

# **West Lothian Integration Joint Board**

## **Strategic Plan 2016-26**

## Contents

Foreword .....	2
1 Introduction .....	3
2 Needs analysis.....	6
3 Vision and priority outcomes .....	13
4 Strategic joint commissioning in West Lothian.....	17
5 Current activities and resources .....	21
6 Strategic priorities .....	24
7 Performance management.....	26
8 Clinical and care governance .....	29
9 Development Plan.....	31
Appendix 1 : Health and social care services to be integrated .....	41
Appendix 2 : Core suite of national integration indicators.....	43
Appendix 3: Housing Contribution Statement.....	

## Foreword

This plan describes the strategic vision and direction for West Lothian Integration Joint Board (IJB) from 2016-26 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 3 year action plan which will be reviewed and updated on an annual basis.

NHS Lothian and West Lothian Council have a long history of working in partnership to meet the health and social care needs of the people of West Lothian and has a well-earned reputation for delivering ground-breaking and quality-driven public services to local people. The IJB will 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 IJB 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 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 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.

[Insert photo] **Councillor Frank Toner**  
**IJB Chair**

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photo]

**Jim Forrest**  
**Director**

# 1 Introduction

## Context

It has been recognised both nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet those needs can be disjointed and not as well coordinated as they could be. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the requirements for public service reform and a bottom-up, outcomes-based approach to improve performance and reduce costs.

In order to maximise the benefits of joint working the Integration Joint Board (IJB) will bring together the planning, resources and operational oversight for a substantial range of Council and NHS services in West Lothian which are summarised in figure 1; a full list of delegated services is provided in Appendix 1.



**Figure 1 Services to be Delegated to the IJB**

The IJB's Strategic Plan builds on the strong foundation established by the former Community Health and Care of partnership working and joint commissioning across the range of its responsibilities.

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 IJB 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 with the potential to lead to:

- More care and support being delivered closer to home rather than in hospital or other institutions
- A more person centred way of working focused on the whole person and not just a problem or condition
- More joined up working across professions and agencies
- Citizens, communities and the staff involved in providing health and social care services having a greater say in how those services are planned and delivered
- Improved health and wellbeing for the people of West Lothian

Key documents that inform IJB 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
- Our Health Our Care Our Future: NHS Lothian Strategic Plan 2014-2024
- IJB Joint Commissioning Strategy and Plans
- West Lothian Primary Care Work Plan

## 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 partnership has already delivered in the field of strategic commissioning, and meets the requirements of the current legislation<sup>1</sup>. Information on West Lothian's extensive experience of joint commissioning can be found in section 4 of this plan.

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<sup>1</sup> The Public Bodies (Joint Working) (Scotland) Act 2014.

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

- Adult social care services
- Primary care and community health services
- Some adult acute services

The plan fully explores and explains the locality dimension of strategic planning in West Lothian. The IJB have agreed two geographical localities 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 the IJB Strategic Planning Group whose membership comprises all key stakeholders including West Lothian Council, NHS Lothian, Third and Independent sectors, health care professionals, social care professionals, staff trade unions, locality representatives and representatives of service users and carers.

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

The IJB will commission a wide range of health and care services to achieve the best possible outcomes for people living in West Lothian. When commissioning services the IJB 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 IJB will work 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

Consultation on the draft strategic plan has been undertaken between 1 November 2015 and 31 December 2015. The consultation included a wide range of stakeholders as well as users of the services commissioned by the IJB:

- Health professionals;
- Users of health care;
- Carers of users of health care;
- Commercial providers of health care;
- Non-commercial providers of health care;
- Social Care professionals;
- Users of social care;
- Carers of users of social care;
- Commercial providers of social care;
- Non-commercial providers of social care;
- Non-commercial providers of social housing; and
- Third sector bodies carrying out activities related to health and social care

Following the consultation a revised version of the strategic plan will be presented to the IJB for approval prior to the 31<sup>st</sup> March 2016

## 2 Needs analysis

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

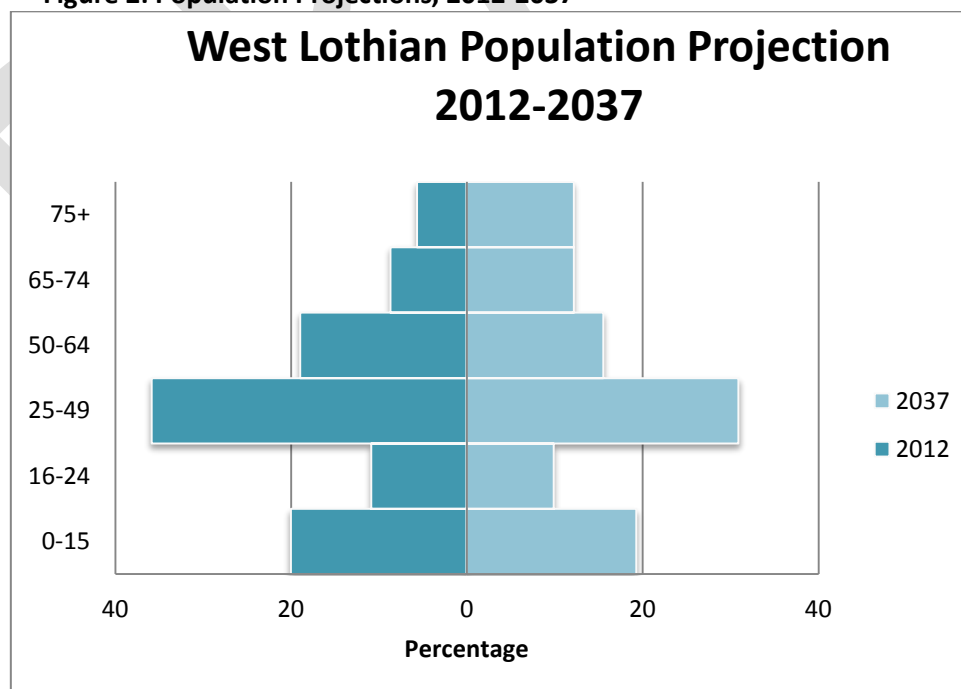
West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth and this trend is expected to continue over the lifetime of this plan.

