



West Lothian Integration Strategic Planning Group

Working group that sits below the Integration Joint Board

West Lothian Civic Centre
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24 February 2017

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

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
3. Order of Business, including notice of urgent business
4. Confirm Draft Minutes of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 19 January 2017 (herewith).
5. IJB Annual Performance Report 2016-17 - Report by Director (herewith)
6. Strategic Plan Review & Strategic Health and Social Care Delivery Plan - Report by Director (herewith)
7. Technology Enabled Care (TEC) Programme - Progress Report - Report by Director (herewith)
8. Financial Strategy Approach - Report by Director (herewith)
9. Timetable of Meetings 2017-18 (herewith)

DATA LABEL: Public

10. Workplan (herewith)

NOTE **For further information please contact Val Johnston, Tel No.0150 6281604 or email val.johnston@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 19 JANUARY 2017.

Present – Jim Forrest (Chair, West Lothian Council), Marion Barton (Health Professional), Ian Buchanan (User of Social Care), Margaret Douglas (Health Professional), Clare Gorman (Health Professional), Steven Haigh (Health Care Professional), Dianne Haley (Health Professional), Jane Houston (Union Health), James McCallum (Health Care Professional), Mary-Denise McKernan (Carer of Users of Health Care), Alistair Shaw (Non-commercial provider of Social Housing), Charles Swan (Social Care Professional), Robert Telfer (Commercial Provider of Social Care) and Patrick Welsh (Chief Finance Officer)

Apologies – Carol Bebbington, Alan Bell, Colin Briggs, Elaine Duncan, Mairead Hughes, Pamela Main and Martin Murray

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 17 November 2016 subject to changing bullet point 2 on page 52 to read “frailty hub”.

3. HEALTH IMPROVEMENT AND HEALTH INEQUALITIES ACTIVITY

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the work of the Health Improvement and Health Inequalities Alliance (HIHIA) and in particular the development of funding to inform commissioning of the next round of Health Improvement Fund projects from April 2018.

The group were advised that HIHIA had been in place in its current form since 2011. Its overall aim was “*to improve the health and well-being of those who lived and worked in West Lothian and to address the gap between those with the best possible health outcomes and those with the poorest health outcomes*”. It was responsible for providing strategic direction for specific areas of health improvement work, with operational delivery being the responsibility of the relevant managers.

HIHIA was currently overseeing a number of action plans in the following areas of work :-

- Eatright
- West Lothian on the Move
- Tobacco

- Children and Young People's health and well-being; and
- Health in later life

As well as overseeing programmes of work to address these health improvement topics, HIIHA recognised that wider work within the Community Planning Partnership had a significant impact on health. For this reason the group also provided input into policy areas as appropriate and in the last year this had included engaging with the development of the Local Development Plan, Active Travel Plan and the Local Housing Strategy.

Some of the activity that HIIHA oversaw was funded by the NHS Lothian Health Improvement Fund (HIF). The current HIF projects were funded until April 2018, had Service Level Agreements in place and were monitored by a link officer. The current West Lothian HIF projects were summarised in Appendix 1 attached to the report.

The HIF Oversight Group had decided to review the allocations because many of the projects had been funded for more than a decade and it had requested that HIIHA identify priorities and activities to be funded in West Lothian from the next round of allocation; HIIHA had been asked to do this by April 2017 to allow time for projects to be commissioned. The HIF Oversight Group had identified high level priorities to provide guidance on the kinds of activities that were appropriate for HIF funding and these were :-

- Early years support and early interventions for children and young people; and
- Social capital and community capacity building

The HIF Oversight Group had also decided to re-distribute the total funding available in each area to be weighted equally by: overall population, population of children under 5 and population living in SIMD 1. This would mean that the total annual funding available in West Lothian from April 2018 would be £213,268. This was more than the current allocation of £191,208 which reflected historical patterns of HIF spend.

The report continued by advising that HIIHA had begun a process to identify priorities to inform its future work programme and was looking to the Strategic Planning Group to contribute their views based around the following questions :-

1. What are the key issues and assets that impact on health in West Lothian?
2. What are the gaps in health improvement work?
3. Which determinants should we focus on to make the biggest difference to health?

There then ensued a discussion around each of the questions and the

following themes emerged :-

Question 1 - What are the key issues and assets that impact on health in West Lothian

- ❖ Use of our assets
- ❖ Support at home for the elderly
- ❖ Buy-in from the community and family members
- ❖ Better use of Neighbourhood Networks
- ❖ Not wishing to travel into cities

Question 2 - What are the gaps in health improvement work

- Education on health matters in primary schools
- Mental health
- Safe drug-use environments
- Social isolation
- Support for homelessness
- Support for young carers

Question 3 - Which determinants should we focus on to make the biggest difference to health

- Mental health and alcohol use
- Social isolation
- Exercise needs/obesity

It was also noted that any projects identified needed to fit into the wider aspirations and work of the IJB.

Decision

- 1) To note the contents of the report; and
- 2) To note the outcome of the discussion in relation to the three questions posed in the report prepared by Dr Margaret Douglas of the Health Improvement and Health Inequality Alliance

4. THE LOTHIAN HOSPITALS PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by Colin Briggs, Associate Director, NHS Lothian which concerned the Lothian Hospitals Plan covering adult services only.

The group were advised that the report was a high level document that was the starting point for discussion around the future direction of the four acute hospitals in Lothian. These being :-

- Royal Edinburgh Hospital
- St John's Hospital
- Western General Hospital
- Royal Infirmary of Edinburgh

The Lothian Hospital Plan had been constructed around the sites identified in the clinical strategy "*Our Health, Our Care, Our Future*" (OHOCOF), which had been agreed by NHS Lothian in 2014. Three broad themes had also been identified these being, medical specialities, elective specialities and cancer services.

The report also summarised a number of key points including :-

- ❖ The urgent work undertaken on specific projects;
- ❖ The vision developed by the University Hospitals sessions;
- ❖ The work of the 5 programme boards;
- ❖ The hospital plan for each site; and
- ❖ Review of IJB strategic plans and detailed discussions on what IJB's would value in the Lothian Hospital Plan.

The report then provided a summary for each of the four acute sites and included proposals for medical receiving options in the Lothian's.

The report concluded with details on the consultation which would be undertaken on the hospital plan noting that detailed discussions would require to be held with IJB's as the strategic direction of medical services was very much an IJB competence.

The group then undertook a discussion on the contents of the paper and noted the following points :-

- Consultation on the proposals needed to commence at the earliest opportunity;
- The plan should clarify that A&E facilities would be continuing at St John's Hospital
- Make clear in the "headline" for St John's Hospital that it was also a district general hospital;
- That the plan for Lothian hospitals should include both children and maternity services;

- There were pressures on Learning Disabilities in West Lothian; and
- More traffic would be generated at St John's Hospital if more elective care was taking place at this site.

It was noted that it was intended for the report to be presented to the next scheduled meeting of the West Lothian IJB and it was suggested that a covering report be produced and should contain the points raised at the Strategic Group meeting.

It was also suggested that the Strategic Group receive regular updates on the Lothian Hospital Plan particularly as consultation commenced and the plan started to evolve and be implemented.

Decision

1. To note the contents of the report;
2. To note the points raised by the Strategic Group;
3. To agree that a covering report be produced before the item was presented to the next scheduled meeting of the West Lothian IJB; and
4. To agree that the Strategic Group be provided with regular updates as consultation got underway and the plan started to evolve.

5. WEST LOTHIAN ELDERLY PROGRAMME UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Programme Manager which provided an update on progress made with the West Lothian Frail Elderly Programme.

Attached to the report at Appendix 1 was a diagram that set out the health and social care system for the frail elderly population in West Lothian and included details of each of the programmes being developed; these being Frailty Hub & Rapid Access Clinic, In-Patient Re-design Project, Immediate Care Project and Older People's Mental Health Project.

Recommendations for each project were discussed at an extended Programme Board meeting in December 2016 and further work would be carried out in January and February 2017 to develop detailed business cases. The Older People's Mental Health project was intending to submit its recommendations in February 2017 and the other three projects would be brought together in a programme business case to be submitted to the March 2017 Programme Board meeting.

