West Lothian Integration Joint Board

Strategic Plan 2016-26

Contents

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

[1] 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 31st 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.

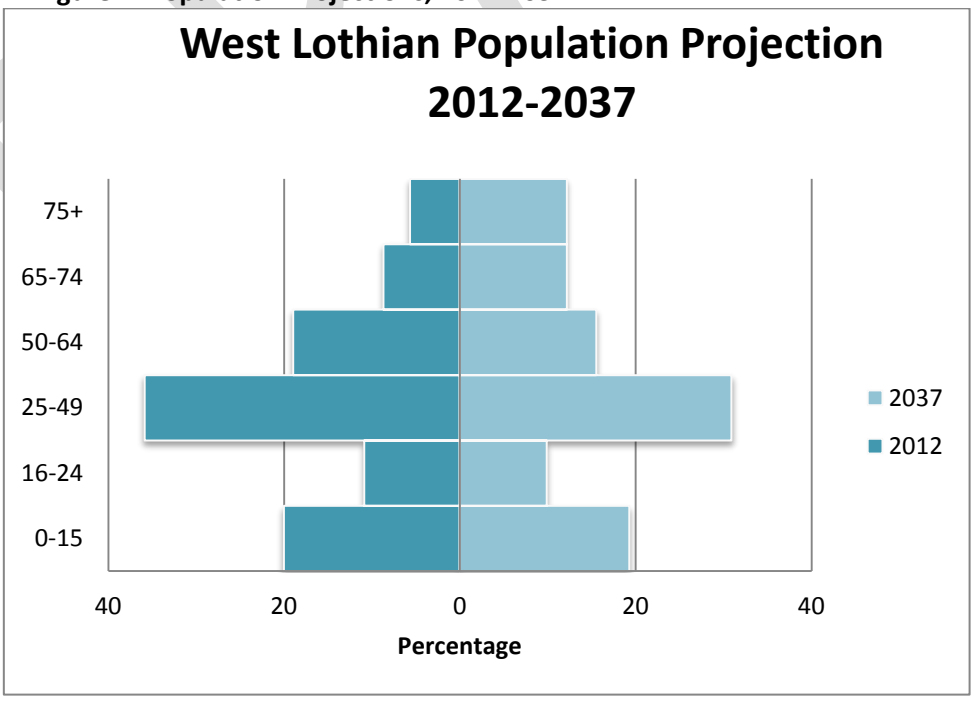
West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth and this trend is expected to continue over the lifetime of this plan.

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 are dependant on 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[2]



[2] 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).

