



West Lothian Integration Strategic Planning Group

Working group that sits below the Integration Joint Board

West Lothian Civic Centre
Howden South Road
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22 February 2018

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 1 March 2018 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 18 January 2018 (herewith).
5. Palliative Care - Report by Chief Nurse (herewith)
6. Strategic Plan Annual Review - Report by Director (herewith)
7. Performance Report - Report by Director (herewith)
8. Locality Planning Update - Report by Director (herewith)
9. IJB Financial Plan Update - Report by Director (herewith)
10. Timetable of SPG Meetings 2018-19 (herewith)

DATA LABEL: Public

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 18 JANUARY 2018.

Present – Marion Barton (Chair), Carol Bebbington (Health Care Professional), Ian Buchanan (User of Social Care), Dr Elaine Duncan (Health Care Professional), Belinda Hacking (Health Care Professional), Jane Kellock (Social Care Professional), Bridget Meisak (Voluntary Sector), Dr James McCallum (Health Professional), Dr Iain McLeod (Health Professional), Alistair Shaw (Provider of Social Housing) and Robert Telfer (Commercial Provider of Social Care)

Apologies – Jim Forrest (Director), Alan Bell (Social Care Professional), Mairead Hughes (Health Care Professional), Pamela Main (Social Care Professional), Jane Ridgeway (Unison) and Charles Swan (Social Care Professional)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 12 October 2017.

3. 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

In respect of local variation West Lothian had participated in discussions led by CoSLA in conjunction with Scottish Care. The scope of the Intermediate Care project within the Frail Elderly Programme included commissioning within care homes for :-

- Possible enhanced provision for dementia
- Step up/down provision
- Respite provision

It had been expected that the national negotiations would have reached a stage by now where a detailed proposal would have been circulated for consultation by commissioner authorities and providers. To date this had not happened and there was only limited information of what was likely to be contained in the proposal.

Previously providers had stressed that they expected a summary of progress by 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.

As the main contract negotiations had been delayed so the timescale in respect of local variation had also been pushed back. The most up-to-date information was that meetings of the parties involved were planned for 8 and 11 January 2018 with the intention to report to the CoSLA Leaders meeting in February 2018. The suggestion had been made that the current contract could be extended whilst negotiations continued.

Decision

- 1) To note the contents of the report; and
- 2) To note that as discussions continued an extension to the existing contract remained a possibility.

4. WEST LOTHIAN WORKFORCE DEVELOPMENT PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update in relation to the development of the West Lothian Workforce Development Plan.

Delivering health and social care services involved a large workforce across all sectors and presented both challenges and opportunities in terms of workforce planning and development. Harnessing the experience and skills of professionals on the frontline along with that of our partners and colleagues from across the statutory, third and independent sectors would be key to achieving the partnership's ambition.

Part 1 of the National Health and Social Care Workforce Plan, published by the Scottish Government in June 2017, aimed to strengthen and harmonise NHS Scotland workforce planning practice nationally, regionally and locally. Whilst Part 2 of the National Health and Social Care Workforce Plan, published jointly with CoSLA in December 2017 aimed to enable different workforce planning systems to take stock and move forward incrementally towards improved integrated planning across the full social care landscape.

Part 2 also set out key recommendations from engagement between Scottish Government, CoSLA and other key partners involved in the delivery of social care in Scotland. Delivery of these recommendations and improved national and local workforce planning across the health and social care sector could only be delivered through extensive partnership working. These recommendations were summarised in the report.

Both NHS Lothian and West Lothian Council as parent employers were developing workforce plans and the framework for the IJB would be consistent with this and was not seeking to replicate but to augment on local level actions required to support further integration of service provision.

The IJB workforce plan would support the integration journey at a time of local innovation and service redesign and would use the national planning recommendations to dismantle any systemic barriers to effective, integrated local workforce planning and ensure the IJB Strategic Plan for West Lothian could be implemented and supported with the right skill mix and competencies across the workforce.

The first draft of the Workforce Plan was attached to the report at Appendix 1 and contained key themes and ambitions including :- Leadership, Management & Team Development; Culture & Values; Developing & Engaging the Workforce; Professional & Technical Advances; Integrated Working; Workforce Planning; and Quality Improvement & Evaluation.

The development of the plan was an iterative process and would require further work to fully understand the shape and dimension of the future workforce and to incorporate the national guidance and recommendations as previously advised.

A further stakeholder event was planned for 26 January 2018 to focus on the recommendations, build on learning from the initial event held in September 2017 and to enable a detailed action plan to be developed.

The group continued to be advised that the 2018 GMS Contract in Scotland indicated the likely workforce changes required ahead of the published guidance. Within West Lothian the piloting of different specialists within General Practice including paramedics, MSK physio, pharmacists and mental health was ongoing. Evaluations of these pilot schemes would inform the workforce capacity required and determine the capabilities and skills required.

There then followed a discussion as to what needed to be taken into consideration or could impact on workforce planning and the following themes emerged from the group :-

- Brexit
- Ageing workforce
- The need for flexible contracts
- The expectations and attitudes of staff to delivering realistic medicine
- Early intervention in managing sickness absence
- Engaging with staff
- Involvement of the third sector and partnership working; and
- Use of technology

Decision

1. To note the content of the report and the Workforce Development Plan;
2. To note the themes that should to be considered or could impact on workforce planning; and
3. To agree that the report be presented to the Integrated Joint Board for approval.

5. PRIMARY CARE UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the current situation with regard to General Practice and Primary Care Services in West Lothian and progress to date on the implementation of the Primary Care Development Plan.

The group were advised that throughout Scotland General Practice continued to be in crisis. An increasing workload coupled with severe recruitment and retention problems and on-going under-investment was threatening the viability of individual GP practices and presenting

significant challenges for Health and Social Care Partnerships to maintain access and service provision.

To cope with demand when unable to recruit new GP's, practices across Lothian were increasingly opting to restrict or close their lists to new patients and some GP partnerships were giving up altogether and handing their contracts back to the Health Board. When this happened the Health Board had three options :- 1) advertise the practice to find a new group of GP's to take on the contract; 2) run the practice as a salaried service under direct HSCP management; or 3) disperse patients to other neighbouring practices.

West Lothian had 22 GP practices with currently 1 operating a restricted waiting list. This compared to 7 practices in Mid Lothian and 40 practices in Edinburgh. Over the past year West Lothian HSCP had successfully averted potential list closes by working with practices to provide support, promote a collaborative approach and avoid a domino effect. In many areas of West Lothian there was little overlap in practice boundaries so it was particularly important for patients that lists remained open as patients did not have the option of an alternative practice where they could easily register.

West Lothian HSCP was committed to supporting the independent contractor model of General Practice. Over the past four years, West Lothian HSCP had stepped in temporarily to manage four practices, where due to retirement or ill health the GP's had handed back their contract. However three had now successfully returned to independent contractor status and the patients from one small practice having been taken on by a neighbouring practice.

With regards to practice collapse, practice vulnerability was tracked using a risk assessment tool. However with the recruitment crises ever-worsening what had become clear was that any practice could quickly flounder if one or two key individuals left and could not be replaced. Therefore it was important for the HSCP to work with all practices to improve resilience and adopt new ways of working to maintain service provision and be less reliant on high levels of medical staffing.

The West Lothian Primary Care Summit in March 2017 generated a useful consensus on the direction of travel among numerous key stakeholders the outcome of which would form the basis for the primary care development plan, details of which were attached to the report at Appendix 1.

The revised General Services Medical Contract, which was subject to a separate report on the agenda and which was due to be released in November 2017 would see further changes to GP working practices which would require to be implemented by HSCP's.

The Strategic Planning Group was asked to :-

1. Note the contents of the report;

2. Be assured that West Lothian HSCP were successfully maintaining Primary Care Provision;
3. Support innovative approaches to primary care service provision and assist in managing public expectations; and
4. Note the progress and support implementation of the Primary Development Plan

Decision

To note the contents of the report

6. GENERAL SERVICES MEDICAL CONTRACT IN SCOTLAND

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director which provided an overview of the 2018 General Medical Services Contract proposals including timescales and a proposal for implementation arrangements.

The group were advised that the Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association had agreed the proposed terms of the 2018 General Medical Services contract offer. The contract was part of the Scottish Government's plans to transform primary care services in Scotland. A brief summary was provided at Appendix 3 attached to the report.

A co-produced draft Memorandum of Understanding (MoU) between Integration Authorities (IA), the Scottish General Practitioners' Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government was being developed setting out an agreed approach that, if accepted by the profession, would support the implementation of the General Medical Services (GMS) contract in Scotland from April 2018.

A poll of the profession would inform a vote on the contract proposals, the outcome of which would be known on 18 January 2018.

The key principals in the proposal were :-

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises;
- A new workload formula for practice funding and income stabilisation for GP's;
- Reducing GP workload through HSCP's employing additional staff to take on current roles carried out by GP's; and
- Reducing risk to GP's through these measures.

Overall the Scottish Government had committed at least £250m over the next four years to the implementation of the contract and the financial offer to GP's would be set out in two phases with a vote on each.

In Phase 1 a new allocation formula had been developed which was intended to be more representative of GP workload. In Phase 2 a minimum of income guarantee for a full time GP would be introduced along with reimbursement of practice and premises expenses.

The funding would also be used to fund IJB and NHS Board implementation of their responsibilities including development and employment of additional staff, meeting same day demand, transferring vaccinations, pharmacists and link workers.

Should the proposals go ahead there would be the need for an integrated implementation plan across NHS Lothian for the delivery of the GMS contract in Scotland. The contract proposal set out the responsibilities of the NHS Board, HSCP's and the GP Sub Committee. Each HSCP would be required to develop a Primary Care Improvement Plan as part of their Strategic Planning process and this would be implemented alongside the NHS Board arrangements for delivering the contract.

All the plans were to be developed collaboratively with advice and support from GP's and explicitly agreed with the GP Sub Committee of the Area Medical Committee and be in place by end of July 2018.

A Primary Care Summit would be held in May to support the development of West Lothian's Primary Care Improvement Plan.

The new contract set out complex changes that would have to be negotiated and managed at both IJB and NHS Board level over the next three years. The existing infrastructure in the Board, IJB's and GP Sub Committee was not suitable for this task. A proposed structural approach to the implementation of the contract was set out in Appendix 1 attached to the report with a further narrative on the various roles that could populate each of the implementation stages.

Concerns were raised for the proposed implementation process of the GMS contract and in particular the role to be fulfilled by HSCP's.

Therefore the group were asked to :-

1. Note the key content in the proposals for the new General Medical Services Contract in Scotland;
2. Note the timescale for voting if approved for implementation;
3. Request that further dialogue be undertaken with regards to the role of HSCP's in the proposed model for implementation; and
4. Support a second Primary Care Summit to be held in May 2018 to develop the Primary Care Improvement Plan.

