



West Lothian  
Council

## ***West Lothian Integration Strategic Planning Group***

***Working group that sits below the Integrated Joint Board***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

5 August 2016

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 11 August 2016 at 2:00pm**.

For Chief Executive

### **BUSINESS**

#### **Public Session**

1. Apologies for Absence
2. Order of Business, including notice of urgent business
3. 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.
4. Confirm Draft Public Minutes of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 30 June 2016 (herewith).
5. Old Peoples Commissioning Plan - Needs Assessment - Report by Director (herewith)
6. Mental Health Commissioning Plan - Needs Assessment - Report by Director (herewith)
7. Physical Disability Commissioning Plan - Report by Director (herewith)
8. Technology Enable Care Programme - Report by Director (herewith)

DATA LABEL: Public

9. Participation and Engagement Strategy - Report by Director (herewith)
10. Workplan (herewith)

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NOTE      **For further information please contact Val Johnston, Tel No.01506 281604 or email [val.johnston@westlothian.gov.uk](mailto: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 30 JUNE 2016.

Present – Jane Kellock (Chair, Health Professional), Alan Bell (Social Care Professional), Carol Bebbington (Health Professional), Ian Buchanan (User of Social Care), Elaine Duncan (Health Professional), Margaret Douglas (Health Care Professional), Diane Hayley (Health Professional), Jane Houston (Union Health), Mairead Hughes (Health Professional), Pamela Main (Social Care Professional), James McCallum (Health Professional), Mary-Denise McKernan (Carer of Users of Health Care), Alistair Shaw (Non-Commercial Provider of Social Housing), Robert Telfer (Commercial Provider of Social Care) and Patrick Welsh (Chief Finance Officer)

Apologies – Marion Barton, Colin Briggs, Jim Forrest, Martin Murray, Robert Naysmith and Charles Swan

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 7 April 2016. The Minute was thereafter signed by the Chair.

3. HEALTH INEQUALITIES PRESENTATION BY MARGARET DOUGLAS, CONSULTANT IN PUBLIC HEALTH, NHS LOTHIAN

The Group considered the contents of a presentation carried out by Margaret Douglas, Consultant in Public Health, NHS Lothian.

The presentation commenced with a series of slides providing an overview of life expectancy in the population of West Lothian and the scale of deprivation.

There then ensued a discussion about how best to tackle health inequalities noting that it was not enough to just target deprived areas as disadvantaged people did not all live in deprived areas.

It was important to note that underlying inequalities needed a broader approach to just clinical outcomes and should include matters such as income, wealth and power.

The group discussed how best to “mitigate”, “prevent” and “undo” health inequalities and included approaches such as addressing barriers to care, workforce education & training, prioritise prevention and creation of a culture of equality & fairness. In doing so a number of issues were raised and included the importance of carrying out impact assessments to know

what did/did not work, centralisation of clinical services, lack of linkage between the DWP and health services and signposting people to services other than A&E and GP services.

The discussion concluded that there was a lot of good work being done in West Lothian communities and much to be proud of however with the continuing restraint on budgets health inequalities needed to remain a priority within the terms of the Strategic Plan. Finally it was suggested that Community Regeneration be included in any planning on health inequalities as it was not just about clinical outcomes but also about social needs in the community.

#### Decision

1. Noted the contents of the presentation and the themes that were emerging in terms of addressing health inequalities;
2. Noted that health inequalities were not just about clinical outcomes but were also about the social needs of individuals;
3. Noted that Regeneration Planning needed to be the heart of addressing the social needs of the population; and
4. Noted the importance of carrying out impact assessments, particularly in light of reduced budgets.

#### 4. LOCALITY UPDATE

A report had been circulated by the Director providing an update on the development of Localities and the key themes emerging from the development event held on 10 June 2016.

The report recalled that the Integrated Joint Board Plan 2016-2026 defined two localities across which health and care services would be planned in West Lothian. In order to ensure appropriate local engagement, locality groups were being formed to including health and social care professionals, representatives of the housing sector, representatives of the third and independent sectors and care and patient representatives.

On 7 April 2016 the Strategic Planning Group agreed that a development day for the two locality groups would be held to provide background for the work of the groups and to develop work plan priorities for each locality, with an initial focus on activity in 2016-17.

The development event went ahead on 10 June 2016 and included an introduction to health and care integration and locality planning; care group commissioning; regeneration plans and work in progress with the Community Planning Partnership.

The report then provided details of the priorities emerging from the locality group discussions and whilst it was noted that there was a variety of themes emerging the one key theme that was consistent across both

groups was support for GP Services. It was also noted that another key theme emerging was ongoing housing development in West Lothian which would have a significant impact on health and social care functions, such as access to GP and hospital services.

The group continued to be advised that following the event Action Plans for both locality groups would be devised and meeting schedules had been agreed so that both groups met in the same week. Those leading the two locality groups would also meet on a regular basis.

A summary of the discussions and output from the Locality Groups were provided in Appendix 1 attached to the report.

#### Decision

1. To note the contents of the report;
2. To note that the two locality groups had recently met and that a schedule of meetings for both had now been agreed;
3. To note the key themes emerging from the locality groups first meeting including support for GP practices and ongoing pressures new house building; and
4. To note that Action Plans for both locality groups had still to be developed.

#### 5. PLANNING CYCLE

A report had been circulated by the Director advising of a proposed planning cycle which would allow detailed scrutiny of the Strategic Plan and associated Care Group Commissioning Plans.

The report recalled that at the meeting of 31 March 2016 the Integration Joint Board (IJB) approved its strategic plan which included details on how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

It was noted that the SPG meeting schedule was structured to allow the SPG to be full engaged in the development of the care group commissioning plans and to make recommendations to the IJB when appropriate.

Attached to the report at Appendix 1 was the proposed planning cycle which incorporated business processes and performance reviews.

The group continued to be advised that what was before them was very much the first iteration of the planning cycle and that it would continue to develop and be updated to include matters such as IJB and SPG meeting dates and more up-to-date information on finance, which would be provided by the Chief Finance Officer.

Decision

1. To note the content of the report and proposed planning cycle;
2. To note that the planning cycle would continue to develop;
3. To agree the recommendation to include the IJB and SPG meeting dates;
4. To agree that the Chief Finance Officer supply further information relating to budget matters; and
5. To agree to forward any further suggestions to Carol Bebbington

6. SCHEDULE FOR PHYSICAL DISABILITY COMMISSIONING PLAN -  
REPORT BY DIRECTOR (HEREWITH)

A report had been circulated by the Director seeking comments in respect of the process and schedule for the development of the strategic commissioning plan for Adults with a Physical Disability.

Attached to the report at Appendix 1 was the schedule and current progress for the development of the plan for Adults with a Physical Disability, the first phase of which, the needs assessment, had been completed.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork, including study informants. Appendix 2 attached to the report provided the key themes and recommendations from the needs assessment.

The recommendations had been developed to match the level of commitment and desire demonstrated. A focus on the recommendations would lead to a comprehensive programme of change and improvement with improved outcomes for people with a physical disability and the communities in which they lived.

A short life working group had been established to develop the three year commissioning plan. Appendix 3 provided the Terms of Reference for the group as previously approved by the IJB.

A first draft of the plan was attached to the report at Appendix 4 and the Strategic Planning Group was being invited to comment on this.

It was the intention to finalise the plan in conjunction with the Strategic Planning Group, including relevant stakeholder engagement, and thereafter present a final draft of the commissioning plan for adults with a physical disability to the IJB meeting on 23 August 2016.

There then ensued a discussion with regards to the plan noting that there was a lack of detail in terms of the number of adults with a physical

disability and therefore it was difficult to ascertain if needs were increasing or decreasing. It was hoped that the detail on numbers would be included in the final version following further engagement with stakeholders. However the group were assured that the assessment had not identified any major gaps in the service provision at the moment.

The report concluded that the needs assessment was a very comprehensive document containing many recommendations, only some of which were relevant to the commissioning plan but the provision of services needed to be mindful of all the recommendations.

It was recommended that the Strategic Planning Group note the planning schedule as detailed in Appendix 1, in particular to the note the commitment to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016.

#### Decision

1. To note the contents of the report and the schedule for Adults with a Physical Disability Commissioning Plan;
2. To note that the needs assessment for the plan contained a great number of recommendations and would therefore require close monitoring as the plan developed; and
3. To agree that the final draft of the Commissioning Plan for Adults with a Physical Disability be presented to the IJB meeting taking place on 23 August 2016 with the recommendation that it be approved.

### 7. SCHEDULE FOR LEARNING DISABILITY COMMISSIONING PLAN

A report had been circulated by the Director seeking comments from the Strategic Planning Group in respect of the process and schedule for the development of the strategic commissioning plan for Adults with a Learning Disability.

Attached to the report at Appendix 1 was the schedule and current progress for the development of the plan for Adults with a Learning Disability, the first phase of which, the needs assessment, had been completed.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork, including study informants. Appendix 2 attached to the report provided the key themes and recommendations from the needs assessment.

The recommendations had been developed to match the level of commitment and desire demonstrated. A focus on the recommendations would lead to a comprehensive programme of change and improvement with improved outcomes for people with a learning disability and the communities in which they lived.

A short life working group had been established to develop the three year commissioning plan. Appendix 3 provided the Terms of Reference for the group as previously approved by the IJB.

The intention was now to prepare the plan in conjunction with the Strategic Planning Group, including relevant stakeholder engagement and thereafter present a final draft of the strategic commissioning plan for Adults with a Learning Disability to the IJB meeting on 18 October 2016 for approval.

The group continued to be advised that this particular plan was much more complex than other plans being prepared and therefore the planning phase would take longer than the plan for Adults with a Physical Disability. This in turn would make some issues that had arisen through the needs assessment more difficult to address.

It was recommended that the group note the planning schedule as detailed in Appendix 1 and in particular note the commitment to presenting a final draft of the strategic commissioning plan for Adults with a Learning Disability to the IJB on 18 October 2016.

#### Decision

1. To note the contents of the report and the schedule for the Learning Disability Commissioning Plan;
2. To note that this particular commissioning plan was more complex than other plans being prepared and therefore some issues would be more difficult to address; and
3. To agree that the final draft of the Commissioning Plan for Adults with a Learning Disability be presented to the IJB meeting taking place on 18 October 2016 with the recommendation that it be approved.

#### 8. WORKPLAN

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

It was agreed to include an additional item of business for presenting to the August meeting of the Strategic Planning Group and which concerned an update on the Engagement Strategy.

#### Decision

1. To note the contents of the workplan; and
2. To agree to include an additional item for the August meeting and which concerned an update on the Engagement Strategy.







## **WEST LOTHIAN STRATEGIC PLANNING GROUP**

Date: 11/08/2016

Agenda Item: 5

### **OLDER PEOPLES COMMISSIONING PLAN – NEEDS ASSESSMENT**

#### **REPORT BY DIRECTOR**

##### **A PURPOSE OF REPORT**

To update the Strategic Planning Group in respect of the needs assessment that will inform the Older Peoples Commissioning Plan.

##### **B RECOMMENDATION**

To note the planning schedule as detailed in Appendix 1, in particular to note the commitment to present a final draft of the strategic commissioning plan for Older People to the IJB meeting on 18 October 2016 for approval.

##### **C TERMS OF REPORT**

At the meeting of 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. The Strategic Plan also includes a commitment to develop a series of care group based commissioning plans.

These plans are based on an ANALYSE, PLAN, DO and REVIEW approach:

- Analyse: the process of needs assessment intended to identify the priority needs associated with the relevant care group
- Plan: the planning process that is informed by the needs assessment and identifies how priority needs are to be addressed including the deployment of resources and the performance management approach to be used to monitor progress
- Do: the implementation phase of the plan
- Review: the review of progress based on the agreed performance measures of the plan in conjunction with any significant changes in the environment

Appendix 1 provides the schedule and current progress for the development of the plan for Older People. The first phase of this has now been completed in respect of the analytical phase – the needs assessment.

Recommendations from the needs assessment are derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants; these have been grouped under six key themes. Appendix 2 gives a summary of the key themes and recommendations from the needs assessment.

The recommendations have been developed to match the level of commitment and desire demonstrated. A focus on the recommendations will lead to a comprehensive programme of change and improvement with improved outcomes for people with a physical disability and the communities in which they live.

A short life Working Group has been established to develop the three year commissioning plan. Appendix 3 provides the Terms of Reference for this group as previously approved by the IJB.