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

**2.1 West Lothian has an ageing population.** Older people contribute substantially to society with a significant amount of caring for children, adults and older people being provided by people over retirement ages, and many community assets and activities depend the voluntary contributions of this age group. However, whilst healthy life expectancy (i.e. the length of time people live in a healthy way) has been increasing, overall life expectancy has been increasing faster. This means people are living longer but in the final years of life are more likely to experience complex and inter-related problems in their physical and mental health and are the most frequent users of health and social care services.

The rate of growth in the older sectors of the population will be the most significant demographic trend for health and social care in West Lothian (Figure 2). It is estimated 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%.

Figure 2: Population Projections, 2012-2037<sup>2</sup>

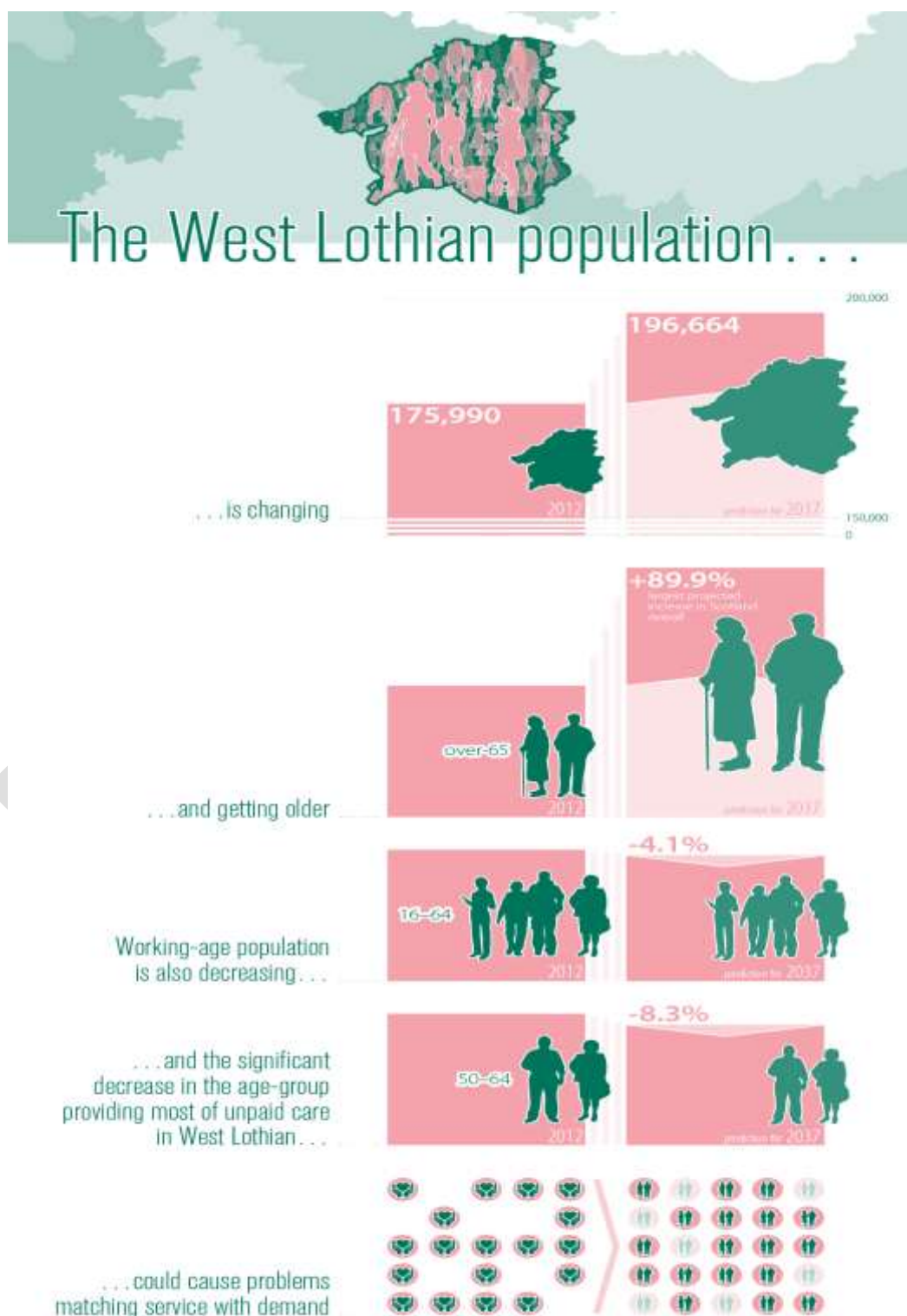


<sup>2</sup> National Records of Scotland 2012-based Population Projections



The projected increase in the over 65 age group is likely to place particular strain on both the NHS and social care services. Alongside the projected reduction in the working age population, and in particular the 50-64 age group who provide most of the unpaid care, these demographic changes will present a significant challenge for the provision of health and social care (Figure 3).

**Figure 3: West Lothian Population**





West Lothian Health and Social Care Partnership have already invested significant effort and resources to simplify and improve services, and access to services, for older people, particularly frail older people and meeting the needs of older people will remain one of the IJB's top priorities during the lifetime of this plan.

## 2.2 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<sup>3</sup>.

Life expectancy for both males and females has seen an increase over the past ten years with male life expectancy improving more rapidly than female life expectancy<sup>4</sup>. Female life expectancy at birth (80.5 years) is greater than male life expectancy (77.9 years).

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 12 years in poor health while females are expected to live for 14 years in poor health<sup>5</sup>.

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 and suggests that as the population ages more individuals in the area are going to be living in poorer health with a corresponding expectation of higher demand on health and social care services.

