



West Lothian
Council



West Lothian Integration Strategic Planning Group

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

27 November 2015

A meeting of the **West Lothian Integration Strategic Planning Group** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189(a) West Main Street, Broxburn, EH52 5LH** on **Thursday 3 December 2015** at **2:00pm**.

BUSINESS

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business
3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
4. Confirm Draft Minute of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 08 October 2015 (herewith)
5. Membership Update - Report by Director (herewith)
6. Strategic Commissioning Update - Report by Director (herewith)
7. Draft Strategic Plan Consultation Update - Report by Director (herewith)

DATA LABEL: Public

NOTE **For further information contact Anne Higgins, Tel: 01506 281601 or
email: anne.higgins@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 8 OCTOBER 2015.

Present – Jim Forrest (Chair, Health Professional), Marion Christie (Health Professional), Jane Kellock (Social Care Professional), Alan Bell (Social Care Professional), Pamela Main (Non Commercial Provider of Social Care), Robert Telfer (Commercial Provider of Social Care) and Mary-Denise McKernan (carers of social care)

Apologies – Carol Bebbington (Health Professional), Carol Mitchell (NHS Lothian), Alex McMahon (NHS Lothian), Robert Naysmith (Health Professional) and Robin Strang (Third Sector Representative)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. INTEGRATION OF HEALTH AND SOCIAL CARE IN WEST LOTHIAN

A report had been circulated by the Director providing background information about the integration of health and social care in West Lothian to assist in the understanding of the context in which the Strategic Planning Group (SPG) was to work.

The Public Bodies (Joint Working) (Scotland) Act 2014 required councils and health boards to cooperate in the integration of health and social care services. An integration scheme was to be developed and submitted for approval by Scottish Ministers.

The Act required certain statutory functions to be integrated (adult services) and allowed the optional integration of other functions (children's services and criminal justice). Responsibilities for those functions were delegated to the Integrated Joint Board (IJB) and the IJB would then instruct council and health board how to deliver the services concerned and with what resources.

The IJB was to develop through its SPG a Strategic Plan for delivery of the integrated functions and associated services. The Strategic Plan was to inform the calculation of the sums to be paid by the council and health board to the IJB for the performance of the integrated functions as well as an annual financial statement in which the IJB would set out the resources it proposed to use to deliver the outcomes contained in the Strategic Plan. The IJB was to report annually on its performance, in terms of both finance and service delivery.

The Integration Scheme for the West Lothian area was developed through the prescribed process and submitted for approval in March 2015. The Scheme has now been approved by Scottish Ministers and the necessary

steps have been taken by them in the Scottish Parliament to have the West Lothian IJB formally established as a separate and distinct body to carry out the statutory functions delegated to it. A copy of the approved scheme was attached to the report at Appendix 1.

The Scheme provided for the integration of adult and older person's services only. There was also provision for certain hosted services which were to be managed by the Director through the IJB process. The Director was the Head of an integrated or joint management team between the council and health board and reported to the Chief Executive of each body as well as being responsible for the delivery of services in accordance with IJB directions and the Strategic Plan.

The IJB would be constituted in September 2015 and the first formal meeting of the IJB would be on 20 October 2015. This followed meetings of a Shadow Board to carry out the necessary preparatory work needed to help the IJB operate and deliver from the start of its life.

Until 1 April 2016 the IJB would have as its main task the preparation and finalisation of the Strategic Plan and the financial statement which would accompany it. After that date, money would be paid to it by council and health board and it would assume responsibility for the delivery of the integrated functions and related services.

It was recommended that the Strategic Planning Group note the current position in relation to the Integration of health and social care in West Lothian and the terms of the Integration Scheme summarised in Appendix 1 attached to the report.

Decision

1. To note the contents of the report and its accompanying appendices; and
2. To note the context in which the Strategic Planning Group would operate.

3. SPG TERMS OF REFERENCE AND PROCEDURES

A report had been circulated by the Director providing background information about the role and remit of the Strategic Planning Group (SPG), its proposed terms of reference and procedures and membership and meeting arrangements, all of which required to be submitted to the Integration Joint Board (IJB) for approval after its formal establishment.

The Act required the IJB to have a Strategic Planning Group and specified in general terms its role in relation to the Strategic Plan. Its primary role was to respond to proposals from the IJB as to what should be contained in the Strategic Plan and to comment on draft versions put to it for consideration throughout the development process.

Terms of Reference for the SPG and its role had been developed and were approved in principle at the Shadow Board meeting on 2 June 2015.

The Terms of Reference have since been added to, to include other matters relevant to the constitution and administration of the SPG so that all the significant information was contained in one document. They were all set out in Appendix 1 attached to the report.

The Act also required that the IJB establish and support its SPG and specified the minimum in terms of its membership. A process for identifying the members required was approved in principle at the meeting of the Shadow Board on 2 June 2015. Since that meeting officers had engaged in filling the required places on the SPG and those identified so far had been invited to shadow meetings of the SPG. Details of the membership required and proposed for the SPG were set out in Appendix 1 attached to the report.

The SPG was not a committee of the IJB and had its own statutory role as part of the integration and service planning process. Therefore it required to have rules of procedure in order that its meetings ran efficiently and effectively and that its members had information to support and enable them to fulfil their roles on the IJB. A set of procedural rules had been drafted and were contained in Appendix 1 for consideration. A summary of some of the points contained in the draft procedures were summarised in the report.

And finally the Act required that the IJB have regard to statutory national health and wellbeing outcomes and integration delivery principles in preparing or reviewing its strategic plan. The SPG would therefore have to be aware of these and a copy was attached to the report for information.

It was recommended that the Strategic Planning Group :-

1. Note the proposed Terms of Reference in Appendix 1 for the SPG which were to be submitted to the first formal meeting of the Integration Joint Board (IJB) for approval.
2. Note the proposed and current membership of the SPG in the Terms of Reference in Appendix 1 which were to be submitted to the first formal meeting of the IJB for approval and appointment.
3. Note the procedures in the Terms of Reference in Appendix 1 through which it was proposed that the SPG would operate and which were to be submitted to the first formal meeting of the IJB for approval.
4. Note the terms of the National Health and Well Being Outcomes and the Integration Delivery Principles, both included in the Terms of Reference in Appendix 1, which were to inform the work of the IJB and the SPG, and the contents of the Strategic Plan.
5. Note the meeting dates already put in place for the SPG till June 2016, in Appendix 2.
6. Note the statutory guidance issued to date by the Scottish Government.

Decision

To note the contents of the report.

4. DRAFT STRATEGIC PLAN

A report had been circulated by the Director providing an initial draft of the Strategic Plan for consideration and possible amendment prior to engaging in stakeholder consultation.

As set out in the regulation to the Act, the Integration Joint Board (IJB) must establish a strategic planning group, which would be involved throughout the process of developing, consulting on and finalising a strategic plan.

The development of the strategic plan was to be clear about the national and local outcomes to be delivered and must include the formal establishment of locality arrangements for the partnership area. These arrangements would draw together professionals, staff, the third and independent sectors, carers and service users to lead the planning and delivery of services for their local community, based on their experience and knowledge of local needs.

It was to be noted that the IJB would not assume responsibility for the planning, resourcing and operational delivery of all integrated services until such time the strategic plan and associated locality arrangements had been prepared and considered fit for purpose by the Health Board and Local Authority.

Appendix 1 attached to the report provided an initial draft of the strategic plan for consideration by the Strategic Planning group (SPG). The SPG was invited to comment on this initial draft including any suggested amendments to be made prior to progressing to stakeholder consultation. The IJB would also consider the draft and an associated consultation plan at its meeting on 20 October 2015.

It was recommended that the Strategic Planning Group :-

1. Note the requirement of the Integration Joint Board (IJB) to prepare a strategic plan.
2. Note that the involvement of the Strategic Planning Group was integral to the preparation of the strategic plan,
3. Consider the initial draft version of the Strategic Plan at Appendix 1 and to advise on any changes in advance of submission to the IJB prior to stakeholder consultation on the draft Strategic Plan.

Decision

1. To note the contents of the report;
2. To note that a few amendments would need to be made to the final document, including changes to the ward map, before the

document was forwarded to the Integrated Joint Board for approval; and

3. To agree that if any Strategic Planning Group members wished to make comment on the plan then to submit these comments to Alan Bell on or before Tuesday 13 October 2015 so they could be considered and incorporated into the final document.

5. IJB MEMBER INDUCTION

A report had been circulated by the Director advising of the proposal for progressing induction for Board members.

