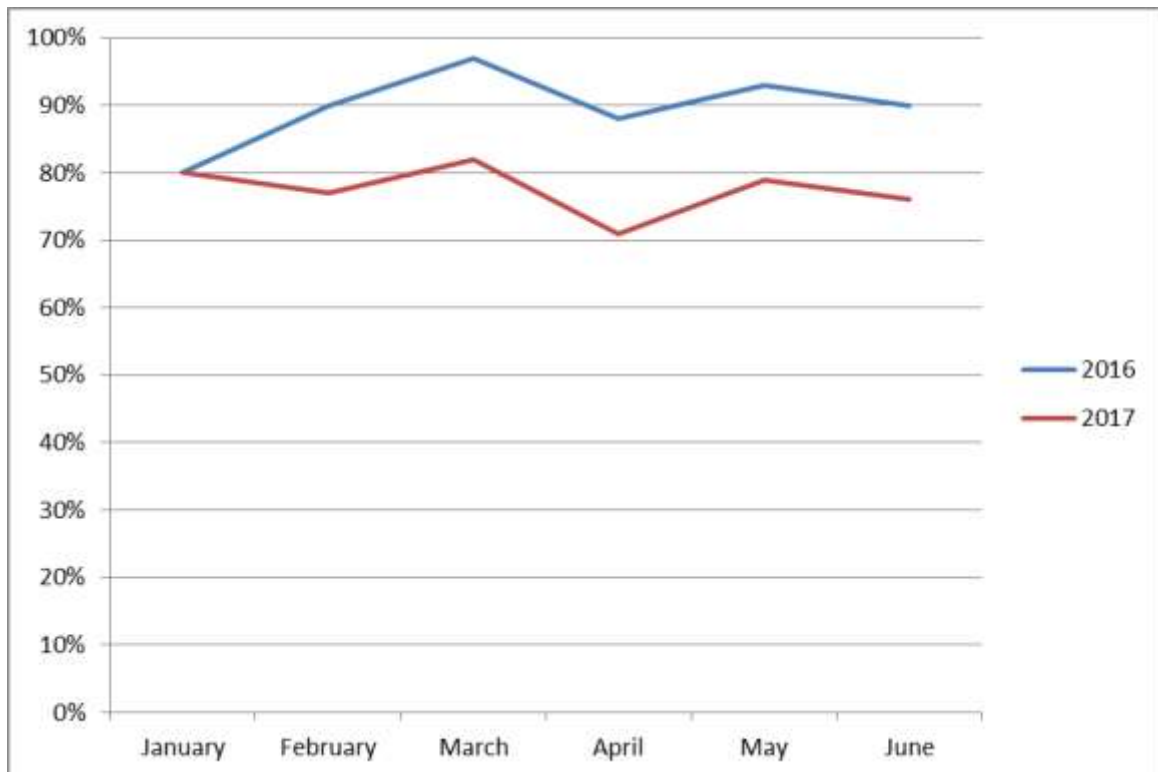


Table 1: West Lothian ADP HEAT A11 performance

It should be noted that this is not the only performance measure of ADP commissioned services, many of which relate to the outcomes for service users. Important though these measures are, they do not give an indication of the adverse impact of reduced supply of provision.

Proposed approach

The ADP has discussed the approach to take to inform the impact of the reduction in funding to commissioned services. It is proposed that this should take a similar form to that of the Needs Assessment for the Commission Plan by combining a broad review of secondary data sources related to both service users and the wider community with primary data obtained through stakeholder engagement. The ADP is currently working up a detailed proposal for consideration at its next meeting. The intention would be so report to the IJB on the outcome of this review for its meeting on 30 October 2017.

D CONSULTATION

- West Lothian Alcohol and Drugs Partnership

E REFERENCES/BACKGROUND

- IJB Meeting of 29 November 2016

G SUMMARY OF IMPLICATIONS

Equality/Health	None
National Health and Wellbeing Outcomes	The ADP commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
Strategic Plan Outcomes	The commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
– Risk	<p>Risks previously noted</p> <ul style="list-style-type: none">– There is a significant risk that outcome performance targets are not met as a consequence of reduction in commissioned activity.– There is a risk that drug related deaths will increase.

H CONTACT

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17 August 2017

WEST Lothian STRATEGIC PLANNING GROUP

Date: 17 August 2017

Agenda Item: 6

REPORT TITLE

Palliative Care

REPORT BY

Chief Nurse

A PURPOSE OF REPORT

The purpose of the report is to set out our proposed approach for the development of a medium term West Lothian Palliative Care Plan which will ensure we are able to meet the palliative care needs of the West Lothian population and fulfil our statutory requirements.

B RECOMMENDATION

1. Note the contents of the report.
2. Support the review of palliative care provision in West Lothian
3. Support the proposed approach to the development of a medium term plan for Palliative Care in West Lothian.

C TERMS OF REPORT

Background

Almost all people who die (sudden deaths aside) are likely to receive some end of life care in the last year of life from general practice, community or social care staff. Future demands on services are associated not only with a rise in the number of deaths due to the growth in our older population but also with increased care complexity due to multi-morbidity and an increasing focus on palliative care.

Palliative Care is about ensuring a good quality of life during every stage of a life limiting illness from diagnosis onwards. It includes care that relieves symptoms and provides physical, social, psychological and spiritual support. In addition it is recognized that planning for care at the end of life should be responsive to patient choice regarding place of care and place of death.

Policy Context

In the Health and Social Care Delivery Plan (2016) the Scottish Government have set out their aims for health and social care which includes: *by 2021 to ensure that everyone who needs palliative care will get hospice, palliative or end of life care. All who would benefit from a 'Key Information Summary' will receive one – these summaries bring together important information to support those with complex care needs or long-term conditions, such as future care plans and end of life preferences. More people will have the opportunity to develop their own personalised care and support plan. The availability of care options will be improved by doubling the palliative and end of life provision in the community, which will result in fewer people dying in a hospital setting.*

The IJB also has a statutory responsibility to deliver the Scottish Government Strategic Framework for Action on Palliative and End of Life Care 2016-2021 which requires the IJB to be assured that everyone in West Lothian who needs palliative care will have access to it.

Current Position

The majority of palliative care provision is delivered through General Practice, Community Nursing and Social Care Teams. This is augmented through Specialist Palliative Community Services and Day Services which are commissioned through a service level agreement with Marie Curie. Where specialist end of life care is required in a hospice this is provided through Marie Curie, St Columba's or Strathcarron Hospices. In addition, provision can be made in our current community hospital beds within St Michaels and Tippethill Hospitals.

The percentage of the last 6 months of life spent at home or in a community setting focuses on measuring the impact of palliative and end of life care. In West Lothian we have seen a steady increase in the proportion of the last 6 months of life spent either at home or in a community setting between 2014/15 where it was 85.8% to 88.1% in 2016/17 demonstrating an increase in community care provision and decrease in the time spent in acute hospital settings.

Our Aim

Our aim is to extend the high quality of end of life care presently offered to those dying of cancer to everyone with a life limiting illness and for this to be available in all settings, utilised by all who require it, and prioritised according to the patient's need, rather than medical condition.

Our Approach

The approach, outlined and recommended for the IJB, is for collaborative working across health, social care and third sector organisations with the aim to harness the knowledge, skills and vision of staff to improve the delivery of palliative and end of life care.

We will build on the history of good practice and current successes through collaborating with the existing Lothian Managed Clinical Network for Palliative Care. This allows us to harness, synthesise and apply the wide range of work being undertaken across different settings. It will also support local networks with Primary Care, Acute and partner providers.

Whilst there is a certain amount of data available to West Lothian relating to palliative care needs and provision, this will be refreshed and updated in more detail. This will be assessed against future demographics, workforce and transformational change programmes, for example, intermediate care and the potential to explore a more sophisticated hospice at home model in line with the hospital at home service delivered by REACT.

In addition we will seek to establish the existing knowledge and skills of staff across health, care and the third sector in palliative and end of life care, with a view to further developing and embedding an educational framework for all staff.

Central to future strategic plans and part of any needs assessment is engagement with service users and key stakeholders. Current attitudes to death and dying are currently gained through existing services by use of patient stories undertaken with patients in a variety of inpatient and home care settings. Whilst these stories provide a rich source of information as to what is important to patients and their families we will seek to broaden our understanding through additional engagement approaches.

There is also need to further explore the opportunities for West Lothian within any future Service Level agreement with Marie Curie. The current governance framework with Marie Curie assures delivery of specialist palliative care services which would be developed to align with new and emerging models of care for example the new REACT Hub.

IJBs will also be required to engage with the Scottish Government National Implementation Advisory Group to support the roll out of the Palliative Care Framework and mechanisms for engagement of West Lothian IJB to be agreed

Conclusion

The development of a West Lothian Palliative Care Plan will fit with the transformational change programmes focusing on service provision for adults and older people building on the success of the current West Lothian Palliative Care Service. There is a need to review and assess the palliative and end of life care needs for the West Lothian population and the educational needs of health, social care and the third sector. Our review will bring together administrative, financial and outcomes data from a wide range of sources which ensure that the IJB have all of the relevant data to make an informed decision about the future needs and service provision. We will bring progress update to future Strategic Planning Group by end December 2017.

D CONSULTATION

Strategic Planning Group

Marie Curie

E REFERENCES/BACKGROUND

Scottish Government Strategic Framework for Action on Palliative and End of Life

Care 2016-2021

<http://www.gov.scot/Topics/Health/Quality-Improvement-performance/peolc/SFA/engagement>

Health and Social Care Delivery Plan

F APPENDICES

N/a

G SUMMARY OF IMPLICATIONS

Equality/Health

The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.

National Health and Wellbeing Outcomes Strategic Plan Outcomes Single Outcome Agreement

All National Health and Well Being Outcomes

Underpins all Strategic Plan Outcomes

We live longer healthier lives and have reduced health inequalities

Older people are able to live independently in the community with an improved quality of life

Impact on other Lothian IJBs

SLA Marie Curie

Resource/finance Policy/Legal Risk

Within available resources

Health and Care Delivery Plan

None

H CONTACT

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17 August 2017

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 17 August 2017

Agenda Item: 7

IJB PERFORMANCE REPORT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To present to the Strategic Planning Group the annual performance report 2016/17 and current performance against the integration indicators.

B RECOMMENDATION

. The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note the Annual Performance Report 2016/17*
- 3. Consider the current performance against the integration indicators in support of the delivery of the health and social care delivery plan.*
- 4. Agree performance reports should be reviewed quarterly in accordance with availability of data.*

C TERMS OF REPORT

Annual Performance Report

The Scottish Government issued guidance in March 2016, stipulating the requirement to publish performance reports from 2016/17 onward. The guidance details the requirement to publish the performance report within four months of the end of the performance reporting period and that this is made accessible to the public.

The Annual Performance Report for 2016/17 is the first quantitative performance report and has been prepared in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and subordinate Statutory Instruments and Scottish Government Guidance.

The Annual Performance Report 2016/17 (Appendix 1) is structured according to the national outcomes and includes an assessment of our performance against key performance measures and highlights practice examples for the reporting period.