- 2.3** 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 e.g. Life expectancy for women ranges from 87 years in Linlithgow to only 76.6 years in Dedridge; life expectancy for men ranges

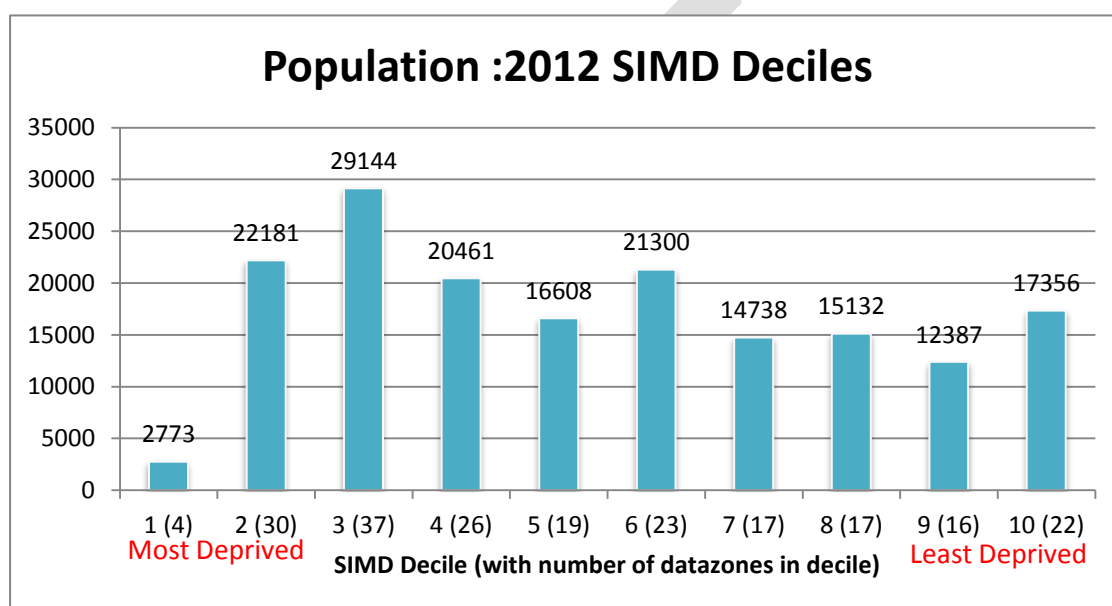
<sup>3</sup> Scotland's People: Annual Report Results from the 2012 Scottish Household Survey: Local Authority Tables  
West Lothian, August 2013

<sup>4</sup> National Records Scotland: West Lothian Council Area Demographic Factsheet 17<sup>th</sup> December 2015

<sup>5</sup> ScotPHO LE/HLE estimates based on self-assessed health from the 2011 Census December 2015

from 82.6 years in Linlithgow to 74.9 years in Breich. These figures reflect wider socio-economic differences.

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measure of deprivation which ranks all datazones in Scotland from 1 (most deprived) to 6,505 (least deprived) and is the Scottish Government's official tool for identifying areas of multiple deprivation. West Lothian has 211 datazones, 13 of which fall within the worst 15% of the 2012 SIMD. As West Lothian also has a number of datazones which fall slightly short of the worst 15% it is also useful to look at the ranking in terms of deciles (tenths), with decile 1 being the most deprived and decile 10 being the least deprived (Figure 4)



**Figure 4 Distribution of West Lothian Population in 2012 SIMD Deciles**

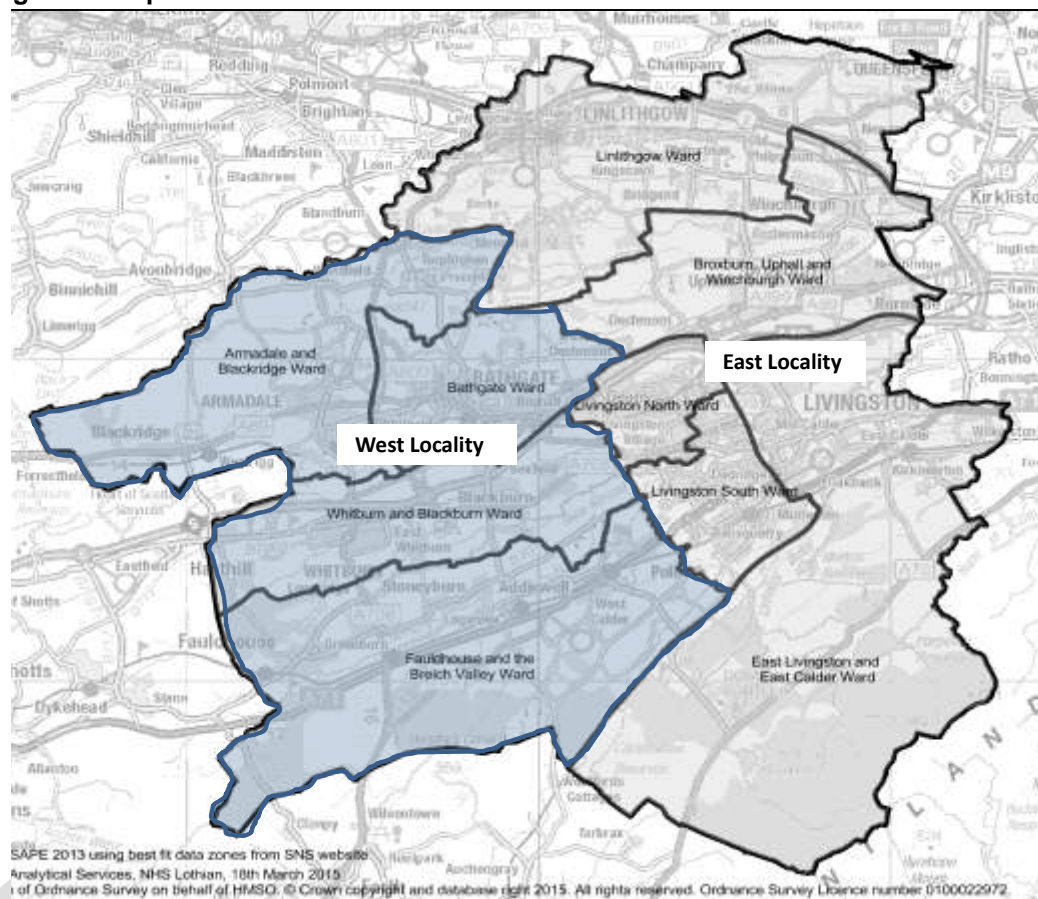
Deciles 1 and 2 make up the datazones which fall within the worst 0-20% of the 2012 SIMD. West Lothian has 34 datazones which fit within this category, accounting for 14.5% of the total population. 37 datazones fall within decile 3 where 16.9% of the population reside.

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 IJB will continue to work with other partners to address these as part of the Community Planning Partnership.