The Director explained that an initial West Lothian induction event for members of the Shadow Integrated Joint Board was provided on 19 August 2015 with a view to providing a broad overview of key themes.

To build on this event and progress induction of IJB members' further events were proposed to ensure that Board members had all the necessary information to meet their individual and collective needs.

The events proposed were as follows :-

1. A repeat of the event provided on 19 August 2015, details of which were attached to the report at Appendix 1, taking on board comments received from that event;
2. An induction event to be included for all elected members to equip councillors with an overview and understanding of the role of West Lothian's Integration Joint Board; and
3. Once all Board Members had attended the initial induction event a further development event would be planned.

Each IJB was required to produce a Board Development Plan to set out how the Board planned to develop a continuous improvement approach to how it operated. The Board Development Plan would pull together the themes and areas for improvement as well as detail actions required and how these would be monitored. A range of resources had been produced nationally to facilitate the development of Integrated Joint Board and these were summarised in the report.

It was recommended that the Strategic Planning Group endorse the proposed approach and content of Board Member induction as summarised in the report.

Decision

1. To note and endorse the contents of the report
2. To agree that an induction/overview of the work of the Strategic Planning Group be organised for appointed members; and

3. To agree that any further suggestions for future training needs be forwarded to Marion Christie.

West Lothian Strategic Planning Group

Date: 3 December 2015

Agenda Item: **5**

MEMBERSHIP UPDATE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To update members of the Strategic Planning Group (SPG) regarding the membership of the SPG.

B RECOMMENDATION

1. To note the updated membership of the SPG
2. To note that the new members as outlined in the report will be submitted to the next available meeting of the IJB for approval.

C TERMS OF REPORT

At its meeting of 8 October 2015 the SPG noted the proposed and current membership of the SPG, which was then submitted for approval to the first formal meeting of West Lothian IJB.

In line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 membership of the SPG as outlined in the report of 8 October 2015 was formally approved at the West Lothian IJB meeting of 20 October 2015. It authorised officers to continue work to identify individuals to fill the remaining vacancies.

Since that time the following members have been proposed for inclusion in the SPG

- Jacquie Campbell, Site Director, St John's
- Robin Strang, West Lothian Leisure
- Jane Houston, Unison Health
- Martin Murray, Unison Council

The list of membership of the SPG as at 24 November 2015 is appended.

Officers continue to progress the remaining vacant positions.

D CONSULTATION

Senior Management Team

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

F APPENDICES

1 West Lothian Strategic Planning Group Membership as at 24 November 2015

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	The remit of the SPG encompasses all National Health and Wellbeing Outcomes.
Strategic Plan Outcomes	The remit of the SPG encompasses all Strategic Plan Outcomes.
Single Outcome Agreement	The remit of the SPG encompasses the SOA outcomes related to health and social care.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None.

H CONTACT

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3 December 2015

APPENDIX

WEST Lothian INTEGRATION STRATEGIC PLANNING GROUP MEMBERSHIP (as at 24 November 2015)

Name	Job Title / Organisation	Stakeholder Group
Jim Forrest	IJB Director (Chair)	health professionals
Marion Christie	Head of Health	
Carol Bebbington	Senior Manager Primary Care & Business Support	
Mairead Hughes (on an interim basis until appointment of Chief Nurse)	Registered Nurse	
Elaine Duncan	Clinical Director	
TBC	TBC	users of health care
Mary-Denise McKernan	Carers of West Lothian	carers of users of health care
TBC	Primary Care and Community Forum	commercial providers of health care
James McCallum	Associate Medical Director, St Johns	non-commercial providers of health care
TBC	Clinical Director, Psychiatry	
Jacquie Campbell	Site Director St John's	
Jane Kellock	Interim Head of Social Policy / CSWO	social care professionals
Alan Bell	Senior Manager Community Care	
Charles Swan	Group Manager Older People	
TBC	TBC	users of social care
Mary-Denise McKernan	Carers of West Lothian	carers of users of social care
Robert Telfer	Scottish Care	commercial providers of social care
Pamela Main	Senior Manager Community Care	non-commercial providers of social care
Alistair Shaw	West Lothian Council Housing	non-commercial providers of social housing
Robin Strang	West Lothian Leisure	third sector bodies carrying out activities related to health care or social care
TBC	TBC	representative from each locality

Robert Naysmith	Clinical Director Public Dental Service	attendance as and when required in relation to Oral Health strategy
Margaret Douglas	Consultant in Public Health	Public Health, NHS Lothian
Jane Houston	Staff side representative	Unison Health
Martin Murray	Staff side representative	Unison Council

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 03 Dec 2015

Agenda Item: **6**

STRATEGIC COMMISSIONING UPDATE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide an update to the Strategic Planning Group on strategic commissioning in respect of the development of care group specific plans.

B RECOMMENDATION

1. To note the progress of the development of various care group commission plans.
2. To agree that a report on the progress of the various care group commission plans be presented to the Integration Joint Board (IJB) meeting of 8 December 2015.

C TERMS OF REPORT

Introduction

In August 2011 the West Lothian Community Health and Care (CHCP) Board noted the development of an overarching strategy (Appendix 1) for the joint commissioning of health and care services within West Lothian. The strategy outlined the approach to be taken in the subsequent development of a series of care group commissioning plans. Outcomes for people were to be at the centre of the approach and an integral element of the drafting of the plans would be engagement with all key stakeholders, including users of the services, their carers and service providers.

Since then, strategic commissioning has become central to the Scottish Government thinking in respect of the integration of health and social care services. Reshaping Care for Older People partnerships were required to produce joint commissioning plans for 2013-14 and 2014-15. More significantly, guidance in respect of the Public Bodies (Joint Working) (Scotland) Act 2014 made it a requirement of the new partnerships to produce strategic commissioning plans covering all activities within the scope of the partnership.

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

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

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. 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.

It is anticipated that in time the requirement for ADPs to report separately to the Scottish Government may well cease, with the activity being absorbed within the standard governance framework of the IJB.

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. The schedule is to have a final draft of the Learning Disabilities Commissioning Plan presented to the IJB by March 2016.

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. 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. 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 Mental Health commissioning group. This group has been in abeyance for some time. It is recommended that group is re-established as a priority for the incoming Mental Health manager. The proposed schedule would be to conclude the needs assessment by 31 March 2015 and to have a final draft of the Mental Health Commissioning Plan presented to the IJB by September 2016.

Older People

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

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

The subsequent preparation of the commissioning plan will be developed through the Frail Elderly Programme Board. A programme board by definition exists only for the duration of the programme and so it will be appropriate in due course to establish an ongoing management group with responsibility to oversee and update the commissioning plan for Older People.

The proposed schedule for the Older People's commission plan would be to conclude the needs assessment by 31 March 2015 and to have a final draft of the Older People Commissioning Plan presented to the IJB by September 2016.

D CONSULTATION

- Relevant council and health board officers
- Relevant service users groups
- Independent sector providers and representative bodies
- Third sector providers and representative bodies

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

F APPENDICES

1. West Lothian CHCP Commissioning Strategy 2011 – 2021

G SUMMARY OF IMPLICATIONS

Equality/Health	This report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. Note that the commissioning plans will be subject to an equality impact assessment.
National Health and Wellbeing Outcomes	The commissioning plans will address relevant National Health and Wellbeing Outcomes.
Strategic Plan Outcomes	The commissioning plans outcomes will be aligned to relevant Strategic Plan outcomes.
Single Outcome Agreement	The commissioning plans outcomes will be aligned to relevant Single Outcome Agreement outcomes related to health and social care.
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None.

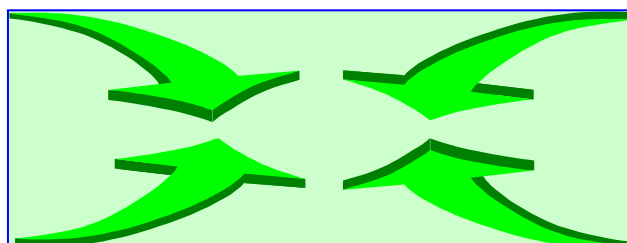
H CONTACT

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3 December 2015

Joint Health and Social Care Commissioning Strategy

2011 – 2021



September 2011

West Lothian CHCP Commissioning Strategy 2011 – 2021

Foreword

West Lothian Community Health and Care Partnership (CHCP) commissions a wide range of health and social care services from the public, private and voluntary sectors to meet the needs and outcomes of people living in West Lothian. Our vision is to commission high quality services which meet best value principles while at the same time being person centred meeting the needs and aspirations of individuals and their local communities.

