



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

20 March 2024

A meeting of the **West Lothian Integration Joint Board** will be held within the **MS Teams Virtual Meeting Room** on **Tuesday 26 March 2024 at 2:00pm**.

BUSINESS

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business and declarations of interest in any urgent business
3. Declarations of Interest - Members must declare any interests they have in the items of business for consideration at the meeting, identifying the relevant agenda items and the nature of their interests.
4. Confirm Draft Minutes of Meeting of West Lothian Integration Joint Board held on Thursday 18 January 2024 (herewith)
5. Minutes for Noting
 - (a) West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 13 December 2023 (herewith)
 - (b) West Lothian Integration Joint Board Strategic Planning Group held on 20 December 2023 (herewith)
6. Membership & Meeting Changes -

Consider any changes to be made to Board, Committee or Strategic Planning Group membership or amendments to meeting arrangements.

Public Items for Decision

DATA LABEL: Public

7. Timetables of Meetings 2024/25 (herewith)

Public Items for Information

8. Chief Officer Report (herewith)
9. 2023/24 Forecast Outturn - Report by Chief Finance Officer (herewith)

Public Items for Decision

10. 2024/25 Budget and Medium-term Financial Plan - Report by Chief Finance Officer (herewith)

Public Items for Information

11. Coming Home Dynamic Support Register - Report by Senior Manager, Adult Services (herewith)

Public Items for Decision

12. Reduction of Acute Mental Health Beds in Ward 17, St John's Hospital - Report by General Manager, Mental Health and Addictions (herewith)

Public Items for Information

13. Care at Home Progress Report - Report by Senior Manager, Older Peoples Services (herewith)
14. East Calder Health Centre Support Update - Report by Senior Development Manager, Primary Care (herewith)
15. Workplan (herewith)
16. Dates of Future Meetings:
- Tuesday 23 April 2024, 2pm, venue TBC
- Tuesday 25 June 2024, 2pm, venue TBC

NOTE **For further information please contact Anastasia Dragona on tel. no. 01506 281601 or email anastasia.dragona@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 18 JANUARY 2024.

Present

Voting Members – Bill McQueen (Chair), Tony Boyle, Martin Connor, Damian Doran-Timson, George Gordon and John Innes

Non-Voting Members – Lesley Cunningham, Steven Dunn, Hamish Hamilton, David Huddlestone, Jo MacPherson, Alan McCloskey, Douglas McGown, Donald Noble, Alison White and Linda Yule

Apologies – Tom Conn and Ann Pike

Absent – Andrew McGuire

In attendance – Robin Allen (Senior Manager), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Lorna Kemp (Programme Manager, Mental Health and Workforce Planning), Yvonne Lawton (Head of Health), Diane Stewart (Health Improvement Lead), Katy Street (Communication & Engagement Lead) and Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The IJB approved the minutes of its meeting held on 19 November 2023 as a correct record.

3 MINUTES FOR NOTING

- a The IJB noted the minute of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 6 September 2023.
- b The IJB noted the minute of the West Lothian Integration Joint Board Strategic Planning Group held on 26 October 2023.
- c The IJB noted the minute of the West Lothian Integration Joint Board Health and Care Governance Group held on 24 October 2023.

4 MEMBERSHIP & MEETING CHANGES

The clerk advised the following:

- That the Health Board had reappointed Martin Connor as IJB Voting Member as of 6 December 2023.
- That the Health Board had also appointed Martin Connor as the Lead NHSL voting member as of 1 February 2024.
- That notification of the appointment of Martin Connor as IJB Vice-Chair at the previous meeting had been in error and that Bill McQueen would remain as Vice-Chair until 31 January 2024, with Martin Connor becoming Vice-Chair thereafter.

Decision

To note Martin Connor's appointments and correction from the previous meeting.

5 CHIEF OFFICER REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updating Board members on emerging issues.

It was recommended that the IJB note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

During discussion, members requested details on vaccination uptake as well as updates on St Michael's hospital building and officers undertook to provide this information at subsequent meetings.

It was also noted that that no further action by the IJB was required at that point in time in order for NHS Lothian to declare St Michael's hospital building surplus to requirements.

Decision

1. To note the terms of the report.
2. To provide an update on vaccine uptake at the next meeting.
3. To note that officers would ensure that the IJB be kept up to date regarding developments on St Michael's hospital either through the Chief Officer's report or a separate report in case of significant developments.

6 2023/24 FORECAST OUTTURN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update on the 2023/24 budget forecast position for the Board. This would be updated following the conclusion of the Quarter Three monitoring exercise.

It was recommended that the IJB:

1. Consider the forecast outturn for 2023/24 which took account of delivery of agreed savings;
2. Note that NHS Lothian had now allocated additional funding from the Scottish Government for sustainability; and
3. Note that a Quarter Three update on the budget position would be presented to the Board on 26 March 2024.

In response to a request from members, officers undertook to provide an update on the Tippethill and Maple Villa wards collocation progress and related impact at the next meeting.

An update of impact on service provision as savings measures progressed was also suggested.

Decision

1. To note the terms of the report.
2. To provide an update on the Tippethill and Maple Villa wards collocation progress and related impact at the next meeting.

7 SCOTTISH DRAFT BUDGET: 2024/25

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the Scottish Draft Budget for 2024/25, which had been announced on 19 December 2023.

It was recommended that the IJB:

1. Note the Scottish Draft Budget 2024/25y, which detailed portfolio spending plans for the coming year;
2. Note the implications for Local Government and Health Boards resulting from the Scottish Draft Budget 2024/25;
3. Agree that the Chief Officer and Chief Finance Officer should work with West Lothian Council and NHS Lothian to assess the detailed impact of the Scottish Draft Budget on financial contributions to the IJB from the partners; and
4. Agree that the Chief Finance Officer should provide a report to the Board on 26 March 2024 setting out the updated 2024/25 and 2025/26 IJB Budget and medium-term financial plan.

Issues with the East Calder medical practice building were then raised, and it was clarified that building maintenance remained the responsibility of the NHS; however, IJB officers continued to highlight the issue to the NHS. It was agreed that an update, including further ways the IJB could

contribute to a solution regarding building maintenance, would be provided at the next meeting. It was also agreed that the next IJB development session would examine further ways of optimising relevant communications with the West Lothian public.

Further discussions on the budget would also be held at the next IJB development session.

Decision

1. To note the terms of the report.
2. To further discuss the 2024/25 budget at the next IJB development session.
3. To provide an update regarding East Calder medical practice building issues at the next meeting and how the IJB could contribute to solutions currently being discussed with NHS Lothian.
4. To use the next development session to discuss ways of communication to the West Lothian public regarding constraints and responsibilities of various organisations implicated in building issues going forward.

8 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

The IJB considered a report (copies of which had been circulated) by the Chief Social Work Officer inviting members to note the contents of the Chief Social Work Officer Annual Report for the period 2022/23, which highlighted key activities, developments and challenges.

It was recommended that the IJB:

1. Note the contents of the Chief Social Work Officer's annual report 2022/23;
2. Note that the report had been presented to West Lothian Council on 21 November 2023; and
3. Note that the report had been submitted to the Scottish Government Office of the Chief Social Work Advisor.

Officers provided assurance that effectiveness of the new system for social work case recording and case management would continue to be monitored before and after its live date to ensure optimal use.

Decision

To note the terms of the report.

9 UPDATE OF IJB STRATEGIC PLAN DELIVERY PLANS AND GOVERNANCE STRUCTURE

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the progress made in relation to the development of the Delivery Boards that would take forward the actions detailed in the three IJB Delivery Plans. The report and appendices provided:

- an overview of the governance structure for the Delivery Boards
- an overview of the meeting schedule and reporting schedule for each Delivery Board
- a draft performance management framework for each Delivery Plan.

An updated version of each Delivery Plan could be found in Appendices 1 to 3 of the report.

It was recommended that the IJB note the progress made in relation to the development of the three Delivery Boards.

During discussion, members highlighted the importance of measurable figures against outcomes in taking forward the actions detailed in the plans.

It was noted that members would be kept up to date on the delivery of the plans through six-monthly updates.

Decision

1. To note the terms of the report.
2. To note that six-monthly updates on the delivery of the plans would be presented to the IJB.

10 PROGRESS ON THE IMPLEMENTATION OF THE WORKFORCE COMMUNICATION AND ENGAGEMENT STRATEGY

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the implementation of the Workforce Communication and Engagement Strategy and providing an overview of workforce engagement and communication activity that had been undertaken during 2023.

It was recommended that the IJB:

1. Note the progress made in implementing the Workforce Communication and Engagement Strategy and the examples of engagement and communication activity across the Health and Social Care Partnership; and
2. Note that a full review of the strategy was due in 2025.

During discussion, members offered to contribute to the visibility of the

implementation project by featuring in its blog, newsletter and website. A cross-staff session on planning for 2024/25, including senior managers, staff and key members of the IJB as part of the engagement and communication activity with HSCP staff was also suggested.

Decision

To note the terms of the report.

11 CODE OF CONDUCT - ANNUAL REPORT 2022/23

The IJB considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2022/23 in relation to the Board's Code of Conduct.

It was recommended that the IJB note the summary of the work carried out in 2022/23 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland, and of other significant events in the ethical standards regime.

Decision

To note the terms of the report.

12 FURTHER USE OF TECHNOLOGY ENABLED CARE

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Older People Services informing members of the progress and approach to delivery of the IJB Savings Measure SJ1c – Further Use of Technology.

It was recommended that the IJB:

1. Note the progress to date;
2. Note the 2023/2024 agreed budget saving of £33,000 was achieved; and
3. Note the approach to delivery of the 2024/25 and 2025/26 total budget saving of £1,160,000.

During discussion, it was suggested that an update report six months into the financial year be considered. It was also agreed that the Senior Manager and TEC officers would meet with John Innes offline to discuss TEC proposals and implementation of savings measures.

Decision

1. To note the terms of the report.
2. To agree that the Senior Manager and TEC officers would meet with John Innes offline to discuss TEC proposals and

implementation of savings measures.

13 DISTRESS BRIEF INTERVENTION (DBI)

The IJB considered a report (copies of which had been circulated) by the General Manager, Mental Health and Addictions providing an update on the proposed approach to commissioning a new Distress Brief Intervention (DBI) service for one year in West Lothian and providing assurance that a service would be in place by the end of March 2024.