The intention is to prepare the plan in conjunction with the Strategic Planning Group, including relevant stakeholder engagement, thereafter to present a final draft of the strategic commissioning plan for Older People to the IJB meeting on 18 October 2016 for approval.

## **D CONSULTATION**

- Strategic Planning Group

## **E REFERENCES/BACKGROUND**

- West Lothian Integration Joint Board meeting - 05 April 2016
- Scottish Government Guidance and Advice - <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

## **F APPENDICES**

1. Schedule and current progress summary
2. Needs Assessment Executive Summary
3. Terms of Reference of the Working Group

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	The commissioning plan will be subject to an equality impact assessment.
<b>National Health and Wellbeing Outcomes</b>	The commissioning plan will address the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
<b>Strategic Plan Outcomes</b>	The commissioning plan will be aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.

<b>Single Outcome Agreement</b>	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
<b>Impact on other Lothian IJBs</b>	None
<b>Resource/finance</b>	None
<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
<b>Risk</b>	None

## **H CONTACT**

Contact Person:  
 Alan Bell, Senior Manager Community Care Support & Services  
<mailto:Alan.bell@westlothian.gov.uk>

Tel 01506 281937

11 August 2016



		2016 Week Ending																			
Activity		April	May	June	01-Jul	08-Jul	15-Jul	22-Jul	29-Jul	05-Aug	12-Aug	19-Aug	26-Aug	02-Sep	09-Sep	16-Sep	23-Sep	30-Sep	07-Oct	14-Oct	21-Oct
Analyse																					
1	Needs assessment undertaken																				
2	Terms of ref approved for Commissioning Group	23-Apr																			
3	Outline Commissioning Plan template agreed		6th May																		
4	Commissioning Group membership agreed		13-May																		
5	Invitations issued to proposed members		25-May																		
7	Preparation of planning material																				
8	Initial planning docs circulated to group			21-Jun																	
9	Meeting of Commissioning Group			21-Jun																	
Plan																					
10	Agree scope of Commissioning Plan			21-Jun																	
11	Identify current resources available			21-Jun																	
12	Prioritise Needs Assessment recommendations			21-Jun																	
13	Discuss action plan and activities			21-Jun																	
14	Prepare action plan and agree activities																				
15	Prepare draft plan for review																				
16	Meeting of Commissioning Group			21-Jun			15-Jul			03-Aug						30-Aug					
17	Investment/Disinvestment plans agreed															30-Aug					
Review																					
18	Review and update draft plan																				
19	Equality Impact Assessment																				
20	Meeting of Commissioning Group			21-Jun			15-Jul			03-Aug						30-Aug					
22	Amendments to draft plan																				
23	Submit draft plan to IJB Strategic Planning Group																22-Sep				
24	IJB Strategic Planning Group Meeting																		6th Oct		
Do																					
25	Submit plan for IJB for agenda																		06-Oct		
26	IJB Meeting																				18-Oct





## Older People Commissioning Plan Working Group

### Terms of Reference and Membership

#### A. Remit of Working Group

The Scottish Government requires Integration Joint Boards (IJB) in collaboration with their partners to develop strategic commissioning plans for all adult care groups. Strategic commissioning plans should incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system.

The purpose of this Working Group is to develop a three year commissioning plan for Older People in accordance with the Scottish Government guidance on Strategic Commissioning Plans<sup>1</sup>. The plan will be informed by a detailed needs assessment which will have been prepared in conjunction with the IJB Strategic Planning Group.

The commissioning plan will be consistent with appropriate commitments within the following related high level strategies: West Lothian IJB Strategic Plan, West Lothian Single Outcome Agreement, NHS Lothian Local Delivery Plan, NHS Lothian Clinical Strategy, West Lothian Housing Strategy, and West Lothian Council Corporate Plan.

The Older People commissioning plan will confirm the total resources available across health and social care in respect of service users and carers and relate this information to the needs of Older People population set out in the needs assessment; such resources should be consistent with the relevant Directions issued by the IJB. The plan will:

- confirm desired outcomes and link investment to them
- detail how improvement will be delivered against outcomes and associated performance indicators
- prioritise investment and disinvestment through a coherent and transparent approach
- ensure that resource deployment and performance is consistent with the duty of Best Value
- reflect needs and plans as articulated at locality level
- ensure that sound clinical and care governance is embedded

<sup>1</sup> <http://www.gov.scot/Resource/0046/00466819.pdf>

**B. Frequency**

The group will meet on a regular basis in accordance with the overall schedule for the delivery of the commissioning plan (attached).

**C1. Lead Officer**

The group will be chaired by (senior officer of the IJB with appropriate level of authority).

**C2. Contact**

The Lead Officer will be supported by

- support officer/s from Commissioning and Programme Management
- support officer from Financial Management

**D. Reporting**

The group will report to the Strategic Planning Group in accordance with the overall schedule for the delivery of the commissioning plan.

**E1. Membership Profile**

Participants are chosen to provide the relevant knowledge and expertise to fulfil the remit of the group.

**E2. Membership**

Member	Role
Marion Barton	Lead Officer
Jillian Dougall	Commissioning Officer
Patrick Welsh	Financial Management Officer
	Health professionals
Dr Douglas McGown	
Mairead Hughes	
Carol Bebbington	
	Social care professionals
Alan Bell	
Pamela Main	
Charles Swan	
Katy McBride	Housing representative
Helen Hay, Anne Forrester	Third sector provider representative/s
Robert Telfer	Scottish Care (Commercial providers)
tbc	Service Users representative
tbc	Carers representative

**F. Review**

As a short life group it is not anticipated that the remit and membership will need to be reviewed.

## **WEST LOTHIAN STRATEGIC PLANNING GROUP**

Date: 11/08/2016

Agenda Item: 6

### **MENTAL HEALTH COMMISSIONING PLAN – NEEDS ASSESSMENT**

#### **REPORT BY DIRECTOR**

#### **A PURPOSE OF REPORT**

To update the Strategic Planning Group in respect of the needs assessment that will inform the Adults with Mental Health problems Commissioning Plan.

#### **B RECOMMENDATION**

To note the planning schedule as detailed in Appendix 1, in particular to note the commitment to present a final draft of the strategic commissioning plan for Adults with Mental Health problems to the IJB meeting on 18 October 2016 for approval.

#### **C TERMS OF REPORT**

At the meeting of 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. The Strategic Plan also includes a commitment to develop a series of care group based commissioning plans.

These plans are based on an ANALYSE, PLAN, DO and REVIEW approach:

- Analyse: the process of needs assessment intended to identify the priority needs associated with the relevant care group
- Plan: the planning process that is informed by the needs assessment and identifies how priority needs are to be addressed including the deployment of resources and the performance management approach to be used to monitor progress
- Do: the implementation phase of the plan
- Review: the review of progress based on the agreed performance measures of the plan in conjunction with any significant changes in the environment

Appendix 1 provides the schedule and current progress for the development of the plan for Adults with Mental Health problems. The first phase of this has now been completed in respect of the analytical phase – the needs assessment.

Recommendations from the needs assessment are derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants; these have been grouped under six key themes. Appendix 2 gives a summary of the key themes and recommendations from the needs assessment.

The recommendations have been developed to match the level of commitment and desire demonstrated. A focus on the recommendations will lead to a comprehensive programme of change and improvement with improved outcomes for people with a physical disability and the communities in which they live.

A short life Working Group has been established to develop the three year commissioning plan. Appendix 3 provides the Terms of Reference for this group as previously approved by the IJB.

The intention is to prepare the plan in conjunction with the Strategic Planning Group, including relevant stakeholder engagement, thereafter to present a final draft of the strategic commissioning plan for Adults with Mental Health problems to the IJB meeting on 18 October 2016 for approval.

## **D CONSULTATION**

- Strategic Planning Group

## **E REFERENCES/BACKGROUND**

- West Lothian Integration Joint Board meeting - 05 April 2016
- Scottish Government Guidance and Advice - <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

## **F APPENDICES**

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3. Terms of Reference of the Working Group

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	The commissioning plan will be subject to an equality impact assessment.
<b>National Health and Wellbeing Outcomes</b>	The commissioning plan will address the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
<b>Strategic Plan Outcomes</b>	The commissioning plan will be aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.

<b>Single Outcome Agreement</b>	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
<b>Impact on other Lothian IJBs</b>	None
<b>Resource/finance</b>	None
<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
<b>Risk</b>	None

## **H CONTACT**

Contact Person:

Alan Bell, Senior Manager Community Care Support & Services

<mailto:Alan.bell@westlothian.gov.uk>

Tel 01506 281937

11 August 2016



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<b>Do</b>																			
25	Submit plan for IJB for agenda																		06-Oct
26	IJB Meeting																		18-Oct





## Mental Health Commissioning Plan Working Group

### Terms of Reference and Membership

#### A. Remit of Working Group

The Scottish Government requires Integration Joint Boards (IJB) in collaboration with their partners to develop strategic commissioning plans for all adult care groups. Strategic commissioning plans should incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system.

The purpose of this Working Group is to develop a three year commissioning plan for Adults with Mental Health problems in accordance with the Scottish Government guidance on Strategic Commissioning Plans<sup>1</sup>. The plan will be informed by a detailed needs assessment which will have been prepared in conjunction with the IJB Strategic Planning Group.

The commissioning plan will be consistent with appropriate commitments within the following related high level strategies: West Lothian IJB Strategic Plan, West Lothian Single Outcome Agreement, NHS Lothian Local Delivery Plan, NHS Lothian Clinical Strategy, West Lothian Housing Strategy, and West Lothian Council Corporate Plan.

The *Care Group* commissioning plan will confirm the total resources available across health and social care in respect of service users and carers and relate this information to the needs of Adults with Mental Health problems population set out in the needs assessment; such resources should be consistent with the relevant Directions issued by the IJB. The plan will:

- confirm desired outcomes and link investment to them
- detail how improvement will be delivered against outcomes and associated performance indicators
- prioritise investment and disinvestment through a coherent and transparent approach
- ensure that resource deployment and performance is consistent with the duty of Best Value
- reflect needs and plans as articulated at locality level
- ensure that sound clinical and care governance is embedded

<sup>1</sup> <http://www.gov.scot/Resource/0046/00466819.pdf>

**B. Frequency**

The group will meet on a regular basis in accordance with the overall schedule for the delivery of the commissioning plan (attached).

**C1. Lead Officer**

The group will be chaired by (senior officer of the IJB with appropriate level of authority).

**C2. Contact**

The Lead Officer will be supported by

- support officer/s from Commissioning and Programme Management
- support officer from Financial Management

**D. Reporting**

The group will report to the Strategic Planning Group in accordance with the overall schedule for the delivery of the commissioning plan.

**E1. Membership Profile**

Participants are chosen to provide the relevant knowledge and expertise to fulfil the remit of the group.

**E2. Membership**

Member	Role
Marion Barton	Lead Officer
David Murray	Commissioning Officer
Carol Mitchell/ Douglas Pirie	Financial Management Officer
	Health professionals
Nick Clater	
Dr Douglas McGown	
Dr Hosakere Aditya	
	Social care professionals
Alan Bell	
Duncan Charles	
Katy McBride	Housing representative
Susan Williamson	Third sector provider representative/s
Robert Telfer	Scottish Care (Commercial providers)
MHAP rep acting in this capacity	Service Users representative
Caroline Pacitti	Carers representative

**F. Review**

As a short life group it is not anticipated that the remit and membership will need to be reviewed.

## **WEST LOTHIAN STRATEGIC PLANNING GROUP**

Date: 11/08/2016

Agenda Item: 7

### **PHYSICAL DISABILITY COMMISSIONING PLAN**

#### **REPORT BY DIRECTOR**

##### **A PURPOSE OF REPORT**

To seek comments from the Strategic Planning Group in respect of the strategic commissioning plan for Adults with a Physical Disability.

##### **B RECOMMENDATION**

To invite comments on the details of the strategic commissioning plan for Adults with a Physical Disability plan (Appendix 1). A report on the strategic commissioning plan for Adults with a Physical Disability will be presented to the IJB meeting on 23 August 2016 for approval.

##### **C TERMS OF REPORT**

At the meeting of 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. The Strategic Plan also includes a commitment to develop a series of care group based commissioning plans.

These plans are based on an ANALYSE, PLAN, DO and REVIEW approach:

- Analyse: the process of needs assessment intended to identify the priority needs associated with the relevant care group
- Plan: the planning process that is informed by the needs assessment and identifies how priority needs are to be addressed including the deployment of resources and the performance management approach to be used to monitor progress
- Do: the implementation phase of the plan
- Review: the review of progress based on the agreed performance measures of the plan in conjunction with any significant changes in the environment

Recommendations from the needs assessment are derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants.

