DATA LABEL: Public

West Lothian Integration Strategic Planning Group

Working group that sits below the Integrated Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

13 January 2017

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 19 January 2017** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence

2. 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.

3. Order of Business, including notice of urgent business

4. Confirm Draft Minutes of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 17 November 2016 (herewith).

5. Health Improvement and Health Inequalities Activity - Report by Dr Margaret Douglas (herewith)

6. The Lothian Hospitals Plan - Report by Colin Briggs (herewith)

7. West Lothian Elderly Programme Update - Report by Programme Manager (herewith)

8. 2017-18 Budget Update - Report by Chief Finance Officer (herewith)

DATA LABEL: Public

9. Workplan (herewith)

NOTE **For further information please contact Val Johnston, Tel No.01506 281604 or email val.johnston@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 17 NOVEMBER 2016.

Present – Jane Kellock (Chair, West Lothian Council), Alan Bell (Social Care Professional), Carol Bebbington (Health Professional), Steve Field (WLC), Clare Gorman (Health Professional), Dianne Haley (Health Professional), Jane Houston (Union Heath), Mairead Hughes (Health Professional), Mary-Denise McKernan (Carer of Users of Health Care), Martin Murray (Union WLC), Charles Swan (Social Care Professional) and Patrick Welsh (Chief Finance Officer)

Apologies – Colin Briggs, Ian Buchanan, Dr Margaret Douglas, Elaine Duncan, Jim Forrest and Robert Telfer

1. MINUTE

The Group confirmed the Minute of its meeting held on 6 October 2016. The Minute was thereafter signed by the Chair.

2. COMMISSIONING PLAN FOR OLDER PEOPLE - REPORT BY DIRECTOR

A report had been circulated by the Director in respect of the strategic commissioning plan for older people.

The report recalled that at the meeting on 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

A short-life working group had been established to develop the three year commissioning plan for Older People. A draft plan had now been prepared for the approval of the IJB. As with all commissioning plans it followed a specific structure which was as follows :-

- Section 1 – Provided an overview
- Section 2 – Detailed the main recommendations
- Section 3 – Detailed the specific commissioning commitments; and
- Section 4 – The next steps

The report then explained that Section 4 would not normally form a significant part of a commissioning plan however it was felt that this was necessary at this stage because the IJB budget was not yet developed to the level appropriate to commissioning plans. This in turn limited the extent which commissioning commitments could be detailed. In addition, organisational arrangements within the scope of the IJB were undergoing

considerable change and this was likely to have an impact on commissioning commitments.

The programme of change covered areas such as Dementia, Carers, Telecare, Community Support, End of Life Care, Community Capacity Building, Care in the Community and Service Integration and the report provided a narrative on these areas. It was further noted that the some elements of the plan were complex and would be difficult to implement.

In relation to the effect, of the plan, on carers and particularly on the back of the Carers (Scotland) Act 2016 coming into being, it was agreed that a separate discussion would be undertaken with Mary-Denise McKernan on this very subject.

Complimentary to the plan was details of the Frail Elderly Programme which was targeting and identifying a particular group to design a whole system model of care that would improve outcomes, individual experience and deliver value for money. There were four projects within Phase 1 and each project would be developing recommendations for change and gathering data to support the recommendations made. The projects were as follows :-

- St John's Hospital In-Patient Re-Design – to design a more streamlined pathway for frail elderly patients who were admitted into hospital with an in-patient stay through to discharge;

- Family Hub and Templar Rapid Access Clinic – to provide patients, families and GP's with one point of contact to refer frail elderly patients, before they reached an acute stage, for appropriate assessment and care;

- Intermediate Care Review – would explore the contribution that intermediate care provision could make to whole system review and redesign, including community hospital provision; and

- Older People's Mental Health Project - would focus on key initiatives to improve the dementia care pathway and enhance community provision around the OPACT service, the Memory Assessment and Treatment Service.

It was anticipated that a programme of change would be in place by the start of 2017 with some elements being implemented by the start of the new financial year.

There was a general discussion about the current position with care for the elderly, noting that demand across West Lothian for elderly care services was on the increase particularly with an ever aging population. Requests for nursing home places was also on the rise and concerns with contractual arrangements with both private and public providers of care home place were just a number of issues impacting on service delivery today and into the future.

The Group were being asked to comment on the commissioning plan which had not been circulated so it was agreed that this would be

circulated after the meeting and that any feedback was to be submitted direct to Alan Bell by 4.00pm on Monday 21 November 2016.

Decision

1) Noted the contents of the report;

2) Agreed that the plan itself would be circulated to all SPG members and that any feedback was to be submitted to Alan Bell by 4.00pm on Monday 21 November 2016;

3) Agreed that a separate discussion would be undertaken with Mary-Denise McKernan with regards to the impact on carers;

4) Noted the work of the Elderly Frail Programme;

5) Noted the concerns around service provision at some care homes; and

6) Noted the concerns with regards to the rise in demand for nursing home care places; and

7) Noted the many challenges ahead due to an aging population and that efforts continued amongst partners to address needs in both the present day and into the future.

3. RISK MANAGEMENT REPORT

A report had been circulated by the Director advising of the approach being taken to the management of risk and to advise of the risks identified.

The group were advised that the Integration Scheme between West Lothian Council and NHS Lothian required the IJB to operate a risk management strategy. The risk management strategy would comprise of relevant policies and procedures for the management of risk. The Integration Scheme also required the IJB to maintain a risk register. A risk register had therefore been devised by using West Lothian Council's covalent system and the risks to be reported and monitored were attached as Appendix 1 to the report.

The risks detailed had been identified by the IJB Senior Management Team during a risk management session facilitated by West Lothian Council's Risk Manager.

All of the risks had been scored for likelihood and impact using a five by five risk matrix. The scores ranged from 1 to 25, with the higher the score, the higher the assessed risk and therefore the greater potential impact on IJB objectives.

It was important to note that the risks identified represented high level or strategic risks to the IJB's objectives. Operational risks were recorded separately in the risk registers of both West Lothian Council and NHS

Lothian.

In relation to Appendix 1 the following was to be noted :-

- The original risk score represented the uncontrolled risk, that was to say the potential impact if controls were absent or failed;
- The traffic light icon represented the risk ranking based on the score;
- The risk matrices represented the risk score;
- The current risk score represented the current risk
- The "assigned to" column were those processes in place to reduce the risk from original risk score to current risk score.

A discussion was undertaken on the risks identified and it was agreed, that in light of the earlier discussion on the Older Peoples Commissioning Plan, to include an additional risk to be known as "Failure of Provider".

It was also agreed to amend the wording of risk IJB0002 to "Failure of Deployment of Strategic Plan"

And finally it was agreed to include the scoring matrix to understand better the scoring and grading mechanism.

Decision

1) Noted the contents of the report;
2) Agreed to include an additional risk, to be known as "Failure of Provider";
3) Agreed to amend risk IJB0002 to "Failure of Deployment of Strategic Plan"; and
4) Agreed to include details of the matrix used for scoring.

4. LOCALITY PLANNING UPDATE

A report had been circulated by the Director providing an update on locality planning in West Lothian since April 2016 when the SPG approved the terms of reference for the east and west locality groups and to also seek approval to deliver a development event for group members.

At its meeting on 7 April 2016 the SPG approved the terms of reference for locality groups which would guide the development of locality plans. The terms of reference were attached to the report at Appendix 1. Officers subsequently established membership of the groups based on the SPG's guidance. The SPG also agreed to hold a development event for members of the locality groups to provide background on the work required of the groups.

An event was held on 10 June 2016 and the report provided a brief summary of the programme for the day. The event was well attended and a note from the day was attached to the report at Appendix 2.

The groups would meet every two months with both groups having met twice so far. The agenda for the first meeting included a reminder of the terms of reference and membership, a review of locality developmental day summaries, an update on commissioning plans and regeneration plans. The agenda for the second meeting included a presentation on the implications of the development plan on service provision in health and social care and consideration of a possible structure for presenting locality plans and an outline work plan.

The proposed format and outline work plans were attached to the report as Appendices 3 and 4.

It was proposed that updates would be provided to the SPG every six months with the next report due on 20 April 2017.

It was recommended that members of the SPG :-

1) Note the terms of the report; and

2) Note that the Director would provide a further update to the group at its meeting on 20 April 2017.

Decision

1) Noted the contents of the report

2) Agreed that the Minutes of past Locality Group meetings would be forwarded to Union Representatives and thereafter a further briefing could be provided if necessary; and

3) Agreed to include Union Representatives on the distribution list for papers for both groups.

5. PRIMARY CARE UPDATE

A report had been circulated by the Director providing an overview of the current challenges being experienced in Primary Care and the actions being taken to support and sustain service provision.

