

**WEST LOTHIAN STRATEGIC PLANNING GROUP**

Date: 2 March 2017

Agenda Item: 6

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

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

**B RECOMMENDATION**

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

**C TERMS OF REPORT****BACKGROUND**

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

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

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

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

**DELEGATED FUNCTIONS**

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

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

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

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

## **STRATEGIC PLAN**

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

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

## **FIRST ANNUAL REVIEW**

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

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

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

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

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

## **RESOURCING THE STRATEGIC PLAN**

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

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

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

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

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

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

### **Health and Social Care Delivery Plan**

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

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

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

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

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

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

### **APPROACH TO DIRECTIONS**

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

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

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

*A direction under section 26 must:*

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

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

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

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

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

## **D CONSULTATION**

Strategic Planning Group

## **E REFERENCES/BACKGROUND**

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

## **F APPENDICES**

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

## **G SUMMARY OF IMPLICATIONS**

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

**Resource/finance**

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

**Policy/Legal**

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

**Risk**

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

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24/02/2017

# West Lothian Integration Joint Board

## Strategic Plan 2016-26

## First Annual Review 2016-17

DRAFT

## Foreword

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

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

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

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

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

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

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

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

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

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

Danny Logue  
Chair of Integration Joint Board

Jim Forrest  
Chief Officer

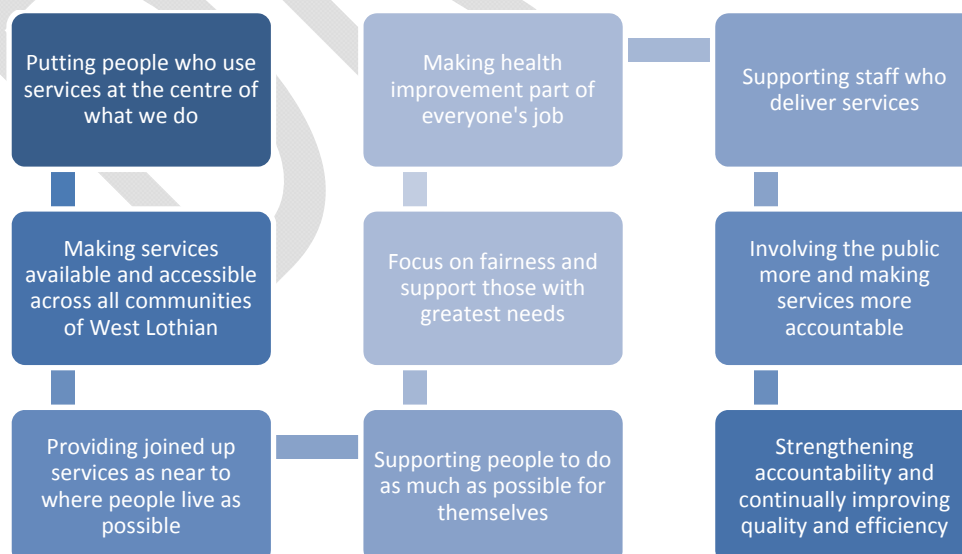


## 1 Review of 2016-17

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

## 2.0 Vision Values & Outcomes

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



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

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

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

### **3.0 Needs analysis**

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

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

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

### **4.0 Localities**

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

## 5.0 Partnership Services

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

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

## 6.0 Strategic Commissioning

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

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

## **7.0 Strategic Priorities**

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

## **8.0 Performance**

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

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

## **9.0 Partnership Resources**

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

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

## **10.0 Governance**

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

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

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

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

## **11.0 Planning into the future**

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

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

## West Lothian Health and Social Care Delivery Plan

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

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

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



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

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

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

## Appendix 3

### West Lothian Integration Joint Board

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

### Appendix 3

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

### Appendix 3

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

### Appendix 3

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

## Appendix 3

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|     |  | improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.   |
| 12. | Aligned National Health and Wellbeing Outcomes | <p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> <li>1. People are able to look after and improve their own health and wellbeing and live in good health for longer</li> <li>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</li> <li>3. People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>5. Health and social care services contribute to reducing health inequalities</li> <li>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</li> <li>7. People using health and social care services are safe from harm</li> <li>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</li> <li>9. Resources are used effectively and efficiently in the provision of health and social care services</li> </ol> |
| 14. | Aligned priorities, strategies, outcomes       | This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan and Health and Social Care Delivery Plan.   |



### Appendix 3

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

### Appendix 3

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

## Our vision is...

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

# West Lothian Health & Social Care Delivery Plan DRAFT

## We serve...

Population of West Lothian circa 180,000.

## We are succeeding when...

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

## The journey we need to take...

In 2016/17 we spent approx. £200.2m on current service model

Episodic Care Model -focus on hospital services for specialist and acute care

Duplication of assessments; complex care pathways

Technology playing a limited role

Limited OOH options contributing to unnecessary admissions e.g. 5 day service model in REACT & AHP

NHS Lothian & WLC leading prioritisation and resource allocation

Self management support in some services

Carers have some support in their caring role

## Our transformational journey

### Priority changes

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

### Long-term enablers

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

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

More specialist acute care in community

Integrated Health & Social Care model making best use of resources

Increase availability of 24/7 working to support care delivery at home or in homely settings

Work with partners and communities to co-design solutions & allocate resources

Increase self management using personal outcomes approach

Increase anticipatory and preventative approaches

Further develop carer support and value contribution in caring role

More effective use of technology

## This needs to change because...

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

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

## This is beneficial because...

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