



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

6 October 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 12 October 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 17 August 2017 (herewith).
5. Unscheduled Care Plan - Report by Director (herewith)
6. Market Facilitation Plan - Report by Director (herewith)
7. Localities Planning Update - Report by Director (herewith)
8. Adults' Mental Health Commissioning Plan Update - Report by Director (herewith)

DATA LABEL: Public

9. Learning Disabilities Commissioning Plan Update - Report by Director (herewith)
10. Mental Health Update - Report by Director (herewith)
11. 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 of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 17 AUGUST 2017.

Present – Jim Forrest (Chair); Carol Bebbington (Health Professional), Alan Bell (Social Care Professional), Ian Buchanan (User of Social Care), Margaret Douglas (Health Professional), Pamela Main (Social Care Professional), Mairead Hughes (Health Care Professional), Mary-Denise McKernan (Carer of Users of Health Care), Martin Murray (Union WLC), Charles Swan (Social Care Professional) and Robert Telfer (Commercial Provider of Social Care)

Apologies – Marion Barton, Dr Steven Haigh, Jane Kellock, Bridget Meisak and Dr James McCallum

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 20 April 2017 as a correct record.

3. ALCOHOL AND DRUGS PARTNERSHIP (ADP) PERFORMANCE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of the approach proposed by the Alcohol and Drug Partnership to inform the impact of the reduction in funding to commissioned services.

The group were advised that Scottish Government funding for ADP's 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 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 budget, 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 would be used in part as an investment to commissioned addiction services to partly offset reduced specific Scottish Government funding for Alcohol and Drug Partnerships (ADP's). The IJB also agreed to review the impact of the cuts to commissioned services over the course of 2017-18.

The HEAT (Health Improvement, Efficiency, Access to Services & Treatment) A11 standard set by the Scottish Government stated that by

March 2013 90% of clients would wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supported their recovery. A table contained in the report demonstrated that performance in 2017 was significantly down on performance in 2016.

The ADP had discussed the approach to take to inform the impact on the reduction in funding to commissioned services. It was 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 services users and the wider community with primary data obtained through stakeholder engagement. The group were further advised that this review would be carried out in-house.

Once the review was complete the outcome would be reported to the IJB to its meeting on 30 October 2017.

The group were also advised that Dr Margaret Douglas would assist with any Equality Impact Assessment that would need completed as part of the overall review.

It was recommended that the Strategic Group support the approach proposed by the ADP to inform the impact of the reduction in funding to commissioned services.

Decision

1. To note the contents of the report;
2. To support the approach being proposed by the ADP in terms of carrying out a review of the impact of a funding reduction to commissioned services; and
3. To note that Dr Margaret Douglas would be available to assist with the Equality Needs Assessment.

4. PALLIATIVE CARE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director setting out a proposed approach for the development of a medium term West Lothian Palliative Care Plan which would meet the palliative care needs of the West Lothian population.

The group were advised that almost all people who died were 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 not only associated with a rise in the number of deaths due to the growth in the older population but also increased care complexity would place an increasing focus on palliative care.

Palliative care was about ensuring a good quality of life during every stage of life limiting illness from diagnosis onwards. This included relieving symptoms and providing physical, social psychological and spiritual support. In addition it was recognised that planning for care at the

end of life should be responsive to patient choice regarding place of care and place of death.

The majority of palliative care provision was delivered through general practice, community nursing and social care teams. This was augmented through specialist community services and day services which were commissioned through a service level agreement with Marie Curie. Where specialist end of life care was required in a hospice this was provided through Marie Curie, St Columba's or Strathcarron Hospices. Provision could also be made with community beds within St Michaels and Tippethills Hospital.

The aim was 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 those who required it and prioritised according to the patient's needs

In developing a West Lothian Palliative Care Plan it was the intention to build on the history of good practice and current successes through collaborating with the existing Lothian Managed Clinical Network for Palliative Care. Whilst there was a certain amount of data available to West Lothian related to palliative care needs and provision this would be refreshed and updated in more detail.

It would also be important 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 the education framework for all staff.

Central to future strategic plans and part of any needs assessment would be engagement with service users and key stakeholders. Current attitudes to death and dying were usually gained through existing services from patient stories. Whilst these stories provided a rich source of information as to what was important to patients and their families it was important to broaden knowledge and understanding through additional engagement approaches.

There would also be a need to further explore the opportunities in West Lothian within any future Service Level Agreement with Marie Curie for example emerging models of care such as the REACT hub.

The report concluded that the development of a West Lothian Palliative Care Plan would fit with the transformational change programme focusing on service provision for adults and older people, building on the success of the current West Lothian Palliative Care Service.

The review would bring together administrative, financial and outcomes data from a wide range of sources which would ensure that the IJB had all of the relevant data to make an informed decision about the future needs and service provision.

A progress report would be brought to a future meeting of the Strategic Planning Group toward the end of 2017/start of 2018.

It was noted that the scope of the review had not yet been confirmed and therefore it was not clear if the review would just look at the current provision in West Lothian or include provision throughout the whole of the Lothian's.

Robert Telfer then took the opportunity to advise the group that he had recently received a document drafted by Jo Hockley, Senior Nurse Research Fellow, which provided some useful information on palliative care which he was happy to share with the group.

Carol Bebbington also provided the group with an update on comments received from Dr Steven Haigh who had been unable to attend the meeting. Dr Haigh expressed concern about the additional pressures being placed upon general practice in terms of palliative and end of life care with no extra resources being provided.

It was recommended that the Strategic Planning Group :-

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

Decision

1. To note the contents of the report;
2. To note the comments submitted by Dr Steven Haigh in relation to general practice and palliative care;
3. To note that an update on progress with the review would be brought back to the SPG at the end of December/start of January; and
4. To agree that Robert Telfer would share a paper authored by Jo Hockley, Senior Nurse Research Fellow with the group and which concerned a study of palliative care.

5. IJB PERFORMANCE REPORT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director presenting the annual performance report 2016-17 and the current performance against indicators.

The group were advised that the Scottish Government issued guidance in March 2016 stipulating the requirement to publish performance reports from 2017-17 onward. The guidance detailed the requirement to publish the performance report within four months of the end of the performance reporting period and that it was made accessible to the public.

Attached to the report at Appendix 1 was the Annual Performance Report for 2016-17. It has been structured according to the national outcomes and included an assessment of performance against key performance measures and highlighted practice examples for the reporting period.

Performance measures had 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 included sections on governance and decision making, financial performance, inspection findings and locality arrangements; it also set out the priorities for 2017-18.

The Annual Performance Report for 2016-17 had been approved by the IJB at their meeting on 27 June 2017 and had now been published on the web.

The group continued to be advised that the Annual Performance Report included the 23 core indicators for measuring performance against 9 National Health and Wellbeing Outcomes. These indicators were made up of 10 outcome indicators and 13 data indicators.

9 of the outcome indicators were derived from the Health and Care Experience Survey which was due to be completed in 2017-18; therefore these indicators would not be updated until 2018-19. The tenth indicator related to workforce and was not currently available nationally.

3 of the data indicators were still under development and would be reported when available. As the Information Service Division (NHS Scotland) were responsible for providing the data it was expected that the first quarter data for 2017-18 would be made available to partnerships in September 2017. Data was also being provided on a monthly basis with a time lag of three months.

It was further reported that the West Lothian Health and Care Partnership had been responsible for setting its own targets and that some work would be required to investigate the reasons behind some of the achievements.

Carol Bebbington then took the opportunity to advise the group of a number of points raised by Dr Steven Haigh who had been unable to attend the meeting. Dr Haigh had raised a number of comments on the report but was particularly concerned about the manner in which performance for general practice was being reported. Ms Bebbington advised the group that this was an indicator that the partnership had no choice but to report on and that it was unfortunate that the measurement was below the Scottish average.

The Strategic Planning Group was 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; and
4. Agree performance reports should be reviewed quarterly in accordance with available of data.

Decision

1. To note the contents of the report; and
2. To agree that performance reports would be reviewed on a quarterly basis.

6. NATIONAL CARE HOMES CONTRACT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of progress of the National Care Homes Contract negotiations and the intention of West Lothian to act as a test site for local variation.

The group were advised that in Scotland a National Care Home Contract had been in place since 2006. This contract defined the terms of local authority placements into private or voluntary sector care homes. The fee structure for these local authority placements was negotiated annually between COSLA and representatives of the Independent and Third Sectors. The contract was not updated annually; instead changes were identified in a Minute of Variation.

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

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

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

1. Completion of a cost 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 was a shared concern around sustainability for example in terms of skill mix and remote and rural areas; and
4. A summary of progress in October so as to confirm by December

whether to progress negotiations for 2018-19 on a new basis or to manage a move to local negotiations.

The group continued to be advised that West Lothian continued to have a strong preference for a national contract. This was based on two main considerations :-

1. A national contract effectively shared the market risk. Local commissioning was likely to be heavily influenced by the local balance of supply and demand; and
2. A national contract shared the effort associated with the commissioning process. Although West Lothian had in-house expertise to address local commissioning this resource was already under pressure.

In respect of local variation, West Lothian had indicated an interest in acting as a test site. For example the Frail Elderly Programme was a project looking at Intermediate Care, the scope of which included commissioning within care homes for possible enhanced dementia care, step up/down provision and respite provision. The scope of this programme fitted well with exploring local variation and had been suggested that it form part of the national negotiations.

It was therefore expected that COSLA would confirm that West Lothian be included in the test of local variation in which case would integrate work with that proposed for the Intermediate Care Project.

The report concluded that there was an expectation by providers that the National Care Homes Contract negotiations be concluded by December 2017 and that West Lothian was committed to being a test site for local variation of the contract.

Decision

1. To note the contents of the report;
2. To note that discussions were continuing between COSLA and provider representatives but would cease in November/December 2017 if significant progress had not been made;
3. To note West Lothian's preference for a National Contract; and
4. To note that West Lothian had indicated a desire to be considered as a test site for local variation.

7. WEST LOTHIAN WINTER PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of the development of the Winter Plan for 2017-18 and to outline the activities underway to prepare for the winter period when it was recognised that demand for services was likely to be at its highest level.

West Lothian Health and Care Partnership and St John's Hospital were required to plan for the winter period when it was recognised that demand for services was likely to be at its highest. The plan for 2017-18 built on previous Winter Plans for West Lothian and the local action plans already in place to support prevention of admission and early discharge. It also aimed to provide safe and effective care for people and ensure effective levels of capacity and funding was in place to meet expected activity levels to support service delivery across the wider system of health and social care.