Decision

1. To note the contents of the report;
2. To note that a Primary Care Summit would be organised in May 2018 to support the development of West Lothian's Primary Care Improvement Plan; and
3. Agreed not to support the proposed model for implementation of the GMS contract as more discussion was required to be undertaken with regards to the role of the Health and Social Care Partnership in the implementation of the new GMS contract and that this position was to be communicated to the IJB when it next met on 23 January 2018.

7. WEST LOTHIAN ELIGIBILITY CRITERIA FOR CARER SUPPORT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of the IJB's duties under the Carers (Scotland) Act 2016 in relation to setting eligibility criteria for carer support and consulting carers and representatives of carers on the proposed eligibility criteria.

The Carers (Scotland) Act 2016 would come into effect on 1 April 2018. The Act detailed the advice, information and support which carers would be entitled to in order to support them in their caring role enabling them to maintain their health and well-being and to have a life alongside caring. Carers were defined by the Act as people who provided help and support to someone they knew, such as a family member or friend, but who were not employed to do this or working as a volunteer for an organisation.

From 1 April 2018, the council was required to :-

- Identify the support needs of carers;
- Prepare an adult carer support plan or a young carer statement if someone asked for one;
- Provide support to carers based on local eligibility criteria;
- Involve carers in planning services; and
- Establish information and advice services for carers

And the health service was required to :-

- Involve carers in hospital discharge planning of the people they cared for; and
- Partnerships were to also prepare a local Carers' Strategy and a Short Breaks Services Statement

The council had developed draft local eligibility criteria to determine what type of support carers would be offered. The draft document was based on the National Carer Organisations best practice framework as included in statutory guidance and was required to consider :-

- ❖ The impact of caring on the carer;
- ❖ The level of need for support; and
- ❖ The thresholds to be met to be eligible for support

The draft criteria was attached to the report at Appendix 1. It was to be noted that the proposed criteria was joint criteria, as recommended in the statutory guidance, and could apply to both adults and young carers.

The Head of Social Policy continued to advise the group that the criteria eligibility criteria was out for consultation and would run until the end of January 2018 and that with regards to implementation a pan-Lothian group would be set up.

It was recommended that the group :-

1. Notes the IJB's duties in relation to setting eligibility criteria for carer support;
2. Notes the IJB's duties in relation to setting eligibility criteria for carer support where functions were delegated;
3. Notes the draft eligibility criteria; and
4. Notes that a consultation was underway with carers and representatives of carers on the proposed eligibility criteria.

Decision

1. To note the contents of the report; and
2. To note the update from the Head of Social Policy with regards to the implementation of the eligibility criteria.

8. UNDERSTANDING PROGRESS UNDER INTEGRATION

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing a summary of the progress to date made against the six Ministerial Strategic Group indicators for Health and Community Care and the proposed objectives for 2018-19.

The group was advised that the Scottish Government required A progress update on integration and social care and had requested that Integration Authorities share their progress, to date, against the local objectives on the Ministerial Steering Group (MSG) six key indicators and their objectives for 2018-19.

The framework for sharing progress updates with the MSG was based on four key elements; these were summarised in the report.

The Integration Authority had also been asked to provide an update overview of local objectives and ambitions related to the following six indicators for 2018-19 by 31 January 2018

1. Number of emergency admissions in Acute (SMR01) specialities
2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialities
3. Number of A&E attendances and the percentage of patients seen within 4 hours
4. Number of delayed discharge bed days. An objective could be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family Related, Code 9
5. Percentage of the last six months of life spent in the community
6. Percentage of population residing in a non-hospital setting for all adults and 75+. A suggested further breakdown would be: - care home, at home (supported) and at home (unsupported).

Partnerships had been asked to provide a brief summary of recent trends in data and this was to be based on the monthly data provided by the Information Services Division (ISD) NHS Scotland. It was expected that the baseline year of 2015-16 would be used as this was the year prior to Health and Social Care Integration.

Partnerships had also been asked to share details of how they expected activity to change in the future focussing up to the end of 2018-19 as a minimum and was to include:-

- Clear measures of the expected change i.e. increase/decrease/remain the same;
- The baseline period the change was based on i.e. 2015-16; and
- Expected final total figures for the period in question which would make it easier to see the expected final outcome.

And finally each partnership had also been asked to provide a brief summary of specific programmes which were planned or had already been implemented that would help achieve the objectives.

Progress would be used by ISD/LIST analysts and returned to the partnership on a quarterly basis focussing on the same baseline as the objective and highlighting changes over the previous quarter.

Progress reports would also be presented to the SPG and IJB on a quarterly basis.

Attached to the report at Appendix 1 was a summary of objectives for West Lothian. Once the data contained within had been verified and approved by the IJB it would be returned to the Scottish Government by 31 January 2018.

The SPG was asked to :-

1. Note the requirements of the Ministerial Strategic Group for Health and Community Care (MSG);
2. Note the progress against the 6 key indicators; and
3. Support the proposed objectives for 2018-19 which were to be returned to the MSG by 31 January 2018.

Decision

1. To note the contents of the report; and
2. To agree that the report be forwarded to the next appropriate meeting of the IJB for approval.

9. WORKPLAN

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

It was agreed that for the next meeting in March 2018 two additional items would be included on the workplan and these were :-

- Performance Report; and
- Locality Plan Update

Decision

1. To note the contents of the workplan; and
2. To include two additional items of business for reporting to the March 2018 meeting of the SPG.

PALLIATIVE CARE

CHIEF NURSE

A PURPOSE OF REPORT

The purpose of the report is to update the SPG on the current provision of Palliative Care in West Lothian and to set out the proposed plan for engagement with service users and providers to inform the development of medium term Palliative Care Plan.

B RECOMMENDATION

1. Note the contents of the report.
2. Note the current model of provision and associated activity
3. Support the model for engagement plan of palliative care provision in West Lothian

C TERMS OF REPORT

Background

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

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

Policy Context

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

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

Current Position

The majority of palliative care provision is delivered through General Practice, Community Nursing and Social Care Teams. On average around 450 people are managed by the generic primary care services per annum with currently 248 patient on GP palliative care registers.

This is augmented through Specialist Palliative Community Services and Day Services which are commissioned through a service level agreement with Marie Curie. The specialist West Lothian Palliative Care team in 2017 received 472 referrals.

For these palliative care patients the place of death is reported as:

Home- 60%

Acute Hospital- 19%

Hospice- 16%

Community Hospital- 4%

Relatives Home- 1%

Where specialist end of life care is required in a hospice this is provided through Marie Curie, St Columba's or Strathcarron Hospices. In addition, provision can be made in our current community hospital beds within St Michaels and Tippethill Hospitals.

The percentage of the last 6 months of life spent at home or in a community setting focuses on measuring the impact of palliative and end of life care. In West Lothian we have seen a steady increase in the proportion of the last 6 months of life spent either at home or in a community setting between 2014/15 where it was 85.8% to 90% at September 2017. This demonstrates an increase in community care provision and decrease in the time spent in acute hospital settings

Our Aim

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

Our Approach

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

Central to future strategic plans and part of any needs assessment is engagement with service users and key stakeholders. It is proposed that a combination of focus groups and surveys is undertaken to fully understand the experience both of the service users, their families and carers and of the service providers involved in delivery of end of life care.

The focus groups will ascertain from the various stakeholders what went well, what could be improved and what is most important to them in the end of life care process.

This will be augmented with wider stakeholder engagement through survey based on care provided through acute and community hospitals, hospice and specialist palliative care team, community nursing and general practice. The survey tool is in development and it is intended to complete the survey and focus groups by end of May 2018. The findings of this will be collated and reported back to the SPG and will inform the next stage of development of the plan.

In addition we will continue to gather administrative, financial and outcomes data from a wide range of sources which ensure that the IJB have all of the relevant data to make an informed decision about the future needs and service provision.

Key indicators which will be used to demonstrate improvement will be

1. The percentage of last 6 months of life spent at home or in a community setting (current measure)
2. The total expenditure on end of life care cost in last 6 months per death (National indicator in development)
3. Deaths within 24-48 hours of admission to acute hospital (To be developed)
4. Proportion of palliative care patients with advanced care planning in place (To be developed)
5. Proportion of palliative care patients with proactive prescribing for changes in condition in out of hours period (To be developed)

D CONSULTATION

Stakeholder engagement planned for March to May 2018

E REFERENCES/BACKGROUND

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. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	All National Health and Well Being Outcomes
Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Local Outcome Improvement Plan	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	<i>None</i>
Resource/finance	Development of Palliative Care Plan will need to be aligned with available resources
Policy/Legal	Health and Care Delivery Plan
Risk	None

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22 February 2018

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 1 March 2018

Agenda Item: 6

STRATEGIC PLAN ANNUAL REVIEW**REPORT BY DIRECTOR****A PURPOSE OF REPORT**

The purpose of this report is to outline the annual review of the IJB Strategic Plan 2016-26, and to recommend that a replacement Strategic Plan is developed to take account of new legislation, national contract changes, market and workforce factors and to drive forward transformational change in health and social care aligned to the medium term financial plan.

B RECOMMENDATION

The Strategic Planning Group is recommended to

- 1. Receive the report;*
- 2. Discuss the annual review of the strategic plan,*
- 3. Recommend the development of a replacement strategic plan to the Integration Joint Board to drive forward the transformational change required in health and social care.*

C TERMS OF REPORT**BACKGROUND**

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to prepare a Strategic Plan for delegated functions and budgets under their control. The Strategic Plan sets out the case for change, key challenges, priority areas of focus and IJB commitments. The Act requires that Integration Authorities have a Strategic Plan setting out the local area delivery arrangements for the integration functions and how these are intended to contribute to the achievement of the relevant national health and wellbeing outcomes for the partnership.

The Strategic Plan 2016-26 was developed during 2015/16 with engagement of stakeholders through the Strategic Planning Group. The Strategic Plan 2016-26 was approved by the IJB at its meeting on 31st March 2016.

DELEGATED FUNCTIONS

NHS Lothian and West Lothian Council delegate functions and make payments to the Integration Joint Board (IJB) in respect of those functions.

The IJB has the responsibility for the planning and resourcing of the delegated functions as set out in the Integration Scheme to enable it to deliver on local strategic outcomes and gives directions to the council and health board as to how they must deliver services in pursuit of the Strategic Plan and allocates payments to them to permit them to do that.

Similarly, managerial arrangements for the operational delivery of integrated services and accountability to the IJB through the Chief Officer are set out in the Integration Scheme.

These arrangements also include a shared planning responsibility for appropriate NHS Lothian resources designated as 'set aside' amounts regarding large hospital functions of a primarily unscheduled care nature.

STRATEGIC PLAN REVIEW

The Strategic Plan is the output of activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

The Strategic Plan takes account of the integration delivery principles and the national health and wellbeing outcomes. The Act also includes provision for review of the Strategic Plan periodically within the lifetime of the plan and in consultation with the Strategic Planning Group. The review of the Strategic Plan includes the effectiveness of the plan in delivering integrated functions and whether a replacement plan is required.

The Strategic Plan has been reviewed based on consistency with the policy, economic and social context and ongoing accordance with values, resources, appropriateness, feasibility and desirability.