A short life Working Group was established to develop the three year commissioning plan. A draft plan has now been prepared and the Strategic Planning Group is invited to comment on this.

The intention is to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016 for approval.

## **D CONSULTATION**

- Strategic Planning Group

## **E REFERENCES/BACKGROUND**

- West Lothian Integration Joint Board meeting - 05 April 2016
- Scottish Government Guidance and Advice - <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

## **F APPENDICES**

1. Draft of Physical Disability Commissioning Plan

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	The commissioning plan will be subject to an equality impact assessment.
<b>National Health and Wellbeing Outcomes</b>	The commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
<b>Strategic Plan Outcomes</b>	The commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
<b>Single Outcome Agreement</b>	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
<b>Impact on other Lothian IJBs</b>	None
<b>Resource/finance</b>	None
<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
<b>Risk</b>	None

## **H CONTACT**

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Tel 01506 281937

11 August 2016



# Physical Disability Commissioning Plan

## 2016/17- 2018/19

The West Lothian Strategic Commissioning Plan for Adults with a Physical Disability sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for people with a physical disability, their families and carers in West Lothian for the next three years.

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

### FOREWORD

The West Lothian Strategic Commissioning Plans for Adults with a Physical Disability (the **PD Plan**) sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for people with a physical disability, their families and carers in West Lothian for the three year period to 2018/19.

The Disability Discrimination Acts (1995/2005) and the Equality Act (2010) define physical disability as: - **‘a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities’**. Long term in this circumstance means a year or longer.

The PD Plan has been developed within the context of national and local policy direction taking into account the key principles and values which underpin the planning, commissioning and provision of services and support for people with a disability, and has been informed through consultation with key partners, service users and carers.

The PD Plan should be read in conjunction with:-

- West Lothian Integration Joint Board Strategic Plan 2016-26 (**Strategic Plan**)
- West Lothian Physical Disability, Sensory Loss and Acquired Brain Injury Needs Assessment (**PD Needs Assessment**)

It is acknowledged that it is difficult to view services and commissioning for care groups as distinct or isolated from one another. Consequently the PD Plan acknowledges the crossover with other health and social care groups:

- Adults with learning disabilities
- Mental health
- Older people
- Substance misuse

Ensuring our services are well positioned to meet the needs of residents in West Lothian is key to achieving the outcomes we have set, and I will be reviewing progress against this PD plan on an annual basis refining where necessary as the Integration Board matures in our local ownership of the resources we have to spend on health and social care services.

*COUNCILLOR FRANK TONER*

*CHAIR OF THE WEST LOTHIAN INTEGRATION JOINT BOARD*



## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

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## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

### SECTION 1: OVERVIEW

#### *Who we are*

The Public Bodies (Joint Working)(Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. Local and joint commissioning of health and social care services will be built around the needs of patients and service users and managed through the West Lothian Integration Joint Board (IJB) who will in turn direct West Lothian Council or NHS Lothian to deliver services on its behalf.

#### *Vision, values, aims and outcomes*

The vision of the IJB Strategic Plan 2016-26 for West Lothian (Strategic Plan) is “to increase wellbeing and reduce health inequalities across all communities in West Lothian”. The plan describes the values and aims and commits the IJB to deliver the nine national and wellbeing outcomes for health and social as required by the Scottish Government.

The strategic plan covers the geographical area of West Lothian and in accordance with the legislation defines two localities across which health and social care services will be planned and delivered, the East and the West. The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

#### *The case for change*

- It is recognised nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet these needs can be disjointed and not as co-ordinated as they could be.
- Combining the resources of both agencies within the integrated partnership will allow for greater exploration of efficiencies to ensure we can meet the main health and wellbeing challenges at a time when we also need to reduce costs.
- West Lothian has a faster than average population growth, an aging population and growing numbers of people living longer with disabilities, long term conditions and complex needs, all of which require us to ensure we have commissioned our health and social care services to meet our duty of Best Value but also to ensure our resources are targeted to achieve the greatest impact on those most in need.

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

### OUR APPROACH

The IJB has committed to develop strategic commissioning plans for all adult care groups. These plans will aim over time to incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system. Each commissioning plan will confirm the total resources available across health and social care and relate this information to the needs of the care group population as determined by a local needs assessment and other relevant local or national strategies.

As a first stage in the development of a commissioning plan for adults with physical disability, independent specialists in research and evaluation of the health and social care sector were commissioned to carry out a comprehensive local needs assessment. The needs assessment process involved:

- analysis of data based on the population, including demographic trends, health status and risk
- a wide consultation with the public through surveys, focus groups etc.
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland

The resultant commissioning plan for adults with physical disability will:

- reflect needs and plans as articulated at a local level for West Lothian
- confirm the desired outcomes and link investment to them
- detail what services will be delivered against outcomes and the associated performance indicators
- prioritise investment and disinvestment in line with assessed needs
- ensure that resource deployment and performance is consistent with the duty of best value
- ensure that sound clinical and care governance is fully considered

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

## SECTION 2: NEEDS ASSESSMENT RECOMMENDATIONS

The Needs Assessment made nineteen recommendations with a key message for local commissioners and service planners to learn from latest national surveys and research based on the social model of disability.

The recommendations have been mapped against the National Health and Wellbeing Outcomes (detailed in Appendix 1) and then referenced against other strategic plans in order to evaluate whether the recommendation will be delivered through other routes or included for delivery as part of our commissioning cycle in this plan.

Ref	Recommendation	National Health and Wellbeing Outcomes									In scope of the PD plan	Out of scope of the PD plan	Existing strategies / policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC Project	Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data n sharing protocols	IJB Workforce Plan
1	An integrated Health & Social Care Physical Disability Strategy for West Lothian should be developed with a broad range of stakeholders, considering and agreeing a set of joint principles for action to be addressed through the lifetime of the strategy				✓							✓	✓			✓			
2	In order to involve all relevant stakeholders as equal partners in developing an overarching strategy, it is recommended that commissioners consider resourcing a disability "change agent". A primary function of the "change agent" would be to ensure a full communication strategy is developed and engaged with across all services and stakeholders					✓				✓		✓	✓						

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Ref	Recommendation	National Health and Wellbeing Outcomes									In scope of the PD plan	Out of scope of the PD plan	Existing strategies / policies					
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC Project	Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data n sharing protocols
3	Commissioners need to work with providers, service users, carers and other stakeholders to consider how innovation and creativity can be encouraged within the physical disability sector					✓					✓							
4	The development of an inclusive strategy which needs to address accessibility of services within West Lothian; must include a conversation around transport provision to and from services, as well as access to community activity and work					✓					✓		✓					
5	Create a West Lothian commissioning strategy for physical disability services; and commission and manage transparent, needs led, good quality and integrated services to maximise opportunities in respect of service user outcomes.				✓	✓				✓	✓							

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Ref	Recommendation	National Health and Wellbeing Outcomes									In scope of the PD plan	Out of scope of the PD plan	Existing strategies / policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC Project	Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data n sharing protocols	IJB Workforce Plan
6	Encourage, identify, affirm and recognise good practice through commissioner engagement.				✓	✓				✓		✓	✓			✓			
7	Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all physical disability services across West Lothian.				✓	✓				✓		✓	✓						
8	Undertake regular needs assessment and specific, targeted research to address areas of unmet need and inequality				✓	✓				✓		✓	✓						
9	Produce, maintain and coordinate West Lothian wide disability information from a single, central source, in order to ensure ready availability and accuracy.				✓	✓				✓									
10	Implementation of an information sharing protocol								✓			✓					✓		

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Ref	Recommendation	National Health and Wellbeing Outcomes									In scope of the PD plan	Out of scope of the PD plan	Existing strategies / policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC Project	Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data n sharing protocols	IJB Workforce Plan
11	Construct an integrated working guide involving physical disability specialist services, learning disability services, housing, employability, GPs, other relevant services (e.g. criminal justice and alcohol/drug) and peer led networks.								✓	✓	✓								
12	Develop clear strategic approaches to reducing; and where possible, preventing dependency or deterioration of physical disabilities.				✓				✓	✓		✓	✓						
13	Services need to be developed to be more responsive ensuring that: waiting time targets are consistently met, have clear access criteria, are available for longer hours and that staff understand what services are available and how to appropriately refer.				✓	✓			✓	✓		✓	✓						

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Ref	Recommendation	National Health and Wellbeing Outcomes									In scope of the PD plan	Out of scope of the PD plan	Existing strategies / policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC Project	Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data n sharing protocols	IJB Workforce Plan
14	Commissioners need to work with providers to look at how IT can be more effectively used to enhance appropriate support.									✓		✓		✓					
15	Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.				✓	✓				✓		✓			✓				
16	Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the commissioning, delivery, development, and commissioning of specialist physical disability services, and the wider system.				✓	✓				✓		✓			✓				
17	Devise a long-term programme of workforce development opportunities									✓		✓						✓	



## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Ref	Recommendation	National Health and Wellbeing Outcomes									In scope of the PD plan	Out of scope of the PD plan	Existing strategies / policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL TEC Project	Transport Strategy	WL Engagement Strategy	IJB Performance Framework	Data n sharing protocols	IJB Workforce Plan
18	Promote empowerment and personal independence; and celebrate achievement.	✓	✓		✓		✓					✓			✓				
19	Learn from experience and emerging evidence; and forge alliances to support networks and communities.				✓		✓		✓	✓		✓				✓			

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

## SECTION 3: COMMISSIONING PRIORITY ACTIVITIES

This section details the specific recommendations which have been captured from the needs assessment, and provides information on the planned spend to meet these priorities. In addition to these recommendations, all other existing services and resources which are allocated to provide health and care for the physical disabilities care group will continue to be provided as is, and finally, the whole population universal health services which all residents of West Lothian have access to are provided to show the full picture of the resources available.

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
<b>West Lothian Physical Disabilities Needs Assessment (2015)</b>							
Rec 5	Create a West Lothian commissioning strategy for physical disability services; and commission and manage transparent, needs led, good quality and integrated services to maximise opportunities in respect of service user outcomes.	1,2,3, & 4	PD Commissioning Plan	Included in the IJB Strategic Plan - each care group to produce a Commissioning Plan	3 & 4	0	Within internal resources
Rec 9	Produce, maintain and coordinate West Lothian wide disability information from a single, central source, in order to ensure ready availability and accuracy.	4	Disability information and advice service	Dedicated service providing disability information and advice service and a Peer Counselling Service.	2, 3 & 5	103,113	Capability Scotland contract in place until 31 March 2018

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
Rec 11	Construct an integrated working guide involving physical disability specialist services, learning disability services, housing, employability, GPs, other relevant services (e.g. criminal justice and alcohol/drug) and peer led networks.	4	Disability information and advice service	Prepare a Disability Information Plan to coordinate all such activities. •Map local PD landscape •Coordinate with other "information dissemination activities" e.g. Web page/SDS/LD/etc. •Align with WL Digital Inclusion Plan	2, 3 & 5	0	Within Capability Scotland contract in place until 31 March 2018

## West Lothian IJB Strategic Plan - Physical Disability Commissioning Priorities (CP)

CP 1	Increase delivery of 'B4 and On2 Work' employability advocacy and support.	2 & 4	Employability	B4 and On2 Work service is one of the services delivered as part of the provision at the Ability Centre, Carmondean.	2 & 7	556,386	WLC internal resource
CP 2 & CP 3	Short Breaks from Caring (respite) and Day Support	3 & 4	Registered Care Home	Forrest Walk in Uphall is a registered care resource specifically designated for people with physical and complex disability it also provides residential placements, short breaks from caring and day support	2 & 7	397,724	Cornerstone Community Care. Contract in place until 31 March 2018