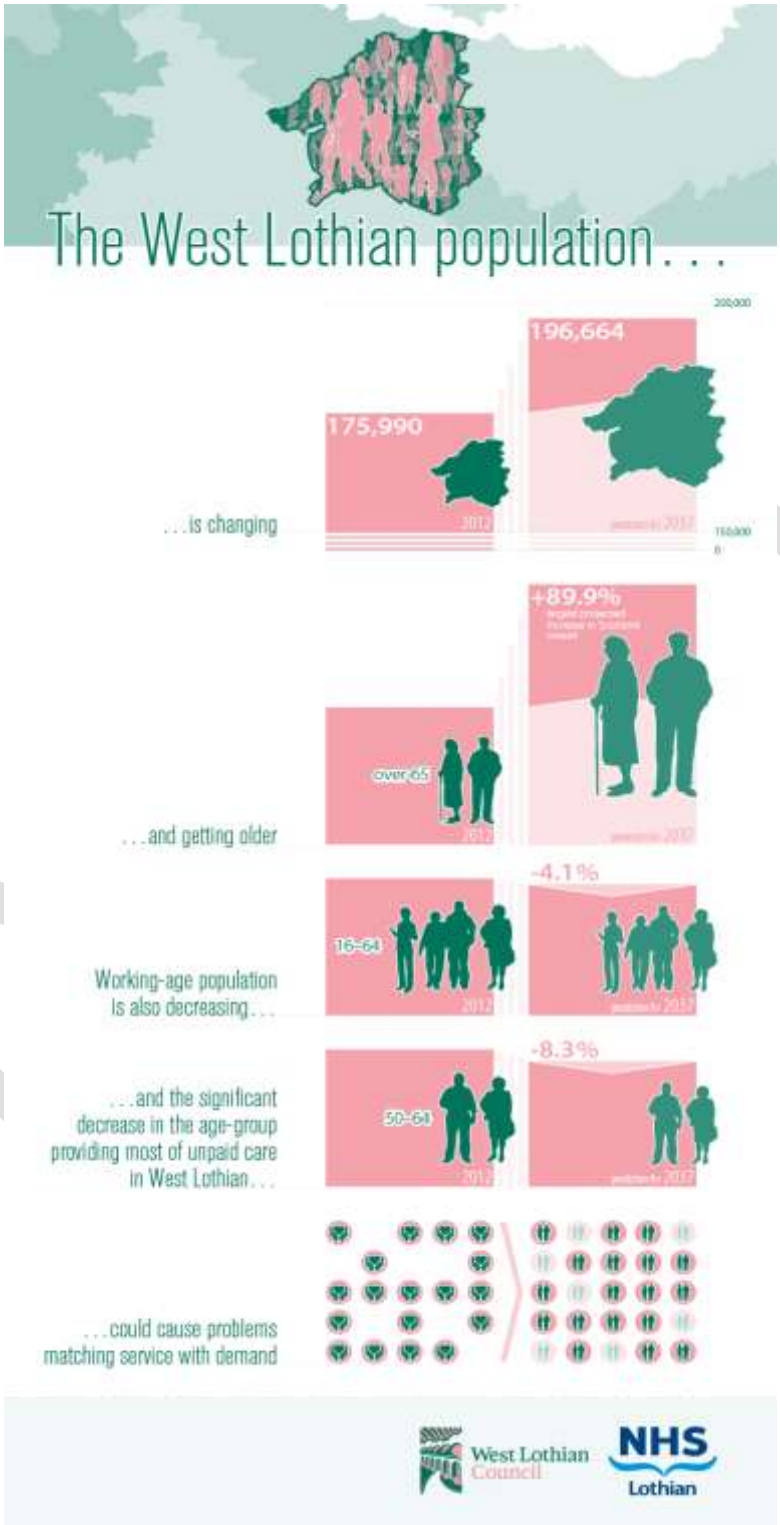


Figure 3: West Lothian Population Projections

(Source: Information Services Division (ISD) Scotland)

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[3].

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[4]. 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 12years in poor health while females are expected to live for 14 years in poor health[5].

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 87years in Linlithgow to only 76.6years in Dedridge; life expectancy for men ranges

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

[4] National Records Scotland: West Lothian Council Area Demographic Factsheet 17th December 2015

[5] 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 indentifying 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)

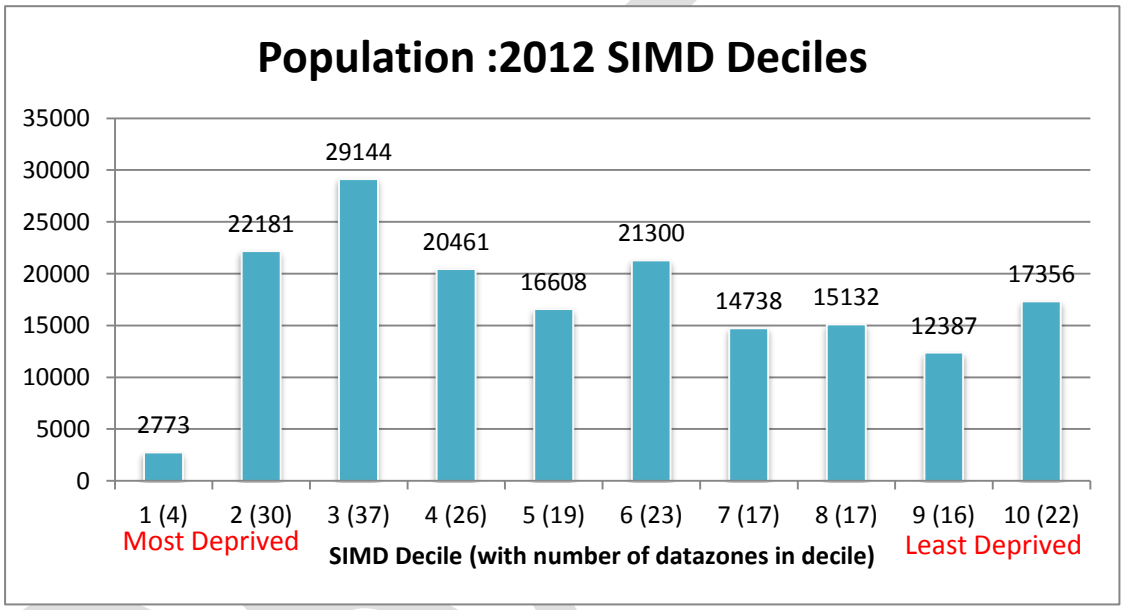


Figure 4 Distribution of West Lothian Population in 2012 SIMD Deciles[6]

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.

SIMD pulls together data on 7 indicators: Employment; Income; Health; Education; Access; Crime; Housing. Each of the 7 indicators that make up the SIMD score are given their own individual ranking. This makes it possible to compare different geographies based on an individual indicator (Table 1)

Examination of the SIMD reveals that health is the worst indicator for West Lothian with 38 datazones falling within the worst 15% in Scotland compared to only 13 in the overall ranking. 3 of the datazones are within the worst 5% in Scotland for health: 2 in Craigshill and 1 in Bathgate East. With the lowest ranking for Health, Income and Crime, **Bathgate** East (S01006416) is the worst ranked datazone overall.