The group were advised that GP practices were facing a number of challenges which were affecting service delivery and capacity to meet demand. The report then provided a summary of the main issues that were facing GP practices and covered matters such as :-

- Changing practice populations

- Workload

- Workforce
- OOH Primary Medical Services
- Community Nursing
- Practice Nursing
- Changes to GMS contracts
- Expansion of GP training places
- NES Scotland Returner and NES Enhanced Induction Programmes
- List Expansion Grant Uplift Scheme (LEGUP)
- Integrated Care Pharmacies
- Skill mix
- IT and eHealth
- Premises
- Risk register

The report also provided a summary of a Primary Care Summit that was held in Musselburgh in September 2016 which identified actions that could be taken to resolve some of the issues and included :-

- ❖ Transfer resource from secondary care to primary care to support development and facilitate more care in the community;
- ❖ Develop financial and other support for contractor practices and ensure an appropriate governance framework;
- ❖ Promote skill mix to utilise pharmacy, physiotherapy, mental health, nursing, advanced nurse practitioners, etc in general practice, especially in contractor practices;
- ❖ Better manage demand on GP's by signposting patients to alternative sources of help and by reducing inappropriate workload;
- ❖ Encourage use of technology in provision of patient care, e.g telephone consultation, demand triage, email and web based services;
- ❖ Expand the Primary Health Care Team with an appropriate range of skills and competencies to enhance capacity and manage demand appropriately;
- ❖ Develop a professional standard marketing and recruitment strategy to include contractor practice vacancies; and

- ❖ Find an appropriate balance between autonomy and innovation within HSCP areas.

It was also being proposed that West Lothian would hold a Primary Care Summit in February 2017 which would be a protracted learning time session to enable wide stakeholder engagement and focus on the key issues identified.

The Strategic Planning Group was asked to :-

1) Note the contents of the report;

2) Note the current challenges facing Primary Care;

3) Support the management team in their actions; and

4) Contribute to the proposed Primary Care Development event in February 2017.

Decision

1) Noted the contents of the report

2) Agreed that the report be forwarded to the next scheduled meeting of the IJB; and

3) Agreed that the IJB would be asked to make representation through the appropriate channels with regards to developer contributions towards medical facilities.

6. WEST LOTHIAN WINTER PLAN

A report had been circulated by the Director advising of the Winter Plan developed for 2016-17 and to outline the activities underway to prepare for the winter period when it is recognised that demand for services was likely to be at its highest level.

The group were advised that West Lothian HSCP and St John's Hospital were required to plan for the winter period. The plan attached to the report at Appendix 1 built on previous Winter Plans for West Lothian and provided details of the local actions already in place to support prevention of admission and early discharge.

The Winter Plan aimed to provide safe and effective care for people using services and was to ensure effective levels of capacity and that funding was in place to meet expected activity levels to support service delivery across the wider system of health and social care.

The outcome of winter planning was to ensure :-

- The provision of high quality, responsive services were maintained through periods of pressure;

- The impact of pressure on levels of service, national targets and finance were effectively managed;

- That a process was in place to meet the reporting requirements of the Scottish Government;

- That comprehensive plans were in place covering the requirements of the Scottish Government Health Department outlined in their Winter Planning communications; and

- Assurance for the Director of West Lothian HSCP, the Site Director St John's Hospital and the Chief Operating Officer NHS Lothian that effective Winter Plans existed.

The HSCP and St John's Hospital management teams had established a Winter Planning Group to monitor and evaluate the winter planning process and to take any actions necessary to implement the plan.

The Winter Plan was also to be viewed in the context of the range of interventions already in place within West Lothian to prevent admissions and support early discharge, with additional processes agreed to respond to emerging needs as a result of winter pressures.

It was recommended that the Strategic Planning Group :-

1) Note the contents of the report;

2) Note the progress made in developing the Winter Plan, which would ensure key services were maintained for critical patients and customers and the organisations reputation was protected; and

3) Support the activities and management responsibilities to ensure winter preparedness and effective response to adverse situations.

Decision

1) Noted the contents of the report;

2) Agreed that future versions of the plan were to include a legend to assist with abbreviations; and

3) Agreed that any further suggestions to the format and layout of the plan were to be forwarded to Carol Bebbington

7. WORKPLAN

A workplan had been circulated which provided details of the work of the Strategic Planning Group over the coming months.

Decision

To note the contents of the workplan

West Lothian Strategic Planning Group

Date: 19 Jan 2017
Agenda Item: 5

STRATEGIC PLANNING GROUP

HEALTH IMPROVEMENT AND HEALTH INEQUALITIES ACTIVITY

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to update the Strategic Planning Group on the work of the Health Improvement and Health Inequalities Alliance, in particular the development of funding priorities to inform commissioning of the next round of Health Improvement Fund projects from April 2018.

B RECOMMENDATION

It is recommended that the Strategic Planning Group:

1. Notes the role and current work of the Health Improvement and Health Inequalities Alliance
2. Note the current review of the Health Improvement Fund and the request for the Alliance to identify funding priorities in West Lothian.
3. Discuss and contribute views on the following:

a) What are key issues and assets that impact on health in WL?
b) What are the gaps in health improvement work?
c) Which determinants should we focus on in order to make biggest difference to health?

C TERMS OF REPORT

C.1 Role of the Health Improvement and Health Inequalities Alliance

The Health Improvement and Health Inequalities Alliance (HIHIA) has been in place in its current form since 2011. Its overall aim is 'to improve the health and well-being of those who live and work in West Lothian and to address the gap between those with the best health outcomes and those with the poorest health outcomes'. It is responsible for providing strategic direction for specific areas of health improvement work, with operational delivery being the responsibility of

the relevant managers. It works within the framework of the Local Outcomes Improvement Plan and other relevant strategic frameworks. Its responsibilities include oversight of activities funded by the Health Improvement Fund.

The role of the HIHIA is defined in its terms of reference as:

- Develop a coordinated approach and vision for the delivery and planning of health improvement activities in West Lothian;
- Monitor the plans developed by each of the sub-groups to take forward the vision of the HIHIA;
- Ensure that progress towards achieving key outcomes is monitored and reported through the Community Planning process;
- Act as a conduit between community planning partnership and operational activity;
- Identify cross cutting issues across the sub-groups and develop integrated multi-agency solutions;
- Set up and oversee short-life working groups to address specific strands of work which will contribute to agreed Community Planning Partnership outcomes;
- Act as a key consultative group for major policy development with a strong focus on influencing strategic plans across the Community Planning Partnership;
- Develop processes which maintain a regular and effective means of communication between partnerships;
- Promote joint staff training and development.

C.2 Health improvement delivery

HIHIA currently oversees action plans for the following areas of work:

- Eatright
- West Lothian on the Move
- Tobacco
- Children and Young People's health and wellbeing (also reports to the Children's Strategic Planning Group)
- Health in Later Life

Each of these reports formally to HIHIA at least once per year. Other sub-groups working on oral health, sexual health, and mental wellbeing are no longer meeting because the relevant programmes are being developed and delivered at a Lothian level and there is limited staff capacity to support local groups.

C.3 Strategic influence

As well as overseeing programmes of work to address these health improvement topics, HIHIA recognises that wider work within the Community Planning Partnership has a significant impact on health. For this reason, the group also provides input to other policy areas as appropriate. In the last year

this has included, for example, engaging with the development of the Local Development Plan, Active Travel Plan and Local Housing Strategy.

C.4 Health Improvement Fund allocations

Some of the activity that HIHIA oversees is funded by the NHS Lothian Health Improvement Fund (HIF). The HIF projects are funded until April 2018, have Service Level Agreements in place and are monitored regularly by a link officer. The current West Lothian HIF projects are shown in Appendix 1. The HIF Oversight Group, chaired by the Director of Public Health, is responsible for decisions about HIF allocations in Lothian.

The HIF Oversight Group has decided to review the allocations because many of the projects have been funded for more than a decade. It has requested that HIHIA identify funding priorities and activities to be funded in West Lothian from the next round. HIHIA has been asked to do this by April 2017 to allow time for projects to be commissioned. The HIF Oversight Group has identified high level priorities to provide guidance on the kinds of activities that are appropriate for HIF funding. These are:

- Early years support and early interventions for children and young people
- Social capital and community capacity building.

The HIF Oversight Group has also decided to re-distribute the total funding available in each area to be weighted equally by: overall population; population of children under 5; and population living in SIMD 1. This means that the total annual funding available in West Lothian from April 2018 will be £213,268. This is more than the current total allocation of £191,208 which reflects historical patterns of HIF spend.

C.5 Identifying priorities for health improvement

HIHIA has begun a process to identify priorities to inform its future work programme. This work will help identify the funding priorities for HIF within West Lothian, as noted above. It will also aim to ensure the limited staff time available is directed towards priority health improvement issues, while recognising the broad range of issues that impact on health.

The work will include collating relevant data and contextual information, and also using the following questions to invite views on the most significant issues to focus on in order to improve health in West Lothian. Members of the Strategic Planning Group are invited to contribute their views on these questions.

a) What are key issues and assets that impact on health in WL?
b) What are the gaps in health improvement work?
c) Which determinants should we focus on to make biggest difference to health?

C.6 Local Joint Public Health Partnerships

The recently published Scottish Government Health and Social Care Delivery Plan includes an action to establish local joint public health partnerships between local authorities, NHS Scotland and others by 2020. HIHIA may fulfil this function in West Lothian, but this would need to be reviewed and it may be superseded by a new partnership. The current work to identify priorities in West Lothian will form useful groundwork to inform the new partnership.