The Plan also took 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 additional pressures and business continuity challenges that were faced in winter.

It was recognised that current service provision was already under pressure and the winter plan needed 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.

A number of priorities were summarised in the report and included increasing staff capacity within REACT, increase AHP capacity to extend the operation of ROTAS and ensure that staff rota's were augmented and fully staffed over the festive period into January 2018.

The delivery of the Winter Plan would require additional resources to support implementation in both the health and social care teams. Recruitment processes were 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 was anticipated that the Winter Plan would ensure :-

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

The Health and Social Care Partnership and St John's Hospital management teams had re-established their Winter Planning Group to monitor and re-evaluate the winter planning process and to take any actions necessary in the implementation of the plan. Additionally they would continue to be represented at the major winter planning meetings in

NHS Lothian and West Lothian Council.

At the conclusion of the summary of the report Carol Bebbington then took the opportunity to provide the group with comments that had been submitted by Dr Steven Haigh who had been unable to attend the meeting. Dr Haigh expressed concern that no extra resources were being provided to general practice to contend with winter pressures.

A discussion was also had with regards to flu and its impact not only on patients but staff as well. Ms Bebbington explained that there were protocols in place for patients, care home residents and staff and that she would liaise with council and independent sector colleagues to ensure that these protocols were communicated and adhered to.

The Strategic Planning Group was asked to :-

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

Decision

1. To note the content of the report;
2. To note the comments submitted by Dr Steven Haigh in relation to funding for unscheduled care for general practice noting that any funding requests would have to be submitted to the Unscheduled Care Board at the earliest opportunity;
3. To note that work on the Winter Plan would continue with colleagues at St John's Hospital; and
4. To note that protocols existed and should be in place for the flu vaccination for both patients, care home residents and staff.

8. WORKPLAN

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

The Director advised the group that if they wanted anything added to the Workplan to let either himself or the Clerk know.

It was also noted that in light of the discussion earlier in the meeting concerning Palliative Care the update to the group would be provided to the meeting scheduled for 18 January 2018 and that the workplan would be updated to reflect this.

West Lothian Strategic Planning Group

Date: 12 October 2017

Agenda Item: 5

UNSCHEDULED CARE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to provide an update to the Strategic Planning Group on current performance in relation to unscheduled care and the improvement plan and activities being progressed to improve performance.

B RECOMMENDATION

The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note the current performance against key unscheduled care performance indicators.*
- 3. Acknowledge the challenges which are impacting on performance*
- 4. Support the management team in deployment of the health and social care delivery plan designed to improve performance*

C TERMS OF REPORT

Improving unscheduled Care across Scotland is a key ministerial priority for Scottish Government. The National Unscheduled Care – 6 Essential Actions Improvement Programme aims to improve the timeliness and quality of patient care from arrival to discharge from the hospital and back into the community.

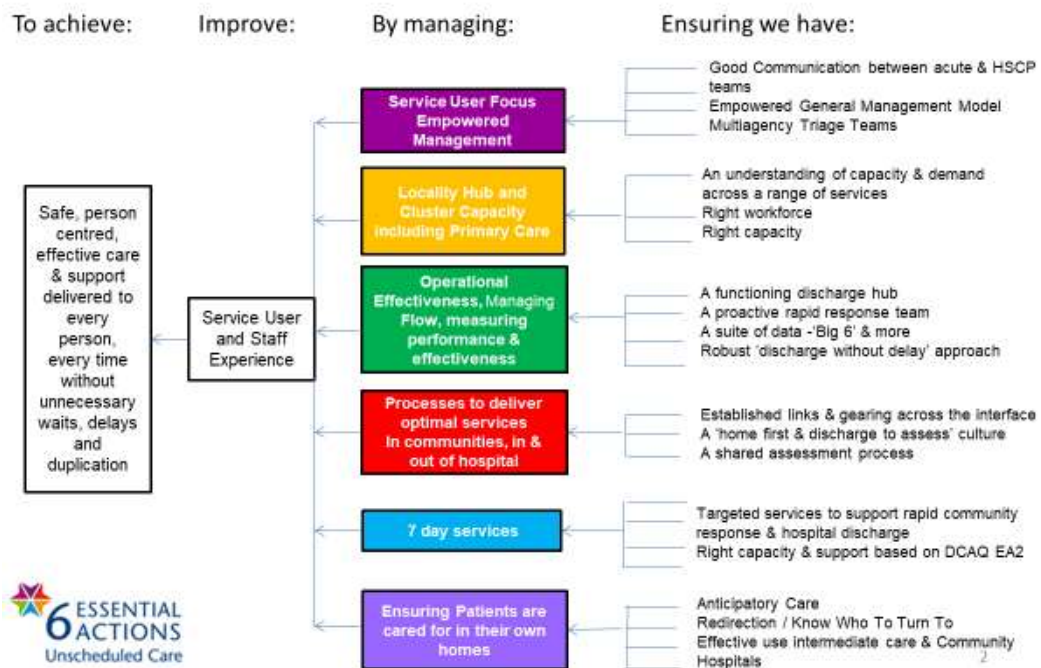
Over the last year the implementation of the Six Essential Actions has primarily focussed on what was required in the acute sector with innovation and best practice shared across Health and Social Care Partnerships through National learning workshops.

The Six essential actions are:

- Clinically-focused and hospital management;
- Realignment of hospital capacity and patient flow;
- Patient rather than bed management - operational performance;
- Medical and surgical processes arranged to take patients from A&E through the acute system;
- Seven-day services targeted to increase weekend and earlier-in-the-day discharges; and
- Ensuring patients are cared for in their own homes or a homely setting.

How these look from an integration perspective is set out below

1. How the 6 essentials look from an 'integration' perspective



It is recognised that to maintain progress we must increase our whole system focus. This is particularly important given the increasing demand on primary and secondary care due to our rapidly aging and growing population.

Performance

The Scottish Government set up a Ministerial Steering Group to monitor the effectiveness of health and social care delivery plans. The MSG identified key performance measures and required each partnership to set local targets against these. Our current performance is detailed below and has been RAG rated against the local target.

Unplanned Hospital Admission

Current performance indicates that there are increasing numbers of unplanned hospital admissions. Demographic change and prevalence of long term conditions are having an impact and further consideration needs to be given to those admissions which are potentially avoidable. A range of actions are being progressed to provide alternative to hospital admission where it is safe to do so and these are described later in the report.

Unscheduled Bed Days

Although emergency admissions have increased the number of unscheduled care bed days has been reducing over the last 4 months. (June data is provisional at this stage as there may be some data quality issues).

Accident & Emergency

St John's Hospital A&E department are achieving and maintaining the 95% 4-hour standard.

MSG Indicator	West Lothian Target	Current performance
Unplanned Hospital Admission	5% reduction by 2019 against 2016 mean (1243 per month)	Jun 2017: 1447 Mean YTD: 1330
Unscheduled bed days	Maintain unscheduled bed days in acute specialties at average of 7802 per month	Jun 2017: 5326 (provisional) Mean YTD: 7565
A&E 4-hour standard	Maintain the 4-hour 95% standard within A&E	Jun 2017: 95.3% Mean YTD: 95.3%
Delayed Discharge	No Patients to wait more than 2 weeks for discharge once ready	Jul 2017: 16 Mean YTD: 14
Delayed Discharge	Reduce standard Delayed Discharge Bed days by 10% compared to 2016 (967pm)	Jul: 1187 Mean YTD: 1058
End of life care	Reduce proportion of time spent in large hospital setting in last 6 months of life to 10.5% by 2019	2016/17: 11.5%
Shift the balance of care	Maintain 92% of People 75+ in the Community	2015/16: 92.2%

Delayed Discharges

Reducing and eliminating the number of patients whose discharge is delayed has been, and continues to be, a key priority for both the IJB and Scottish Government. The impact on patients of an extended stay in hospital is well documented, with significant loss of mobility, confidence and function common outcomes as well as increased risk of hospital acquired infection. Therefore, it remains imperative that patients are discharged once medically ready.

The number of patients delayed is also representative of how well the overall health and social care system is operating, demonstrating effective or ineffective patient flow. This can have a corresponding impact on the capacity for elective and non-elective activity, with beds being unavailable across the hospital sites, which can result in delayed admissions and cancelled operations.

Whilst previously West Lothian has delivered well against the delayed discharge standard of no patients being delayed over 2 weeks, our performance over the last 12 months has deteriorated. A key driver for these pressures has been significant challenges within the Care at Home sector and with the availability of Care Home placements which has adversely impacted on delays.

The current Care at Home contract commenced in January 2016 and was fully implemented in April 2016. This contract was designed to concentrate care within geographical areas to enable providers to improve the efficiency of their delivery. Unfortunately, most providers sought to retain a large proportion of their existing business through encouraging clients to opt to receive their care under Self-directed Support Option 2. This resulted in these providers continuing to provide care across West Lothian, distorting the contract design and planned efficiency.

There have been issues with the standards of quality and care being delivered by two of the providers. One of these resulted in a voluntary restriction of new business for a period of several months. In another instance the decision of the multi-agency partnership for Adult Protection placed the provider under Large Scale Investigation with a suspension of new referrals for packages of care; this suspension has recently been lifted.

In addition, the in-house Reablement Team are under pressure with 40% of their capacity being used to provide packages of care due to delays in care at home providers taking over this care resulting in delays in them taking new referrals.

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. To date, the extent to which the public sector has shaped the local care home market is marginal at best. In West Lothian, for most of 2017, unlike the position for several years previously, there has been almost no spare capacity in care home provision. West Lothian has recently agreed to be included in a test of local variation to the national contract. At this stage it is unclear what impact this may have in both the shape and capacity of the local market.

End of Life Care

Improving end of life care is a priority and we continue to progress actions in relation to scoping requirements for palliative care provision in the future. We are making good progress towards the target to reduce the proportion of time spent in large hospital in the last 6 months of life which has come down from 13.8% in 2014/15 to 11.5% in 2016/17.

Shift the balance of care

Similarly, we have seen a 3.4% increase in the proportion of the population age 75 and over living in their own homes between 2014 and 2016.