- 2.4 Locality Planning** is a key element of Health and Social Care Integration which, with the enactment of the Public Bodies (Joint Working) (Scotland) Act, 2014, becomes a legal requirement in relation to the planning and delivery of health and social care services. There is general recognition at both a national and local level that communities are the engine house for delivering transformation and in order to realise our vision, the planning and delivery of services must take account of needs at a local level. West Lothian is a diverse county with many different communities of both geography and interest that have varying levels and types of needs in terms of health, social care and wellbeing. For the purposes of planning and delivering health

and social care services the IJB has agreed on two localities; East and West; which have been based on General Practice populations, datazones and current multi-member wards. The localities are illustrated on the map (figure 5).

**Figure 5: Map of East and West Localities**



The West locality consists of four multi-member wards: Armadale and Blackridge; Bathgate; Whitburn and Blackburn; Fauldhouse and Breich Valley. This 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.

The East locality consists of five multi-member wards: Linlithgow; Broxburn, Uphall and Winchburgh; East Livingston and East Calder; Livingston North; Livingston South. The East locality has a considerably larger population whose age profile is increasing more rapidly than the West.

In general, the issues of an ageing population, poor health, deprivation and unemployment are more significant in the West than in the East. There are differences in life expectancy, life chances and health and wellbeing and it is important to note for planning purposes that significant differences also exist within localities, not just between the East and West. Figure 6 provides a summary of the characteristics of the two localities.



**Figure 6 Summary of main locality characteristics**

The way health and social care services are delivered locally can have a significant impact on addressing the main health and wellbeing challenges. The purpose of creating localities is to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the IJB's Strategic Commissioning Plan and for them to influence how resources are utilised in their area. To ensure the quality of localities' involvement in strategic planning Locality Groups will be formed with the direct involvement and leadership of:

- Health and social care professionals involved in the care of people who use services
- Representatives of the housing sector
- Representatives of the third and independent sectors
- Carers and patients' representatives
- People managing services

The views and priorities of localities will be taken into account in the development of Strategic Commissioning Plans therefore it is essential that strategic and locality level planning work together to create the best working arrangements to enable them to take account of local and deep rooted issues such as inequalities and poverty. It is anticipated that locality plans will build upon the insights, experiences and resources in localities to support improvements in local networks, enable development of robust and productive professional relationships and improve health and well being outcomes

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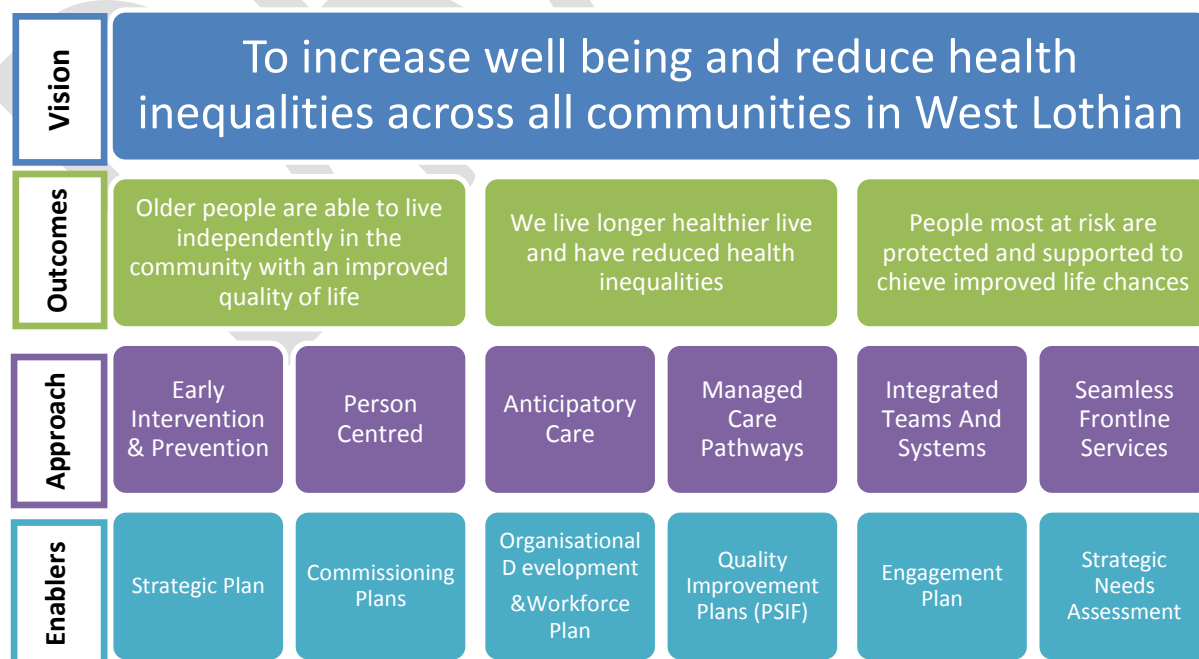
### 3 Vision Values and Outcomes

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

**Values** underpinning our approach include

- Putting people who use services at the centre of what we do
- Making services available and accessible across all communities of West Lothian
- Providing joined-up services as near to where people live as possible
- Supporting people to do as much as possible for themselves
- Focusing on fairness and support those with the greatest needs
- Making health improvement part of everyone's job
- Supporting staff who deliver services
- Involving the public more and making service provision more accountable
- Strengthening accountability
- Continually improving quality and efficiency.

**Priority outcomes** for the IJB are outlined in figure 7 along with our approach and the enablers which will support achievement of our objectives. The outcomes are informed by national and local strategy and are aligned with the Single Outcome Agreement and our approach will include working in partnership with the Community Planning Partnership, communities, locality groups and key stakeholders to support an integrated approach to development and commissioning of services to meet the local population needs. Key elements to reduce the health inequalities gap and improve wellbeing include a focus on early intervention and prevention, ensuring care pathways are person centred. Further development of integrated teams and systems will support delivery of seamless frontline services.



**Figure 7 Priority Outcomes for IJB and Approach**



## Enablers

### Quality Improvement

The importance of effective and efficient services has never been greater for the public sector. The IJB 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.