D CONSULTATION

HIHIA aims to consult with a range of other partnerships and groups to identify views on priority health improvement issues. The Strategic Partnership is invited to suggest groups to include in this.

E REFERENCES/BACKGROUND

Scottish Government Health and Social Care Delivery Plan:
http://www.gov.scot/Publications/2016/12/4275

F APPENDICES

APPENDIX 1: CURRENT HIF ALLOCATIONS

G SUMMARY OF IMPLICATIONS

Equality/Health	HIHIA will carry out an Integrated Impact Assessment on its new work programme. All HIF projects are required to have an Integrated Impact Assessment of their action plans before Service Level Agreements are approved.
National Health and Wellbeing Outcomes	The Health Improvement and Health Inequalities Alliance contributes to the following national outcomes: We live longer, healthier lives We have tackled the significant inequalities in Scottish society Our children have the best start in life and are ready to succeed

Strategic Plan Outcomes	The Health Improvement and Health Inequalities Alliance contributes to the following outcome in the Strategic Plan: People are able to look after and improve their own health and wellbeing and live in good health for longer
Single Outcome Agreement	The Health Improvement and Health Inequalities Alliance contributes to the following outcomes in the SOA/LOIP: We live longer, healthier lives and have reduced health inequalities. Our children have the best start in life and are ready to succeed
Impact on other Lothian IJBs	None
Resource/Finance	The resource implications include £213,268 of HIF funding, and staff time to develop priorities, take part in commissioning of projects and implement a revised work programme for the Alliance.
Policy/Legal	Commissioning of HIF projects will be supported by NHS Lothian Procurement staff and meet the requirements of the Procurement Reform Scotland Act 2014.
Risk	The main risk is of destabilising current successful health improvement programmes – either those directly funded by HIF or those that work in partnership with these. Several staff funded by HIF are employed within the Health Improvement Team on fixed term contracts.

H CONTACT

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0131 465 5437

19 January 2017

APPENDIX 1: CURRENT HIF ALLOCATIONS

Current HIF allocations in West Lothian 2016/17

Organisation	**Project**	**Annual budget**
WL HSCP	eatright	75,000
WL CAB	Welfare advice in GP practices	30,838
WLC	West Lothian On the Move	45,000
WL HSCP	WL IFA	35,370
WL HSCP	Staysafe	5,000
TOTAL		**£191,208**

NHS LOTHIAN

Strategic Planning Committee, 8th December 2016

Professor Alex McMahon, Executive Nurse Director

THE LOTHIAN HOSPITALS PLAN

1 Purpose of the Report

1.1 This report outlines the content of the Lothian Hospitals Plan (LHP), and the approach to further consultation on the LHP.

2 Recommendations

The Strategic Planning Committee (AHC) is recommended to;

2.1 Note the content of the LHP, specifically the strategic headlines for each acute hospital site, as shown in table 1, below;

Site	Strategic Headline
Royal Edinburgh Hospital	Edinburgh's inpatient centre for highly specialist mental health and learning disability services, incorporating regional and national services
St John's Hospital	An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.
Western General Hospital	The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery
Royal Infirmary of Edinburgh	South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care

2.2 Discuss and agree the proposals for future consultation and development of the planning approach, and specifically the approach to "set-aside" (planned by IJBs) and "retained" (planned by NHSL) services.

2.3 Approve the Strategic Headlines and workplans outlined in the appendices as the direction of travel for NHSL's hospitals.

3 Summary of the Issues

A note on structuring of the paper

This is a detailed paper covering a very broad range of issues. Table 2 shows how the paper can be navigated.

Table 2 – navigating the paper

Section	Paragraphs	Content
A	3.1-3.10	The need for the Lothian Hospitals Plan
B	3.11-3.18	Development process and structure of the plan
C	3.19-3.24	Programme Boards
D	3.25-3.30	Royal Edinburgh Hospital and Learning Disabilities
E	3.31-3.41	Medical specialities
F	3.42-3.51	St John's Hospital
G	3.52-3.67	Western General Hospital
H	3.68-3.82	Royal Infirmary of Edinburgh
I	3.83-3.92	Proposal for consultation

Please also note that this paper has been prepared and circulated before discussions at Acute Hospitals Committee (6th December) and the NHS Lothian Board (7th December), and therefore the feedback from these will be reported and discussed at the Strategic Planning Committee of 8th December. SPC is the "sponsoring" committee and therefore has sign-off of the LHP.

A – The need for the Lothian Hospitals Plan

3.1 The need for the Lothian Hospitals Plan comes from the need to coherently respond to multiple factors;

The Scottish Public Sector

3.2 The Scottish public sector is under what appears to be ever-increasing strain. A combination of an aging population, who carry an increase need for care for a larger proportion of their lives, workforce constraints, and expectations by both public and the professionals who care for them, mean that the need to be clear on direction has never been greater.

3.3 This strain is compounded by uncertainty in the social, economic, and political spheres. The latter, in particular, appears to be particularly acute currently, with the impact of Brexit, the recent US presidential election, and recent and likely future Scottish referenda impacting significantly. As an example, all three have

made the free movement of labour less certain, although not in the same direction.

3.4 The Scottish Government has made a clear commitment to the cause of public sector to reform to help manage this environment. A key part of this is the development of the integration of health and social care (as a marker for broader public-sector pan-Scotland working) and the publication of the National Clinical Strategy.

3.5 The National Clinical Strategy underlines the commitment to integration of health and social care, a new contract for primary care, the management of expectation through the *Realistic Medicine Workstream,* an increased focus on planning at a population level for specialist services, and the development of the Diagnostic and Treatment Centres programme.

NHS Lothian

3.6 NHS Lothian has an extant clinical strategy, *Our Health, Our Care, Our Future (OHOCOF)*. This strategy was agreed by the NHS Lothian Board in 2014 and covered all aspects of NHSL's activities, including the key proposition that NHSL would move to centralise all of its acute activities onto its 4 acute sites.

3.7 Clearly, significant change has occurred since the publication of *OHOCOF*, and so the LHP should be seen as a strategic plan to move forward the work identified at a strategic level in *OHOCOF,* while identifying how NHSL will work in this new environment.

3.8 At a local level, NHSL has supported the development of 4 Integration Joint Boards. These IJBs are charged with strategically planning and commissioning primary health care services, local authority social care services, and hospital services including emergency department and emergency medicine, general medicine, and multiple other medical specialties. The nature of these IJBs and their purviews mean that a new, iterative planning approach is required to ensure elegant interdigitation between NHSL and these new bodies. The LHP is a mechanism to achieve that.

3.9 NHSL has significant financial, workforce, and infrastructure challenges and the LHP includes approaches to manage all of these challenges sustainably.

3.10 NHSL has also invested heavily in the development of a quality improvement approach which now permeates all of its activities, and again this is captured and reflected in the LHP.

B – Development process and structure of the plan

3.11 The development of the LHP to date has included a mix of delivering urgent plans for particular pieces of work, and developing the broader strategic planning mechanism and vision for the future.

3.12 Work to outline the vision for Mental Health and Learning Disabilities, and therefore the vision for the Royal Edinburgh Hospital, predates *OHOCOF*. Significant involvement of clinical staff, non-clinical staff, the third sector, statutory authority partners, and the public, all took place ahead of the development of both *OHOCOF* and LHP. Two programme boards have been taking this work forward.

3.13 Over 400 University Hospitals staff have attended a series of strategy development days to capture the emotional, quality, financial, and aspirational drivers for this work from their perspective. In addition, three programme boards have been established to cover the three main UHS strands of the LHP – medical specialties, elective specialties, and cancer services.

3.14 This paper therefore summarises;

- The urgent work undertaken on specific projects;
- The vision developed by the University Hospitals sessions;
- The work of the 5 programme boards;
- The hospital plans for each of the four sites;
- Review of IJB strategic plans and detailed discussion on what IJBs would value in the LHP.

3.15 The LHP is, therefore, part of the planning landscape for services provided by NHS Lothian, both now and over the next 5-10 years.

3.16 The LHP is constructed around the plans for each of the 4 acute hospital sites identified in *OHOCOF,* and in the three broad themes of medical specialties, elective specialties and cancer services.

3.17 Each site's plan is summarised in a "strategic headline", of two elements of service which are the core of that site, and around which other elements of service may coalesce. These are, as it were, the primary function of each site, and should take precedence of other potential usages of that site. To be clear, this does not preclude other uses of that site, but it does mean that they will be secondary uses.

3.18 Further, it should be understood that, in line with the consultation approach outlined below, these are propositions for which fine detail will be worked up in conjunction with IJBs, other Health Boards, the Scottish Government, and the public, for delivery within the five-to-ten-year timescale.

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C – Programme Boards

3.19 There are five key "programme boards" which form the loci for discussions. These are;

- Royal Edinburgh Campus Redevelopment, chaired by Alex McMahon;
- Medical Specialties, chaired by Brian Cook;
- Elective centres, chaired by Jim Crombie;

- Learning Disabilites Collaborative, chaired by Eibhlin McHugh;
- Cancer services, led by Elaine Anderson until her retirement and to be picked up by Tracey Gillies when she takes up post.