	Performance measures have been drawn from the Core Suite of Integration Indicators and performance 'RAG-rated' using a traffic light system for illustrating progress against expected performance. In addition the report includes sections on governance and decision making, financial performance, inspection findings, locality arrangements and sets out the priorities for 2017/18.
	The Annual Performance Report 2016/17 was approved by the IJB at their meeting on 27 th June 2017 and has been published on the website. An Executive Summary leaflet (Appendix 2) is in production which will be widely circulated in due course.
	Performance 2017/18
	The Annual Performance Report includes the 23 core indicators for measuring our performance against the nine National Health and Wellbeing Outcomes. These indicators are made up of 10 outcome indicators and 13 data indicators.
	Nine of the outcome indicators are derived from the Health And Care Experience Survey which is due to be completed in 2017/18; therefore these indicators will not be updated until 2018/19 when the reports will be made available. The 10 th outcome indicator relates to workforce and is not currently available nationally. The question is included in our local staff survey and will be updated in due course.
	3 of the data indicators are still under development and will be reported when available. ISD are responsible for providing the data and it is expected that the first quarter data for 2017/18 will be made available to partnerships in September 2017.
	In order to monitor health and social care integration the Ministerial Steering Group have developed performance measures and asked partnerships to set targets against these in respect of achieving the outcomes detailed in the Health and Social Care Delivery Plan (2016).
	Data is being provided to the partnerships on a monthly basis with a time lag of 3 months. Our performance against these indicators is detailed in Appendix 3 and overall summary Balanced Scorecard in Appendix 4.
	Future Reporting
	Given the variations in data availability and reporting it is proposed that performance scorecard and corresponding reports will be brought on a quarterly basis to the Strategic Planning Group

D CONSULTATION

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)
- [West Lothian IJB Strategic Plan 2016-2026](#)

F APPENDICES

1. Annual Performance Report 2016/17
2. Executive Summary Annual Performance Report 2016/17
3. Integration Indicators Performance Report
4. Balanced Scorecard

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Core Dataset
Resource/finance	The Annual Performance Report aligns with the production of the Annual Accounts for the same period and cross-refers to these
Policy/Legal	The Annual Performance Report has been prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
Risk	None

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West Lothian Integration Joint Board Annual Performance Report 2016/17

Foreword

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

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

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

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

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

Jim Forrest
Chief Officer

July 2017



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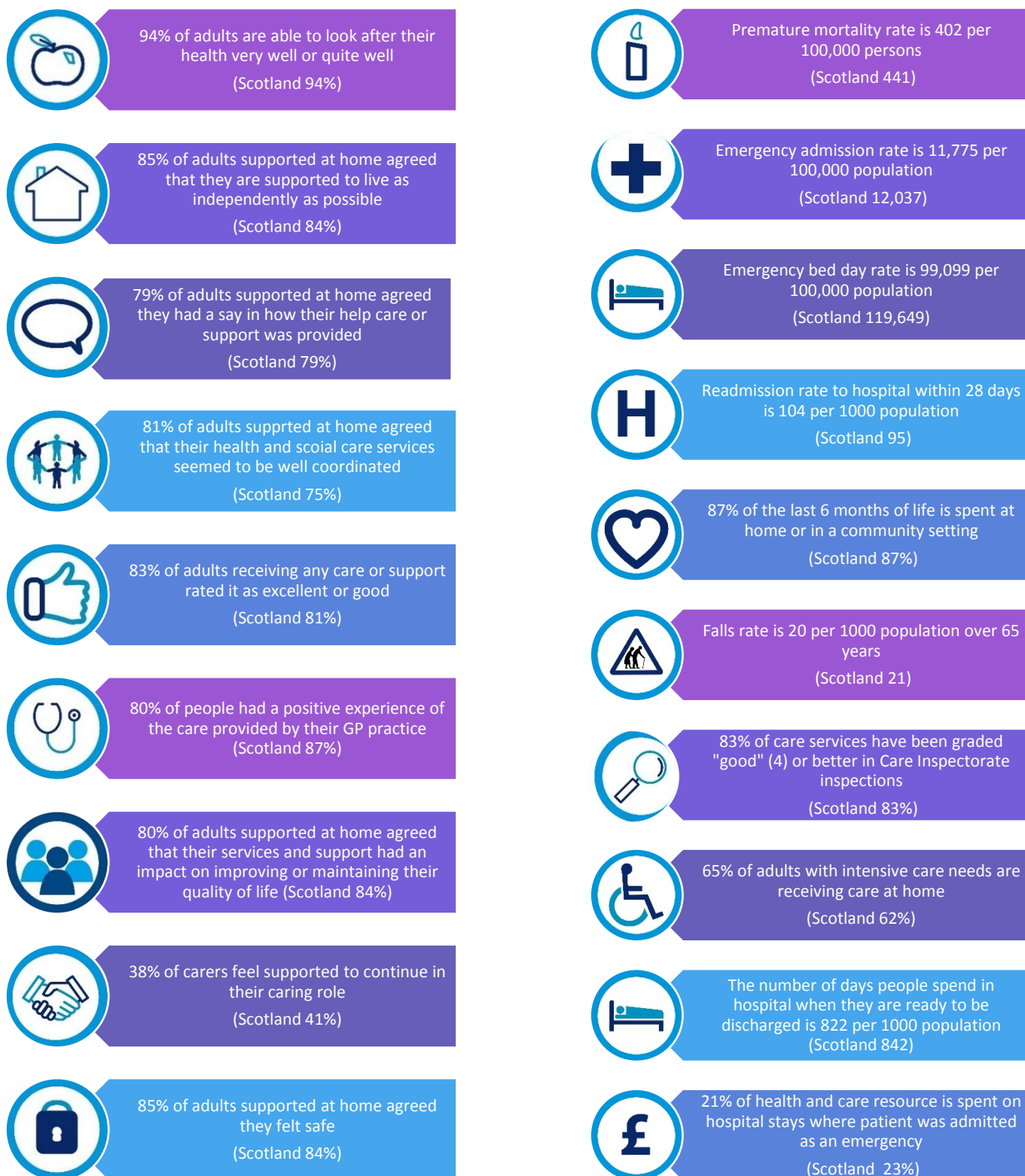
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2016 /17 Performance at a glance¹



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

Introduction

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

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

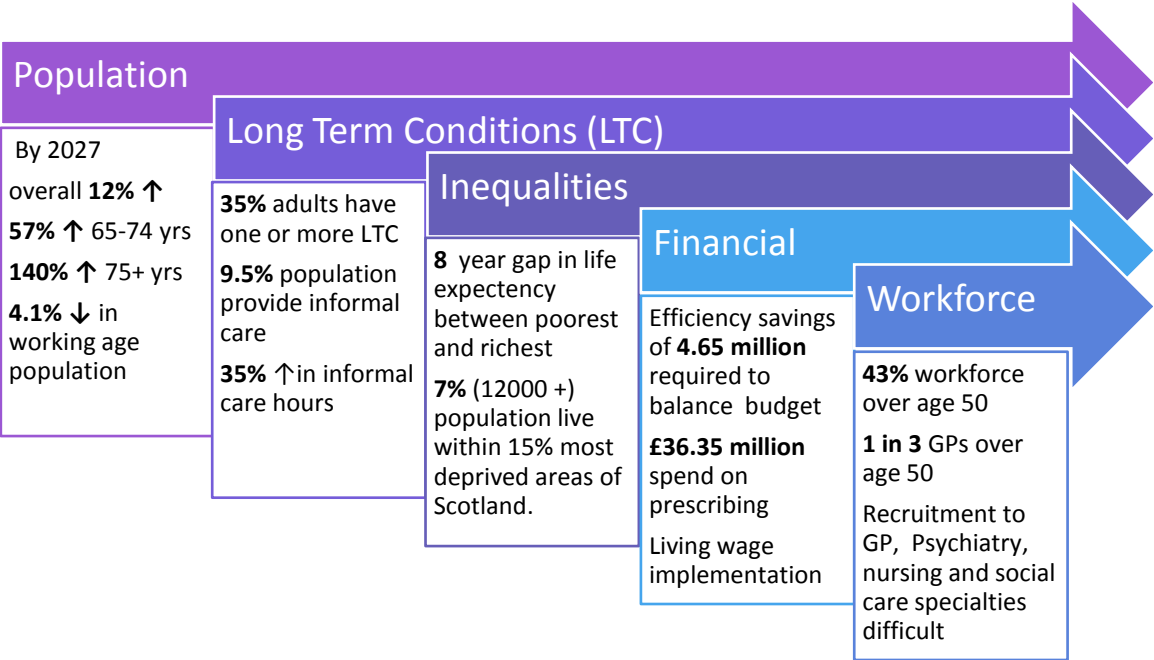
National Health and Wellbeing Outcomes

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

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

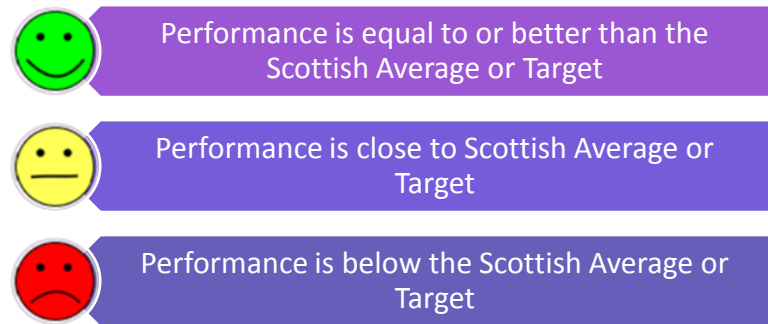
² West Lothian Integration Scheme <http://www.westlothianchcp.org.uk/hsci>
³ Strategic Plan 2016-26 <http://www.westlothianchcp.org.uk/media/10225/West-Lothian-IJB-Strategic-Plan-2016-26/pdf/IJB>
⁴ Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014

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



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

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



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

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

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

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



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



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



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

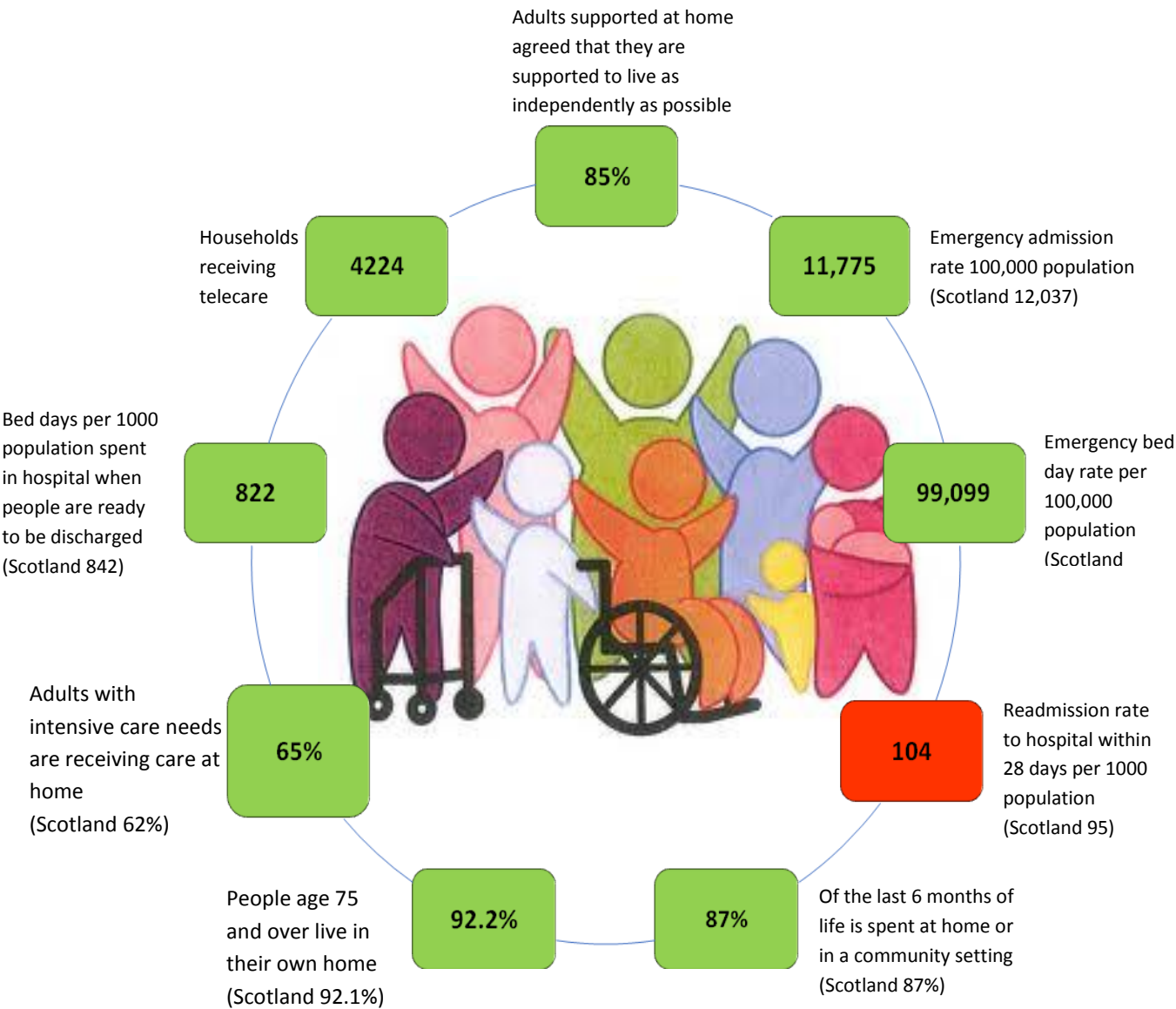
*Located close to Bathgate Town Centre, **Rosemount Gardens** is a new purpose built supported housing complex offering 30 tenancies to people over the age of 60 years. In addition to offering comfortable homes for rent and easy access to the town centre a range of on- site facilities and services help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

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

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

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

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



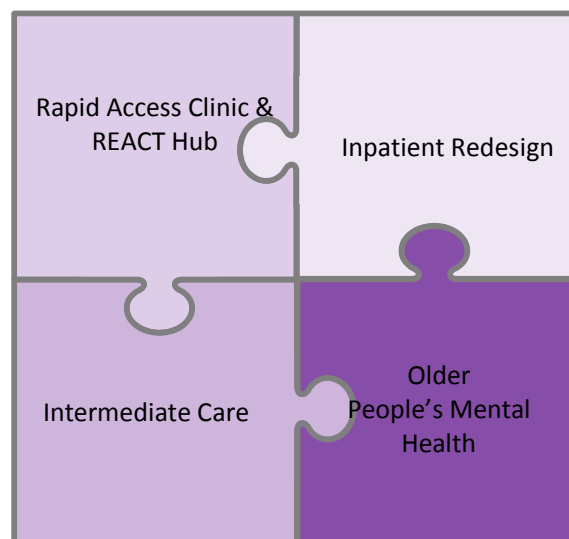
Performance indicates that we are working together well to support people in their own homes or as close to home as possible. 85% of people receiving care felt they were supported to live as independently as possible. This is consistent performance with 2013/14 and slightly above the Scottish average.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