The **vision and values** set out in the Strategic Plan remain relevant and have a good fit with NHS Lothian and West Lothian Council, encapsulating the purpose of the partnership. It is noted that the values require continuous reinforcement and promotion to support their practical demonstration.

The **strategic priorities** of tackling inequalities, prevention and early intervention, integrated and coordinated care and managing our resources effectively are consistent and relevant in delivering the aims to:

- improve the quality and consistency of services for patients, carers, service users and their families;
- provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

The **Health and Social Care Delivery Plan** (December 2016) reinforces the 2020 Vision of a Scotland with high quality integrated services, focused on prevention, early intervention and supported self-management. The Plan shifts focus toward the 'triple aim' of *better quality* of care, *better health* through improved wellbeing and addressing inequalities over the life course, and *better value* through the sustainable and efficient use of available resources. The aim of the Delivery Plan and the targeted programmes of work detailed within is to drive forward the pace of change in health and social care and to give strategic coherence to previously separate areas of policy, thereby bringing the focus required for transformational change.

Achieving sustainability in health and social care requires transformation and making best use of the totality of resources while continuing to meet current and emerging demand

and cost pressures.

Performance

Health and Social Care Integration is measured against 6 key indicators

- 5% Reduction in unplanned hospital admissions by 2019 against 2015/16 baseline
- Maintaining unscheduled bed days at 2015/16 baseline
- Achieving 95% 4-hour standard within A&E
- Achieving no people waiting more than two weeks for discharge from hospital when they are ready and reducing the standard delayed discharge bed days by 10% against 2016/17 baseline.
- Improving end of life care and proportion of last 6 months of life spent at home or in community setting to 89%
- Maintaining 92% of people over 75 years in the community

Performance over the period indicates unscheduled admissions are stable with a modest reduction in associated bed days however there has been a deterioration in performance against the 4-hour A&E standard and the number of delayed discharges and associated increase in bed days. Analysis of patient journeys through the current system suggests improvements need to be made in the integration and coordination of care to improve patient experience. Although the Frailty Programme was established to improve this further reform and change is required at whole system level to improve outcomes and increase the pace of change to achieve the strategic objectives.

Capacity and Demand

It is evident that there are issues with the current care providers being able to match supply to demand. The eligibility criteria for social care has been revised which will impact on service provision. Implementation will need to be supported and expectations managed as well as identifying pathways for self-support models for those who do not meet the thresholds for direct care provision.

Based on a good understanding of need and demand, a market facilitation plan is being developed to ensure there is sufficient and appropriate range of provisions, available at the right price to meet needs and deliver effective outcomes. The existing Strategic Plan does not include a summary of the key requirements to meet current and future demand, in keeping with the Scottish Government guidance this needs to be incorporated within the next iteration of the strategic plan, clearly stating the level and type of services required.

Primary Care

The Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association agreed the proposed terms of the 2018 General Medical Services contract and these have been accepted by the GP profession. The key principles are:

- A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.
- A new workload formula for practice funding and income stabilisation for GPs.
- Reducing GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs.
- Reducing risk to GPs through these measures

Each IJB will be required to develop a Primary Care Improvement Plan as part of their Strategic Planning processes and this will be implemented alongside the NHS Board arrangements for delivering the contract. Plans are to be developed collaboratively with

advice and support from GPs and explicitly agreed with the GP Sub-Committee of the Area Medical Committee (and in the context of the arrangements for delivering the new GMS contract explicitly agreed with the Local Medical Committee) and be in place by the end of July 2018. The contractual changes will impact on models of care delivery in primary care and have implications for workforce development which will need to be incorporated into the IJB Strategic Plan.

Carers Act

The [Carers \(Scotland\) Act 2016](#) will take effect from April 1, 2018. The Act is designed to support carers' health and wellbeing and help make caring more sustainable. Measures include:

- A duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- A specific adult carer support plan and young carer statement to identify carers' needs and personal outcomes.
- A requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

A Carers charter sets out carers' right under the Act which contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits alongside related policy on the integration of Health and Social Care, new social security powers; and the Fair Work agenda. Local eligibility criteria have been set and implementation will require to be supported.

Finance

Under Scottish Government guidance, developed by the Integrated Resource Advisory Group (IRAG), the Strategic Plan should incorporate a medium term financial plan for the resources within its scope.

The IJB is leading on the preparation of the Strategic Plan which will set out a best estimate of future resources included in each year of the plan. This is to be undertaken to ensure that there is appropriate resourcing and devolution of responsibility to deliver in line with the outcomes and priorities set out in the plan.

In keeping with the guidance cited above, NHS Lothian and West Lothian Council are expected to provide indicative medium term allocations to the IJB which should be in line with the Strategic Plan. This rolling indicative allocation is subject to annual approval through the respective budget setting processes.

The final, detailed annual allocation to the IJB will be contingent on the budget setting process of the parent bodies and the indicative partnership budget is at this stage high-level and based on a number of financial planning assumptions associated with funding and expenditure. A revised detailed integrated budget will be presented to the IJB following the conclusion of this process. It should be emphasised that significant variance in the financial allocations from the parent bodies will impact on the ability of the IJB to commission services that deliver the Strategic Plan and require further review.

Workforce

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

The recently published National Health and Social Care Workforce Plan (Parts 1 and 2) provide a foundation for the continuous work required to respond to changing priorities, national and local drivers. Part 3 of the workforce plan is due to be published early 2018 which will address the requirements within Primary Care. The key themes and

recommendations emerging from the national plan will need to be incorporated into the strategic plan

Conclusion

The annual review of the Strategic Plan 2016-26 has identified challenges which are impacting on performance and delivery of the plan outcomes. The review up-dates and refreshes the policy drivers for the plan and has taken account of legislative and contractual changes as well as changes within the financial plan. These challenges and changes indicate a replacement plan is required. This will be developed in conjunction with the Locality and Strategic Planning Groups.

D CONSULTATION

Strategic Planning Group

IJB Development Sessions November 2017 and February 2018

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)
- [West Lothian IJB Strategic Plan 2016-2026](#)
- [Carers \(Scotland\) Act 2016](#)
- <http://www.gov.scot/Publications/2017/11/1343>
- Health and Social Care Delivery Plan December 2016

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 Well Being Outcomes
Strategic Plan Outcomes	All Strategic Plan Outcomes
Local Outcome Improvement Plan	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

None

Resource/finance

The Strategic Plan Annual Review report is presented in line with Scottish Government published Strategic Planning, Commissioning and Finance Guidance. The report has implications for the IJB in relation to both finance and quality in relation to the need for the IJB to be assured that the indicative partnership budget is sufficient to deliver the outcomes and priorities set out in the Strategic Plan.

Policy/Legal

The Strategic Plan annual review is presented in accordance with legal requirement on the IJB to review the Strategic Plan on a periodic and regular basis, to involve the Strategic Planning Group in this review and to decide whether a replacement plan is required.

The report refreshes the Strategic Plan taking account of policy and legal change over the last year which has a direct bearing on the operation of the Partnership.

Risk

No new risk implications arise from this report. Strategic and financial risks for have already been identified and noted in the Risk Register.

H CONTACT

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Tel 01506 281017

20/02/2018

PERFORMANCE REPORT

DIRECTOR

A PURPOSE OF REPORT

To present to the Strategic Planning Group the most up to date performance against the health and social care integration indicators and the measures within the Balanced Scorecard.

To highlight the requirements for the Annual Performance Report which is to be published by 31 July 2018

B RECOMMENDATION

The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note the most up to date performance against*
- 3. Consider the current performance on the key integration indicators and balanced scorecard against the agreed targets.*
- 4. Note that performance reports will be updated in accordance with availability of data and brought on quarterly basis to the SPG for discussion.*

C TERMS OF REPORT

The Scottish Government developed a core suite of 23 integration indicators to demonstrate progress in achievement of the nine national health and wellbeing outcomes. This report includes the up to date and revised dataset for these indicators as at December 2017. Appendix 1 provides the Summary of performance and comparison to Scottish average.

It is noted that some of the indicators are still in development and therefore data is not yet available.

The first nine indicators are based on the Biennial Health and Care Experience Survey. This survey has been recently undertaken and performance will be updated when results are available in 2018/19.

As previously agreed the Balanced Scorecard incorporates the core suite of integration indicators as well as relevant Local Delivery Plan and other measures to monitor our performance. The Balanced Scorecard (Appendix 2) has been updated with available data. The scorecard also indicates the local targets previously agreed by the IJB which were based on previous performance and the overall Scottish performance. The Scorecard has been 'RAG-rated' using a traffic light system for illustrating progress against expected performance.

The Ministerial Steering Group (MSG) defined a further set of indicators for measuring the impact of integration of health and social care. These indicators have been updated with performance to end December 2017 and are provided in Appendix 3. The MSG required partnerships to set local improvement targets against these indicators and these are shown on the respective charts.

A National Review of the Targets and Indicators in Health and Social Care in Scotland has concluded with the report published in November 2017. The remit of the review was to consider the relevance to health and social care of three nationally set groups of targets and indicators. These are the National Performance Framework (NPF) indicators, of which 30 relate directly or indirectly to health and social care, 19 Local Delivery Plan (LDP) Standards and 23 Integration Indicators.

- The National Performance Framework indicators focus on high level outcomes, for example improving self-assessed general health, improving mental wellbeing, reducing premature mortality, reducing poverty.
- The LDP Standards focus on waiting times for scheduled and unscheduled care and mental health; as well as volumes of intervention activity to support behaviour change such as smoking cessation and Alcohol Brief Interventions.
- The Integration indicators focus on individuals' experience of care and high level indicators of how care is being delivered, for example emergency admissions, delayed discharge, where the last six months of life is being spent.

The recommendations within the National Review will be considered in the development of the national datasets and any changes will be highlighted in future performance reports.

The IJB is required to publish an Annual Performance Report by 31st July 2018 on the performance during 2017/18. Members are asked to forward suggestions of good practice highlights and innovation for inclusion in the report.

The performance reports will be updated as data becomes available and quarterly reports will be brought to the IJB for consideration and discussion of key issues.