### Organisational Development

We will continue to build on our strong foundation of successful partnership working across health and social care boundaries to ensure

- Services are developed and delivered more innovatively and effectively; bringing together those who provide community based health and social care.
- Services are designed and shaped to meet local needs and priorities
- Integration of health and social care services, both within the community and with specialist services, underpinned by service redesign, clinical and care networks and by appropriate contractual, financial and planning mechanisms.
- Health improvement activity is focussed in local communities, tackles inequalities and promotes policies that address poverty and deprivation by working within community planning frameworks.
- Involvement of, and partnership with staff, trade unions and professional bodies, including those staff who are contracted to the NHS, as well as those who are directly employed by the NHS and the Local Authority.
- Secure effective public, patient and carer involvement by building on existing, and developing, mechanisms.

Our approach to development of the organisation is underpinned by the following principles:

### Organisational Development Principles

<b>Planned Change</b>	<b>Planned and systematic with change effort based on assessment of current or anticipated problem areas and development gaps.</b>
<b>Partnership and Collaboration</b>	Ensure involvement and participation of service users, staff, service providers, and other key stakeholders.
<b>Performance Orientation</b>	Emphasise ways to maintain, improve and enhance services: improve performance of individuals, teams and managers with development focussed on priorities and achievement of national outcomes.
<b>People Orientation</b>	Based on our values: identify new opportunities for increasing effectiveness through the development of human potential.
<b>Systems Approach</b>	Focus on interrelationships of various agencies, divisions, departments, groups and individuals as interdependent sub-systems of the total health and social care system.



Our approach is designed to capture the blend of national and local development activities relating to the development of the IJB and shall, whenever possible, reflect a consistency across Lothian that will facilitate access to national programmes, joint training and economies of scale, whilst allowing for localised development as required.

## Workforce Plan

With a focus on improving people's lives and caring for the whole person, it is essential we make sure that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes for individuals.

This will require individuals, teams and organisations to develop new ways of working together to deliver the vision underpinned by strong leadership, evolving management arrangements, processes and relationships.

It is recognised that success is dependent on a combination of working arrangements operating within the IJB and across partner agencies. Therefore the Organisational Development and Workforce Plan should be considered a working document that shall evolve over time to reflect strategic developments, responsiveness to local needs and availability of resources.

## Participation and Engagement

The IJB's Participation and Engagement Strategy brings together NHS and Council Social Policy engagement activity within a single unified systematic approach which will improve standards of engagement and involvement across all services and staff groups, with the goal of improving outcomes for patients and service users. This is underpinned by the principles of community engagement.<sup>6</sup>

### Principles of Community Engagement

- Fairness, equality and inclusion must underpin all aspects of community engagement, and should be reflected in both community engagement policies and the way that everyone involved participates.
- Community engagement should have clear and agreed purposes, and methods that achieve these purposes
- Improving the quality of community engagement requires commitment to learning from experience.
- Skill must be exercised in order to build communities, to ensure practise of equalities principles, to share ownership of the agenda, and to enable all viewpoints to be reflected. As all parties to community engagement possess knowledge based on study, experience, observation and reflection, effective engagement processes will share and use that knowledge
- All participants should be given the opportunity to build on their knowledge and skills.
- Accurate, timely information is crucial for effective engagement.

<sup>6</sup> Communities Scotland (2005) National Standards for Community Engagement

To ensure engagement results in improvements appropriate tools such as VOiCE<sup>7</sup> (Visioning Outcomes in Community Engagement) will be used to plan, implement and review the effectiveness of the engagement, with feedback to stakeholders being a key element of the engagement process.

With regard to staff engagement, the IJB will build on the Investors in People (IIP) standard with which both NHS Lothian and West Lothian Council are separately accredited. The IIP framework enables organisations to improve their performance through the workforce, by developing effective strategies for business, learning and development, leadership and management; managing the workforce effectively, recognising and valuing their contribution, involving the workforce in decision-making and measuring the impact of workforce engagement activity.

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<sup>7</sup> <http://www.voicescotland.org.uk/>

## 4. Strategic Joint Commissioning

West Lothian Health and Care Partnership (CHCP) have 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 IJB's planning and resource allocation.

The IJB 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 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.

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

- Substance Misuse
- Adults with Learning Disabilities
- Adults with Physical Disabilities
- Mental Health
- Older People

These plans are based on an annual ANALYSE, PLAN, DO and REVIEW approach, as illustrated in Figure 8.



**Figure 8 Strategic Commissioning Cycle<sup>8</sup>**

As a result of the CHCP decision in 2011, West Lothian IJB is well placed to meet the requirements for strategic commissioning under the new legislation.

The process of joint commissioning was new to the CHCP and much experience has been gained since the initial work commenced. In addition, the external support of agencies such as the Joint Improvement Team helped to develop the expertise within the CHCP. Unsurprisingly the quality of the various plans varies, with those more recently produced or reviewed being of closer to the standard that will be expected of the IJB.

### **Substance Misuse**

At present the responsibility for commissioning of substance misuse services sits within the remit of the Alcohol and Drug Partnership (ADP). In governance terms, the ADP reports through the IJB to the Community Planning Partnership.

In many respects the ADP has led the way on strategic commissioning in West Lothian. The ADP was first to adopt the practice of a formal needs assessment as a preliminary to planning resource deployment as part of a commissioning cycle.

<sup>8</sup> Joint Strategic Commissioning – A Definition - Joint Strategic Commissioning across adult health and social care” Scottish Government COSLA and NHS Scotland prepared by the National Steering Group for Joint Strategic Commissioning June 2012 <http://www.jitscotland.org.uk/action-areas/commissioning/>

The first iteration of the ADP commissioning plan was from 2012-2015. The Scottish Government required ADPs to produce 3 year delivery plans using a standard format and report annually against these. Technically the scope and style of the delivery plan differed from the commissioning plan, for example the scope only covered the Scottish Government direct funding. However, in essence the approach was broadly similar and the ADP used the commissioning plan as the key partnership mechanism to oversee progress against performance and where appropriate to modify resource deployment.

The ADP updated its needs assessment early in 2015 and the second iteration of the commissioning plan was finalised in July 2015. For this plan the ADP ensured that the style and scope was consistent with the Scottish Government's delivery plan. This plan has since been approved by the Scottish Government with positive feedback and a request to use the plan as an exemplar for other partnerships..