It was recommended that the IJB:

1. Note the Scottish Government's requirement for HSCPs to embed Distress Brief Intervention (DBI) by March 2024;
2. Note that a total of £121,000 of seed funding had been committed to implement DBI for year one;
3. Note that further consideration would need to be given on how the service would be funded in future years;
4. Note the proposed approach to commissioning the service as a test of change; and
5. Note the verbal update on the outcome of Council Executive on 16 January 2024, where a direct award to Lanarkshire Association for Mental Health (LAMH) would be considered.

It was agreed that an update on the project would be presented to the IJB at the end of the calendar year in order to decide next steps regarding investment.

Decision

1. To note the terms of the report.
2. To provide a report on evaluation of the DBI project at the end of the calendar year in order to decide next steps regarding investment.

14 EQUAL, EXPERT AND VALUED, SEVEN YEARS ON

The IJB considered a report (copies of which had been circulated) by the Care Representative informing members of the *Equal, Expert and Valued, Seven Years On* report.

It was recommended that the IJB note the contents of the report.

Decision

To note the terms of the report.

15 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

16 DATES OF FUTURE MEETINGS

A list of dates of future meetings had been circulated for information.

Decision

To note the dates of future meetings.

17 CLOSING REMARKS

At the conclusion of the meeting, Martin Connor provided an overview of Bill McQueen's achievements during his time with the NHS Lothian and the West Lothian IJB. On behalf of the Board, he noted the IJB's recognition of Bill's service and wished him well for the future. Bill McQueen then thanked the IJB members and officers and reciprocated his best wishes for the future.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within MSTEAMS VIRTUAL MEETING ROOM, on 13 DECEMBER 2023.

Present – George Gordon (Chair); Martin Connor (NHS Lothian Non-Executive Directors); and Councillors Tony Boyle and Andrew McGuire

In attendance: Alison White (Chief Officer), Kenneth Ribbons (IJB Internal Auditor), James Millar (IJB Standards Officer), Rob Allen (Senior Manager, Older Peoples Services), Kerry Taylor (Project Officer); Sharon Houston (Head of Strategic Planning and Performance); Mike Reid (General Manager, Mental Health & Addictions, NHS Lothian) and Brian Battison (Audit Scotland)

Apologies – Lesley Cunningham (NHS Staff Representative)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The committee approved the Minute of its meeting held on 6 September 2023

3. GOVERNANCE ISSUES FROM ANNUAL GOVERNANCE STATEMENT - UPDATE ON PROGRESS

The committee considered a report (copies of which had been circulated) by the Standards Officer providing an update on issues identified in the and since last year's annual governance statement.

Committee was asked to note the update on governance issues of concern and that further updated information will be included in this year's annual governance statement and its covering report.

Decision

To note the content of the report

4. INTEGRATION JOINT BOARD HIGH RISKS

The committee considered a report (copies of which had been circulated) by the Chief Officer providing details of the IJB's risks.

It was recommended that the committee: -

1. Considers the high risks identified, the control measures in place, and the risk actions in progress to mitigate their impact
2. Makes recommendations it thinks appropriate to the Chief Officer

in relation to those risks, controls and actions

3. Makes recommendations it thinks appropriate to the Integration Joint Board in relation to the risk register and the degree of assurance it provides.

Decision

1. To note the content of the report
2. To note that an update on budget risks would be presented to the IJB in January 2024

5. RISK MANAGEMENT WITHIN SOCIAL POLICY

The committee considered a report (copies of which had been circulated) by the Senior Manager, Older Peoples Services advising of Social Policy high risks and the mitigating actions to place to manage risk.

It was recommended that the Audit; Risk & Governance Committee notes the approach taken by Social Policy to manage identified high risks.

Decision

To note the content of the report

6. ADULT MENTAL HEALTH - AUDIT SCOTLAND REPORT

The committee considered a report (copies of which had been circulated) by the Chief Officer informing members of the Audit Scotland report "Adult Mental Health", published in September 2023.

The committee was asked to: -

1. Note the report content and recommendations
2. Note the approach to take forward the recommendations in West Lothian

Decision

1. To note the content of the report
2. To note the committee's desire to see all partner agencies and stakeholders continue to collaborate in supporting those most in need of mental health support services within West Lothian communities.

7. WORKPLAN

A workplan had been circulated for information.

Decision

To note the content of the workplan.

West Lothian Integration Strategic Planning Group

Meeting Held on 20 December 2023 at 14.00, Held virtually on Microsoft TEAMS

MINUTE & ACTIONS

Present:	Bill McQueen (chair), Yvonne Lawton, Sharon Houston, Rob Allen, Linda Yule, Fiona Huffer, Neil Ferguson, Carol Holmes, Lisa Hunter, Jeanette Whiting, Alison Wright, Douglas Grierson, Andreas Kelch, Ann Pike, Katy Street, Lorna Kemp, Diane Stewart, Kerry Taylor
Apologies:	Alison White, Gillian Amos, Karen Love, Hamish Hamilton, Jenny White, Karen Wernham, Stuart Barrie

	Discussion/Decision	Action	By Whom	By When
1.	Introductions and Apologies Bill McQueen (BM), Chair of Strategic Planning Group welcomed all to the meeting. Apologies were noted.			
2.	Order of Business including notice of urgent business			
3.	Declarations of Interest Ann Pike (AP) introduced herself as the IJB Carer Representative on the IJB and noted interest in item 5 – State of Caring Report and item 6 – Equal, Expert and Valued Report, Seven Years On. Alison Wright (AW) (Carers of West Lothian) noted interest in items 5 & 6.			
4.	Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 26 October 2023 The minutes of the previous meeting were agreed with an amendment to BM's title changed to Chair of Strategic Planning Group.	Update BM's title	K Taylor	ASAP

5.	<p>State of Caring Report Sharon Houston (SH), Head of Strategic Planning and Performance (interim) highlighted The State of Caring 2023 report produced by Carers Scotland.</p> <p>It was noted that the report highlighted the key findings from the State of Caring Scotland survey 2023 on the health of carers and the support they receive from local authorities, health and social care partnerships and the NHS.</p> <p>It was noted that the West Lothian Carers Strategy 2023-2026 reflects the key priorities of the national strategy.</p> <p>The SPG discussed the range of supports available for unpaid carers in West Lothian and noted that Carers of West Lothian was a key organisation currently commissioned to provide information and support to unpaid carers locally. It was also noted that further services were available within GP buildings, such as physio appointments, which carers may not be aware of.</p>			
6.	<p>Equal, Expert and Valued Report, Seven Years On Kerry Taylor (KT), IJB Project Officer and Ann Pike (AP) IJB Carer Representative, provided an overview of the Equal, Expert and Valued, Seven Years On report which was published by the Carers Collaborative. It was noted that the Carers Collaborative is a project that aims to support, evaluate and improve carer representation on Integration Joint Boards (IJBs).</p> <p>Since 2016, the Carers Collaborative has used the 'Equal and Expert' best practice standards to assess the effectiveness of carer representation in health and social care integration. The three Equal and Expert standards are:</p> <ul style="list-style-type: none"> • Carer engagement is fully resourced • Carers on strategic planning groups represent the views of local carers • The involvement of carers on strategic planning groups is meaningful and effective 			

	<p>It was noted that the performance in West Lothian was generally good in relation to other areas and that the Carer Representative is often asked for examples of practice, however it was also noted that we were lagging in relation to role descriptions and expenses policies.</p> <p>AP highlighted that in relation to succession planning that there were plans in place for further recruitment for members of the Carers Voice Group which in turn could lead to the identification of a future IJB Carer Representative.</p> <p>It was also noted that the IJB Members induction and policies were being reviewed, which will ensure there is clearer information for carers.</p>			
7.	<p>HSCP Workforce Communication and Engagement Strategy</p> <p>Katy Street (KS) Communication and Engagement Lead provided an overview of the approach taken to the implementation of the Workforce Communication and Engagement Strategy.</p> <p>The SPG discussed that areas that were covered within the action plan presented and suggested further areas of focus to be added to the action plan which included:</p> <ul style="list-style-type: none"> • Raising the profile of the senior management team with the workforce • The approach to annual appraisals • Further alignment with the results of the iMatter staff survey results • The need to ensure that front line staff with GP practices are also support and informed. 			
8.	<p>Self-Assessment Questionnaire Results</p> <p>Kerry Taylor (KT), IJB Project Officer provided an overview of the Self-Assessment Questionnaire results. It was noted that 10 members completed the survey.</p> <p>It was reported that a review of the SPG Membership and Terms of Reference would be undertaken with a report submitted to the February meeting of SPG. It was also discussed that a SPG development session was to be planned for a future meeting of the SPG.</p>	SPG Membership and Terms of Reference Review Report	February SPG	S Houston / K Taylor

	<p>BM advised that he finds the IJB development sessions highly informative and encouraged the SPG to have similar session.</p> <p>LK noted that there was a previous review of the Terms of Reference and the structure and format was consulted on – feedback included there should be more focus on presentation and discussion rather than reports.</p> <p>Diane Stewart (DS) Health Improvement Lead shared that as a relatively new member of staff, it would be good to be given an overview of the SPG and to understand the aim, governance and remit.</p> <p>AK shared that his explanation of the SPG is that it is the engine room of the SPG with a good representation and how ideas and discussion are reported to the Board.</p>			
9.	Strategic Delivery Plans			
	<p>Diane Stewart (DS) Health Improvement Lead provided an update on the development of the IJB Strategic Delivery Boards which will take forward the actions detailed with the three IJB Strategic Delivery Plans.</p> <p>It was noted that each delivery board will report to the Strategic Planning Group three times per year in line with their meeting schedules and a formal update on progress will be submitted to the IJB every 6 months.</p>			