[6] SIMD 2012

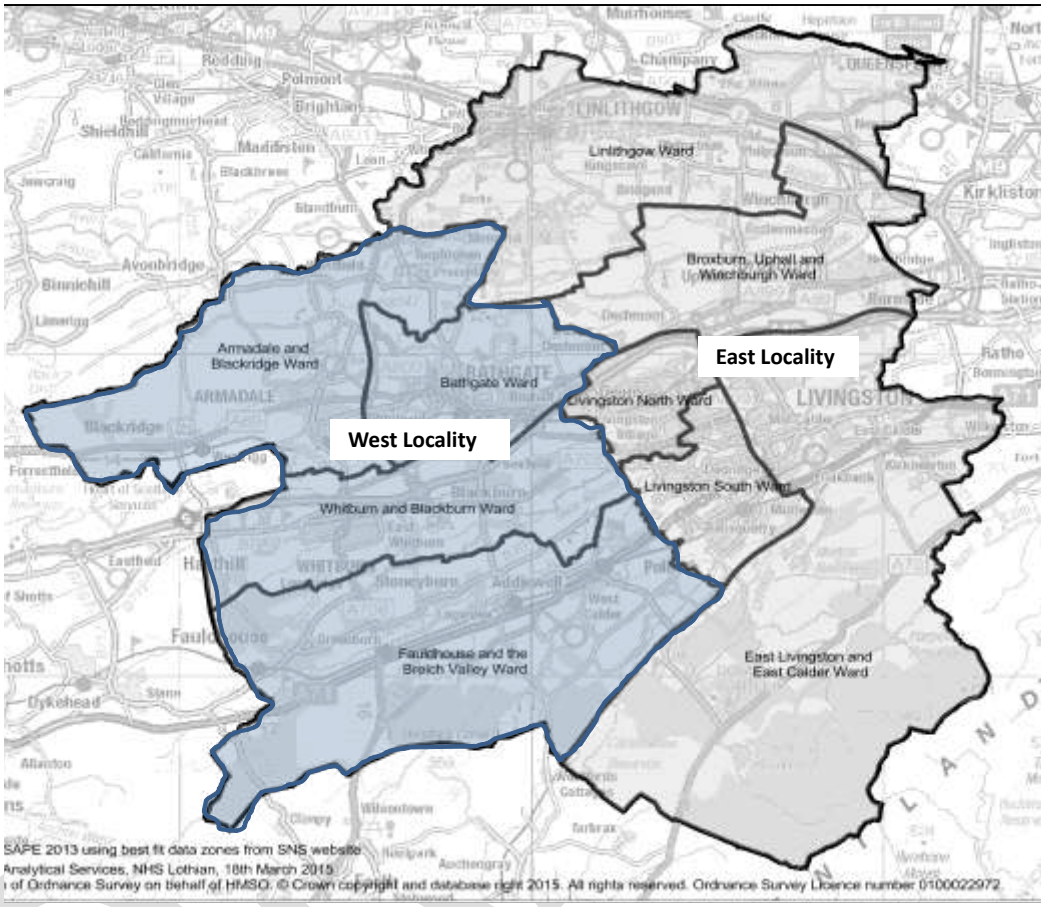
Indicator	SIMD Weighting	No. West Lothian Datazones in the worst 15% in Scotland 2012	Comments
Employment	28%	16	**Blackburn** (S01006350) at rank 338 is lowest ranked West Lothian datazone for this indicator
Income	28%	13	**Bathgate East** (S01006416) at rank 313 has the lowest income in the area.
Health	14%	38	3 datazones: **Bathgate East** (S01006416), **Craigshill** (S01006401) and **Craigshill** (S01006402); fall within the first virgintile in Scotland. This means they are within the bottom 5%. A further 20 datazones fall within Virgintile 2. **Bathgate East**(S01006416) ranks the lowest for health in West Lothian in 2012 ranking 109th out of 6505 in Scotland
Education	14%	20	The lowest ranked datazone for education is **Blackburn** (S01006349) which does not feature in the worst 15% for any other indicator
Access	9%	20	**Breich Valley** (S01006295) ranks the lowest in West Lothian at 575
Crime	5%	22	2 datazones **Bathgate East** (S01006416) and **Howden** (S01006361) rank very low at 34 and 60 in Scotland . 8 datazones fall within the worst 5% in Scotland and a further 5 within the worst 10%
Housing	2%	0	No datazones were within the worst 15%
Table 1		Source: Information Services Division based on SIMD 2012	

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. 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[7]



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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. A key factor affecting this growth was the establishment of Livingston as a *New Town* in 1962. This development attracted businesses to the area and with this an immediate increase in the working age population. This population have now grown older at the same time contributing to a significant demographic change.

[7] Lothian Analytical Services 2015: Ordnance Survey, HMSO 2015

In general, the issues of an ageing population, poor health, deprivation and unemployment are more significant in the West than in the East[8]. 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. Although the West Locality continues to have a larger overall proportion of older people it is noted that there are higher rates of emergency bed days (75+ age group), multiple emergency admissions (65+ age group) and emergency admissions due to falls in the East Locality. Figure 6 provides a summary of the characteristics of the two localities[9].

Figure 6 Summary of main locality characteristics (NHS Lothian Analytical Services & ISD)

[8] Population data: National records Scotland 2013 Mid Population estimates by Datazone

[9] NHS Lothian Analytical Services and ISD

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

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	
Planned Change	Planned and systematic with change effort based on assessment of current or anticipated problem areas and development gaps.
Partnership and Collaboration	Ensure involvement and participation of service users, staff, service providers, and other key stakeholders.
Performance Orientation	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.
People Orientation	Based on our values: identify new opportunities for increasing effectiveness through the development of human potential.
Systems Approach	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.

It is recognised that success is dependent on a combination of working arrangements operating within the IJB and across partner agencies. 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. 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

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. 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.[10]

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.

[10] Communities Scotland (2005) National Standards for Community Engagement

To ensure engagement results in improvements appropriate tools such as VOiCE[11] (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.

[11] http://www.voicescotland.org.uk/

4. Strategic Joint Commissioning

West Lothian Health and Care Partnership 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) Act 2014.

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.