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

Focus on Frailty

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

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



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

Reflective Practice: A Patient Story

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

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

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

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

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

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

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



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

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

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



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



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



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



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



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

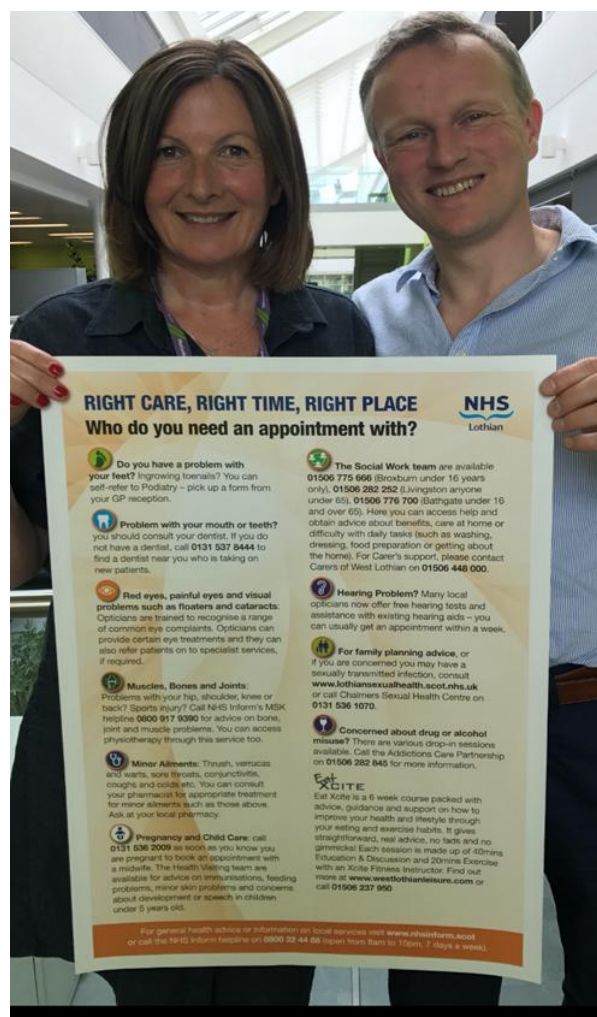
Signposting

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

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

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

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




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

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

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



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



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

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



Project Search aims to obtain paid employment for students, or to ensure that they leave the programme ready for work and better placed to secure employment in the future. The programme gives students work experience with the host employer, whilst receiving on-site support from a job coach from West Lothian Council and a lecturer from West Lothian College. Students take part in three twelve week work place rotations which are designed to build skills and confidence whilst studying for a SCQF Level 4 qualification. Students have undertaken a wide variety of roles, for example, in production, assembly, testing, stores, facilities, finance and reception as well as attending business meetings and social events.

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

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

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

Health and social care services contribute to reducing health inequalities

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

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



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



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



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

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

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

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

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

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



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



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



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



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

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

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

We are working with our partners to prepare for implementation of the **Carers (Scotland) Act** which will come

into force on April 1, 2018. The Act is designed to support carers' health and wellbeing with provisions including requirements for local authorities to provide support to carers, based on their identified needs and local eligibility criteria; specific Adult Carer Support Plan and Young Carer Statement to identify carer's needs and personal outcomes and an information and advice service for carers which must include emergency and future care planning, advocacy, income maximisation and carers' rights.



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

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

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

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

People using health and social care services are safe from harm

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

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



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



4224 households receiving telecare with 700+ new installations per annum



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



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

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

Case Study – Mrs Jones

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

Actions taken

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

Outcomes:

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

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

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

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

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

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



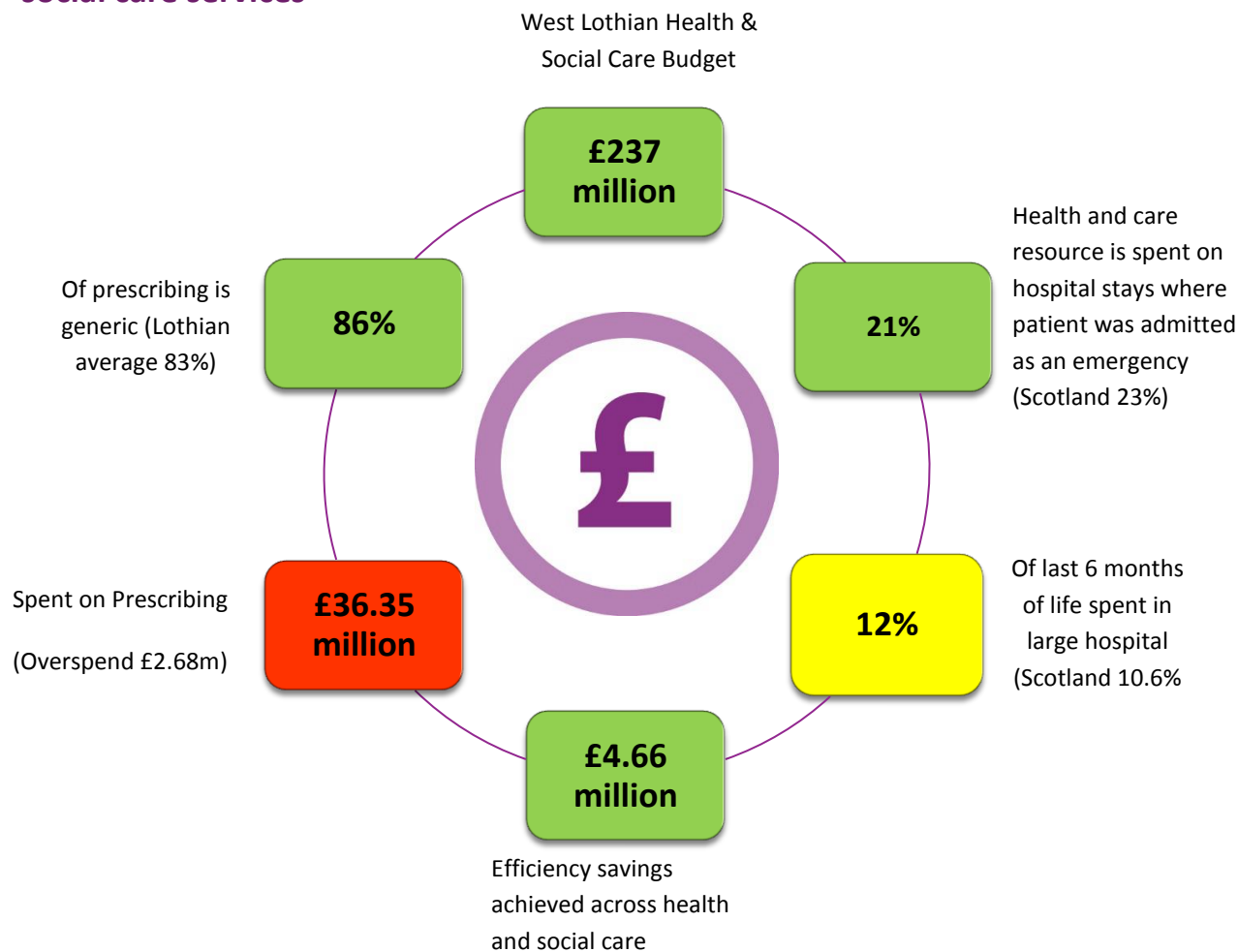
*Our **Healthy Working Lives** programme promotes health and wellbeing at work and at home. The programme is delivered throughout West Lothian with staff able to access a range of initiatives and support including: active travel; physical activity; healthy eating; smoking cessation; carers information;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

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

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



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



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

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

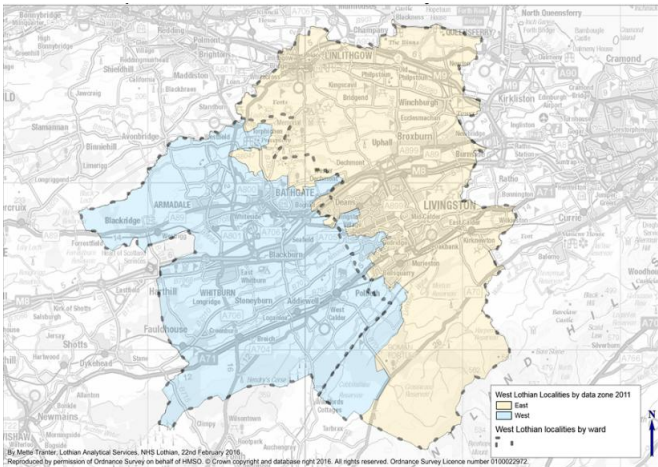
The spend on prescribing is our main financial pressure which had an overspend of £2.68million in the year. The level of generic prescribing remains high at 86% and the average cost per patient is £192 which is comparable to Scotland level of £191 per patient.

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

Locality Planning

Within West Lothian we have defined two localities across which health and social care services will be planned and delivered. The localities provide a key mechanism for strong local, clinical, professional and community leadership and will ensure services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning. Locality groups have been formed with agreed terms of reference and membership from a broad cross section of the identified key stakeholders. The main function of the locality groups is to be responsible for the planning, design and delivery of the Locality Plan, in line with the IJB's Strategic Plan and Scottish Government Locality Guidance. The East and West Locality Groups have been working to:

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



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

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

Next Steps

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

Primary Care

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

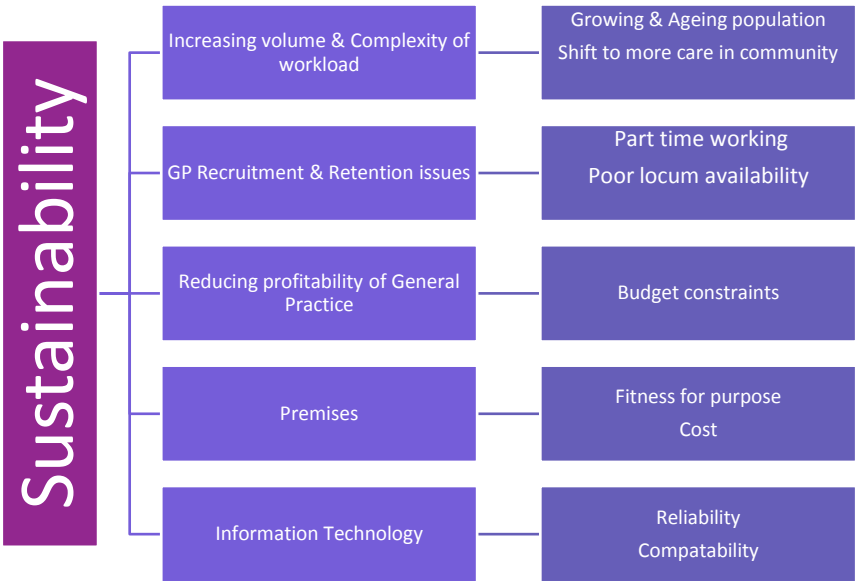
In recent years General Practices have been under increasing pressure due to workload, workforce and other issues. As GPs retire it is becoming increasingly difficult to recruit and sustain the current model of care.