Delivery Plan

The range of actions that have been implemented as well as further actions that are planned are set out below to address the current unscheduled care performance within West Lothian:

1. Process mapping of the service users journey through our services is being progressed to identify at each stage where the delays occur which will further inform our improvement actions.
2. Detailed analysis is being progressed to identify reasons for admission and inform improvement actions for community care provision.
3. Through the Frailty Programme, which has four co-dependent work streams, actions are being progressed which are designed to improve care and positively impact on patient experience and reduce unnecessary delays:
 1. *Rapid Access Clinic and Frailty Hub* which has opened in September and provides realistic alternative to admission
 2. *Inpatient Redesign* including:
 - REACH team screening for frailty on admission and managing patient journey through hospital to discharge.
 - Enhanced capacity for ROTAS based in A&E to ensure patients are assessed and discharged when safe to do so with required support and equipment.
 - Improved application of Moving on Policy to support moves to interim care home placement for those waiting on Care Home of choice.
 - Ensure that those with existing package of care are discharged where possible within 7 days to enable restart of package without delay

3. *Intermediate Care* including:

- Review of use of Community Hospital beds and determine capacity for step up and step-down care provision
- Increased capacity in REACT Hospital at Home service to fully operate 7 days a week and prevent hospital admission.
- Continuing REACT Care Team to facilitate discharge by providing short term package of care until care provider able to provide service.
- Continuing to work with Care at Home providers to improve their compliance with the contract supported by our contracts and procurement team.
- Increasing capacity of Reablement team to reduce delays in service provision and offset the wait to move clients to new provider.
- Providing ACP training to care home staff to support better use of ACP to enhance decision making and prevent admission.
- Implementation of REACT Hub to support rapid access to assessment clinic
- Increasing capacity of Joint equipment store to reduce delays associated with waits for equipment provision

4. *Older People's Mental Health* with focus on:

- Post diagnostic support for those with dementia
- Provision of behaviour support and training within care homes to enable them to manage those with challenging behaviour effectively and prevent unnecessary hospital admission

Performance Management

A Performance Management Board has been established to monitor effectiveness and to take remedial actions to improve performance.

Performance is reported to the IJB and SPG on a quarterly basis.

D CONSULTATION

Senior Management Team
NHS Lothian Unscheduled Care Board

E REFERENCES/BACKGROUND

Scottish Government: 6 Essential Actions to Improve Unscheduled Care
MSG Integration Performance Indicators August 2017 Update

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	Unscheduled Care and Delayed Discharge impacts on all Lothian IJBs
Resource/finance	Within available resources.
Policy/Legal	None
Risk	There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled. The actions as set out above will address these risks however there is a need to ensure effective monitoring to provide assurance around implementation and impact.

H CONTACT

Contact Person:
Carol Bebbington, Senior Manager Primary Care & Business Support
<mailto:carol.bebbington@nhslothian.scot.nhs.uk>
Tel 01506 281017

29th September 2017

West Lothian Strategic Planning Group

Date: 12 October 2017

Agenda Item: 6

MARKET FACILITATION PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to discuss the requirement to develop a Market Facilitation Plan in support of Strategic Commissioning and to gain the support of the Strategic Planning Group for the proposed approach to prepare the plan.

B RECOMMENDATION

The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note the requirements to develop a Market Facilitation Plan*
- 3. Agree the scope and proposed approach to develop the plan.*
- 4. Identify nominees from the Strategic Planning Group to participate in a short life working group to develop the plan.*

C TERMS OF REPORT

'Market facilitation' is a part of the strategic commissioning process and aims to inform, influence and change the service delivery market to provide a wider range of options for commissioners and for service users.

It is not the purpose of a Market Facilitation Plan to set out a description of all services that are formally commissioned or purchased through Service Level Agreements, but rather is intended to show the areas where there is scope to provide services differently in a way that might enable third or independent sector services providers to develop their role in the overall health and social care sector.

The increasing population, especially amongst people over 65, will place a greater demand on services. At the same time the economic constraints will mean that this demand needs to be managed with reduced resources. This challenging environment, as well as advances in technology, will mean that the way services are currently delivered will need to change.

For example:

- There is a national expectation that support to unpaid carers needs to be increased to build capacity in the unpaid care market.
- There is a need to grow supports that provide early intervention and prevention to support the move away from long-term dependent care provision, along with the avoidance of unnecessary hospital admissions and the support of timely hospital discharge.
- The role of information and advice in the market is expected to grow to support people in taking choice and control over how their needs are met
- The use of assistive technology needs to be further embedded into mainstream support provision to enable more people to maintain their independence for longer.
- Life expectancy is increasing, including those with long-term conditions, so there will need to be an increase in self-care initiatives to support long term health and wellbeing
- Focus will move towards shorter-term intensive social care packages focused on reablement and returning home.
- In addition, the emphasis on choice and control, the delivery of individual outcomes and Self-Directed Support means that we need to consider new models of social care delivery.

For this reason, it is proposed that the key information to be provided in the Market Facilitation Plan is focused on the areas of pressure in the health and social care system, the reasons for this, and the potential scope for development.

It is proposed that a short life working group is set up from members of the Strategic Planning Group to take forward the development of the Market Facilitation Plan and we ask for nominees to take forward this important piece of work.

D CONSULTATION

Senior Management Team

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) Act 2014

F APPENDICES

G SUMMARY OF IMPLICATIONS

Equality/Health	<p>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.</p> <p>An equality impact assessment will be conducted on the Market Facilitation Plan once this is developed</p>
National Health and Wellbeing Outcomes	All National Health and Wellbeing Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes and Strategic Commissioning of services
Single Outcome Agreement	<p>We live longer healthier lives and have reduced health inequalities</p> <p>Older people are able to live independently in the community with an improved quality of life</p>
Impact on other Lothian IJBs	There is no direct impact on other IJBs in the production of the Market Facilitation Plan, however Market Facilitation may in turn lead to changes in the type of services available from third party providers.
Resource/finance	There are no direct resource implications in the production of the Market Facilitation Plan, however Market Facilitation may in turn lead to changes in the use of resources in future years. Any changes would be subject to their own scrutiny and approval in line with proper procedures.
Policy/Legal	In accordance with Public Bodies (Joint Working) Act 2014 Integration Joint Boards are required to develop Market Facilitation Plan in support of their Strategic Commissioning Plan
Risk	The realities of self-directed support and challenging financial circumstances means that health and social care partnerships must look for alternative methods and sources of service delivery if care provision is to be maintained

H CONTACT

Contact Person:

Carol Bebbington, Senior Manager Primary Care & Business Support

<mailto:carol.bebbington@nhslothian.scot.nhs.uk>

Tel 01506 281017

29th September 2017

West Lothian Integration Strategic Planning Group

Date: 12 October 2017

Agenda Item: 7

LOCALITY PLANNING UPDATE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to provide the Strategic Planning Group (SPG) with an update on progress against locality planning.

B RECOMMENDATION

To note the progress made in the development of Locality Plans and to note the planned activities set out in section C5 of this report.

C TERMS OF REPORT

C1 Background

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. The plan duly identified two West Lothian localities: East and West. At its meeting on 7 April 2016, the SPG approved terms of reference for Locality Planning groups which will guide the development of locality plans. The outcome of a localities development session was reported to the SPG on 30 June 2016.

C2 Engagement Plan

The Locality Planning groups have been meeting every six weeks with the main focus on the process of developing Locality Plans. It is acknowledged that much of the content of these plans will be informed by existing plans such as the IJB Strategic Plan and the various care group Commissioning Plans, which were developed through extensive stakeholder engagement. Nevertheless, it is considered appropriate to have specific locality engagement as an essential

foundation for the development of the locality plans. To that end a draft Engagement Plan (Appendix 1) has been developed.

The draft Engagement Plan sets out proposals for making sure the views of people using or working in health and social care services are used to co-produce the development of the locality plans. Appended to the plan is a list of proposed activities for phase one of engagement, which aims to establish a broad and representative range of views prompted by the engagement documents and will be guided by the commitments set out in the IJB Participation and Engagement Strategy (IJB PES).

There has been some slippage in the timescales set out in the Engagement Plan following agreement at the Locality Group meetings that a much more rigorous mapping exercise should be done before agreeing the content of the engagement documents. This approach will ensure that those that we engage with are as well informed as possible and to ensure that engagement is meaningful and does not duplicate work that has already been done elsewhere. The timescales in this document will be revised following the activities set out in section C5 of this report.

C3 Community Regeneration

Community Regeneration are also in the process of creating 'locality plans' for each of the most deprived (according to SIMD) areas in West Lothian. Community Regeneration are represented on the Locality Groups to ensure both pieces of work can make good use of the other and to minimise duplication where engagement work has already been done.

Community Regeneration continues to make progress with community engagement activity, with both regeneration team members and the members of our local steering group carrying out survey work. They have approximately half the responses they need in most areas so still a bit of work required here to get to our targets.

In areas where steering groups have been launched, mapping of assets and services is being carried out within the area.

Officers have made significant progress with regards to designing a database, which will allow them to collate and analyse the information gathered from engagement activities. The information held in the database will be tagged to allow thematic reports. The relevant information can then be shared with the IJB's Locality Groups and other interested parties.

C4 GP Cluster Groups

The West and East GP Clusters are both working on similar pieces of work due to the same issues being raised across both localities. Each practice has looked at the 50 Most Frequent Attendees, identifying the reason and looking at ways to manage this more effectively. Practice Quality Leads shared their findings at the last Cluster meetings and discussed ways of improving the management of this group of patients.

A number of the practices have compared this data with the High Health Gain data from Secondary Care and it was identified this was a different group of patients who were attending secondary Care on a regular basis.

Data has also been gathered on the number of house calls being carried out by each practice and a graph has been produced highlighting the average number of house calls being carried out per 1000 patients per practice. This will help practices identify if their numbers are high. The findings will be discussed at the next cluster meetings, sharing best practice and identifying ways to manage this more effectively.

Both groups feed into the respective East and West Locality Groups, again to minimise duplication of work and to make the best use of information already available to us. The GP Cluster Leads have been invited to attend their respective Locality Planning Group.

C5 Next Steps

A further delay to the engagement process arose when the data analysis of a substantial piece of work on locality profiling took longer than expected to complete. This analysis is crucial to informing the engagement documents but is expected imminently.

The data analysis for each locality will be mapped against the information and stakeholder input gathered for the Commissioning Plans.