3.20 These five programme boards are leading each of these workstrands, with support in developing these provided by the Strategic Planning directorate, in collaboration with the Quality, and Finance Directorates as appropriate. All workstreams are attempting to balance the same tension of developing both short-term "sticking plaster" solutions and longer-term propositions

3.21 Membership of these boards varies, but draws on;

- Front-line clinicians from within the University Hospitals and REAS services;
- Primary care clinicians;
- Other professional staff from health and social care partnerships;
- Regional partners

3.22 It is envisaged that these programme boards will continue to develop detailed plans for implementation of proposals, with membership under constant review.

3.23 Section E deals with medical specialties in more detail, while Sections F through I detail the highlights from each of NHSL's University Hospitals.

3.24 Appendix 1 summarises the strategic workplan for 2017 for UHS, detailing projects for each management unit. Appendix 2 outlines the "vehicles" which will take this work forward.

D – Royal Edinburgh Hospital and Learning Disabilties

3.25 The strategic headline for the Royal Edinburgh Hospital should be;

- Edinburgh's inpatient centre for highly specialist mental health and learning disability services, incorporating regional and national services

3.26 For the Royal Edinburgh Hospital site, the LHP **proposes** that the plans stated in *OHOCOF* are affirmed by the 4 IJBs, and that the site therefore be developed in the three phases already identified. All services provided on the REH site are under the strategic planning purview of the IJBs. The 4 IJB strategic plans do not suggest alternative directions, but all describe an ambition to significantly shift the balance of care for citizens.

3.27 For clarity, the three phases of development for the Royal Edinburgh Hospital campus are;

- **Phase 1** replaces acute and older people's mental health inpatient facilities, as well as the Robert Fergusson Unit (RFU) and the intensive psychiatric care unit (IPCU). NHS Lothian took receipt of the new phase one which includes all of these services on the 5th December. The RFU will open on the 30th January 2017, and the current intention is that. Adult and Older People's

Mental Health facilities will open during March and April and the IPCU late April;

- **Phase 2** will see specialist rehabilitation services, currently based on the Astley Ainslie Hospital site, moved onto the REH and the current intent is that this would happen towards the end of 2020;

- **Phase 3** aligns with the Learning Disabilities Strategy and sees specialist inatient learning disabilities services reprovided with a scheduled date of cira late 2021.

3.28 The exception to the plan outlined in *OHOCOF* here is that there is **no proposal**, at this time, to reprovide the Liberton footprint on the REH site. While the Edinburgh IJB strategic plan notes a desire to explore the potential for the development of a care village, this has not progressed to the point of being able to include this as a clear proposition at this stage.

3.29 The Learning Disabilities Strategy has previously been both approved by and updates provided to SPC. In sum, this strategy seeks to;

- Provide community alternatives for patients who could benefit from these;
- Repatriate patients currently out of area;
- Provide, for patients who would not benefit from community provision, improved specialist accommodation on the REH campus.

3.30 There are no proposals from IJBs to move away from this strategy.

E – Medical specialties

3.31 The issue of how medical specialties – the broad conglomeration which are at the heart of “district general hospital” inpatient services in the public mind - can meet the challenges faced by the public sector is at the heart of the LHP.

3.32 The approach to medical specialties is to provide a forum for identifying strategic solutions for both the short-to-medium-term and the medium-to-long-term. With both, there is consideration ongoing of activity and workforce data, as well as how the Quality approach can support solutions.

3.33 The Programme Board has taken as its starting point acute medical receiving and general medicine, which exists on all three sites. The intention is that once a detailed strategic plan for these specialties has been agreed with IJBs the Programme Board will broaden its focus to look at subspecialties such as respiratory medicine and medicine of the elderly in detail.

3.34 What is clear from discussions so far, and in particular considerations of financial and workforce data, is that the sustainability of the current model of medical receiving is in doubt. Detailed work over the last 5 years at both WGH and RIE has demonstrated a shortage of beds to continue in the current model, and

solutions implemented or proposed have tended to be in silos, with investment targeted at maintaining individual sites in their current configurations. As an example, most recently, LCIG has earmarked capital for the expansion of the Acute Medical Unit in the Royal Infirmary of Edinburgh. To fully utilise this will require revenue investment of c.£1m, but it is not clear what the cross-site thinking is about how this develops the model for the City of Edinburgh and beyond, or indeed how this fits with common IJB priorities around prevention of admission, improved acute-primary interfaces, or a reduction of use of institutional care.

3.35 The Programme Board is sponsoring work to look at how ambulatory care models could support the development of improved interfaces, and how workforce could be better aligned across sites, but has also developed a long-list of options for long-term configuration of medical receiving across Lothian. Given the obvious commitment of the West Lothian IJB to the current West Lothian receiving model, this means the debate on configuration will perhaps be focussed on the relationship between WGH and RIE.

3.36 Staff are working through the long-list of configurations for medical receiving, as shown in table 3, below;

Table 3 – showing medical receiving options

Option	Headline	What would change?
A	Status quo	No change
B	3-site locality model	All sites would take all medical patients from within their defined locality – so for RIE - South Edinburgh, WGH – North Edinburgh, SJH – West Lothian – and this would be 24/7 with 999s also coming direct to these sites. Currently WGH does not take 999s or all patients from within North Edinburgh 24/7, with a significant number of patients received at RIE.
C	3-site model with reduced WGH hours	As above, but with limited hours for access to WGH – effectively status quo plus
D	2-site model with WGH as “treat and transfer”	SJH and RIE as receiving sites. North Edinburgh patients would be received and stabilised at these sites and then transferred into general medical and specialty wards at WGH
E	“Newcastle model”	All three sites would be medical receiving sites – however, following the model of Newcastle’s acute hospitals, WGH would reduce its capacity for receiving and only take GP-referred patients from its locality, with a “quota” each day. WGH would also provide expanded ambulatory care services. RIE (and potentially SJH) would be expanded to compensate. Consultant staff would rotate.

Option	Headline	What would change?
F	Supporting WGH strategic headline	WGH would have medical staff provide support to cancer and surgical services but no medical receiving services.

3.37 As will be noted from the options outlined above, there is, and will remain, a need for medical services on all sites, regardless of the configuration eventually selected. At the very least, there will be a requirement for medical services to support surgical and cancer services, even if no receiving function was in place.

3.38 The process to date has been focussed through the Medical Specialties Programme Board (MSPB), but in order to ensure greater involvement of front-line staff, MSPB also sponsored a Physicians Engagement Event. This brought together more than 50 consultant physicians from across Lothian to discuss the status quo, possible options for the future, and commence a quality improvement exercise.

3.39 The highlights from this latter event included;

- An understanding amongst the physician body of the importance of IJBs in setting direction and strategically planning medical services;
- An understanding of the workforce challenges currently facing medical services across the 3 sites and nationally;
- A nuanced discussion regarding the strengths and weakness of the status quo;
- A desire to initiate a QI programme across the 3 sites (a bid is being prepared for central support and sponsorship);
- A clear commitment to continue to work across sites and examine solutions across Lothian;
- A commitment to meet again quarterly as a larger group to support the work of MSPB.

3.40 It bears repeating that IJBs are the strategic planning and commissioning bodies for these services, and so will make the final decision on configuration and issue Directions to NHSL accordingly. The options detailed in table 3 are being worked through in order to support this decision-making.

3.41 However, it should be noted that IJBs are clearly considering their own positions on the issues of medical receiving. As an example, the Midlothian IJB, at its meeting of 1st December 2016, received and supported a draft paper on the Directions it may issue for 2017-18. This included the statement, under the heading of “Acute Medical Receiving Unit”, that;

"consideration should be given to the possible case for reducing the provision of medical receiving services to one unit within the City".

It is further understood that East Lothian IJB may issue a similar Direction, and that East, Mid, and Edinburgh are all likely to require NHSL to expand Ambulatory Care approaches to fit better with their Strategic Plans.

F - St John's Hospital

Strategic Headline

3.42 The strategic headline for St John's Hospital (SJH) should be;

An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.

Elective services

3.43 The concept of the elective care centre at St John's Hospital would see the site become the default site for <u>all</u> short-stay surgery, potentially up to a length of stay of 48 hours, for Lothian. This would include;

- Orthopaedics;
- Plastic surgery;
- Gynaecology;
- General surgery;
- Ear, nose, and throat, surgery (ENT);
- Oral maxilla-facial surgery (OMFS);
- Urology

By default, these types of surgery, if with an expected length of stay of 48 hours or less, would be provided <u>only</u> at St John's Hospital.

3.44 In addition, and building on the already-approved work on Ward 20 at St John's Hospital, St John's Hospital would **remain** the Lothian site for **all** types of adult plastic, ENT, and OMFS surgery requiring longer than 48 hours stay.