### **Adults with Learning Disabilities**

The CHCP produced a joint commissioning plan for Learning Disabilities in 2011. This plan was limited in scope, with limited input from NHS Lothian, and the quality of the initial needs assessment was not of the most rigorous standard. The plan is due for a revision; this work has started and the needs assessment is in an advanced state and expected to be finalised within the next week or so.

The subsequent preparation of the commissioning plan will be informed by ongoing work of the Lothian Learning Disabilities Collaborative Strategic Planning Group. The schedule is to have a final draft of the Learning Disabilities Commissioning Plan presented to the IJB by March 2016.

### **Adults with Physical Disabilities**

The CHCP produced a joint commissioning plan for Physical Disabilities in 2011. This plan was limited in scope and the quality of the initial needs assessment was not of the most rigorous standard. The plan is due for a revision; this work has started and the needs assessment is in an advanced state and expected to be finalised within the next week or so.

The subsequent preparation of the commissioning plan will be developed through the Physical Disabilities commissioning group in conjunction with the Strategic Planning Group. The schedule is to have a final draft of the Physical Disabilities Commissioning Plan presented to the IJB by March 2016.

### **Mental Health**

The CHCP produced a joint commissioning plan for Mental Health in 2012. This plan was limited in scope and the quality of the initial needs assessment was not of the most rigorous standard. The plan is due for a revision. It will be important to ensure that the needs assessment is conducted thoroughly and that the scope reflects the scope of the IJB's responsibility.

The planned schedule is to conclude the needs assessment by 31 March 2016 and to have a final draft of the Mental Health Commissioning Plan presented to the IJB by September 2016.

## Older People

The CHCP produced a joint commissioning plan for Older People in 2012; this was a requirement of the Scottish Government Older People's Change Fund. This plan was limited in scope to the responsibilities of the CHCP and made only passing reference to the acute sector. Since then the CHCP in conjunction with the acute sector has established a Frail Elderly Programme with the main objective of a whole system redesign to deliver a quality, financially sustainable and cost effective service provision, which meets the health and care needs of frail elderly adults, reducing hospital admission and re-admission and minimising delayed discharge. Much of the work of this programme has a strong relationship with the strategic commissioning approach and should provide solid foundation to establish a revised Older People's commission plan.

Although the Frail Elderly Programme has included various analytical elements, these do not comprise a comprehensive needs assessment and it is recommended that the IJB does not compromise on this. It will be important to ensure that the needs assessment is conducted thoroughly and that the scope reflects the scope of the IJB's responsibility. There has been some discussion with Public Health to consider whether they have the capacity and expertise to carry out the needs assessment; the initial indications are that Public Health will not have the capacity for such a significant piece of work and that it will probably be necessary to commission this from an external source.

The subsequent preparation of the commissioning plan will be developed through the Frail Elderly Programme Board in conjunction with the Strategic Planning Group.

The proposed schedule for the Older People's commission plan would be to conclude the needs assessment by 31 March 2016 and to have a final draft of the Older People Commissioning Plan presented to the IJB by September 2016.

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

Section 9 of this Strategic Plan, Development Plan, details the main priorities within each of the Joint Commissioning Plans. Greater detail is available within the full versions of the plans.

Consistent with the commitment to revise the current commissioning plans, this section will be updated in accordance with the schedule for the revised versions of the commissioning plans.

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## 5 Current activities and resources

### Introduction

The main services to be delegated and integrated are

- Adult social care services
- Primary care and community health services
- Some adult acute services.

The financial resource figures below set out the estimated 2015/16 budget resources associated with IJB functions. In addition, indicative resources for the three year period 2016/17 to 2018/19 are also shown as a broad guide to the quantum of resources that will be delegated to the IJB.

As part of ongoing public sector funding constraints, both West Lothian Council and NHS Lothian will face significant financial challenges over the period to 2018/19. In addition, health and social care demands are continuing to increase and both these factors will inevitably impact on the level of future resources available to meet the care needs of the West Lothian population.

A comprehensive listing of the services can be found in Appendix 1 of this plan.

<b>Activity</b>	<b>2015/16 Baseline Budget</b>	<b>2016/17 Indicative Budget</b>	<b>2017/18 Indicative Budget</b>	<b>2018/19 Indicative Budget</b>	<b>Total Indicative Resource for 2016/17 to 2018/19</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Learning Disabilities	12,433	12,518	12,702	12,871	38,091
Physical Disabilities	5,916	5,956	6,044	6,124	18,124
Mental Health	2,943	2,963	3,006	3,047	9,016
Older People Assess & Care	25,326	25,501	25,874	26,220	77,595
Care Homes and HWC	6,931	6,978	7,081	7,176	21,235
Contracts & Commissioning Support	5,986	6,028	6,116	6,198	18,342
Other Social Care Services	2,685	2,704	2,743	2,780	8,227
<b>Total Adult Social Care Services</b>	<b>62,220</b>	<b>62,648</b>	<b>63,566</b>	<b>64,416</b>	<b>190,630</b>



	2015/16 Baseline Budget	2016/17 Indicative Budget	2017/18 Indicative Budget	2018/19 Indicative Budget	Total Indicative Resource for 2016/17 to 2018/19
<u>Activity</u>	£000s	£000s	£000s	£000s	£000s
Community Hospitals	4,119	4,202	4,287	4,373	12,862
Mental Health	9,704	9,900	10,100	10,304	30,304
District Nursing	2,404	2,453	2,502	2,553	7,508
Community AHPS	3,275	3,341	3,408	3,477	10,226
GMS	22,202	22,650	23,108	23,575	69,333
Prescribing	29,696	30,296	30,908	31,533	92,737
Resource Transfer	6,782	6,919	7,059	7,202	21,180
Other Core	8,458	8,629	8,803	8,981	26,413
<b>Total Core Health Services</b>	<b>86,640</b>	<b>88,390</b>	<b>90,175</b>	<b>91,998</b>	<b>270,563</b>
Sexual Health	1,014	1,034	1,055	1,076	3,165
Hosted AHP Services	2,667	2,721	2,776	2,832	8,329
Hosted Rehabilitation Medicine	1,407	1,435	1,464	1,494	4,393
Learning Disabilities	2,945	3,005	3,065	3,127	9,197
Substance Misuse	1,532	1,563	1,595	1,627	4,785
Oral Health Services	2,215	2,260	2,305	2,352	6,917
Hosted Psychology Service	929	948	967	987	2,902
Complex Care	513	523	533	544	1,600
Lothian Unscheduled Care Service	1,934	1,974	2,013	2,054	6,041
HM Prison Services	819	835	852	869	2,556
Strategic Programmes	1,659	1,659	1,659	1,659	4,977
Other Hosted Services	206	210	214	218	642
<b>Total Hosted Health Services</b>	<b>17,840</b>	<b>18,167</b>	<b>18,498</b>	<b>18,839</b>	<b>55,504</b>
A & E (outpatients)			4,060	4,142	4,311
Cardiology			2,111	2,154	2,242
	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Total</b>
					<b>12,679</b>
					<b>6,594</b>