Joint strategic commissioning is a fundamental component of meeting this vision through ensuring that we commission services using a longer term strategic planning approach. This approach will include joint working with strategic partners, positive engagement with providers and effective involvement and consultation with service users and their carers.

In West Lothian health and social care services have been brought together through the West Lothian CHCP, a partnership between West Lothian Council and NHS Lothian. Therefore, West Lothian CHCP provides the high level leadership and governance arrangements required for effective joint strategic commissioning. This approach is consistent with the Scottish Government's aspiration of greater integration of health and social care service delivery.

This document provides an overarching commissioning strategy for West Lothian CHCP for the 10 year period 2011 - 2021. It outlines our vision and principles in relation to the commissioning of health and social care services as well as providing a strategic commissioning framework to ensure a consistent and coherent approach is implemented.

A key component of the strategic commissioning framework is the development of joint care group CHCP commissioning plans which will outline our commissioning intentions for the next 3 years. Service users, carers and providers within the public, private and voluntary sectors will be engaged and consulted as part of the development and implementation of the commissioning plans.

Jim Forrest
Director West Lothian CHCP

Vision Statement

Working jointly with strategic partners and through involving service users and their carers, West Lothian Community Health and Care Partnership's overall vision is to commission a range of high quality health and social care services to meet the needs and outcomes of the people living in West Lothian and the communities which they live in.

To achieve this vision we will:

- 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.

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Introduction

West Lothian Community Health and Care Partnership (CHCP) commissions a wide range of health and social care services to achieve the best possible outcomes for people living in West Lothian. When commissioning services public sector organisations must fulfil their statutory duties to achieve best value and ensure that there is a personalised approach when commissioning services to meet individual need. To achieve this involves working closely with strategic partners and colleagues in Health, Housing and Building Services, Education and the Police as well as engaging positively with service users, carers and the voluntary and independent sector.

Joint strategic commissioning of health and social care services is a fundamental component in the effective delivery of services to people living in West Lothian. This is to ensure we have in place a long-term strategic approach to service delivery which is based upon analysis of service users' needs and a good understanding of the capacity of providers to deliver these services

West Lothian Community Health and Care Partnership (CHCP) is a partnership between West Lothian Council and NHS Lothian which brings together health and social care. This document provides a long term overarching framework for the joint strategic commissioning of health and social care services in West Lothian. It also supports the recommendations of SWIA's inspection report for Social Policy Services in March 2007 for the development of commissioning strategies for each of the main clients groups.

West Lothian CHCP encompasses a wide range of health and social care services including Children and Families, Community Care, Criminal Justice and Health Improvement. In 2010/11 approximately 12,500 adults and older people received at least one care and/or support service in West Lothian and 451 children were being looked after.

West Lothian CHCP 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.

What is Strategic Commissioning

Strategic commissioning provides the basis and rationale for future service development and procurement activity to provide the best outcomes for service users and the communities they live in. It is defined as *'the process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors'* (Making Ends Meet – a website for managing money in social services).

Guidance on local authorities approach to Commissioning Strategies is outlined in Social Work Inspection (SWIA) Agency Guide to Strategic Commissioning, 2009, and the Joint Improvement Team's (JIT) Social Care Procurement Guidance, 2010. The SWIA guidance encourages local authorities and its strategic partners to work progressively towards an overarching commissioning strategy as their commissioning activities develop with the purpose of promoting coherence and consistency in commissioning across the different care groups. Both SWIA and the JIT guidance emphasis the importance of aligning commissioning strategies with service and community planning and single outcome agreements.

The most commonly used commissioning model is the Institute of Public Care's (IPC) Framework for Joint Commissioning and purchasing of public care services. The IPC Framework is based upon 4 main performance management elements – analyse, plan, do and review with attention to each element required to be balanced. See Appendix 1 for a diagram of the cycle. The commissioning cycle (the outer circle of the diagram) should drive purchasing and contracting activities (the inner circle), and these in turn inform the ongoing development of strategic commissioning.

Joint commissioning is the strategic process where organisations work together to take forward the implementation of strategic commissioning of services. This may involve service areas within a local authority such as education or housing, or strategic partners such as the NHS or the police.

The development of care group strategic commissioning plans are a key principle of the cyclical model. Commissioning plans are required to identify the priority groups within each social care client group, take account of geographical considerations and equality issues and also cover the promotion of health and well being as well as other service areas required such as housing and support.

Purpose of the Commissioning Strategy

The aim of this overarching commissioning strategy is to create a consistent and coherent approach to the commissioning, procurement and contract monitoring of service provision across West Lothian CHCP. The strategy will outline the CHCP's overall vision and approach to strategic commissioning over the next 10 years. It will provide the links to the key commissioning processes and other fundamental components including strategic and financial planning, service development and assessment/case management through the provision of a strategic commissioning framework.

The key purposes of the commissioning strategy are;

- To provide an overarching statement of the vision for CHCP services in the future and to identify the principles to be followed when commissioning health and social care services to meet the needs of people living in West Lothian.
- To provide a joint strategic commissioning framework for CHCP health and social care services.
- To outline our strategic approach to commissioning through the development of joint client group commissioning plans to identify our future commissioning intentions.
- To outline the links and approach to joint commissioning through partnership working with strategic partners including Health, Housing, Education and the Police.
- To provide a structure for procurement procedures which are in line with the relevant governance processes for the CHCP.
- To outline the approach and processes to link strategic and financial planning with assessment and case management.
- To provide a structure in relation to contract management and performance monitoring.

Legal and Regulatory

The commissioning of health and social care services needs to be implemented within the context of a wide range of Scottish and European legislation including local government legislation, social work legislation, housing legislation, procurement law, Human Rights and Equalities legislation and regulations around the application of the Transfer of Undertakings (TUPE). There are also future legislative proposals which will impact on the commissioning of care and support services. For example, consultation on the Self Directed (Scotland) Support Bill is in the process of being finalised with the legislation hopefully being passed through the Scottish Parliament in 2011/12.

The main areas of legislation and regulation are as follows

- Social Work (Scotland) Act 1968
- The Regulation of Care (Scotland) Act 2001 and the Public Services Reform Act 2010
- Housing (Scotland) Act 2001
- The Treaty on the Functioning of the European Union, European Procurement Directives
- Local Government in Scotland Act 2004 – local authorities have a statutory duty to secure best value in the performance of their functions.
- The European Convention of Human Rights, The Human Rights Act 1998 and the Scotland Act 1998
- The Equality Act 2010
- The Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006.

National Policy Context

Scottish Government's Strategic Planning

The commissioning of health and social care services to meet the outcomes of individual services users and local communities contribute towards the Scottish Government's overall strategic objectives. 15 high level outcomes summarise what the government wants to achieve over the next 10 years and 45 more specific indicators have been developed as the key benchmarks which progress measures.

Local authorities and Community Planning Partnerships are required to produce Single Outcome Agreements for their local areas based around the delivery of the Scottish Government's five strategic objectives of WEALTHIER and FAIRER, SMARTER, HEALTHIER, SAFER AND STRONGER and GREENER. These can be found at <http://www.scotland.gov.uk/topics/Govt/LocalGovernment/SOA>.

The relevant national outcomes which this commissioning strategy should be aligned with are as follows

Table 1 National Outcomes

Outcome Number	National Outcome
4	Our young people are successful learners, confident individuals, effective contributors and responsible citizens
5	Our children have the best start in life and are ready to succeed
6	We live longer, healthier lives
7	We have tackled the significant inequalities in Scottish society
8	We have improved the life chances for children, young people and families at risk
11	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

Health, Social Care and Other Relevant Policy Direction

The guidance issued jointly by the Scottish Government and COSLA in 2010 on the Procurement of Care and Support Services provides a comprehensive overview on social care policy, procurement policy and other relevant national policy to be considered in the commissioning of services by Social Policy. Appendix 2 provides further information on these, but some of the key policies are provided below.

Changing Lives Report: This sets out the Scottish Government's vision of more personalised services based upon enabling and building the capacity of individuals, families and communities to exercise more choice and control. The main message from the report

was that more of the same will not do in the provision of social work services and that a greater focus on prevention and early interventions was required (Report of the 21st Century Review of Social Work 'Changing Lives' Scottish Executive 2006). The Scottish Government has subsequently published a paper which provides guidance on a personalised approach to the commissioning of services. This reflects a wider public sector approach to personalisation through outcomes based commissioning (Personalisation: A Shared Understanding Commissioning for Personalisation Scottish Government 2009).