3.45 There will, therefore, be a business case process initiated under the elective services workstream to deliver on this elective care centre. It is expected that this will be a key proposal under the national Diagnostic and Treatment Centres workstream, and the offer will be made to partner Health Boards to access these services. To date NHS Fife and NHS Borders have expressed interest in accessing these services, and invitations to join the NHSL Programme Board have also been issued to NHS Lanarkshire, NHS Forth Valley, and NHS Tayside.

Medical services

3.46 St John's Hospital would, most likely given the commitment of the WLIJB, also remain the District General Hospital for West Lothian, with the provision of emergency department, general medical receiving services, diagnostic services, inpatient mental health, and general outpatient services. This is in line with the Strategic Plan and Directions published by the West Lothian Integration Joint Board.

3.47 To support this, work is required on the site to redesign the emergency medical receiving function, to bring the medical receiving and emergency department functions together.

3.48 In addition, we will develop proposals regarding acute oncology services at SJH, to reflect the high level of medical patients who have some form of cancer history, estimated as being as high as 22% of the total medical workload at SJH.

Cancer services

3.49 St John's will, through the expansion of its elective surgical capacity, consequently expand its contribution to the cancer diagnosis and treatment agenda.

3.50 Further work will be undertaken on what oncology and haematology outpatient services can be provided at St John's Hospital, taking into consideration the workforce constraints.

Other services

3.51 In addition, we will continue to develop our pan-Lothian approach to children's services in line with the recommendations made by the Royal College of Paediatrics and Child Health.

G - The Western General Hospital

Strategic Headline

3.52 The strategic headline for the Western General Hospital (WGH) should be;

- The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery

Elective services

3.53 WGH Hospital will remain the Lothian centre for colorectal, breast, and urology surgery.

3.54 WGH has recently launched its robotic laprascopic surgical program, as part of the National Clinical Strategy, with an exclusive focus on prostatectomy procedures within urology. At this stage there is no evidence that the use of

robotic surgery should be expanded to include either colorectal and gynaecology, but this will be kept under constant review.

3.55 The proposition to move short-stay urology and colorectal surgery to an elective centre at SJH will vacate both theatre and ward space at WGH, and the assumption at this stage is that this will facilitate the accommodation of increased demand and backlog activity, but again, this will be clarified in detailed plans for both colorectal and urology services.

3.56 There is a clear and agreed need to move forward with a replacement satellite dialysis unit, and the business case for this is being finalised.

3.57 NHSL will move its regional Department of Clinical Neurosciences onto the RIE site during 2017-18.

Medical services

3.58 Regardless of the model for medical services agreed with the East Lothian, Midlothian, and Edinburgh IJBs, there will be a need to provide medical services at WGH, in order to provide support for cancer and elective services on the site.

3.59 A very clear part of this will be the continued provision of gastroenterology services at WGH.

3.60 Section E, above, has detailed the potential implications for WGH.

3.61 There are several other medical services at WGH, currently. These will all require detailed work in conjunction with IJB partners and commissioners to understand the role they will play in the future medical services configuration, but at this point, the following is clear;

- Medicine of the Elderly services will require some form of presence on the site to support surgical and cancer services, but the majority of these services need to be considered as part of the IJB approach to older peoples services more generally;
- Rheumatology and dermatology services do not contribute to the provision of general medical services, and so there will be detailed work to understand whether these could be delivered as part of an outpatient-only model;
- Infectious disease services have a clear need for a new capital build which meets modern standards, as has been highlighted with recent outbreaks across the world of highly-infectious diseases such as MERS and Ebola. Given other changes in the training of infectious disease specialists, and the need to be co-located with an emergency department, it seems likely that the proposition around infectious diseases will be to reprovide this on the RIE campus.

Cancer services

3.62 The prime role of WGH is to be the South-East of Scotland's Cancer Hospital. All other activities on the site need to demonstrate a clear linkage to this role.

3.63 The current Edinburgh Cancer Centre (ECC) is no longer fit for purpose, physically. NHSL will work with the Scottish Government and Regional Partners to develop a Business Case for its replacement. NHSL has undertaken to work towards delivering a Strategic Assessment for the replacement of ECC by the end of the 2016-17 financial year. The move of ECC to the RIE provides the opportunity to clear space on the WGH campus and use this for the new ECC.

3.64 However, given the scale of the project to replace ECC, it will be some time before this is operational. There will therefore need to be significant changes made to the fabric of ECC in the meantime;

- Additional LinAc bunkers;
- Redesign and expansion of inpatient ward space;
- Changes to the Ward 1 outpatient service

Part of this will be delivered through patient flow redesign, but there is also a clear requirement for capital investment.

3.65 These "transitional arrangements" – and the delivery of the business case for a new ECC – will be the work of a new dedicated project team, working closely with the Site Management, Capital Planning, and Strategic Planning teams.

3.66 As part of this commitment to WGH as the Cancer Hospital, this will also see a range of other services included in the further development of these services, including;

- Clinical genetics;
- Cancer research;
- Maggie's Centre;
- Symptomatic and screening services for breast cancer;
- Bowel screening;
- Specialist palliative care services (to be agreed with IJBs);
- Specialist cancer diagnostics

3.67 Finally, work is underway to finalise what capacity should be made available on the site to accommodate joint working between gynaecologists, urologists, and colorectal surgeons in a pelvic surgery service.

H - The Royal Infirmary of Edinburgh

Strategic Headlines

3.68 The Strategic Headline for RIE should be;

- South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care

Elective services

3.69 The RIE campus will receive both the Department of Clinical Neurosciences and the Royal Hospital for Sick Children onto the site during the 2017-18 financial year.

3.70 RIE will also remain the site for all cardiothoracic surgery.

3.71 RIE will remain the Lothian site for complex inpatient orthopaedics, and as part of the national Diagnostic and Treatment centres workstream will consider how best an expansion of this orthopaedic capacity will be delivered. While the workload for NHSL is clear, it is, as yet, not clear what activity may be delivered in future on behalf of Fife, Borders, Forth Valley, and Lanarkshire residents. Clarification of this level of additional activity will help NHSL decide whether the physical location of this expansion will be within the current RIE or on the Bioquarter site, in order to ensure clinical safety and appropriate co-location with other clinical services.

3.72 RIE will also become the site for the reprovided Princess Alexandra Eye Pavilion, for which an Initial Agreement is ready to be submitted to the Scottish Government Capital Investment Group.

Medical services

3.73 RIE's prime function is to provide emergency care services for the City of Edinburgh, the Lothians, and beyond.

3.74 Detailed work continues, with regional and national partners, to deliver a major trauma centre within the Royal Infirmary of Edinburgh, bringing together specialist orthopaedic, general surgery, vascular surgery, neurosurgery, and cardiothoracic surgical services with emergency department and critical care.

3.75 This prime function also naturally means that RIE will be the prime medical receiving service for the City of Edinburgh and beyond. Further detailed work is required with IJB commissioners to understand the degree to which RIE's medical receiving function should be expanded, although robust work has been undertaken by the RIE team to understand how receiving within RIE could be physically expanded. Given the strong themes laid out in IJB strategic plans, it would seem likely that an expansion here should be tied to;

- Detailed consideration of the most efficient model for medical receiving within the city;
- Detailed consideration of the best way to deliver improved working across the acute-primary interface that meets the strategic imperative to reduce reliance on institutional care and prevent attendance at hospital where at all possible.

3.76 As noted in the WGH section, above, there are a range of other services under review, and this work will be required on a pan-Lothian basis for these services.

However, it is clear that work is required to transfer Infectious Disease services to the RIE campus.

3.77 The RIE campus is also, for the purposes of this work, defined as including Liberton Hospital. Work on this has progressed to the extent of identifying that acute services have no need for this facility to be retained, and that it will consequently transfer to the management of the Edinburgh Health and Social Care Partnership as an interim care facility, with the intent of this being vacated inside the next two years, with a site disposal thereafter.

Cancer Services

3.78 RIE currently provides significant support for the cancer agenda through the provision of several services within respiratory medicine and surgery, general surgery, gynaecology, and others, as well as a large array of diagnostic services.

3.79 At this stage the most significant considerations for cancer services at the RIE site are the move of both neuro-oncology and paediatric oncology services onto that site, but over the next few months the option of moving gynae-oncology surgery onto the WGH campus will be sized and a proposal finalised.

Other services

3.80 As part of the work identified to accommodate expanded orthopaedic services on the RIE campus, work may also be required to reprovide outpatient services, and so the next iteration of LHP will outline whether a dedicated outpatients building, on the bioquarter, would be required.

3.81 The development of the Bioquarter is likely to lead to significant additional commercial activity, and a new medical school. These may present further opportunities for NHSL to maximise, as well as significantly influencing the 2050 vision for the City of Edinburgh.

3.82 Finally, as part of the Bioquarter development, NHSL is moving forward with a joint endeavour with the City of Edinburgh Council regarding the provision of mortuary facilities.

I - Proposal for consultation

3.83 The LHP is pitched as a strategic plan – that is, between a strategy with 3-5 key objectives, and action plans with very fine levels of detail and granularity. The LHP sits between these two points on the planning spectrum.