West Lothian Integration Joint Board

Timetable of Meetings 2024/25

Reports to Committee Services by noon	Agenda and Reports Issued	Meeting	Time	Venue
Thursday 1 August 2024	Friday 2 August 2024	Thursday 8 August 2024	2pm	TBC
Tuesday 10 September 2024	Wednesday 11 September 2024	Tuesday 17 September 2024	2pm	TBC
Tuesday 19 November 2024	Wednesday 20 November 2024	Tuesday 26 November 2024	2pm	TBC
Wednesday 22 January 2025	Thursday 23 January 2025	Wednesday 29 January 2025	2pm	TBC
Tuesday 18 March 2025	Wednesday 19 March 2025	Tuesday 25 March 2025	2pm	TBC
Thursday 24 April 2025	Friday 25 April 2025	Thursday 1 May 2025	2pm	TBC
Thursday 19 June 2025	Friday 20 June 2025	Thursday 26 June 2025	2pm	TBC

DRAFT

**West Lothian Integration Joint Board
Strategic Planning Group
2024/25**

Meeting Date (2.00–4.00pm)	Venue
Thursday 6 June 2024	Online via MS Teams
Thursday 18 July 2024	Online via MS Teams
Thursday 29 August 2024	Online via MS Teams
Thursday 24 October 2024	Online via MS Teams
Thursday 12 December 2024	Online via MS Teams
Thursday 06 February 2025	Online via MS Teams
Thursday 10 April 2025	Online via MS Teams
Thursday 29 May 2025	Online via MS Teams

Date	26 March 2024
Agenda Item	08



Report to: West Lothian Integration Joint Board

Report Title: Chief Officer's Report

Report By: Chief Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues.
Recommendations	1. Note and comment on the key areas of work and service developments that have been taking place within West Lothian in relation to the work of the Integration Joint Board.
Directions to NHS Lothian and/or West Lothian Council	Not required.
Resource/ Finance/ Staffing	No specific matters relevant to the paper.
Policy/Legal	None.
Risk	Risks relevant to the IJB are set out in the risk register.
Equality, Health Inequalities, Environmental and Sustainability Issues	None.
Strategic Planning and Commissioning	The report is relevant to the IJB's Strategic Plan 2023-2028

Locality Planning	No specific locality requirements.
Engagement	None – paper is for information.
Terms of Report	
1. Community Hospital Redesign	
1.1	Board members agreed to the consolidation of community hospital provision on the Craigshill Care Facility site in Livingston following the decision to close of Craigmair interim care home. The proposal is for community hospital services to withdraw from the Tippetthill site and collocate on a single site in Livingston.
1.2	Officers have been working on the clinical brief and have been developing plans to inform the full business case. Information on anticipated costs is expected back from quantity surveyors within the near future and those costs will be incorporated into the business case.
1.3	A further update will be provided at the next meeting when it is hoped that a clearer timeline for the project will be available.
2. School Careers Fair	
2.1	West Lothian Health and Social Care Partnership and Skills Development Scotland hosted a School Careers Fair on Wednesday 31st January 2024 at Howden Park Centre. Twenty teams, from across the partnership, attended to speak to children about a potential career in health and social care, with a particular focus on career pathways.
2.2	Teams in attendance included Social Work, Care Homes, Podiatry and Health Visitors, as well as representation from Carers of West Lothian, NHS Workforce Development and Independent Care Sector.
2.3	The event was attended by circa 700 children from a variety of schools within West Lothian. Going forward, the School Careers Fair will be scheduled to take place twice per year.
3. Consultation on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024: Statutory Guidance on Part 2 and 3, section 18	
3.1	<p>The United Nations Convention on the Rights of the Child (UNCRC) is an international treaty which sets out the civil, political, economic, social and cultural rights which all children up to the age of 18 years have, regardless of their circumstances. The UNCRC must be seen as a whole: all of the rights are linked and no right is more important than another. The UNCRC includes the following general principles:</p> <ul style="list-style-type: none"> • for rights to be applied without discrimination (Article 2); • for the best interests of the child to be a primary consideration (Article 3); • the right to life, survival and development (Article 6); and • the right for the child to express a view in matters that affect them and to have that view taken into account in accordance with the child's age and maturity (Article 12).
3.2	The Scottish Government is committed to ensuring that children's rights are respected, protected and fulfilled. The UNCRC (Incorporation) (Scotland) Act 2024 ("the Act") was approved by the Scottish Parliament on 7 December 2023 and received Royal Assent on 16 January 2024. The Act is a landmark piece of legislation that incorporated the UNCRC into Scots law to the maximum extent of the Scottish Parliament's powers – signalling a revolution in children's rights in Scotland.

3.3 The Act requires Scottish Ministers to publish guidance (“statutory” guidance) of Part 2 and Part 3, section 18. It also requires them to consult on that guidance. This consultation fulfils that requirement and is launched by Scottish Ministers in accordance with sections 13(3) and 20(2) of the Act.

3.4 The deadline for responses to the consultation is 16th May 2024, therefore a covering report and draft response will be reported to the April Integration Joint Board meeting.

[Consultation on the United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024: Statutory Guidance on Part 2 and 3, section 18 - Scottish Government consultations - Citizen Space](#)

4. Alcohol and Drug Partnership (ADP) Governance

4.1 The West Lothian Alcohol and Drugs Partnership (WL ADP) is the multi-agency partnership in West Lothian with strategic responsibility for:

- leading the development and delivery of a local comprehensive and evidence-based strategy to deliver local outcomes;
- commissioning, leading and co-ordinating the planning and development of alcohol and drug services.

4.2 The WL ADP reports to the IJB on matters in relation to health and social care.

4.3 In September 2022, the IJB agreed a new governance structure and Terms of Reference for the ADP Executive which included arrangement for appointing the Chair and Vice Chairperson. The Board is asked to note that the ADP Executive has appointed Alison White, Chief Officer as Chairperson and Mike Reid, General Manager Mental Health and Addictions as Vice Chair for a period of three years as outlined in the Terms of Reference.

5. Equalities, Human Rights & Civil Justice Committee Call for Views: Scottish Government and COSLA’s Suicide Prevention Strategy 2022-2032

5.1 In 2022, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published Scotland’s Suicide Prevention Strategy 2022-2032: Creating Hope Together in 2022. Published alongside this strategy was an Action Plan covering the period 2022 to 2025.

5.2 The Strategy’s vision is to reduce the number of suicide deaths in Scotland. It also aims to tackle the inequalities which contribute to suicide. The Equalities Human Rights and Civil Justice Committee is running a short inquiry with the deadline to submit views by 29 March 2024.

5.3 A response will be submitted on behalf of West Lothian Health and Social Care Partnership from the HSCP’s Suicide Prevention Lead before the noted deadline.

[Suicide prevention strategy - Scottish Parliament - Citizen Space](#)

6. Complaints and Information Requests

6.1 Complaints

There were no complaints received in quarter 3 of 2023/2024.

6.2 Information Requests

The Board is required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC). Freedom of Information (Scotland) Act 2002 is an Act of the Scottish Parliament which gives everyone the right to ask for any information held by a Scottish public authority. The Environmental Information (Scotland) Regulations 2004 (the EIRs) come from a European Directive on access to environmental information. The EIRs give everyone the right to ask for environmental information held by a Scottish public authority (and some other bodies). During quarter 2 of 2023/2024, there were 2 information requests received.

References	Consultation on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024: Statutory Guidance on Part 2 and 3, section 18 - Scottish Government consultations - Citizen Space
Appendices	
Contact	<p>Alison White Chief Officer Email: Alison.white@westlothian.gov.uk</p> <p>26 March 2024</p>



Date	26 March 2024
Agenda Item	09

Report to West Lothian Integration Joint Board

Report Title: 2023/24 Forecast Outturn

Report By: Chief Finance Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	To provide an update on the 2023/24 budget forecast position for the Integration Joint Board (IJB) based on the outcome of the latest monitoring process
Recommendations	<p>It is recommended that the Board:</p> <ol style="list-style-type: none"> 1. Considers the forecast outturn for 2023/24 which takes account of delivery of agreed savings. 2. Notes the projected year end overspend of £0.867m. 3. Subject to securing West Lothian Council's agreement, agrees in principle that the year-end overspend within social care functions be funded equally by the Council and from the Board's reserves. 4. In the event that Council agreement is secured, to delegate authority to the Chief Officer to issue any directions required to give effect to it and to ensure receipt of the council's payment. 5. Notes the planned use of £0.425m of the 2023/24 budget reserve to achieve break-even in 2023/24 based on the current forecast. 6. Notes that the West Lothian Integration scheme states that where an overspend occurs the Chief Finance Officer will discuss and negotiate with the relevant party, and that the parties may make additional payments to the Board, the amount to be the subject of discussion amongst the Chief Finance Officer and the parties.
Directions to NHS Lothian and/or	A direction(s) is not required at this stage

West Lothian Council	
Resource/ Finance/ Staffing	The 2023/24 budget resources delegated to the IJB total £303.585million
Policy/Legal	None.
Risk	<p>IJB007 Inadequate budget resources to fully fund expenditure associated with the delivery of the Strategic Plan 2023/24 to 2027/28.</p> <p>There are several risks associated with health and social care budgets, which require to be closely managed.</p>
Equality, Health Inequalities, Environmental and Sustainability Issues	The report has been assessed as having little or no relevance regarding equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
Strategic Planning and Commissioning	The 2023/24 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan and commissioning plans.
Locality Planning	The 2023/24 budget resources delegated to the IJB will be used to support the delivery of Locality Planning.
Engagement	Consultation with relevant officers.

Terms of Report	
1.	Background
1.1	This report sets the latest forecast 2023/24 outturn for the IJB which takes account of issues identified across health and social care. Reporting on the performance of delegated resources is in line with the IJB's financial regulations and Integration Scheme. High inflation, constrained funding and growing demand means that partnership working between the IJB, NHS Lothian and West Lothian Council is crucial in ensuring health and social care services are delivered within available budget resources.
1.2	The previous forecast for 2023/24 was reported to the Board on 18 January 2024 projected a year end overspend of £1.886m against delegated services. Following the next financial monitoring exercise, the Chief Officer and Chief Finance Officer were to discuss the forecast year end position with the partner organisations and seek agreement on actions required to offset any overspend against partner budget contributions.
1.3	In addition, the report provides an update of the status of budget savings measures in 2023/24 agreed by the Board as part of the three-year revenue budget plan.
2.	In Year Budget Monitoring
2.1	Budget monitoring is undertaken by the finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme which

notes that when resources have been delegated via directions by the IJB, NHS Lothian and West Lothian Council apply their established systems of financial governance to the delegated functions and resources. This reflects the IJB's role as a strategic planning body that does not directly deliver services, employ staff, or hold cash resources.