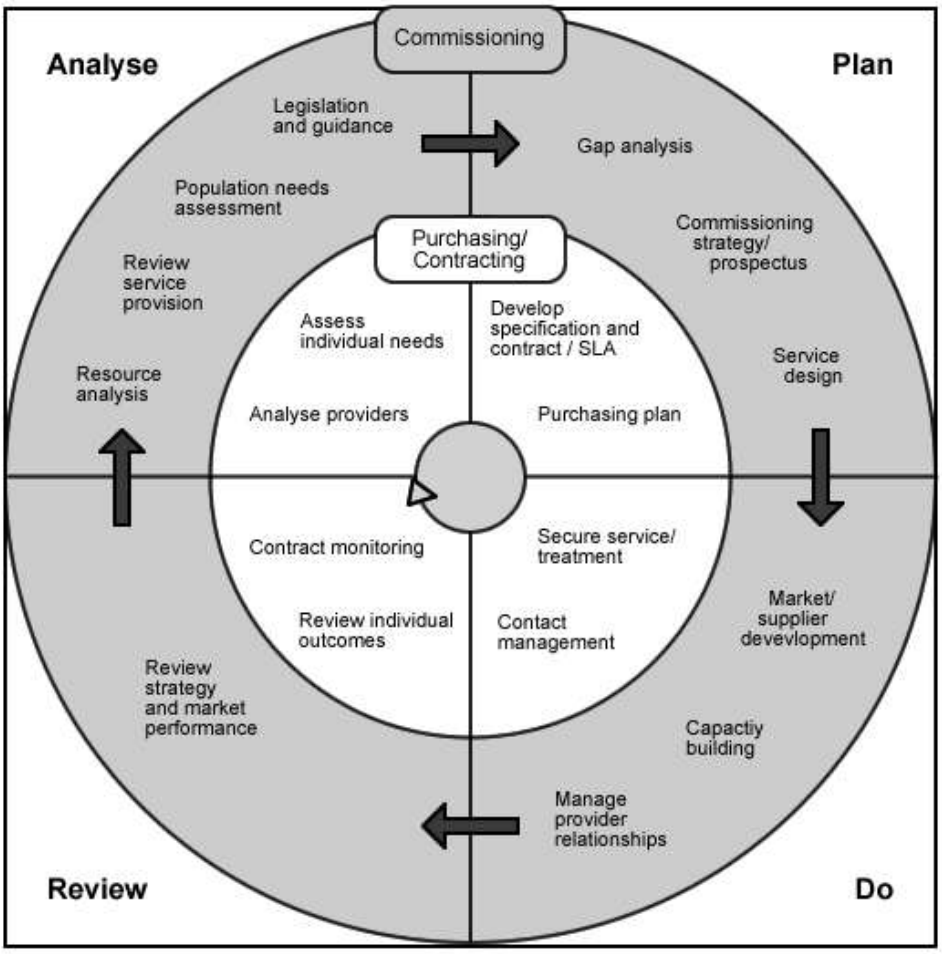

Figure 8 Strategic Commissioning Cycle[12]

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.

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.

[12] 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 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.

	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
Activity	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
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**
Total Adult Social Care Services	**62,220**	**62,648**	**63,566**	**64,416**	**190,630**

Activity	2015/16 Baseline Budget £000s	2016/17 Indicative Budget £000s	2017/18 Indicative Budget £000s	2018/19 Indicative Budget £000s	Total Indicative Resource for 2016/17 to 2018/19 £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**
Total Core Health Services	**86,640**	**88,390**	**90,175**	**91,998**	**270,563**
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**
Total Hosted Health Services	**17,840**	**18,167**	**18,498**	**18,839**	**55,504**

A & E (outpatients)			4,060	4,142	4,226	4,311	**12,679**
Cardiology			2,111	2,154	2,198	2,242	**6,594**
	2015/16	**2016/17**	**2017/18**	**2018/19**		**Total**

Activity	Baseline Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Budget £000s	Indicative Resource for 2016/17 to 2018/19 £000s
Diabetes		494	504	514	524	**1,542**
Endocrinology		409	418	426	435	**1,279**
Gastroenterology		1,752	1,788	1,824	1,861	**5,473**
General Medicine		8,670	8,845	9,024	9,206	**27,075**
Geriatric Medicine		5,019	5,121	5,224	5,330	**15,675**
Infectious Disease		3,056	3,118	3,181	3,245	**9,544**
Rehabilitation Medicine		722	736	751	766	**2,253**
Respiratory Medicine		2,106	2,149	2,192	2,236	**6,577**
Therapies/Management		989	1,009	1,029	1,050	**3,088**
Total Acute Health Services Set Aside Budget		**29,388**	**29,984**	**30,589**	**31,206**	**91,779**
Total		**196,088**	**199,189**	**202,828**	**206,459**	**608,476**

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	Baseline	IJB Performance Target
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	• To be added	• To Be Confirmed
Customer Perspective	**Positive experiences and outcomes**	• Percentage of customers who rated the overall quality of services as good to excellent	• To be added	• To Be Confirmed

		• 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	• To be added	• To Be Confirmed
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	• To be added	• To Be Confirmed
	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	• To be added	• To Be Confirmed

		receiving 10 hours + care at home • 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	• To be added	• To Be Confirmed
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	• To be added	• To Be Confirmed

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.