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
CP 4a	Information & Advice Service Peer Counselling Service	3 & 4	Information, advice and peer counselling service	See Recommendations 9 & 11 above			Capability Scotland contract in place until 31 March 2018
CP 4b	Independent Living support service	1 & 4	Maximise independence and promote independent living	A support service for people who have chosen to manage their own care and support via SDS Option 1 - this includes support to recruit Personal Assistant's, administration, employment support and payroll service	2 & 7	52,000	Lothian Centre for Inclusive Living (LCiL) – due to be reviewed 2016
CP 5	Commission the Community Rehabilitation and Brain Injury Service`	1 & 4	Community Rehabilitation and Brain Injury Service	CRABIS provides multi-disciplinary assessment and rehabilitation within the home or community setting to individuals who have a physical disability and/or acquired brain injury.	2, 4, 5 & 7	121,846	Integrated WLC and NHS team based within West Lothian
CP 6 and 7	Commission Services for the Deaf, Deafened and Hard of Hearing and for the Blind and People with Sight Loss	1 & 4	Sensory Support Service	Social care assessment and care management service for people with sensory loss	2, 4, 5 & 7	86,702	WLC internal resource
	Commission Services for the Deaf, Deafened and Hard of Hearing	1 & 4	Services for the Deaf, Deafened and Hard of Hearing	<ul style="list-style-type: none"> <li>• Assessment and care management</li> <li>• Specialist assessment, installation and maintenance of environmental equipment</li> <li>• Communication support</li> </ul>	2, 4, 5 & 7	60,402	Deaf Action contract in place until 31 March 2018
	Commission Services for the Blind and People with Sight Loss	1 & 4	Services for the Blind and people with sight loss	<ul style="list-style-type: none"> <li>• Rehabilitation and mobility service</li> <li>•A range of core environmental and support equipment</li> </ul>	2, 4, 5 & 7	31,678	Royal National Institute for the Blind (RNIB) contract in place until 31 March 2017

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
<b>Assessment and Care Management Services allocated to people with physical disability</b>				
Social care assessment and care management	The Social Policy Physical Disability Assessment and Care Management Team is responsible for conducting needs-led assessments for adults with physical disability and for developing appropriate care and support plans in response to identified eligible need. This includes palliative care.	2,3,4,5,7,& 8	281,634	WLC Social Work teams
Support for Carers	Carers of West Lothian (CoWL) provides support services, information, advice, training, consultation, representation and support to the HSCP for carers and young carers	8	118,000	Carers of West Lothian (COWL) Contract in place until 31 March 2018
	Minority Ethnic Carers of Older People (MECOPP) provides support, advice, information and training services for adults aged 25 plus	8	4,870	MECOPP contract in place until 31 March 2018
Residential and Nursing Care	If an individual's assessed care and support needs cannot be safely and appropriately met within their own home, then a long-term residential placement with 24 hour care services and support may be appropriate. Residential and Nursing Care Home placements are provided by the independent sector.	4,5,7 & 9	1,347,718	Various providers - mainly residential or nursing homes commissioned as individual placements following assessment
Direct Payments	For people assessed as eligible for social care services and support and who have chosen SDS Option 1 (Cash payment as an alternative to direct service) provision	1,2,3,4,5,& 7	758,000	Individual service users received payment
Specialist Care and Support in the community	The aim of our specialist framework is for care and support to be delivered to adults with a disability in a way that promotes and maximises independence. The providers will provide specialist support to assist with personal care and support, with daily living, domestic tasks and activities to support social inclusion.	2,3,5 & 7	512,000	Various specialist providers as per the Specialist Care Framework. The contract is in place until 31 December 2018
Physical Disability Transport	Payment of transport costs enabling people to access services and support	2,4,5,7 & 9	120,000	Payment to taxi and bus hire companies
External Transport	Payment of transport costs enabling people to access services and support	2,4,5,7 & 9	142,844	Contribution towards WLC fleet and transport costs

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
Care at Home Framework	The Care at Home service is provided by independent sector agencies in a Framework and covers all aspects of care and support such as personal care, medication management and personal assistance	1,4, & 5	1,537,000	Various providers as per the Care at Home Framework. The contract is in place until 31 December 2018
DEDICATED BUDGET FOR PHYSICAL DISABILITIES			6,231,917	
<b>Universal Health Services available (Total budget)</b>				
Core Health Services	People with a physical disability have access to Core Health Services including Community Hospitals, District Nursing, Community AHP's and Prescribing	1,5,6,7,9	69,271,000	West Lothian GPs, District and Community nurses and Allied Health Professionals and Prescribing
Hosted Health Services	People with a physical disability have access to Hosted Health Services e.g. Sexual Health, Oral Health Services, and Public Health services	1,5	11,737,000	NHS Lothian on behalf of West Lothian IJB
Acute Services	People with a physical disability have access to Acute Services e.g. A & E, Cardiology, General Medicine, Rehabilitation and Respiratory Medicine		29,191,000	St John's Hospital and other NHS Lothian acute services

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

### SECTION 4: NEXT STEPS

The PD Commissioning Plan is designed to run for 3 years from 2016 /17 to 2018/19, at a time of considerable change in the commissioning environment within health and within social care.

The PD Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

DRAFT

## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

## APPENDIX 1 - NATIONAL HEALTH &amp; WELLBEING OUTCOMES AND INTEGRATION OUTCOMES

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

## Integration Outcomes

Ref	Outcome
1	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
2	Resources are used effectively and efficiently in the provision of health and social care Services
3	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services



## STRATEGIC COMMISSIONING PLAN – ADULTS WITH PHYSICAL DISABILITY

### APPENDIX 2 - PERFORMANCE INDICATORS

- 1 % of adults able to look after their health very well or quite well.
- 2 % of adults supported at home who agree that they are supported to live as independently as possible.
- 3 % of adults supported at home who agree that they had a say in how their help, care or support was provided.
- 4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- 5 % of adults receiving any care or support who rate it as excellent or good
- 6 % of people with positive experience of care at their GP practice.
- 7 % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- 8 % of carers who feel supported to continue in their caring role.
- 9 % of adults supported at home who agree they felt safe
- 10 % of staff who say they would recommend their workplace as a good place to work.



**WEST LOTHIAN STRATEGIC PLANNING GROUP**

Date: 11/08/2016

Agenda Item: 8

**TECHNOLOGY ENABLED CARE PROGRAMME****REPORT BY DIRECTOR****A PURPOSE OF REPORT**

To provide the Strategic Planning Group details of the West Lothian Technology Enabled Care Programme. (WL TEC Programme).

**B RECOMMENDATION**

It is recommended that the Strategic Planning Group notes and considers the information in relation to the future provision of technology enabled care in West Lothian.

**C TERMS OF REPORT**

Technology-Enabled Care (TEC) is defined as: where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality cost-effective care and support. This includes, but is not limited to, the use of telecare, telehealth, teleconsultation, video conferencing (VC) and mobile health & wellbeing (mHealth).

West Lothian has currently been awarded £515,000 by the Scottish Government TEC Fund to participate in the 2 year national TEC programme. This will enable us to build upon our original investment in telecare technology and accelerate commitment in line with emerging national and local priorities and technological developments.

The funding will allow us to expand the range of services offered and provide greater opportunity to an increased number of our service users in particular to

- Meeting the increase in demand for services from the growing elderly population and people with dementia to enable them to live as independently as possible within their own home
- Rebalancing the health inequalities in West Lothian
- Expand and integrated the routine use of TEC and ensure TEC becomes sustainable and embedded feature within health, housing and care support services.

The West Lothian Technology Enabled Care Programme (WL TEC Programme) has been established to progress activities and ensures we meet the expected outcomes and deliverables.

We will be developing the use of TEC in the following areas:

1. **Expansion of home health monitoring** as part of integrated care plans. This includes SMS messaging for BP monitoring and wound management and exercise motivation for falls management programmes;
2. **Expanding the range and extent of Telecare use**, with a particular focus on upstream prevention to support hospital discharge and reduce the rate of readmissions. We will be implementing a range of equipment for activity monitoring, lifestyle monitoring, medication prompts, and exploring the potential of wearable technology to support health and wellbeing.
3. **Expanding the use of video conferencing** to support teleconsultations, training and reduce the need for face to face appointments

Targets will mean that over 600 service users in West Lothian should benefit from the Programme. This support will allow us to release resources and allow us to redesign services at scale which are aligned locally, more efficient, joined up and person-centred and sustainable in the future.

## D CONSULTATION

- Strategic Planning Group

## E REFERENCES/BACKGROUND

- National Technology Enabled Care Programme
- <http://www.jitscotland.org.uk/action-areas/telehealth-and-telecare/technology-enabled-care-programme/>

## F APPENDICES

Project Initiation Document V2 – Draft

## G SUMMARY OF IMPLICATIONS

<b>Equality/Health</b>	Projects initiated under the WL TEC Programme will be subject to an equality impact assessment.
<b>National Health and Wellbeing Outcomes</b>	The WL TEC Programme will support the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan
<b>Strategic Plan Outcomes</b>	The WL TEC Programme is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.

<b>Single Outcome Agreement</b>	The WL TEC Programme outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
<b>Impact on other Lothian IJBs</b>	None
<b>Resource/finance</b>	None
<b>Policy/Legal</b>	“A National Telehealth and Telecare Delivery Plan for Scotland to 2016: Driving Improvement, Integration and Innovation”
<b>Risk</b>	Identified separately for each project strand.

## **H CONTACT**

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11 August 2016



PROGRAMME INITIATION DOCUMENT

West Lothian Integration Joint Board

# **West Lothian Technology Enabled Care Programme**

Date:

July 2016

Author:

Lesley Broadley

Senior Responsible Officer:

Alan Bell

Service:

Social Policy

## Project initiation document history

The source of the document will be found in the Control section of the project file which is stored in Meridio at -

### Document history

Version	Date of issue	Reason for Issue
1	July 2015	Programme Initiation Document
2	July 2016	Phase 2 funding awarded

### Revision history

Version	Date of issue	Reason for Issue
2	July 2016	Phase 2 funding awarded

### Document approvals

This document requires the following approvals.

Electronic sign off required by	Position	Version	Date approval received
Alan Bell	Senior Manager	2	




This document has been distributed to the following:

[illegible]

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## Programme definition

### Purpose of document

The purpose of this document is to provide the Programme Board, Integration Joint Board and key stakeholders with an outline plan for Phase 2 of the West Lothian Technology Enabled Care Programme (**WL TEC Programme**).

### Definition

The definition of Technology Enabled Care (TEC):

Technology enabled care is defined as - “Where the quality of cost-effective care and support to improve outcomes for individuals in home or community settings is enhanced through the application of technology as an integral part of the care and support process”. This includes, but is not limited to, the use of telecare, telehealth, video conferencing (VC) and mobile health & wellbeing (mHealth).

### Introduction

In December 2014 Scottish Government launched the TEC Programme. Bids for funding from the TEC Programme were sought from partnerships to significantly extend the numbers of people directly benefiting from technology enabled care and support. A bid was submitted on behalf of The West Lothian Technology Enabled Care Programme (WL TEC Programme) and was awarded £246,000.

In December 2015 Scottish Government launched Phase 2 of the TEC Programme. A bid was submitted on behalf of The West Lothian Technology Enabled Care Programme (WL TEC Programme) and was awarded £515,000.

The main challenges to improving health in West Lothian are the ageing population, persistent health inequalities, the continuing shift in the pattern of disease towards long term conditions, the growing numbers of people with multiple conditions and complex needs and the ever-increasing number of hospital admissions and readmissions. These challenges are faced in an environment of budget reductions and rising expectations of our service users.

It is anticipated that technology enabled care will become mainstream and an integrated part of care planning.

### Programme objectives, deliverables and desirables

#### National programme

The **aim** of the national TEC Programme is to enable the delivery of health and social care at home.

The **objectives** are:

- To accelerate spread across Scotland of a minimum of three effective innovations in technology enabled care: e.g. home monitoring, video technology and apps /on line resources
- To increase the capacity and capability to deliver technology enabled care in all NHS Boards, integration authorities and their partners
- To improve sustainability of technology enabled care within redesigned pathways

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services.

West Lothian

The outline proposals, expected achievements and benefits for each workstream submitted in the West Lothian Programme Bid see Appendix A.

### **Programme scope and exclusions**

The WL TEC Programme Board will act as a steering group to:

- Oversee, determine and contribute to the strategic direction and progress of technology related activities in West Lothian
- Promote and monitor TEC implementation plans and allocate funding
- Promote and coordinate participation in notional technology initiatives
- Communicate, exchange ideas, collaborate and benchmark on technology related activities with other local authorities, NHS teams and other stakeholders as required
- Enhance the visibility of technology based initiatives amongst IJB work streams and coordinate approaches
- Provide information and input in respect of technology based initiatives to support the prevention agenda and influence service planning and redesign
- Provide a source of views and input into technology related consultation exercises or other relevant options
- Address other inequities, variances and gaps in service provision
- Support the transition the WL TEC Programme into mainstream activities

### **Programme constraints**

There are a number of possible constraints which will have an impact on this programme:

- The timescales preparing the bid for this programme did not facilitate widespread consultation and/or engagement with stakeholders and their proactive engagement, shared ownership and ongoing commitment is crucial to success, given the scale of the programme.
- Telehealth options are not widely utilised in Scotland, any proposals will need to work within the existing telecare infrastructure, finding the appropriate platform may prove challenging.
- Phase 2 of this programme must be completed by March 2018 to meet the deadlines set by the national TEC Programme; failure to do so may inhibit future bid submissions or require funding to be repaid.
- The national TEC Programme has been issued in parallel with the TEC Improvement Support Programme and involvement in this is implicit.
- Given the scale of the programme being undertaken, successful implementation of the TEC Programme will depend on the proactive engagement, shared ownership and ongoing commitment of all partners.