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

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

A summary of initial work underway is provided below:

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



Inspection of Services

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

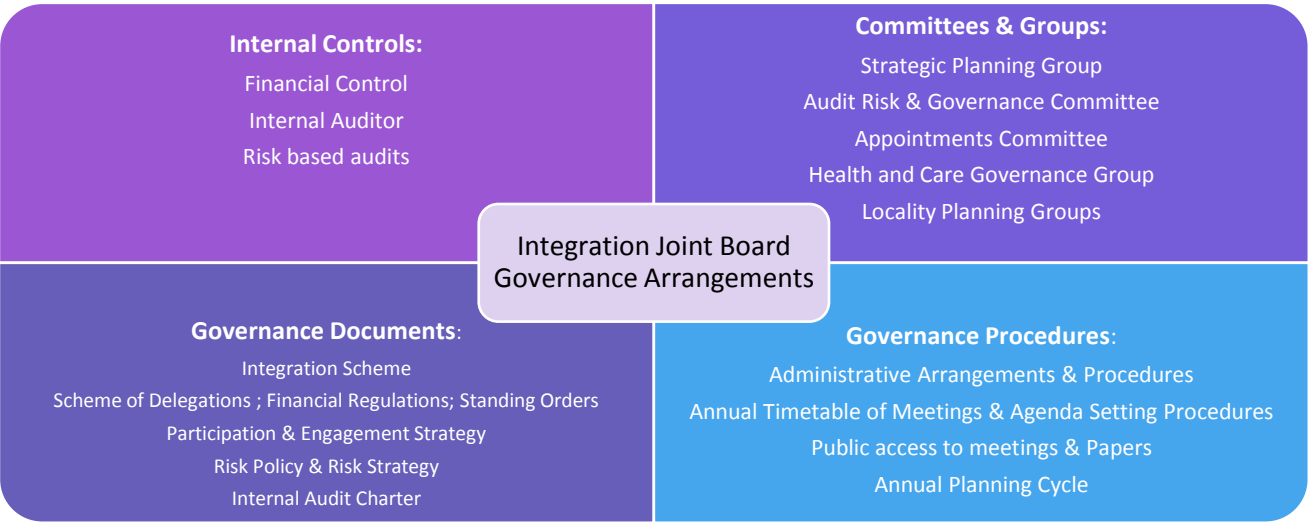
The Mental Welfare Commission undertook two inspections within mental health inpatient facilities during 2016/17. Recommendations from these inspections relate to improving the quality of care plans, psychology provision and improving environment for patients. These recommendations are being taken forward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

Integration Joint Board Governance and Decision Making

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

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

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



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

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

Audit, Risk and Governance

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

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

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

Health and Care Governance

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

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

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

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

Participation and Engagement

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

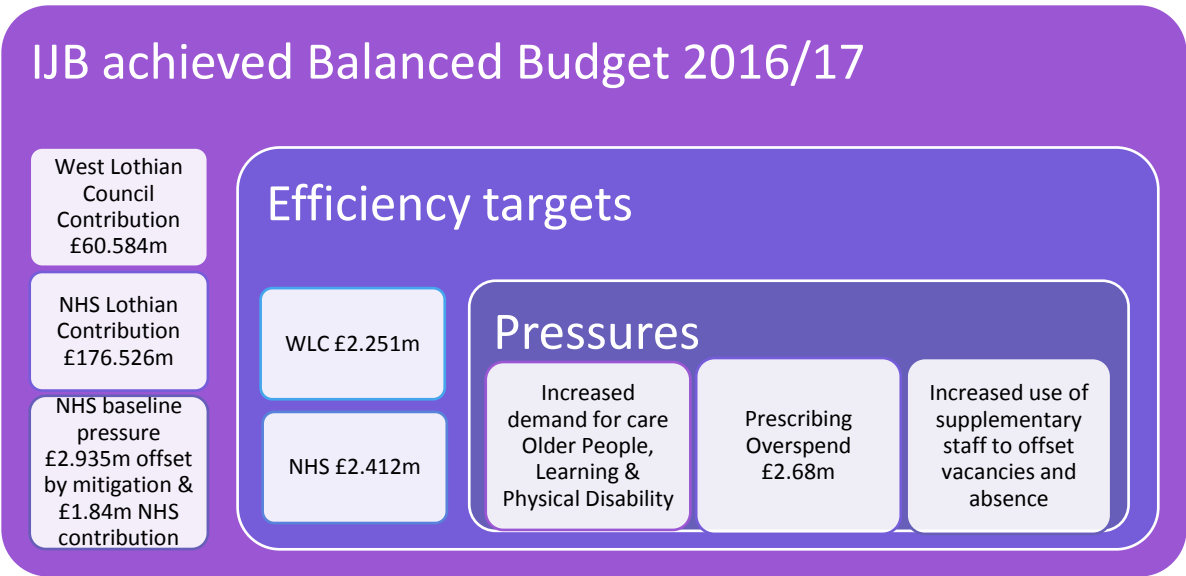
The strategy is designed to help health and social care officers plan community engagement and to show communities and staff what they can reasonably expect from the IJB in terms of being kept informed and being able to make their views known.

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

The Participation and Engagement Strategy can be accessed here:
<http://www.westlothianchcp.org.uk/media/15085/Participation-and-Engagements-Strategy-2016->

Financial Performance and Best Value: Summary

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



Summary of Financial Position.

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

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

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

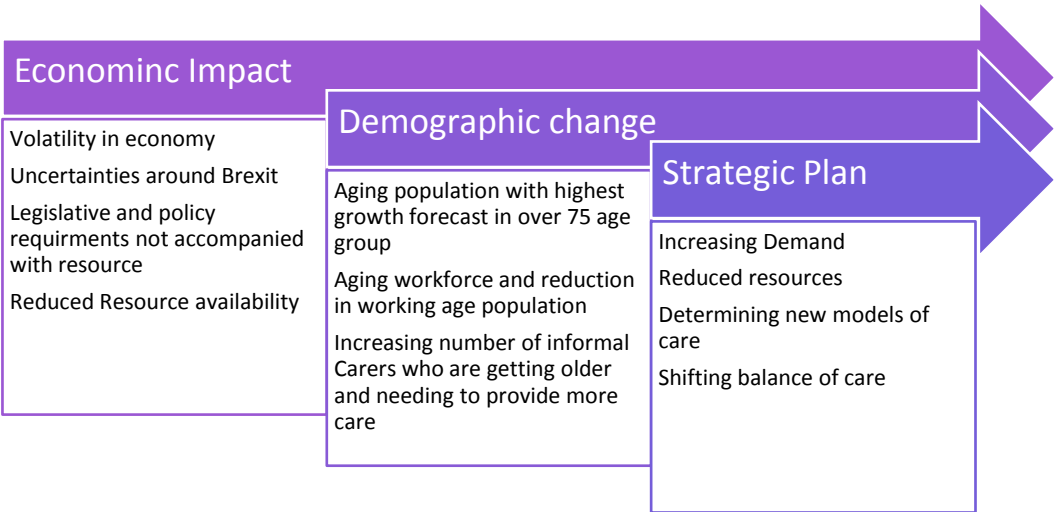
The IJB has the same duty as the Council and Health Board to achieve Best Value. West Lothian IJB therefore expects that the partners will adhere to the principles of Best Value to secure continuous improvement in performance whilst maintaining an appropriate quality to cost balance and maintaining regard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

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

Future Financial Plans and Outlook

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. The IJB’s Strategic Plan and Strategic Commissioning Plans inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning for health and social care services.

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



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

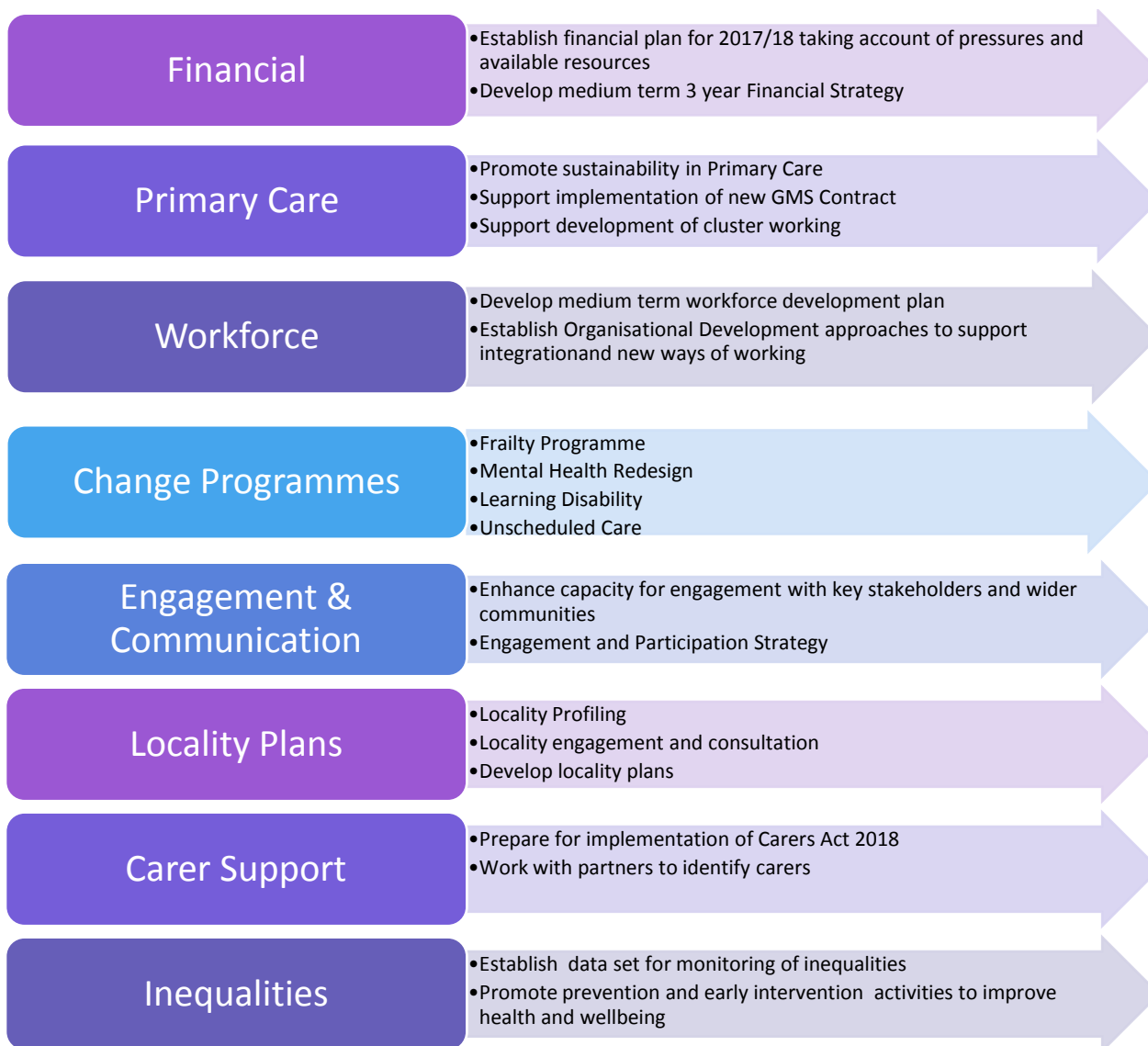
First Annual Review of Strategic Plan

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

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

Key priorities for 2017/18

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





Locality planning

We have agreed locality arrangements for East and West Localities with people working together to shape plans and services. Locality profiles are being developed and community consultation is planned for 2017.

Strategic plan review

We have completed the 1st Annual Review of our Strategic Plan 2016-26. Our vision, values and priorities remain constant and no replacement plan was required.

Best value & inspection

We have been working with others to ensure the principles of best value are followed in the delivery of our services.

The Care Inspectorate have completed inspections across a range of services and have assessed the overall quality of care as good or better in those reviewed.

The Mental Welfare Commission inspected two services with positive outcomes. Recommendations from inspections have been incorporated into service improvement plans.

Our decision-making

The Integration Joint Board has established the partnership and set up arrangements for audit, risk, performance, health care governance and participation and engagement.

Who We Are

West Lothian Integration Joint Board brings together a wide range of health and social care services for adults in West Lothian

Our Vision

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

Our Performance

The IJB Annual Performance Report describes our achievements against shared outcomes. We have made positive progress in a number of areas. The highlights of our performance against key measures are shown inside.

The Annual Performance Report 2016/17 and copies of this summary are available on the webpage :

<http://www.westlothianhsc.org.uk/media/16721/West-Lothian-IJB-Annual-Performance-Report-201617/pdf/West-Lothian-IJB-Annual-Performance-Report-2016-17.pdf>

West Lothian Integration Joint Board

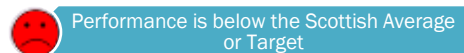
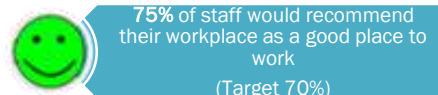
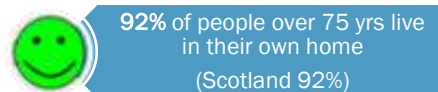
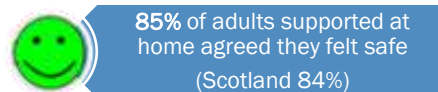
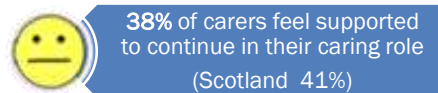
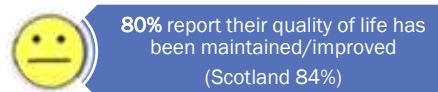
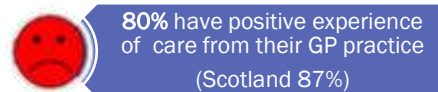
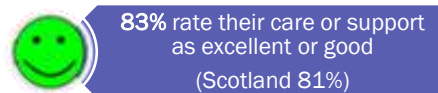
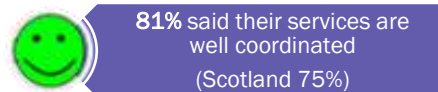
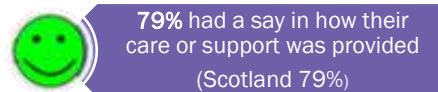
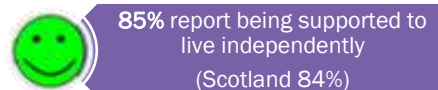
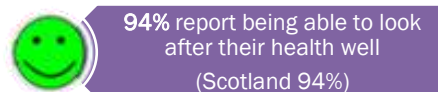