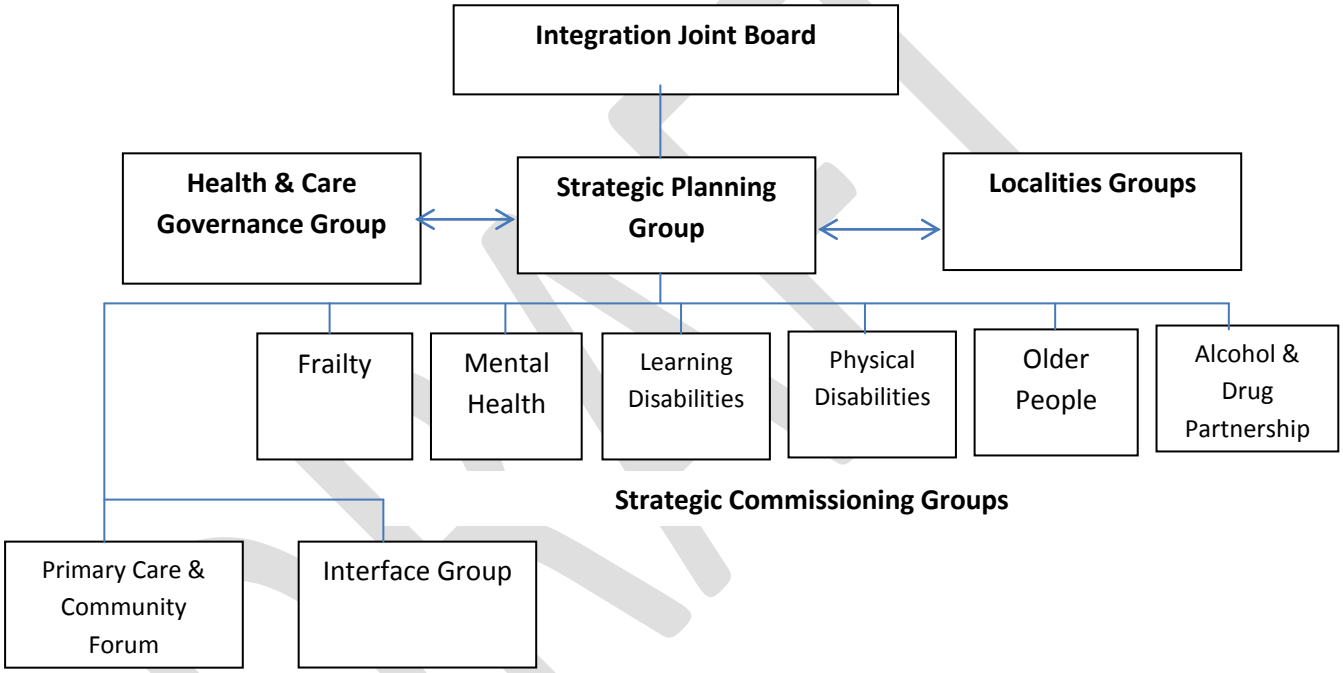
The Strategic Planning Group will be able to invite appropriately qualified individuals from other sectors to join its membership. This will include NHS Board professional committees, managed care networks and public protection committees.

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	

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.	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	

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.	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 – 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.	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	

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.	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	

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	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 - 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.	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	

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.	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

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

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

Contents

Introduction

The Housing Contribution Statement sets out the role of social housing providers in West Lothian to achieving outcomes for health and social Care. It builds on the West Lothian's first housing contribution statement completed in 2013.

The Housing Contribution Statement is an integral part of West Lothian Integration Joint Board's Strategic Plan. It will also directly link into the development of the new Local Housing Strategy to be prepared during 2016.

Consultation

The Housing Contribution Statement has been developed in consultation with Registered Social Landlords (RSLS) operating in West Lothian. A workshop was held at the end of January 2016 to enable RSLs to add their experience, expertise and proposals to the housing contribution statement.

Governance

The Health Board, the Council and the Integration Joint Board (IJB) are accountable for ensuring appropriate clinical and care governance arrangements for their duties. A Health and Care Governance Group will be established with membership from the Health Board, the Council and others including Service user and care representatives and Third Sector and independent sector representatives.

West Lothian Council's Head of Housing Services is represented on the Strategic Planning Group, actively promoting the housing sector's role in health and social care integration.

The Integration Joint Board's vision is "to increase wellbeing and reduce health inequalities across West Lothian". Priority outcomes for the IJB are informed by national and local strategy and include:

- 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)

Identifying Housing Need and Demand

The Housing Need and Demand Assessment (HNDA2), covering the South East Scotland Strategic Plan area, for the Strategic Development Plan 2 has been completed. The purpose of the HNDA is to provide a robust, shared evidence base for housing policy and land use planning. The HNDA2 estimates the future number of additional homes across all tenures. It also sets out how the housing system operates and provides an evidence base for policy development on new housing supply, management of existing stock and the

provision of housing related services. It notes a high need for social rent and below market rent housing.

Section 7.1 of the HNDA2 assesses the need and demand for specialist housing provision across the SESPlan area. It identifies three broad categories of housing need, covering six types of housing or housing or housing related provision.

Specialist Housing Provision: - Categories of need and Types of Housing	
Property Needs	• Accessible and Adapted Housing • Wheelchair Housing • Non-permanent housing e.g. for student, migrant workers, asylum seekers, refugees
Care and Support needs	• Supported provision e.g. care home, sheltered housing, hostels and refuges
Locational or land needs	• Site provision e.g. sites/pitches for Gypsies/Travellers and sites for Travelling Show-People

HNDA2 Key housing points

Between 2012 and 2037 the number of households in West Lothian is projected to increase from 73,847 to 86,487. This is a 17% increase in households which will have a significant effect on housing provision.

Older People

From 2001- 2011 the population aged 65-79 increased by 32% in West Lothian.

Using the principal population projection for the group age 65 to 79, West Lothian is projected to increase over the period 2010 to 2035 by 80%. It is projected that the group aged 80+ will increase by 187% over the same period. The projected increase in the number of older people is likely to have a significant impact on the need and demand for health and housing related services.