<b>Activity</b>	<b>Baseline Budget £000s</b>	<b>Indicative Budget £000s</b>	<b>Indicative Budget £000s</b>	<b>Indicative Budget £000s</b>	<b>Indicative Resource for 2016/17 to 2018/19 £000s</b>
Diabetes		494	504	514	524
Endocrinology		409	418	426	435
Gastroenterology		1,752	1,788	1,824	1,861
General Medicine		8,670	8,845	9,024	9,206
Geriatric Medicine		5,019	5,121	5,224	5,330
Infectious Disease		3,056	3,118	3,181	3,245
Rehabilitation Medicine		722	736	751	766
Respiratory Medicine		2,106	2,149	2,192	2,236
Therapies/Management		989	1,009	1,029	1,050
<b>Total Acute Health Services Set Aside Budget</b>		<b>29,388</b>	<b>29,984</b>	<b>30,589</b>	<b>31,206</b>
<b>Total</b>		<b>196,088</b>	<b>199,189</b>	<b>202,828</b>	<b>206,459</b>
					<b>608,476</b>

## 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.

## 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 IJB 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 IJB 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 IJB. A broad range of performance indicators will be used to monitor performance of these separate activities. The IJB 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	IJB Performance Target
<b>Financial &amp; Business Perspective</b>	<b>Effective Resource Use</b> To live within available financial resources and develop a sustainable financial plan.	<ul style="list-style-type: none"> <li>• Achievement of a break-even revenue position</li> <li>• A measure of the balance of care (e.g. split between spend on institutional and community-based care)</li> <li>• Achievement of Quality Prescribing Indicators</li> </ul>	<ul style="list-style-type: none"> <li>• <b>To Be Confirmed</b></li> </ul>
<b>Customer Perspective</b>	<b>Positive experiences and outcomes</b>	<ul style="list-style-type: none"> <li>• Percentage of customers who rated the overall quality of services as good to excellent</li> <li>• Percentage of customers satisfied with opportunities for social</li> </ul>	<ul style="list-style-type: none"> <li>• <b>To Be Confirmed</b></li> </ul>

		<p>interaction</p> <ul style="list-style-type: none"> <li>• Number of Complaints</li> </ul>
	<b>Carers are supported</b>	<ul style="list-style-type: none"> <li>• Percentage of carers who feel supported and able to continue in their role as a carer</li> <li>• Percentage of young carers accessing peer and emotional support who report they have increased confidence as result of this intervention</li> </ul> <p>• <b>To Be Confirmed</b></p>
<b>Internal process perspective</b>	<p><b>Healthier Living</b></p> <p>To promote the health and well being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian</p>	<ul style="list-style-type: none"> <li>• Gap in life expectancy of the most deprived 15% and the average life expectancy in West Lothian</li> <li>• Warwick-Edinburgh Mental Well-being Score</li> <li>• Percentage of children &amp; young people who feel healthy</li> <li>• Percentage of adults with self assessed health as good/very good</li> </ul> <p>• <b>To Be Confirmed</b></p>
	<b>Independent Living</b>	<ul style="list-style-type: none"> <li>• Self Directed Support (indicators are in development)</li> <li>• Percentage of time in the last 6 months of life spent at home or in a community setting</li> <li>• Percentage of customers and carers satisfied with their involvement in the design of care packages</li> <li>• Percentage of people aged 65+ who live in housing, rather than a care home or a hospital setting</li> <li>• Number of people with intensive needs receiving 10 hours + care at home</li> <li>• Number of adults with learning disability provided with</li> </ul> <p>• <b>To Be Confirmed</b></p>

		employment support
	<b>Services are safe</b> To improve safety and quality across health and care services in West Lothian	<ul style="list-style-type: none"> <li>• Achievement of Clinical Quality Indicators</li> <li>• Achieve an average of 55% direct care time</li> <li>• Percentage of community care service users feeling safe</li> <li>• Percentage of MAPPA cases where level of risk has been contained or reduced</li> </ul>
<b>Learning &amp; Growth Perspective</b>	<b>Engaged Workforce</b> Secure the integration of primary, secondary and social care to deliver sustainable and equitable improvements in quality and safety across health and social care;	<ul style="list-style-type: none"> <li>• 85% of staff have an annual performance review and personal development plan</li> <li>• Achievement of 4% staff absence rate across all service areas</li> <li>• Staff satisfaction demonstrated through staff surveys and Investors in People assessment</li> </ul>