3.84 The LHP therefore sets a direction for the strategic planning of services. The clear intent behind the configuration of the strategic planning directorate and the emerging infrastructure underpinning relationships with IJBs is that NHSL is committed, externally, to an ongoing, dynamic, planning relationship with IJBs, and internally to service planning which brings together financial, quality improvement, operational, and strategic planning expertise. The monitoring of

this plan needs to be through the Strategic Planning Committee, but also needs to be measured by the delivery of action plans for each proposal outlined in the LHP.

3.85 The LHP has therefore reached a point in its development which tells a story about the possible future direction of NHSL's acute services. This requires consultation with the public.

3.86 This public consultation would clearly cover the direction of travel for all acute services, and so a consultation is proposed for the fourth quarter of the 2016-17 financial year on the propositions for each site described above.

3.87 However, as noted at several points in the paper, the strategic direction of medical services is now very clearly an IJB competence. Therefore, the period of consultation also needs to be used for very detailed discussion of options with IJBs, and the seeking of an explicit direction of travel from these bodies.

3.88 A version of this paper has been taken to the Corporate Management Team, and the strategic headlines agreed to by senior UHS staff at the final UHS Strategy event of 2016.

3.89 It will also be necessary to take further drafts of this paper, and its accompanying presentation, to the NHS Lothian Board.

3.90 Following public consultation, a finalised plan would be brought back in early 2017-18.

3.91 It is assumed that the proposals would be part of the Directions and revised Strategic Plans issued by IJBs for 2017-18.

3.92 A final version of the LHP – incorporating full workforce, finance, and capital detail – would be brought back to the full NHSL Board following consultation, in early financial year 2017-18. Emerging detail from NHS England's *Sustainability and Transformation Plans* will be a significant influence on the final version. The LHP will be revised and updated annually.

4.0 Risk Register

4.1 A risk assessment would be undertaken for each action plan arising out of the LHP.

5.0 Impact on Health Inequalities

5.1 No impact assessment has as yet been undertaken, but again each action plan arising would include an assessment of the impact on health inequalities.

6.0 Resource Implications

6.1 There will be capital implications of the LHP and these are being worked through. A “capital roadmap” is being finalised for internal use.

6.2 Revenue implications for each action plan arising from the LHP will be identified as these are developed.

Colin Briggs
Strategic Planning
5th December 2016

Appendices

Appendix 1 – Key 2017 strategic projects arising from the Lothian Hospitals Plan
Appendix 2 – “vehicles” for taking forward the LHP agenda in 2017

Appendix 1

Key 2017 Strategic Projects and Business Cases – version 1, 25th November 2016

St John's Hospital	Royal Infirmary	Western General	Outpatients	DATCC	W&C
Ward 20 implementation	Major Trauma Centre	Business case process for new ECC	Business case process for Lauriston and EBQ OPD	Theatre Improvement Programme	Gynae Programme Board
Business case process for SJH elective centre including short-stay model	Contribution to acute receiving	Transitional arrangements for cancer services	Diabetes "suite"	Mortuary and labs process EBQ	Business case re gynae-oncology (inc regional elements)
Contribution to acute receiving	Onboarding of DCN and Sick Kids	Contribution to acute receiving		ECMO bid	Pan-Lothian acute paediatrics
Alignment of ED and AMU	Business case process for RIE elective centre	Rheumatology and Dermatology model			GIRFEC
Business case process for PAEP	TAVI	Dialysis unit business case process			RHSC transition to RIE campus
Expanded outpatient and daycase facilities for medical and oncology services	Orthogeriatric rehabilitation model	Elective model for urology and colorectal (inc regional elements)			
Acute oncology services	Transfer of Liberton Hospital	Infectious disease model and business case			
	Elective model for orthopaedics and UGI service (inc regional elements				

Appendix 2 – vehicles for delivery

2016 has seen NHSL take strides forward in developing its plan for the future of its Hospitals and acute services. During the first quarter of 2017, it will consult on widely and present a final strategic plan for the organisation's acute services, in full agreement with its planning partners, the Integration Joint Boards.

The focus of our work then moves to implementing the Hospitals Plan, and this document outlines the vehicles we will move this forward in.

Groups in *italics* are new groups to support the work going forward.

Workstream	Who?	Why?	When?	How?
Govern				
Ensure strategic fit across Lothian	Strategic Planning Committee – chaired by Brian Houston	Sponsor committee for the Hospitals Plan	Bi-monthly meetings	Standing agenda item
Ensure strategic fit for IJB services	IJB Strategic Planning Groups	Link to IJB governance for delegated services	As required	Regular updates from NHSL members
Ensure strategic fit within UHS	Acute Hospitals Committee – chaired by Kay Blair	Governance committee for UHS	Bi-monthly meetings	Standing agenda item
Implementing the Hospitals Plan	University Hospitals Senior Management Team – chaired by Jacquie Campbell	Action to implement the Plan as it applies to SJH, WGH, RIE	Bi-monthly workshops	Standing agenda item

Workstream	**Who?**	**Why?**	**When?**	**How?**
Develop				
Royal Edinburgh	Royal Edinburgh Campus Board – chaired by Alex McMahon	Coordinate all activities relating to development of REH	Monthly meetings	Standing agenda item
Learning Disabilities	Learning Disabilities collaborative – chaired by Eibhlin McHugh	Drive LD Strategy to conclusion	Monthly meetings	Implementation plan
Medical Specialties	Medical Specialties Programme Board – chaired by Brian Cook	Progress delivery across Lothian of the MSPB workstreams	Monthly meetings of MSPB	Establish 3 workstreams; 1) Quality Improvement 2) Workforce 3) Configurations
Elective specialties	Diagnostic and Treatment Centres Programme Board – chaired by Jim Crombie	Progress delivery across Lothian of the elective specialties workstreams	6-weekly meetings of DTCPB	Clinical Reference Group to provide expert clinical advice from across the region; Receive updates from specialty-level working groups on delivery progress
Cancer services	*Cancer Services Programme Board – chaired by Tracey Gillies*	*Progress delivery across Lothian*	*6-weekly meetings of CSPB*	*Progress cancer services strategic plan*

Develop (continued)				
Develop SJH	St John's Masterplanning Group – chaired by Aris Tyrothoulakis	Develop SJH Hospital Plan and Masterplan	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Develop outpatients	Outpatient Programme Board – chaired by Joan Donnelly	Develop Outpatients Plan	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Develop RIE	*Royal Infirmary Masterplanning Group – chaired by Lyn McDonald*	*Develop Royal Infirmary Hospital Plan and Masterplan*	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Develop WGH	Western General Masterplanning Group – chaired by Chris Stirling	Develop WGH Hospital and Masterplan	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Communicate				
Maintain staff awareness and role in shaping	Partnership Forum mechanisms	Ensure staff remain aware and engaged	All meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
	University Hospitals Strategy Sessions		Quarterly meetings	
	Physician engagement sessions		Quarterly	
	Surgeon engagement sessions		Quarterly	

West Lothian Council

NHS Lothian

Date: 19 January 2017
Agenda Item: 7

WEST LOTHIAN STRATEGIC PLANNING GROUP

WEST LOTHIAN FRAIL ELDERLY PROGRAMME UPDATE

REPORT BY PROGRAMME MANAGER

A PURPOSE OF REPORT

A description of the West Lothian Frail Elderly Programme, outlining the four projects in the programme and the programme structure, was provided to the Strategic Planning Group in November.

This report is intended to update the Strategic Planning Group on progress since then.

B RECOMMENDATION

To invite comments on the Programme and its progress.

C TERMS OF REPORT

The diagram at appendix 1 sets out the health and social care system for the frail elderly population in West Lothian, with each of the projects in the programme shown. Current baseline data for each major service has been collected, against which we can measure change.

Recommendations from each project were discussed at an extended Programme Board meeting in December and further work is being carried out in January and February to develop detailed business cases. The Older People's Mental Health project will submit its recommendations in February and the other three projects will be brought together into a programme business case to be submitted to the March Programme Board meeting, highlighting the interdependencies between projects and the changes to the whole system being recommended.

Progress in each project is as follows:

Frailty Hub and Rapid Access Clinic

The aim of this project is to create an integrated community-based Hub and Rapid Access Clinic (RAC) which will provide patients, their families and GPs with one point of contact to refer frail elderly patients for managing an episode of acute deterioration by providing combined assessment, access to care and treatment as appropriate under the REACT banner:

R rapid
E elderly
A assessment
C care
T team

There are already two services currently in operation under the REACT banner – hospital@home and rehab@home. This project aims to introduce a third element – the Rapid Access Centre, which will act as an early intervention with frail elderly residents to prevent unnecessary hospital admissions. Combining the three elements Rapid Access Centre, hospital at home and rehab at home will create the REACT Hub.

A key element of the Hub is the provision of a Comprehensive Geriatric Assessment (CGA), an evidence based form of multidisciplinary care. The benefits associated with the GCA have been widely researched and reported[1]:

- Patients are more likely to be alive and in their own homes after an emergency admission to hospital
- Patients are less likely to be living in residential care
- Patients are less likely to die or experience deterioration
- Potential cost reduction compared with general medical care

Many other areas are developing a similar model of a single point of contact for frail elderly referrals. The Integrated Care Hub and crisis response team in the Isle of Wight helped prevent over 1,000 patients over the age of 65 going into hospital in a 14 month period. The hub also provided better access to social care for older people and helped pick up undiagnosed dementia cases.