The report then provided a narrative on each of the projects and were summarised as follows :-

Frailty Hub & Rapid Access Clinic

The aim of this project was to create an integrated community-based Hub and Rapid Access Clinic (RAC) which would provide patients, their families and GP's with one point of contact to refer elderly patients for managing an episode of acute deterioration by providing combined assessment, access to care and treatment as appropriate under the REACT (Rapid Elderly Assessment Care Team) banner.

In-Patient Re-design Project

This project involved the move away from the language of "medically fit for discharge" to one where frail elderly patients were "safe for transfer" based on a Comprehensive Geriatric Assessment (CGA), setting out safe discharge criteria and plans for ongoing assessment and follow up in the community. This would include the managing of the expectations of patients, family and acute care staff that ongoing care needs of elderly patients could often be met in the patient's own environment.

Intermediate Care Project

This project aimed to explore the contribution that intermediate care provision could make to the whole system review and redesign including care provided in :-

- Individuals' own homes, sheltered and very sheltered housing complexes
- Designated beds in community hospitals
- Designated beds in local authority or independent provider care homes

Older People's Mental Health Project

This project would cover three main areas which were as follows :-

- ❖ To propose a more sustainable model for the core Older People's Assessment and Care Team (OPACT)
- ❖ To recommend how best to deliver the 1 year post-diagnostic support requirement for those diagnosed with dementia (PDS)
- ❖ To recommend how best to provide a Behavioural Support Service (BSS) for care at home residents.

Decision

1. To note the content of the report; and
2. To look forward to the plan being implemented at the earliest opportunity.

6. 2017-18 BUDGET UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2017-18 Scottish Draft Budget, including an initial assessment of the implications for NHS Lothian and West Lothian Council and resulting contributions to West Lothian IJB.

The Chief Finance Officer explained that the Cabinet Secretary for Finance and the Constitution announced the Scottish Draft Budget 2017-18 on 15 December 2016. Scotland's proposed spending plan, as set out in the Draft Budget 2017-18, amounted to £38,048 million which was an increase of £928.8 million compared to the 2016-17 Scottish Budget. The Health and Sport Budget would see an increase of £267.5 million whilst the Local Government Budget would see a decrease of £307.07 million. Therefore taking into account the movement across both portfolios there would be a cash reduction compared to 2016-17 funding levels of over £40 million.

The Chief Finance Officer then provided the group with an overview of the initial budget allocations for 2017-18 for both NHS Lothian and West Lothian Council. Information was also provided in the report of the allocations being made as part of the Health and Social Care Fund noting that it had recently been confirmed that West Lothian IJB's share would be £3.06 million.

Attached to the report at Appendix 1 was a letter from the Scottish Government to Lothian IJB Chief Officers regarding the Scottish Government's Draft Budget 2017-18 and included details of priorities for integration, details of which were also summarised in the report.

The Chief Finance Officer continued to advise that it was clear from the draft 2017-18 Scottish Budget that the budget process would be extremely challenging for NHS Boards, Local Authorities and Integration Authorities and that at this stage the council had an overall budget gap of £6.3 million while NHS Lothian had a budget gap of £56 million

An update report on the position with the NHS Lothian and West Lothian Council budgets and potential implications for the IJB 2017-18 budgets would be reported to the IJB meeting on 31 January 2017. Following on from this it was anticipated that the 2017-18 budget contributions from West Lothian Council and NHS Lothian would be reported to the IJB on 14 March 2017 at which the IJB would be asked to approve directions to both Partners for them to deliver delegated functions within the overall budget resources that had been made available.

The report concluded that in terms of future year's budgets, it was clear from Treasury public spending plans in place that future years funding would continue to be very constrained. Taken in conjunction with increasing demands within health and social care, it was considered vital going forward that a medium term financial strategy and planning was developed during 2017. Discussions therefore were taking place with the council's Head of Finance and Property Services and the NHS Lothian Director of Finance to advance this for 2018-19 onwards.

It was recommended that the IJB Strategic Planning Group :-

1. Note the provisional impact assumed on NHS Lothian and West Lothian Council funding taking account of the 2017-18 Scottish Draft Budget and proposed timescales for budget setting;
2. Note the 2017-18 Health and Care Social funding included in the settlement and the make-up of this funding;
3. Note the Scottish Government letter to IJB's in respect of expectations around the 2017-18 budget settlement; and
4. Note the proposed next steps regarding the IJB 2017-18 budget contributions from NHS Lothian and West Lothian Council and future year budget planning.

Decision

To note the contents of the report

7. WORKPLAN

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

It was agreed that the following be included in the workplan and that if anyone had any items they wish to include then they were to contact Jim Forrest :-

- Update on budget – March 2017 meeting
- Lothian Hospital Plan update – March 2017 meeting
- Frail Elderly Programme – April 2017 meeting

Decision

1. To note the contents of the workplan; and
2. To agree to include updates over the coming months on the budget, Lothian hospital plan and the frail elderly programme.

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 2 March 2017

Agenda Item: 5

IJB ANNUAL PERFORMANCE REPORT 2016/17

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To present to the Strategic Planning Group the outline for the Annual Report 2016/17 and to request examples of good practice to be incorporated within the report

B RECOMMENDATION

The Strategic Planning Group is asked to

- 1. Note the contents of the report*
- 2. Note and comment on the Annual Performance Report outline*
- 3. Consider examples of good practice and submit these for inclusion.*

C TERMS OF REPORT

Background

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

During the first year of operation the Integration Joint Board and Strategic Planning Group minutes have been made available on the WLC website.

The Integration Joint Board and Strategic Planning Group receive performance reports related to the overall partnership scorecard. The Annual Performance Report for 2016/17 will be the first quantitative performance report and will be prepared in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and subordinate Statutory Instruments and Scottish Government Guidance.

Performance reporting guidance and regulations

The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a

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|--|---|
| | <p>performance report must be produced by an integration authority and the Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports in March 2016 reinforces the requirements set out in the 2014 Act. It also provides detail of the specific matters that require to be reported.</p> <p>The guidance requires the publication of performance reports from 2016/17 onward, the publication of these within four months of the end of the performance reporting period, therefore by 31st July 2017 for 2016/17. This guidance includes wider reference to how decisions made by the Integration Authority have contributed to the delivery of national outcomes. The guidance states that performance reports should “include additional relevant information beyond the minimum set out here in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities.”</p> |
| | <p>ANNUAL PERFORMANCE REPORT 2016/17</p> <p>The Annual Performance Report 2016/17 as outlined in appendix 1 is structured according to the national outcomes and will include key performance measures, a performance assessment and practice examples for the reporting period.</p> <p>Performance measures will be drawn from the Core Suite of Integration Indicators. Where appropriate the performance measures will be ‘RAG-rated’ using a traffic light system for illustrating progress against expected performance.</p> <p>The Annual Performance Report 2016/17 will include sections on governance and decision making, financial performance, Best Value, inspection findings, the annual review of the Strategic Plan and locality arrangements.</p> |
| | <p>The Annual Performance Report provides the opportunity to reflect on the year and to celebrate the achievements delivered by employees and partners. It is also a chance to highlight new ways of working within services which focuses on maximising choice and control for individuals, families and carers, tackling inequalities, long term conditions and working alongside employees, partners, professionals, third sector and communities to bring about change.</p> |
| | <p>For each section the report will provide an assessment of performance and highlight examples of good practice. To this end the members of the SPG are invited to submit examples for inclusion in the report and these should be sent to Carol Bebbington.</p> |
| | <p>An initial draft will be brought to the next meeting of the Strategic Planning Group</p> |

D CONSULTATION

Strategic Planning Group

E REFERENCES/BACKGROUND

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

F APPENDICES

Draft Outline of Annual Report

G SUMMARY OF IMPLICATIONS

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

H CONTACT

Contact Person:

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Tel 01506 281017

Appendix 1 Annual Report Draft Outline

1 Executive Summary

2 Introduction

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

- **Indicators**
- **Assessment**
- **Practice Example**

4 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

- **Indicators**
- **Assessment**
- **Practice Example**

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

- **Indicators**
- **Assessment**
- **Practice Example**

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

- **Indicators**
- **Assessment**
- **Practice Example**

7 Health and social care services contribute to reducing health inequalities

- **Indicators**
- **Assessment**
- **Practice Example**

8 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

- **Indicators**
- **Assessment**
- **Practice Example**

9 People using health and social care services are safe from harm

- **Indicators**
- **Assessment**
- **Practice Example**

10 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

- **Indicators**
- **Assessment**
- **Practice Example**

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

- **Indicators**
- **Assessment**
- **Practice Example**

12 Integration Joint Board – Governance and Decision-Making

13 Financial Performance

14 Best Value

15 Inspection Findings

16 Audit and Risk Committee

17 First Annual Review of Strategic Plan

18 Locality Arrangements

19 Looking Ahead to 2017/18

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 2 March 2017

Agenda Item: 6

Strategic Plan Annual Review, Health and Social Care Delivery Plan & Directions**REPORT BY DIRECTOR****A PURPOSE OF REPORT**

