Data Label: Public

West Lothian HSCP

Strategic Plan 2016-26

Contents

Foreword

This plan describes the strategic vision and direction for West Lothian Community Health and Care Partnership (HSCP) 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. The plan contains a rolling 3 year action plan which will be reviewed and updated on an annual basis.

West Lothian has a well-earned reputation for delivering ground-breaking and quality-driven public services to local people. With the formation of the HSCP in 2005, West Lothian Council and NHS Lothian joined forces to continue this tradition by bringing health and social care services closer together wherever possible and working in partnership to deliver more accessible, integrated and high quality services which are jointly planned and community focused.

The HSCP is in a good strategic position to join local health and social care services together, having both Primary Care and Social Work under one Director and a joint Senior Management Team that can draw on the combined resources of both West Lothian Council and NHS Lothian.

This strategy addresses our vision **to increase wellbeing and reduce health inequalities across all communities in West Lothian**. Life expectancy for people in West Lothian is increasing and most people in West Lothian say their health is good or very good. However, long term conditions and lifestyle factors are having a significant impact. The main challenges to improving health in West Lothian are the ageing population, persistent health inequalities, the continuing shift in the pattern of disease towards long term conditions and growing numbers of people with multiple conditions and complex needs.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, the HSCP 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 our 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.

	Councillor Frank Toner	[Insert	**Jim Forrest**
[Insert photo]	**HSCP Board Chairperson**	photo]	**HSCP Director**

1 Introduction

Context

The West Lothian Health and Social Care Partnership (HSCP) manages a substantial range of Council and NHS services in West Lothian including community care, services for children and families, health improvement, criminal justice, mental health and community health services, general medical and pharmaceutical services, continuing care, physiotherapy and occupational therapy, general ophthalmic services (for children) and some Lothian-wide, regional and national services.

The HSCP has a strong record of partnership working and joint commissioning across the range of its responsibilities. This plan is built on these foundations.

Both West Lothian Council and NHS Lothian as part of the public sector face significant financial challenges over the next 5 years with a resultant reduction in budget allocations and subsequent need to reduce cost. As well as looking to ensure that the combined resources of both agencies are deployed within the integrated partnership to activities that deliver most effectively on strategic priorities, it will be important to explore the potential for efficiencies, benefiting from the opportunities that integrated arrangements can offer.

Tackling health inequalities has been prioritised at a national level as an issue requiring urgent action. The Health and Social Care Partnership needs to ensure that delivery of health and social care services reflects these inequalities. But it also recognises that the factors which cause inequalities in health lie outside the remit of health services and require a whole systems approach. This is addressed locally through work on the Single Outcome Agreement with community planning partners.

The way health and social care services are delivered locally has a significant impact on addressing the main health and wellbeing challenges, namely shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. The further development of the integration agenda between primary, secondary and social care therefore has a pivotal role to play in tackling these areas.

Key documents that inform HSCP practice locally include

- West Lothian Community Planning Partnership Single Outcome Agreement
- NHS Lothian Local Delivery Plan
- Delivering Better Outcomes - West Lothian Council Corporate Plan 2013/17
- HSCP Joint Commissioning Strategy and plans
- NHS Lothian Clinical Strategy
- West Lothian Primary Care Workplan

Scope of the strategy

This strategy is both a strategic plan and a strategic commissioning plan. This reflects, in a realistic way, the substantial progress which the HSCP has already delivered in the field of strategic commissioning, and meets the requirements of the

current legislation[1]. Information on West Lothian's extensive experience of joint commissioning can be found in section 4 of this plan.

The plan includes all services relating to adult care groups. The specific services included in this plan are

- adult social care services
- community health services
- some adult acute services

The plan fully explores and explains the locality dimension of strategic planning in West Lothian. There are two localities in the county and the importance attached to locality planning is reflected throughout the plan, particularly in sections 2 (Needs Analysis) and 6 (Strategic Priorities).

Strategy Development

This strategy has been developed in conjunction with key stakeholders including West Lothian Council, NHS Lothian, Third and independent sectors, carers, HSCP Board, HSCP Sub-Committee, the HSCP Senior Management Team, HSCP Extended Management Team and staff trade unions.

This strategy aligns with the council's Corporate Plan 2013-17, NHS Lothian Local Delivery Plan and supporting strategies, and the HSCP Joint Commissioning Strategy and Joint Commissioning Plans.

The HSCP commissions a wide range of health and care services to achieve the best possible outcomes for people living in West Lothian. When commissioning services the HSCP must fulfil its statutory duty to achieve best value and ensure that there is a personalised approach when commissioning services to meet need. To achieve this the HSCP works closely with a range of strategic partners such as Housing Building and Construction Services, Education and the Police as well as the Third and independent sectors.