2.2 Both partners provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Chief Finance Officer, to facilitate financial updates to the Board on delegated health and social care services.

2.3 In terms of in year operational budget performance, the approved West Lothian Integration Scheme notes that West Lothian Council and NHS Lothian are ultimately responsible for managing within budget resources available. However, it is important that the IJB has oversight of the in-year budget position as this influences the strategic planning role of the Board and highlights any issues that need to be taken account of in planning the future delivery of health and social care services. As a result, the Board has agreed that regular reports should be provided on financial performance of health and social care functions.

3. 2023/24 Forecast Outturn

3.1 Taking account of the latest forecast, the table below reflects the 2023/24 year-end forecast outturn against budget.

Table 1 - 2023/24 Forecast Outturn	Budget £'000	Forecast £'000	Variance £'000
Adult Social Care Services	96,440	97,290	850
Core West Lothian Health Services	135,818	133,563	(2,255)
Share of Pan Lothian Hosted Services	27,156	26,183	(973)
Payment to IJB - Total	259,414	257,036	(2,378)
Share of Acute Set Aside Services	44,171	47,416	3,245
Total IJB Delegated Services	303,585	304,452	867

3.2 The forecast position has improved by £1.019m since the last update to the Board, the projected year end overspend is now £0.867m.

3.3 Core budgets, those directly managed by the Health and Social Care Partnership (HSCP), are forecasting an underspend of £1.405m which is an improvement of £0.544m. Whilst the core health forecast has significantly improved, the social care position has deteriorated:

- There has been a significant reduction in prescribing costs as a high-cost high volume medicine has come off patent mid-way through the financial year, the forecast underspend in core health services is now £2.255m.
- The social care position has deteriorated by a further £0.433m due to an increase in high-cost care and transitions from children's services, the forecast overspend in social care services is now £0.850m. Remedial actions taken to mitigate the financial overspend within social care are described at section 4.

3.4 The acute set aside services forecast has improved slightly by £0.124m since the last update to the Board and is a £3.245m overspend is now projected for 2023/24. This is because of an improvement in savings delivery as well as a reduction in junior medical locum costs.

3.5 Appendix 1 provides a detailed breakdown of the current forecast outturn position.

4. Achieving Break-even

4.1 The latest forecast for health functions indicates that it is likely that a break-even position can be achieved for 2023/24 as the underspend in core and hosted services offsets the overspend in acute set aside services. This position will continue to be closely monitored and any changes in

	the final outturn position will be discussed with the NHS Lothian Deputy Director of Finance, considering the agreed West Lothian Integration scheme.
4.2	<p>As described throughout this report, the social care financial position has deteriorated since the previous monitoring exercise and the projected year end overspend is now £0.850m. Towards the end of January, when initial projections were available, the Chief Officer instructed several remedial actions which have been factored into the final forecast position. All remedial actions fall within the operational responsibility of the Chief Officer. The agreed actions are as follows:</p> <ul style="list-style-type: none"> • High-cost package requests – additional controls have been added to the approval process for high-cost packages of care. This will ensure provision of care is targeted following consideration of all alternative resources. • Early closure of Craigmair Interim Care Facility – Craigmair had been planned to close by the end of March, officers were able to bring forward the closure into February. • Continuing care review – a review of individuals receiving continuing care is underway and has already generated a full year cost reduction of £0.169m.
4.3	Due to being late in the current financial year the estimated impact of these actions in 2023/24 is estimated at £0.100m. The impact of these actions has been included in the final projected overspend for social care services of £0.850m. The full year effect of the recovery plan is far greater and more detail on this is provided in the 2024/25 budget paper.
4.4	At present, a break-even position cannot be achieved for 2023/24. The West Lothian Integration scheme states that where remedial action will not prevent an overspend at the financial year end then the Chief Finance Officer, will together with the relevant party, develop a proposed recovery plan to address the forecast overspend. The proposed recovery plan which has been developed in partnership with Council officers is described below and put forward to the Board for approval:
4.5	Proposed Recovery Plan - As part of agreeing the 2023/24 budget the Board agreed to earmark a reserve of £1.353m to balance the forecast budget gap within the overall IJB budget. Based on the latest forecast position it is likely that a break-even position within health functions can be achieved in this financial year but a £0.850m overspend is projected in social care functions.
4.6	The Board agreed a proposal from West Lothian Council Executive at its meeting of 20 June 2023 to not progress with planned savings regarding long term placement care homes. The proposal required the Board to commit £0.165m from the inflation and risk reserve that was matched by the Council. In total this proposal reduced the budget savings measures required in 2025/26 by £0.329m.
4.7	The Chief Officer and Chief Finance Officer have been in discussions with Council officers regarding the projected year-end overspend within social care services. In line with the prior agreement regarding long term placement care homes, discussions have focussed on the Council making an additional payment to the IJB to the value of 50% of the projected year end overspend in social care functions with the remaining 50% of the year end overspend being drawn down from the IJB 2023/24 budget reserve. The final amounts will be subject to the final outturn position for social care functions and will be reflected in the finance update to the Board in June on the unaudited annual accounts and final outturn position.
4.8	The Board is asked to agree that this recovery plan proposal is put forward to West Lothian Council for consideration.
4.9	The Chief Officer and Chief Finance Officer will continue to monitor and discuss the year end position with both partner organisations and will provide an update to the next Board meeting on 23 April 2024.
5.	Prescribing Information

- 5.1 Previous finance updates to the Board during this financial year have highlighted significant technical issues experience during the changeover to the New Data Capture Validation and Pricing (nDCVP) system for pharmacy payments in Scotland.
- 5.2 NHS National Services Scotland (NSS) process the payments to contractors on behalf of all NHS Scotland Health Boards. NSS took on an additional 50 whole time equivalent staff to address the issues with the new system and the data lag has now been returned to business as usual (a two-month lag). In February December dispensing has been paid. Payments to contractors will have also been updated by the financial year end to reflect actuals with all over payments being recovered.
- 5.3 Although the prescribing position remains a high risk for the Board, the data issues have been resolved and as such there will be no further updates to the Board on prescribing data.
- 6. Key Budget Pressures and Risks**
- 6.1 Appendix 2 shows the 2023/24 budget risks that have been identified as part of the latest monitoring exercise along with the financial value of the risk. Highlights from each service heading are summarised below:
- 6.2 **Adult Social Care Services** - These services are operationally managed by the West Lothian HSCP. There are several key pressures within social care which are a key driver of the projected year-end overspend position:
- Internal care homes (£0.284m) as the result of agency staffing, overtime and locum costs to cover sickness absence and vacancies.
 - Housing with care (£0.384m) relating to staffing and sleepover costs.
 - Learning disabilities (£0.899m) due to an increasing number of high-cost care packages and high cost transitions from children's services.
- 6.3 **Core West Lothian Health Services** - These services are operationally managed by the West Lothian HSCP. Prescribing remains the main financial pressure with a projected year-end overspend of £1.234m, however the pressure has reduced by £0.938m since the last update to the Board because of a high-cost high volume medicine coming off patent. Despite this, the prescribing position remains extremely challenging in the short and medium term due to increase in costs and demand because of population growth and the ageing population.
- 6.4 **Share of Acute Set Aside Services** - These services represent a share of NHS Lothian acute services which although delegated to the IJB, are operationally managed out with the West Lothian HSCP. General medicine services are forecast to be £1.108m overspent at the year-end but this pressure has reduced slightly because of tighter controls on agency staffing. The emergency department and minor injuries pressure has increased to £0.838m due to increased medical locum payments.
- 7. Budget Savings Measures**
- 7.1 As part of the 2023/24 IJB budget, savings have been identified totalling £6.589m. The current monitoring process estimates that 95% of savings will be achieved. The forecast position for the IJB takes account of forecast savings delivery of £6.274m (an increase of £0.197m on the previous forecast). The table below shows a breakdown of planned savings against forecast deliverable savings for the year:

Table 2 - WL IJB 2023/24 Budget Savings	Budgeted Savings £'000	Forecast Savings £'000	Variance £'000
Theme			
Service Redesign, Efficiency and Modernisation	3,078	3,347	(269)
Community Building Based Supports	2,025	1,575	450
Digitalisation and Technology	51	63	(12)
Sub Total	5,154	4,985	169
Share of Pan Lothian Hosted Services	454	471	(17)
Share of Acute Set Aside Services	981	818	163
Total IJB Budget Savings	6,589	6,274	315

- 7.2 Planned budget savings for the year so far are £5.339m and this target has been exceeded with £5.308m of savings being achieved by the end of January. Savings achieved to date are in line with the forecast year end savings position (schemes that are not achieving were planned for the last quarter of the year). The year to date (YTD) budget savings position is shown below:

Table 3 - WL IJB 2023/24 YTD Budget Savings	YTD Budgeted Savings £'000	YTD Achieved Savings £'000	YTD Variance £'000
Theme			
Service Redesign, Efficiency and Modernisation	2,473	2,906	(434)
Community Building Based Supports	1,604	1,215	389
Digitalisation and Technology	43	51	(9)
Sub Total	4,119	4,172	(53)
Share of Pan Lothian Hosted Services	395	400	(5)
Share of Acute Set Aside Services	824	735	89
Total YTD IJB Budget Savings	5,339	5,308	31

- 7.3 Appendix 3 provides further detail on the specific areas in which these savings are being achieved. The forecast level of savings represents significant achievement for the financial year.

- 7.4 Within the HSCP there is regular scrutiny of savings delivery at the extended management meeting where officers present on progress and highlight any risks to delivery and potential mitigations. In addition to this, there is regular performance reporting around savings delivery within NHS Lothian and West Lothian Council where the HSCP management team provide assurance around savings delivery within each partner organisation

- 7.5 HSCP delivered savings are forecast at £4.985m (97% of planned levels) for the year. Additional budget savings measures for the period 2024-2026 as well as replacement schemes for SJ6a housing benefit review are being presented to the Board for approval as part of the 2024/25 Budget paper.

8. Summary Budget Position

- 8.1 Based on the latest forecast the Board is projected a £0.867m overspend for the financial year 2023/24. Although this represents a £1.019m improvement on the previous forecast, there has been a significant deterioration in the social care financial position.