The Christie Commission: The Commission was established in November 2010 to develop recommendations for the future delivery of public sector services. The Commission completed its findings and its recommendations were report in June 2011 <http://www.scotland.gov.uk/Publications/2011/06/27154527/0>. The report identifies that there is a need to reform the delivery of public services to meet future challenges. The priorities identified to take forward this process of reform include:

- Recognising that effective services must be designed with and for people and communities
- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self reliance and build resilience.
- Prioritising prevention measures to reduce demand and lessen inequalities.
- Driving continuing reform across all public services based on outcomes, improved performance and cost reduction.
- Implementing better long-term strategic planning.

National Strategy and Proposed Legislation on Self Directed Support (SDS): A national strategy on SDS has been developed to assist taking forward the personalisation of care and support services in Scotland. Although the outcome of the SDS (Scotland) Bill consultation process is being finalised it is likely that the proposed Bill will have a significant impact on the commissioning and contracting of services by West Lothian CHCP as an individual service user will be able to inform local authorities which services they want contracted on their behalf using their 'Individual Budget'.

Shifting the Balance Of Care: The Reshaping Care For Older People's Programme outlines the Scottish Government's vision and outcomes required for older people service in Scotland over the next 10 years. The main policy goal of the Scottish Government is to '*optimise the independence and wellbeing of older people at home or in a homely setting*'. The programme recognises older people as an asset and the significant role they play in care and supporting other older and vulnerable people. This will involve a substantial shift in the focus of care from institutional settings to support and care at home. The key outcomes which are to be achieved by 2021 to enable this shift and which need to be aligned within this overarching commissioning strategy are outlined in Reshaping Care for Older People: A Programme for Change 2011-2021.

Getting it Right for Every Child: Getting it Right for Every Child: Proposals for Action outlined a vision for children's services which are accessible, high quality, individualised and accountable to communities and which promote safety and strengthen family and community capacity.

National Eligibility Criteria: The National Eligibility Criteria for personal care services are in place to provide a common standard eligibility criteria for older people which categorises the needs of individuals and which is applied by all Scottish local authorities.

West Lothian Strategic Framework

West Lothian Community Planning, SOA and Lifestages Model

West Lothian Community Planning Partnership (CPP) is fully supportive of an outcomes based planning model and has consistently reviewed and revised its approach to West Lothian's SOA since its inception in 2008. The focus of early intervention is at the core of West Lothian's CPP planning and the 5 lifestages which are West Lothian CCP's ultimate goal are embedded through West Lothian's SOA.

West Lothian's SOA sets out the outcomes wanted for West Lothian and is agreed between the Scottish Government and West Lothian's Community Planning Partnership to achieve the 5 national strategic objectives. The 15 national outcomes within the SOA are organised around the 4 Community Plan themes of Community Safety, Core Values, Economic and Health and Wellbeing. West Lothian has finalised its 4th SOA for 2011/12 which builds on previous SOA since its inception in March 2008 and seeks to take account of the current economic climate.

During 2010/11 West Lothian CPP has further defined its approach to the SOA using the lifestages as a framework for demonstrating change. The lifestages outcome is a strategic programme of change led by WLC working across the community planning partnership. The main priorities of the lifestages framework are:

- Targeting service to reduce inequalities
- Shifting resource upstream to deliver preventative services
- Ensuring that we obtain maximum impact from our expenditure.

The five longer term lifestages outcomes are;

1. Early Years - Parents/carers are responsive to their children's developmental needs. Children and ready to start school.
2. School Age - Everyone's life chances are maximised (by improving their educational attainment) to become successful learners, confident individuals, responsible citizens and effective contributors.
3. Young People in Transition - Our young people are successful learners, confident individuals, responsible citizens and effective contributors and have a positive destination
4. Working Age - Every adult has the skills and ability to secure and sustain employment.
5. Older People - Older people live longer healthier more independent and fulfilling lives within a supportive community and continue to learn and develop.

Table 2 below identifies the planning outcomes which should be aligned with the West Lothian CHCP Commissioning Strategy and how these are linked with the Community Planning themes and Lifestages outcomes.

Table 2 West Lothian Planning Outcomes

Local Outcome	Community Plan Theme	Lifestage
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.	Economic	Young People in transition
5. Our children and have the best start in life and are ready to succeed.	Health and Wellbeing	Early Years
6. We live longer and healthier lives.	Health and Wellbeing	Older people
7. We have tackled the significant inequalities in West Lothian Society	Health and Wellbeing	All
8. We have improved the life chances for people at risk	Health and Wellbeing and Community Safety	All
9. We live our lives free from crime, disorder and danger	Community Safety	All

Health and Social Care Strategic Plans

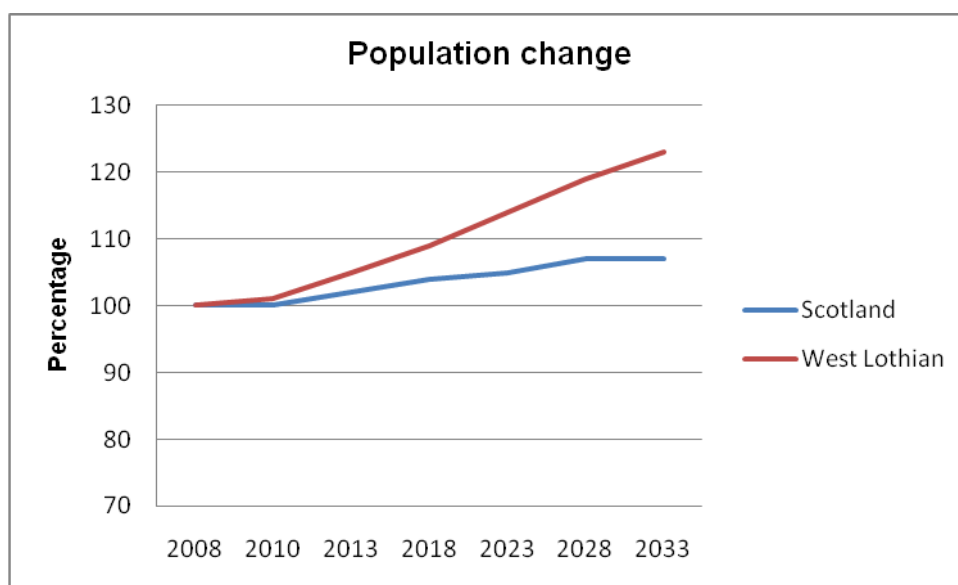
Following on from an extensive consultation process Social Policy Service Statements were finalised in 2009 and were aligned with relevant service area strategies including the Joint Learning Disability Strategy, The Joint Mental Health Plan, The Joint Physical and Complex Disability Strategy, the Integrated Children's Plan, Older People's Capacity Plan 2006 – 2016, West Lothian Change Plan for Older People, West Lothian's Local Housing Strategy and West Lothian's Homelessness Strategy 2008 – 2011.

The plans were developed for each of the client groups including Children and Families, Learning Disabilities, Health Improvement Team, Physical Disabilities, Criminal Justice, Older People, Dementia and mental health and provide information on current services and future service direction. Their purpose is to assist and guide Social Policy planning and service developments process over a 3 year period 2009 – 2012.

West Lothian Population Profile

West Lothian has a population of about 171,040 and is the youngest population in Scotland. The projected population for West Lothian is 196,000 by 2024 which is the fastest growing area in Scotland. By 2033 this is predicted to rise to 208,364 (ref: West Lothian a Profile, West Lothian Community Planning Partnership 2011). Figure 1 below illustrates the significant growth in West Lothian's population of 22.9% when compared to Scotland as a whole of 7.3% between 2008 - 2033.

Figure 1:



Using the mid-year estimates for 2009, West Lothian's population of 171, 040 is relatively young in comparison with other local authorities. It has a higher proportion of under 16s (22%) than any comparator local authority and higher than the Scottish average of 16%. The proportion of people in West Lothian who are of working age is the same as the Scottish average of 66%. West Lothian's proportion of people aged over 65 years, at 12%, is significantly lower than the Scottish average of 16%.