Another localities development session is being organised for late November. This session will bring together the Locality Groups, including Community Regeneration colleagues who are represented on the Group, GP Cluster leads and any other relevant stakeholders. The result of the mapping exercise will be discussed in workshops to identify what we think are the key priorities for each of the East and West localities. These priorities will inform the engagement documents and the Engagement Plan will be finalised with revised timescales.

C6 Conclusion

Work on locality planning continues to progress through the East and West Locality Groups, despite there being some slippage in timescales.

Representation on the Groups from a wide range of stakeholders has ensured that there is a link in to other related pieces of work. The mapping exercise and subsequent development session planned for late November will identify key priorities from the significant engagement that has already taken place. This will lend a clear purpose to the engagement document, ensure minimal duplication of work and will ensure that those taking part in the engagement process are well informed.

D CONSULTATION

- East and West Locality Planning Groups

E REFERENCES/BACKGROUND

- Strategic Planning Group meeting 20 April 2017
- IJB Participation and Engagement Strategy (IJB PES)
- West Lothian IJB Strategic Plan 2016-2026
- Localities Guidance, Scottish Government, July 2015.

F APPENDICES

Appendix 1: Draft Engagement Plan

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	The locality plans will make a positive contribution to strategic plan outcomes, which in turn address the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan.
Strategic Plan Outcomes	The locality plans will be 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	The Integration Scheme complements the integration schemes of the other three IJBs. The review does not raise any new issues. The IJBs will continue to share best practice on all matters covered in the review.
Resource/finance	Activities will be carried out within existing budgets.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and other related statutory instructions and guidance.
Risk	None.

H CONTACT

Lorna Kemp, Project Officer - IJB
lorna.kemp@westlothian.gov.uk
01506 283519

12 October 2017

West Lothian Integration Joint Board

Locality Plans

Draft Engagement Plan

1. Purpose

The purpose of this document is to set out proposals for the consultation and involvement of people using or working in health and social care services in order to develop locality plans that reflect the community's priorities for health and social care services in their area.

2. Overall approach

The council and NHS Lothian are working together under the direction of the West Lothian Integration Joint Board (IJB) to provide better health and social care services to adults in West Lothian.

To make sure that services are matched with local need, the parties have agreed to prepare separate plans for east and west of West Lothian. These plans will be called locality plans.

Engagement will take place in two phases. The purpose of phase one will be to establish a broad and representative range of views prompted by the engagement documents. The second phase will garner responses on the proposals in draft locality plans.

This document is specific to the development of the locality plans but engagement will be ongoing once the locality plans are finalised. The form that this later engagement takes will be guided by the response to the phase one and phase two engagement, in which we will ask how the community would like to be consulted and involved in the work of the Locality Planning Development Groups.

Engagement will be ongoing after the initial locality plans have been developed with the first review of the plan likely to take place in 2021. Engagement could also take place around any major issues for the localities, as they arise.

Engagement activity will be guided by the commitments set out in the IJB Participation and Engagement Strategy (IJB PES).

3. Key stages and timescale

The key stages will be as follows:

- Engagement document and engagement proposals considered by LPDGs – August 2017
- Phase one engagement – September/October 2017
- Analysis of observations – November 2017
- Consideration of observations, recommended responses and draft locality plans by LPDGs – November/December 2017
- Second locality plans development day – January 2018

- Consideration of observations, recommended responses and draft locality plans by Strategic Planning Group (SPG) – February 2018
- Phase two engagement on draft plan –March 2018
- Consideration of observations, recommended responses and finalised locality plans by LPDGs – April 2018
- Consideration of observations, recommended responses and approval of locality plans by IJB – May 2018.

4. Engagement Planning

To ensure we achieve a good level of engagement, a variety of methods will be used to consult and engage with a wide range of stakeholders and community members. Consideration has been given to the level of engagement we want to achieve, whilst recognising that individuals, groups and communities will want to participate in different ways and at different levels. Methods suggested will achieve varying levels of engagement, and will be appropriate to the specific audience, from consultation to more interactive engagement and participation.

Engagement should always be based on the information in the engagement document: This should provide a basis for engagement. The process will require participants to have a degree of accurate information if their contributions are going to be useful.

The purpose of engagement and consultation and what is to be achieved through carrying out the engagement should shape the overall process.

We need to consider;

- **PRODUCT:** What we will physically produce
- **PEOPLE:** Who we will involve
- **PROCESS:** how we will do it (methods)
- **PRICE:** How much will it cost?
- **PACE:** When will it happen

3.1. Who to involve

The purpose of the engagement process will determine who should be involved; given the wide ranging nature of the engagement activity, a broad range of stakeholders and communities will be invited to participate. We will draw on the existing networks, groups and organisations present in the community and tailor our approach to ensure meaningful participation and involvement. Careful consideration requires to be given by the LPDGs to the identification of, and engagement with, appropriate hard to reach groups. It will then be necessary to design engagement methods to ensure effective participation.

Matching methods to people will ensure that our engagement activity is inclusive; that we effectively involve individuals, groups and communities who are hard to reach, but equally that we ensure there is a focus on the whole community in both localities. Also, to ensure that we achieve informed engagement, efforts should be made to involve every service user of health and social care services.

A range of approaches will be required given the wide scope of health and social care issues which fall within the ambit of the locality plans. This will include:

- Bespoke Citizens Panel survey of the 2000 Citizens Panel members which provides a representative sample of all nine wards
- eSurveycreator questionnaire available on the internet
- Members of the SPG
- Voluntary Sector Gateway (VSG)
- Voluntary sector groups with an interest in health and social care
- Community councils
- PPF
- Equality forums
- Independent sector groups with an interest in health and social care
- Scottish Health Council
- NHS Lothian and West Lothian Council staff and unions
- GPs
- GP practices
- Schools

Participants in the community engagement process will commit to continuous two-way communication with the people they work with or represent.

The goal is for communication to be open, honest clear and based on trust and mutual respect.

Information that is important will be shared in a timely fashion and be accessible to all.

3.2. Methods

A mix of targeted and more general sessions is proposed in order to capture the range of groups, communities and other stakeholders in each locality. Interactive sessions would work well with some groups such as third sector organisations, equality forums, community councils, school pupils and health and social care staff. In particular, the VSG could be invited to host an engagement session for voluntary organisations. The design of these sessions will be determined by the purpose of the engagement and specific audience. Details would be developed in consultation with the Third Sector Strategy Group, West Lothian Social Enterprise Network and the Volunteer Network.

It may be possible for frontline workers to engage with customers in facilities where they work in so far as this is compatible with maintaining standards of service delivery. For example, activity could be undertaken in Partnership Centres, libraries, CIS offices, health centres etc.

Consideration should be given to using frontline workers at the Citizens Advice Bureau and Advice Shop to support the engagement process as, between them, they run a number of health related projects from GP surgeries, St John's Hospital and other community buildings and, therefore, engage with customers on a regular basis.

Carers of West Lothian (CoWL) is a key agency representing carers across both joint planning areas. Given many carers are significant users of health and social care

services, it would be helpful were CoWL able to lead on engagement with people they represent.

The LPDGs should also identify where capacity building amongst community groups may be required to facilitate meaningful engagement. An assessment of support needs will be carried out with participants.

Action will be taken to remove or reduce any practical barriers which make it difficult for people to take part in engagement activities. This may involve consideration of transport issues, carer support, personal assistance/personal care, suitable venues, interpreters, communication aids, suitable times for participants, and use of social media

The table attached at Appendix 1 demonstrates the proposed consultation and engagement activity that would be carried out with specific groups. Consideration will have to be given as to how this is rolled out in relation to each locality. For example, two sessions could be held with community councils in the east and west locality, however, this may not be appropriate for the equality forums given they do not have a geographical split.

The events/sessions will be designed according to the specific audience. Methods such as 'world café's could be used to facilitate discussion in an informal setting. Popup consultation displays could be used where interactive sessions are not appropriate but where there is an opportunity to capture the views of service users at a location in the community e.g. GP surgeries, and the reception area at St John's Hospital. Using postcards to invite comment would allow us to capture views in a quick and easy way.

All available information which can affect the engagement process will be shared.

3.3 Resources

LDG chairs should consider the staff resource available from across the partnership to support the engagement process. Whilst a number of Social Policy staff received community engagement training in 2016, it may be necessary to provide additional training sessions through the Community Engagement Practitioners Network.

Clear and regular feedback in appropriate formats to those who provide advice and comment will be important to build a level of trust that can form the basis of a continuing dialogue about local health and care services. Key stages for feedback will be when responses to the initial engagement and the draft plans are prepared for consideration by the IJB and when the finalised plans are approved by the IJB. Feedback should be included and the options considered and why particular decisions and actions have been agreed and the reasons why.

Materials for sessions/pop-ups will have to be designed so they are easy to access/read for engagement and consultation purposes. For example, display materials used in the pop up consultation displays may have to be presented differently if the displays are unmanned – information will have to be clear/large print etc.

Facilitators of sessions will have to be knowledgeable about the subject matter and able to answer questions that participants have relating to a range of issues on health and social care and responsible officers who will lead on the planning of each event should be identified, along with staff that will support the event/session.

5. Governance

A single short-life monitoring group could be established to oversee the engagement exercise across the east and west localities. This should be chaired by a senior manager supported by service user and voluntary sector representatives as well as health and social care officers. The group would receive regular updates on the engagement and direct adjustments to the process as required.

If effective, this group could have a life beyond the immediate engagement exercise as, for example, a sounding board on developments of the IJB web site or to monitor the wider implementation of the IJB Participation and Engagement Strategy. This would require to be kept under review by the heads of service.

The impact of the engagement will be assessed through a process of evaluation and we will use what we have learned to improve future community engagement.

6. Recommendation

It is recommended that the LPDGs review the draft engagement proposals and provide advice to the group chairs to enable the proposals to be finalised so that effective implementation can begin in July 2017.