The purpose of this report is to outline the Draft First Annual Review of the IJB Strategic Plan 2016-26, the draft Health and Social Care Delivery Plan and the proposed approach to Directions for 2017/18

B RECOMMENDATION

- . The Strategic Planning Group is recommended to*
- 1. Receive the report;*
 - 2. Discuss the contents of the report;*
 - 3. Comment on the draft first annual review of the strategic plan,*
 - 4. Comment on the Draft Health and Social Care Delivery Plan*
 - 5. Comment on the approach to Directions for 2017/18*
 - 6. Remit the Draft Review, Draft Health and Social Care Delivery Plan and proposed approach to Directions to the Integration Joint Board for approval*

C TERMS OF REPORT**BACKGROUND**

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on the IJB to develop a Strategic Plan for the integrated functions and budgets under its control.

The Strategic Plan is the document setting out the arrangements for carrying out the integration functions and how these are intended to contribute to the achievement of the relevant national health and wellbeing outcomes for the partnership.

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

This report refers to the Draft First Annual Review of the Strategic Plan 2016-26, covering the 2016/17 period (Appendix 1)

DELEGATED FUNCTIONS

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

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

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

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

STRATEGIC PLAN

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

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

FIRST ANNUAL REVIEW

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

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

The priorities and programmes outlined in the Strategic Plan are considered to be consistent with the refreshed needs assessment. Taking these priorities into delivery within localities (including emerging arrangements for Primary Care Clusters) is a developmental requirement and is aligned with ensuring explicit connection with the Community Planning Partnership regeneration plans.

Further opportunities for taking forward the Strategic Plan relate to the potential offered by multi-disciplinary and cross-sector working at a locality level together with wider engagement and participation at the locality level. In addition, there are opportunities to benefit from new technology, streamlining processes and sharing resources.

The first Annual Review of the Strategic Plan 2016-26 preserves stability in the plan and does not require a replacement plan. The first Annual Review confirms progress and reiterates and reinforces the direction set by the 2016-26 plan. The review up-dates and refreshes the policy drivers for the plan.

RESOURCING THE STRATEGIC PLAN

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

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

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

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

The IJB must be assured that the refreshed Strategic Plan and the resources available are, within the strategic context of NHS Lothian and West Lothian Council and consistent with the aims to:

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

Health and Social Care Delivery Plan

Commitment to providing a delivery framework for key programmes of work underpinning the 2020 Vision for health and social care was set out by the First Minister in October 2016. This followed on from the publication of the Audit Scotland report 'Changing Models of Health and Social Care' (10 March 2016).

The Health and Social Care Delivery Plan (published on 19 December 2016) addresses this central finding of the Audit Scotland report. The Delivery Plan reinforces the 2020 Vision of a Scotland with high quality integrated services, focused on prevention, early intervention and supported self-management. Where hospital care is required, day-based treatment should be the norm and people should be supported to remain or return home as soon as they are ready to do so.

The Delivery Plan shifts focus toward the 'triple aim' of *better quality* of care, *better health* through improved wellbeing and addressing inequalities over the life course, and *better value* through the sustainable and efficient use of available resources.

The aim of the Delivery Plan and the targeted programmes of work detailed within is to drive forward the pace of change in health and social care and to give strategic coherence to previously separate areas of policy, thereby bringing the focus required for transformational change.

The Delivery Plan clearly states that achieving sustainability in health and social care requires transformation and making best use of the totality of resources while continuing to meet current and emerging demand and cost pressures.

Appendix 2 sets out the draft West Lothian Health and Social Care Delivery Plan which takes account of the Strategic Plan review and the Scottish Government's Health and Social Care delivery Plan

APPROACH TO DIRECTIONS

The West Lothian approach to directions will be to meet statutory requirements and ensure there is clear governance and accountability in terms of clearly setting out the functions / services and associated resources that will be delegated to Partners to operationally deliver health and care services to the West Lothian population. The Direction template developed for issuing 206/17 Directions will form the basis of the proposed 2017/18 Directions.

In addition, operational and transformational delivery of services will be set out in the West Lothian Health and Social Care Delivery Plan. This will set out the intentions for in year and future year delivery of health and social care services and the proposed means of progressing against overall health and social care delivery outcomes.

Public Bodies (Joint Working) (Scotland) Act 2014 Section 26 – Where an integration authority is an integration joint board, it must give a direction to a constituent authority to carry out each function delegated to the integration authority.

A direction under section 26 must:

- *Must set out the amount which has been set aside by the Health Board for the use of the body who is to carry out the function*
- *Must, in any other case, set out, or set out a method of determining payments that are to be made by the integration authority to the body who is to carry out the function*
- *Must specify how such an amount or, as the case may be, such a payment is to be used*

Taking account of this, West Lothian IJB will issue directions to NHSL and WLC, on the same basis as 2016/17, setting out the functions / client – patient service areas and the resources to be used to deliver care in each of these service delivery areas. Appendix 3 shows an example direction from 2016/17.

For governance it is important that there is clarity on the IJB delegated functions and services that NHSL and WLC are responsible for operationally carrying out on behalf of the IJB along with the associated resources, and that there is a means of formally recording this arrangement between the IJBs and Partners. Clarity on the governance arrangements and roles around the planning and delivery of delegated functions is absolutely vital in terms of directions as set out in 2014 Act.

IJB plans, informed through discussion with NHS and WLC service managers, in respect of operational service delivery performance and transformational change programmes will be set out in the West Lothian Health and Social Care Delivery Plan. This Plan will be issued to Partners in conjunction with the 2017/18 IJB Directions and will form the basis of monitoring progress and performance in meeting operational and strategic objectives/outcomes.

Regular review of performance against the West Lothian Health and Social Care Delivery Plan will be undertaken with Partner bodies and reported to the Board as part of the quarterly performance updates.

D CONSULTATION

Strategic Planning Group

E REFERENCES/BACKGROUND

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

F APPENDICES

- 1 Draft First Annual Review of the Strategic Plan 2016-26
- 2 Draft West Lothian Health and Social Care Delivery Plan
- 3 Example of Directions from 2016/17

G SUMMARY OF IMPLICATIONS

| | |
|---|---|
| Equality/Health | The report has been assessed as having little or no relevance with regard to equality or the Public-Sector Equality Duty. As a result, equality impact assessment has not been conducted. |
| National Health and Wellbeing Outcomes | All National Health and Well Being Outcomes |
| Strategic Plan Outcomes | All Strategic Plan Outcomes |
| Single Outcome Agreement | We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life |
| Impact on other Lothian IJBs | |

Resource/finance

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

Policy/Legal

The Strategic Plan First Annual Review report is presented in accordance with legal requirement on the IJB to review the Strategic Plan on a periodic and regular basis, to involve the Strategic Planning Group in this review and to decide whether a replacement plan is required. The report also refreshes the Strategic Plan taking account of policy and legal change over the last year which has a direct bearing on the operation of the Partnership.

Risk

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

H CONTACT

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24/02/2017

West Lothian Integration Joint Board

Strategic Plan 2016-26

First Annual Review 2016-17

Foreword

We are pleased to introduce this first Annual Review of our Strategic Plan 2016-26 which set out the strategic vision and direction to deliver positive outcomes for the people of West Lothian.

This first Annual Review sees much stability in our Strategic Plan.

Our Vision remains: *to increase wellbeing and reduce health inequalities across all communities in West Lothian*

The core partnership values set out in our plan remain stable and appropriate.

There have been important legislative and policy changes in the last year and this Annual Review reflects the key changes. These reinforce the priorities set out in our Strategic Plan and also require us to continue on our improvement journey.

Our refreshed needs assessment shows that inequalities continue to be a challenge for our residents, our communities and for us as a partnership. Everyone should have the highest level of wellbeing possible but significant differences in physical and emotional wellbeing exist within our communities. These significant inequalities were highlighted in our Strategic Plan 2016-26. Tackling inequalities must continue to motivate our action and we remain strongly committed to preventative outcome based approaches and to working together to prevent, mitigate and undo the factors that cause poverty and inequality.