- 8.2 At present the Board is unlikely to achieve a break-even position for 2023/24 even after remedial action has been taken by officers to mitigate the social care overspend. If the Board agrees, as described in section 4, a proposed recovery plan will be taken to Council Executive to request an additional payment to the IJB in 2023/24 which would fund 50% of the projected year end overspend in social care. Based on the current forecast outturn this would mean an additional

	payment of £0.425 million coming from the Council with £0.425 million also being drawn down from the 2023/24 IJB budget reserve. This position will be subject to the final year end outturn within social care functions.
8.3	Within health services, a break-even position is likely to be achieved given the current forecast, this will continue to be closely monitored over the financial year-end.
8.4	The Chief Officer and Chief Finance Officer will continue to liaise closely with officers in both partner organisations regarding the year-end financial position as well as with the Chair and Vice-Chair of the Board. An update on the recovery plan proposal will be reported to the Board on 23 April 2024.
Appendices	1. West Lothian IJB 2023/24 Forecast Outturn 2. West Lothian IJB 2023/24 Financial Risks 3. West Lothian IJB 2023/24 Budget Savings
References	West Lothian Integration Scheme
Contact	Hamish Hamilton, Chief Finance Officer Email: hamish.hamilton@nhslothian.scot.nhs.uk

Appendix 1 – West Lothian IJB 2023/24 Forecast Outturn

West Lothian IJB 2023/24 Forecast Outturn	2023/24 Budget £'000	2023/24 Forecast £'000	2023/24 Variance £'000
<i>Adult Social Care Services</i>			
Learning Disabilities	25,608	26,507	899
Physical Disabilities	7,921	7,772	(149)
Mental Health	5,417	5,557	140
Older People Assessment & Care	45,377	44,639	(738)
Care Homes & Housing with Care	9,106	9,815	709
Contracts & Commissioning Support	2,351	2,399	48
Other Social Care Services	659	601	(58)
Sub Total Adult Social Care Services	96,440	97,289	850
<i>Core West Lothian Health Services</i>			
Community Equipment	1,075	1,365	290
Community Hospitals	2,115	2,003	(112)
District Nursing	4,873	4,397	(476)
General Medical Services (GMS)	35,084	34,969	(115)
Mental Health	21,831	20,667	(1,164)
Other	15,010	13,288	(1,722)
Prescribing	40,322	41,555	1,234
Resource Transfer	8,604	8,604	0
Therapy Services	6,904	6,715	(189)
Sub Total Core West Lothian Health Services	135,818	133,564	(2,255)
<i>Share of Pan Lothian Hosted Services</i>			
General Medical Services (GMS)	2,421	2,403	(18)
Learning Disabilities	3,089	3,077	(11)
Lothian Unscheduled Care Services	2,863	2,863	(0)
Oral Health Services	2,091	1,957	(134)
Other	3,661	3,595	(66)
Psychology Service	2,858	2,766	(92)
Rehabilitation Medicine	2,125	1,868	(257)
Sexual Health	1,920	1,915	(5)
Substance Misuse	1,211	1,193	(18)
Therapy Services	3,528	3,418	(109)
UNPAC	1,391	1,128	(262)
Sub Total Share of Pan Lothian Hosted Services	27,156	26,183	(973)
Payment to IJB - Total	259,414	257,036	(2,378)
<i>Acute Set Aside Services</i>			
Cardiology	1,644	1,637	(6)
ED & Minor Injuries	7,865	8,702	838
Gastroenterology	3,705	4,424	719
General Medicine	12,399	13,507	1,108
Geriatric Medicine	6,945	7,222	277

Infectious Disease	1,642	1,561	(81)
Junior Medical	1,863	1,775	(88)
Other	4,852	5,200	347
Respiratory Medicine	3,256	3,387	131
Sub Total Acute Set Aside Services	44,171	47,416	3,245
Total Delegated IJB Services	303,585	304,452	867

Appendix 2 – West Lothian IJB 2023/24 Financial Risks

Risk Area	Value of Pressure £'000	Description/Mitigation	Risk of further deterioration
Internal Care Homes	284	This pressure relates to the use of agency staff, overtime and locum costs to cover sickness absence and vacancies. This pressure has reduced from £379k as a result of the phased closure of Craigmair Interim Care Unit by the end of the financial year and an associated reduction in staff costs.	Medium
Mental Health	140	This pressure has reduced from £300k because of regular reviews of high-cost placements and care packages. The existing assessment and review process is also being enhanced to appropriately and robustly review all remaining packages of care.	Low
Learning Disabilities	899	The pressure relating to Learning Disabilities has increased significantly from £280k because of an increasing number of high-cost care packages and increasing demands for care as well as high-cost transitions from children's services. In depth reviews of high-cost care packages are ongoing and are focussing on specialist assessment where required, consideration of community support and application of technology enabled care. A high-cost approval panel has also been established to ensure additional scrutiny in a proportionate manner. In the medium term planned local developments within learning disabilities are proving challenging to recruit too.	High
Housing with Care	384	Forecast pressure relates to staffing and sleepover costs. Consultation is about to begin on planned savings delivery and redesign of the service which will include addressing the underlying financial pressure.	Medium
Prescribing	1,234	The prescribing position has improved significantly due to a high-cost high volume medicine coming off patent mid-way through the financial year. It is looking likely that prescribing information processes will have returned to business as usual by the end of the financial year which will aid with financial recovery actions going into 2024/25.	High
Community Equipment	290	There has been a significant increase in costs of medical supplies within the community equipment store, particularly around urology and incontinence products. There has also been an increase in overall issues of equipment which reflects the increased demand seen across health and social care services. Options for potential grip and control savings measures have been finalised as part of the 2024/25 budget savings plan.	Low

ED & Minor Injuries	838	There are continued high costs associated with bank, agency and locum staff to cover vacancies and staff absence. The position has deteriorated in the last few months from a projected £561k overspend as acute services face peak demand during the winter period. This increase is partly driven by junior medical rota gaps resulting in higher than expected locum payments.	Medium
General Medicine	1,108	There are continued high costs associated with bank, agency and locum staff to cover vacancies and staff absence. Progress has been made on staffing savings through tighter controls on nurse agency usage and this has been reflected in the forecast overspend. Use of alternative roles and over recruitment to reduce reliance on supplementary staffing have been progressed and the pressure has reduced again by a further £92k.	Medium
Gastroenterology	719	This pressure relates to continued increases in hospital drug costs and the impact of new hospital drugs being approved. New medicines funding has been allocated in year which has reduced the overspend significantly. However the pays overspend has worsened due to medical sickness and additional payments to remaining staff to cover.	Low

Appendix 3 – West Lothian IJB 2023/24 Budget Savings

WL IJB 2023/24 Budget Savings	Ref	Budgeted Savings £'000	Forecast Savings £'000	Variance £'000
<i>Service Redesign, Efficiency & Modernisation</i>				
Social policy business support	SJ2a	21	21	0
Review of community occupational therapy service	SJ2b	55	55	0
Servicing of equipment	SJ2c	100	100	0
Redesign of internal support at home service	SJ3c	251	251	0
Commissioned care contract review	SJ4a	60	60	0
Housing benefit review	SJ6a	391	0	391
Prescribing savings	H1a	1,200	1,200	0
Community nursing review	H1d	150	250	(100)
Mental health nursing review	H1e	350	760	(410)
Mental health medical review	H1f	250	400	(150)
Opiate substitution treatment dispensing	H1g	100	100	0
GP cover community hospital	H1h	50	50	0
Local pharmacy savings	H1i	100	100	0
Sub Total Service Redesign, Efficiency & Modernisation		3,078	3,347	(269)
<i>Community Building Based Supports</i>				
Core & cluster expansion	SJ3b	50	50	0
Review of commissioned day care services	SJ4b	355	355	0
Redesign of adult day services provision	SJ5a	66	66	0
Supporting people uplift	SJ5e	4	4	0
Home first frailty	H1b	800	800	0
Home first dementia	H1c	750	300	450
Sub Total Community Building Based Supports		2,025	1,575	450
<i>Digitalisation and Technology</i>				
Mobile phones efficiency	H1j	18	30	(12)
Further use of technology enabled care	SJ1c	33	33	0
Sub Total Digitalisation and Technology		51	63	(12)
Sub Total HSCP Schemes		5,154	4,985	169
Share of Pan Lothian Hosted Services	Ho	454	471	(17)
Share of Acute Set Aside Services	Ac	981	818	163
Total IJB Budget Savings		6,589	6,274	315

Date	26 March 2024
Agenda Item	10



Report to West Lothian Integration Joint Board

Report Title: 2024/25 Budget and Medium-term Financial Plan

Report By: Chief Finance Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input type="checkbox"/>
	- is for discussion <input checked="" type="checkbox"/>
	To present the outcome of the financial assurance process on the agreed West Lothian Council budget contribution and the proposed NHS Lothian budget contribution to the IJB for 2024/25. The report also seeks approval for an updated two-year budget plan. Finally, to seek approval for the issue of Directions to West Lothian Council and NHS Lothian for delivery of delegated services in 2024/25 and to implement 2024/25 savings measures.
Recommendations	<p>It is recommended that the Board:</p> <ol style="list-style-type: none"> 1. Notes the financial assurance undertaken on West Lothian Council and NHS Lothian budget contributions for 2024/25. 2. Agrees that West Lothian Council and NHS Lothian budget contributions for 2024/25 are used to allocate funding to Partners to operationally deliver and financially manage IJB delegated services from 1 April 2024 (Appendix 1 and 2). 3. Agrees that the 2024/25 Budget Directions are issued to West Lothian Council and NHS Lothian (Appendix 3). 4. Agrees the updated 2024/25 to 2025/26 budget plan and saving measures (Appendix 4) as part of the updated four-year financial outlook. 5. Notes the risks to deliverability of the proposed saving measures (Appendix 5). 6. Agrees the amended Saving Directions are issued to West Lothian Council and NHS Lothian in respect of operational delivery of saving measures (Appendix 6). 7. Notes the result of the integrated impact assessment of the proposed saving measures (Appendix 7). 8. Agrees the proposals in respect of use of IJB reserves.