### **Programme assumptions**

It is assumed that:

- Short-term changes may need to be made to existing team structures, processes and or budget allocations
- The programme will be supported by senior management and then developed as part of any subsequent implementation plans.
- Partners will realise the potential of technology enabled care and support the programme.
- There is a role for technology enabled care in reducing the number of people waiting to be discharged from hospital and in support of self-management.

### Programme users and other interested parties

The main users, or recipients, on completion of the TEC Programme will be:

- Service users and carers assessed as requiring telecare from the local authority
- Service users and carers requiring telehealth and telecare equipment on discharge from hospital
- Service users and carers requiring support to self-manage
- Service users and carers requiring access to digital platforms for support and information

The other main users of the end result of this programme will be staff involved in assessment, outcomes-focused support planning and the arrangement, delivery or provision of support.

### Programme interfaces

#### External

Table 1

The WL TEC Programme:

- Is sponsored by Scottish Government under the national TEC Programme.
- Works in partnership with the Lothian TEC Programme Board established to develop and deliver TEC across Lothian. Represented in that partnership are NHS Lothian and the four local authorities.

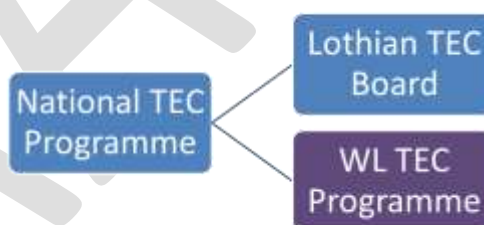


Table 2

#### Internal

The WL TEC Programme will report to the Integration Joint Board.



The programme will be aligned with existing services in West Lothian namely:

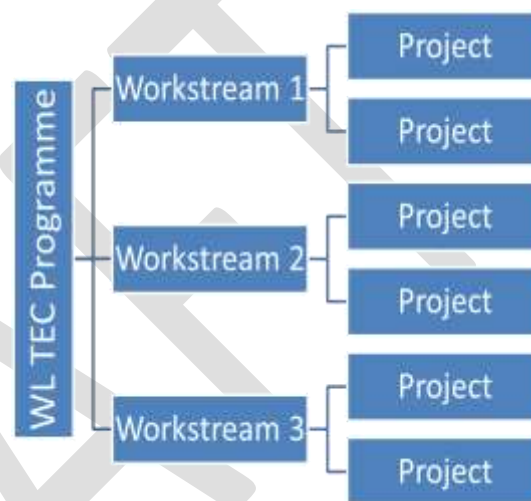
- |   |   |
|---|---|
| • 24/7 Crisis response and care management service (Crisis Care). | • Older people assessment and care team (OPACT) |
| • Discharge Hub   | • Palliative care service                       |
| • Falls management service  | • Rapid Elderly Assessment Care Team (REACT)    |
| • Home Safety Service (HSS)                                       |   |

- Local Care Homes
- Lothian Unscheduled Care Service (LUCS)
- Medication management
- West Lothian Pathways Collaborative (WELPACT)
- West Lothian Reablement Team

## Programme approach

The approach being adopted for the delivery of the WL TEC Programme is as follows:

- The WL TEC Programme will be a partnership led by Executive Sponsor - Director West Lothian IJB. The WL TEC Programme Board will be chaired by Senior Manager, Communities and Information.
- Delivery of programme objectives and benefits will be in workstreams in accordance with the national criteria.
- Membership of workstreams will reflect the roles, knowledge and expertise required for the delivery of the respective agendas.
- Regular performance reports on progress, development, implementation and evaluation will be provided in accordance with the requirements of the national TEC fund to assess impact and compliance with requirements locally and nationally.
- Each workstream may be at different stages in the cycle however a common base of operational detail will be required for each.
- Progress will be reported to the Integration Joint Board, the Lothian Board and the TEC Programme.



## Business case

### Outline business case

Shifting the balance of care towards enablement and intermediate care are core elements of national and local strategies to reshape our health, care and support services for older people and those with long-term conditions. Technology is fundamental to the development of such services and provides the opportunity to facilitate integration, improve the quality of life, reduce avoidable admissions/readmission to hospital, support early discharge and allow people to remain independent in their own home.

The reasons for developing and undertaking the West Lothian TEC Programme are to support the following:

National legislative drivers:

- Public Bodies (Joint Working) (Scotland) Act 2014
- Social Care (Self-Directed Support) (Scotland) Act 2013
- The National Telehealth and Telecare Delivery Plan for Scotland to 2016
- Reshaping Care for Older People: A Programme for Change 2011-2021.
- Caring Together – The Carers Strategy for Scotland 2010-2015
- Commission on the Future Delivery of Public Services – Christie Report 2011

Other drivers:

- Current and future demographic and budgetary pressures on health boards and authorities
- Services to be delivered to meet the needs of people which are accessible and responsive to local need
- Service users/ carers to be active participants in the design and delivery of their care and support
- Expanding the use of technology can help people to optimise independence and wellbeing at home
- People who directly benefit from technology with home health monitoring being identified as a service ready for wider application.

### Expected programme benefits

See Appendix 1 for a breakdown of the expected benefits for each workstream.

### Budget

In Phase 2 West Lothian has been awarded the following funding:

No	Workstream	Funding awarded (£k)	Comment
1	Expansion of home health monitoring	£196,158	
2	Expansion of video conferencing	0	Awaiting results of separate bid
3	Expansion of the use of Digital Platforms	0	WL will participate in a national programme
4	Expansion of the use of Telecare	£318,842	
5	Move to Digital Telecare	0	
Total awarded		£515,000	

**Table 3**

It is anticipated that the programme will be delivered by funding from the national TEC Programme and matched funded from existing resources. The TEC Programme has awarded funding for two years; however additional support may be provided on the successful delivery of workstream projects.



Ongoing sustainability of activity supported by the fund will need to be considered in this context with clear exit strategies identified.

### Known risks and dependencies

The main risks identified at the outset of this programme are:

- Conflicting priorities for programme team members could result in slippage
- Insufficient data on current performance of services
- Identifying appropriate telehealth equipment - being the early stage of development
- Lack of established methodology to evaluate the comparative benefits of relatively new approaches to supporting people at home
- Financial sustainability given funding initially awarded for two years
- Buy in from owners of current processes
- Conflict between meeting financial efficiencies and achieving priority outcomes

### Team structure

The WL TEC Programme will be chaired by the Executive Sponsor: Alan Bell Senior Manager.

The TEC Programme Board will be responsible for programme governance and oversight and will report to the IJB.

The WL TEC Programme will report on progress to:

- National Technology Enabled Care Programme Board
- Lothian Technology Enabled Care Programme Board
- West Lothian IJB/Strategic Planning Group

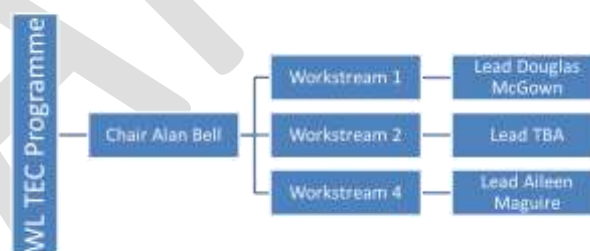


Table 4

### Team Roles

Table 5

Details	Role	Details	Role
Programme Board	To provide overarching governance, oversight and leadership. <ul style="list-style-type: none"> <li>▪ Provide direction</li> <li>▪ Agree the performance criteria</li> <li>▪ Accountable for overall budget funding</li> <li>▪ Identification &amp; management of risk</li> <li>▪ Resolve escalated issues</li> <li>▪ Champion change</li> </ul>	Chair	Responsible to the organisation for the success of the programme including: <ul style="list-style-type: none"> <li>▪ Chairs the Programme Board</li> <li>▪ Leads the transformation agenda</li> <li>▪ Manages programme and governance</li> <li>▪ Challenges and coaches workstream progress</li> <li>▪ </li> </ul>
Workstream	<ul style="list-style-type: none"> <li>▪ Reports to the WL TEC Programme Board</li> </ul>	Project	This will be a dedicated, funded resource for a two-year period.

Details	Role	Details	Role
Leads	<ul style="list-style-type: none"> <li>Leads, manages, develops and support workstream projects</li> <li>Oversee progress of the Programme Workstreams against the Action Plans</li> <li>Report on workstream progress, and evaluation</li> <li>Develop action plans and report on progress</li> <li>Champions change, communication and engagement</li> <li>Understands and represent the requirements service users and carers</li> <li>Ensure risk management processes established</li> <li>Ensure clinical and care governance</li> </ul>	Manager	Responsibility for planning, execution and closing of the programme including: <ul style="list-style-type: none"> <li>Reports to the Executive Sponsor/Programme Board and Workstream Leads</li> <li>Liaison and coordination with National/Lothian TEC programmes</li> <li>Business/project management support to workstream and individual workstream leads</li> <li>Analysis and evaluation of best practice and guidelines of new emerging technologies</li> <li>Coordination of TEC activities across all partners</li> </ul>
Project Leads	<ul style="list-style-type: none"> <li>Reports to the Workstream Leads</li> <li>Manages, develops and supports individual projects</li> <li>Report on project progress, and evaluation</li> <li>Develop action plans and report on progress</li> <li>Understands and represent the requirements service users and carers</li> <li>Ensure risk management processes established</li> </ul>	IT	<ul style="list-style-type: none"> <li>Provides ad hoc advice on IT requirements and data sharing</li> <li>Provides advice on integration of technology and alignment with existing and future services</li> </ul>
		Finance	<ul style="list-style-type: none"> <li>Set up appropriate accounting structures, reporting and control</li> <li>Provides ad hoc advice</li> </ul>
Legal	<ul style="list-style-type: none"> <li>Providing effective legal advice, support and representation</li> <li>Ensure the WL TEC Programme implementation is compliant with all legislation, statutory requirements and regulations</li> <li>Minimise and manage legal risk</li> </ul>	CPU	<ul style="list-style-type: none"> <li>Lead contract negotiations with suppliers or buyers</li> <li>Provide ad hoc advice on contracting and commissioning</li> </ul>

## Programme plan & key milestones

This Programme Initiation Document and the Programme Plan will act as the baseline for the WL TEC Programme and will be used to monitor progress in relation to both activity and timescales. Based on returns required by the National TEC Programme Board, a common template for project planning has been devised for each workstream and will be adapted for each individual project. See Appendix 3.

Individual project plans will feed into a top level Programme Plan which will be presented to the WL Programme Board at monthly meetings and for approval. The Programme Plan will be reviewed, amended and added to as required for the duration of the Programme.

## Quality management strategy

Quality management of the WL TEC Programme will be the responsibility of the Programme Board and will be developed in accordance with the National Care Standards (NCS).

## Risk management strategy

A Risk Management Strategy will be provided for each Workstream/Project.