The Senior Management Team continue to monitor performance through their Performance Board on a monthly basis

D CONSULTATION

Senior Management Team Performance Board

Strategic Planning Group

E REFERENCES/BACKGROUND

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

F APPENDICES

Appendix 1: Overview of Core Integration Indicators

Appendix 2; Balanced Scorecard

Appendix 3: MSG Integration Indicators Report

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 All National Health and Well Being Outcomes

Strategic Plan Outcomes Underpins all Strategic Plan Outcomes

Local Outcome Improvement Plan 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	<i>None</i>
Resource/finance	The Performance Report aligns with the Financial Plan
Policy/Legal	Performance Reports will be prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
Risk	Risk related to delayed discharge performance and detrimental impact on patient experience and outcomes is recorded on the Risk Register

H CONTACT

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22 February 2018

Appendix 1: Overview of National Core Indicators

	Indicator	Title	Current score	Scotland
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	94%	94%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	84%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	79%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	81%	75%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	83%	81%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	80%	87%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%	84%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	38%	41%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	85%	84%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	411	440
	NI - 12	Emergency admission rate (per 100,000 population)	11,918	12,294
	NI - 13	Emergency bed day rate (per 100,000 population)	103,973	125,634
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	108	100
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88%	87%
	NI - 16	Falls rate per 1,000 population aged 65+	20	22
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85%	84%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	65%	62%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	822	842
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	25%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA

Balanced Scorecard

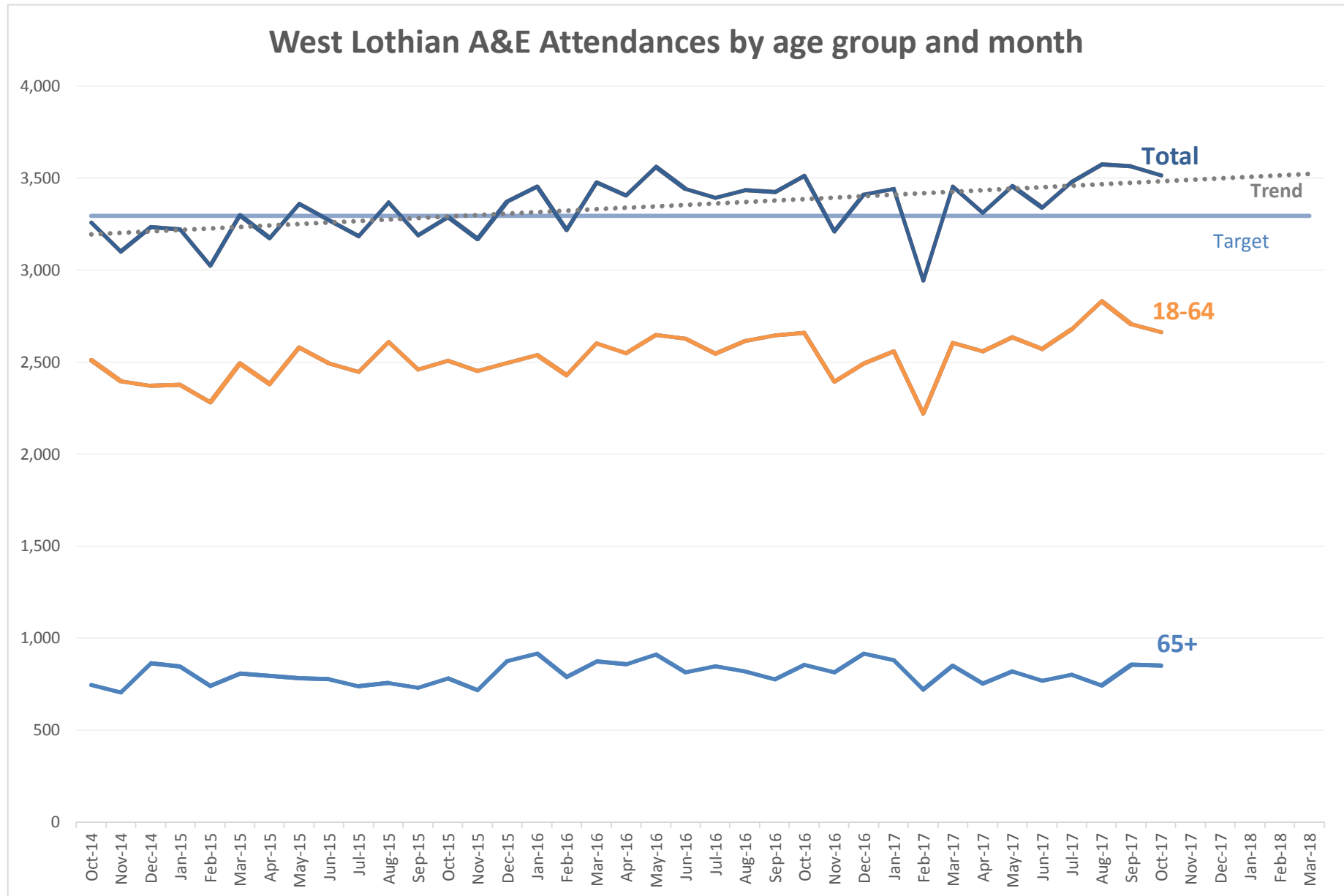
Scorecard Perspective	National Health & Well Being Outcomes	Indicators C=Core Suite of 23 National Indicators M=MSG Integration Indicators LDP= Local Delivery Plan Standard L= Local measure	Target	2015/16	2016/17	2017/18 Quarter 1	2017/18 Quarter 2	2017/18 Quarter 3	2017/18 Quarter 4	Status RAG
Finance and Business Perspective	Effective Resource Use	Percentage of total health and care spend on hospital stays where the patient is admitted in an emergency (C)	22%	20%	23%	20%	18%			
		Achievement of a break-even revenue position (LDP)	Break even position On £237m budget		Balanced position achieved	On target	On target			
		Achievement of efficiency savings (LDP)	£4.66m		Efficiency target achieved	On target	On target			
		Improve the level of generic prescribing to reduce costs (L)	83%	83%	86%					
		Contribute to Lothian wide prescribing efficiency savings (L)	£889K	WL Target £889K	£953K					
		Self Directed Support (SDS) Spend on Adults 18+ as a Percentage of Total Social Work Spend on Adults 18+ (L)	2.5%	2.5%	4.09%	-	-			
		Improve end of life care & reduce proportion of time spent in large hospital setting in last 6 months of life to 10.5% (M/L)	10.5%	12.5%	11.5%	-	-			
Customer Perspective	Positive experiences and outcomes	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.(C)	79%	81%	Due 2018/19					
		Percentage of adults receiving any care or support who rate it as excellent or good (C)	81%	83%	Due 2018/19					
		Percentage of people with positive experience of care at their GP practice.(C)	87%	80%	Due 2018/19					
		Percentage of patients who can access appropriate member of GP team within 48 hours	90%	83%	Due 2018/19					

		Readmissions to hospital within 28 days of discharge (per 1000 population) (C)	99	101	108	-	-			
		Proportion of care services graded Good (4) or better in Care Inspectorate inspections (C)	83%	83%	85%	-	-			
		Number of days people spend in hospital when they are ready to be discharged (per 1000 population) (C)	644 (161/qtr)	485	822	225	295			
		Patients wait no longer than 4 hours from arrival to admission, discharge or transfer within A&E (LDP/M)	95% working towards 98%	93.1%	95.1%	96.6%				
	Carers are supported	Percentage of carers who feel supported and able to continue in their caring role.(C)	41%	38%	Due 2018/19					
Internal Process Perspective	Healthier Living	Percentage of adults able to look after their health very well or quite well.(C)	94%	94%	Due 2018/19					
		Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (C)	84%	80%	Due 2018/19					
		Premature mortality rate per 100,000 population (C)	411	402	411	-	-			
		Rate of emergency admissions for adults per 100,000 population (C)	11807 (2951/qtr)	11794	11896	2,903	2,748			
		Rate of emergency bed days for adults (C)	100838 (25210/qtr)	98978	103377	23,338	20,066			
		Life Expectancy (L)	M:77.1 F:81.1	M: 77.9 F:80.5	N/A	-	-			
		Warwick-Edinburgh Mental Well-being Score (L)	26	25.9	N/A	-	-			
		Waiting Time: Referral To Treatment within 18weeks for Psychological Therapies (LDP)	90%		68.6%	64.6%	70%			
		Waiting Time: Drug and Alcohol Referral To Treatment that supports recovery	90%	85.3%	85.2%	74%	68.4%			
	Independent Living	Percentage of adults supported at home who agree that they are supported to live as independently as possible.(C)	84%	85%	Due 2018/19					
		Percentage of adults supported at home who agree that they had a say in how	79%	79%	Due 2018/19					

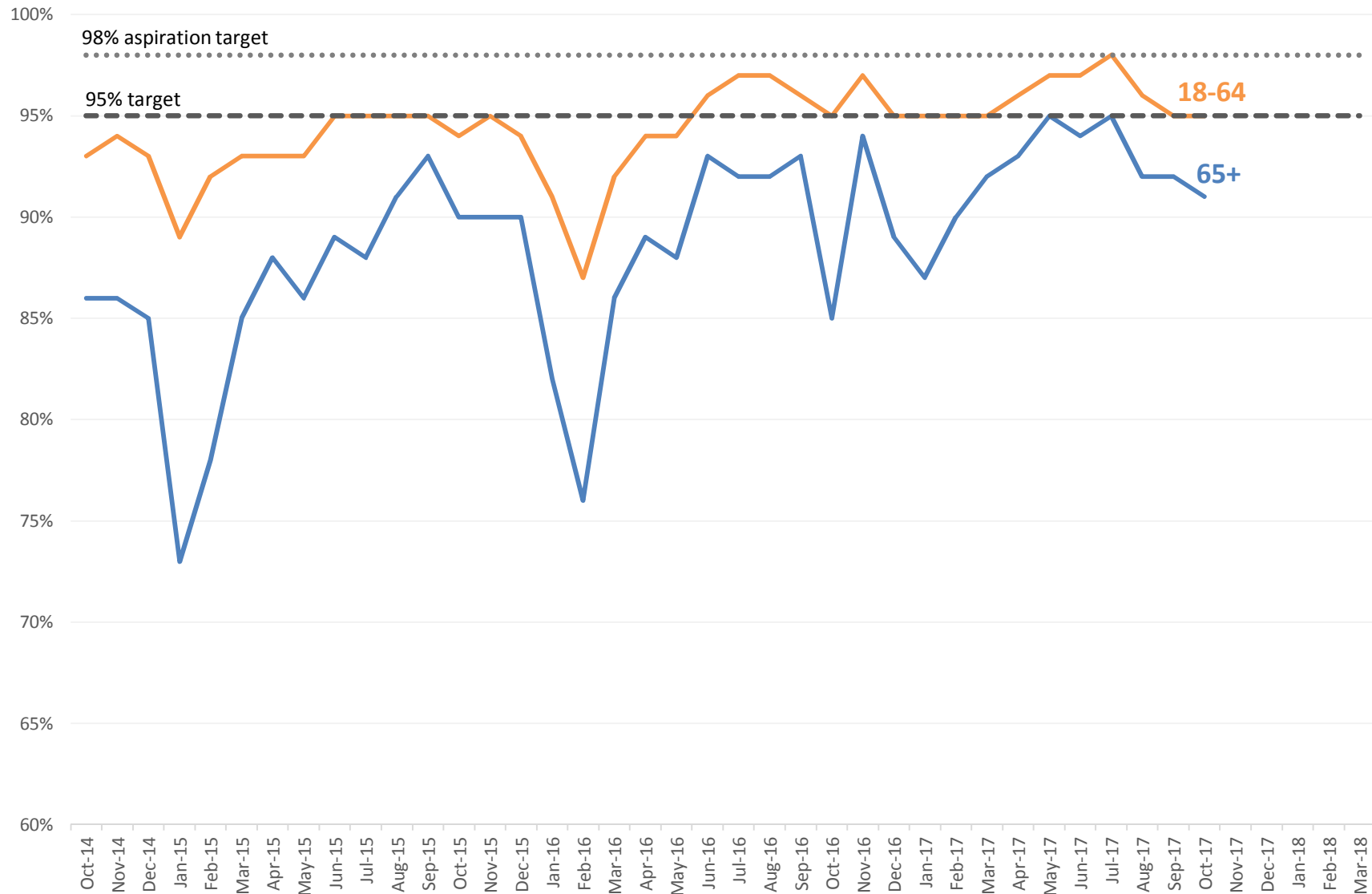
		their help, care or support was provided (C)								
		Proportion of last 6 months of life spent at home or in a community setting (C)	87%	87%	88%	88%	90%			
		Falls rate per 1000 population in over 65s (C)	20 (5/qtr)	19	20	4.4	5.2			
		Percentage of adults with intensive needs receiving care at home (C)	61%	65%	N/A	-	-			
		Percentage of people aged 75+ who live in own home, rather than a care home or a hospital setting (M)	92%	92.2%	N/A	-	-			
		All people newly diagnosed with Dementia have access to 1 year Post Diagnostic Support	In development	N/A		-	-			
	Services are safe	Percentage of adults supported at home who agree they felt safe.(C)	84%	85%	Due 2018/19					
		Percentage of MAPPA cases where level of risk has been contained or reduced (L)	90%	99.8%	99.3%	-	-			
		Number of households receiving telecare (L)	4300	4224	4360	-	-			
		Number of new telecare installations per quarter (L)	200	161	195	229	207	174		
		Percentage of adults satisfied with their care and support (C)	80%	82.9%	Due 2018/19	-	-			
Learning & Growth Perspective	Engaged Workforce	Percentage of staff who say they would recommend their workplace as a good place to work (C)	70%	71%	75%	-	-			
		85% of staff have an annual performance review and personal development plan (L)	85%	75%	80%	-	-			
		Achievement of 4% staff absence rate across all service areas (LDP)	4%		5.16% (NHS) 5.95% (SP)	5.23% (NHS) 6.93% (SP)	4.26% (NHS)			
		Staff have opportunities for learning and development (L)	75%	75%	75%	-	-			