The challenges we face cannot be underestimated. The constrained financial context in particular is something that all partners must face. Quality, safety and efficiency must be carefully balanced. We must also ensure sufficient investment in prevention.

Our Partnership is only as good as the people working in it and we would like to thank everyone involved for their dedication, compassion and creativity. Without this we would not have made the progress that we have over the last year.

Through 'thinking differently' about how we provide and commission care and support services we can create opportunities for redesigning how care and support is delivered and do this more efficiently together and in ways that fit more closely with our residents wishes.

By looking at the totality of resources we have and planning together for how we make best use of these we can continue to deliver continued progress over the coming year.

Danny Logue
Chair of Integration Joint Board

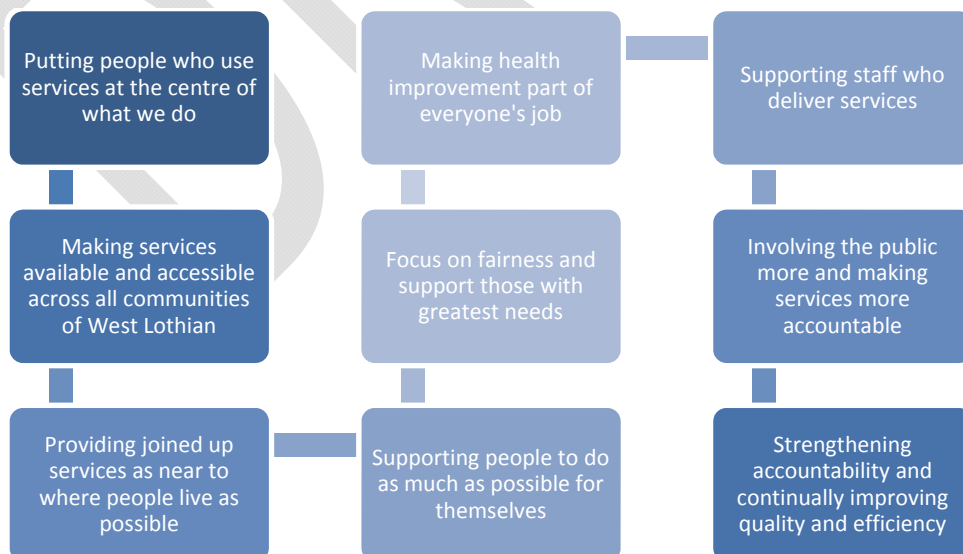
Jim Forrest
Chief Officer

1 Review of 2016-17

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 required new arrangements to be put in place for the delivery of integrated health and social care functions. As part of the integration process West Lothian Integration Joint Board (IJB) developed a Strategic Plan detailing how it will plan and deliver services to meet the adult care needs in local communities.
- 1.2 The Strategic Plan is required to include arrangements for the area of West Lothian to be divided into at least two localities, to be determined by the IJB, and for the Plan to include measures for strategic aspects of services to be delivered to those different localities.
- 1.3 West Lothian IJB Strategic Plan describes the strategic vision and direction for West Lothian IJB from 2016-2026 and builds on the real progress already made as a result of strong and effective joint working between West Lothian Council, NHS Lothian and partners.
- 1.4 The Strategic Plan 2016-26 was approved by the Integration Joint Board in March 2016.
- 1.5 This first Annual Review of our Strategic Plan 2016-26 seeks to ensure that the vision, outcomes and priorities are aligned with available resources and investments. The Strategic Plan also relates to how the range and quality of services required to deliver on the plan can be sustained within the allocated budget.

2.0 Vision Values & Outcomes

- 2.1 The IJB's vision is **“to increase wellbeing and reduce health inequalities across all communities in West Lothian”**
- 2.2 The values of the Health and Social Care Partnership align with those of both West Lothian Council and NHS Lothian. The values also encompass key features of the purpose of integration. The values of the Partnership are illustrated below.



- 2.3 In order to tackle the challenge of reducing the health inequalities gap in West Lothian, the IJB is strongly committed to the development of a preventative

outcomes-based approach, with an emphasis on effective early interventions to tackle social inequalities and improve wellbeing in communities. To this end the strategy focuses on prevention, early intervention and collaborative working to ensure services are planned, co-ordinated and evaluated on the delivery of outcomes and resources are targeted to achieve the greatest impact on those most in need

- 2.4** The high-level outcomes set out in plan support delivery of the nine National Health and Wellbeing Outcomes; the health and well-being outcomes within the Single Outcome Agreement; and personalisation- enabling people to identify their own needs and make choices about how and when they are supported
- 2.5** The Strategic Plan 2016-26 identifies the need to transform how we work in order to deliver the positive outcomes linked to the vision of the Partnership and to manage the increasing demand within constrained resources.

3.0 Needs analysis

- 3.1** The needs assessment underpinning our priority-setting for the Strategic Plan 2016-26 was completed on 2015/16 which identified major key issues:
 - Ageing population
 - Growing numbers of people live with disabilities, long term conditions, multiple conditions and complex needs
 - Health inequalities

This has been extended to support a more thorough understanding of the needs of specific client groups which has informed our thematic Strategic Commissioning Plans for Older People, Learning Disability, Physical Disability, Mental Health and Alcohol and Drugs. In addition, we have started to develop more detailed Locality Profiles which will be used to support Locality Planning.

- 3.2** West Lothian has many assets across its urban and rural communities and a rich history and culture. Marked inequalities remain between communities, this is reflected most starkly in differences of life expectancy between areas even a few miles apart with poor health and wellbeing outcomes strongly linked to deprivation. There is a direct association between inequality and heart disease, cancer and respiratory conditions and lifestyle choices such as diet, physical activity and smoking. Tackling inequality by taking action to prevent, mitigate and undo its causes remains a strategic priority.

4.0 Localities

- 4.1** The Public Bodies (Joint Working) (Scotland) Act 2014 required the IJB to establish at least two localities within its area. The two localities selected for best fit with GP practices, datazones and multi-member ward areas are
 - East (Linlithgow, Broxburn, Uphall, Winchburgh, Livingston and East Calder)
 - West (Armadale, Blackridge, Blackburn, Bathgate, Whitburn, Fauldhouse and Breich Valley)
- 4.2** A Locality Development Event was held in 2016 to set the context and establish the East and West Locality Groups. The Groups are meeting regularly and taking forward the development of locality planning arrangements and are represented in all strategic commissioning processes and decision making. In support of the locality planning Locality Profiles are being developed and will link to the CPP regeneration plans to ensure an integrated approach to planning and development.

5.0 Partnership Services

- 5.1** The scope of the plan includes all adult social care services, primary care and community health services, some adult acute services and some NHS Lothian Hosted services. These are fully detailed in our Strategic Plan 2016-26 and in the Integration Scheme.
- 5.2** Effective partnership working should result in good quality care and support for people and their carers and includes developing inclusive, mutually beneficial relationships that improve the quality and experience of care. This includes the relationships between individuals, their carers and service providers. It is also about relationships within and between organisations and services involved in planning and delivering health and social care in the statutory, independent and voluntary sectors.
- 5.3** The partnership also has a responsibility, with our local hospital services at St John's Hospital for planning services that are mostly used in an unscheduled way to ensure that we work across the health and care system to deliver the best, most effective, care and support. Service areas associated with unplanned use are included in the 'set aside' budget.

'Set aside' budgets relate to strategic planning rather than day-to-day management. Key areas within the 'set aside' budget are: accident and emergency; inpatient services for general medicine, geriatric medicine, rehabilitation, cardiology and respiratory medicine. NHS Lothian are developing a Hospital Plan and the IJB will provide strategic direction to ensure these services are planned to meet the needs of the West Lothian Population

6.0 Strategic Commissioning

- 6.1** The Strategy commits the IJB, working with partners, to
- Commission services which focus on prevention and early intervention and which enable people to live independently in their own homes where they chose to do so
 - Empower people to live independently through applying the principles of personalisation in the way in which we commission services
 - Undertake appropriate consultation and involvement with service users and their carers to achieve their agreed outcomes when commissioning services
 - Engage positively with providers of health and social care services in the public, voluntary and private sector
 - Adhere to relevant procurement legislation and guidance and ensure that services are commissioned in a way that is fair, transparent and open
 - Ensure that quality, equality and best value principles are embedded through our commissioning processes.
- 6.2** Throughout 2016/17 we have undertaken comprehensive needs assessments for:
- Older People
 - Mental Health
 - Adults with Physical Disability
 - Adults with Learning Disability
- These needs assessments have in turn informed the development of thematic commissioning plans for these client groups which have been approved by the board.
- 6.3** In keeping with Scottish Government guidance, we will develop a Market Facilitation Plan in 2017 which will ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future based on a good understanding of need and demand. This will involve a collaborative approach between the commissioning and procurement functions in health and social care, as well as those involved in housing, planning and community development and

recognises the role that health and social care and support partners have in actively contributing towards economic growth in the West Lothian area, whilst creating employment opportunities for West Lothian residents.