Civic Centre, Livingston, West Lothian EH54 6FF
Website: <http://www.westlothianhsc.org.uk/hsci>
Phone enquiries: 01506 280000
Email: customer.service@westlothian.gov.uk

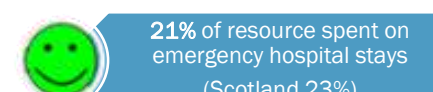
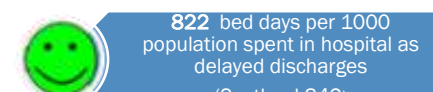
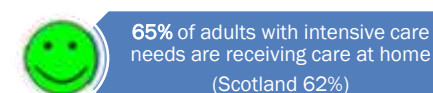
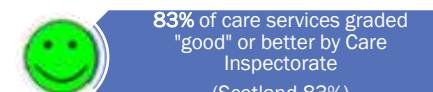
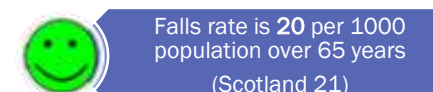
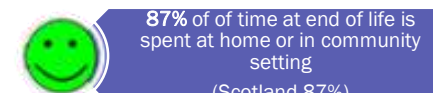
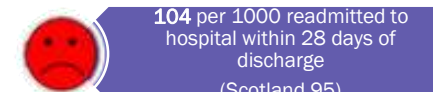
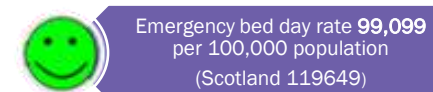
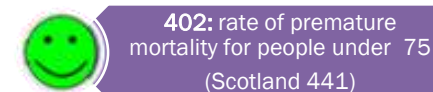
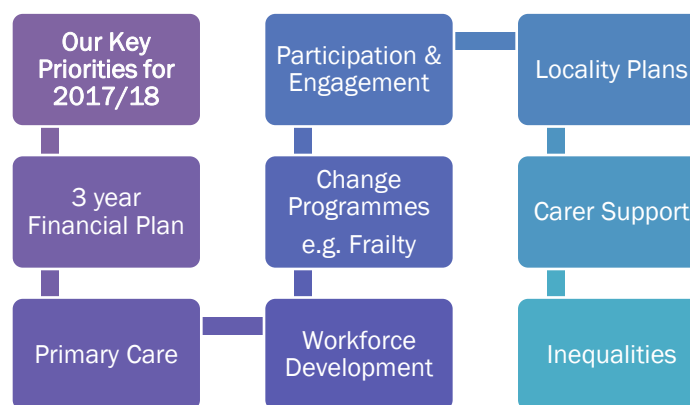


WEST LOTHIAN INTEGRATION JOINT BOARD

*Annual Performance Report
2016/17*



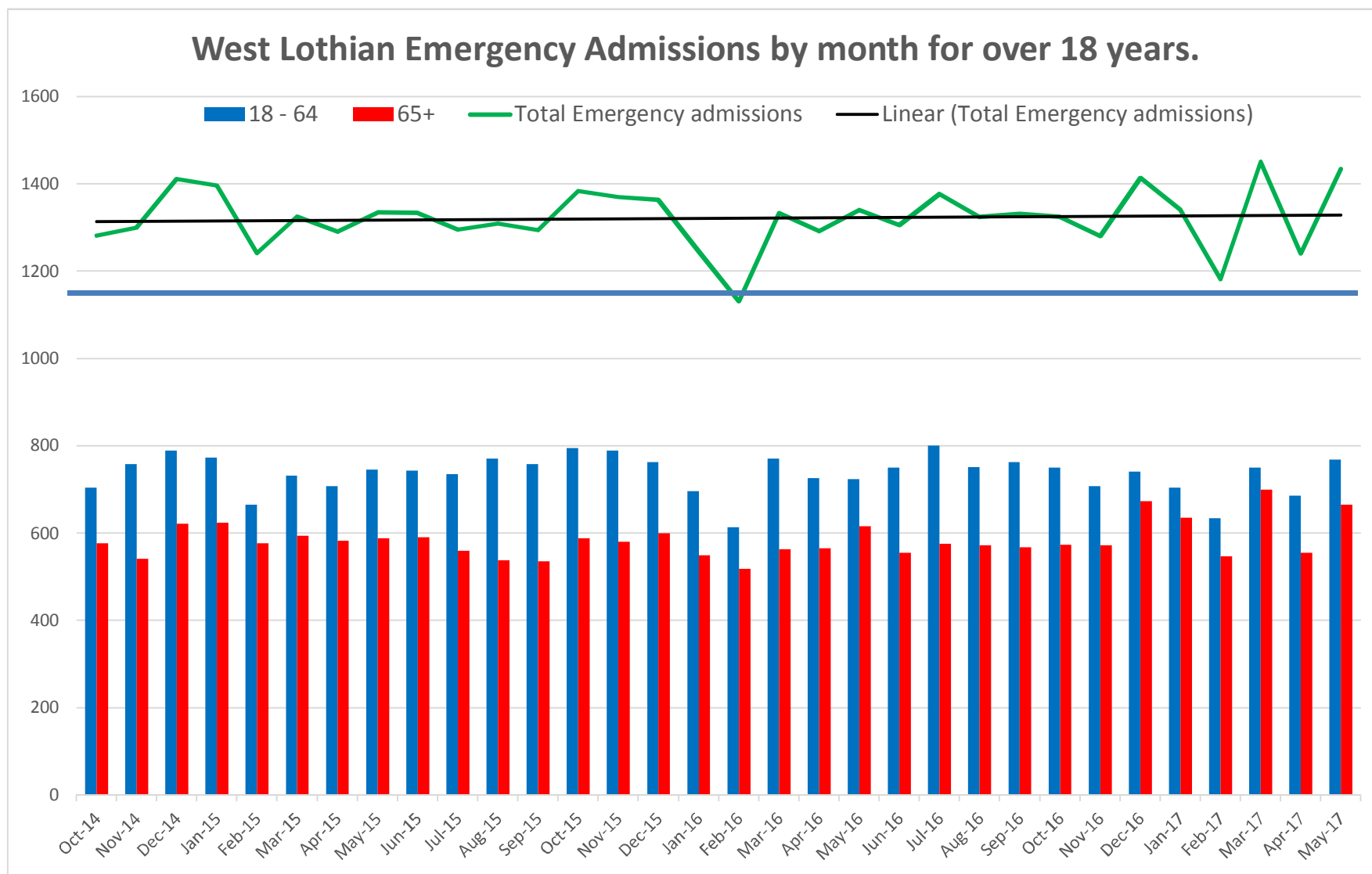
The IJB aims to improve the quality of life for people by offering care and support that helps them to live well and have greater control, choice and independence.



HSCP Report

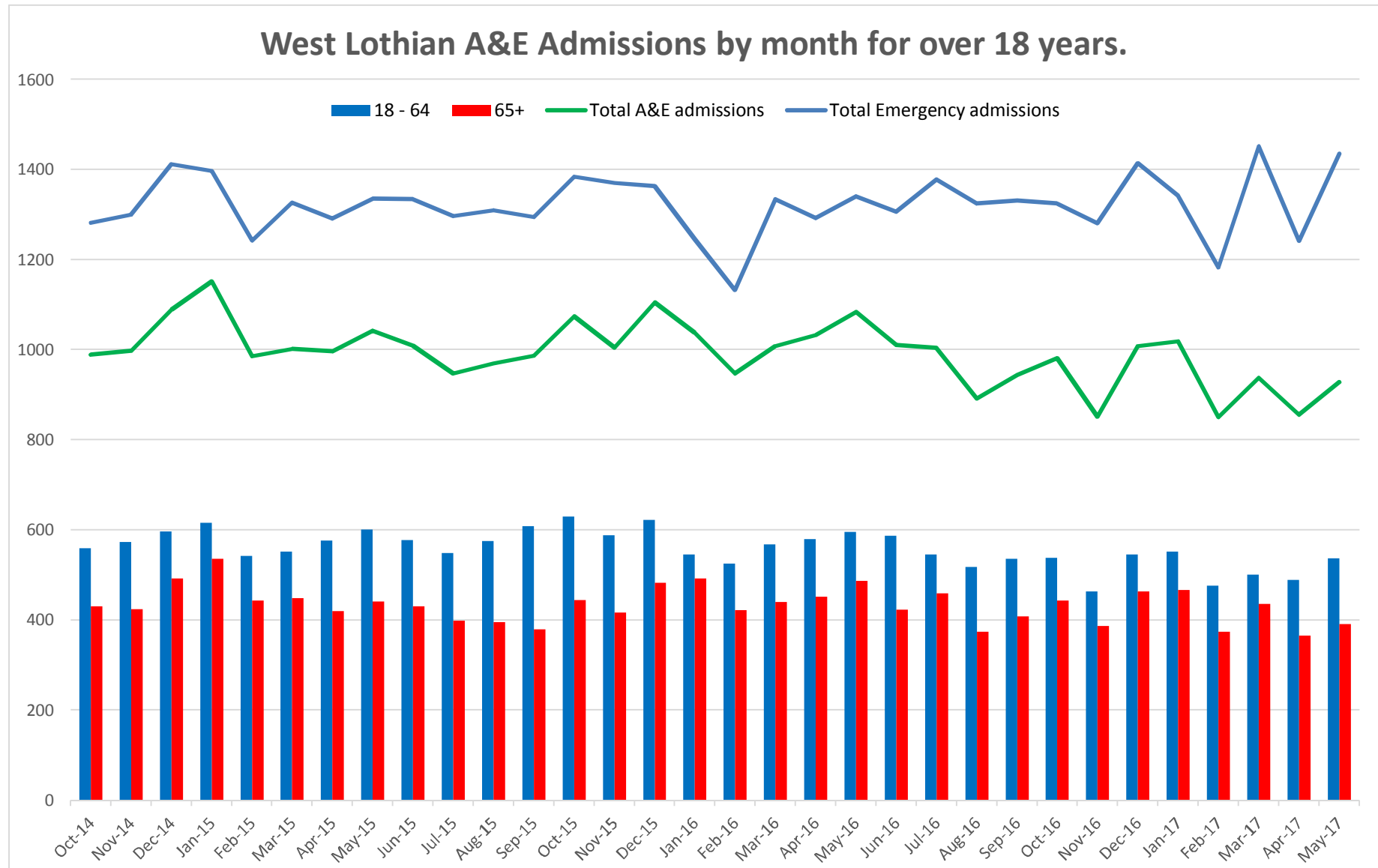
INTEGRATION INDICATORS

Emergency admissions

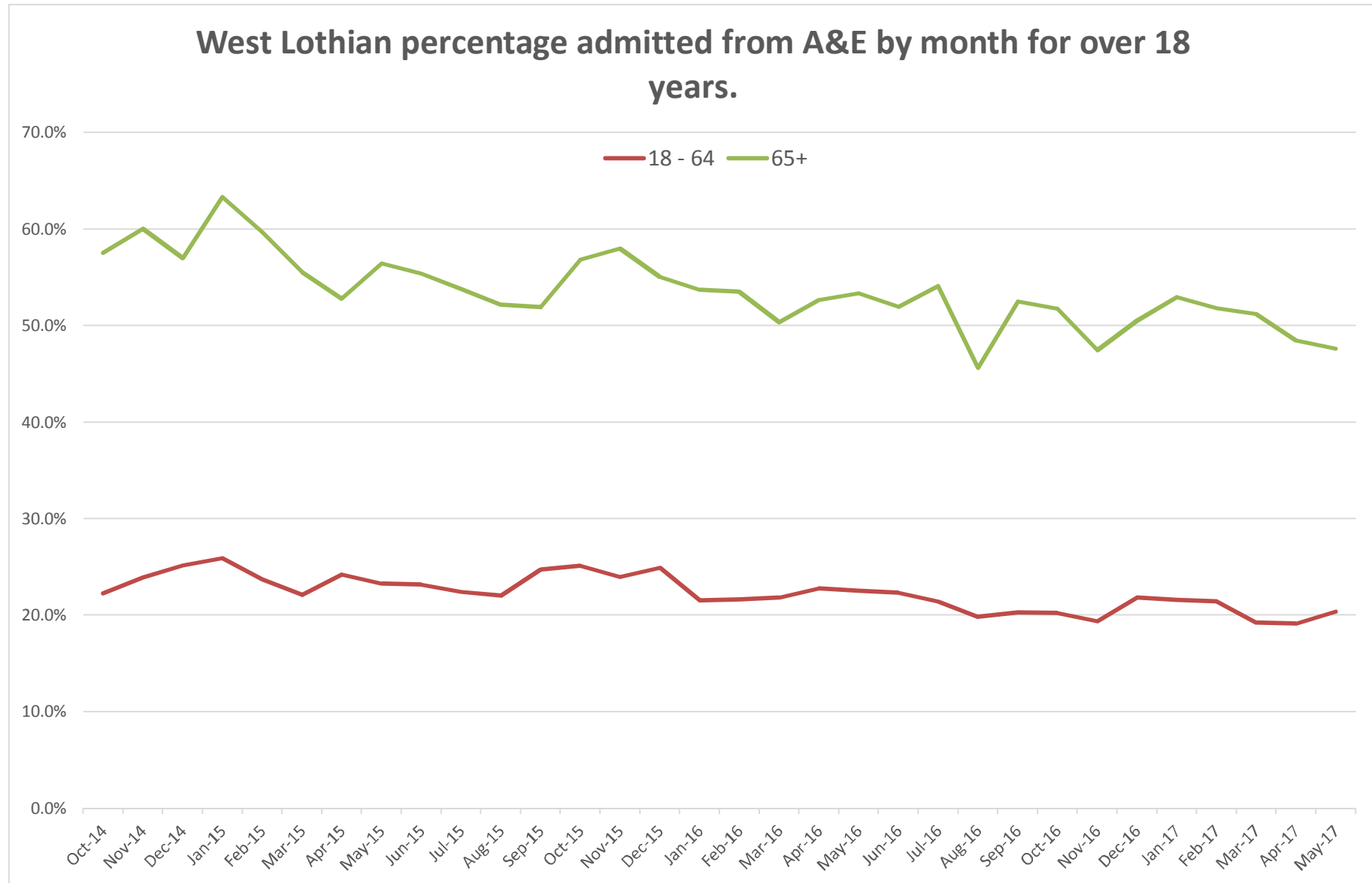


Target 5% reduction in unplanned hospital admissions by 2019 against 2016 average = 1138 per month