February 2018

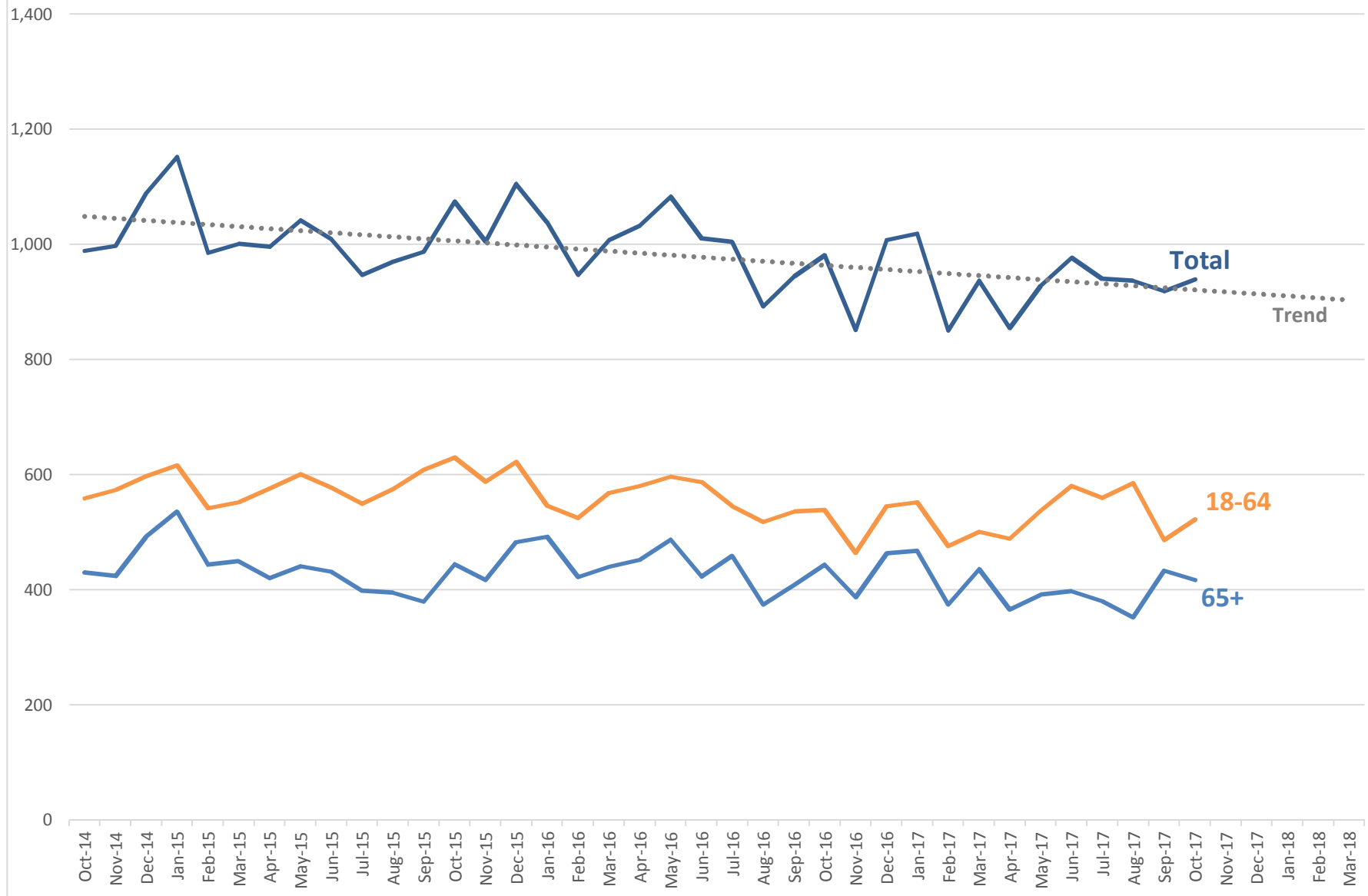
MINISTERIAL STRATEGIC GROUP INDICATORS

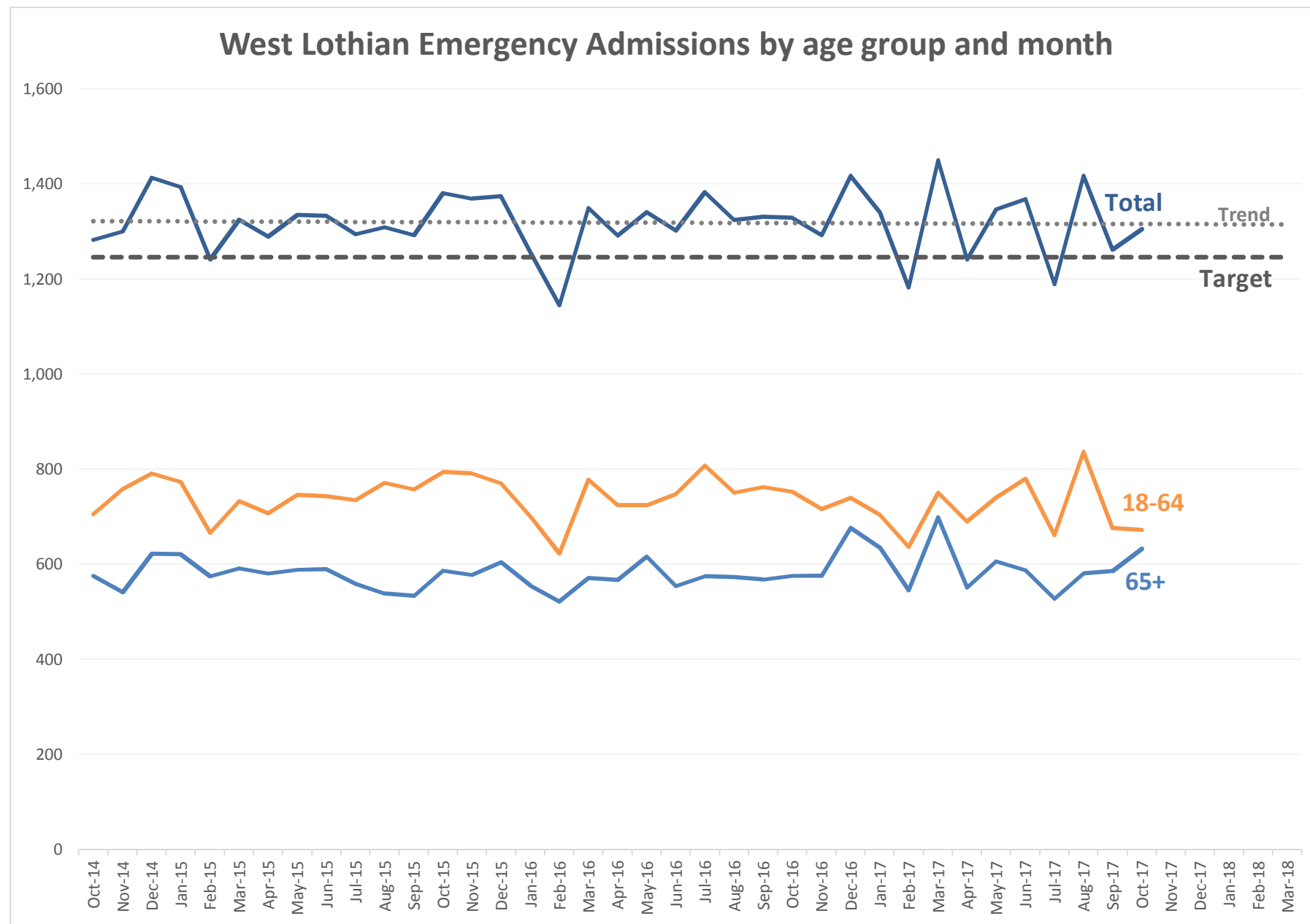


West Lothian A&E discharged, admitted or transferred within 4 hours by age group and month