Consultation

To be added

[1] The Public Bodies (Joint Working) (Scotland) Act 2014.

2 Needs analysis

West Lothian's strategic needs assessment[2] provides a comprehensive review of all the health, social and economic data which is relevant to integration planning and the integration process.

West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth, and this trend is expected to continue over the lifetime of this plan.

The following major key issues emerge from the analysis of strategic needs.

- West Lothian has **an ageing population**. Our oldest residents are most likely to experience complex and inter-related problems in their physical and mental health. They are the most frequent users of health and social care services.

  The rates of growth of the older sectors of the population will be the most significant demographic trends for health and social care in West Lothian over the lifetime of this plan. The needs analysis estimates that over the period 2012-2037, the 65-74 age group will increase by 57%, and the over 75 age group will increase by 140%, against an overall population growth of only 12%.

  West Lothian HSCP has invested significant effort and resources to simplify and improve services, and access to services, for older people, particularly frail older people. Meeting the needs of older people will remain one of the HSCP's top priorities during the lifetime of this plan.

- **Growing numbers of people live with disabilities, long term conditions, multiple conditions and complex needs**
  Long term illness has been identified as the 'Health Challenge of this Century' by the World Health Organisation. It is estimated that 35% of households in West Lothian have someone with a longstanding illness, health problem or disability and 16% of households have someone who provides regular unpaid help or care to others[3].

  Life expectancy for both males and females has seen an increase over the past few years. While traditionally males have had a lower life expectancy than females, the gap between the two genders has been narrowing recently with male life expectancy increasing at a greater rate than that of females.

  Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. On average, males in West Lothian are expected to live for 7.1 years in poor health while females are expected to live for 8.8 years in poor health.

[2] Ref to title of needs assessment and link to online version

[3] Scotland's People: Annual Report Results from the 2012 Scottish Household Survey: Local Authority Tables West Lothian, August 2013

According to the 2011 Scotland Census 53.7% of the population described their general health as 'Very Good', while a further 29.4% of the population described their health as 'Good'. While this question is based on self-assessment, it provides a useful overview of the health of the population. Differences can be seen in the perceived general health of the West Lothian population when examined by age. The older age groups in particular show only a very small proportion of the population reporting "Very Good Health", with 5.6% of the over 85 population describing their general health as such. The majority of individuals in this age group (49.3%) reported having 'Fair' health. This is particularly important in West Lothian as a result of the ageing population and suggests that as the population ages more individuals in the area are going to be living in poorer health. Consequently, there will be a higher demand on health and social care services.

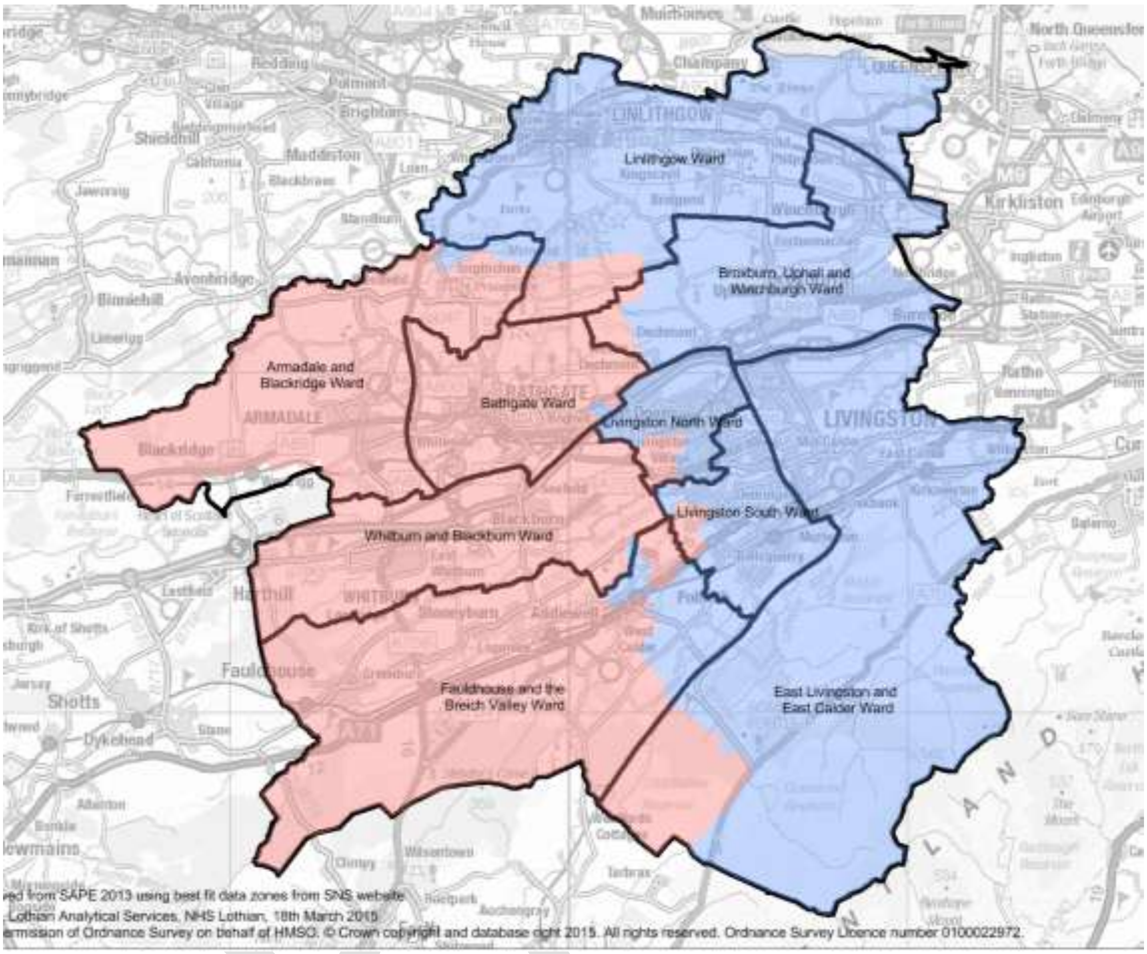
- Like other parts of Scotland, there are significant **health inequalities** in West Lothian. For almost every health indicator there is a clear gradient showing progressively poorer health with decreasing affluence and influence. People who are disadvantaged by race, disability, gender and other factors also have poorer health., West Lothian has a higher proportion of people in the most deprived areas than other parts of Lothian, and so tends to have poorer health than the Lothian average. There are also inequalities within West Lothian. Life expectancy for women ranges from 87years in Linlithgow to only 76.6years in Dedridge; life expectancy for men ranges from 82.6 years in Linlithgow to 74.9 years in Breich. These figures reflect wider socio-economic differences.