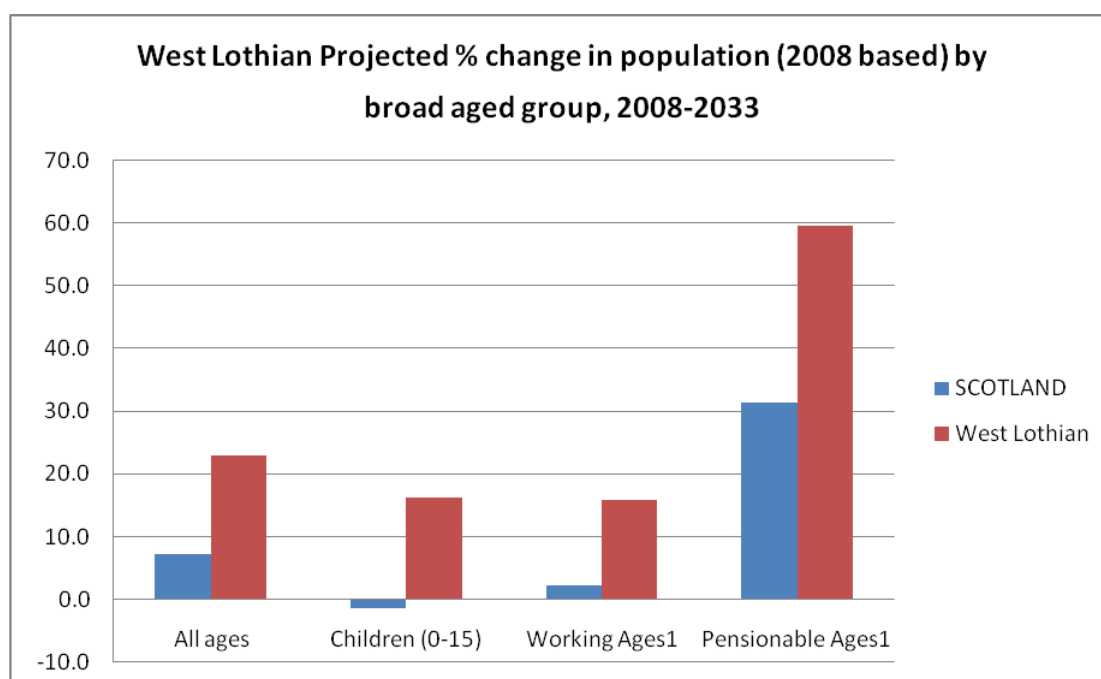
When undertaking a strategic approach to the commissioning of health and social care services analysis of population projections by age band will need to be undertaken. Figures 2 compares the projected growth by age group in West Lothian and Scotland for the period 2008 – 2033 and shows that West Lothian's population is expected to grow across all age groups:

- Under 15s by 16.2%
- Adults of working age by 15.9%
- People of pensionable age by 59.5%

The rate of increase in the older people's age group in West Lothian needs to be highlighted in the context of strategic commissioning. From 2008 – 2033, the number of 65 – 74 year olds will

increase by 80% in West Lothian, compared to a 48% increase in Scotland. The number of 75+ year olds will increase by 151% in West Lothian compared to 84% in Scotland.

Figure 2:



Key facts about West Lothian population

- West Lothian's older population is expected to grow rapidly over the next two decades.
- It is estimated that 11% of children in West Lothian are living in severe poverty.
- Alcohol-related illness and smoking are higher in West Lothian than the Scottish average.
- Over half of West Lothian's Citizens Panel members say that they had given some form of unpaid help in 2010/11.
- Youth unemployment in West Lothian is higher than the Scottish average.
- There were 2070 domestic abuse incidents in 2010 which is an increase of 4% compared to the average for the three previous years.
- There has been a slight increase (0.45%) in the number of homeless applications since 2008/09 to 2010/11. At 46% West Lothian has a higher percentage of under 25 years of age homeless applicants compared to the Scottish average of 39%.

Strategic Commissioning Framework

To take forward a CHCP strategic approach to the commissioning of health and social care services, SWIA's Guide to Strategic Planning and the Institute of Public Care's (IPC) Commissioning Framework will be followed (see Appendix 1).

This document provides the overarching West Lothian CHCP Commissioning Strategy for the 10 year period 2011 – 2021 and defines the strategic commissioning framework as a cyclical process under the 4 themes of, ANALYSE, PLAN, DO and REVIEW. The effectiveness of our joint strategic approach to commissioning will be evaluated using the 4 themes of the commissioning cycle as identified in Appendix 3.

Analyse

Analysis is one of the most important factors in effective commissioning. Best practice involves joint analysis being undertaken with strategic partners and in consultation with providers. A key element of overall analysis will be information obtained from a wide range of service users and their carers about their needs, preferences and aspirations and about the outcomes they want now and in the future. Essential features of the analysis theme are that there is;

- A shared understanding of the outcomes we wish to achieve in the future
- A comprehensive assessment of needs, preferences and intended outcomes
- Mapping and reviewing of existing service provision to inform future commissioning
- A full analysis of the range of options for achieving agreed outcomes for the care group or sub care group has been undertaken with strategic partners.
- A sound analysis of the resources needed to support future commissioning
- The risks involved in implementing change or continuing with existing models and levels of service have been identified.

Plan

Planning is the second stage in the strategic commissioning cycle and should be informed by the findings of the analysis theme above. At this stage we need to ensure strong strategic partnerships are in place and that strategic commissioning plans are developed for the relevant health and social care care groups.

To achieve this strategic CHCP Care Group Commissioning Plans will be developed for the period Dec 2011 - Dec 2014 and will provide the link between the strategic commissioning processes and strategic plans such as:

- Joint Learning Disability Strategy
- The Joint Mental Health Plan
- Joint Physical and Complex Disability Strategy
- Integrated Children's Plan
- Older People's Capacity Plan 2006 – 2016
- West Lothian Reshaping Care for Older People Plan
- West Lothian's Local Housing Strategy and West Lothian's Homelessness Strategy 2008 – 2011 Living well and dying Well (2005)

The following care groups will have commissioning plans, with sub groups identified within each plan where appropriate:

- Children and Families
- Mental Health
- Learning Disabilities
- Older People
- Dementia
- Physical Disabilities
- Substance Misuse
- Criminal Justice
- Complex Health and Social Care needs

Commissioning plans need to be evidence based with links to a wide range of information and analysis. They will set out the services to be commissioned over the next 3 years, the available finances, and show how purchasing intentions will achieve value for money. Appendix 4 gives a summary of the content to be provided within each of the CHCP Commissioning Plans.

Do

The third stage of the strategic commissioning cycle involves implementation of the care group commissioning plans to achieve the agreed objectives and outcomes. To undertake this theme effectively will involve putting in place effective shorter term delivery plans based on SMART objectives.

Delivery Plans may include developing or procuring new services to meet the outcomes which people want and/or need, or reshaping or ceasing existing services which no longer meet the strategic outcomes. They will also outline the contracting mechanisms to be used to deliver strategic objectives and outcomes and how service users and their carers will be involved.

This stage of the commissioning cycle will require close working with relevant departments such as Legal, Finance and Corporate Procurement as well as providers to develop or stimulate the market where necessary. Equality Impact Assessments will also need to be undertaken and completed for any proposed changes.

Progress with the development and implementation of care group commissioning plans will be reported to West Lothian CHCP Board.

Review

The final stage of the commissioning cycle outlined in Appendix 1 is Review. This stage is about ensuring that we have an evidence based approach to monitoring and implementing client group CHCP Commissioning Plans and related delivery plans. To ensure this stage of the commissioning cycle is delivered effectively we will;

- Undertake a review of progress of the overarching CHCP Commissioning Strategy every three years to ensure it is still relevant in relation to any change
- Undertake evidence based approach to monitoring the implementation of client group CHCP Commissioning Plans and related Delivery Plans.

- Implement a systematic approach to contract monitoring and the review of services which is linked to a risk assessment approach to contract monitoring.
- Review annually the impact of our client group CHCP Commissioning Plans and make any necessary adjustments.

Outcomes Based Commissioning

West Lothian' CHCP's aim is to commissioning services which deliver the best outcomes at both a strategic and individual level and our outcomes based approach to commissioning is evident at both levels.

At a strategic level the care group commissioning plans will agree the outcomes to be achieved through the commissioning of services which are aligned with the aims of West Lothian's Single Outcome Agreement and Lifestages Model identified within Section 10 above.

Alongside the Commissioning Plans, Delivery Plans will also outline our approach to achieving these outcomes which may be through the de-commissioning of services, service re-design or the commissioning of new services. Health and social care contracts are being developed to have a more outcomes based approach to service delivery and performance monitoring and Commissioning Plans will identify the most appropriate contracting models. Where appropriate consideration will be given to providing services on a co-production basis (JIT Community Capacity and Coproduction Workstream: A Brief for COSLA May 2011)

Health and social care practice in West Lothian is underpinned by an assessments and a care management approach focused on achieving the desired outcomes of service users and their carers. Performance locally will be measured through the Community Care Outcomes Framework and also through the development of 'Talking Points' a personal outcomes approach.