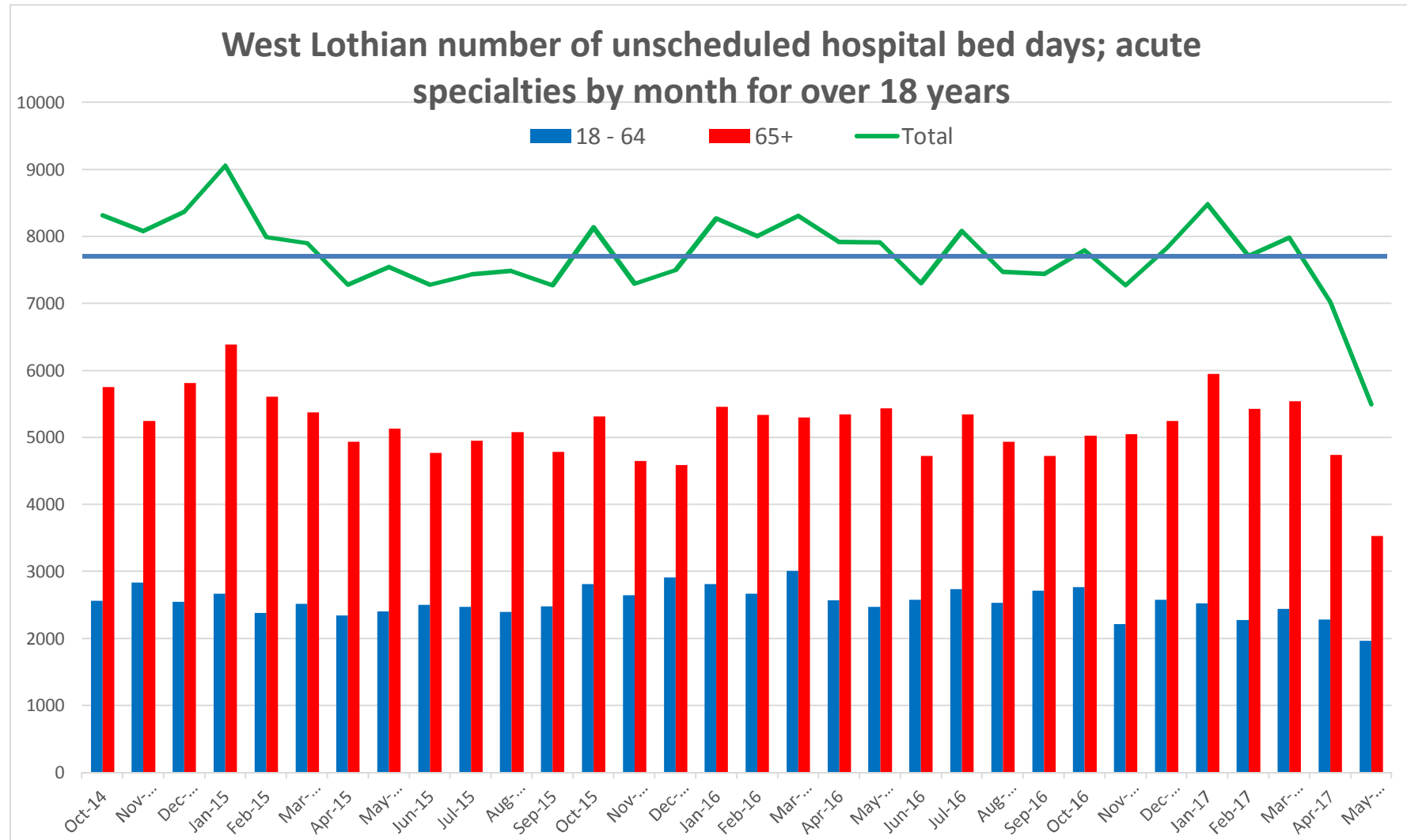
Admissions from A&E



Admissions from A&E



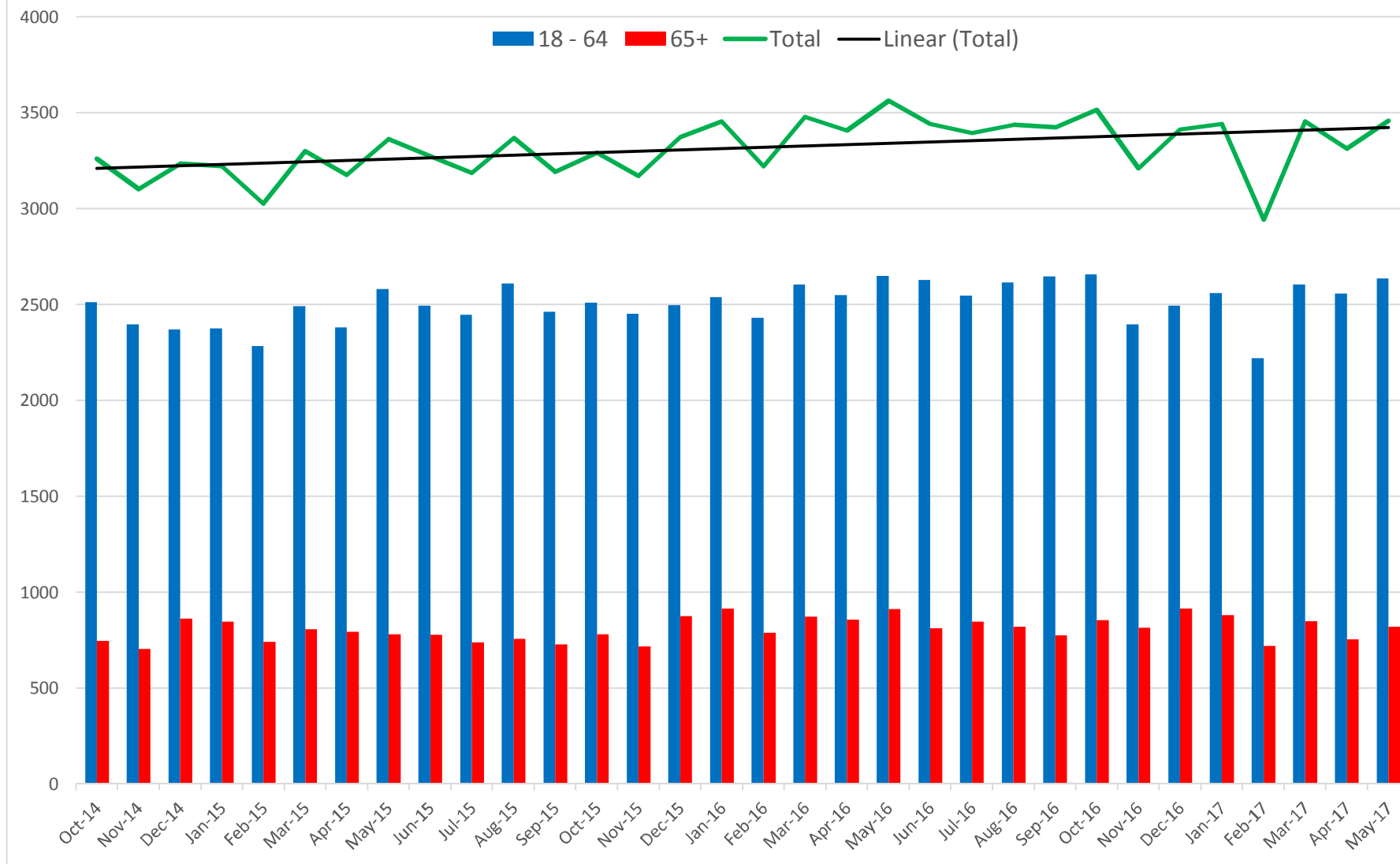
Unscheduled Hospital Bed Days



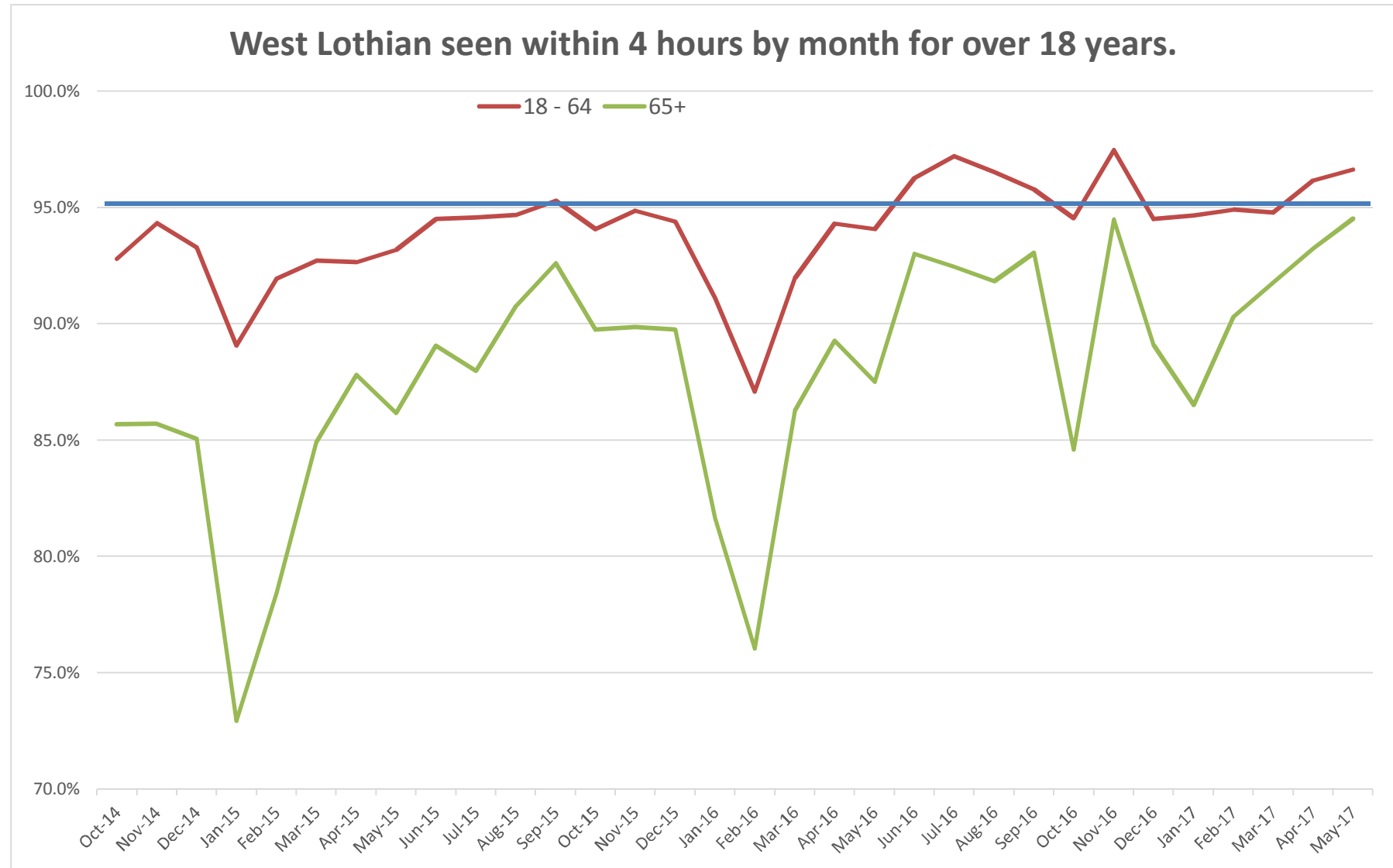
Maintain unscheduled bed days at average of 7769 per month

Accident and Emergency

West Lothian A&E Attendances by month for over 18 years.