  Health and wellbeing inequalities which relate to multiple deprivation are not likely to be significantly changed by health policies or health services working in isolation. These inequalities require to be challenged by a "joined up" co-ordinated approach by a wide range of public services. The Health and Social Care Partnership will work with other partners to address these as part of the community planning partnership.

  The strategic needs assessment also analyses the specific characteristics of West Lothian's two **localities**. After analysis of a number of options, a two locality approach, East and West, was adopted based on current multi-member wards. The localities are illustrated in the map below.

  The West locality contains most of the former coalmining and heavy industrial areas of West Lothian, and shows the continuing impact of these industries and the processes of deindustrialisation and long term unemployment which took place from the 1980s onwards In general, the issues of an ageing population, poor health, deprivation and unemployment are more significant in the West than in the East.

West Lothian Localities and SIMD Intermediate Geographies[4]



4 Scottish Index of Multiple Deprivation (http://www.sns.gov.uk/Simd/Simd.aspx)

3 HSCP vision and priority outcomes

Vision

The HSCP's vision is "**to increase wellbeing and reduce health inequalities across all communities in West Lothian".**

Priority outcomes

Priority outcomes for the HSCP, as included in the West Lothian Community Planning Partnership Single Outcome Agreement, are informed by national and local strategy and include:

- Our children have the best start in life and are ready to succeed
- Older people are able to live independently in the community with an improved quality of life
- We live longer, healthier lives and have reduced health inequalities
- People most at risk are protected and supported to achieve improved life chances (delivered in conjunction with the Community Safety Board).

The HSCP approach

Key elements in the approach of the HSCP to reduce the health inequalities gap and improve wellbeing include:

- Early intervention, prevention, anticipatory care
- Managed care pathways around the person
- Integrated teams and systems
- Seamless frontline services.

Quality management

The importance of effective and efficient services has never been greater for the public sector. The HSCP uses the Public Service Improvement Framework (PSIF) as the quality management model to drive continuous improvement, maximise efficiency, and also to support integration of health and social care.

The PSIF is an organisational performance improvement framework, which encourages organisations in the public and third sector to conduct a systematic and comprehensive review of their own activities and results through self-evaluation. The framework is based on the EFQM Excellence Model and integrates the principles of Best Value with the criteria from the Investors in People Standard and the Customer Service Excellence Standard.

4. Strategic joint commissioning

West Lothian HSCP has been using joint strategic commissioning as the delivery vehicle for achieving national and local health and wellbeing outcomes since 2011. Since then, joint commissioning has become central to Scottish Government approaches to Reshaping Care for Older People and in the Public Bodies (Joint Working) (Scotland) Bill.

Since 2011, West Lothian has gained valuable experience in joint commissioning, and the approach is central to the HSCP's planning and resource allocation.