	<p>9. Notes the update on compliance with the CIPFA Financial Management Code (Appendix 8).</p> <p>10. Agrees the updated IJB Annual Financial Statement (Appendix 9).</p> <p>11. Considers the Technology Enabled Care (TEC) application for release of £0.325m from the transformation fund (Appendix 10).</p>
Directions to NHS Lothian and/or West Lothian Council	<p>2024/25 Budget Directions are required to be issued to West Lothian Council and NHS Lothian (Appendix 3).</p> <p>Amended 2024/25 to 2025/26 Saving Directions are required to be issued to West Lothian Council and NHS Lothian (Appendix 6).</p>
Resource/ Finance/ Staffing	The 2024/25 budget resources delegated to the IJB from 1 April 2024 total £269.717m based on the proposed contribution values.
Policy/Legal	None.
Risk	IJB007 Inadequate budget resources to fully fund expenditure associated with the delivery of the Strategic Plan 2023/24 to 2027/28.
Equality, Health Inequalities, Environmental and Sustainability Issues	The equality impact of the saving measures has been assessed in compliance with the public sector equality duty requirements as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and fairer Scotland Duty, Part 1 of the Equality Act.
Strategic Planning and Commissioning	The 2024/25 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan and delivery plans
Locality Planning	The 2024/25 budget resources delegated to the IJB will be used to support the delivery of Locality Planning.
Engagement	Consultation with relevant officers.

Terms of Report	
1.	Background
1.1	This report considers the proposed level of 2024/25 budget contributions delegated to the IJB by West Lothian Council and NHS Lothian. The adequacy of resources is crucial in allowing the Board to deliver its Strategic Plan to improve wellbeing and reduce health inequalities across all communities in West Lothian.
1.2	The report also presents an updated two-year budget plan and four-year financial outlook. As part of the updated two-year budget plan additional saving measures have been identified to ensure the ongoing financial sustainability of the IJB. An updated four-year medium term financial plan is also set out and highlights the need for ongoing service redesign and transformation of health and social care services to meet the ever-increasing financial challenges faced by the Board.

1.3	Key assumptions and risks around the two-year budget plan, deliverability of saving measures and the medium-term financial outlook for the IJB feature throughout the report.
1.4	All saving measures have been prepared with the principle to protect and maintain service delivery for those that need health and care services. Some of the specific saving measures are expected to result in improved service quality and safety.
2.	Financial Assurance on proposed 2024/25 Budget Contributions
2.1	The purpose of undertaking financial assurance work is so the Board can obtain assurance that the proposed budget contributions from West Lothian Council and NHS Lothian are adequate to allow it to carry out its functions. It also involves an assessment of the assumptions and risks associated with the proposed budget contributions.
2.2	West Lothian Council and NHS Lothian are responsible for agreeing which functions are to be delegated to the Board and setting the budgets for those functions. This is then used to calculate the budget contributions to the IJB each year.
2.3	To assist with the financial assurance process (and following Scottish Government guidance) it is recommended the following matters are considered: <ul style="list-style-type: none"> • Assessment of prior year expenditure on IJB services. • Assumptions relating to the 2024/25 proposed budget contributions delegated to the IJB and comparison with prior year budgets. • Key budget risks within IJB services. • The value of savings for 2024/25 that relate to IJB services. • Any material non-recurring in the proposed budget contributions delegated to the IJB.
2.4	This approach will form the basis of reviewing the proposed 2024/25 budget contributions from West Lothian Council and NHS Lothian. The West Lothian Integration Scheme will also inform the approach taken on financial assurance
3.	West Lothian Council Agreed Budget Contribution 2024/25
3.1	West Lothian Council approved a balanced two-year revenue budget on 22 February 2024. The approval of this budget included the specific recommendation that the level of resources associated with functions delegated to the IJB in 2024/25 is £102.849m. This took account of additional specific funding for health and social care, including payment of the living wage as part of the local government finance settlement.
3.2	The share of this funding relevant to IJB functions was fully allocated to IJB functions as part of West Lothian Councils budget contribution to the IJB and per Scottish Government requirements will be used to meet additional costs associated with: <ul style="list-style-type: none"> • The increase to £12 per hour for the minimum hourly rate for adult social care staff delivering direct care in commissioned services. • Free personal and nursing care uplift.
3.3	The West Lothian Council budget contribution to the IJB meets the Scottish Government conditions around budget contributions to IJBs. The Scottish Government funding referenced above has been allocated in full to the IJB and is additional to the 2023/24 recurring budget.
3.4	The table below shows the agreed 2024/25 budget contribution from West Lothian Council to the IJB compared to the previous three years. The figures in the table below reflect work undertaken to more accurately refine the level of resources associated with IJB services to ensure a like for like comparison in each year.

Table 1 - West Lothian Council Budget Contributions to the IJB	2021/22 Budget £'000	2022/23 Budget £'000	2023/24 Budget £'000	2024/25 Budget £'000
West Lothian Council Delegated Services	82,877	91,386	96,071	102,849
Growth in resources		8,509	4,685	6,778

3.5 The increase in the West Lothian Council contribution for 2024/25 of £6.778m is the overall net budget increase after savings measures totalling £2.098m. The gross budget increase before savings are accounted for is £8.876m.

3.6 The cash increase in the budget contribution for 2024/25 is 7% but most of the increase in funding relates to ringfenced funding which will be used to fund additional costs relating to Scottish Government policy commitments as referenced at section 3.2. Over the three-year period the cash increase in budget contributions total 24%.

4. Social Care 2023/24 Forecast Outturn

4.1 An overspend of £0.850m is projected against the 2023/24 budget contribution for social care services. As soon as initial projections became available the Chief Officer instructed remedial action. Due to it being late in the 2023/24 financial year the remedial actions have had limited effect in 2023/24 and a proposed recovery plan to achieve break-even has been prepared as part of the 2023/24 Forecast Outturn report to the Board. The proposed recovery plan is that the year-end overspend within social care functions be funded equally by West Lothian Council and from IJB reserves. The recovery plan is still subject to securing agreement from the Council.

4.2 The remedial actions all fall within the operational responsibility of the Chief Officer and are anticipated to have a far greater effect in terms of bringing the 2024/25 social care position back within budgeted levels. The agreed actions that will impact on 2024/25 expenditure are:

- **High-cost package requests** - additional controls have been added to the approval process for new high-cost packages of care. This will ensure provision of care is targeted following consideration of all alternative resources. This action will include ensuring the provision of Technology Enabled Care (TEC) to meet assessed need is fully utilised where it is appropriate to do so.
- **Targeted review of high-cost cases** – the assessment and review team will be bolstered using vacancies to review all existing high-cost packages of care within mental health, learning disabilities and physical disabilities services. This will ensure equity of approach in terms of process to that in place for new high-cost care applications ensuring that all appropriate alternatives including TEC are fully utilised to meet assessed need.
- **Continuing care** – a review of all individuals receiving continuing care is underway with a 2024/25 cost reduction of £0.169m already achieved. This action will ensure that young adults are supported in a sustainable way and in keeping with their development needs and aspirations. Action has also been taken to strengthen the transition process improving early identification of potential continuing care requests.
- **Community transport** – a review of transport expenditure is underway to reduce budget pressures and ensure a sustainable model for adult day services is implemented.

4.3 In addition to these actions, due to the current challenges to the supply of care home beds in West Lothian, the commitment to commission an equivalent number of beds as previously available at Craigmair will only be possible midway through 2024/25. This will lead to a short-term reduction in expenditure which will support the budget pressure in social care services on a one-off basis. The remedial actions are being progressed by officers within the Health and Social Care Partnership (HSCP) and it is anticipated that these actions will bring social care expenditure back within budgeted levels in 2024/25. An update on progress against these actions will be included as part of the April finance report to the Board.

4.4 As evidenced by the 2023/24 forecast outturn position, there are several pressure areas due to continued increasing demands on social care services. The key pressures are in the internal care homes due to agency staff and overtime to cover sickness absence and vacancies. There is also a growing number of high-cost care packages and high-cost transitions from children's services within learning disabilities. Mental health has also seen an increase in high-cost placements and the pressure remains within housing with care regarding sleepover costs.

5. Social Care 2024/25 Budget

5.1 The 2024/25 budget for social care is £102.849m. The budget provides for the anticipated additional expenditure associated with assumed staff pay awards, demographic and demand led pressures and contractual inflation (including the full Scottish Government funding for implementing the £12 an hour commitment).

5.2 The budget is net of savings of £2.098m that will need to be delivered in full in 2024/25 to keep expenditure within budgeted level of £102.849m. In addition to this, replacement savings of £0.391m require to be delivered in 2024/25 to offset the undelivered 2023/24 saving measure - SJ6a housing benefit. Significant progress has been made in delivering savings in 2023/24 and because a three-year savings programme was approved by the Board work on savings delivery for the final two years of the budget plan is on track.

5.3 Factoring in the budget growth and savings requirement for the coming year, the budget contribution from West Lothian Council is anticipated to meet 2024/25 care and expenditure demands. Whilst the annual budget planning process within West Lothian Council is comprehensive and assesses the cost and care demands to be budgeted for, there are several key risks and uncertainties that require close monitoring throughout 2024/25. These risks are set out in more detail at section 9. Progress on the remedial actions to bring costs back within budgeted levels as described in section 4 will also require regular monitoring over the coming months.

6. NHS Lothian Proposed Budget Contribution 2024/25

6.1 The NHS Lothian financial plan is due to be presented to the NHS Lothian Board on 24 April 2024 for approval, the budget contribution to the IJB remains indicative until the financial plan has been approved by the NHS Lothian Board. The proposed budget contribution from NHS Lothian is based on the latest NHS Lothian budget assumptions which are due to be presented to the NHS Lothian Finance and Resources Committee on 27 March 2024.

6.2 Following the Scottish draft Budget announcement on 19 December 2023 there was an estimated 2024/25 budget gap across NHS Lothian of £133m as reported to the NHS Lothian Board on 7 February 2024. The report noted that the level of savings required to balance the budget goes beyond the usual 3% saving expectation within Health Boards. The updated financial plan will be presented to the NHS Lothian Finance and Resources Committee on 27 March 2024 before proceeding to the NHS Lothian Board for approval on 24 April 2024. It is anticipated that the budget gap will have reduced significantly following the identification of saving measures, but it is still anticipated there will be a budget gap for NHS Lothian in 2024/25.