Joint Commissioning

West Lothian CHCP works with a number of partner agencies including, Housing and Building Services, the Police and Education to maximise the delivery of health of social care services to people living in West Lothian. Joint commissioning has been undertaken with our colleagues in Mid Lothian, East Lothian and the Borders on the implementation of a Joint Contract for Frozen Meal Provision and a Framework Agreement for the Procurement of Placements in Independent Schools.

Our strategic partners will play a vital role in the development and implementation of the care group commissioning plans to ensure that we take a strategic joint approach to the commissioning of health and social care services.

Personalisation and Choice

The principles of personalisation and individual choice need to be embedded within our strategic approach to the commissioning of health and social care services.

A definition of personalisation is that 'it enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of service. From being a recipient of services, citizens can become actively involved in selecting and re-shaping the services they receive'.

(<http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/9087/PersonalisationPapers.pdf>)

Personalisation is important both in the case of someone taking responsibility for the payment of their own service such as through Self Directed Support, or if they are accessing services commissioned through West Lothian CHCP or on their behalf.

The key features of commissioning for personalised services therefore relates to people being able to access individual budgets and/or choose between options. However, commissioning for personalisation has a broader role ensuring that a range of services are available with the required flexibility to support people's choices as well as demonstrating best value.

Therefore to ensure our commissioning approach is personalised we will

- Involve and consult service users and their carers on their views and aspirations in the planning and development of services.
- Through the development of commissioning plans for care groups provide clear strategic direction for commissioning which is outcome focused and based on future needs.
- Ensure the availability of flexible budgets
- Translate the principles of personalisation within service specifications.
- Develop more flexible procurement and contracting approaches which take account of personalisation.

Involvement and Engagement

West Lothian CHCP is committed to taking an inclusive approach to the involvement of services users, their carers and key stakeholder in the care group commissioning plan process.

We will directly or indirectly elicit views from key stakeholders to inform the services to be commissioned. This approach includes providers in the independent and voluntary sector and will build on current arrangements within West Lothian CHCP.

Care Group Commissioning Plans will outline how service users and carers are involved and consulted, defining care group outcomes which reflects the needs, preferences and aspirations and of current and future service users.

Equalities

West Lothian CHCP must ensure equality of access to all health and social care services and ensure that its statutory duties required under the Equalities Act 2010 are enforced to ensure

that we are not unintentionally discriminating against specific groups of service users when developing and implementing care group commissioning plans.

Therefore we will equality impact assess the Care Group Commissioning Plans as part of the development process and also equality impact assess the associated delivery plans.

Procurement and Contract Monitoring

The procurement and contract monitoring of care and support services is a fundamental component within the commissioning cycle outlined in Appendix 1. The strategic commissioning cycle (the outer circle in the diagram) should provide a clear rationale for the purchasing and contracting activities which in turn should inform the ongoing development of strategic commissioning. (SWIA: Guide to Strategic Commissioning Sept 2009).

The Scottish Governments Guidance on the Procurement of Care and Support Services Sept 2010 defines procurements as:

“The process by which public bodies purchase goods, services and works from third parties. It is not only the method of securing services; other options include the provision of services in-house, shared services arrangements or grant funding. Procurement is one element of the commissioning process”

In 2010/11 the Community Care Procurement Procedures were reviewed on the basis of developing procurement procedures to cover all care and support services purchased by Social Policy. This was to ensure a consistent approach to the procurement of services across Social Policy. The Social Policy Procurement Procedures were agreed by the Council Executive in April 2011 and provide an overarching framework to commissioning and contracting staff within Social Policy. A summary of the Social Policy Procurement Procedures can be found at Appendix 5.

The procedures also outline the governance process in relation to the council's standing orders of delegated authority to the Head of Social Policy for the procurement of Part B services due to their specialist and complex nature. In West Lothian Social Policy procurement and contract decisions are undertaken through the Social Policy Contract's Advisory Group which meets on a 6 weekly basis and has representation from the council's legal services, central procurement team as well as senior managers and commissioning and contracting staff from Social Policy. The remit of the Contracts Advisory Group is to advice the Head of Social Policy in

- Exercising delegated powers in relation to the procurement, commissioning and monitoring of Care and Support Services;
- Achieving best value for the council in the provision and procurement of Care and Support Services;
- Taking action to promote and enforce compliance by the providers of Care and Support Services with qualitative and quantitative contractual standards;
- Complying with the council's Standing Orders for Contracts and its Procedure for the Procurement of Care and Support Services, approved by the Council Executive in April; and
- Adhering to the statutory regime, domestic and European, and including government guidance, governing the procurement of Care and Support Services.

The council is in the process of finalising a report on the review of procurement arrangements across the council with the main recommendation being to move to a corporate procurement

structure employing category management as this embraces the required strategic activity necessary and allows for increased specialism and skills. Commissioning and contracting professionals specialising in care and support services are to remain within Social Policy and will not form part of the Corporate Procurement Team. However, improved joint working will be developed through the employment of Category Manager within the Corporate Procurement Team for Social Work and Education.

Financial Context

The revenue budget for the financial year 2011/12 allocated for the commissioning of health and social care services in West Lothian is approximately £88,510million. Table 3 below provides a breakdown of this total budget into individual care groups and in-house and purchased services.

Table 3: Care Group Funding Levels – Budget Information 2011/12

Care Group	In House (£'000)	Purchased (£'000)	TOTALS (£'000s)
Older People	18,931	18,178	37,109
Adults – Physical Disabilities	2,087	3,244	5,331
Adults – Learning Disabilities	5,858	9,470	15,328
Adults – Mental Health	1,661	3,873	5,534
Substance Misuse	381	922	1,303
Criminal Justice	2,640	213	2,853
Children and Families	12,354	8,698	21,052
TOTAL	43,912	44,598	88,510

Review of West Lothian CHCP Commissioning Strategy

West Lothian CHCP will incorporate strategic commissioning activity and decision making within existing CHCP structures.

The overarching commissioning strategy will be reviewed every 3 years to take account of any changing conditions such as national policy direction, legislation and local strategic planning. The outcome and recommendations of the review will be reported to West Lothian CHCP's Board.

Care Group Commissioning Plans will be reported to West Lothian CHCP Board with approval sought as required by the governance arrangements of West Lothian Council and NHS Lothian. Commissioning plans will be reviewed annually with any changes to be reported back to West Lothian CHCP Board.

Appendix 1 Commissioning Cycle



Appendix 2 Relevant policies

National Strategy on Self-Directed Support

A National Strategy on Self-Directed Support has been developed to take forward the personalisation of health and social care services in Scotland. Self-directed support is targeted at empowering people and putting the principles of independent living into practice. It enables individuals to direct the care or support they need to live more independently at home and can replace or complement services arranged by their local authority. Proposals for legislation on self-directed support³ are currently in development.

Caring Together: The Carers Strategy for Scotland 2010 – 2015:

Caring Together: The Carers Strategy for Scotland 2010 – 2015 recognises the significant contribution made by Scotland's unpaid carers. The Strategy builds on progress since the publication of the Government's response to the Care 21 Report: The Future of Unpaid Care in Scotland. It sets out ten key actions to improve support to carers over the next five years. The focus is on improved identification of carers, assessment, information and advice, health and well-being, carer support, participation and partnership.

Getting it Right for Young Carers: The Young Carers Strategy for Scotland 2010 – 2015

Getting it Right for Young Carers: The Young Carers Strategy for Scotland 2010 - 2015 underlines the Scottish Government's commitment to ensuring that young carers are relieved of inappropriate caring roles and are supported to be children and young people first and foremost. It endorses an approach which organises services around the child or young person so that all the needs of the child or young person will be identified and addressed, including the impact of caring on their health, well-being and education.

Dementia Strategy

Scotland's National Dementia Strategy sets out the Scottish Government's vision and key actions to transform dementia care and treatment in Scotland. West Lothian CHCP has signed up to the Charter of Rights for People with Dementia and their Carers in Scotland. The services which we undertake to commission as well as our approach to the commissioning process will seek to respect these rights in their entirety. These standards will be instrumental in delivering the Dementia Strategy as well as people's rights as defined within the Charter. Services commissioned by West Lothian CHCP will be expected to deliver or be working towards delivering these standards.