7.0 Strategic Priorities

- 7.1** This First Annual Review of the Strategic Plan 2016-26 reaffirms the strategic priorities and programmes and considers these to be consistent with the refreshed needs assessments.
- Tackling Inequalities
 - Prevention and early intervention
 - Integration and coordinated care
 - Managing our resources effectively
- 7.2** Achieving a sustainable health and care system for West Lothian requires transformational change over time to improve health and well-being outcomes and support transition to future models of care. This is being supported through managed change programmes such as the frailty programme, redesign of mental health services and developments in primary care.

8.0 Performance

- 8.1** Baseline performance has been mapped against the National Health and Wellbeing Outcome core suite of measures. Key operational scorecards have been put in place and are reported to the SPG and IJB.

Alongside this planning and performance leads have been working together to put in place performance reporting systems and operational management information.

9.0 Partnership Resources

- 9.1** The Partnership operates within a challenging financial context. This impacts on the mutual dependency of arrangements with West Lothian Council and NHS Lothian. Financial challenges across our parent bodies have significant implications for the IJB and the wider health and care economy.

Our Strategic Plan takes into account the current planned efficiency assumptions. Efficiency requirements are for a minimum of 3% year-on-year and reflect national expectations for the NHS in Scotland. This sits beside targeted funding of national priorities.

10.0 Governance

- 10.1** A range of appropriate governance arrangements have been put in place, including Clinical and Professional leadership; Audit and Risk Management; Performance Framework and Health and Care Governance
- 10.2** Further assurance is provided through the responsibility of the Chief Social Work Officer to report directly to the Council and the responsibility of the Health Leads to report directly to the Medical Director and the Nurse Director who in turn report to the NHS Board on professional matters.

Throughout the period the safe and effective delivery of services has continued;

- 10.3** Organisational development work has been taken forward to support integrated working within multi-disciplinary teams and a workforce development plan has been drafted.

10.4 Community engagement has been progressed with development of a Participation and Engagement Plan which sets out the range of opportunities and methods for influencing strategic planning and service improvement.

11.0 Planning into the future

11.1 In refreshing our delivery plan we will take account of the requirements within the Health and Social Care Delivery Plan which focuses on

- Health and social care integration
- Building capacity in primary and community care
- The Six Essential Actions
- The National Clinical Strategy and 'Realistic Medicine'
- Public health improvement;
- Cross-cutting action on workforce planning, engagement and market facilitation

West Lothian Health and Social Care Delivery Plan

| HSCDP Programme Theme | National Actions/ Targets | Local Actions | Objectives | Performance measure | Timescale |
|---|--|---|--|--|---|
| 1. Health and Social Care Integration | | | | | |
| 1.1 Reducing inappropriate use of hospital services | <ul style="list-style-type: none"> In 2017 ensure HSCTPs act as 'key levers' in shifting the balance of care by making full use of powers to shift investment into community provision, reducing inappropriate hospital use and redesigning service provision across hospital and community settings. In 2017, agree plan for raising 'delayed discharge' performance to the top quartile as a step toward eliminating delayed discharges, reducing unscheduled hospital care and shifting resources into primary and community care. By 2018, reduce unscheduled bed-days in hospital care by up to 10 percent through reduced 'delayed discharge', admission prevention and reducing length of stay. By 2021, everyone who needs palliative care will get hospice, palliative or end of life care, supported by a 'Key Information Summary' for all, personalised plans and a doubling of palliative and end of life provision in the community. | <ul style="list-style-type: none"> Fully Implement Whole System Frailty Programme Contribute to development of Lothian Hospital Plan Implement actions across whole system to reduce Delayed Discharges Identify where investment can be shifted to community setting through redesign programmes Support wider use Anticipatory Care Planning Review Palliative Care provision and develop plan to increase capacity Establish Clinical Care Home Lead and work with practices to improve systems, processes and reviews Implement Commissioning Plans <ul style="list-style-type: none"> Older People Mental Health Physical Disability | <p>To maintain unplanned admission rate, exploring further opportunities to prevent inappropriate admission and to look for improvements from 2018.</p> <p>To maintain unscheduled bed-days in hospital care by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital.</p> <p>Maximise proportion of people discharged from hospital within 3 days and achieve no delays beyond 14 days for standard delayed discharges</p> <p>Improve End of Life Care and reduce the proportion of time spent in large hospital in last 6 months of life to 10.5%</p> | <p>Maintain Unscheduled Admissions at average of 1628 per month (all ages)</p> <p>Maintain Unscheduled Bed Days (acute specialties) at average of 7769 per month</p> <p>Reduce standard delayed discharge bed days by 10% compared to 2016 average</p> <p>The percentage of the last six months of life spent in large hospital to be no more than 10.5%</p> | <p>2017/18</p> <p>2017/18</p> <p>2017/18</p> <p>2018/19</p> |

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| | | <ul style="list-style-type: none"> Learning Disability | | | |
| 1.2 Shifting resources to the community | <ul style="list-style-type: none"> By 2021, HSCPs increase spending on primary care services to 11 percent of the frontline NHS budget. | <ul style="list-style-type: none"> Develop and implement Primary Care Development Plan | Increase spending on primary care services to 11 percent of the frontline NHS budget | Baseline spend | 2020/21 |
| 1.3 Supporting the capacity of community care | <ul style="list-style-type: none"> In 2017, take forward a programme of work to deliver change in the adult social care sector, together with COSLA and other partners including reform of the National Care Home Contract, social care workforce issues and new models of care and support in home care. | <ul style="list-style-type: none"> Strengthen level of direct involvement in networks Implement National Care Home Contract when agreed Develop new models of care and support in the community | <p>Implement Care Home Contract</p> <p>Increase capacity of care at home provision</p> | <p>Maintain 92% of people >75 to remain in their own home</p> <p>Maintain 7.2 % of people >75 to be supported in care home</p> | 2017/18 |
| 2. National Clinical Strategy | | | | | |
| 2.1 Building up capacity in primary and community care | <p>In 2017, invest in recruitment and expansion of primary care workforce ANPs, practice access to advanced pharmacy, and paramedics.</p> <p>By 2018, increased health visitor numbers with a continued focus on early intervention through the Universal Health Visiting Pathway.</p> <p>By 2020, implementation of recommendations of Improving Practice Sustainability Working Group, the GP Premises Working Group and the GP Cluster Advisory Group – enhancing sustainability and links to HSCPs.</p> | <ul style="list-style-type: none"> Develop Workforce plan to deliver primary and community care Develop agreement with SAS to support Primary Care Work with Pharmacy to appoint advanced skilled pharmacists Implementation of Universal Pathway Support GP Cluster development | <p>Increase capacity and capability in the primary care and community workforce</p> <p>Review care pathways to streamline access and service provision</p> | <p>Workforce profile</p> <p>HV activity to demonstrate 11 home visits and 3 reviews by 2020</p> <p>Evaluate impact of changes in D&E pilot</p> | 2017/18 |