6.3 NHS Lothian financial planning is undertaken at a combined business unit level and IJB level, and the focus of NHS Lothian is to achieve a balanced budget overall. NHS Lothian works closely with HSCP management teams with the objective that each business unit can balance their budget and deliver 3% savings for the year ahead.

6.4 Based on the current assumptions in the financial plan being prepared for the NHS Lothian Finance and Resources Committee on 27 March 2024, the draft 2024/25 budget contribution for health services delegated to the IJB in 2024/25 is £166.868m.

6.5 This represents an increase of £2.850m, recurring resources associated with the 2023/24 NHS pay deal had already been baselined in the revised 2023/24 IJB budget. The £2.850m uplift reflects the baselining of £1.175m of National Resource Allocation Committee (NRAC) and sustainability funding received in 2023/24 and other baseline budget adjustments relating to prior year settlements. £1.620m of 2023/24NRAC/sustainability funding has been retained centrally by NHS Lothian for review following the significant improvement in the prescribing position in the second half of the year which is projected forward into 2024/25. As in prior years, the NHS Lothian budget contribution reflects that £10.133m of funding for social care is shown in social care budgets.

6.6 Although some changes to terms and conditions have been announced, pay for NHS staff remains subject to agreement for 2024/25. Health boards and IJBs have been instructed to plan on the basis that pay awards for health services will be fully funded. No anticipated funding for NHS staff pay is included in the proposed budget contribution from NHS Lothian and no anticipated costs have been included in the IJB spend forecasts. General Medical Services (GMS) uplift is also excluded as it has also not yet been confirmed by Scottish Government for 2024/25 but it is also anticipated to be fully funded.

6.6 Based on the latest IJB spend forecasts and saving assumptions, the proposed budget contribution from NHS Lothian results in a balanced budget on delegated Health services for 2024/25.

6.7 The proposed 2024/25 contribution from NHS Lothian is set out below along with the contribution in the previous three years adjusted for changes to the mapping of functions and budgets to ensure a like for like comparison of budget resources each year.

Table 2 - NHS Lothian Budget Contributions to the IJB	2021/22 Budget £'000	2022/23 Budget £'000	2023/24 Budget £'000	2024/25 Budget £'000
NHS Lothian Delegated Services	149,566	154,513	164,018	166,868
Growth in resources		4,947	9,505	2,850

6.8 The increase in the 2024/25 budget contribution excludes any uplift for NHS staff pay and GMS. The indicative budget contribution represents a budget increase of £2.850m. It is anticipated that the uplift for 2024/25 will increase during the financial year as further budget allocations are confirmed for NHS staff pay and GMS uplift. Over the three-year period the cash increase in budget contributions total 12%.

7. Health 2023/24 Forecast Outturn

7.1 Based on the latest forecast position, a £0.017m overspend is projected against the 2023/24 budget contribution delegated health services, making it likely that a break-even position can be achieved for 2023/24.

7.2 Although the financial position within delegated health services is likely to be break-even for 2023/24 there are several underlying financial pressures. The prescribing position has improved significantly because of a high-volume high-cost drug coming off patent but challenges remain relating to demographic growth within West Lothian, high inflation and challenging global economic conditions. The pressures within Acute Set Aside services remain regarding use of high-cost agency staff to cover vacancies and sickness absences as well as locum use to cover junior medical rota gaps.

8. Health 2024/25 Budget

8.1 The proposed 2024/25 budget for delegated health services is £166.868m. At this stage there is no anticipated additional funding for NHS staff pay or GMS uplift as negotiations are ongoing,

however the Scottish Government has committed to fully funding these measures. Saving measures totalling £5.000m are accounted for within the proposed budget contribution.

8.2 It is likely that NHS Lothian will not be able to set a balanced budget for 2024/25. However, the proposed budget contribution to the IJB along with planned saving measures is anticipated to meet 2024/25 service and expenditure demands. On this basis it is considered that the proposed budget contribution represents a fair share of resources to the IJB.

8.3 Key risks and uncertainties will continue to require close monitoring throughout 2024/25. These risks are set out in more detail at section 9. Continued close monitoring and management of expenditure and partnership working between NHS Lothian and the Lothian IJBs working in partnership will be important in 2024/25 to ensure break-even on health services is achieved.

8.4 Following internal and external audit recommendations from the Lothian IJBs and at the request of Chief Finance Officers, NHS Lothian has reviewed the methodology used to collate the delegated budgets for the 4 IJBs. The consequential share of costs has also therefore been subject to this routine review. It is this updated approach which has been used to calculate both the delegated budgets and associated costs.

9. Financial Risks

9.1 The IJB risk register has a specific risk relating to finance - IJB007 - Inadequate budget resources to fully fund expenditure associated with the delivery of the Strategic Plan 2023/24 to 2027/28. The risk register is regularly reviewed by officers and in accordance with the Risk Management Strategy approved by the IJB on 8 August 2023, the Audit, Risk and Governance Committee reviews the IJB's risks and high risks at alternate meetings. A review of IJB007 was conducted by the Chief Finance Officer in advanced of the Committee considering the Boards risks, control measures and mitigation actions on 6 March 2024. IJB007 remains a high risk (score of 16 out of 25) and there a significant number of control measures in place to mitigate the risk.

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<https://coins.westlothian.gov.uk/Agenda.asp?meetingid=9354>

9.2 There are several specific financial risks associated with delegated health and social care services which are monitored closely as part of the in-year forecast updates to the Board and will continue to require close monitoring in 2024/25 and beyond:

- Pay awards - negotiations around pay settlements for 2024/25 are ongoing and there is a risk that the final pay awards agreed will not be fully funded.
- Agenda for change (AfC) modernisation – the Scottish Government confirmed several changes to the AfC system on 7 March 2024. These changes come into effect on 1 April 2024 and include: a consistent approach to protected learning time; a review of band 5 nursing roles; and a reduction of 30 minutes in the working week. Boards are awaiting guidance on the implementation practicalities; this will support clarity on the financial implications. Health Boards and IJBs are assuming that the financial implications of these changes will be fully funded however there is a risk they may not be.
- Vacancies – the cost estimates for the year ahead reflect a number of vacancies (particularly in core health services). Should the vacancy position improve significantly then additional savings may be required. This position is regularly monitored and posts are subject to a vacancy control process.
- Prescribing – prescribing costs remain volatile due to global economic conditions and demographic pressures within West Lothian. Due to these factors and the time-lag on receiving prescribing information and with limited ability to enact recovery actions over and above the savings programme it remains a high-risk budget for the Board.
- Demographic growth – the population of West Lothian is ageing and there is a risk that the demand and cost increases will be greater than budgeted levels. As the population ages, residents are more likely to experience complex and interrelated health problems.

- Service demand – there is a risk that as demands increase there will be insufficient capacity in externally commissioned services and internal services. Recruitment to key care roles remains challenging.
- Inflation - The rate of inflation and the effect this has on the ongoing cost of living, creates unprecedented across all services and in particular in commissioned services.
- Acute Set Aside Services – comparing the recurring 2023/24 pressures and the 2024/25 budget contribution for these services, there is still a significant shortfall in the level of resources required. Close collaboration with NHS Lothian and the other Lothian IJBs will be needed to manage these pressures.
- Savings – once again there is a significant savings requirement for the IJB in 2024/25 to ensure spend can be managed within available budget resources and the delivery of savings will need to be closely scrutinised.

10. 2024/25 IJB Saving Measures

- 10.1 The budget contributions from West Lothian Council and NHS Lothian to the IJB for 2024/25 include identified savings measures totalling £7.489m. Officers within the HSCP have been involved in identifying and planning for the majority of these saving measure (£6.380m) as they relate to services operationally managed by the HSCP. These measures are summarised below:

Table 3 - 2024/25 Saving Measures	2024/25 £'000
Adult Social Care*	2,489
Core West Lothian Health Services	3,891
Pan Lothian Hosted Services	628
Acute Set Aside Services	481
Total Savings	7,489

*Includes £0.391m c/f from 2023/24

- 10.2 Additional detail on saving measures for 2024/25 and 2025/26 is included in Appendix 4. NHS Lothian and West Lothian Council have processes in place for monitoring and reporting on the delivery of savings by services. Regular updates on progress will be provided to the Board during 2024/25 on delivery of savings. Within the HSCP, the HSCP finance, performance and transformation (FPT) board had oversight of service change and savings. The FTP board has been stood down with functions of that Board amalgamated into the HSCP extended management team meeting and the terms of reference expanded to include oversight of service change and savings.

11. 2024/25 Budget Directions to West Lothian Council and NHS Lothian

- 11.1 The financial assurance process assesses key budget risks and assumptions as well as comparing prior year expenditure and considering anticipated savings associated with the budget contributions from West Lothian Council and NHS Lothian. The Partners are responsible for agreeing which services are delegated to the IJB and for establishing the budgets for these services.
- 11.2 The IJB then prioritises the budget against its Strategic Plan and for allocating the resources it has been provided to West Lothian Council and NHS Lothian to operationally deliver services. Responsibility for delivery of 2024/25 delegated functions from 1 April 2024 is through Directions issued to West Lothian Council and NHS Lothian, who are operationally responsible for delivering services within the available budget. The Directions to both bodies are appended to this report for approval and set out the services covered and the required actions from the Partners from 1 April 2024.
- 11.3 Based on the agreed budget contribution from West Lothian Council and the proposed budget contribution from NHS Lothian the table below shows the 2024/25 budget associated with IJB services to be contained in Directions.

Table 4 - West Lothian IJB Delegated Budget 2024/25	2024/25 £'000
Adult Social Care	102,849
Core West Lothian Health Services	114,494
Pan Lothian Hosted Services	19,248
Acute Set Aside Services	33,127
Total IJB Budget	269,717

11.4 The NHS Lothian financial plan will be finalised on 24 April 2024, subject to approval by the NHS Lothian Board. Any further updates to the 2024/25 budget contribution for delegated health services would be advised by the Director of Finance.

11.5 Financial assurance will be ongoing as part of the routine financial reporting in 2024/25.

12. Four-year Financial Outlook

12.1 The Accounts Commission and the Chartered Institute of Public Finance and Accountancy (CIPFA) have repeatedly stressed the need for public bodies to focus on medium to long-term financial sustainability. In common with all public services, the IJB is considering its budget at a time when demand for services is increasing, costs are rising and the workforce is scarce. With this background long term financial sustainability requires the identification and agreement of significant savings. Within West Lothian the principle around savings remains that measures are achieved whilst maintaining (or in some cases enhancing) service delivery and quality.