## Communication management strategy

The communication between the national TEC Programme Board, WL TEC Programme Board; and Programme Workstreams will be facilitated by the Project Manager and will be conducted as follows:

TEC Programme	<ul style="list-style-type: none"> <li>Regular returns required as and when directed by the Programme</li> </ul>
Lothian TEC Programme Board	<ul style="list-style-type: none"> <li>Attendance at bi-monthly pan-Lothian meeting to report on progress/developments.</li> <li>Lothian sub-committees operational for each workstream on an ad hoc basis.</li> </ul>
WL TEC Programme Board	<p>Quarterly meetings:</p> <ul style="list-style-type: none"> <li>Sub-committees established for each workstream – attendance at meetings and reports on progress/developments provided.</li> <li>Project plan and timeline updated and issued to members</li> <li>Minutes circulated to members five days prior to meeting</li> <li>Progress update by Workstream Leads</li> <li>National/Lothian update by Project Manager</li> </ul>
Workstream Leads	<p>Monthly meetings</p> <ul style="list-style-type: none"> <li>Action plan/ notes circulated to workstream project leads</li> <li>Approving monthly report for TEC Programme</li> <li>Progress report to TEC Board quarterly</li> <li>Progress/monitor updates from project leads</li> </ul>
Project Manager	<ul style="list-style-type: none"> <li>Recommendations and required actions passed to Workstream Leads</li> <li>Monthly reports collated and submitted to Workstream Leads for approval</li> <li>Monthly template submitted to national TEC Programme Board</li> <li>Quarterly reports to WL TEC Programme Board</li> <li>Report on progress to the Lothian TEC Board/TEC Programme</li> </ul>
Workstream projects	<p>Meetings schedule as per Terms of Reference</p> <ul style="list-style-type: none"> <li>Progress updates from members to Workstream Lead/ Project Manager as required</li> </ul>
Service users and carers	<ul style="list-style-type: none"> <li>Run service user/carer focus groups</li> <li>Establish service user/carer fora to feedback regularly</li> <li>Evaluation</li> </ul>

Table 6

## Programme controls

This Programme Initiation Document and Programme Plan will be used as the baseline for the WL TEC Programme. Throughout the duration of the programme there may be requests for changes to the Programme Plan as a result of either internal or external factors.

All proposed programme changes which impact on the Programme Plan and the Workstream Action Plans must be considered by the WL TEC Programme Board for approval and decisions made by the board reported via the Workstream Leads.

DRAFT

## Appendix A – West Lothian Technology Enabled Care (TEC) Bid



## Appendix B – National Health & Wellbeing Outcomes

### National Health and Wellbeing Outcomes

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

Table 7

## Appendix C – Outline Project Plan Template

### Workstream/Short Life Working Group - TITLE

#### Phase 1 – Proof of concept and initiation

- Gather data for informed investment decisions
- Understand care pathways and patient flows
- Understand service user information flows
- Conduct AS-IS and TO-BE modelling
- Agree the service vision
- Understand the benefits the new vision would deliver
- Evaluate whether the necessary skills/environment exist
- Understand the financial implications and timescales
- Embed telehealth within relevant organisation(s)
- Agree a high level strategy to develop and deliver the vision
- Assign roles and responsibilities
- Create a clear business case to support decision making
- Create a communications plan for consultation and engagement
- Create clear plans to monitor and manage the programme

#### Phase 2 – Preparation and planning

- Move the vision into detailed plans through patient/service user consultation
- Consult with organisations which may be impacted upon
- Create a detailed service specification
- Source appropriate technology according to business needs
- Plan and deliver a training programme to meet business needs
- Determine how the impact of the programme will be evaluated

#### Phase 3 – Launch and execution

- Introduce the pilot implementation
- Pilot evaluation questionnaires
- Review all service delivery against the service plan
- Refine service delivery as required
- Ensure accurate documentation and training through refinements
- Check evaluation data is appropriate
- Close the pilot ready for mainstream launch

#### Phase 4 - Implementation

- Launch the mainstream service
- Refine service delivery as required
- Ensure accurate documentation and training through refinements
- Ensure service delivery matches the service specification
- Check the service is stable as deployments rapidly increase
- Conduct the service evaluation and report findings

#### Phase 5 – Performance & Control

- Investigate any pressing contractual or legal issues
- Ensure continued finance and resources
- Ensure alignment with strategic goals, cultural and political fit
- Continue communication campaign
- Reflect on progress made and pitfalls experienced
- Review evidence for future implementation/continuation
- Act upon mainstream, continue or abandon decision
- Close project

Table 8

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## **WEST LoTHIAN STRATEGIC PLANNING GROUP**

Date: 11/08/2016

Agenda Item: 9

### **PARTICIPATION AND ENGAGEMENT STRATEGY**

#### **REPORT BY DIRECTOR**

#### **A PURPOSE OF REPORT**

The purpose of this report is to present a draft West Lothian Integration Joint Board Participation and Engagement Strategy for the consideration of the Strategic Planning Group (SPG). The draft strategy is attached as appendix 1.

#### **B RECOMMENDATION**

It is recommended that the Strategic Planning Group:

1. notes the draft Participation and Engagement Strategy;
2. provides guidance on any revisions required to the draft strategy; and
3. agrees to make the draft available for consultation prior to approval by the Integrated Joint Board.

#### **C TERMS OF REPORT**

##### **C1 Background**

At its meeting on 7 April 2016, the SPG noted that the Integration Scheme commits NHS Lothian and the council to develop a Participation and Engagement Strategy. The strategy is to be approved by the Integrated Joint Board (IJB) within one year of the establishment of the IJB and reviewed regularly thereafter.

The SPG also noted that this commitment was reiterated in the Strategic Plan.

## **C2 Draft Strategy**

The draft strategy considered by the SPG on 7 April 2016 has been reviewed following further input from health and social care officers and members of the SPG.

The draft includes a number of proposed commitments. The principal commitments are set out below:

- the National Standards of Community Engagement should underpin all participation and engagement activity;
- the Investors in People standard and NHS Staff Governance Standard should, additionally, underpin communication, participation and engagement with staff;
- participation and engagement should take on board the best practice guidance issued by the West Lothian Community Planning Partnership and the Scottish Health Council;
- the partnership should establish a health and social care network;
- an assessment of the role and operation of the Public Partnership Forum should be carried out;
- arrangements for participation and engagement with the third sector should be reviewed;
- east and west locality groups should be formed to guide preparation and implementation of locality plans;
- a protocol be agreed to ensure partnership and communications present the joined-up view of the partners;
- the internet should be developed further as a key means of informing and engaging with communities and staff;
- the IJB seeks to share best practice and identify joint projects with other Lothian IJBs;
- regular meaningful communication takes place with health and social care staff and unions;
- communication and engagement be made available to all; and
- the action plan attached to this report is reviewed by the IJB on an annual basis and the strategy itself is reviewed every three years.



### **C3 Action Plan**

An action plan is attached to this report as appendix 2. This sets out the main activities which the IJB will carry out in 2016/17 to support the commitments set out in the strategy.

It is proposed that a report on progress be submitted for consideration of the SPG and board early in 2017/18 and a new one year action plan be agreed at that time.

### **D CONSULTATION**

Subject to any revisions agreed by the SPG, it is proposed that the draft strategy be made available to stakeholders for consultation over a 21 day period and that the strategy is also made available online for consultation over that time.

Specific invitations to comment on the draft strategy and action plan will be extended to the following:

- Members of the Strategic Planning Group
- Scottish Health Council
- West Lothian Public Partnership Forum
- Members of the East and West Locality Groups
- Voluntary Sector Gateway West Lothian with an invitation to pass to voluntary organisations with an interest in health and social care
- Members of the Community Engagement Practitioners Network
- Edinburgh, East Lothian and Midlothian IJBs

Responses received will be reported to the IJB on 18 October 2016 along with any proposed changes to the strategy, with a view to the IJB then approving the strategy as policy.

### **E REFERENCES/BACKGROUND**

Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instructions and guidance

West Lothian IJB Strategic Plan 2016 – 2026

## **F APPENDICES**

1. Draft West Lothian Integration Joint Board Participation and Engagement Strategy 2016 – 2026.
2. Draft West Lothian Integration Joint Board Participation and Engagement Strategy: Action Plan 2016/17.

## **G SUMMARY OF IMPLICATIONS**

<b>Equality/Health</b>	The draft strategy will be assessed to determine if an equality impact assessment is required and the outcome reported to the IJB.
<b>National Health and Wellbeing Outcomes</b>	The draft strategy is consistent with national health and wellbeing outcomes.
<b>Strategic Plan Outcomes</b>	The draft strategy, when approved, will deliver the Strategic Plan's undertaking to produce a participation and engagement strategy.
<b>Single Outcome Agreement</b>	The draft strategy is consistent with the Single Outcome Agreement.
<b>Impact on other Lothian IJBs</b>	The IJBs will continue to share best practice on participation and engagement.
<b>Resource/finance</b>	The strategy will be implemented from existing resources.
<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance.
<b>Risk</b>	None.

## **H CONTACT**

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Tel: 01506 282386

11 August 2016



# **West Lothian Integration Joint Board**

## **Participation and Engagement Strategy 2016-2026**

## **Foreword**

In April 2016, NHS Lothian and West Lothian Council formed a partnership, the Integration Joint Board (IJB), to provide adult health and social care services on a joined-up basis.

The success of the IJB in increasing wellbeing and reducing health inequalities across all communities in West Lothian will depend on patients, carers, other service-users, interested groups, staff and partners being kept up-to-date on service developments and, crucially, being able to influence changes to services.

This draft strategy shows how the IJB thinks effective participation and engagement could work. Before this document is adopted as policy, which will ensure a long-term commitment to this approach, we would like to be sure we have represented the views of people across West Lothian with an interest in health and social care services.

We look forward to receiving your comments on this draft strategy.

Councillor Frank Toner  
Chair  
West Lothian Integration Joint Board

Jim Forrest  
Director  
West Lothian Integration Joint Board

## **1.0 Introduction**

The Integration Scheme, which sets out how NHS Lothian and West Lothian Council will work together to deliver health and social care services, requires the two partners to develop a Participation and Engagement Strategy.

The West Lothian IJB approved its Strategic Plan for the period 2016 – 2026 in March 2016. The Strategic Plan recognises that planning and delivery of services must take account of needs at local level and that this is critical to delivering the partnership's vision of better coordinated health and social care services. It also emphasises that a unified approach to participation and engagement is required by the partnership if outcomes for patients and other service-users are to be improved.

The Participation and Engagement strategy will ensure that the public and local interest groups have meaningful input to the way services are provided and will create the framework within which the vision for participation as set out in the Integration Scheme and IJB Strategic Plan can be delivered.

The strategy is built around 17 core commitments. These are highlighted throughout the document and form the basis of the associated action plan.

## **2.0 National Standards for Community Engagement**

The 10 National Standards for Community Engagement, published in 2005, are widely accepted as best practice guidelines for engagement between communities and public agencies. These standards underpin the approach to community participation and engagement set out in this strategy.

The 10 National Standards are:

- We will identify and involve the people and organisations with an interest in the focus of the engagement.
- We will identify and overcome any barriers to involvement.
- We will gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken.
- We will agree and use the methods of engagement that are fit for purpose.
- We will agree and use clear procedures to enable the participants to work with one another efficiently and effectively.
- We will ensure necessary information is communicated between the participants.
- We will work effectively with others with an interest in the engagement.
- We will develop actively the skills, knowledge and confidence of all the participants.
- We will feedback the results of the engagement to the wider community and agencies affected.
- We will monitor and evaluate whether the engagement meets its purposes and the national standards for community engagement.

**PES1:** Participation and engagement with individuals, groups and communities will be carried out in accordance with the “National Standards of Community Engagement”.

More information on the National Standards can be found at [www.scdc.org.uk/nationalstandards/](http://www.scdc.org.uk/nationalstandards/)

### **3.0 Standards for Staff Engagement**

NHS Lothian and West Lothian Council are both accredited Investors in People (IIP) employers. The IIP framework will continue to influence the standard for staff engagement.

The nine IIP standards are:

#### **Leading**

Creating purpose in a fast changing environment, whilst motivating through change, have become essential skills for many roles. Outperforming organisations foster leadership skills at every level of the organisation to deliver outstanding results.

1. **Leading and inspiring people**  
Leaders make the organisation’s objectives clear. They inspire and motivate people to deliver against these objectives and are trusted by people in the organisation.
2. **Living the organisation’s values**  
People and leaders act in line with the organisation’s values at all times. They have the courage and support to challenge inconsistent behaviours.
3. **Empowering and involving people**  
There is a culture of trust and ownership in the organisation where people feel empowered to make decisions and act on them.

#### **Supporting**

For many, constant change is now normal. Successful organisations are moving towards flatter structures to enable faster decision-making, customer focus and agility. Reduced overheads, better service for customers and more successful organisations are the benefits of this approach.

4. **Managing performance**  
Objectives within the organisation are fully aligned, performance is measured and feedback is used.
5. **Recognising and rewarding high performance**  
Recognition and reward is clear and appropriate, creating a culture of appreciation where people are motivated to perform at their best.
6. **Structuring work**  
The organisation is structured to deliver the organisation’s ambition. Roles are designed to deliver organisational objectives and create interesting work for people, whilst encouraging collaborative ways of working.

## Improving

The best organisations are always looking for opportunities to improve by seeking every marginal gain. They know that every small change adds together to enable them to constantly outperform.

### 7. Building capability

People's capabilities are actively managed and developed. This allows people to realise their full potential and ensures that the organisation has the right people at the right time for the right roles.