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| 2.2 Supporting new models of care | In 2017 , negotiate new General Medical Services contract as basis for MDTs and clear GP leadership In 2017 , test and evaluate new models of primary care and share learning. In 2017 , launch Oral Health Plan. By 2018 , roll-out the Family Nurse Partnership programme. | <ul style="list-style-type: none"> • Implement New GMS Contract • Test models for change in Primary Care (D&E Pilot) • Develop Oral Health Plan for Lothian • Roll Out FNP programme | Increase capacity and capability in the primary care and community workforce Improve Oral Health provision with focus on prevention, early intervention & improvement | Evaluate impact of changes in D&E pilot TBC | 2017/18 |
| 2.3 Reducing unscheduled care | In 2017 roll out of the Unscheduled Care Six Essential Actions. In 2017 complete a survey of admission and referral avoidance opportunities to inform model for reducing unscheduled care through integrated working. | <ul style="list-style-type: none"> • Inpatient redesign through Frailty programme • Roll out Discharge to Assess model • Maximise Weekend Discharge • Support Case management approaches | <p>To maintain unplanned admission rate, exploring further opportunities to prevent inappropriate admission and to look for improvements from 2018.</p> <p>To maintain unscheduled bed-days in hospital care by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital.</p> <p>Maximise proportion of people discharged from hospital within 3 days and achieve no delays beyond 14 days for standard delayed discharges</p> | <p>Maintain Unscheduled Admissions at average of 1628 per month (all ages)</p> <p>Maintain Unscheduled Bed Days (acute specialties) at average of 7769 per month</p> <p>Reduce standard delayed discharge bed days by 10% compared to 2016 average</p> | <p>2017/18</p> <p>2017/18</p> <p>2017/18</p> |
| 2.5 Improving outpatients | By 2020 , reduction in unnecessary attendances and referrals to outpatient services through the Modern Outpatient Programme. Reducing the number of hospital-delivered outpatient appointments by 400,000, reversing the rise in new appointments. | <ul style="list-style-type: none"> • Review Referral Pathways • Implement Technology Enabled Care Programme | <p>Establish baseline for referral rates and set improvement targets</p> <p>Evaluate impact of technology enhanced care programme</p> | Reduce unnecessary attendances and referrals for outpatient services | 2017/18 |

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| 2.7 Reducing the unnecessary cost of medical action | <p>By 2018, integrating principles of realistic medicine into the core of learning and professional practice.</p> <p>By 2019, put in place a Single National Formulary to tackle health inequalities and reduce variation in medicine use and cost (including overall cost).</p> | <ul style="list-style-type: none"> Increase awareness and discussion on 'realistic medicine' principles at corporate level and professional lead level | <p>Demonstrate change in prescribing practices</p> <p>Establish baseline for referral rates and set improvement targets</p> | <p>Reduce prescribing costs</p> <p>Reduce unnecessary hospital referrals/ admissions</p> | 2017/18 |
| 3. Public health improvement | | | | | |
| 3.1 Supporting national priorities | <ul style="list-style-type: none"> In 2017, develop consensus on national public health priorities, with SOLACE and COSLA, to direct public health improvement work locally, regionally and nationally. By 2019, develop a single, national health improvement body to strengthen leadership. By 2020, set up local joint public health partnerships between local authorities, NHS Scotland and others to delivery national public health priorities. | <ul style="list-style-type: none"> Work with Public Health/HIAHI to determine public health priorities | <p>Establish priorities for action</p> <p>Establish inequalities indicators in conjunction with public health and CPP and determine baseline</p> | Baseline Inequalities Indicators | 2017/18 |
| 3.2 Supporting key public health issues | <p>In 2017, ongoing delivery of targets in 'Creating a Tobacco Free Scotland' (reducing smoking rates to less than 5 percent by 2034, implement legislation on second-hand smoke, hospital grounds.</p> <p>In 2017, refresh the Alcohol Framework including minimum unit pricing.</p> <p>In 2017, consult on a new diet and obesity strategy.</p> <p>In 2017, introduce Active and</p> | <ul style="list-style-type: none"> Work with Public Health/HIAHI to determine public health activities in support of reducing harmful lifestyle behaviours and deliver positive outcomes Promote Alcohol Brief Interventions within primary and community | <p>Establish improvement targets for</p> <ul style="list-style-type: none"> Smoking Prevalence Obesity prevalence Alcohol related admissions Breastfeeding rates | <p>Smoking Prevalence</p> <p>Obesity prevalence</p> <p>Alcohol related admissions</p> <p>Breastfeeding rates</p> | 2017/18 |

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|---------------------------------------|--|---|--|-------------------------------------|---------|
| | Independent Living Improvement Programme regarding living well, physical activity, self-management and living independently. By 2021 , deliver Maternal and Infant Nutrition Framework focusing on improving early diet choices and health improvement in the earliest years | care <ul style="list-style-type: none"> Review ADP Commissioning Plan | | | |
| 3.3 Supporting mental health | By 2018 , improve access to mental health support, e.g., computerised CBT By 2019 , evaluation of effective and sustainable models primary care mental health and roll out. By 2020 , improve access to mental health services including Child and Adolescent Mental Health | <ul style="list-style-type: none"> Redesign all adult mental health services Implement Mental Health Commissioning Plan Develop collaborative across all sectors to support access | Improve access and delivery of mental health services to ensure effective and sustainable delivery | TBC | 2017/18 |
| 3.4 Supporting a More Active Scotland | In 2017 , produce new delivery plan to support the Active Scotland Outcomes Framework and the Vision for a More Active Scotland. By 2019 , embed National Physical Activity Pathway in clinical settings | <ul style="list-style-type: none"> Promote physical activity interventions to enhance well being and support health improvement in long term conditions | TBC | TBC | 2018/19 |
| 4. Cross-cutting actions | National Health and Social Care Workforce Plan | Develop integrated health and social care workforce development plan | Ensure staff have the skills competencies and training to support new ways of working | Workforce structure, capacity plans | 2017/8 |
| | Engagement | Implement participation and engagement plan | Ensure active engagement and participation in the development of new models of care and service redesign | | 2017/18 |
| | Locality Planning | Locality profiles Develop locality plans | Ensure localities/ communities influence | Locality Plans | 2017/18 |

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| | | | strategic planning and that developments are suited to local needs | | |
| | Market Facilitation | Develop Market Facilitation Plan | Ensure there is diverse, appropriate & affordable provision available to meet needs and deliver effective outcomes based on a good understanding of need and demand | Market Facilitation Plan | 2017/18 |

Appendix 3

West Lothian Integration Joint Board

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|---|--|---|
| 1 | Implementation date | 1 st April 2017 |
| 2 | Reference number | WLIJB/WLC/D01-2017 |
| 3 | Integration Joint Board (IJB) authorisation date | 14 th March 2017 |
| 4 | Direction to | NHS Lothian Health Board |
| 5 | Purpose and strategic intent | <p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care |

Appendix 3

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| | | <ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers |
| 6 | Does this direction supersede or amend or cancel a previous Direction? | N/A |
| 7 | Type of function | Integrated function |
| 8 | Function(s) concerned | <p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at St Michael's Hospital, Tippethill Hospital, Maple Villa – Community Learning Disability services |

Appendix 3

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| | | <ul style="list-style-type: none"> – Community Palliative Care services – Continence services provided outwith a hospital – Kidney dialysis services provided outwith a hospital – Services provided by health professionals that aim to promote public health <p>The Chief Officer in West Lothian will be the lead operational director for these services.</p> |
| 9. | Required Actions / Directions | <p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 5 and Section 9, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2017-2018, West Lothian IJB directs NHS Lothian Health Board to work with the Chief Officer and officers of the IJB to progress and implement the care group commissioning plans below: Older People</p> <ul style="list-style-type: none"> – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) – How specific needs of localities will be addressed |