Steve Field, Susan Gordon, Lorna Kemp

Updated July 2017

APPENDIX 1 – PROPOSED ACTIVITIES

Group/Stakeholder	Engagement Method	Level of engagement	Responsible officer	Tasks and Resources required	Timescale
General public	Online Survey	Consultation	Lorna Kemp	Design of Survey Mechanisms for distribution (council website?) Analysis of results	
Citizens Panel	Online Survey	Consultation	Susan Gordon	Design of survey Distribution & Analysis of results	
Voluntary Sector Gateway	Event/World Café (sector event)	Involvement	VSSG?	Venue Facilitators identified (4) Collation and presentation of findings	
Voluntary sector groups – health and social care interest	Event	Involvement	VSSG/HSCP Staff	Venue Facilitators Collation and presentation of findings	
Community Councils	Event/Session (by locality x2)	Involvement	HSCP Staff	Venue Facilitators (4) Collation and presentation of findings	
Equality Forums	Event/Session 1 session?	Involvement	HSCP Staff	Venue Facilitators (TBC) number dependant	

APPENDIX 1 – PROPOSED ACTIVITIES

GP Surgery's/St Johns Partnership Centres	Pop-up consultation/Postcard	Consultation	HSCP Staff	Identify GP Surgery/locations Develop 'pop-up' materials and postcards. Identify staff to set-up (3)	
GP's	Session with GP Network	Consultation	GP Network	Identify venue Identify facilitators (2)	
PPF	Event/Session	Involvement	PPF/Jackie Weir	As events above	
Schools	Interactive Session Postcard	Involvement Consultation	HSCP staff/Education	Consult with Education	
NHS/Council Staff	Pop up consultation Online Survey	Consultation	HSCP staff	As above Identify venues	
Carers of West Lothian	Event/Session	Involvement Consultation	Mary-Denise McKernan	Identify venue Identify facilitators (2)	
Tenants Forum	Event/Session	Involvement Consultation	HCBS staff	Identify venue Identify facilitators (2)	

Strategic Planning Group

Date: 12 October 2017

Agenda Item: 8

ADULTS' MENTAL HEALTH COMMISSIONING PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide the Integration Joint Board with an update on the strategic commissioning priorities outlined in the Strategic Commissioning Plan for Adults' Mental Health 2016 to 2019.

B RECOMMENDATION

To note the contents of this report and the progress made in respect of each of the commissioning priorities as outlined in Appendix 1.

C TERMS OF REPORT

Background

The Adults' Mental Health Commissioning Plan was approved by the Integration Joint Board on 18th October 2017. The plan set out the strategic ambitions, priorities and next steps for delivering integrated health, social care, support and other services in West Lothian for adults with mental health problems, their families and carers.

Progress has been made across a number of priorities outlined in the plan. The redesign of in-house mental health services was moved forward across a wide and varied range of workstreams.

A review of Supported Accommodation and Outreach support led to changes in contractual arrangements. Discussion was also initiated regarding future accommodation needs.

The provision of information about services and support for adults with mental health problems was also strengthened.

Work started on building a more informed picture of existing peer support and natural networks.

D CONSULTATION

- Mental Health Redesign Programme Board
- Operational teams and managers
- Service Matching Unit
- Housing Strategy and Development
- Service providers.

E REFERENCES/BACKGROUND

West Lothian Integration Joint Board meeting 18/10/2016

F APPENDICES

Appendix 1: Adults' Mental Health Commissioning Plan - Scorecard

G SUMMARY OF IMPLICATIONS

Equality/Health	The West Lothian Integration Joint Board Strategic Plan 2016-2026 was assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment was conducted and reported to the IJB. The Strategic Plan provided direction for the development of the Adults' Mental Health Commissioning Plan.
National Health and Wellbeing Outcomes	The 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 incorporates 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 identified.
Resource/finance	The implementation of commissioning plans will require taking account of available resources.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	Progress is not made against actions and the lives of people with mental health problems are not improved.

H CONTACT

Alan Bell, Senior Manager Community Care Support & Services
Alan.bell@westlothian.gov.uk
Tel: 01506 281937
31 October 2017

Mental Health Commissioning Plan - Update

Data Label : OFFICIAL


Report Type: Actions Report

Report Author: Alan Bell

Generated on: 06 October 2017 08:54

Report Layout: .A-19 Actions detail, Full History_G

Rows are sorted by Code

Action Code	Title	Due Date	Start Date	Completed Date	Priority
SP16006_A	IJB Annual Review Adults' Mental Health Commissioning Plan	17-Oct-2017	30-May-2017		1
Responsible Unit	IJB_Integrated Joint Board	Status	Check Progress	Status	
Responsible Officer	Alan Bell; David Murray	Head of Service		Director	
Assigned To	Yvonne Lawton; David Murray	Also Visible To	Alan Bell; Nick Clater		
All Notes	David Murray 05-Oct-2017 Updated 5 October 2017				
	David Murray 03-Oct-2017 Mental Health Redesign: In-house Services - Psychiatry Input The Business Case has been completed and approved by the West Lothian Mental Health Redesign Programme Board. Posts are currently in the process of being advertised. A medical recruitment campaign is being developed with Medical Recruitment for West Lothian Psychiatry.				
	David Murray 03-Oct-2017 Mental Health Redesign: In-house Services - Psychological Therapies Psychological Therapies have now been organised into one Team. The Project is now looking at improving A12 HEAT Target performance.				
	David Murray 03-Oct-2017 Mental Health Redesign: In-house Services - Transition Acute to Community The West Lothian Mental Health Redesign Programme Board has agreed to absorb the work from this project into the Community Mental Health Team Project.				
	David Murray 03-Oct-2017 Mental Health Redesign: In-house Services - Development of a Community Mental Health Team (CMHT) The objective of the CMHT project is to improve the patient experience; the definition of CMHT is yet to be agreed. The Edinburgh model and Lanarkshire model have been looked at and site visits have been organised to visit these two CMHTs. A sub-group has been created to look at the MHO team element in detail; it will feed into this group. The accredited CMHT model will be looked at in detail. Sample patient journeys will help inform how a CMHT should work in the interests of patients and service users and to look at the patient pathway from a patient's perspective.				
	David Murray 30-May-2017 Stepped Model of Care - Briefer Minimal Interventions To be completed by lead; J McLean.				
	David Murray 04-Oct-2017 Housing, Supported Accommodation, Homelessness - Develop a range of supported accommodation housing models to enable adults with mental health problems to live within local communities. Contracts providing Supported Accommodation and Outreach support to the Adults' Mental Health and Substance Misuse care groups were reviewed in early 2017. Contractual arrangements were changed as a result. This included extension of contracts, termination of existing and introduction of a new outreach service, efficiency gains and financial savings. Discussion has taken place with Housing, Customer and Building Services about future accommodation needs.				
	David Murray 03-Oct-2017 Access to Information - Provide information about services and support for adults with mental health problems				

	<p>Gaps were identified in the existing knowledge base of Adults' Mental Health services and support in West Lothian. A knowledge-based resource was developed that sets out, in one place, the landscape of adults' mental health services and support in West Lothian and wider. The resource will be proposed for consideration by the IJB regarding its own development of web-based information and services.</p> <p>Council's Advice Shop is working with very vulnerable adults experiencing barriers to financial inclusion.</p> <p>The focus will be on the removal of barriers to social and financial inclusion through a single point of contact for more intensive support. Key target groups include ex-offenders, people with substance misuse issues and those with severe and enduring mental ill health. A dedicated team of five trained advisors offer one to one, ongoing support tailored to individual circumstances.</p>
	<p>David Murray 03-Oct-2017 Peer Support & Natural Networks - Adults with mental health problems are able to access their local community and have opportunities for socialisation and building friendships.</p> <p>Undertake work to build a more informed picture of existing: Informal/unintentional and naturally occurring peer support; Peer-run groups/programmes; Formal or intentional peer support; Review Good Practice in Peer-Facilitated Community Mental Health Support Groups.</p> <p>There is also an opportunity to recycle the savings from adults mental health support spend into thematic support across all care groups.</p>
	<p>David Murray 30-May-2017 Transitions Young People -Build on existing work to develop the transition experience of young people with mental health problems based on the 'Principles of Good Transition'</p> <p>Lead TBC by AB. To be completed by lead.</p>
	<p>David Murray 30-May-2017 Transition Adult to Older People's Services - Mental Health provision at the age of 65</p> <p>Lead TBC by AB. To be completed by lead.</p>

Strategic Planning Group

Date: 12 October 2017

Agenda Item: 9

LEARNING DISABILITY COMMISSIONING PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide the Strategic Planning Group with an update on the strategic commissioning priorities outlined in the Strategic Commissioning Plan for Adults with a Learning Disability 2016 to 2019.

B RECOMMENDATION

To note the contents of this report and the progress made in respect of each of the commissioning priorities as outlined in appendix 1

C TERMS OF REPORT

Background

The Learning Disability Commissioning Plan was approved by the Integration Joint Board on 18th October 2017. The plan set out the strategic ambitions, priorities and next steps for delivering integrated health, social care, support and other services in West Lothian for adults with a learning disability and autism, their families and carers.

Good progress has been made across the range of priorities outlined in the plan. Work continues on the modernisation and redesign programme for learning disability services across Lothian, led by the Lothian Learning Disability Collaboration, which will see a shift in the balance of care from hospital to the community settings throughout Lothian by 2020. Financial planning continues with the aim of identifying resources which will be available for the development of local community services in each of the Lothian health and social care partnerships in support of the modernisation programme.

The relocation of NHS Lothian's Community Learning Disability Team to Arrochar House has been a particularly positive development. Now co-located with the learning disability social work teams, the move has allowed greater scope for joint working and improved communication across the partnership.

D CONSULTATION

- Learning Disability Joint Management Group
- Learning Disability Forum

E REFERENCES/BACKGROUND

- West Lothian Integration Joint Board meeting – 23/08/2016

F APPENDICES

Draft of Learning Disability Commissioning Plan – Section 4: Next Steps

G SUMMARY OF IMPLICATIONS

Equality/Health	The West Lothian Integration Joint Board Strategic Plan 2016-2026 was assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment was conducted and reported to the IJB. The Strategic Plan provided direction for the development of the LD Commissioning Plan.
National Health and Wellbeing Outcomes	The 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 incorporates 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	The plan includes priorities identified from the redesign and modernisation programme for learning disability health services across Lothian. The redesign programme has implications for community delivery of LD services by each of the IJBs across Lothian.
Resource/finance	The implementation of commissioning plans will require taking account of available resources.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	Progress is not made against actions and the lives of people with LD are not improved.