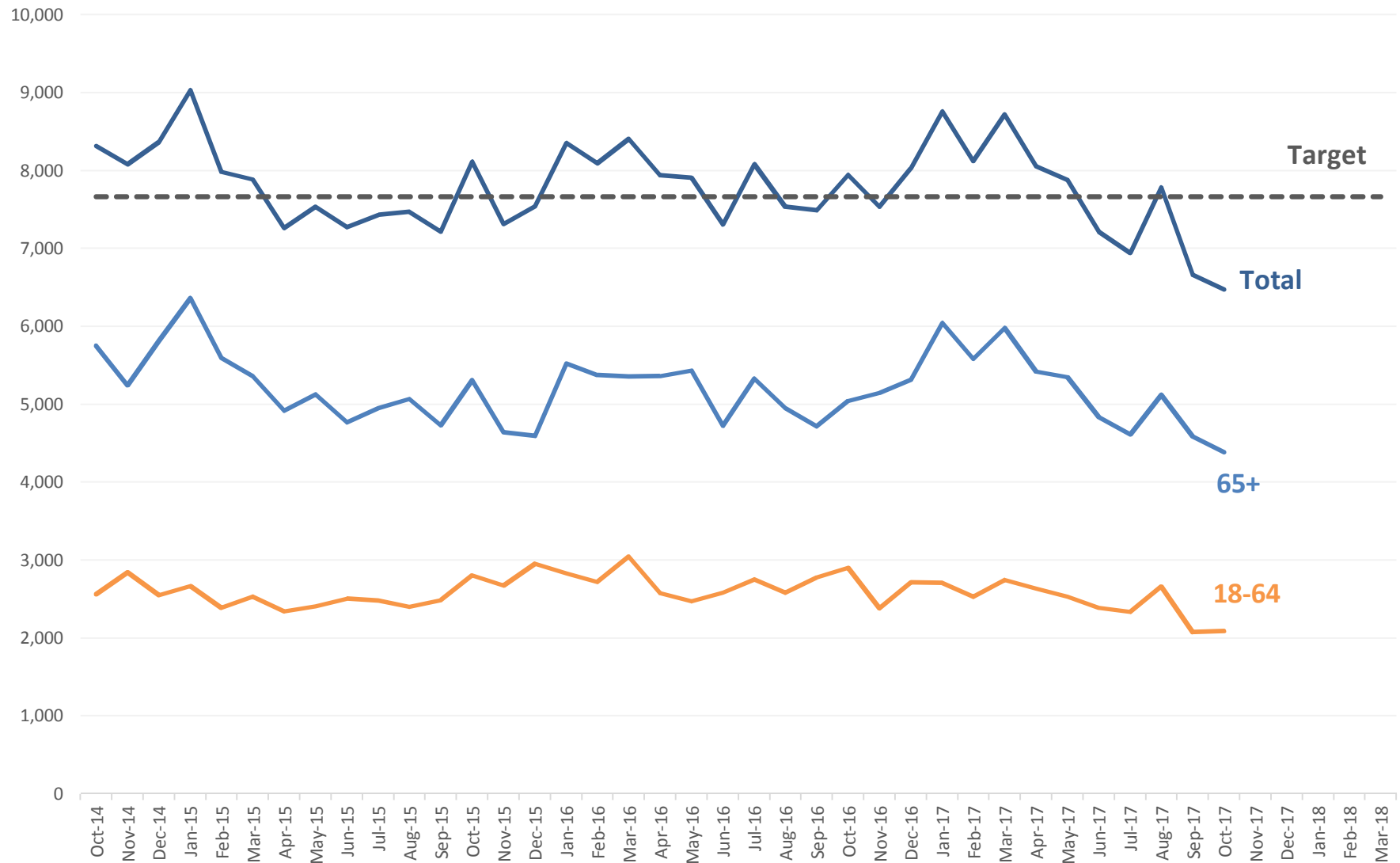


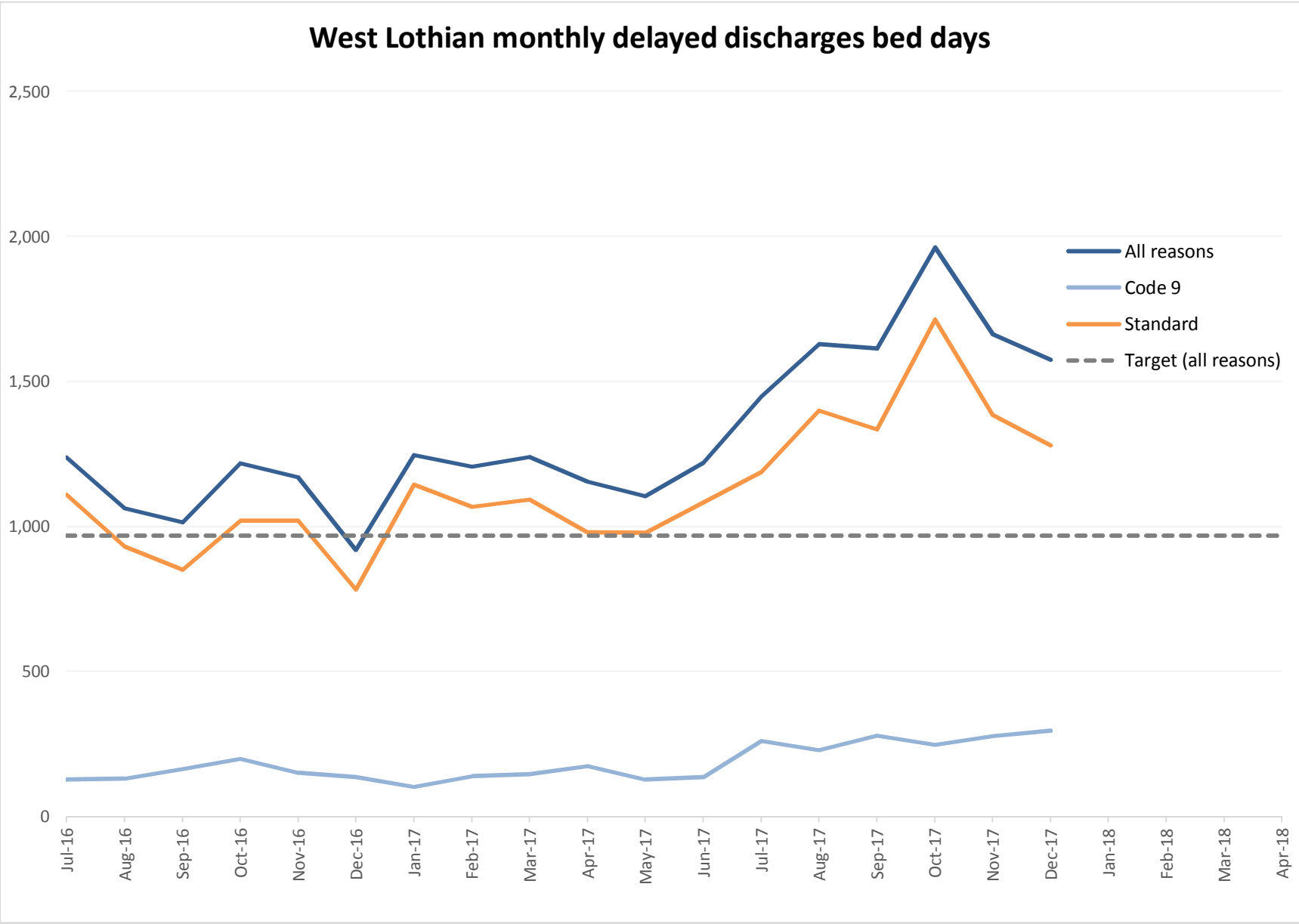
West Lothian A&E Admissions by age group and month



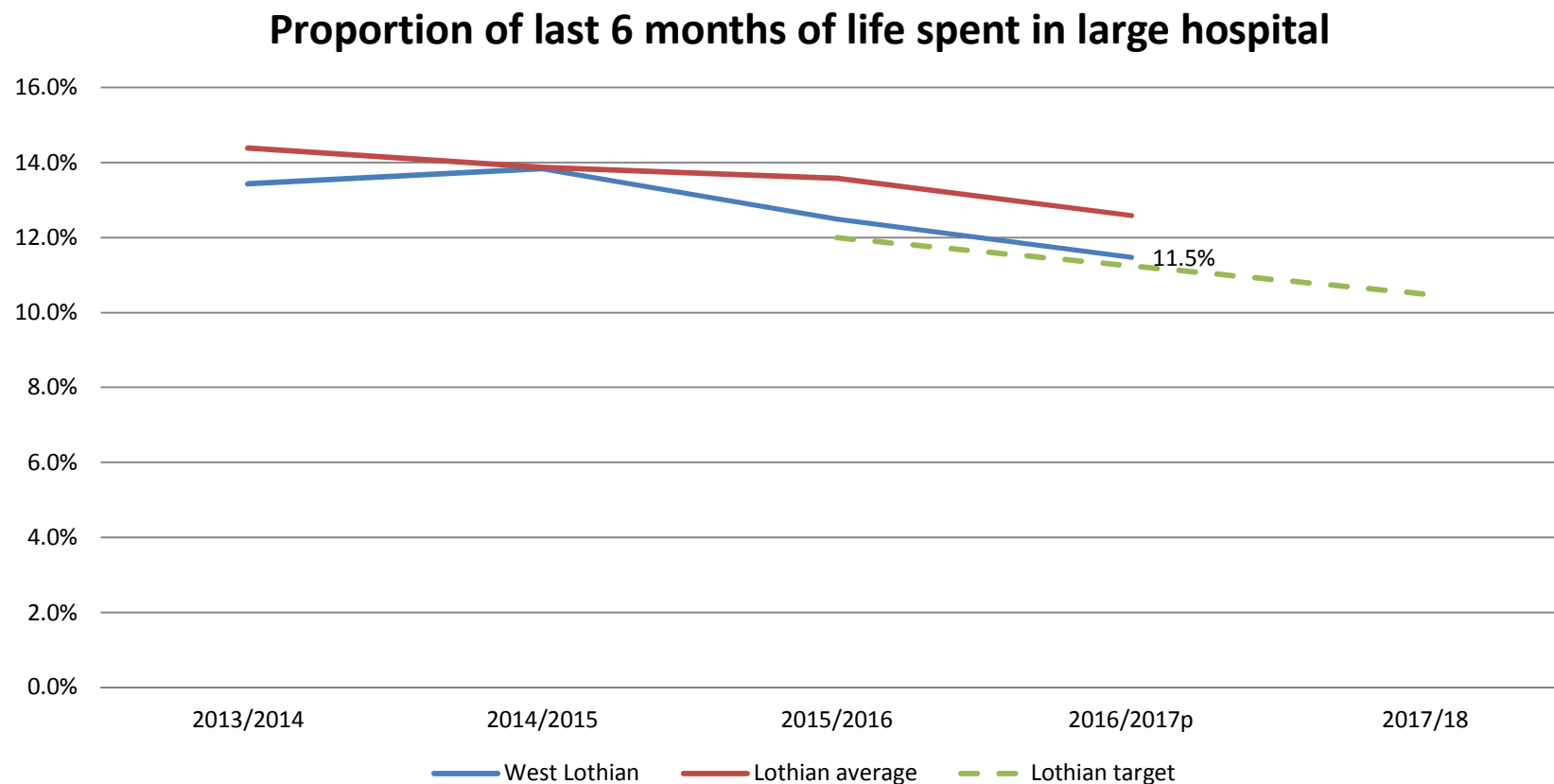


West Lothian number of unscheduled hospital bed days; acute specialties by age group and month