Appendix 3

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|----------------------------------|------------------|---|----------------------------------|----------------|----------------|-----|---------------------|-----|------------------|-----|-----|-----|---------------|-----|-------|-----|-------------|-----|-------------------|-----|--------------|------------|
| | | <p>West Lothian IJB also directs NHS Lothian to:</p> <ul style="list-style-type: none">• Work with the West Lothian IJB to deliver the West Lothian Health and Social Care Delivery Plan, which sets out the IJB's vision on transforming service delivery to meet national health and social care outcomes.• Work with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period from 2018/19 <p>A robust approach to both aspects above, which take account of the Strategic Plan and Strategic Commissioning Plan priorities will be essential in meeting future health and social care needs within available budget resources</p> | | | | | | | | | | | | | | | | | | | | |
| 10. | Budget 2017/2018 | <table><tr><td><u>Indicative Budget 2017/18</u></td><td><u>(£'000)</u></td></tr><tr><td>Community AHPs</td><td>tbc</td></tr><tr><td>Community Hospitals</td><td>tbc</td></tr><tr><td>District Nursing</td><td>tbc</td></tr><tr><td>GMS</td><td>tbc</td></tr><tr><td>Mental Health</td><td>tbc</td></tr><tr><td>Other</td><td>tbc</td></tr><tr><td>Prescribing</td><td>tbc</td></tr><tr><td>Resource transfer</td><td>tbc</td></tr><tr><td><u>Total</u></td><td><u>tbc</u></td></tr></table> | <u>Indicative Budget 2017/18</u> | <u>(£'000)</u> | Community AHPs | tbc | Community Hospitals | tbc | District Nursing | tbc | GMS | tbc | Mental Health | tbc | Other | tbc | Prescribing | tbc | Resource transfer | tbc | <u>Total</u> | <u>tbc</u> |
| <u>Indicative Budget 2017/18</u> | <u>(£'000)</u> | | | | | | | | | | | | | | | | | | | | | |
| Community AHPs | tbc | | | | | | | | | | | | | | | | | | | | | |
| Community Hospitals | tbc | | | | | | | | | | | | | | | | | | | | | |
| District Nursing | tbc | | | | | | | | | | | | | | | | | | | | | |
| GMS | tbc | | | | | | | | | | | | | | | | | | | | | |
| Mental Health | tbc | | | | | | | | | | | | | | | | | | | | | |
| Other | tbc | | | | | | | | | | | | | | | | | | | | | |
| Prescribing | tbc | | | | | | | | | | | | | | | | | | | | | |
| Resource transfer | tbc | | | | | | | | | | | | | | | | | | | | | |
| <u>Total</u> | <u>tbc</u> | | | | | | | | | | | | | | | | | | | | | |
| 11. | Principles | <p>As a fundamental principle there should be neither disinvestment nor further investment in delegated services without being subject to full discussion and agreement with West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous</p> | | | | | | | | | | | | | | | | | | | | |

Appendix 3

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| | | improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction. |
| 12. | Aligned National Health and Wellbeing Outcomes | <p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 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 using 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 |
| 14. | Aligned priorities, strategies, outcomes | This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan and Health and Social Care Delivery Plan. |

Appendix 3

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| 15. | Compliance and performance monitoring | <ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate care group commissioning plan. 4. The IJB , through its officers, will meet on a regular basis with senior NHSL officers to discuss cost, quality and performance matters linked to the Strategic Plan and local Health and Social Care Delivery Plan. This will be incorporated into regular updates to the IJB on the IJBs performance against key strategic outcomes. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide an annual report in the final quarter of financial year 2016-17 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational |
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Appendix 3

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| | | Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures. |
| 16. | Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs | N/A |

Our vision is...

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

West Lothian Health & Social Care Delivery Plan DRAFT

We serve...

Population of West Lothian circa 180,000.

We are succeeding when...

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

The journey we need to take...

| |
|--|
| In 2016/17 we spent approx. £200.2m on current service model |
| Episodic Care Model -focus on hospital services for specialist and acute care |
| Duplication of assessments; complex care pathways |
| Technology playing a limited role |
| Limited OOH options contributing to unnecessary admissions e.g. 5 day service model in REACT & AHP |
| NHS Lothian & WLC leading prioritisation and resource allocation |
| Self management support in some services |
| Carers have some support in their caring role |

This needs to change because...

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

Our transformational journey

Priority changes

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

Long-term enablers

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

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

- More specialist acute care in community
- Integrated Health & Social Care model making best use of resources
- Increase availability of 24/7 working to support care delivery at home or in homely settings
- Work with partners and communities to co-design solutions & allocate resources
- Increase self management using personal outcomes approach
- Increase anticipatory and preventative approaches
- Further develop carer support and value contribution in caring role
- More effective use of technology

This is beneficial because...

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

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

Strategic Planning Group

Date: 2 March 2017

Agenda Item: 7

TECHNOLOGY ENABLED CARE (TEC) PROGRAMME – PROGRESS REPORT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide a six-monthly progress report on the West Lothian Technology Enabled Care (TEC) Programme.

B RECOMMENDATION

To note the progress on the West Lothian Technology Enabled Care (TEC) Programme and the contribution this programme is making to the IJB Strategic Plan.

C TERMS OF REPORT

West Lothian has been awarded funding by Scottish Government to participate in the 2 year national programme, to build on our original investment in telecare technology and accelerate commitment in line with emerging national and local priorities and technological developments. The TEC programme is firmly located within the overall strategic objectives of the IJB as detailed in its Strategic Plan and associated Commissioning Plans

Work is progressing on all deliverables, with most projects currently at the implementation phase. A summary of achievements to date are as follows:

1. Expansion of home health monitoring

- A full time Support Worker's post, dedicated to the introduction of Florence is currently being advertised.
- The Florence implementation plan has been agreed with the TEC Sponsors.
- The following protocols for the introduction of the use of Florence are with the Provider for approval:
 1. Use of Flo for Vitamin B12 injections
 2. Use of Flo for Hypertension (48hour check)
 3. Use of Flo to support the issue of community equipment
- Woundsense machines have been cleared by Medical Equipment Management and are currently being tested by community nurses at 2 GP surgeries.

2. Expanding the range and extent of Telecare

- Strategic Outline Business Cases have been approved by the WL TEC Board for the following:
 - **Diversifying the use of technology – Activity Monitoring Trial:** Four different types of activity monitoring equipment are currently being tested to identify and evaluate the benefits of each and where best applicable. 68 have benefitted from the use of the equipment to date.
 - **AICO Interface to Telecare:** Housing & Building Services are undertaking a programme of repairs in council houses using the supplier AICO. We are testing the AICO system and how this can be linked to our alarm receiving centre (Careline) by the use of equipment called “universal sensors” and connected to our telecare equipment. Two homes are now fully operational with another 8 planned for this initial phase.
 - **Introduction of wearable Technology to monitor emotional state in Maple Villa:** NHS Lothian’s Information Governance and Security Manager has given approval for project. Functionality has been increased in the room sensors following ideas from staff. Watches and sensors are running on-site ready to be implemented when staff and patients are ready. The project is expected to go live with two people signed up within the next month.
 - **GPS Devices:** 2 types of GPS devices are currently being tested by 7 service users.
- A member of staff now dedicated to promoting the use of Activity Monitoring.
- A series of TEC Roadshows will start on 1st March – for staff initially. Plans are being developed to extend this.

3. Expanding the use of video-conferencing

- Currently exploring the potential for the introduction of “attendanywhere” , a web-based platform that helps health care providers offer video call access to their services as part of their ‘business as usual’, day-to-day operations.
- Instead of travelling to their appointment, patients or service users enter the clinic’s online waiting area from a web browser or app on their computer, smartphone, or tablet. The health service is notified when they arrive, and a provider joins the consultation when ready.

D CONSULTATION

Community Care Management Group

E REFERENCES/BACKGROUND

National Technology Enabled Care programme

<https://sctt.org.uk/programmes/>

F APPENDICES

G SUMMARY OF IMPLICATIONS

| | |
|---|--|
| Equality/Health | Projects initiated under the WLTEC Programme will be subject to an equality impact assessment |
| National Health and Wellbeing Outcomes | The WL TEC Programme will support the relevant National Health & Wellbeing Outcomes in accordance with the IJB Strategic Plan. |
| Strategic Plan Outcomes | The WL TEC Programme is aligned to relevant Strategic Plan Outcomes and will incorporate detailed performance indicators. |
| Single Outcome Agreement | The WL TEC Programme outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care. |
| Impact on other Lothian IJBs | None |
| Resource/finance | All resource requirements contained within the TEC funding from Scottish Government. |
| Policy/Legal | "A National Telehealth and Telecare Delivery Plan for Scotland 2016: Driving Improvement, Integration and Innovation". |
| Risk | Identified separately for each project. No issues for IJB level risks. |

H CONTACT

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Telephone 01506 218937

2 March 2017

West Lothian Integration Joint Board Strategic Planning Group

Date: 2 March 2017

Agenda Item: 8

FINANCIAL STRATEGY APPROACH

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to set out an initial high level approach to medium term financial strategy for discussion. Such an approach will be required assist the IJB in planning and prioritising future health and social care provision in West Lothian within future available resources.

B RECOMMENDATION

It is recommended the IJB Strategic Planning Committee:

1. Considers the approach to medium term financial planning for IJB delegated functions set out in the report

C TERMS OF REPORT

C.1 Background

The IJB has statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. The IJB's strategic plan and strategic commissioning plans should help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process around health and social care services.