Reshaping Care for Older People

The Reshaping Care for Older People programme⁷ has been established to examine how people who need care can continue to live full and positive lives and be less dependent on the formal care system and to develop options for the funding of care. The programme is reinforcing and promoting the move to more personalised care delivered through new models such as co-production, care co-operatives and community businesses.

Changing Lives: Report of the 21st Century Social Work Review

The Changing Lives report proposed: building capacity for personalisation; earlier intervention; whole system approaches; effective use of the mixed economy of care; effective management and leadership, including citizen leadership; performance

improvement and agreed outcomes; and a structured approach to re-designing services and delivering change.

National Care Standards

Scottish Ministers developed the National Care Standards⁹ to ensure the same high standards in all registered care services. The Standards explain what people can expect from any social care and support service, written from the point of view of the person using the service. There are 6 main principles behind the Standards: dignity; privacy; choice; safety; realising potential; and equality and diversity.

Getting it Right for Every Child: Proposals for Action

Getting it Right for Every Child: Proposals for Action outlined a vision for children's services which are accessible, high quality, individualised and accountable to communities and which promote safety and strengthen family and community capacity.

Community Care Outcomes Framework

The Community Care Outcomes Framework has performance measures, grouped into 6 inter-related themes: user satisfaction; faster access; support for carers; quality of assessment and care planning; identifying those at risk; and moving services closer to users/patients.

Public Procurement Reform Programme

The Public Procurement Reform Programme¹² was established in 2006 following publication of the Review of Public Procurement in Scotland (McClelland Report). The Reform Programme has focussed on: achieving value for money through effective competition; raising professional standards and public bodies' procurement capabilities; reducing burdens on suppliers and service providers and promoting access to public sector contracts; and encouraging collaborative working across organisations and sectors.

Scottish Procurement Policy Handbook

The Scottish Procurement Policy Handbook¹⁴ provides an overarching statement of the fundamental rules, behaviours and standards applicable to public procurement activity in Scotland. It describes the key roles and responsibilities in relation to the procurement function and outlines the governance and accountability arrangements that organisations should have in place, as well as addressing key policy issues.

Scottish Procurement Policy Notes (SPPNs) and guidance

The Scottish Procurement Directorate (SPD) within the Scottish Government is responsible for developing guidance on current procurement policy issues to supplement the Policy Handbook. Guidance and Policy Notes are published on SPD's website:

Procurement Centres of Expertise

There are currently seven procurement centres of expertise in Scotland. Scotland Excel is the centre of expertise for local authorities; National Procurement, NHS National Services Scotland is the centre of expertise for all NHS Scotland organisations. In addition to their role in collaborative procurement, the centres of expertise are responsible for representing sector specific interests in the development of national policy and for the development and dissemination of policy guidance on issues unique to their sector.

Human Rights policy

The Scottish Government is committed to creating a human rights culture. All Scottish legislation must be compliant with the European Convention on Human Rights. Public bodies have an obligation to respect the Convention rights. This means that they must understand the rights and take them into account in their day-to-day work, when devising new policies or procedures, delivering a service directly to the public or procuring services from a third party. Public bodies which procure care and support services can meet the requirements of human rights policy and law by taking the necessary steps to ensure that all procurements have a service user focus.

Equality policy

Everyone should expect to be treated with respect, to be treated fairly and to have the opportunity to reach their potential. The Scottish Government and public bodies across Scotland are working to promote equality and to ensure that no-one is denied opportunities or disadvantaged through discrimination, prejudice or exclusion due to factors such as race, gender, gender identity, disability, sexual orientation, religion or belief, or age. This is essential in achieving a just and inclusive Scotland and successfully delivering the Scottish Government's National Outcomes.

Statutory guidance to local authorities on contracting

The Scottish Ministers have issued guidance to local authorities under section 52 of the Local Government in Scotland Act 2003 on contracting. The guidance applies to any contract which involves a transfer of staff from the local authority to the service provider. It also applies to any procurement in which staff which originally transferred from the local authority as a result of an outsourcing transfer to a new provider. The guidance underlines the need for consultation with the trade unions in these situations.

Third Sector Statement

The Joint Statement¹⁶ by the Scottish Government, COSLA, the Scottish branch of the Society of Local Authority Chief Executives & Senior Managers (SOLACE (Scotland)) and the Scottish Council for Voluntary Organisations (SCVO) sets out the terms of a relationship in which local authorities and the Scottish Government will value the third sector as an integral part of shaping and delivering better services for Scotland's people and will be flexible in their approach to partnership working and funding. The third sector will be committed to working with local government to deliver efficiencies, promote best value and achieve improved outcomes for local communities.

Appendix 3 Evaluation of strategic commissioning

Theme	Description
Theme 1: Analyse	This theme is about drawing meaningful conclusions from available data and from projections, including data from people about their needs, preferences and the extent to which the service is delivering intended outcomes. Analysis is one of the most important activities in the commissioning cycle. Poor analysis of past or future trends will result in flawed commissioning decisions and wasted resources.
Theme 2: Plan	This theme is about working with strategic partners to make short, medium and long term decisions about how services need to change and how this will happen. Planning involves being clear about the options available to you in terms of investment and service redesign, and consulting on how to achieve the best outcomes and best value. Plans should result in SMART commissioning strategies.
Theme 3: Do	This theme is about implementation of your strategic commissioning plans. It involves maintaining a strategic overview of what you are trying to achieve, as well as effectively commissioning / decommissioning services, and implementing sound procurement arrangements.
Theme 4: Review	This theme is about taking an evidence based approach to monitoring and reviewing progress, and making adjustments in the light of changing circumstances. You will need to review whether you are achieving the objectives of your commissioning strategy, as well as the effectiveness of procurement arrangements. Feedback from people who use services and their carers, and other strategic partners is an essential element of the evidence you need to review your progress.

Appendix 4 Joint Commissioning Plans – template

Contents	Sub-Sections/Content to be covered	Comments
1. Forward	None	To be aligned with the overarching Commissioning Strategy
2. Vision Statement	None	To be aligned with the vision of the overarching commissioning strategy
3. Contents Page	n/a	
4. Introduction	<ul style="list-style-type: none"> - Identifies purpose of the commissioning plan - Provides background and context - Identifies key drivers, e.g. Outcomes approach to commissioning and service delivery, Engagement with service users and carers Personalisation and self directed support, Shifting the Balance of Care, Demographic pressures 	Overall this section sets out purpose of the commissioning plans and provides background and context. It will also identify the key drivers in each of the care group areas.
5. Scope of the Commissioning Plan	<ul style="list-style-type: none"> - Identify what the document sets-out to do - Identify timescales for consultations 	
6. Analysis of Relevant Information	<ul style="list-style-type: none"> - Identification of sub groups to be included - Identification of target audience - Identify the key outcomes to be achieved from relevant strategic plans - Identify relevant legislation and policy - Information from consultation with service users and cares - Information from consultation with stakeholders and providers - Identify pressures on services and analysis of needs assessment/gaps in services - Mapping of current service delivery (in-house and external) and undertake gaps analysis. - Review evidence of need and current models purchased - Identify future supply needs 	This is the crucial first stage of commissioning and is one of the most important factors in effective commissioning. A key contribution to the overall analysis will be the consultation with a wide range of people who use services and their carers.

7. Financial Information	<ul style="list-style-type: none"> - Budget - In-house and externally purchased provision - Current service volumes - Future Needs - Future financial prospects 	Commissioning Plans will need to evidence the available finance form future commissioning intentions and how best value will be achieved.
8. Commissioning Intentions and Development of Delivery plans	<ul style="list-style-type: none"> - Identify future Commissioning Intentions for each of the sub care groups from findings of analyses work. - Widely consult on commissioning intentions. - Identify full range of contracting mechanisms to achieve outcomes. - Delivery plans to be developed based on SMART objectives to establish how the outcomes and future commissioning intentions are to be achieved. - Equality Impact Assessment - commissioning plans and delivery plans. - Analyse risks and outline any contingencies 	<p>This part of the commissioning plans takes forward the 'plan' and 'do' parts of the commissioning cycle.</p> <p>Commissioning plans should illustrate the balance required between supporting independence, early intervention and prevention and more intensive forms of health and social care and reflect whole systems thinking.</p> <p>SMART objectives = specific, measurable, achievable, relevant and time-limited.</p>
9. Commissioning Plan Review Process – to measure impact of the commissioning plan	<ul style="list-style-type: none"> - Review Commissioning Plans and update delivery plans accordingly. - Process of Review the Commissioning Plan – consider any significant changes which would impact on commissioning intentions and outcomes. 	The West Lothian CHCP Commissioning Strategy outlines that Commissioning Plans are to be reviewed once a year and any significant changes to be report back to CHCP Board.