### 8. Delivering continuous improvement

There is a focus on continuous improvement. People use internal and external sources to come up with new ideas and approaches, supported by a culture that encourages innovation.

### 9. Creating sustainable success

The organisation has a focus on the future and is responsive to change. Leaders have a clear understanding of the external environment and the impact this has on the organisation.

More information on the Investors in People Standard can be found at [www.investorsinpeople.com](http://www.investorsinpeople.com)

The NHS Scotland "Staff Governance Standard", published in 2012, also provides helpful guidance on employer/staff engagement. Although aimed specifically at NHS organisations and employees, the principles which the standard embodies apply more widely and will help to guide the partnership's communication and engagement with staff.

In particular, employers are expected to ensure that staff regularly receive accessible, accurate, consistent and timely information, have access to a range of communication mechanisms and have the opportunity to give and receive feedback on organisational and service delivery issues, either directly or through trades unions and professional organisations.

Staff, for their part, are expected to keep up-to-date with developments affecting them, take time to engage and make full use of the communication systems available to them.

Employers are also expected to ensure that service development and organisational changes are planned and implemented with effective staff engagement. Staff are encouraged to engage and contribute constructively to issues affecting their job, the organisation and the quality of services they provide.

The NHS Staff Governance Standard can be found at [www.staffgovernance.scot.nhs.uk](http://www.staffgovernance.scot.nhs.uk)

**PES2:** Participation and engagement with staff will be carried out in accordance with the Investors in People Standard and the NHS Scotland "Staff Governance Standard", as well as the "National Standards for Community Engagement".

## 4.0 Continuous Improvement

The Public Sector Improvement Framework (PSIF) is established, or is becoming established, as the principal performance management framework for health and social care services in West Lothian.

The PSIF is based on the long-standing and widely respected European Foundation for Quality Management (EFQM) Excellence Model.

Amongst the benefits of the PSIF highlighted by Quality Scotland are that it:

- Improves the motivation of employees who value the opportunity to have their voices heard.
- Leads to a positive level of engagement with management.
- Contributes towards improved customer outcomes.

The PSIF is supported by the Improvement Service and Investors in People Scotland, as well as Quality Scotland, and is widely used by public service organisations and partnerships. It is a robust and systematic approach to managing change and improvement which provides a structured opportunity to share and learn from best practice. As such, it will have a key role in underpinning and developing the participation and engagement activity of the IJB.

**PES3:** The Integration Joint Board will use the Public Sector Improvement Framework to ensure continuous improvement in its participation and engagement activities with service users and staff.

## **5.0 Participation and Engagement Resources**

The West Lothian Community Planning Partnership has published the “Engaging Communities Toolkit; a Practical Guide to Community Engagement”.

The toolkit provides advice on:

- Planning community engagement
- Effective communication skills for engagement
- Feedback and evaluation
- Community engagement tools and methods

Local case-studies are provided throughout the document. The toolkit is supported by an engaging communities training programme.

The Scottish Health Council (SHC) has published “The Scottish Health Council Participation Toolkit”.

This toolkit provides information on a wide range of participation tools, guidance on preparing a report of findings, feedback and evaluation and the use of a specific participation toolkit.

The West Lothian Health and Social Care Partnership will draw on the advice in the West Lothian Community Planning Partnership and Scottish Health Council toolkits to ensure that engagement and participation with members of the public, community groups and staff is as effective as possible.

**PES4:** Participation and engagement will be carried out in accordance with the best practice guidelines set out in the Community Planning Partnership’s “Engaging Communities Toolkit” and the “Scottish Health Council Participation Toolkit”.

The West Lothian Community Planning Partnership toolkit can be found at [www.westlothian.gov.uk/media/8652/Engaging-Communities-Toolkit](http://www.westlothian.gov.uk/media/8652/Engaging-Communities-Toolkit)



The Scottish Health Council Participation Toolkit can be found at [www.scottishhealthcouncil.org/participation/participation\\_toolkit](http://www.scottishhealthcouncil.org/participation/participation_toolkit)

Our Voice is a national partnership led by the Scottish Health Council. The project vision is that “everyone is given the power to influence how Scotland’s health and social care is run”.

By the end of 2017, the aim is to have systems and processes in place at local and national level for involving people and improving services and that receiving and responding to feedback is regarded as “business as usual”.

The IJB will track progress on the Our Voice Initiative with a view to adopting initiatives emerging from the project, where practical.

**PES5:** The Our Voice Initiative will be monitored so that positive outcomes can be adopted by the IJB, where appropriate.

## **6.0 Involvement in Decision Making**

There is no legal requirement for meetings of the Integration Joint Board (IJB), its committees and the supporting Strategic Planning Group (SPG) to be held in public. Nonetheless, to enable members of the public to have access to the decision-making process and to encourage members of the public to attend meetings, the board has undertaken to hold these meetings in accessible, public buildings, usually Strathbrock Partnership Centre, Broxburn or West Lothian Civic Centre, Livingston. Additionally, subject to narrow exceptions based on local government legislation, the board has agreed to make agenda papers for these meetings available to the public on the council web site at least five working days before each meeting. These commitments have been included in the standing orders that govern how the meetings are conducted.

The health and social care partnership has also been keen to ensure active participation of stakeholder groups in its decision making process. Therefore, IJB membership includes representatives of the voluntary sector, service users and health and social care staff. The SPG also includes representatives from these stakeholder groups, along with representatives of the east and west localities (see section 10.0 below). The localities are represented currently by the heads of health and social policy but, as the locality groups become established, the intention is to draw representation from outwith the professional services that support the partnership. The effectiveness of current arrangements will be reviewed once the IJB and SPG have been operational for twelve months.

**PES6:** The partnership will maintain its commitment to holding meetings of the Integration Joint Board, its committees and Strategic Planning Group in accessible public buildings and to making meeting papers available online five days before the meetings. The director will review arrangements for participation in the meetings at the end of the first year of operation and will submit a report of the review to the SPG and the IJB and its committees with any recommendations for changes required to ensure continued, effective participation.

## 7.0 West Lothian Health and Social Care Network

The IJB proposes to introduce an online resource that will enable participants to be kept informed of developments in health and social care in general terms, about topics of particular interest or about issues in a specific geographical area.

This network will also allow for online consultation on service developments and provide a pool of people who could be invited to take part in short-life working groups.

Prospective participants can join the network as individuals or organisations. The partners will use existing communication channels, existing stakeholder groups and health and social care staff to encourage participation.

The objective will be to make the network as representative as possible across communities and subject areas. It is recognised, however, that this might take some time to build up.

Members will be able to keep their own information up to date. So, for example, a voluntary organisation could change its contact person online or an individual could add to the topics they have a particular interest in.

The network will be launched in 2017 and reviewed after one year.

**PES7:** A West Lothian Health and Social Care Network will be developed to create a focus for communication and engagement.

## 8.0 Review of West Lothian Public Partnership Forum

The main forum in West Lothian with an overarching interest in health and social care issues is the West Lothian Public Partnership Forum for Health and Care.

The forum has been established for a number of years and has made an invaluable contribution in ensuring that health and social care services appreciate and take on board the views and interests of patients, carers and customers. It is expected that the forum will continue in a similar role over the period covered by the strategic plan (2016-2026) notwithstanding the introduction of the Health and Social Care Network. However, the integration of health and social care and scope of the IJB presents new challenges for all involved, including the forum.

It is proposed, therefore, that an assessment of the forum be undertaken to establish the best mechanism for future engagement and to ensure that the forum is strongly placed to support the integration process in the years ahead. The scope of the review will include how representative the forum is; how effectively it communicates with the people and groups it represents; how it works with other groups; how it influences the partners; what support it requires; what requirements there are for capacity building and how its future operation will be influenced by the introduction of the Health and Social Care Network. It is proposed that the evaluation of the forum is facilitated by the Scottish Health Council.

**PES8:** An appraisal of the West Lothian Public Partnership Forum will be carried out to ensure that it remains effective in representing patients and other service-users following health and social care integration, taking account of the scope and responsibilities of the IJB. The outcome of the appraisal will be presented to the Strategic Planning Group and IJB Board in autumn 2017 for consideration and approval of any changes.

## 9.0 Working with the Voluntary Sector

The voluntary sector plays an important and wide-ranging role in providing care and support services that directly complement the role of IJB, including services commissioned by the board. The third sector also makes a less formal, but still important, contribution to community health and well-being through a wide range of activities and organisations such as sports clubs, community gardens and befriending. It is important that the relationship with the third sector is open, reflective and supportive. To ensure that this is the case, the IJB will work with Voluntary Sector Gateway West Lothian to review current arrangements for participation and engagement with the voluntary sector and work to adjust these, where required, to ensure a positive and productive working relationship in place.

This review will consider how community capacity (individuals, associations and institutions and their resources working together) can be used most effectively to support the goals of health and social care integration.

The IJB will continue to work with carers' organisations to ensure that the views of unpaid carers are central to the redesign and delivery of new ways of working.

The board will also support the introduction of ALISS (A Local Information System for Scotland) to help direct people to useful community support.

The Association of Community Councils is not currently active but the partners appreciate the crucial co-ordinating role the Association can play in providing an interface with the Health and Social Care Partnership. As soon as the association is reconstituted, the partners would be keen to enter into a dialogue to ensure that the association can make a full and meaningful contribution to the work of the IJB on behalf of the communities it represents.

**PES9:** When practical, a review will be carried out of arrangements for participation and engagement with the voluntary sector and community councils to ensure effective communication and engagement with these organisations following health and social care integration.

## 10.0 Localities

In order to ensure that service delivery is tailored as effectively as possible to local need, the Strategic Plan commits the IJB to the establishment of east and west localities with a locality plan to be put in place for each locality.

It is proposed that the locality plans are developed through the established locality groups. This process will begin in summer 2016.

The main communities in the west locality are Armadale, Bathgate, Blackburn, Fauldhouse, West Calder and Whitburn.

The main communities in the east locality are Broxburn, East Calder, Linlithgow, Livingston and Winchburgh.

The locality groups have been established with members representing service-users, carers, the voluntary sector, housing providers, GPs, independent sector providers and community regeneration officers.

The key purpose of the locality groups is to work alongside health and social care officers to improve community health and wellbeing by providing an insight into local issues and by helping to identify community assets that can be used to help develop effective local solutions.

At the same time, the wider West Lothian Community Planning Partnership has started the process of preparing regeneration plans for the eight communities in West Lothian that experience the greatest inequality. These are: Armadale, Blackburn, Boghall, Bridgend, Central Livingston, Craigshill, Fauldhouse and the Breich Valley and Whitburn.

The IJB will work closely with the regeneration team to ensure that locality plans and regeneration plans complement each other and, in particular, do not duplicate community engagement efforts.

To effect meaningful change, both locality plans and regeneration plans will be required to take on a medium to long-term view and sustain meaningful participation and engagement over that period. This is consistent with the 10 year time horizon adopted by the Strategic Plan and 20 year time horizon adopted by the Regeneration Strategy.

**PES10:** The East and West Locality Groups will develop locality plans for the two West Lothian localities.

## **11.0 Communications Protocol**

The council and NHS have a common desire to communicate clearly with service-users, the wider public and staff in a way that is easily understood. To ensure this, the parties will, as far as possible, prepare a programme of issues which require proactive communication and engagement and will update this programme on a regular basis. The IJB will ensure communications reflect an integrated approach to service development and delivery.

If the main issue is one of social care, it will be for the council to take the lead. If the main issue is one of health, it will be for the NHS to take the lead. In either case, the draft communication will be shared to ensure that the final version reflects the views of both partners, in so far as this is practically possible.

This approach will also be developed when dealing with all reactive enquiries from the media and other external stakeholders.

Existing communication channels will be fully utilised to ensure there is a consistent and clear message given to customers. This includes both print and online communication channels. Partners will use established arrangements to communicate key messages concisely and promptly.

**PES11:** The council and NHS Lothian will agree a protocol so that communication represents an integrated approach to service delivery, regardless of which organisation it is issued by.

## 12.0 Online Communications

The IJB will continue to develop the use of online communications as core media for communication and engagement. Many users of health and social care services choose the internet as their first port of call in accessing service information. This is also an efficient use of resources for the services. The partners are, therefore, committed to ensuring that the content of the health and social care website is comprehensive, up-to-date and easy to access and understand.

Work will also take place to establish whether the web content can be expanded so that people can do more things online than at present.

The IJB will seek feedback from service-users prior to introducing any significant new web services.