In 2012 there were 1298 dwellings for older people in West Lothian

Physical disability

According to HNDA 2, In West Lothian, 25% of households have one or more member that are long term sick or disabled (This is from the Scottish House Condition Survey 2009-11). The most recent SHCS survey (2011-2013) shows that figure has increased to 36%. Of these 28% live in the social rented sector and 62% in the owner occupied sector whilst the figure for private rented housing is not reported. In the 2011-13 SHCs survey, 10% of households in West Lothian receive care services compared to 7% in the 2009-11 survey

Dwellings with adaptations

In 2011-2013 survey, 22% of dwellings in West Lothian had adaptations. This has increased from 16% in the 2009 -11 survey.

Homeless

Homeless Housing need in HNDA2 was calculated and added to the "existing need for new affordable housing". Since 2011/12 homeless applications have decreased from 1726 in 2011/12 to 1331 in 2014/15.

The HNDA2 acknowledges that there is limited data is available to quantify the level and type of housing required to meet specific housing need.

The full report is available online at:

http://www.sesplan.gov.uk/assets/images/HNDA/FINAL%20SESPLAN%20HNDA2.pdf

Work has been undertaken to understand the accommodation requirements of specific client groups in West Lothian and this forms the basis of the Joint Accommodation Strategy between Social Policy and Housing, Construction and Building Services. Some key requirements are set out in Appendix 1.

New housing supply

Since 2009, the council has been building new council houses. Approximately 50 bungalows have been built that are suitable for older people or people with disabilities. A further 137 are planned. A development of 7 homes was built for people with profound physical disabilities at Uphall. All houses are built to housing for varying needs standards and this applies to both council and RSL properties. Housing specifically for older people and people with disabilities is being developed at Rosemount Gardens Bathgate and at West Main Street, Broxburn. The Blackburn homeless unit has been refurbished and this will provide additional temporary accommodation for homeless families.

Housing Associations built 78 homes for people with particular needs between 2007 and 2015. There are a number of specialist housing providers in West Lothian and these include Abbeyfield, Bield, Cairn, Trust ARK and Horizon. Other RSLs also provide a number of properties that are suitable for wheelchair users.

National Outcomes

The National health and wellbeing outcomes to be delivered through integration are defined as:

- 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 centre 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 wellbeing.
- 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 in the provision of health and social care.

Outcome 2 is of particular importance in defining the housing contribution through the provision of good quality housing to support a range of needs. A contribution will also be made to other national outcomes such as Outcome 9, the effective use of resources where effective housing solutions can prevent costly health and social care responses.

Health Inequalities and Locality Planning

As noted in the IJB Strategic Plan, there are significant health inequalities in West Lothian. 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. There are also inequalities within West Lothian. Life expectancy for women ranges from 87 years in Linlithgow to only 76.6 years 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.

The requirement for joint working by a wide range of public services is noted in the Strategic Plan so that health inequalities can be challenged.

After analysis of a number of options a two locality approach, East and West was adopted based on current multi-member wards. The West locality contains most of the former coalmining and heavy industrial areas of West Lothian and shows continuing impact of these industries and the process of de-industrialisation 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.

Integration and delegated functions

By February 2015 the Integration Joint Board will have approved the Strategic Plan and West Lothian Council and NHS Lothian will have delegated functions to the new West Lothian Health and Social Care Partnership. The Act sets out a range of health and social care functions, including functions under housing legislation which “must “ or “may” be

delegated to an integration authority. In West Lothian the delegated functions are contained in the West Lothian Integration Joint Board Strategic Plan 2016 – 26.

The housing functions that are being delegated by West Lothian Council to West Lothian Health and Social Care Partnership are:

- Housing Support Services
- Aids and Adaptations – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living. Common examples include ramps, level access, wet floor showers and kitchen conversions

The development of new commissioning plans is underway which will set out the way in which services are developed for the following groups:

- People with Learning Disabilities and
- People with Mental Health Issues)
- Older People
- People with Physical Disability
- People with Addictions
- Homelessness and Housing Options
- People at risk of Domestic Abuse
- People in the Criminal Justice system

Other housing services that the council is responsible for will be closely aligned to health and social care. These include sheltered housing, housing with care and supported housing, housing options information and advice and homelessness, services to address fuel poverty.

Strategic Commissioning

West Lothian Integration Joint Board (IJB) has been using joint strategic commissioning as the delivery vehicle for achieving national and local health and wellbeing outcomes. The Integration Joint Board developed an overarching strategy for the Joint Commissioning of Health and Care Services within West Lothian in 2011. Outcomes for people are at the centre of the approach and an integral element of the drafting of the plans is engagement with all stakeholders, including service users, 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 choose 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 the 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 been developed.

- Adults with learning difficulties
- Adults with physical disabilities
- Mental Health
- Older people and Dementia
- Substance misuse

Evidence base of housing need and links to Health & Social Care

A number of major issues are noted in the HSCP Strategic plan that will influence the need for specialist housing provision and/or housing support in West Lothian over the duration of this strategy.

- West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth. The overall population will grow by 12% between 2012 and 2037.
- 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.
- Over the period 2012 -2037, the 64-74 age group will increase by 57% and the over 75 age group will increase by 140%.
- 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.
- As the population ages more individuals in the area are going to be living in poorer health. Consequently there will be higher demand on health and social care services.
- 36% of households in West Lothian have one or more members who is long term sick or disabled.
- 62% of households where one or more of the members are long term sick or disabled are in the social rented sector 28% are in the owner occupied sector.
- Households containing pensioners comprised the highest percentage of households containing one or more long term sick or disabled members at 48% followed by adult only households with 35% and 26% with families.
- For the last 3 years there have been in excess of 1000 homeless presentations every year.

Shared outcomes and priorities

A new local housing strategy will be developed during 2016. A key theme of the new LHS will be Independent Living and reference to Health and Social Care Integration. In the current LHS there are a number of outcomes that are directly relevant to health and social care integration.