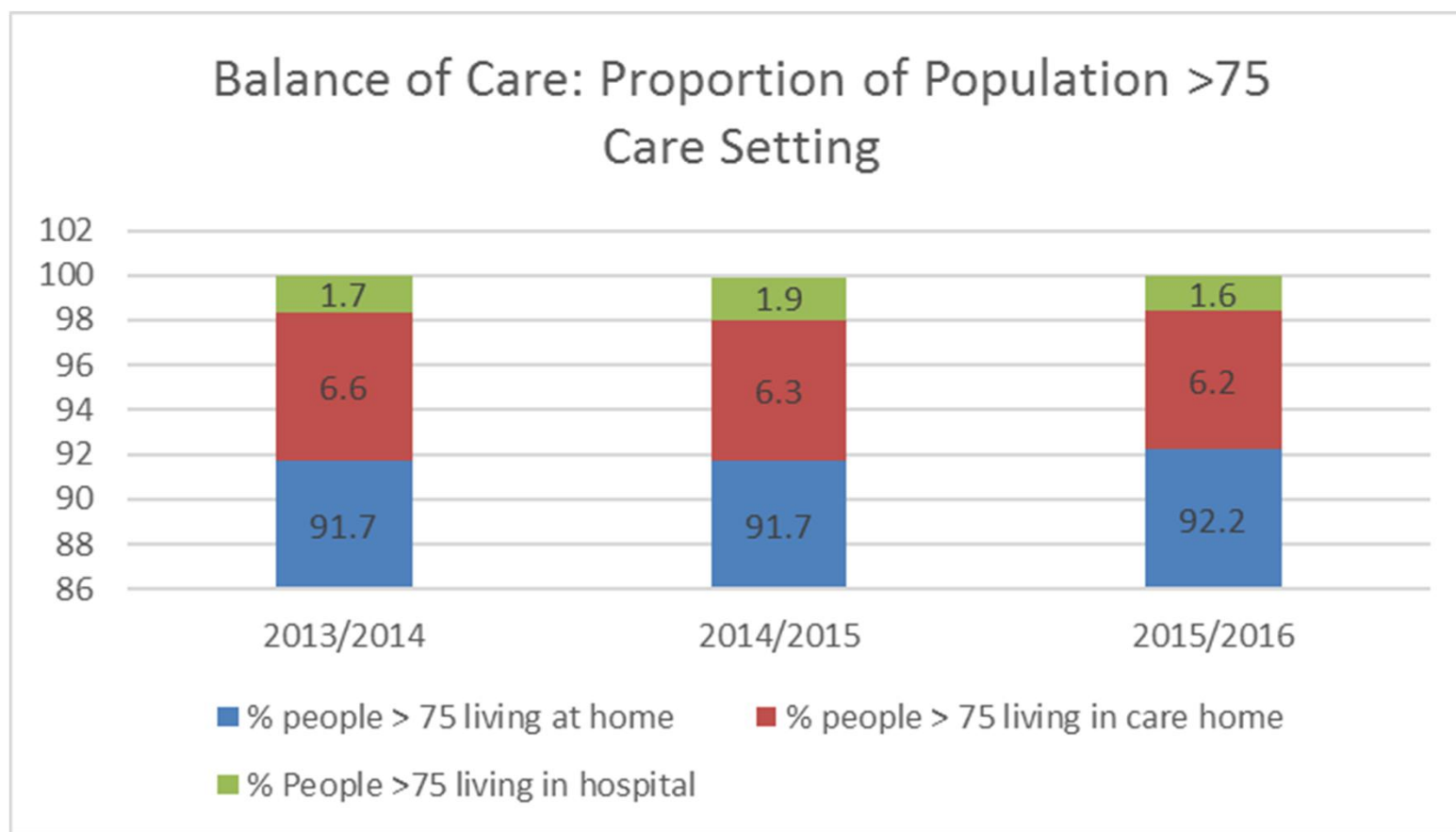




Proportion of last 6 months of life spent in large hospital



Proportion of population over age 75 by care setting



Target: To Maintain 92% of people age 75+ in the community

Date: 1 March 2018

Agenda Item: 8

Strategic Planning Group

LOCALITY PLANNING UPDATE

CHIEF OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide the Strategic Planning Group with a summary of the Locality Planning Engagement Workshop held on 15 December 2017; and to outline the agreed timescales for development of the Locality Plans.

B RECOMMENDATION

It is recommended that the Strategic Planning Group:

1. Note the recent progress made at the Locality Planning Engagement Workshop
2. Note the key issues identified for each of the Localities
3. Note the agreed approach to engagement
4. Note the agreed timescales for development of the Locality Plans

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.

This report provides an update on the development of those plans and the localities development session that took place on 15 December 2017

C2 Progress Update – Locality Planning Engagement Workshop

Previously, a 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 was crucial to informing the engagement documents and has now been completed.

Another localities development session took place on 15 December 2017 where this analysis was presented for each Locality Group in the form of Locality Profiles. This session was well attended by members of the Locality Groups, including Community Regeneration colleagues, GP Cluster leads and other relevant stakeholders. The Locality Profiles were discussed

The purpose of the event was to identify key issues for each Locality and agree a format for the engagement document.

C3 Key Issues Identified

The groups split up into their respective Localities and were asked to identify a maximum of 5 key issues for their Locality, drawing on the information in the Locality Profiles. The draft key issues identified are set out below.

East Locality Group

1. Support for Carers

Respite for carers was felt to be lacking as was communication with services. More could be done to ensure carers are 'more than just the carer' in that they are also able to look after their own health, take occasional breaks and feel like they still have their own identity outside of their caring responsibilities.

2. Mental Health

Depression in particular was identified as a key issue and there was a discussion around the close links between mental health issues and social isolation. This is also an issue that carers themselves can experience.

3. Social Isolation

As the balance of care shifts towards providing more care in the community and supporting self-care, social isolation is at risk of increasing. For example, an elderly person living alone with no family nearby may rely on care visits for regular conversation. In addition, automated services (in shops and banks) and digital care solutions such as telecare are becoming the norm, reducing an isolated individual's social interactions further.

4. Poverty (including in-work)

West Locality Group

1. Carer Sustainability

The ageing population and increase in complex care needs means that reliance on unpaid care will only increase. It is vital that carers are supported in the right way both for the people they care for and to ensure that carers themselves do not develop associated health problems.

2. Mental Health

Accessing the right person at the right time was seen as important even if just for a conversation.

3. Lifestyle Change

It was felt that lifestyle contributed to health problems, for example, excess alcohol consumption and obesity, and that it was important to tackle this to prevent further reliance on health services.

Other Considerations

There were a number of other points raised in relation to the Locality Plans the groups felt these were important to communicate through the engagement process. These could be broken down into the themes below:

Community Focus – Locality Plans should be focussed on community-led services and this should be reflected in the engagement process.

Bridging the Gaps – Locality Plans should be focussed on making optimal use of existing resources where services are changing or reducing. There is a need to identify alternative assets and consider how best to signpost and share information about what is available, for example, in the third-sector. Community connections should be explored and encouraged to utilise existing programmes or training.

Breaking Dependencies and Encouraging Active Citizenship and Self-Responsibility – As services change, there is a need for communities and individuals to take greater responsibility for their own health and wellbeing. Locality Plans should focus on building capacity.

Managing Expectations – With all of the above said, it is vital that the engagement process manages expectations and makes it clear that Locality Planning is not about creating new direct care services. It was agreed that uniform messages across organisations were important to promote culture shift and to communicate why change is necessary.

C4 Engagement Plan

Draft questions, timescales and proposed activities were presented to the groups who were asked to consider the draft consultation questions, draft timescales and whether the proposed engagement activities were appropriate. Attendees were asked to consider how their own organisation could support the engagement work.

The groups provided constructive feedback on the draft questions that will form the basis of the engagement materials along with key information from the Locality Profiles and the issues identified for each locality. This will go to the Locality Group meetings of 28 February and 2 March for final approval.

The agreed timescales for developing the Locality Plans is attached to this report as Appendix 1.

It was also agreed that feedback to those who had engaged was vital to building

relationships and trust in the community and that consistency in approach between the Localities is important to maintain.

C5 Next Steps

Work on locality planning continues to progress through the East and West Locality Groups and 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 Locality Profiling and subsequent development session has identify draft key priorities. 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.

At the time of writing this report, the engagement sub-group of the Locality Planning Groups is preparing to begin phase 1 engagement activities in March. The engagement documents (East and West) are due to be approved at the Locality Group meetings of 28 February and 2 March and will include key statistics from the Locality Profiles and the issues identified at the engagement workshop.

A further update will be provided to a future meeting of the Strategic Planning Group.

D CONSULTATION

East and West Locality Planning Groups

E REFERENCES/BACKGROUND

- Strategic Planning Group meeting 12 October 2018
- IJB Participation and Engagement Strategy (IJB PES)
- West Lothian IJB Strategic Plan 2016-2026
- Localities Guidance, The Scottish Government, July 2015

F APPENDICES

Appendix 1: Agreed timescales for Development of Locality Plans

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.

Local Outcome Improvement Plan	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

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1 March 2018

APPENDIX 1

Locality Planning Timescales 2018

ACTIVITY	January	February	March	April	May	June	July	August	September	October	November	December
Reworking of engagement document with input from Locality Planning Engagement Workshop on 15 December												
Engagement document and engagement proposals considered by LPDGs												
Phase one engagement												
Analysis of observations												
Consideration of observations, recommended responses and draft locality plans by LPDGs												
Second locality plans development day												
Consideration of observations, recommended responses and draft locality plans by Strategic Planning Group (SPG)												
Phase two engagement on draft plan												
Consideration of observations, recommended responses and finalised locality plans by LPDGs												
Consideration of observations, recommended responses and approval of locality plans by IJB												

WEST LOTHIAN IJB STRATEGIC PLANNING GROUP

Meeting of 1 March
2018

Agenda Item 9
1-1

IJB FINANCIAL PLAN UPDATE**REPORT BY CHIEF FINANCE OFFICER****A PURPOSE OF REPORT**

This report provides the Group with an update on financial planning for IJB delegated health and social care functions and sets out a draft indicative financial plan for IJB delegated functions covering the period 2018/19 to 2022/23.

B RECOMMENDATION

It is recommended the Group notes the draft medium term financial plan for 2018/19 to 2022/23, setting out the current indicative contributions over the period 2018/19 to 2022/23.

C TERMS OF REPORT**C.1 Introduction**

West Lothian IJB agreed an approach to financial planning on 27 June 2017. As part of this it was agreed that the Chief Officer and Chief Finance Officer would work with West Lothian Council and NHS Lothian to take forward financial planning. Taking account of the IJB's status, it was recognised that medium term financial planning would be developed by council and NHS Lothian officers, with the common link supporting this across partner bodies being the Chief Officer and Chief Finance Officer.

In terms of saving options, the agreed approach recognised that council and NHS Lothian managers within Social Policy and NHS Lothian Business Units supporting the IJB would be responsible for identifying proposed saving options. This joined up approach taking account of total delegated health and social care services would allow for the necessary joint planning to deliver services while integrating service delivery. This should, importantly, ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, council and Health Board.