H CONTACT

Alan Bell, Senior Manager Community Care Support & Services
Alan.bell@westlothian.gov.uk
Tel: 01506 281937

12 October 2017

IJB - Strategic Commissioning Plan - Adults With Learning Disability


Data Label : OFFICIAL

Report Author: Yvonne Lawton
Generated on: 12 September 2017

IJB - Strategic Commissioning Plan - Adults With Learning Disability


01. Transition

1.1 Build on existing work to develop the transition experience of people with a learning disability and autism based on the 'Principles of Good Transition'

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Transition for people with a learning disability	IJB16101_A	Yvonne Lawton	<div><div>75%</div></div>	A complete review of transition arrangements for young people with additional support needs was completed as part of a project undertaken via the council's Graduate Work Experience programme. Transition workshops for key stakeholders were held to present findings which are also being used to revise and develop operational pathways. The aim is to ensure that transition planning begins at an early age and that transfer between children & families social work services and adult social work services is more seamless. The intention is to publish comprehensive information on the new HSCP website which is currently under development.


02. Service Provision for People aged 55+

2.1 Conduct a review of service provision for people aged 55+ with a learning disability

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Service provision to people with a Learning Disability aged 55+	IJB16102_A	Yvonne Lawton	<div><div>75%</div></div>	Work has been completed to identify people with a Learning Disability aged 55+ who are in receipt of social work services. The data will be matched with data provided by the NHS Community Learning Disability Team to obtain as complete a picture as possible of the people receiving support and their care needs. The data will assist in informing recommendations for future service development.


03. Develop 'core' housing models

3.1 Develop a range of 'core' housing models to enable people with learning disability to live within local communities

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Develop core housing models	IJB16103_A	Yvonne Lawton	<div><div>100%</div></div>	An innovative approach to providing care and support to tenants with complex needs associated with Learning Disability has been tested in a new core council housing development. The new tenants are reported to have settled very well in their new environment and learning from the approach is being used to inform future housing and care developments. A further 'core' housing development for up to 6 people has been identified and is likely to be available in April 2018. Social work practice teams are reviewing potential tenants and financial planning is also taking place to cost planned models of care. Future needs for core and cluster housing provision for people with a learning disability are reflected in the council's future accommodation strategy.


04. Review Day Time Activities

4.1 Conduct a review of day time activities for adults with learning disability

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Review day time activities for people with a Learning Disability	IJB16104_A	Yvonne Lawton	<div><div>25%</div></div>	A development day with LD Team Managers took place in January to commence a review of day provision for adults with a disability and data is currently being collected and analysed to inform the review process.


05. Respite

5.1 Review respite and short break provision

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Review of respite provision for people with a learning disability	IJB16105_A	Lesley Broadley; Yvonne Lawton	<div><div>20%</div></div>	Review of data commenced. Information to be reviewed to consider future options. Scope of formal review to be defined and consultation process agreed. Arrangements have been concluded for the delivery of respite with nursing care following the closure of NHS Lothian's Murraypark Healthcare House in October 2017.


06. Self-directed Support

6.1 Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Self-directed Support for people with a learning disability	IJB16106_A	Yvonne Lawton	<div><div>20%</div></div>	Links are established with the wider development of Self-directed Support.


07. Complex Needs Related to Challenging Behaviour

7.1 Development of resources for people from West Lothian whose needs required a high level of support

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Complex needs resource for people with challenging behaviour	IJB16107_A	Yvonne Lawton	<div><div>10%</div></div>	Currently people with the most complex support needs are mostly cared for in hospital or in out of area placements often at very high cost. Consideration is being given to how care could be delivered in West Lothian for people with high levels of care needs associated with learning disability, challenging behaviour and autism.


08. Peer Support and Natural Networks

8.1 People with a learning disability are able to access their local community and have opportunities for socialisation and building friendships

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Peer support and natural networks for people with a learning disability	IJB16108_A	Lesley Broadley; Yvonne Lawton	<div><div>100%</div></div>	The Befriending Service, historically operated by the Voluntary Sector Gateway, was reviewed and the findings used to inform a tender for expanding natural networks and social opportunities for adults with a learning disability. Consultation also took place with service users and recommendations of the strategic needs assessment were taken into account when determining the approach. A contract was awarded to Thera Scotland's Gig Buddies project which commenced on 1st July 2017 and planning is underway for the launch of the new service.


09. Health Screening

9.1 Promote the uptake of population wide health screening

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Health screening for people with a learning disability	IJB16109_A	Lesley Broadley; Yvonne Lawton	<div><div>50%</div></div>	<p>A training programme for care providers on supporting people with a learning disability to access the national screening programme was delivered by NHS Lothian in 2016 and a health tracker was developed and is being rolled out to support the programme. The West Lothian Community Learning Disability Team is providing ongoing support to raise awareness.</p> <p>There has been particular focus on addressing health inequality in the newly integrated and co-located health and social work learning disability team which is reviewing joint referral pathways for assessment and treatment to ensure people with learning disabilities receive a comprehensive and effective service. Further work is being done to consider how best people to support people with a learning disability where a risk of sexual harm has been identified.</p> <p>A pilot project involving the West Lothian Community Learning Disability Team and a third sector provider supported people with a learning disability who were at risk of poor health because of lifestyle and underlying health conditions to take greater control of their own health. The individuals took part in 9 weekly informal and interactive group sessions and received advice, information and support on a range of health related topics. Learning from the pilot will be used to inform future service developments.</p>


10. Access to information

10.1 People have access to the information they need, when they need it and in an appropriate format

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Improve access to information about services and community opportunities	IJB16110_A	Yvonne Lawton	<div><div>75%</div></div>	Project is being managed through the Physical Disability Commissioning Plan but is behind schedule as a result of delays with the ALISS system and development of the new HSCP website.


11. Development of Services for People with ASD

11.1 Services are developed for people with ASD as set out in the Community Planning Partnership's Autism Strategy

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Develop services for people with a learning disability and autism	IJB16111_A	Yvonne Lawton	<div><div>50%</div></div>	Links are established with the Autism Strategy Steering Group.

12. Social Enterprise and Employment Opportunities

12.1 People with learning disability and ASD have access to a range of employment opportunities and are supported by clear routes of progression

Status	Action Title	Code	Assigned To	Progress Bar	Latest Update
	Social enterprise and employment opportunities for people with a learning disability	IJB16112_A	Yvonne Lawton	<div><div>85%</div></div>	<p>The council's supported employment service for adults with a disability has been reviewed and a new structure put in place to enhance the service available to people. A new team has been appointed, referral pathways are being developed and ambitious plans being put in place for improving employment outcomes.</p> <p>Project Search resulted in positive employment outcomes for the young people who took part in the year long programme involving a partnership between West Lothian Council, West Lothian College and Jabil, an electronics manufacturer based in Livingston. Toys R Us has been identified as the new Project Search partner following the unexpected announcement of closure of Jabil earlier in the year.</p>

WEST LoTHIAN STRATEGIC PLANNING GROUP

Date: 12 Oct 2017

Agenda Item: 10

Mental Health Update

Nick Clater (Senior Manager – Mental Health)

A PURPOSE OF REPORT

The purpose of the Report is to provide the Strategic Planning Group with an update on three recent developments in Mental Health Services in West Lothian:

- The expansion of the Acute Care and Support Team (ACAST);
- The development of the West Lothian Psychological Approach Team (WeLPAT);
- The development and expansion of the Post Diagnostic Support (PDS) Service for people with dementia.

B RECOMMENDATION

It is recommended that the SPG:

- Note the content of the report;
- Note any highlighted outcomes.

C TERMS OF REPORT

Mental Health Services in West Lothian are undergoing changes. The adult service is undergoing a significant redesign and there have been a number of investments in both adult and old age mental health services. Three of the main areas of development are highlighted below.

Acute Care and Support Team (ACAST)

ACAST provides home treatment for adults under 65 years of age suffering acute mental health problems. This comprises:

- Intensive home treatment 18-65years (Monday-Sunday 0830-2030 plus over 65 Saturday-Sunday 0830-2030).
- Unscheduled mental health assessment (0800-Midnight daily for under 65, over 65 cover 1530-Midnight Monday-Friday, 0800-Midnight Saturday-Sunday).

The service offers an alternative to hospital admission and facilitates early discharge. Some of their work takes place in the Emergency Department in St John's Hospital.

Funding was approved to extend the service in the Emergency Department from 1st April 2017 so that there are staff available from 0800-Midnight 7 days per week. Total referrals **from** Emergency Department staff to ACAST are as follows:

- 2014 (January-August) = 634 total referrals (no breach data for that year)
- 2015 (January-August) = 791 total referrals (breaches – 43)
- 2016 (January-August) = 955 total referrals (breaches – 33)
- 2017 (January-August) = 1,131 total referrals (breaches - 20)

Details of the outcomes from these referrals are contained within an attached appendix. From these figures, it is clear that the majority of people seen by ACAST in the Emergency Department are discharged home with information and advice. A smaller number receive follow-up ACAST support as part of their intensive home treatment service. Only a small number require to be admitted to a mental health inpatient resource. This approach is congruent with legislative expectations that people with mental illnesses are managed more in community settings where appropriate.

West Lothian Psychological Approach Team (WeLPAT)

Funding has been established through the West Lothian Frail Elderly Board on a recurring basis for the development of the West Lothian Psychological Approach Team. This follows a successful pilot that demonstrated that there was a reduction in distressed behaviour for those with advanced dementia with the implementation of stress and distress training across care homes in West Lothian. This also led to a reduction in demand for inpatient admission for this client group. This successful service has been established across Edinburgh, Midlothian and East Lothian.

A small team, led by a Consultant Psychologist is in the process of being established. This team will be multi-agency and will comprise psychology, nursing, occupational therapy and administrative staff. There will also be Consultant Psychiatrist input.

Reducing the number of avoidable inpatient mental health hospital admissions from care homes and maintain care placements within the community thus drivers for change are as follows :-

- Improving quality of care and provide a reliable, integrated pathway for evidence based, person-centred intervention to people with dementia and their caregivers;
- Reducing the severity and frequency of behavioural distress in people with dementia resident in care homes and reduce the level of carer distress and burden which often results in community care breakdown;
- Reducing the number of avoidable inpatient mental health hospital admissions from care homes and maintain care placements within the community thus reducing escalating costs;
- Provide a specialist service resource to support the delivery of a programme of workforce training and supervision to increase the knowledge, skills and competencies. This would be provided across the Health and Social Care workforce over the span of the project timeline in stages and equip them to responding more effectively to distress in dementia using evidence based, individualised non pharmacological interventions and strategies.