- People in West Lothian can find a suitable place to live and have quality housing options available to them.
- Homelessness is prevented in West Lothian as far as possible.
- Effective advice and support is put in place for people who become homeless.
- People living in West Lothian can access the appropriate range of care and support services enabling them to live independently in their own homes where they choose to do so.
- People facing fuel poverty can access the information, advice and support they need.
- People in West Lothian live in energy efficient housing
- Improve sustainability of existing housing

Links to a new Local Housing Strategy (LHS)

The West Lothian LHS 2012-2017 was developed prior to LHS guidance on the direction of Health and Social Care Integration and the role of housing being available. With the development of the new LHS in 2016, the new guidance will be used to inform the approach that housing and health and social care integration will be taken forward.

Key areas that will be addressed are:

- Identify actions that will support independent living especially in the context of an ageing population and increasing demands.
- Links to strategies that support integration of health and social care including care and support for people in their own homes as well as provision of adaptations.
- Set out the services that are provided in the local authority for all tenures including care and repair, telecare and telehealth.
- Ensuring that specialist housing is provision is planned and linked to the integration of health and social care agenda and the Housing Contribution Statement.
- Provide some indication of the current and future need for residential and care home spaces for when independent living is no longer a viable option.
- Provide information on how the better use of adaptations and adapted properties are helping to address need and keep people in their own homes. Provide evidence on local initiatives that both supports the prevention agenda and allows people to leave hospital after treatment, and return to the home environment as early as possible.

Housing Related Challenges

By identifying the needs of different client groups for accommodation and housing support, the necessary actions can be set out to deliver a more integrated approach to service delivery. In some cases, this may require an alteration to policy or procedure and closer

working between services. For other clients, specialist provision may be required and new models of care and support may have to be considered.

A model of specialist provision and the journey between the sectors for clients has been developed in conjunction with Social Policy. Most clients will remain in their own homes with support but for some they may require more intensive support at times of crisis or as an ongoing requirement. Where possible, the objective is to enable people to live as independently as possible and so a spectrum of accommodation, care and support is planned to ensure people's needs are met.

An analysis of need was carried out in relation to each of the client groups. This involved feedback from Social Policy teams, research from publications, review of demographic information and prevalence rates to identify the key gaps in relation to accommodation provision, support requirements or to identify a need for policy change in relation to allocation of council housing.

There are clearly a number of competing priorities that require to be addressed in relation to specialist housing support and provision.

The key demographic influence in West Lothian is the ageing population. The challenge of balancing the aspiration for people to live independently for as long as possible with the range of complex needs that often present later in life affects both housing support provision and provision of specialist accommodation. A range of housing options is in place for older people in West Lothian but a key challenge is to ensure that these models remain viable and are used to their maximum potential. There are some developments that are coming forward where age could be considered a criterion for allocation, however this does not necessarily align with current policy objectives and consideration needs to be given to changing the approach on specific developments.

There is pressure on temporary accommodation for homeless households with particular difficulty in securing wheelchair accessible housing for the limited number of homeless people with this requirement. Whilst new homeless accommodation is being built and procured, this is likely to be an ongoing issue.

The need for core and cluster properties has been identified for people with mental health issues and for people with learning disability. These properties require to be sensitively located and managed to ensure the best outcomes for all concerned. Some of the new build council houses will be suitable for this type of provision.

There are particular challenges in housing people with addictions and providing the housing support that they require on a consistent basis.

There is a need to ensure that cases of delayed discharge from hospital are minimised. Whilst this may not result directly in the provision of new accommodation, in some cases, it may mean significant resources are required to adapt an existing property.

Improvement in health care and technology has resulted in children with more complex needs and disabilities surviving longer. This may require significant adaptation to existing property as they become adults.

Young people in transition are also a group that may have particular housing needs. There may be a requirement to consider shared living projects.

Families at risk of domestic violence face considerable issues in relation to housing. Whilst the emphasis is on moving the perpetrator some people at risk of domestic abuse prefer to move away from the family home and this can create issues in terms of schooling and family support networks. It is important that access can be given to housing on a temporary basis for families at risk.

Welfare reform continues to have a significant impact on people with additional or complex needs in West Lothian. People with particular needs often need additional space in their homes to accommodate access and equipment and this group are at risk from the bedroom tax should the discretionary housing payment cease. People who claim benefits because of their disability are at risk when the criteria for claiming changes.

Housing delivery mechanisms

Whilst the council provides some of the resources to address the range of needs identified, it cannot deliver a viable approach without the input of partners. These include Registered Social Landlords (RSLs), care providers and voluntary organisations. The various commissioning plans for each of the client groups will set out the way in which services are commissioned and the services required. These plans are regularly reviewed.

Adaptations

In West Lothian more than £1million is spent each year on adaptations to homes in the private sector, RSL housing and council housing. These range from major adaptations such as wet floor showers to the provision of grab rails. OT assessments are carried out to determine the requirement for adaptations.

	HRA		NON-HRA	
	NUMBER OF ADAPTATIONS	EXPENDITURE	NUMBER OF ADAPTATIONS	EXPENDITURE
2013/14	729	£425,249.11	2414	£444,529.20
2014/15	683	£433,252.00	2391	£487,722.57
2015/16 (as of 1/2/16)	496	£318,752.88	1652	£706,391.70
2015/16 (projected figures to 31.3.16)	595	£382,503.45	1982	£847,670.04

Funding for fuel poverty and energy efficiency

The council administers a number of projects to address fuel poverty. Funding is secured from the Scottish Government for external wall insulation for area based schemes in Livingston, Armadale, Pumpherston and Longridge. The council coordinates work for homeowners, RSLs and for council properties to enable property condition to be improved. The budget for this work in 2016/17 is likely to be in the region of £1.2million including funding from Scottish Government. The Advice Shop also provides assistance to households at risk of fuel poverty.