The HSCP developed an overarching Strategy for the Joint Commissioning of Health and Care Services within West Lothian in 2011. The strategy outlines the approach to be taken in the subsequent development of a series of care group commissioning plans. Outcomes for people are at the centre of the approach and an integral element of the drafting of the plans is engagement with all key stakeholders, including users of the services, their carers, and service providers.

The Strategy commits the HSCP, 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.

The following **3 year Joint Commissioning Plans** have since been developed:

- Adults with Learning Disabilities
- Adults with Physical Disabilities
- Mental Health
- Older People and Dementia
- Children and Families
- Criminal Justice
- Substance Misuse

These plans are based on an annual ANALYSE, PLAN, DO and REVIEW approach, as illustrated below

Section 9, Development Plan, details the main priorities within each of the Joint Commissioning Plans.

Section 5, Current Activities, describes the main areas of activity within the scope of each of the Joint Commissioning Plans, with linkage to relevant high level outcomes and the performance indicators that will be used to inform progress.

Greater detail is available within the full versions of the plans.

5 Current activities and resources

Introduction

The main services to be delegated and integrated are

- adult social care services
- community health services
- some adult acute services.

A comprehensive listing of the services can be found in the Appendix to this plan.

Activity Name and Description		Strategic outcome	Performance Indicators (codes)	Net Revenue Budget 2015/16 £'000
Community Care				
Assessment and Care Management	Provision of assessment and care management service to adults (all client groups), their families and carers.	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.	**Note: Details of activity PIs to be confirmed by NHS and WLC. This will be done in advance of IJB 20 October 2015.**	**Note: Details of budget to be confirmed by NHS and WLC Finance. This will be done in advance of IJB 20 October 2015.**
Care home provision	Provision of care home placements for adults (all client groups).	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.		

Community Based care and support services	Support activities to enable adults (all client groups) to live independently or with family and to support positive life experiences (includes care at home, housing support, respite, day care).	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Support services	Miscellaneous enabler services including commissioning, contract management, information management, administrative support etc.	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.		

Community Health

Community Nursing	Provision of a range of community based nursing services including specialist nursing interventions and case management, supporting patients, their families and carers	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.		
Intermediate Care	Provision of assessment, care and treatment interventions designed to provide “hospital at home” as alternative to hospital admissions. Includes provision of rehabilitation and step up/step down care provision in community hospitals	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.		

Joint Equipment Store	Provision of wide range of equipment to support independent living and care management	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.		
Children's Services	Provision of health surveillance, health improvement, early interventions and support to children and families including Health Visiting, School Nursing and specialist interventions	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Support Services	Miscellaneous enabler services including premises, administrative support, management, training etc	Resources are used effectively and efficiently in the provision of health and social care services.		

Mental Health Service	Provision of comprehensive range of services to adults and older people including inpatient, outpatient and community services	People are able to look after and improve their own health and wellbeing and live in good health for longer		

Hospital Services for the Frail Elderly	Improving assessment, treatment and discharge of frail elderly patients within the context of a programme and a commissioning strategy which encompasses the entire frail elderly pathway including acute healthcare, secondary and primary healthcare and social care; and public and third sector service provision.	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.		

Allied Health Professional Services	Provision of wide range of inpatient and community based therapeutic and rehabilitative services	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.		

General Medical Services	Provision of General Medical Services to practice populations including range of additional and enhanced services with focus on quality and outcomes to meet local needs	People are able to look after and improve their own health and wellbeing and live in good health for longer		

Prescribing	Prescribing of wide range of therapeutic treatments for practice populations, focus on cost effective prescribing and adherence to prescribing indicators	Resources are used effectively and efficiently in the provision of health and social care services.		

Other Family Health Services	Enabling funding supporting efficient and effective use of resources in Primary Care Services in West Lothian	Resources are used effectively and efficiently in the provision of health and social care services.		

Resource transfer	Provision of community based care and support services for people with mental health, learning disabilities, and older people supporting re-provision of institutionalised care	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.		

Hosted Services

Dental Service	Provision of Dental Services across NHS Lothian including child smile, salaried community dental services and general dental service.	People are able to look after and improve their own health and wellbeing and live in good health for longer. People are able to look after and improve their own health and wellbeing and live in good health for longer		
Podiatry Service	Provision of podiatry services across NHS Lothian	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.		
Orthoptic Service	Provision of Orthoptic Services across NHS Lothian	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Psychology Services	Provision of Psychology services across NHS Lothian including Children; Adult; Learning Disability, Forensic & Rehabilitation; Physical, Neurological and Older People	People are able to look after and improve their own health and wellbeing and live in good health for longer		

6 Strategic priorities

Strategic opportunity

The integration of health and social care represents a major opportunity to deliver improved outcomes for the communities we serve. We need to focus on the right outcomes and ensure there is buy-in by relevant partners.