It is anticipated that this redesign will enable the psychology service to better meet the HEAT target and NHS Lothian corporate objectives. This will also reduce those in hospital who have delayed discharges associated with distressed behaviour and dementia. It is anticipated that this redesign will enable the psychology service to better meet the HEAT target and NHS Lothian corporate objectives.

As of writing, the Team is being recruited to with an anticipated launch of December 2017/January 2018.

Post-diagnostic Support (PDS) Service

Funding has been established through the West Lothian Frail Elderly Board for the expansion of the Post-diagnostic Support Service.

Scotland's National Dementia Strategy 2013-16¹ outlines the importance of increasing the availability, consistency and quality of post-diagnostic support including a Scottish Government LDP standard:

To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.

Various approaches and different models of delivery for PDS exist across Scotland.

¹ [Scotland's National Dementia Strategy 2013-16](#)

In West Lothian, the Frail Elderly Board approved funding for a model of 4 PDS workers embedded within Older Peoples' Mental Health Services. That represents an increase of 1 worker on the previous model of delivery and is predicated on there being an increase in demand. This is likely and realistic due to the anticipated increase in people with dementia over coming years. The recent report - *Estimated and Projected Diagnosis Rates for Dementia in Scotland: 2014-2020 (NHS NSS Information Services Division: December 2016)* quoted a projected increase in the number of new diagnoses of dementia between 2014 and 2020 of 17%.

2 additional staff have been approved for 12 months to assist with the reduction of the current waiting list.

It is anticipated that clear outcomes pathways will be developed to ensure that at the 12 month stage, patients are transitioned to appropriate destinations. An implementation steering group has been established.

D CONSULTATION

None.

E REFERENCES/BACKGROUND

None.

F APPENDICES

An appendix with ACAST Outcomes is attached.

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 Outcomes 3, 4, 5, 7, 8, 9.

Strategic Plan Outcomes Links to Mental Health aspects of Strategic Plan.

Single Outcome Agreement	Caring for an ageing population Reducing health inequalities Making our communities safer
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	None.
Risk	None.

H CONTACT

Nick Clater, Senior Manager – Mental Health, West Lothian Health and Social Care Partnership.

nick.clater@nhslothian.scot.nhs.uk.

Tel.: 01506-523807.

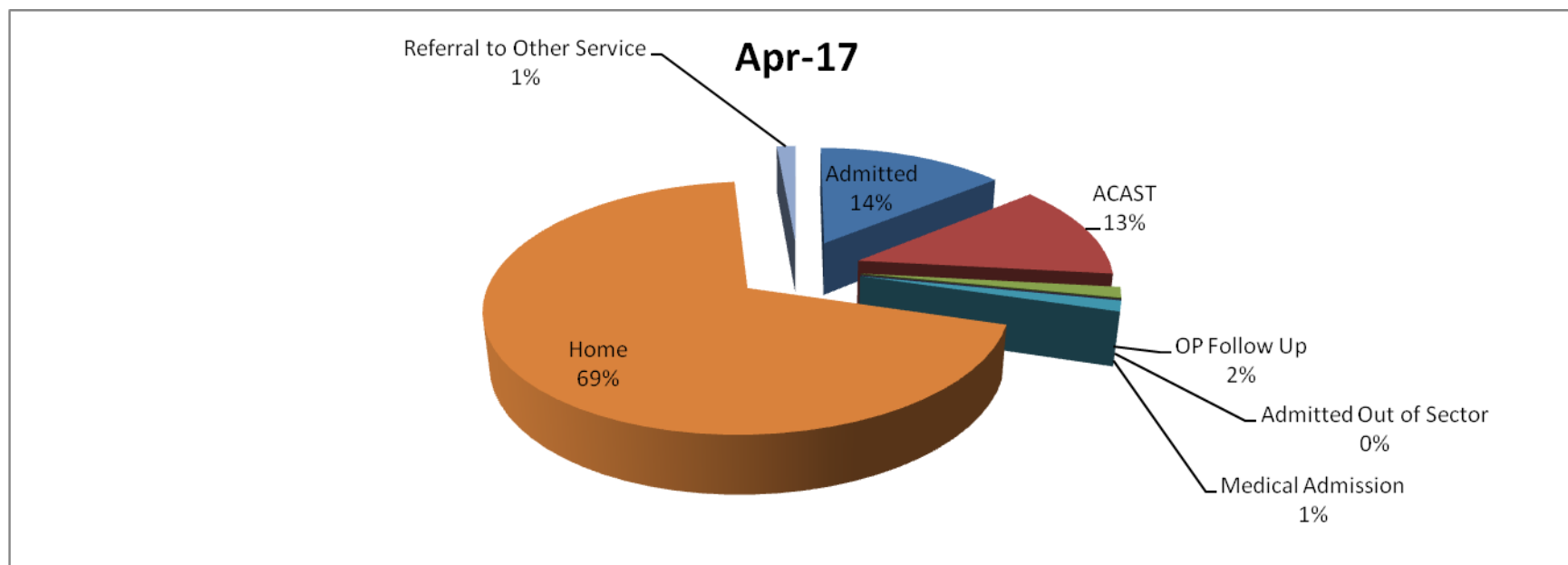
12th October 2017

Acute Care and Support Team: Patient Assessment (A&E/Obs Ward) Outcomes

ACAST Outcomes	Apr-17
Admitted	10
ACAST	9
OP Follow Up	1
Admitted Out of Sector	0
Medical Admission	1
Home (with police)	49 (1)
Referral to Other Service	1

Total Patients Referred: 114

Total Patients Assessed by ACAST: 71 (A&E: 39, Obs Ward: 13, OPD5: 9, MAU: 6, OPD2: 1, Ward 18: 1)

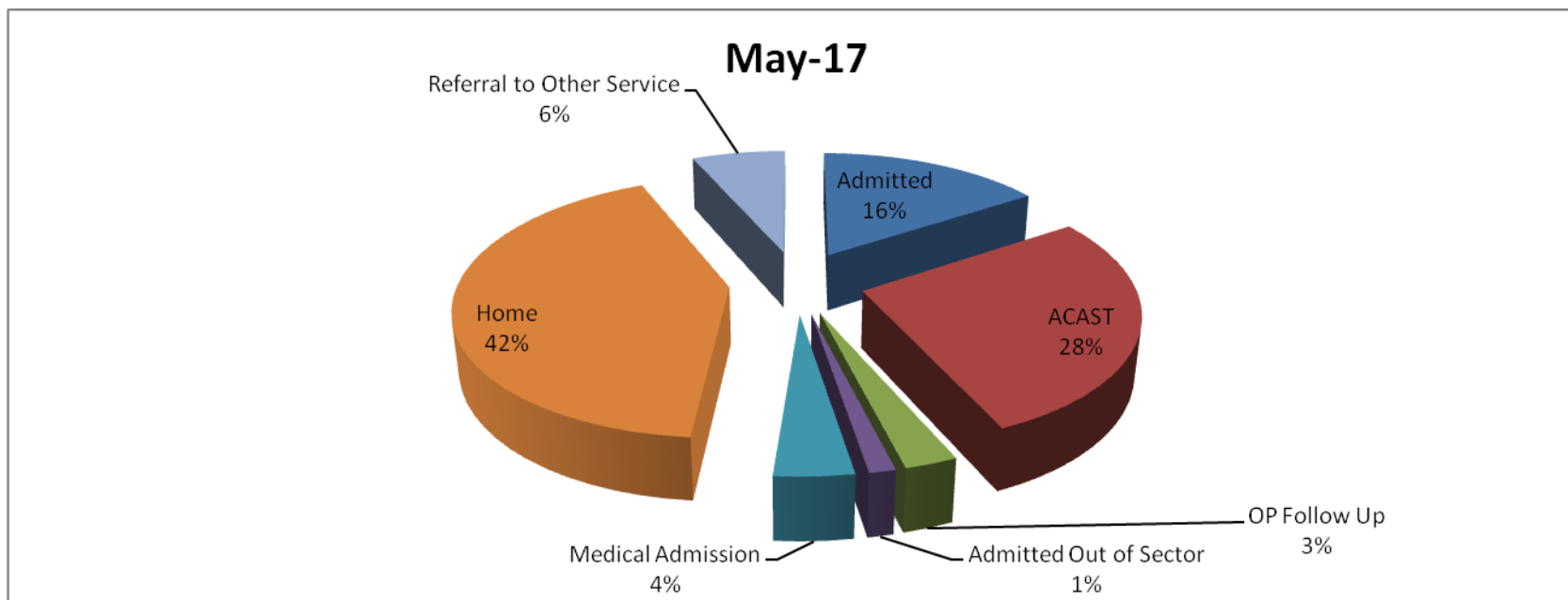


Acute Care and Support Team: Patient Assessment (A&E/Obs Ward) Outcomes

ACAST Outcomes	May-17
Admitted	12
ACAST	21
OP Follow Up	2
Admitted Out of Sector	1
Medical Admission	3
Home (with police)	32 (0)
Referral to Other Service	5

Total Patients Referred: 143

Total Patients Assessed by ACAST: 76 (A&E: 54, Obs Ward: 8, OPD5: 12, MAU: 2)