Appendix 5 Procurement procedures

Awarding of contracts will follow 7 stages identified below after the identification of service need

Stage 1 Officers (generally Service Development Officers/ Contracts and Commissioning Officers) will identify and report proposals to the relevant Senior Manager/Contracts and Commissioning Manager on

- The volume of service required
- Method of awarding contract i.e. restricted or open tender, preferred provider, partnering
- Budget availability and estimated cost of service
- Type of contract to be utilised (block, framework, spot or combination)

Stage 2 Service Development Officer (Contracts) will record decision in a centralised register and report to the Head of Social Policy annually.

Stage 3

- Specify the terms of the services to be contracted (Service Specification) including the monitoring and review requirements (Service Development Officer / Contracts and Commissioning Officer, Group Manager/Contracts and Commissioning Manager).
- The Contract Conditions will be set by the Council and contained within the model contract for that service area or type as identified in 8.1 (Service Development Officer (contracts))

Stage 4 Contracts advisory group will be asked to consider draft contract and commissioning process below.

Stage 5: Commissioning process

- The method of approach to providers is dependant on service requirements as identified in and at Stage1 above. Officers will (following approval of the relevant Senior Manager) put the approved commissioning process in place

Stage 6: Award of contract

- Identification of preferred provider(s)
- Agreement on cost ,quality, volume and length of contract
- Agreement on monitoring and review
- Arrange signing of contract
- Inform Service Development Officer (Contracts and Quality) of contract award

Stage 7: Monitoring and review

The monitoring and review information requirements will be set out in the contract. Service Development officer (contracts and quality)

- Note contract award date
- Set review timetable
- Receive review reports

References

1. Making Ends Meet, A website for managing money in social services
<http://www.joint-reviews.gov.uk/money/commissioning/2-21.html>
 2. SWIA's guide to Strategic Commissioning
[http://www.scswis.com/index.php?option=com_docman&task=doc_details&gid=181&Itemid=703%20%20%20http://Social Care Procurement Guidance](http://www.scswis.com/index.php?option=com_docman&task=doc_details&gid=181&Itemid=703%20%20%20http://Social%20Care%20Procurement%20Guidance)
 3. JIT's Social Care Procurement Guidance 2010
<http://www.jitscotland.org.uk/action-areas/commissioning/procurement/>
 4. Institute of Public Care's (IPC) framework for Joint Commissioning and purchase of public care services
<http://ipc.brookes.ac.uk/>
 5. Commission on the future delivery of Public Services (2011)
www.scotland.gov.uk/Publications/2011/06/27154527/0
 6. JIT Community Capacity and Coproduction Workstream, a brief for COSLA May 2011
www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/community-capacity-building/
 7. Scottish Government: Commissioning for Personalisation: More of the Same Won't Do
<http://www.scotland.gov.uk/Publications/2009/04/07112629/6>
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West Lothian Strategic Planning Group

Date: 3 December 2015

Agenda Item: **7**

DRAFT STRATEGIC PLAN CONSULTATION UPDATE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide an update on the consultation on the draft Strategic Plan.

B RECOMMENDATION

To note the progress of the consultation on the draft Strategic Plan.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on April 1, 2014. The legislation will establish local partnerships under the governance of an Integration Joint Board which will be jointly accountable to Ministers, Local Authorities, NHS Board Chairs and the public for:

- Nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and Local Authorities will be held jointly accountable
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

As set out in the regulations to the Act, the Integration Joint Board must establish a strategic planning group, which will be involved throughout the process of developing, consulting on and finalising a strategic plan.

The development of the strategic plan must be clear about the national and local outcomes to be delivered and must include the formal establishment of locality arrangements for the partnership area. These arrangements will draw together professionals, staff, the third and independent sectors, carers and service users to lead the planning and delivery of services for their local community, based on their experience and knowledge of local needs, and feed this detail into the strategic plan.

A draft Strategic Plan was prepared in conjunction with the Strategic Planning Group and presented to the IJB at its meeting of 20 October 2015. The IJB agreed that consultation could thereafter commence in respect of the draft plan.

Consultation is being carried out between 13 November and 31 December 2015. The consultation includes a wide range of stakeholders as well as users of the services commissioned by the Integration Joint Board. Copies of the draft plan have been distributed at a range of locations throughout West Lothian and the plan is also available online with an online feedback facility at www.westlothianhcp.org.uk/spconsultation

Responses are invited by:

- completing the online consultation comments form (available at www.westlothianhcp.org.uk/spconsultation)
- emailing comments to info@westlothianhcp.org.uk

writing to The Director, West Lothian HSCP, Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF.

Following the consultation a revised version of the Strategic Plan will be prepared in conjunction with the Strategic Planning Group and presented to the Integration Joint Board at its meeting on 16 February 2016 for approval.

D CONSULTATION

Relevant council and health board officers

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance

Scottish Government Guidance and Advice -
<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

Shadow Strategic Planning Group 8 October 2015

IJB meeting 20 October 2015

F APPENDICES

1. Strategic Plan summary and consultation link

G SUMMARY OF IMPLICATIONS

Equality/Health	<p>This report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.</p> <p>Note that the Strategic Plan will be subject to an equality impact assessment.</p>
National Health and Wellbeing Outcomes	<p>The Strategic Plan will address all National Health and Wellbeing Outcomes.</p>
Strategic Plan Outcomes	<p>n/a</p>
Single Outcome Agreement	<p>The Strategic Plan outcomes will be aligned to the Single Outcome Agreement outcomes related to health and social care.</p>
Impact on other Lothian IJBs	<p>None</p>
Resource/finance	<p>None</p>
Policy/Legal	<p>Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance</p>
Risk	<p>None</p>

H CONTACT

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3 December 2015

DRAFT WEST LoTHIAN IJB STRATEGIC PLAN 2016-26

SUMMARY VERSION

Context

The Public Bodies (Joint Working) (Scotland) Act 2014 requires 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) must develop a Strategic Plan that will detail how it will plan and deliver services to meet the adult care needs in local communities.

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.

West Lothian IJB Draft Strategic Plan

This 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. The plan contains a rolling 3 year action plan which will be reviewed and updated on an annual basis.

Vision

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

Approach

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.

Scope

This strategy is both a strategic plan and a strategic commissioning plan. This reflects, in a realistic way, the substantial progress which the IJB has already delivered in the field of strategic commissioning, and meets the requirements of the current legislation. The plan includes all services relating to adult care groups. The specific services included in this plan are

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

The plan fully explores and explains the locality dimension of strategic planning in West Lothian.

Needs Analysis

Major key issues emerging from a recent comprehensive strategic needs assessment of West Lothian

- Ageing population
- Growing numbers of people live with disabilities, long term conditions, multiple conditions and complex needs
- Health inequalities

Localities

The Public Bodies (Joint Working) (Scotland) Act 2014 requires each 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 (Armadales, Blackridge, Blackburn, Bathgate, Whitburn, Fauldhouse and Beich Valley)

The 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.

Priority Outcomes

- 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)

Approach

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

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.

Services to be delegated

Main services to be delegated are

- Adult care services
- Community health services
- Some adult acute services

A comprehensive list of services to be delegated can be found in Appendix 1 of the plan.

Performance

The IJB will report annually on the core suite of national integration indicators detailed in Appendix 2 of the plan.

Clinical and Care Governance

The IJB will put in place structures and processes to support clinical and care governance to provide assurance on the quality of health and social care, including the establishment of a Health and Care Governance Group. 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.

Consultation

Consultation on the draft strategic plan will be carried out between 13 November and 31 December 2015. The consultation will include a wide range of stakeholders as well as users of the services commissioned by the IJB. Copies of the draft plan will be distributed at a range of locations throughout West Lothian and will also be available online with an online feedback facility. A full version of the plan is available at www.westlothianhcp.org.uk/spconsultation

Responses invited by

- completing the online consultation comments form (available at www.westlothianhcp.org.uk/spconsultation)
- emailing comments to info@westlothianhcp.org.uk
- writing to The Director, West Lothian HSCP, Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF.

Comments need to be received by 31 December 2015.

Following the consultation a revised version of the strategic plan will be presented to the IJB at its meeting on 16 February 2016 for approval.