Integration outcomes

There are nine national integration outcomes which are expected to be improved through the integration of health and social care:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 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

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5. Health and social care services contribute to reducing health inequalities

Outcome 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

Outcome 7. People using health and social care services are safe from harm

Outcome 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

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

These are outcomes where a wide range of partners, not just those directly involved in the delivery of health and social care services can make the most difference. All nine health and social care outcomes are the explicit focus of partnership working and resource deployment in this Strategic Plan, and will be the primary focus and expression of the health and care partners' intentions.

HSCP Vision

The HSCP's vision is "**to increase wellbeing and reduce health inequalities across all communities in West Lothian".**

The HSCP approach

Key elements in the approach of the HSCP to reduce the health inequalities gap and improve wellbeing include:

- Early intervention, prevention, anticipatory care
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- Seamless frontline services.

Strategic commissioning principles

To achieve our vision and the best possible outcomes for people living in West Lothian who are assessed as needing a health or social care service, the following principles have been identified to ensure a longer term strategic approach to commissioning;

- To implement an outcomes based approach to the commissioning of care and support services.
- To commission health and social services which meet the needs and outcomes of individual service users which are personalised and offer choice.
- To commission quality services which achieve best value principles.
- To work with our strategic partners and colleagues within the council and NHS to ensure a strategic approach to the commissioning of joint services.
- To ensure transparency and equality when commissioning service undertake the appropriate stake holder involvement and consultation which includes service users and their carers.
- Positively engage, consult and communicate with the independent and voluntary sectors.
- To ensure that approved procurement procedures are adhered to.

Localities

West Lothian's two localities will be fully represented in all strategic commissioning processes and decision-making. The varied responses and approaches which are appropriate to their needs will be explicitly addressed.

7 Performance management

National reporting

The HSCP will report annually on the core suite of national integration indicators which are detailed in Appendix 2. As we become more experienced in applying these indicators, we may seek to expand the suite to provide more in depth information on the impact of integration in West Lothian.

Balanced scorecard

The HSCP has adopted a balanced scorecard approach to translate our priority outcomes into a comprehensive set of performance measures that provide the framework for a strategic measurement and management system. The balanced scorecard has been used successfully in many public sector organisations, including the vast majority of NHS Trusts in England and Wales.

The balanced scorecard retains an emphasis on achieving financial objectives, but also includes the performance drivers of those financial objectives. The scorecard measures organisational performance across four balanced perspectives:

- Financial
- Customer
- Internal processes
- Learning and growth

Section 5 of this plan details the current high level activities engaged in by the HSCP. A broad range of performance indicators will be used to monitor performance of these separate activities. The HSCP will also report on a regular basis on overall performance across the entire suite of indicators within the balanced scorecard. The following performance indicators will be used to monitor progress in the outcome for the life span of the strategy:

Scorecard Perspective	Health & Well Being Outcomes	High level Indicators
Financial & Business Perspective	**Effective Resource Use** To live within available financial resources and develop a sustainable financial plan.	• Achievement of a break-even revenue position • A measure of the balance of care (e.g. split between spend on institutional and community-based care) • Achievement of Quality Prescribing Indicators

Customer Perspective	**Positive experiences and outcomes**	• Percentage of customers who rated the overall quality of services as good to excellent • Percentage of customers satisfied with opportunities for social interaction • Number of Complaints
	Carers are supported	• Percentage of carers who feel supported and able to continue in their role as a carer • Percentage of young carers accessing peer and emotional support who report they have increased confidence as result of this intervention
Internal process perspective	**Healthier Living** To promote the health and well being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian	• Gap in life expectancy of the most deprived 15% and the average life expectancy in West Lothian • Warwick-Edinburgh Mental Well-being Score • Percentage of children & young people who feel healthy • Percentage of adults with self assessed health as good/very good
	Independent Living	• Self Directed Support (indicators are in development) • Percentage of time in the last 6 months of life spent at home or in a community setting • Percentage of customers and carers satisfied with their involvement in the design of care packages • Percentage of people aged 65+ who live in housing, rather than a care home or a hospital setting • Number of people with intensive needs receiving 10 hours + care at home • Percentage of children known to the Child Disability Service who receive a package of support • Number of adults with learning disability provided with employment support

	Services are safe To improve safety and quality across health and care services in West Lothian	• Achievement of Clinical Quality Indicators • Achieve an average of 55% direct care time • Percentage of community care service users feeling safe • Percentage of MAPPA cases where level of risk has been contained or reduced • Percentage of children who are looked after and accommodated, of an age and stage where they are able to express an opinion who report they feel safer as a result of intervention or support
Learning & Growth Perspective	**Engaged Workforce** Secure the integration of primary, secondary and social care to deliver sustainable and equitable improvements in quality and safety across health and social care;	• 85% of staff have an annual performance review and personal development plan • Achievement of 4% staff absence rate across all service areas • Staff satisfaction demonstrated through staff surveys and Investors in People assessment

8 Clinical and care governance

The Health Board, the Council and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met.