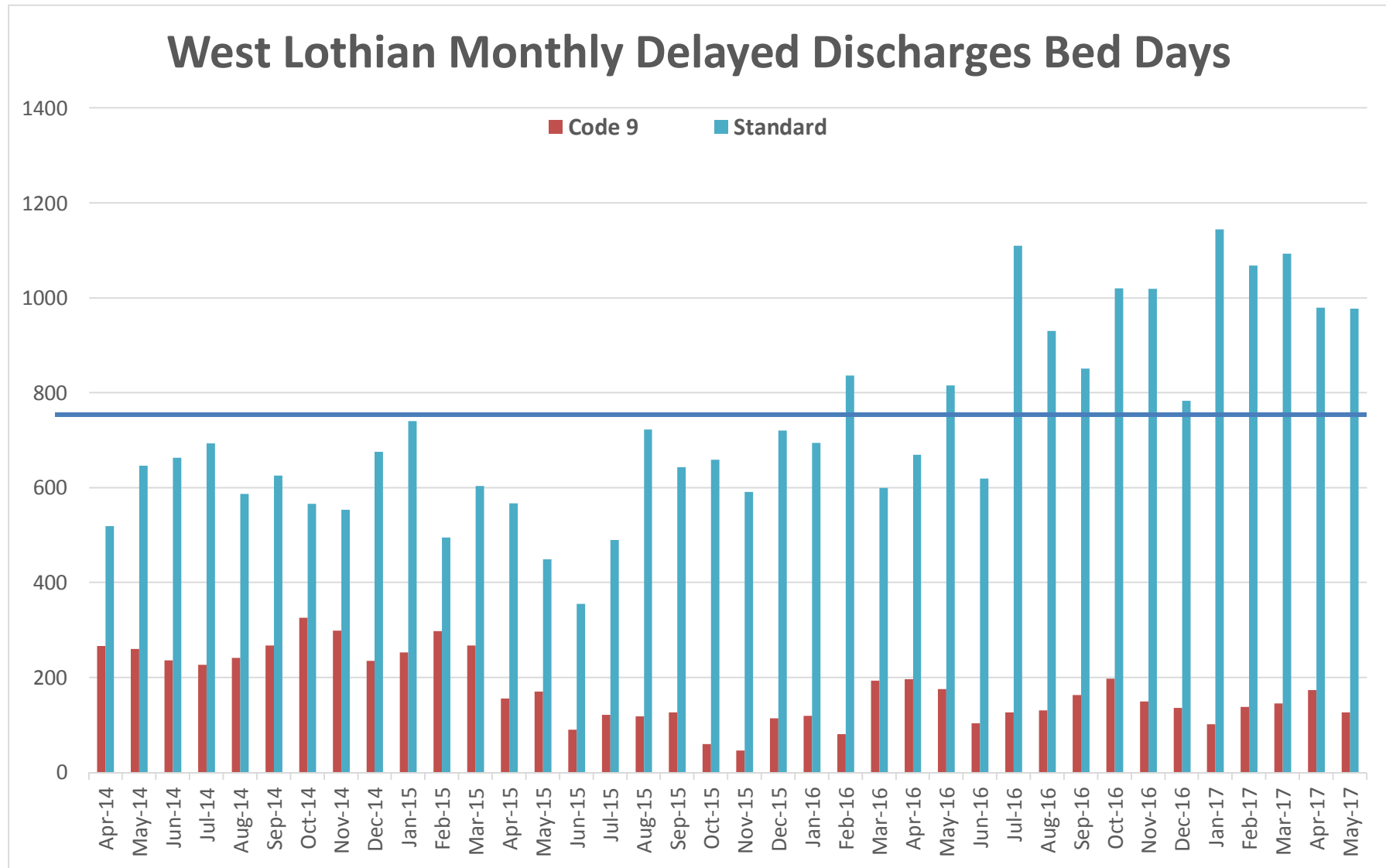


Accident and Emergency



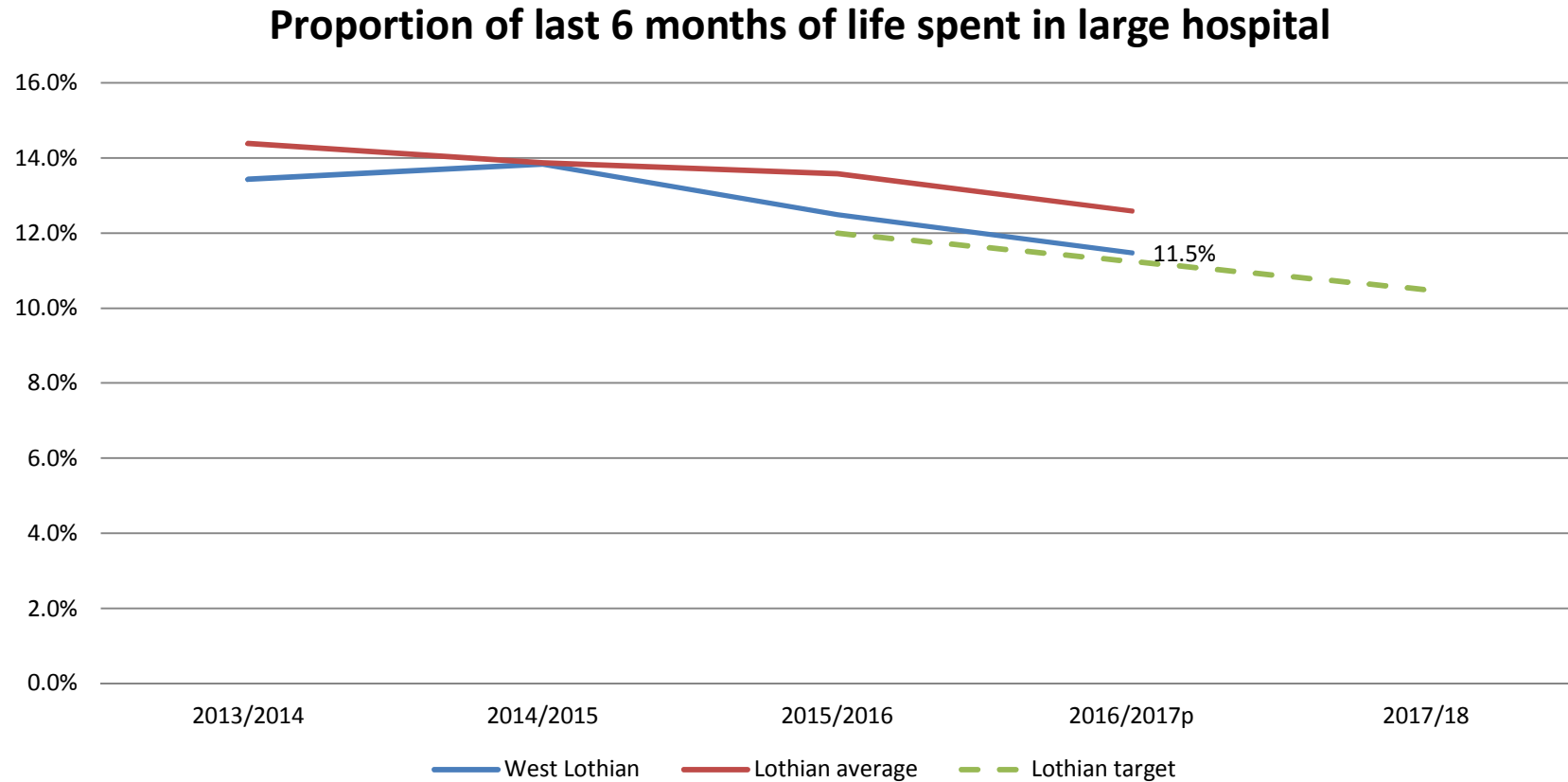
Maintain 4 hour 95% standard within A&E

Delayed Discharge Bed Days



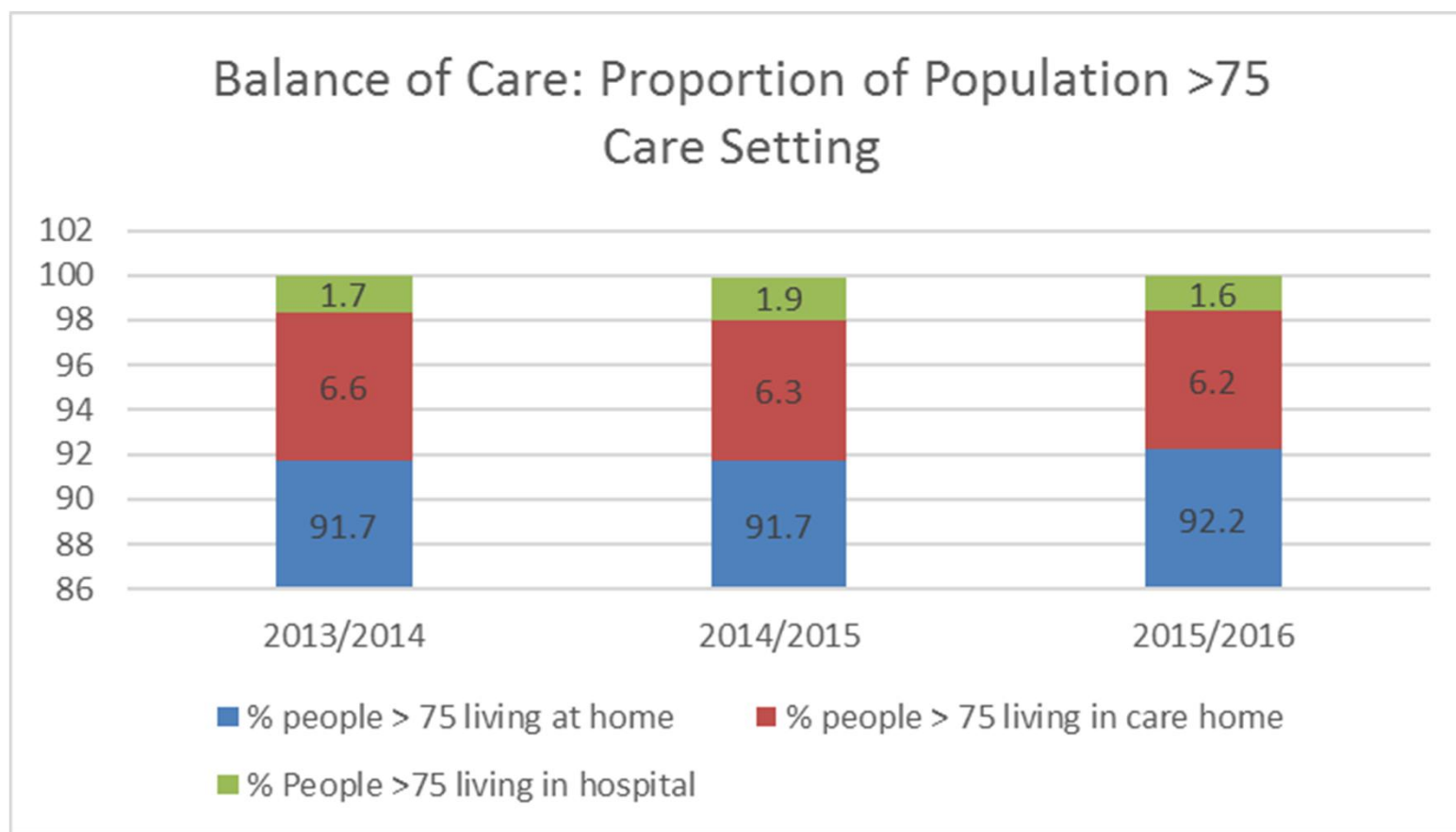
Reduce standard delayed discharge bed days by 10% compared to 2016 mean (746)

Proportion of last 6 months of life spent in large hospital



Reduce proportion of last 6 months of life spent in large hospital setting to 10.5%

Proportion of population over age 75 by care setting



Maintain 92% of people age 75+ in the community

Our vision is...

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

West Lothian Health & Social Care Delivery Plan

We serve...

Population of West Lothian circa 180,000.

We are succeeding when...

5% Reduction in unplanned hospital admissions by 2019 against 2016 baseline	Maintain unscheduled bed days (Acute Specialties) at average of 7769 per month	Maintain the 4 hour 95% standard within A&E	There are no people waiting more than two weeks for discharge from when they are ready (Standard Delays)	Reduce standard Delayed Discharge Bed days by 10% compared to 2016 mean	Improve End of Life Care & reduce proportion of time spent in large hospital setting in last 6 months of life to 10.5%	Maintain 92% of People 75+ in the Community
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The journey we need to take...

In 2016/17 we spent approx. £200.2m on current service model

Episodic Care Model -focus on hospital services for specialist and acute care

Duplication of assessments; complex care pathways

Technology playing a limited role

Limited OOH options contributing to unnecessary admissions e.g. 5 day service model in REACT & AHP

NHS Lothian & WLC leading prioritisation and resource allocation

Self management support in some services

Carers have some support in their caring role

This needs to change because...