Strategic planning of future service delivery and financial planning are intrinsically linked. An informed approach to future service delivery over the medium / long term must take account of assumptions around available resources over the same period and ultimately resource availability will be the key determinant of future service delivery.

C.2 Future Financial Planning for Health and Social Care Services

As part of the 2016/17 Scottish Budget there is a requirement for NHS Boards to undertake three year financial planning and NHS Lothian are currently considering the approach to this. In terms of West Lothian Council, the council has undertaken medium term financial planning over a period and this is a standard approach.

For the IJB to effectively plan the future delivery of health and social care services it will be important that both NHS Lothian and Local Authorities undertake medium term financial planning over a three to five year period. An annual budgeting process is not conducive to achieving the aims consistent with planning to meet future demands and prioritising resources to achieve this.

While it is acknowledged that future funding for health and social care services is uncertain, it is nevertheless important that assumptions are made for planning purposes on the level of funding likely and resulting savings required over the medium term.

This allows the likely extent of future savings to be identified and provides the context for a more considered approach on prioritising functions and identifying areas where transformational change can be made on integrating service delivery. A medium term approach also recognises that change can often require a fairly significant lead in time, require consultation, and may be in several phases and be heavily linked or dependent on other changes planned.

This will allow for a more strategic and planned approach to identifying the estimated level of savings required over the medium terms and the service areas where savings can be made. This proposed approach will require a shift in how managers and Finance staff within both bodies work together to identify and prepare health and social care proposals and savings over a medium term period.

Proposed Steps in process

1. Agree Medium Term Funding and Expenditure Assumptions
2. Development of Saving Options
3. Reporting and Approval of Medium Term Financial Strategy and Saving Options
4. Subsequent Annual Budget Approval

C.3 Medium Term Funding and Expenditure Assumptions

Both NHS Lothian and Local Authorities would identify assumed funding availability for IJB health and social care functions as part of the funding assumptions on their overall budget resources over the financial planning period. This would be done in consultation with IJB Chief Officer and Finance Officer.

Expenditure pressures linked to inflation, demographics and other demands would be identified at a council social care and NHS Business Unit level as follows:

- Core West Lothian Health services. Overall financial planning work led by NHS Lothian finance team but informed by IJB Chief Officer and Finance Officer, West Lothian Business Unit Partner and Health and Social care partnership management team
- Core West Lothian Social Care Services. Overall financial planning work led by West Lothian Council finance team but informed by IJB Chief Officer and Finance Officer and Health and Social Care partnership management team
- Hosted services. Financial planning undertaken by NHS Lothian finance team involving relevant NHS Business Unit Directors but taking account of IJB input. The impact of this financial planning then feeds through to the share of resources allocated to IJBs
- Set Aside Acute services. Financial planning work undertaken by NHS Lothian finance team involving Acute Director and taking account of IJB input and specific local issues and plans. The impact of this financial planning then feeds through to the share of resources allocated to IJBs.

As above, in all cases financial planning input would be provided by the IJB Chief Officer, Finance officer and other West Lothian Health and Social Care managers who are heavily involved in IJB business and are familiar with the content of the IJB Strategic Plan and Commissioning Plans.

Finance staff within Local Authorities and NHS Lothian would undertake the development of the financial planning process for both organisations in conjunction with the IJB Finance officer. Ideally joint work on financial planning for 2018/19 and future year health and social care functions would be completed before the end of 2017.

Financial planning undertaken by both organisations across social care and NHS Business units would then be converted into IJB delegated functions across Core Health services, Social Care, Hosted NHS services and Acute Set Aside services.

For each organisation and constituent part of the delegated budget, the outcome of the first stage of the financial planning process will be the identification of the level of savings assumed to be required to balance the budget in each year. Based on the current status of IJBs, it is important to note that local authorities and NHS Lothian are responsible for managing within their overall funding resources, only part of which relates to IJB functions.

C.4 Development of Saving Options

Essentially council / NHS Business Unit managers working with Finance staff would be responsible for identifying savings. As part of this, the IJB Director and Finance Officer would have a key role in identifying such savings particularly those linked to service change, integration and shifting the balance of care. The prioritisation of budget resources available would take account of strategic commissioning priorities and the achievement of health and social care outcomes

Consideration would be given to the timescale for achieving savings and the financial and operational implications of service changes to the provision of council and NHS provided care. The phasing of savings would reflect the lead in time for major transformational change of health and social care services that will be necessary to ensure appropriate services can continue to be delivered within available resources.

The joined up approach taking account of the total health and social care services would allow for the necessary joint planning to deliver savings while integrating service delivery. This would in turn ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, local authority and NHS Lothian.

C.5 Reporting of Medium Term Financial Strategy and Saving Options

The development of the financial planning process would be undertaken at an officer level until the plans were developed to a point that it was appropriate to publicly report them.

Overall health and social care plans should be reported to the IJB while the IJB related social care element should be included in reports to the council on its overall financial strategy, and the IJB related health element should be reported to NHS Lothian as part of its overall financial strategy.

Decisions on medium term strategy in relation to IJB functions should be formally approved by the IJB. However, these plans would have been given the necessary scrutiny by senior council and NHS managers and their Finance staff to ensure they were consistent with funding availability assumptions and were included as part of overall planning from their organisational perspective (e.g. impact on staffing, premises, health and social care provision provided by both bodies).

Subject to agreement, there may be a requirement for a public consultation process in advance of financial strategy plans being approved. Consideration required as to whether any separate consultation would be required for IJB delegated functions

C.6 Subsequent Annual Budget Approval

Based on current statutory arrangements, the annual budget for NHS Lothian and Local Authorities including IJB contributions would continue to be approved by the Parent Bodies. Again, the IJB Chief officer and Finance Officer would have been fully involved in the annual budget approval process for the Partner Bodies in terms of health and social care delegated functions.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Scotland's Spending Plans and Draft Budget 2017/18 published by the Scottish Government 15 December 2016

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

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| Equality/Health | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report. |
| National Health and Wellbeing Outcomes | Future budget resources delegated to the IJB will be used to support the delivery of outcomes. |
| Strategic Plan Outcomes | Future budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan. |
| Single Outcome Agreement | Future budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement. |
| Impact on other Lothian IJBs | None. |
| Resource/Finance | Future budget resources relevant to functions that will be delegated to the IJB from 1 April 2017. |
| Policy/Legal | None. |
| Risk | There are a number of risks associated with health and social care budgets, which will require to be closely managed. |

H CONTACT

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2 March 2017

Schedule for Progress of Integration Strategic Planning Group Meetings 2017/18

| SPG AGENDA SETTING MEETING | AGENDA/REPORTS TO COMMITTEE SERVICES (noon) | SPG MEETING DATES THURSDAY at 2.00 pm |
|---------------------------------------|--|--|
| TBC | 3 August 2017 | 10 August 2017 |
| TBC | 28 September 2017 | 5 October 2017 |
| TBC | 9 November 2017 | 16 November 2017 |
| TBC | 11 January 2018 | 18 January 2018 |
| TBC | 22 February 2018 | 1 March 2018 |
| TBC | 12 April 2018 | 19 April 2018 |
| TBC | 7 June 2018 | 14 June 2018 |

WORKPLAN FOR WEST LoTHIAN STRATEGIC PLANNING GROUP 2016-17

| Date of SPG meeting | Title of Report | Lead Officer | Action |
|---------------------|--|--|--------|
| 2 March 2017 | | | |
| | Strategic Plan Update & Action Plan | Carol Bebbington | |
| | Draft Annual Report | Carol Bebbington | |
| | Technology Enhanced Programme Update (TEC) | Alan Bell | |
| | Approach to Financial Strategy | Patrick Welsh | |
| | Lothian Hospital Plan update | Colin Briggs/Claire Gorman | |
| | Timetable of Meetings 2017-18 | Jim Forrest | |
| 20 April 2017 | | | |
| | Frail elderly programme update | Dianne Haley | |
| | Locality Planning | Marion Barton/Jane Kellock | |
| | Primary Care Update | Carol Bebbington | |
| | Palliative Care | Marion Barton/Mairead Hughes/Pamela Mail | |
| 15 June 2017 | | | |
| | NHS Lothian Oral Health Strategy | Angus Wall/Emma O'Keefe | |
| | Alcohol & Drug Partnership | Alan Bell | |