Plans will be put in place, as set out in this Strategic Plan, to ensure that staff working in Integrated Services have the skills and knowledge to provide the appropriate standard of care. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer, as appropriate. The Organisational Development Strategy will identify training requirements that will be put in place to support improvement in services and outcomes.

The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; value partnership working through example; affirm the contribution of staff through the application of best practice, including learning and development; and be transparent and open to innovation, continuous learning and improvement.

The Director of Health and Social Care"s role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Health Board and the Council. He will manage the Health and Social Care Partnership and the Integrated Services delivered by it, and has overall responsibility for the professional standards of staff working in integrated services.

The Integration Joint Board will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Health and Care Governance Group will be established with membership from the Health Board, the Council and others, including:

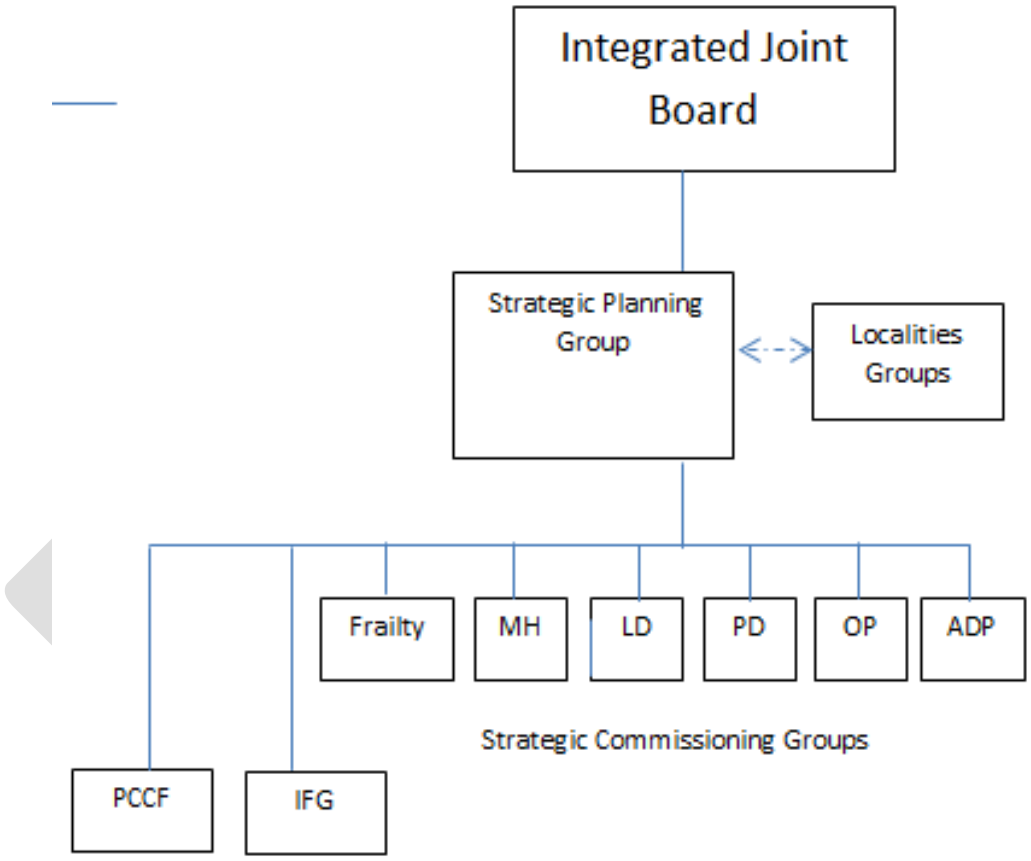
- The Senior Management Team of the Partnership.
- The Clinical Director.
- The Chief Nurse.
- The Lead from the Allied Health Professionals.
- Chief Social Work Officer.
- Director of Public Health, or representative.
- Service user and carer representatives.
- Third sector and independent sector representatives.

The Health and Care Governance Group will be able to invite appropriately qualified individuals from other sectors to join its membership. This will include NHS Board professional committees, managed care networks and the local authority adult and child protection committees.

The role of the Health and Care Governance Group will be to consider matters relating to strategic plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. The Health and Care Governance Group provides advice to the strategic planning and locality planning groups within the Partnership.

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 Nurse Director who in turn report to the NHS Board on professional matters.

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



As detailed in the Integration Scheme, the Integration Joint Board will provide the overall governance to the partnership.

The Health and Care Community Planning Group will comprise a wide range of stakeholders and will be one of the 3 main sub groups of the Community Planning Partnership.