Demand on unscheduled hospital care is not sustainable; 5 day service models limit capacity to shift balance of care; Workforce supply is affecting ability to deliver care; Need to focus on prevention, early intervention and community based solutions

Our transformational journey

Priority changes

- Whole system Frailty Programme
- Whole system actions to reduce delayed discharges
- Support wider use of ACP
- Review Palliative Care provision
- Redesign Mental Health Services
- Embed Case Management
- Improve access and capacity of Primary Care
- Support locality development & community capacity
- Implement Care Home and Care at Home Contracts
- Technology Enabled Care Programme
- Implement new GMS contract
- Review referral pathways
- Integrate principles of *Realistic Medicine*
- Determine public health priorities and refresh health improvement plan

Long-term enablers

- Hospital Plan to support reconfiguration of beds and space utilisation
- IT systems to support clinical requirements
- Health and Social Care Workforce Development Plan
- Locality Plans
- Commissioning Plans
- Market Facilitation Plan
- Primary Care Development Plan
- Participation and Engagement Plan
- Culture & Values
- Partnership & team working
- Increased investment in Primary Care (move toward 11% of frontline NHS Budget)

Critical stakeholders: Population in West Lothian, GP Practices, St Johns Hospital (A&E, Medical Directorate) Staff, NHS Lothian, West Lothian Council

In 2019 we will spend £200.8m on the following service model

More specialist acute care in community

Integrated Health & Social Care model making best use of resources

Increase availability of 24/7 working to support care delivery at home or in homely settings

Work with partners and communities to co-design solutions & allocate resources

Increase self management using personal outcomes approach

Increase anticipatory and preventative approaches

Further develop carer support and value contribution in caring role

More effective use of technology

This is beneficial because...

Enhancing the availability of & access to services in the community will shift the balance of care: underpin prevention of admission, early supported discharge & provide support for planned & continuous care

Balanced Scorecard

Scorecard Perspective	Health & Well Being Outcomes	Indicators	Performance 2015/16	Performance 2016/17
Finance and Business Perspective	Effective Resource Use	Percentage of total health and care spend on hospital stays where the patient is admitted in an emergency	20%	21%
		Achievement of a break-even revenue position		Balanced position on £237million budget
		Achievement of efficiency savings		£4.66 million savings on H&SC budget achieved
		Improve the level of generic prescribing to reduce costs	83%	86%
		Contribute to Lothian wide prescribing efficiency savings	WL Target £889K	£953K
		Self Directed Support (SDS) Spend on Adults 18+ as a Percentage of Total Social Work Spend on Adults 18+	2.5%	4.09%
		Improve end of life care & reduce proportion of time spent in large hospital setting in last 6 months of life to 10.5%	12.5%	11.5%
Customer Perspective	Positive experiences and outcomes	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	81%	
		Percentage of adults receiving any care or support who rate it as excellent or good	83%	
		Percentage of people with positive experience of care at their GP practice.	80%	
		Readmissions to hospital within 28 days of discharge (per 1000 population)	101	104
		Proportion of care services graded Good (4) or better in Care Inspectorate inspections	83%	
		Number of days people spend in hospital when they are ready to be discharged (per 1000 population)	485	822
	Carers are supported	Percentage of carers who feel supported and able to continue in their caring role.	38%	
Internal Process Perspective	Healthier Living	Percentage of adults able to look after their health very well or quite well.	94%	
		Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	80%	
		Premature mortality rate per 100,000 population	402	
		Rate of emergency admissions for adults per 100,000 population	11159	11775
		Rate of emergency bed days for adults	91878	99099
		Life Expectancy	M:F 77.9:80.5	
		Warwick-Edinburgh Mental Well-being Score	25.9	
	Independent Living	Percentage of adults supported at home who agree that they are supported to live as	85%	

		independently as possible.		
		Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	79%	
		Proportion of last 6 months of life spent at home or in a community setting	87.1%	88.1%
		Falls rate per 1000 population in over 65s	19	20
		Percentage of adults with intensive needs receiving care at home	65%	
		Percentage of people aged 75+ who live in own home, rather than a care home or a hospital setting	92.2%	
	Services are safe	Percentage of adults supported at home who agree they felt safe.	85%	
		Percentage of MAPPA cases where level of risk has been contained or reduced	99.8%	
		Number of households receiving telecare	4224	
		Number of new telecare installations	192	
		Percentage of adults satisfied with Social Care or social work services	78%	
Learning & Growth Perspective	Engaged Workforce	Percentage of staff who say they would recommend their workplace as a good place to work	71%	75%
		85% of staff have an annual performance review and personal development plan	75%	80%
		Achievement of 4% staff absence rate across all service areas		5.16% (NHS) 5.95% (SP)
		Staff receive recognition for good work, success or good performance	75%	75%

Strategic Planning Group

Date: 17 August 2017

Agenda Item: 8

NATIONAL CARE HOMES CONTRACT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Strategic Planning Group of the progress of the National Care Homes Contract negotiations and the intention to act as a test site for local variation.

B RECOMMENDATION

To note the progress of the National Care Homes Contract negotiations, in particular:

- the expectation of the providers to conclude the review of the contract by December 2017 and the risks associated with this
- West Lothian's commitment to be a test site for local variation of the contract

C TERMS OF REPORT

Background

In Scotland a National Care Home Contract has been in place since 2006. This contract defines the terms of local authority placements into private or voluntary sector care homes. The fee structure for these local authority placements is negotiated annually between COSLA and representatives of the Independent and Third sectors. The contract is not updated annually; changes are identified in a Minute of Variation.

The National Care Home Contract was last reviewed fully in 2013. The contract has been subject to a major review since 2015. The settlement for 2016/17 was a compromise in anticipation of conclusion of the review in advance of the settlement for 2017/18. The reform of the contract is focused on workforce pressures, quality and innovation and cost and variation.

Conditional settlement for 2017/18

The settlement for 2017/18 was a compromise pending the outcome of the review with an uplift of 2.8 % effective from 10th of April which includes delivering the new Scottish Living Wage of £8.45 to adult social care workers in care homes from May 1st 2017.

The providers' representatives made it clear that their members acceptance was conditional on a number of key points:

1. Completion of a cost of care calculator
2. Development of a dependency tool to support the calculator
3. Test of change for local variation to the contract in areas where there is a shared concern around sustainability for example in terms of skill mix, and remote and rural areas
4. A summary of progress in October so as to confirm by December whether to progress negotiations for 18/19 on a new basis or to manage a move to local negotiations.

Issues for West Lothian

West Lothian continues to have a strong preference for a national contract. This is based on two main considerations:

1. A national contract effectively shares the market risk. Local commissioning is likely to be heavily influenced by the local balance of supply and demand.
2. A national contract shares the effort associated with the commissioning process. Although we have in-house expertise to address local commissioning, this resource is already under pressure.

Although we continue to have a preference for a national contract it should be noted that current negotiations indicate a distinct risk that there will be an increase in care home fees significantly higher than in recent years.

In respect of local variation, West Lothian has indicated an interest in acting as a test site. As part of our Frail Elderly Programme we have a project looking at Intermediate Care; the scope of this includes commissioning within care homes for:

- possible enhanced provision for dementia
- step up/down provision
- respite provision

The scope of this fits well with exploring local variation on two of the factors that have been suggested form part of the national negotiations, specifically:

- dependency/models of care
- staffing/skill mix

It is expected that COSLA will confirm West Lothian to be included in the test of local variation, in which case we will integrate the work with that proposed for the Intermediate Care project. The anticipated timescale is that the initial phase should be concluded in accordance with the schedule for the national contract i.e. end of December 2017.

D CONSULTATION

- Contracts Advisory Group

E REFERENCES/BACKGROUND

- Older People Commissioning Plan

F APPENDICES

- None

G SUMMARY OF IMPLICATIONS

Equality/Health	None
National Health and Wellbeing Outcomes	The Older People commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
Strategic Plan Outcomes	The Older People commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	The care homes contract, whether national or local, will have impact on the budget for 2018/19; this is still to be determined.
Policy/Legal	None
Risk	The main risks relate to commissioning: <ul style="list-style-type: none">– Failure to balance demand with supply– Failure to achieve Best Value

H CONTACT

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17 August 2017

West Lothian Strategic Planning Group

Date: 17 August 2017

Agenda Item: 9

WEST LOTHIAN WINTER PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to inform the Strategic Planning Group of the development of the Winter Plan for 2017/18 and to outline the activities underway to prepare for the winter period when it is recognised that demand for services is likely to be at its highest level.

B RECOMMENDATION

The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note the progress made in developing the Winter Plan, which will ensure key services are maintained for critical patients and customers, and the organisation's reputation is protected*
- 3. Support the activities and management responsibilities to ensure winter preparedness and effective response to adverse situations*

C TERMS OF REPORT

West Lothian HSCP and St John's Hospital are required to plan for the winter period when it is recognised that demand for services is likely to be at its highest level. The plan for 2017/18 builds on previous Winter Plans for West Lothian and the local actions already in place to support prevention of admission and early discharge and aims to provide safe and effective care for people and ensure effective levels of capacity and funding are in place to meet expected activity levels to support service delivery across the wider system of health and social care.

The plan takes into account the Scottish Government Guidance (DL (2016) 18) with a continuing focus on integration, improving delayed discharge, improving unscheduled care performance and planning for the additional pressures and business continuity challenges that are faced in winter.

It is recognised that our current service provisions are under pressure and the winter plan needs to be viewed within the context of the range of interventions already in place within West Lothian to prevent admission and support early discharge, with additional processes agreed to respond to emerging needs as a result of winter pressures

Our key priorities are focussed on prevention of admission; facilitating rapid access for assessment and treatment 7 days per week and ensuring people are discharged in a timely manner. The plan includes:

- Increasing staff capacity within REACT to fully operate 7 days per week and enable new patients to be referred and assessed at weekends: includes additional capacity within Reablement Team
- Increase capacity of health and care community teams and district nursing liaison to facilitate and support discharge 7 days per week
- Increasing AHP capacity to extend the operation of ROTAS, augment provision for acute medical wards and community team to facilitate rapid assessment and early supported discharge
- Continuation of REACH service to support patient pathways through hospital
- Increasing capacity for inpatient psychiatry liaison to support management of patients
- Development of rapid access respiratory “hot” clinic to assess those with acute exacerbation of respiratory illness and facilitate care at home
- Ensuring staff rotas are augmented and fully staffed over festive period and into January 2017
- Ensuring additional capacity in support services to manage additional demand

The delivery of the Winter Plan requires additional resources to support implementation, in our health and social care teams. Recruitment processes are currently in progress with additional staff being recruited on a 6 month contract to enable earlier implementation of the plan and to make the posts more attractive to potential candidates.

It is anticipated the Winter Plan will ensure: -

- The provision of high quality, responsive services are maintained through periods of pressure;
- The impact of pressures on the levels of service, national targets and finance are effectively managed;
- The requirements of the Scottish Government are met.
- The Director of West Lothian HSCP, the Site Director St John’s Hospital and the Chief Operating Officer NHS Lothian that effective Winter Plans exist.

The HSCP and St John’s Hospital management teams have re-established their Winter Planning Group to monitor and evaluate the winter planning process and to take any actions necessary in implementation of the plan.

The HSCP and St John’s Hospital will continue to be represented at the major winter planning meetings in NHS Lothian and West Lothian Council

D CONSULTATION

St John's Hospital and the HSCP management teams have contributed to the preparation of the Winter Plan

E REFERENCES/BACKGROUND

Preparing for Winter 2016/17, DL (2016) 18

F APPENDICES

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	All National Health and Wellbeing Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Mutual Aid
Resource/finance	Additional Winter Plan funding will be allocated to support implementation of the Winter Plan.
Policy/Legal	None
Risk	Failure to recruit the required staff will impact on the delivery of the Winter Plan

H CONTACT

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9th August 2017

WORKPLAN FOR WEST LOTHIAN STRATEGIC PLANNING GROUP 2017-18

Date: 17 August 2017

Agenda Item: 10

Date of SPG meeting	Title of Report	Lead Officer	Notes
17 August 2017			
	Alcohol & Drug Partnership	Alan Bell	
	Palliative Care	Marion Barton/Mairead Hughes/Pamela Main	
	Performance Report (to include 2016-17 Annual Performance Report as an appendix)	Carol Bebbington	
	National Care Home Contract Update	Alan Bell	
	Winter Plan	Carol Bebbington	
12 October 2017			
	Unscheduled Car Plan	Carol Bebbington	
	Progress Report on Carers Strategy	Jane Kellock/Carol Bebbington	
	Market Facilitation Plan	Carol Bebbington/Lorna Kemp	
	Locality Plan update	Jane Kellock/Marion Barton	
	Finance Strategy	Patrick Welsh	
16 November 2017			
	Workforce Development Plan	Marion Barton	
	Performance Report	Carol Bebbington	
	Primary Care Update	Carol Bebbington	