Similarly, many people now connect with public services through social media. Both NHS Lothian and West Lothian Council have established social media channels which will be utilised.

**PES12:** A review of the Health and Social Care Partnership website will be carried out to ensure that users can carry out as much business online as possible.

## 13.0 Freedom of Information

The partnership will, from time to time, receive requests under Freedom of Information legislation. Because of the complex legal relationship amongst the IJB and the partners, a request may deal with information held by any one of them, or by more than one. The IJB and the partners will cooperate in dealing with requests it receives and will coordinate a response with a view to ensuring compliance within the statutory timescales.

If the request is primarily for social policy information, the council will take the lead; if it is primarily a request for health information, NHS Lothian will take the lead. In either case, the lead authority will seek the input of its partner, as required, whilst the IJB will retain overall responsibility for the request.

**PES13:** The IJB will deal with Freedom of Information requests on a joined-up and cooperative basis in accordance with the performance targets it sets itself from time to time, and so far as possible in accordance with statutory timescales.

## 14.0 Partnership Working with Lothian IJBs

NHS Lothian chairs a regular communications and engagement meeting of the four Lothians IJBs. The West Lothian IJB will ensure regular participation in these meetings in order to share best practice and identify joint projects.

**PES14:** The West Lothian IJB will work closely with NHS Lothian and East Lothian, Edinburgh and Midlothian IJBs to help maximise capacity and resources.

## 15.0 Health and Social Care Staff

The success of health and social care integration relies, in equal measure, on harnessing local knowledge of customers and communities and the professional expertise and experience of council and health service staff.

The council and NHS Lothian, therefore, will ensure that staff and trades unions are updated regularly on service activity and consulted effectively and as soon as possible on proposed service change.

Engagement with staff will include activities such as roadshows, hosted by the heads of service, newsletters and web updates.

When possible, opportunities for joint training and development of council and NHS staff will be provided to help facilitate the process of integration.

**PES15:** Regular communication will take place with health and social care staff and unions to ensure they are kept up to date on service activity. Engagement will be carried out to ensure meaningful input at times of proposed service change and development.

## **16.0 Equalities**

The IJB will produce information in accordance with the Scottish Accessible Information Forum (SAIF) - guidelines to provide information that takes account of the needs of disabled people and carers, e.g. in large print, on audio tape or CD, in BSL, in Braille, in easy to understand versions and in languages other than English.

The IJB will also ensure that a range of appropriate mechanisms for responding to engagement activity are available to people with different communication needs.

The web site already includes a number of equality features including the ability to increase font size, an Assist Dyslexia feature which changes page colour and Listen to This Page assistance which includes a translation facility, screen mask, text magnifier and a simplifier to remove potentially distracting features.

Ensuring engagement activity is inclusive may also involve working with intermediaries to access key groups, identifying accessible venues, providing a translator or signer and considering childcare and transport arrangements.

The IJB will consult and engage with equality groups/forums and individuals and use their views and opinions to inform decision making and shape service delivery to ensure that services bring people together and make the most of individual needs.

**PES16:** Whenever possible, arrangements for communication, participation and engagement will be redesigned to ensure equal access for all. The partners will seek advice from equality groups/forums and individuals.

## **17.0 Monitoring**

The director will submit an annual report to the Integration Joint Board on the implementation of the Participation and Engagement Strategy. This will outline progress over the preceding 12 months and set out specific actions for the next 12 month period.

The strategy will be reviewed three years after approval by the Integrated Joint Board. This is consistent with the timescale for the review of the Strategic Plan.

**PES17:** A progress report on implementation of the strategy will be prepared for the Integrated Joint Board every year and the strategy will be reviewed three years after approval.

## PARTICIPATION AND ENGAGEMENT STRATEGY

### ACTION PLAN 2016 – 2017

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
PES1	Participation and engagement with individuals, groups and communities will be carried out in accordance with the “National Standards of Community Engagement”.	<ol style="list-style-type: none"> <li>1. Commissioning plans</li> <li>2. Public Social Partnership</li> <li>3. Service User Forums and Provider Forums</li> <li>4. Having Your Say (Looked After Children)</li> <li>5. Carer consultative forum(foster carers)</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 2016</li> <li>2. Varies</li> <li>3. Ongoing</li> <li>4. Ongoing</li> <li>5. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Senior Manager Social Policy</li> <li>2. Senior Manager Social Policy</li> <li>3. Senior Manager Social Policy</li> <li>4. Senior Manager Social Policy</li> <li>5. Senior Manager Social Policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Feedback forms</li> <li>2. Feedback forms</li> <li>3. Feedback forms</li> <li>4. Feedback forms</li> <li>5. Feedback forms</li> </ol>
PES2	Participation and engagement with staff will be carried out in accordance with Investors in People Standard and the NHS Scotland “Staff Governance Standard”, as well as the “National Standards for Community Engagement”.	<ol style="list-style-type: none"> <li>1. TU Liaison</li> <li>2. Staff briefings (DBO etc.)</li> <li>3. Management of Change (e.g. Model Office)</li> </ol>	<ol style="list-style-type: none"> <li>1. Ongoing</li> <li>2. Ongoing</li> <li>3. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Senior Manager Social Policy</li> <li>2. Senior Manager Social Policy</li> <li>3. Senior Manager Social Policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff Survey</li> <li>2. Staff Survey</li> <li>3. Staff Survey</li> </ol>

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
PES4	Participation and engagement will be carried out in accordance with the best practice guidelines set out in the Community Planning Partnership's "Engaging Communities Toolkit" and the "Scottish Health Council Participation Toolkit".	<ol style="list-style-type: none"> <li>1. Commissioning plans</li> <li>2. Public Social Partnership</li> <li>3. Service User Forums and Provider Forums</li> <li>4. Having Your Say (Looked After Children)</li> <li>5. Carer consultative forum (foster carers)</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 2016</li> <li>2. Varies</li> <li>3. Ongoing</li> <li>4. Ongoing</li> <li>5. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Senior Manager Social Policy</li> <li>2. Senior Manager Social Policy</li> <li>3. Senior Manager Social Policy</li> <li>4. Senior Manager Social Policy</li> <li>5. Senior Manager Social Policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Feedback forms</li> <li>2. Feedback forms</li> <li>3. Feedback forms</li> <li>4. Feedback forms</li> <li>5. Feedback forms</li> </ol>
PES5	The Our Voice Initiative will be monitored so that positive outcomes can be adopted by the IJB, where appropriate.	<ol style="list-style-type: none"> <li>1. Commissioning plans</li> <li>2. Public Social Partnership</li> <li>3. Service User Forums and Provider Forums</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 2016</li> <li>2. Varies</li> <li>3. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Senior Manager Social Policy</li> <li>2. Senior Manager Social Policy</li> <li>3. Senior Manager Social Policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Feedback forms</li> <li>2. Feedback forms</li> <li>3. Feedback forms</li> </ol>
PES6	The partnership will maintain its commitment to holding meetings of the Integration Joint Board, its committees and Strategic Planning Group in accessible public buildings and to making meeting papers available online five days before the meetings. The director will review arrangements for participation in the meetings at the end of the first year of operation and will submit a report of the review to the SPG and the IJB and its committees with any recommendations for changes required to ensure continued, effective participation.	Report to SPG and IJB on first year of operation including participation.	Autumn 2017	Director	The SPG and IJB are able to consider any proposals for adjusting participation arrangements based on the first year of operation.



Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
PES7	A West Lothian Health and Social Care Network will be developed to create a focus for communication and engagement.	The West Lothian IJB to work with NHS Lothian to prepare the network for launch.	Start: Underway Finish: Spring 2017	Head of Social Policy	Customers, partners and staff feel better informed about IJB business and the IJB draws on the network for consultation and engagement.
PES8	An appraisal of the West Lothian Public Partnership Forum (PPF) will be carried out to ensure that it remains effective in representing patients and other service-users following health and social care integration, taking account of the scope and responsibilities of the IJB. The outcome of the appraisal will be presented to the Strategic Planning Group and IJB Board in autumn 2017 for consideration and approval of any changes.	Work with the PPF, Scottish Health Council and stakeholders to carry out the appraisal.	Start: Autumn 2016 Finish: Autumn 2017	Head of Social Policy	All parties believe that the PPF continues to add value to participation and engagement between the IJB and its stakeholders.
PES9	When practical, a review will be carried out of arrangements for participation and engagement with the voluntary sector and community councils to ensure effective communication and engagement with these organisations following health and social care integration.	Work with Voluntary Sector Gateway West Lothian and stakeholders to carry out the review.	Start: Autumn 2016 Finish: Autumn 2017	Head of Social Policy	The VSG, voluntary organisations, IJB and stakeholders believe that the voluntary sector is well informed about IJB business and has the opportunity to influence service developments.
PES10	The East and West Locality Groups will develop locality plans for the two West Lothian localities.	Locality Groups carry out data gathering and engagement to create foundation for planned preparation.	Start: Summer 2016 Finish: Summer 2017	Head of Health & Head of Social Policy	Locality plans are effective in ensuring that service delivery is tailored to the needs of each locality.

Reference	Commitment	Activities	Timescale	Responsible Officer	Measure of Success
PES11	The council and NHS Lothian will agree a protocol so that communication represents an integrated approach to service delivery, regardless of which organisation it is issued by.	Establish a joint commitment to IJB communication.	Start: Underway Finish: Summer 2016	Corporate Comms. Manager	Communication from the IJB is clear, consistent and effective.
PES12	A review of the Health and Social Care Partnership website will be carried out to ensure that users can carry out as much business online as possible.	Implementation of project to refresh web content.	Start: Underway Finish: Summer 2016	Senior Manager Social Policy	Web information is comprehensive, accessible and up to date.
PES13	The IJB will deal with Freedom of Information requests on a joined-up and cooperative basis in accordance with the performance targets it sets itself from time to time, and so far as possible in accordance with statutory timescales.	FOI performance reports		Senior Manager Social Policy	
PES14	The West Lothian IJB will work closely with NHS Lothian and East Lothian, Edinburgh and Midlothian IJBs to help maximise capacity and resources.	Attendance at quarterly meetings to ensure sharing of best practice and development of joint initiatives	Ongoing	Head of Social Policy	The Lothian's IJB's achieve more working in partnership than would be possible working individually.
PES15	Regular communication will take place with health and social care staff and unions to ensure they are kept up to date on service activity. Engagement will be carried out to ensure meaningful input at times of proposed service change and development.	1. TU Liaison  2. TU representation on IJB and SPG	1. Ongoing  2. Ongoing	1. Senior Manager Social Policy  2. Senior Manager Social Policy	

<b>Reference</b>	<b>Commitment</b>	<b>Activities</b>	<b>Timescale</b>	<b>Responsible Officer</b>	<b>Measure of Success</b>
PES17	A progress report on implementation of the strategy will be prepared for the Integrated Joint Board every year and the strategy will be reviewed three years after approval.	Report to be prepared for future SPG and IJB on implementation of the 2016/17 action plan	Spring 2017	Director	As far as possible, the activity planned for 2016/17 has been carried out and an updated plan is approved for 2017/18.



# **WORKPLAN FOR WEST LoTHIAN STRATEGIC PLANNING GROUP 2016-17**

Date of SPG meeting	Title of Report	Lead Officer	Action
11 August 2016			
	NHS Lothian Oral Health Strategy	Robert Naysmith	Work on the Oral Health Strategy is being led by the South East and Tayside (SEAT) Dental Public Health Network. RN will advise if paper will be available for this meeting.
	Needs Assessment for Older People	Alan Bell	
	Needs Assessment for Adults with Mental Health Problems	Alan Bell	
	Commissioning Plans for Adults with Physical Disabilities	Alan Bell	
	Engagement Strategy	Steve Field	
	Technology Enhanced Fund	Alan Bell	
6 October 2016			
	Commissioning Plans for Adults with Learning Disabilities	Alan Bell	
	Commissioning Plans for Adults with Mental Health Problems	Alan Bell	
	Six monthly review of performance	Alan Bell	
17 November 2016			
	Lothian's Hospital Plan	Colin Briggs/Jacqui Campbell	
	Commissioning Plan for Older	Alan Bell	

# WORKPLAN FOR WEST LOTHIAN STRATEGIC PLANNING GROUP 2016-17

	People		
	Risk Register Review	Alan Bell	
	Locality Group Update	Jane Kellock/Marion Barton	
19 January 2017			
2 March 2017			
	Strategic Plan Annual Review		
	Annual review of performance		