There will be a series of Care Group Localities whose main responsibility will be to oversee the development, implementation and review of the Joint Commissioning Plans.

Locality representatives and locality priorities will be fully represented in all governance and planning structures.

9 Development Plan

Organisational development priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Financial plan	Development of a 3year integrated financial plan to ensure that financial resources are deployed consistent with strategic priorities and to ensure that the necessary efficiencies are planned and delivered.	Resources are used effectively and efficiently in the provision of health and social care services.		
People plan	Development of an integrated people plan to raise the performance of individuals, teams and managers, and to ensure a workforce of the right size with the right skills and diversity, organised in the right way, within available budget to deliver quality services.	Resources are used effectively and efficiently in the provision of health and social care services.		
Engagement framework	Customer Engagement Plan to be developed to support major workstreams: Prevention and Early Intervention; Reshaping Care for Older People; Reducing Reoffending;	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
	Communication Plan to engage with the wider public; to build on existing good practice to promote HSCP through a range of media.	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
	Workforce Engagement Plan building on the IIP framework, to ensure that staff across the HSCP are involved and engaged, and that methods of staff consultation are integrated.	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.		
Quality management	Continuous improvement in service delivery through deployment of the PSIF quality management framework throughout the organisation.	All strategic outcomes		
Property strategy		Resources are used effectively and efficiently in the provision of health and social care services.		

Primary Care development priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Ensure services are safe	General practice complaints are reviewed and learning is shared. HSCP risk register maintained and practices have internal procedures they are obliged to carry out to review safety	People using health and social care services are safe from harm.		
Services should be effective	Monitored through quality and outcome framework, enhanced service returns, morbidity data, unscheduled contact and hospital admissions. Practices work to contract specifications and are supported by the HSCP. Evidence-based prescribing initiatives continue to be implemented and supported by the HSCP.	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Services should be patient centred	Involvement of users in service change and development. Providing services and care in the most suitable environment, local to the patient where possible, whether in their home or at their local general practice	People who use health and social care services have positive experiences of those services, and have their dignity respected.		

Organisation wide commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Support for Carers	Implementation of the Carers Strategy: Caring Together	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Personalisation	Implement Self Directed Support and monitor its uptake and impact on service provision	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Tele-healthcare Health inequalities	Develop telecare and telehealth provision to support independence and capacity building. Possible actions: Identify and reduce barriers to care for people with the greatest health needs Identify and address social circumstances within care pathways Develop greater links between health and welfare advice services Continue to prioritise prevention and early intervention for groups of people with high needs Work with CPP to identify and address wider causes of health inequalities	People are able to look after and improve their own health and wellbeing and live in good health for longer Health and social care services contribute to reducing health inequalities		

Adults with Learning Disabilities - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Scottish Enhanced Services Programme (GP Contracts)	Revised programme to ensure that screening and management of long term conditions is delivered for patients on the Learning Disability register to the same standards, quality and accessibility as the rest of the general practice population.	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.		
Complex Care	Through a Lothians based partnership, explore the most effective arrangements for meeting the growing needs of individuals with learning disability and complex care Needs.	Resources are used effectively and efficiently in the provision of health and social care services.		
Support for Carers	Development of Information Sharing Protocol with Carers' of West Lothian to facilitate early provision of information, advice and support.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Services for Autism Spectrum Disorders (ASD)	Future development of services for people with ASD based on a Partnership Approach, which is systematic, evidence based and sustainable.	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.		
Employability & lifelong learning	Explore the development of a Social Enterprise to develop people's employability with the potential to develop employment opportunities within the project itself.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Adults with Physical Disabilities - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Employability	Increase delivery of 'B4 and On2 Work' employability advocacy and support.	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.		
Short Breaks from Caring (respite)	A five year contract (with an option to extend for a further three years) is in place for 2010-2015.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Day support	Provide a range of support to access education, college courses, work experience and employment opportunities and volunteering opportunities as well as support at times of transition.	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.		
Information and Advice Services	Review current contracts for – Information and Advice Service (Disability) – Information and Advice Service (Learning D.) – Peer Counselling Service – Independent Living	Resources are used effectively and efficiently in the provision of health and social care services.		
Community Rehabilitation and Brain Injury Service (CRABIS)	It is intended to continue to commission the current specialist services.	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.		
Services for the Deaf, Deafened and Hard of Hearing	It is intended to continue to commission the current specialist services.	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.		
Services for the Blind and People with Sight Loss	It is intended to continue to commission the current specialist services.	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.		