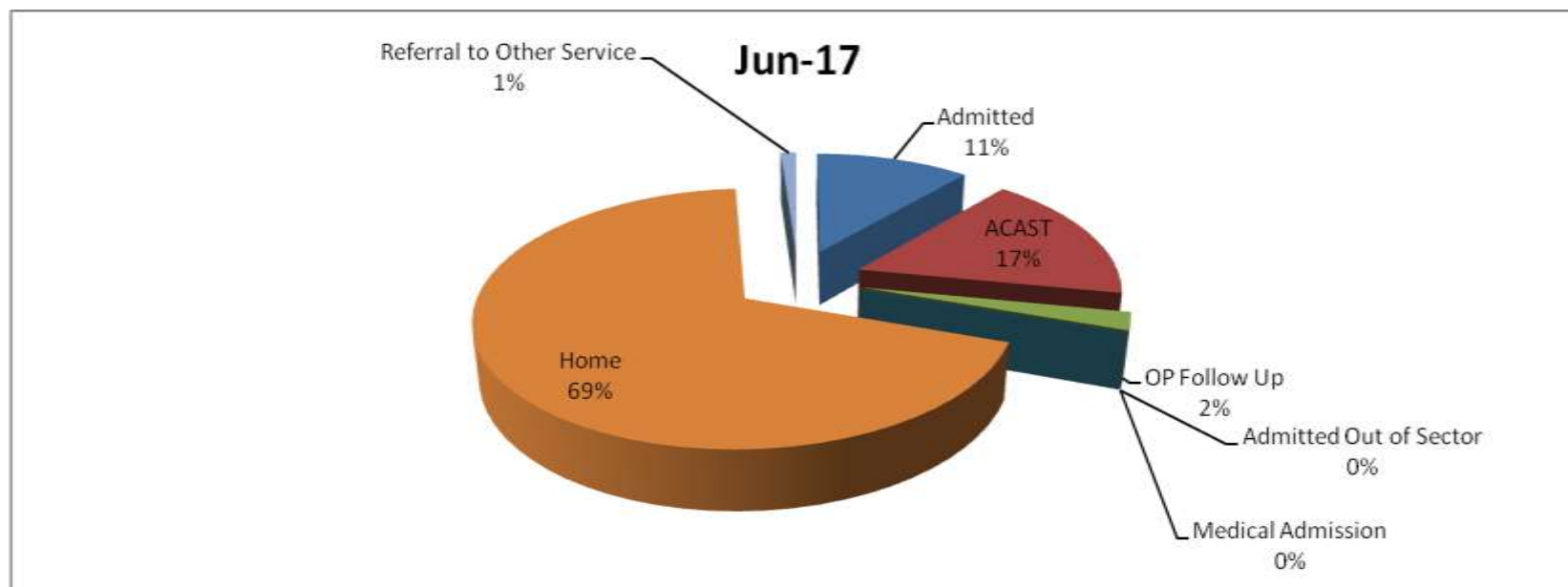


Acute Care and Support Team: Patient Assessment (A&E/Obs Ward) Outcomes

ACAST Outcomes	Jun-17
Admitted	10
ACAST	15
OP Follow Up	2
Admitted Out of Sector	0
Medical Admission	0
Home (with police)	61 (3)
Referral to Other Service	1

Total Patients Referred: 154

Total Patients Assessed by ACAST: 89 (A&E: 63, Obs Ward: 8, OPD5: 10, MAU: 8)

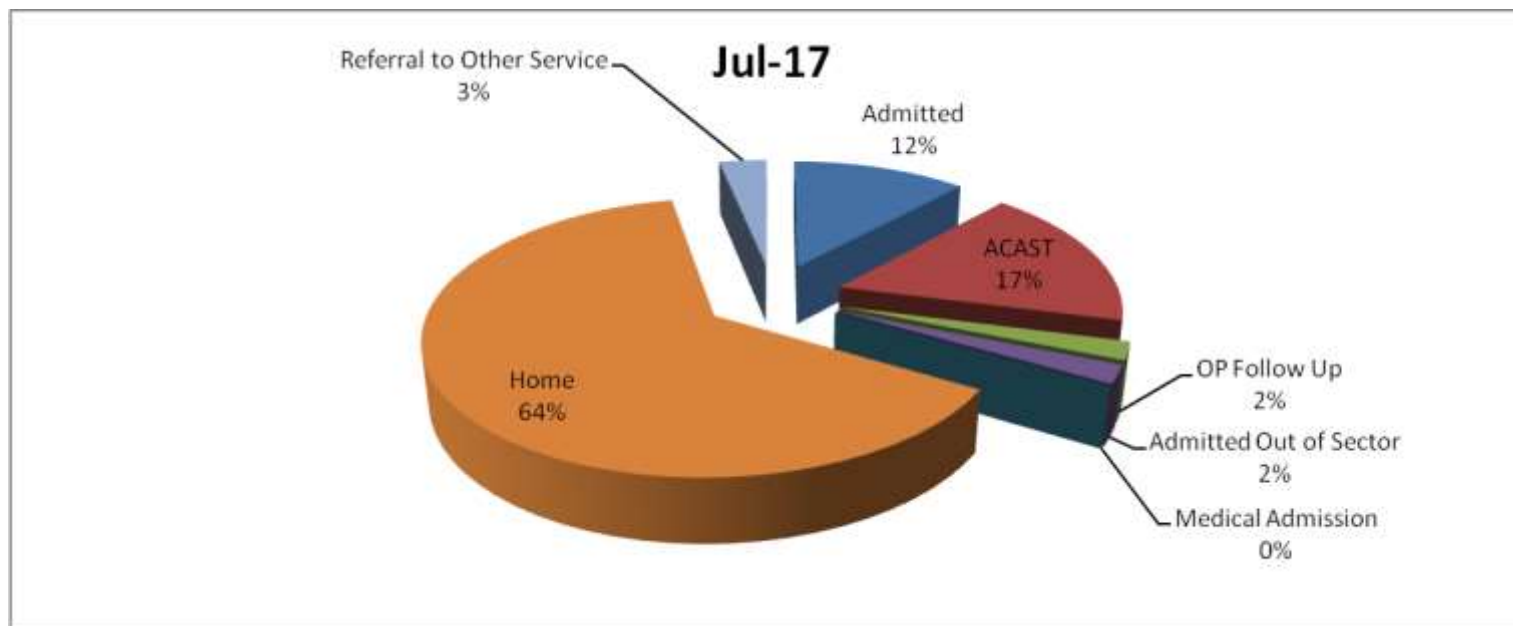


Acute Care and Support Team: Patient Assessment (A&E/Obs Ward) Outcomes

ACAST Outcomes	Jul-17
Admitted	11
ACAST	16
OP Follow Up	2
Admitted Out of Sector	2
Medical Admission	0
Home	59
(with police)	(0)
Referral to Other Service	3

Total Patients Referred: 142

Total Patients Assessed by ACAST: 98 (A&E: 76, Obs Ward: 16, OPD5: 10, OPD2: 2)

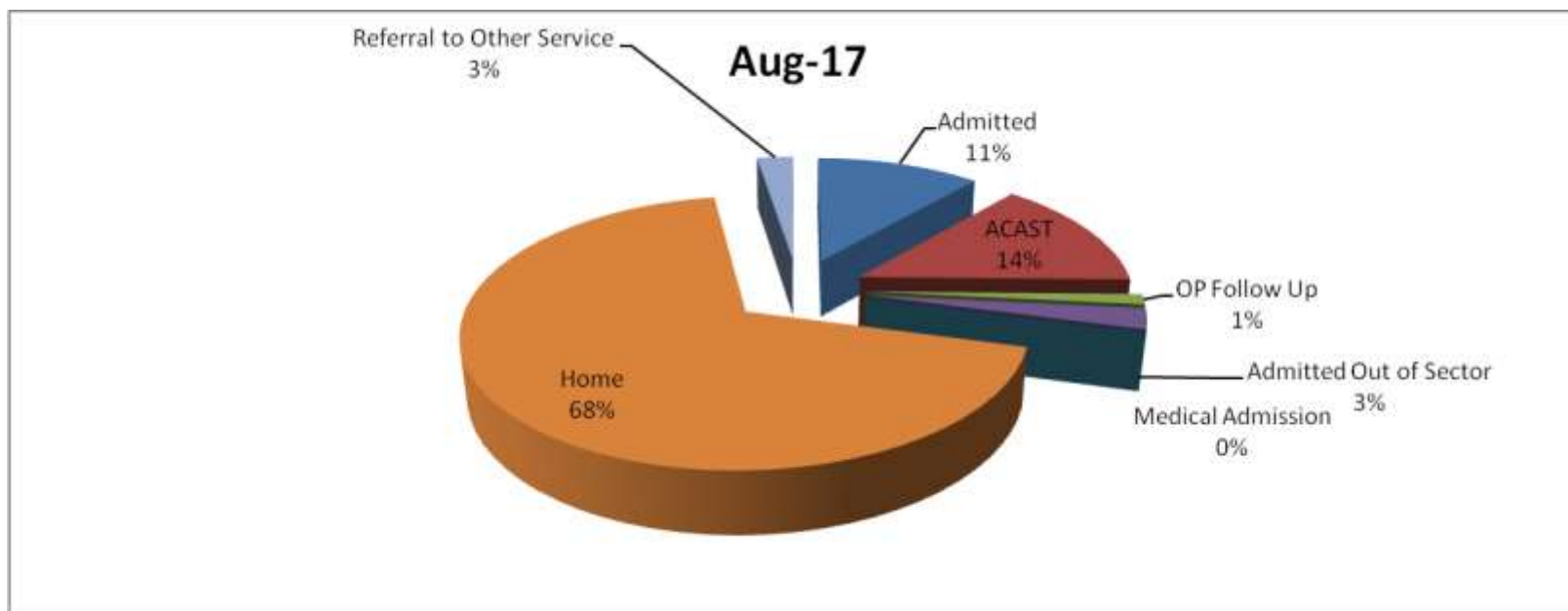


Acute Care and Support Team: Patient Assessment (A&E/Obs Ward) Outcomes

ACAST Outcomes	Aug-17
Admitted	9
ACAST	11
OP Follow Up	1
Admitted Out of Sector	2
Medical Admission	0
Home (with police)	54 (0)
Referral to Other Service	2

Total Patients Referred: 150

Total Patients Assessed by ACAST: 79 (A&E:51, Obs Ward: 14, OPD5: 13, MAU: 1)



WORKPLAN FOR WEST LOTHIAN STRATEGIC PLANNING GROUP 2017-18

Date: 12 October 2017

Agenda Item: 11

Date of SPG meeting	Title of Report	Lead Officer	Notes
12 October 2017			
	Unscheduled Care Plan	Carol Bebbington	
	Progress Report on Carers Strategy	Alan Bell	
	Market Facilitation Plan	Carol Bebbington/Alan Bell	
	Localities Plan Update	Marion Barton/Lorna Kemp	
	Finance Strategy	Patrick Welsh	
	Mental Health Update	Nick Clater	
	Learning Disability Commissioning Plan Update	Alan Bell	
	Mental Health Commissioning Plan Update	Alan Bell	
16 November 2017			
	Workforce Development Plan	Marion Barton	
	Performance Report	Carol Bebbington	
	Primary Care Update	Carol Bebbington	
	Delivery Plan Update	Alan Bell	
	National Care Home Contract Update	Alan Bell	
18 January 2018			
1 March 2018			