C.2 Updated Draft IJB Financial plan

The draft plan reflects the 2018/19 Scottish Budget implications as reported to the IJB on 23 January 2018. In line with the agreed approach to IJB financial planning, plans have and continue to be developed across health and social care functions and officers supporting the IJB are at the forefront of ensuring health and social care implications and options are taken into account in the financial plans being developed.

Social Care Delegated Functions

In terms of social care functions, the saving options were developed subject to feedback from the council's Transforming Your Council consultation. There were a number of saving proposals linked to changing the eligibility threshold for care to substantial and above. Eligibility criteria needs to be set under the parameters of s12A of the Social Work (Scotland) Act 1968 – duty to assess. This is a delegated function of the IJB and the IJB approved the change to the eligibility threshold on 21 January 2018.

The IJB draft financial plan reflects the council's approval of the 2018/19 contribution to the IJB for social care delegated functions as well as IJB related budget proposals for 2019/20 and 2020/21 as part of an overall five year financial strategy approved. It should be noted that the IJB Chief Officer and Chief Finance officer as well as other officers supporting the IJB have had substantial input and influence on the budget planning process of social care IJB delegated functions.

Health Delegated Functions

In terms of Health functions, the financial plan for IJB delegated functions continues to be progressed for 2018/19 and future years. Draft figures have been provided to the Chief Finance Officer in terms of IJB funding available and assumptions associated with this. Draft saving plans have been developed and the Chief Officer and Chief Finance Officer hope to meet with the NHS Lothian Director of Finance to discuss the funding assumptions associated with IJB health functions in advance of the IJB contribution being agreed.

Based on the work undertaken to date by officers, a draft indicative five year financial plan for health and social care functions delegated to the IJB is shown in the table below.

DRAFT INDICATIVE FIVE YEAR FINANCIAL PLAN FOR IJB FUNCTIONS						
	2018/19	2019/20	2020/21	2021/22	2022/23	5 Year Total
	£'000	£'000	£'000	£'000	£'000	£'000
Budget B/F NHSL Functions	155,616	156,991	158,476	159,821	161,306	792,210
Budget B/F WLC Functions	69,098	72,879	75,265	76,044	77,536	370,822
TOTAL	224,714	229,870	233,741	235,865	238,842	1,163,032
Indicative Additional Funding						
NHSL Increase to IJB	1,375	1,485	1,345	1,484	1,484	7,173
WLC Increase to IJB	3,781	2,386	779	1,492	1,507	9,945
TOTAL	5,156	3,871	2,124	2,976	2,991	17,118
Estimated Annual Budget						
NHSL Budget Contribution	156,991	158,476	159,821	161,306	162,790	799,384
WLC Budget Contribution	72,879	75,265	76,044	77,536	79,043	380,767
TOTAL	229,870	233,741	235,865	238,842	241,833	1,180,151

The nature of long term forecasting means it is challenging to identify with certainty expenditure and levels of funding for future years. However, it is widely accepted that an annual budgeting process is not conducive to achieving the aims consistent with planning to meet future demands and prioritising resources to achieve this. This is particularly so across health and social care given the demographic and annual increases in demand being experienced. A medium term approach also recognises that change can often require a fairly significant lead in time, require consultation, and may be in several phases and be heavily linked or dependent on other changes planned.

The figures shown in the table represent the current planning assumptions for IJB health and social care functions and are consistent with the approved West Lothian Council financial strategy and NHS Lothian draft planning assumptions. In terms of the council, they represent the assumptions that were part of the council's recent approved revenue budget strategy approved on 13 February 2018. For NHS Lothian they reflect the planning assumptions that were reported to NHS Lothian Finance and Resources Committee on 23 January 2018.

It is important to note that the financial planning information contained in this report reflects the position at a point in time and at an overall IJB level the budget assumptions remain draft information and the plan does not represent an agreed or confirmed IJB funding position for the period. It does however provide the Group with financial context based on current assumptions on the five year funding available to the IJB.

C.3 Draft Financial Plan – Key Risks and Uncertainties

There are significant risks and uncertainties associated with the medium term financial assumptions underlying the budget model, including:

- **Staff Costs** – The Cabinet Secretary's public sector pay announcement on 31 January 2018 proposed that employees earning up to £36,500 will receive a 3% minimum increase with those earning between 36,500 and £80,000 receiving 2%. For staff earning £80,000 or more there is proposed to be a cap of £1,600. Developments in relation to public sector pay agreements will be kept under review and will be subject to consultation with Independent Review Bodies. The financial plan will be updated as necessary upon confirmation of the 2018/19 pay award
 - **Demographics / Demands** - Increases in costs associated with demand led services such as growth in the elderly population. West Lothian has the fastest growing population in Scotland of people over the age of 75 years. Any increases in demands resulting from this or any other area would result in additional costs over the five year period.
 - **Inflation** – if inflation is higher than anticipated over the period of the plan, it would also result in additional budget pressures
 - **Scottish Government Funding** – there remains uncertainty over grant funding awards over the medium term which could impact on financial planning assumptions. This includes NRAC funding assumptions and funding associated with policy commitments
 - **Achievement of Savings** – there will be a requirement for significant savings to be achieved and there is a risk over identification and delivery of the substantial changes to care services to allow for a balanced budget
- Overall Economic Growth – there is a risk that economic growth deteriorates further resulting in further reductions to public spending

C.4 Approach to Identification and Delivery of Savings

The current indicative financial planning assumptions for IJB delegated functions indicate a gross budget gap of £40 million over the five year period. This reflects that based on indicative funding contributions noted as available, if all service continued to be delivered as they currently are, and growth in demand is taken into account, there would be a need to make savings of £40 million to contain spend within available funding.

Across council delivered social care functions, a priority based approach has been used by officers to establish the relative priority of all care activities undertaken. This included identifying statutory and non statutory activities, and direct care provision and support to the delivery of direct care provision. For social care functions, progress is relatively advanced in terms of approval of medium term saving options to help meet the funding shortfall. A project management approach has been established to deliver changes to service delivery associated with social care savings with a Board established, project managers and teams in place and a robust methodology agreed to progress and report on progress towards service changes / savings.

Across NHS delivered care functions, A West Lothian Finance Board has been set up with the objective of identifying saving options. Based on this, a range of local saving options have been identified for West Lothian community health care services. Work on identifying savings across the total range of health delegated functions is progressing based on a paper on future years planning presented to NHS Lothian Finance and Resources Committee on 15 November 2017. This set out a strategic approach to developing longer term financial strategy and meetings have been held with Lothian Partnerships to develop this approach further at a local level.

To ensure a joined up health and social approach to financial planning and delivery of savings, the Chief Officer, Chief Finance Officer and other key officers are part of a senior management group reviewing all West Lothian health and social care proposals to identify any potential knock on impacts arising from social care savings on health and vice versa. A full mapping exercise has been undertaken of savings to identify potential implications of savings on partner bodies, linkages to partner body savings or where there are opportunities for partners to work in a more joined up basis to deliver the savings or mitigate the potential implications of the savings. This approach is a significant step forward in the closer integration of health and social care service delivery and partnership working.

At this stage saving proposals of £29.481 million have been identified against the current estimated savings required of £40 million over the five years.

An update on the 2018/19 budget position and overall five year strategy will be reported to the IJB on 13 March 2018.

C.5 Future Directions and Strategic Planning / Commissioning

Based on the functions and resources delegated by Partner bodies, the IJB is responsible for issuing annual Directions to West Lothian Council and NHS Lothian. These must under legislation set out the amount of funding to carry out each function delegated to the IJB. For governance, it is important that there is clarity on the IJB delegated functions and services that NHS Lothian and the council are responsible for operationally carrying out on direction from the IJB.

Based on the longer term strategic and financial planning frameworks that have been developed and the level of transformational change required over the medium term, consideration is required of how this is reflected via Directions. As well as the operational Directions currently used, strategic Directions to Partners linked to new integrated service delivery models could be considered by the IJB.

The IJB is also responsible for the strategic planning of delegated health and social care functions. The IJB approved a strategic plan in March 2016 and thereafter strategic commissioning plans were developed and agreed by the Board for elderly and adult care groups. Taking account of the financial context set out in this briefing, there will be a need to further consider the current strategic plan and strategic commissioning plans. A key aspect of delivering future health and social care services will be having appropriate strategic plans that reflect medium term changes to care and the prioritisation of funding to maximise achievement of health and social care outcomes for the population of West Lothian.

E REFERENCES/BACKGROUND West Lothian Integration Scheme

F APPENDICES None

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	The 2018/19 to 2022/23 budget resources delegated to the IJB will be used to support the delivery of outcomes.
Strategic Plan Outcomes	The 2018/19 to 2022/23 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	The 2018/19 to 2022/23 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
Impact on other Lothian IJBs	None
Resource/Finance	The cumulative 2018/19 to 2022/23 budget resources relevant to functions that will be delegated to the IJB are currently estimated at £1,180 million over the five year period.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care budgets and assumptions, which will require to be closely monitored and managed.

H CONTACT

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1 March 2018

Schedule Integration Strategic Planning Group Meetings 2018 -19

SPG AGENDA SETTING MEETING	AGENDA/REPORTS TO COMMITTEE SERVICES (noon)	SPG MEETING DATES THURSDAY at 2.00 PM, STRATHBROCK PC
25 Jul 2018 @ 12.30 Annex Meeting Room	5 August 2018	9 August 2018
14 Sept 2018 @ 12.30 Directorate Meeting Room	27 September 2018	4 October 2018
23 Nov 2018 @ 12.30 Directorate Meeting Room	6 December 2018	13 December 2018
10 Jan 2019 @ 13.00 Directorate Meeting Room	24 January 2019	31 January 2019
7 March 2019 @ 12noon Directorate Meeting Room	21 March 2019	28 March 2019
25 Apr 2019 @ 12noon Directorate Meeting Room	9 May 2019	16 May 2019

WORKPLAN FOR WEST LOTHIAN STRATEGIC PLANNING GROUP 2017-18

Date: 1 March 2018

Agenda Item: 11

Date of SPG meeting	Title of Report	Lead Officer	Notes
18 January 2018			
	Carers Act Implementation Update	Lorna Kemp	
	Workforce Development Plan	Carol Bebbington/Marion Barton	
	Performance Report	Carol Bebbington	
	Primary Care Update	Carol Bebbington	
	National Care Home Contract Update	Alan Bell	
1 March 2018			
	Palliative Care Update	Mairead Hughes	
	Locality Plan update	Jane Kellock	
	Performance Report	Carol Bebbington	
	Strategic Plan Update	Carol Bebbington	
	Financial Plan Update	Patrick Welsh	
	Timetable of SPG meetings 2018-19	Val Johnston	
19 April 2018			
	Carers Act Update	Jane Kellock	
	Market Facilitation Plan	Carol Bebbington	
	Review of Commissioning Plans	Jane Kellock	
14 June 2018			
	Locality Plan Update	Jane Kellock/Marion Barton	
	Revised Strategic Plan	Carol Bebbington	
	Annual Performance Report	Carol Bebbington	