In December, the programme board agreed that this project was an important development and asked the project team to develop operational arrangements and a fully costed business case to be brought back to the March 2017 programme board meeting. Consultation with GPs and Care Providers is also taking place.

[1] Ellis et al 2011, Cochrane Library

In-Patient Re-design Project

The following high level principles were agreed by the Programme Board:

We will move away from the language of 'medically fit for discharge' to one where frail elderly patients are 'safe for transfer' based on a Comprehensive Geriatric Assessment (CGA) setting out safe discharge criteria and plans for ongoing assessment and follow up in the community. This recognises that their acute episode of illness has been treated.

We will agree criteria for 'safe discharge' as the minimum that can be done in hospital. This will build on the approach of REACT and ROTAS and set out how this will change the risks we have to manage.

We need to manage the expectations of patients, family and acute care staff that ongoing care needs of elderly patients can often be met more effectively in the patient's own environment.

We need to integrate the activities and communication through the hospital and into the community to minimise duplication.

Smaller working groups are now setting out:

1. Criteria for those patients who are 'safe for transfer' including the level of support needed in hospital and the community and the impact of making the change on the length of the in-patient stay and on community services.

2. How to embed the CGA into the hospital and how to make the journey through hospital as seamless as possible, plus the impact of those changes.

A separate pilot is also starting to test out a multi-disciplinary approach in the Medical Assessment Unit to facilitate early discharge from this unit.

Intermediate Care Project

This project aims to explore the contribution that intermediate care provision can make to whole system review and redesign.

Intermediate care can be provided in:

- Individuals' own homes, sheltered and very sheltered housing complexes
- Designated beds in community hospitals
- Designated beds in local authority or independent provider care homes

The following recommendations were agreed by the Programme Board in December:

1. To increase Care Home capacity by exploring the options for securing additional care home beds.

2. To revise our current policy on care home placements to give priority to delayed discharge on a short term basis.

3. To review, and revise if appropriate, our current policy on direct discharge from acute hospital to a care home.

4. To review our current respite care provision.

5. To review the commissioned provision at St. Michaels and Tippethill. At present the units are considered to have 3 functions: patients with continuing complex medical needs (HBCCC), end of life care, boarders. Clearly the latter of these is undesirable but needs either alternative provision or improvement in flow through the system to eliminate the need. The first two functions remain as commissioning requirements though not necessarily within the current units

6. Consideration should be given to commissioning an enhanced service for dementia support.

Older People's Mental Health Project

This project covers three main areas:

1. To propose a more sustainable model for the core Older People's Assessment and Care Team (OPACT)

2. To recommend how best to deliver the 1 year post-diagnostic support requirement for those diagnosed with dementia (PDS)

3. To recommend how best to provide a Behavioural Support Service (BSS) for care home residents

The funding for OPACT has been agreed and a paper is going to the Workforce Planning Group at the end of January for approval.

A proposal for the future configuration of the PDS service will come to the February Frail Elderly Programme Board meeting

Although the initiative was viewed positively, the BSS recommendation for funding was not approved at the December Programme Board meeting as savings had not been identified elsewhere to fund the development of the service. It has been decided that this should be included within the wider review of mental health services where savings generated in the Mental Health Re-design Programme could be used to fund the BSS development.

D CONSULTATION

Project teams involve a mix of health and social care staff, as well as GP and third sector representatives. As proposals are being developed, stakeholder groups are being consulted. A communications plan is also being prepared for wider consultation on changes once they have been approved.

E REFERENCES/BACKGROUND

Strategic Planning Group 17 November 2016

F APPENDICES

1. Diagram of health and social care system with projects highlighted

G SUMMARY OF IMPLICATIONS

Equality/Health	In developing its Strategic Plan, the IJB took account of the requirements for mainstreaming equality by aligning its strategic outcomes with the equality outcomes. The plan was subject to an integrated equalities impact assessment and this programme is covered by that assessment.
National Health and Wellbeing Outcomes	The programme is intended to implement the relevant National Health and Wellbeing Outcomes in accordance with the IJB Strategic Plan.
Strategic Plan Outcomes	The programme is aligned to relevant Strategic Plan Outcomes and will incorporate detailed performance indicators.
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care.

Impact on other Lothian IJBs	None at present, though some future programme recommendations are likely to have an impact on other Lothian IJBs.

Resource/finance

Policy/Legal

Risk

H CONTACT

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19 January 2017

FRAIL ELDERLY PROGRAMME FUTURE MODEL OF HEALTH AND SOCIAL CARE – PHASE 1

CHANGE PROJECTS

Frailty Hub Rapid Access Clinic Project

SINGLE POINT OF CONTACT FOR FRAIL ELDERLY **ASSESSMENT**
PATIENTS WITH ACUTE NEEDS STILL GO DIRECT TO SJH

Re-direct to Hub

HOSPITAL

In-Patient Re-design Project

SJH Accident and Emergency

SJH Medical Assessment Unit Frailty Screening

Into Ward – treat and monitor

EDD agreed Discharge planning

Ready for transfer

COMMUNITY

AT HOME

GP / District nursing team

Care Line

Package of Care at home

Day Care Services

Family and friends Carers

Charity and community organisation support

Crisis Care

REACT Hospital at Home

REACT Rehab at Home

Re-ablement Service

SW Assessment

Specialist palliative care

Mental Health Services

Older People's Mental Health Project

Step down provision?

Intermediate Care Review

IN HOMELY SETTING

Community Hospitals

Nursing homes

Care Homes

Hospices

28 November 2016

West Lothian Integration Joint Board Strategic Planning Group

Date: 19 Jan 2017

Agenda Item: 8

2017/18 BUDGET UPDATE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide an update on the 2017/18 Scottish Draft Budget, including an initial assessment of the implications for NHS Lothian and West Lothian Council and resulting contributions to West Lothian IJB.

B RECOMMENDATION

It is recommended the IJB Strategic Planning Committee:

1. Notes the provisional impact assumed on NHS Lothian and West Lothian Council funding taking account of the 2017/18 Scottish Draft Budget and proposed timescales for budget setting

2. Notes the 2017/18 Health and Social Care funding included in the settlement and the make up of this funding

3. Notes the Scottish Government letter to IJBs in respect of expectations around the 2017/18 budget settlement

4. Notes the proposed next steps regarding the IJB 2017/18 budget contributions from NHS Lothian and West Lothian Council, and future year budget planning

C TERMS OF REPORT

C.1 Background

The Cabinet Secretary for Finance and the Constitution announced the Scottish Draft Budget 2017/18 on 15 December 2016. Scotland's total proposed spending plans, as set out in the Draft Budget 2017/18, amount to £38,048 million, an increase of £923.8 million compared to the 2016/17 Scottish budget. In terms of IJB delegated services, the relevant portfolio movements are shown below.

Portfolio	2016/17 Budget £m	2017/18 Draft Budget £m	Movement £m
Health and Sport (Health)	12,900.7	13,168.2	267.5
Communities, Social Security & Equalities (Local Government	10,094.4	9,786.7	(307.7)
Total	**22,995.1**	**22,954.9**	**(40.2)**

As can be seen, the two Scottish Government portfolios representing funding for NHS Boards and Local Government make up £22,995 million (60.4%) of the £38,048 million total 2017/18 Draft Budget. Taking account of the movement in SG funding across both portfolios, there is a cash reduction compared to 2016/17 funding levels of over £40 million.

C.2 Initial NHS Lothian 2017/18 Funding Position

The draft budget settlement position for NHS Lothian provided a 1.5% funding uplift equivalent to £19.6 million. However, £14.2 million of this uplift relates to NHS Lothian's share of the additional Health and Social Care funding, leaving a £5.4 million base uplift to NHS Lothian.

Additional NRAC monies of £19 million have also been confirmed for NHS Lothian and it is also anticipated that NHS Lothian will receive a share of additional in year allocations for NHS Boards totalling £74.2 million. Further information is still required on these in year allocations which include funding in relation to Primary Care, Mental Health and Transformational Change.

At this stage, taking account of baseline pressures, forecast additional 2017/18 costs and efficiency savings identified, there is an initial financial gap of £56 million assumed in the overall NHS Lothian 2017/18 budget. This is very much an initial position and various options are being considered to improve this position.

C.3 Initial West Lothian Council 2017/18 Funding Position

The provisional distributable revenue grant allocation for West Lothian Council in 2017/18 is £300.215 million. This is subject to confirmation of the share of a number of grant allocations for specific funding streams, and as noted earlier, the share of the additional Health and Social Care Fund.