## 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.

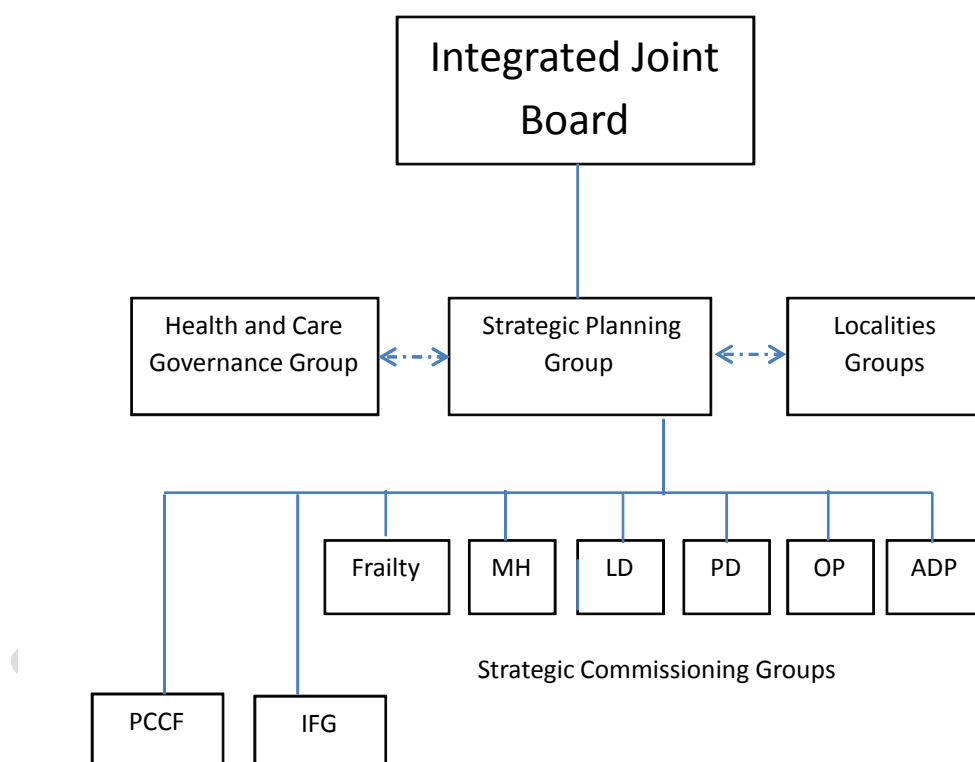
The Strategic Planning Group will be able to invite appropriately qualified individuals from other sectors to join its membership. This will include NHS Board professional committees, managed care networks and public protection committees.

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, care 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.	1/4/16	
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.	1/4/16	
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.	1/4/16	
	Communication Plan to engage with the wider public; to build on existing good practice to promote IJB 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 IJB 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	1/4/16	
Property strategy		Resources are used effectively and efficiently in the provision of health and social care services.	1/4/16	

Primary Care development priorities				
Action	Description	Strategic outcome	Start	End
Ensure services are safe	General practice complaints are reviewed and learning is shared. IJB 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.	1/4/16	
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 IJB. Evidence-based prescribing initiatives continue to be implemented and supported by the IJB.	People who use health and social care services have positive experiences of those services, and have their dignity respected.	1/4/16	
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.	1/4/16	

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.	1/4/16	
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.	1/4/16	
Tele-healthcare	Develop telecare and telehealth provision to support independence and capacity building.	People are able to look after and improve their own health and wellbeing and live in good health for longer	1/4/16	
Health inequalities	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	Health and social care services contribute to reducing health inequalities	1/4/16	

<b>Adults with Learning Disabilities - commissioning priorities</b>				
<b>Action</b>	<b>Description</b>	<b>Strategic outcome</b>	<b>Start</b>	<b>End</b>
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.	1/4/16	
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.	1/4/16	
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.	1/4/16	
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.	1/4/16	
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.	1/4/16	

<b>Adults with Physical Disabilities - commissioning priorities</b>				
<b>Action</b>	<b>Description</b>	<b>Strategic outcome</b>	<b>Start</b>	<b>End</b>
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.	1/4/16	
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.	1/4/16	
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.	1/4/16	
Information and Advice Services	Review current contracts for <ul style="list-style-type: none"> <li>Information and Advice Service (Disability)</li> <li>Information and Advice Service (Learning D.)</li> <li>Peer Counselling Service</li> <li>Independent Living</li> </ul>	Resources are used effectively and efficiently in the provision of health and social care services.	1/4/16	
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.	1/4/16	
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.	1/4/16	
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.	1/4/16	



<b>Mental Health - commissioning priorities</b>				
<b>Action</b>	<b>Description</b>	<b>Strategic outcome</b>	<b>Start</b>	<b>End</b>
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.	1/4/16	
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	1/4/16	
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.	1/4/16	
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	1/4/16	
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.	1/4/16	
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.	1/4/16	
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.	1/4/16	

<b>Older People and dementia - commissioning priorities</b>				
<b>Action</b>	<b>Description</b>	<b>Strategic outcome</b>	<b>Start</b>	<b>End</b>
Live at Home or in a Homely Setting for Longer	Review contract arrangements for care at home	Resources are used effectively and efficiently in the provision of health and social care services.	1/4/16	
	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.	1/4/16	
	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.	1/4/16	
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.	1/4/16	
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.	1/4/16	
	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.	1/4/16	
Dementia		Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	1/4/16	

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.	1/4/16	
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.	1/4/16	
Mental health	Continue progress towards preventative, assessment and outcome focussed services – specifically development of Memory Assessment & Treatment Service <ul style="list-style-type: none"> <li>- 1 year post diagnostic support for people with new dementia diagnosis</li> <li>- develop Behavioural Support service</li> <li>- redesign Mental Health Elderly Day Service</li> </ul>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	1/4/16	
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.	1/4/16	

<b>Substance misuse - commissioning priorities</b>				
<b>Action</b>	<b>Description</b>	<b>Strategic outcome</b>	<b>Start</b>	<b>End</b>
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.	1/4/16	
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	1/4/16	
	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	1/4/16	
	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	1/4/16	
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.	1/4/16	
Tobacco		People are able to look after and improve their own health and wellbeing and live in good health for longer	1/4/16	

In taking forward the strategic plan the IJB will ensure the principles of integration are embedded in the service development and delivery models; namely that services:-

- Are Integrated from the point of view of recipients
- Takes account of the particular needs of different recipients
- Takes account of the particular needs of recipients in different parts of the area in which the service is being provided
- Is planned and led locally in a way which is engaged with the community and local professionals

- Supports anticipation, early intervention and prevention

**Maximises use of the available facilities, people and other resources**

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# 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
- Palliative care services provided outwith a hospital
- 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 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 National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health (Scotland) Act 1978
- 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

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## 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.

## Appendix 3: Housing Contribution Statement

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# West Lothian IJB

## Strategic Plan 2016/26

Jim Forrest  
Director West Lothian IJB

October 2015

For more information:

Email address: [XX@westlothian.gov.uk](mailto:XX@westlothian.gov.uk)

Telephone number: [01506 28](tel:01506 28)

West Lothian Civic Centre  
Howden South Road | Livingston | West Lothian | EH54 6FF