Please note we will be setting up a workshop with the RSLs in March.

Appendix 1 - Current and Future Resource Requirements

A number of accommodation requirements and support requirements have been identified through the development of a draft joint accommodation strategy between the council's Housing Construction and Building Services and Social Policy. These relate to the following groups

- People with Learning Disabilities and
- People with Mental Health Issues)
- Older People
- People with Physical Disability
- People with Addictions
- Homelessness and Housing Options
- People at risk of Domestic Abuse
- People in the Criminal Justice system
- People with complex needs

Client Group	Additional Accommodation Design Changes	Additional Support Requirements	Policy Change/Priority	Capital and Revenue Resources
Learning Disabilities	Core and Cluster - four in a block type housing in a community setting for people with fairly significant levels of disability. Individual cluster tenancies located nearby	Support can be provided from the core. Overnight support can be delivered on a shared basis.	Consider how this group is prioritised within the council allocations policy. Age restrictions on housing with care allocations	Core unit being met from 1,000NBCH Programme. Care packages funded by Social Policy
Mental Health	Core and Cluster - four in a block type housing in a community	Support can be provided from the core. Overnight support can	Consider how this group is prioritised within the council	No additional capital or revenue funding

	setting for people with fairly significant levels of mental health issues. Individual cluster tenancies located nearby	be delivered on a shared basis	allocations policy.	identified at this stage
People with Addictions	More housing provision for homeless people with additions who require support	Services need to be made available for individuals who are homeless and have a substance misuse problem. High risks of client group require increased support/care to prevent disturbances to other residents	Pointing system for lower level clients requiring urgent support requires reviewed. Review of SMU allocations process. More co-ordinated work between services to prove a range of options	No additional capital or revenue funding identified at this stage
Older People	Need to ensure future housing design incorporates design practice guidance: Improving the Design of Housing to assist People with Dementia.	New models of housing being developed that may change levels of housing support needs.	Definition of "older people's' and 'specialist housing' to be clarified. Review of Allocations process for older people housing	No additional resources required
People with Physical Disabilities	Further provision of specialist housing and support for people with profound physical disability and sensory impairment. Lack of suitable accommodation for people who require re-housing Shortage of ground floor accommodation for homeless people who are wheelchair users Quantify emerging need for bariatric housing	Support to people who lose a life-long carer Support for people with an acquired brain injury	Consider how this group is prioritised within the council allocations policy	No additional resources identified at this stage - tbc
Homelessness	73 tenancies from WLC own	Outcome of Social Policy	Outcome of Social Policy	Additional capital and

	stock to be replaced in the long term by RSL and PSL Temp Tenancies. Joint Social Policy and Homeless emergency accommodation Outcome of Social Policy service Reviews on additional accommodation requirements	service reviews	service reviews	revenue resources to be identified
Young People in Transition	The development of properties which support shared living arrangements going forward Identifying Accommodation Options - including Prevention of Homelessness Future investment requirements at Newlands House and Open Door	Supporting Care Leavers into Sustainable Accommodation Consider the creation of a Transitions Service to develop an integrated approach to meet the need of young people leaving care.	Housing Allocation Policy - identify Care Leavers as a Priority Group	Additional capital and revenue resources to be identified
Criminal Justice	No additional provision required	Ability to accommodate offenders who are permitted to have home leave from the open estate but have no accommodation to reside at. Category 3 under MAPPA guidance has been halted at present - impact if enacted. Sustainable support to ex offenders to prevent homelessness	Particular issue with concentration of offenders in temp accommodation localities. Increase the number of temp tenancies to permanent lets when they are successful. Lothian and Borders CJA Accommodation Protocol	No additional resources required

Domestic Abuse	Requirements for emergency accommodation provision as part of the violence against women strategy and safe at home approach Establish need for additional property security measures	Support to victims – advocacy and legal support Work with perpetrators		To be met from within existing resources.
Refugee Provision	Quantify the number of housing units required for refugees in West Lothian	Quantify the housing support required for refugees to ensure tenancy sustainment		Additional resources for accommodation requirements and support to be identified
Adaptations				

Appendix 2 - Housing Profile

Population	• Population of 177,150 at 2014 • 36,894 (21%) aged over 60
Households	• 74,907 (Households) • 3.1% increase from 2009 -2014 • Average household size 2.34 2014
Household Composition	• 30% single adult households (2012) • 7.8% small family households (2012) • 23.9% larger family households (2012)
Dwellings	• 77,186 (2014) • 3.7% increase 2009-2014
Completions	• Annual average 2001/02 to 2014/15 • Market 679 • Affordable 127 • Target of 1000 new council homes by 2012 -2017 • 137 of new homes to be for specific needs
Occupancy	• 97% Occupancy • 2.4% Vacancy Rate • 0.4% Second Homes
Tenure	• 67% Owner Occupation • 22% Social Rent • 10% Private Rent • 2% Other
Specific Needs Housing	• 22% of households have adaptations

Source: http://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-lothian-factsheet.pdf

http://www.gov.scot/Topics/Statistics/16002/LATables2014/2014Excel **(includes vacant homes)**

West Lothian IJB

Strategic Plan 2016/26

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October 2015

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