Subject to the above clarifications, it is estimated that the cash reduction in revenue grant funding for West Lothian Council in 2017/18 is in the order of £10.6 million, which is £9.1 million worse than the level of grant assumed when agreeing the balanced council budget for 2017/18. It is estimated that the council will receive additional council tax income from the Scottish Government council tax rebanding in 2017/18, which leaves a net revenue budget gap of approximately £6.3 million. It is important to note that this remains an initial position with confirmation on various funding streams still required, including the Health and Social Care Fund

C.4 Health and Social Care Fund

The draft 2017/18 Scottish Budget included an additional £100 million to be transferred from NHS Boards to Integration Authorities in order to protect investment in social care. This £100 million has been allocated to support the continued delivery of the Living Wage, sleepovers and help ensure sustainability in the care sector. A further £7 million is being provided directly to Integration Authorities towards disregarding the value of war pensions from social care financial assessments and for pre-implementation work in respect of the new carers legislation. A breakdown of the additional £107 million is shown below.

- **£50 million –** To provide for the full year effect of the 2016/17 Living Wage implemented from 1 September 2016
- **£20 million –** To provide for an increase in the Living Wage hourly rate to £8.45 for all social care staff supporting adults in care homes and care at home / housing support settings including adult day care workers and personal assistants
- **£10 million –** To meet the financial impact of delivering the living wage for sleepover care provision (this will be reviewed in year to consider its adequacy with a commitment to discuss and agree how any shortfall should be addressed)

- **£20 million –** To ensure the commitments made in relation to the Living Wage can be sustained going forward (takes account of limited provider contributions in 2016/17 and assuming no provider contribution to increased Living Wage staff costs in 2017/18)
- **£5 million –** To provide for the lost income to councils resulting from the removal of war veteran pensions from social care financial assessment calculations
- **£2 million –** Relates to additional funding to prepare for the implementation of the Carers' Bill

It should be noted that this £107 million is additional to the £250 million included in the 2016/17 Scottish Budget and the full £357 million has been baselined as recurring funding from 2017/18.

As part of the conditions of the 2017/18 Draft Scottish Budget NHS contributions to Integration Authorities are to be maintained at least at 2016/17 cash levels. To reflect the additional support provided through the Fund, local authorities will be able to adjust their allocations to Integration Authorities in 2017/18 up to their share of £80 million below the level of budget provided in 2016/17 (as adjusted for any one-off items of expenditure which should not feature in the 2016/17 baseline).

At this stage, the Scottish Government has still to confirm each individual IJBs share of the 2017/18 Health and Social Care Fund. However, assuming it is allocated on the same basis as last year is estimated West Lothian's share of the £107 million will be approximately £3 million.

C.5 Scottish Government Priorities for IJBs – Draft Budget 2017/18

Appendix 1 sets out a letter to Lothian IJB Chief Officers regarding the Scottish Government's draft budget for 2017/18 and includes the following priorities for integration:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.

3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.

4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.

5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.

7. Ensure provision of the living wage to adult care workers workers and plan for sustainability of social care provision.

8. Continue implementation of Self Directed Support.

9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018

The letter also notes that the Ministerial Strategic Group for Health and Community Care is looking to progress work on sharing objectives and progress on integration of health and social care and that this will be done in conjunction with the current review of health and social care targets and indicators.

C.6 IJB 2017/18 Budget – Next Steps

It is clear from the draft 2017/18 Scottish Budget that the 2017/18 budget process will be extremely challenging for NHS Boards, Local Authorities and Integration Authorities. Compared to the very significant growth in West Lothian expenditure demands evident in 2016/17 across areas such as elderly care at home (20%), elderly care homes (11%), learning disability care (24%) and prescribing (6%), the overall cash reduction in Scottish Government revenue funding highlighted in Section C.1 is clearly of concern.

At this stage there remain a number of uncertainties including confirmation still required on funding streams such as the individual Health and Social Care Fund allocations for IJBs. Work is currently progressing with NHS Lothian and the council to prepare a 2017/18 budget position for IJB delegated functions. As noted at this stage the council's overall budget gap is £6.3 million while NHS Lothian have a budget gap of £56 million. It is envisaged that the council will approve a balanced budget before 11 March 2017 in line with its statutory obligation. In terms of NHS Lothian, it is currently anticipated that the finalised 2017/18 Local delivery Plan will be submitted to the Scottish Government in mid March 2017, and presented to NHSL Board on 5 April 2017 for formal approval.

An update report on the position with the NHS Lothian and council budget and potential implications for the IJB 2017/18 budget will be reported to the IJB on the 31 January 2017. Following on from this is anticipated that the 2017/18 budget contributions from the council (anticipated to have been approved by council) and NHS Lothian (will still be subject to formal approval by NHSL Board) will be reported to the IJB on 14 March and the IJB will be asked to approve directions to both Partners for them to deliver delegated functions within the overall budget resources they have made available. This will take account of the confirmed Health and Social Care Fund for 2017/18.

In terms of future year budgets, it is clear from Treasury public spending plans in place that future year funding will continue to be very constrained. Taken in conjunction with increasing demands within health and social care, it is considered vital going forward that medium term financial strategy and planning is developed during 2017. Discussions are taking place with the council's Head of Finance and Property Services and the NHS Lothian Director of Finance to advance this for 2018/19 onwards.

The IJB has a statutory responsibility for the strategic planning of future health and social care delivery and its strategic plan and strategic commissioning plan should help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process around health and social care services. A further update on this will be presented to the next IJB Strategic Planning Group meeting.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Scotland's Spending Plans and Draft Budget 2017/18 published by the Scottish Government 15 December 2016

F APPENDICES

Appendix 1 – Draft Budget 2017/18 – Scottish Government Letter to Lothian IJB Chief Officers

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, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	The 2017/18 budget resources delegated to the IJB will be used to support the delivery of outcomes.
Strategic Plan Outcomes	The 2017/18 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	The 2017/18 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
Impact on other Lothian IJBs	None.
Resource/Finance	The 2017/18 budget resources relevant to functions that will be delegated to the IJB from 1 April 2017.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care budgets, which will require to be closely managed.

H CONTACT

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19 January 2017

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Geoff Huggins, Director

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Mr David Small – Chief Officer – East Lothian Integration Authority
Mr Rob McCulloch-Graham – Chief Officer Edinburgh City Integration Authority
Ms Eibhlin McHugh – Chief Officer – Midlothian Integration Authority
Mr Jim Forrest – Chief Officer – West Lothian Integration Authority

15 December 2016

Draft Budget 2017/18

Dear Colleagues

We are writing to you regarding the Scottish Government's draft budget for 2017/18, as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today. Letters have also been sent today to Local Authorities and the NHS regarding the budget. This letter lays out how these financial arrangements relate to Integration Authorities. Please take account of all three letters to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

This letter also sets out our plans to ensure the Ministerial Strategic Group for Health and Community Care, which is chaired by the Cabinet Secretary for Health and Sport, is well-briefed to fulfil its remit to provide joint political oversight between COSLA and the Scottish Government on progress with implementation of integration.

Priorities

Integration Authorities are responsible for planning and provision of social care, primary and community healthcare, and unscheduled hospital care, for, at least, adults. Integration priorities are to:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.

3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.

4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.

5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.

7. Ensure provision of the living wage to adult care workers workers and plan for sustainability of social care provision.

8. Continue implementation of Self Directed Support.

9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

Ministerial Strategic Group for Health and Community Care

As you know, the Ministerial Strategic Group for Health and Community Care provides the forum for joint political oversight of progress with integration by Scottish Ministers and COSLA. The Group has recently considered its requirements in terms of understanding progress on integration. We will take forward work involving Scottish Government officials, COSLA, Chief Officers, and colleagues at NHS NSS leading on the Source and LIST data projects, to establish a suite of appropriate metrics for the Group's routine consideration. This will include agreeing data definitions and an appropriate methodology via which Integraton Authorities can share their objectives for progress in 17/18 and beyond; we will also ensure the work is tied in with Sir Harry Burns' review of health and social care targets and indicators.

You will see from Christine McLaughlin's letter to Health Boards on the budget that we also intend to give some consideration to the efficacy of current arrangements for delegating appropriate hospital budgets, including set aside budgets, to Integration Authorities. We will report on that to the Ministerial Strategic Group in due course as well.

I trust this letter is helpful to you, and look forward to continuing to work with you as we embed integration across health and social care in Scotland.

Yours faithfully

Geoff Huggins

Paula McLeay

GEOFF HUGGINS
Scottish Government

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WORKPLAN FOR WEST LOTHIAN STRATEGIC PLANNING GROUP 2016-17

Date of SPG meeting	Title of Report	Lead Officer	Action
19 January 2017			
	Lothian's Hospital Plan Update	Colin Briggs/Jacqui Campbell	
	West Lothian Frailty Programme Update	Dianne Haley	
	Health Improvement Activity	Dr Margaret Douglas	Report & presentation.
	Health & Social Care Fund Update	Patrick Welsh	
2 March 2017			
	Strategic Plan Annual Review		
	Annual review of performance		
	NHS Lothian Oral Health Strategy	Robert Naysmith	Work on the Oral Health Strategy is being led by the South East and Tayside (SEAT) Dental Public Health Network. RN will advise if paper will be available for this meeting.
	Technology Enhanced Programme Update (TEC)	Alan Bell	
20 April 2017			
	TBC		
15 June 2017			
	TBC		