Mental Health - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Advocacy	Identify the advocacy needs for people with drug and/or alcohol problems and explore commissioning of resource if required (MHAP)	People using health and social care services are safe from harm. People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Adult Protection	Develop Care Programme Approach within West Lothian	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Housing Support	Ensure that Housing Support Services are integrated with other care-related services, are outcomes-focused, are compatible with new legislation such as Self-directed Support, and are less reliant on block contracting methods.	Resources are used effectively and efficiently in the provision of health and social care services.		
Specialist Respite	Commission a new respite service for the mental health client group that promotes equity of access, is person-centred, and maximises economies of scale	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Inpatient Provision	Redesign the support for the day to day clinical management and coordination of acute care	Resources are used effectively and efficiently in the provision of health and social care services.		

Rehabilitation	Ensure a robust review system for people with severe and enduring illness that is recovery orientated and is holistic in nature including physical health care monitoring	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.		
Commissioning reviews - Community Nursing, Psychiatry, Psychology	Carry out a commissioning review so that current service demand can be better understood, and demand be better managed	Resources are used effectively and efficiently in the provision of health and social care services.		
Older People and dementia - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Live at Home or in a Homely Setting for Longer	Review contract arrangements for care at home (note current Framework Agreement runs until 31 December 2014)	Resources are used effectively and efficiently in the provision of health and social care services.		
	Explore future commissioning options for day care service for older people	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.		
	Explore step up and step down care provision in West Lothian and intermediate care pathways, including consideration of care homes as provider.	Resources are used effectively and efficiently in the provision of health and social care services.		
Maximising Independence	Undertake review of care & support in Sheltered housing	Resources are used effectively and efficiently in the provision of health and social care services.		
Joined Up Care pathways	Develop integrated assessment and rehabilitation service to support provision of specialist multidisciplinary assessment for older people and timely access to rehabilitation	Resources are used effectively and efficiently in the provision of health and social care services.		

End of Life Care	Review service level agreement with Marie Curie and Macmillan	Resources are used effectively and efficiently in the provision of health and social care services.		
	Monitor access to palliative care services for those with non malignant conditions	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		
Dementia		Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Frail elderly development priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Comprehensive geriatric assessment and frailty pathway in hospital	Implement a multidimensional interdisciplinary Comprehensive Geriatric Assessment at the start of the patient journey in hospital. Explore and test roles of elderly care assessment nurse, specialised discharge, rehabilitation, day hospital and ambulatory care services. Explore option dedicated frailty unit in St John's Hospital.	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.		
Frailty capacity modelling	Create analytical model of current systems against which costs and benefits of proposed changes can be assessed, further research generated, and investment priorities targeted.	Resources are used effectively and efficiently in the provision of health and social care services.		
Mental health	Continue progress towards preventative, assessment and outcome focussed services – specifically development of Memory Assessment & Treatment Service - 1 year post diagnostic support for people with new dementia diagnosis - develop Behavioural Support service - redesign Mental Health Elderly Day Service	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Supporting health and care in the community	Review current arrangements and performance to advise on short term Integrated Care Fund investments and sustainability after the end of the Fund.	Resources are used effectively and efficiently in the provision of health and social care services.		

Substance misuse - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Contract review	Review existing contract arrangements, exploring potential efficiencies through combining currently discrete contracts.	Resources are used effectively and efficiently in the provision of health and social care services.		
Prevention and early intervention	Continue to commission services with outcomes relating to family wellbeing and child protection.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
	Extend provision of alcohol brief interventions (ABIs) for people who are drinking heavily but not in need of treatment.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
	Develop a best practice guide to enable schools to provide consistent, evidence-based prevention programs.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Recovery	Review new Through Care and After Care service, including arrangements relating to housing support and the need for specialist provision.	Resources are used effectively and efficiently in the provision of health and social care services.		
Tobacco		People are able to look after and improve their own health and wellbeing and live in good health for longer		

Appendix 1 : Health and social care services to be integrated

Services currently provided by West Lothian Council

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

Services currently provided by NHS Lothian

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine—
  - General medicine
  - Geriatric medicine
  - Rehabilitation medicine
  - Respiratory medicine
  - Psychiatry of learning disability,
- Palliative care services provided in a hospital outwith.
- Inpatient hospital services provided by general medical practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services
- District nursing services
- Services provided outwith a hospital in relation to an addiction or dependence on any substance
- Services provided by allied health professionals in an outpatient department,

clinic, or outwith a hospital
- The public dental service
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the
- Defined general dental services.
- Defined ophthalmic services
- Defined pharmaceutical services.
- Primary medical services during out-of-hours.
- Services provided outwith a hospital in relation to geriatric medicine
- Community learning disability services
- Community mental health services
- Community continence services
- Community kidney dialysis services
- Services provided by health professionals that aim to promote public health
- Edinburgh Dental Institute
- Psychology and Psychological Therapies

Appendix 2 : Core suite of national integration indicators

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality.

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

Indicators derived from organisational/system data primarily collected for other reasons.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready.
23. Expenditure on end of life care.

West Lothian HSCP

Strategic Plan 2016/26

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