12.2 The Accounts Commission and Audit Scotland continue to emphasise that evidence shows that Public Sector bodies are finding financial pressures increasingly difficult to manage, and that effective leadership and robust planning are essential to help meet the challenges ahead. The Accounts Commission also emphasise the need for recurring saving measures and to avoid reliance on non-recurring savings to aid financial sustainability. In addition, the CIPFA Financial Management Code also requires that local government bodies should have a rolling multi-year medium term financial plan that is consistent with sustainable service plans. The Code also requires that the IJB understands its prospects for financial sustainability in the longer term.

12.3 The previous five-year financial outlook presented to the Board on 21 March 2023 outlined a budget gap of £28.2m over the period 2023/24-2027/28. Excluding the 2023/24 gap brings down the four-year budget gap previously reported down to £20.3m. Following a briefing to IJB members on 12 February 2024 the IJB has received revised budget contributions from Partners and undertaken work to develop additional saving proposals. The revised four-year financial outlook covering 2024/25 to 2027/28 shows an estimated budget gap of £31.0m.

Table 5 – Four Year Financial Outlook	24/25 £'m	25/26 £'m	Two Year Total £'m	26/27 £'m	27/28 £'m	Total £'m
<u>Social Care Services</u>						
Staffing	(0.0)	0.7	0.7	0.7	0.8	2.2
Inflation and Indexation	7.1	2.3	9.3	2.4	2.6	14.3
Demographics and Demands	1.9	2.0	4.0	2.5	2.6	9.1
Gross Expenditure Increases	9.0	5.0	14.0	5.6	6.0	25.6
Additional Funding & Income	(6.9)	(2.7)	(9.6)	(2.5)	(2.5)	(14.6)
Social Care Budget Gap	2.1	2.3	4.4	3.1	3.5	11.0
Unachieved 2023/24 Savings	0.4		0.4			0.4
Social Care Budget Gap	2.5	2.3	4.8	3.1	3.5	11.4
<u>Health Services</u>						
Baseline Pressures	5.5	0.6	6.2	2.6	4.8	13.6

Staffing	0.2	0.1	0.4	0.1	0.1	0.6
Inflation and Indexation	0.7	0.6	1.3	0.7	0.7	2.7
GP Prescribing	1.4	1.4	2.8	1.4	1.5	5.6
Gross Expenditure Increases	7.8	2.8	10.6	4.8	7.0	22.4
Additional Funding	(2.8)		(2.8)			(2.8)
Health Budget Gap	5.0	2.8	7.7	4.8	7.0	19.6
Total IJB Budget Gap	7.5	5.1	12.5	7.9	10.5	31.0

- 12.4 The four-year financial outlook shows the budget model at a high level over four-year strategy period. It shows that current budget contributions assumed from partners each year is not sufficient to meet the additional unavoidable costs of continuing to deliver all services as they are currently delivered, while meeting increasing demands. This reflects the significant funding constraints on wider West Lothian Council and NHS Lothian based on the funding they are assuming to receive from the 2024/25 and future Scottish Public Sector budgets. The budget gap is most significant in the final year of the strategic period which highlights the need to focus on saving measures beyond the current two-year detailed budget period as transformational change will take time to consult on, plan for and deliver in partnership with stakeholders.
- 12.5 The key assumptions contained within the updated four-year financial outlook are:
- Assumed pay cost increases for council employed staff.
 - Whilst no costs are included for NHS employed staff, the expectation is that any pay increases will be fully funded by Scottish Government (section 6.6).
 - Increased number of people requiring care due to the increasing elderly population.
 - Inflationary increases in commissioned services, and supplies and services.
 - Cost and volume increases in drugs and prescribing.
 - Increased care demands due to increased acuity and complexity of care.
- 12.6 The Chief Finance Officer will continue to assess the four-year funding and cost assumptions to identify any potential impact on IJB budget assumptions.
- 13. 2024/25 to 2025/26 Budget Plan**
- 13.1 An updated two-year budget plan has been developed for the 2024/25 to 2025/26 as part of the four-year financial outlook. Whilst a long-term plan is difficult to forecast with any certainty, it is important to produce detailed plans for the two-year period. One of the key benefits of the detailed two-year plan is to provide certainty for staff and allow for service changes in support of saving measures to be made.
- 13.2 As part of developing the three-year budget plan agreed by the Board in March 2023 the IJB completed a public consultation during October and November 2022. The overarching message was that to ensure the IJB remained financially sustainable whilst being able to meet growing demands to do so service delivery models may need to change. As such, the IJB sought the views of the people of West Lothian on high level efficiency measures focussed themes:
- Service Redesign, Efficiency and Modernisation
 - Community Building Based Supports
 - Digitalisation and Technology
- 13.3 A total of 176 responses were received and key feedback was identified which was taken account of in the saving measures that were agreed as part of the 2023/24-2025/26 budget plan. All additional saving measures that are proposed as part of the updated 2024/25-2025/26 budget plan have once again taken account of that key feedback although all additional measures are considered by the HSCP management team to be operational in nature.

- 13.4 All saving measures for the period 2024/25 to 2025/26 have been prepared with the overriding objective to protect and maintain service delivery capacity for those that require health and social care services, and to seek to ensure that growing demands can continue to be met. Some of the specific saving measures are definitively around improving service provision and quality, for example the mental health nursing measure which focuses on recruitment of additional permanent staff and continued rollout of new nursing roles. This measure will increase nursing provision for service users whilst reducing costs (through reduced agency spend) and providing new career pathways for staff. In summary the IJB approach to strategic financial planning:
- Takes a medium-term view which allows time for service and workforce change to be undertaken.
 - Aims to protect service delivery capacity across West Lothian.
 - Provides as much certainty as possible for employees, partnership and trade unions on the plans and actions to deliver savings, service changes and associated staffing reductions, with all staffing changes being subject to West Lothian Council and NHS Lothian organisational change policies and procedures.
 - Allows officers and Board members to consider the long-term implications of policy decisions and changes to service delivery.
 - Provides stakeholders with advance notice of changes.
 - Provides officers with time to implement changes to service delivery which require a significant lead in time and may be dependent on or linked to other saving options.
 - Delivers greater certainty on the two-year budget.
 - Helps to integrate services and planning with community planning partners, especially where health and social care outcomes are longer term.
- 14. 2024/25 to 2025/26 Saving Measures**
- 14.1 When the IJB agreed the three-year budget plan for 2023/24 to 2025/26 in March 2023, detailed saving measures were agreed for those years. Within social care services there has been minimal change to those agreed saving measures:
- £0.097m of saving measures have been brought forward from 2025/26 to 2024/25 due to good progress in implementing changes.
 - £0.329m of saving measures in 2025/26 have been withdrawn following the IJB decision to accept the Council Executive motion on long-term placement care homes.
 - £0.391m of unachieved savings from 2023/24 are carried forward to 2024/25 and replacement saving measures have been identified as part of the updated budget plan.
- 14.2 Within core West Lothian health services there are significant additional saving measures totalling £3.292m (over and above the saving measures approved for 2024/25 as part of the three-year budget in March 2023) that have been identified as part of the updated two-year budget plan. The proposed additional savings are operational measures and are anticipated to either have no impact on service provision or to enhance service quality and robustness.
- 14.3 Additional savings relating to the IJB share of pan Lothian hosted services and acute set aside services have also been identified for 2024/25-2025/26 totalling £1.403m.
- 14.4 Saving measures are detailed in Appendix 4, which sets out any actions that will be required, including further reporting to the Board and consultation with staff and trade unions/partnership. Savings delivered via the HSCP as well as the West Lothian share of savings identified by NHS Lothian hosted and acute set aside services are included at Appendix 4. Operational implementation of hosted and set aside savings will be through the relevant NHS Lothian business units.

- 14.5 An assessment of the risk to deliverability of each saving measure delivered by the HSCP is included in Appendix 5. This includes an assessment of the level of risk, the potential impact of the risk materialising, and mitigating actions to help manage the risk.

- 14.6 A summary of the saving measures for 2024/25 to 2025/26 is shown in the tables below, split IJB budget heading and by saving themes:

Table 6 - Saving Measures 2024/25 to 2025/26 By Budget Heading	2024/25 £'000	2025/26 £'000	Two- year Total £'000
Adult Social Care*	2,489	2,333	4,822
Core West Lothian Health Services	3,891	1,299	5,190
Subtotal West Lothian HSCP	6,380	3,632	10,012
Pan Lothian Hosted Services	628	263	891
Acute Set Aside Services	481	31	512
Total Savings	7,489	3,926	11,415

*Includes £0.391m c/f from 2023/24

Table 7 - Saving Measures 2024/25 to 2025/26 By Theme	2024/25 £'000	2025/26 £'000	Two- year Total £'000
Service Redesign, Efficiency & Modernisation*	4,446	2,120	6,566
Community Building Based Supports	1,310	932	2,242
Digitalisation and Technology	624	580	1,204
Subtotal West Lothian HSCP	6,380	3,632	10,012
Pan Lothian Hosted Services	628	263	891
Acute Set Aside Services	481	31	512
Total Savings	7,489	3,926	11,415

*Includes £0.391m c/f from 2023/24

- 14.7 Savings have been identified totalling £11.415m over the next two years compared to a budget gap over the same period of £12.549m. For 2024/25 the identified saving measures result in a balanced budget across the IJB. Looking ahead to 2025/26 whilst the social care position is balanced there remains a £1.160m budget gap within health services. The HSCP management team continue to focus on additional savings measures beyond 2024/25 and updates on progress with future year savings measures will be reported to the Board in 2024/25. The revised IJB budget plan after savings measures are accounted for is shown below:

Table 8 - Budget Gap after Saving Measures	2024/25 £'000	2025/26 £'000	Two- year Total £'000
Social Care Savings*	(2,489)	(2,333)	(4,822)
Social Care Budget Gap	2,489	2,333	4,822
Remaining Social Care Budget Gap	0	0	0
Health Savings	(5,000)	(1,593)	(6,593)
Health Budget Gap	5,000	2,753	7,753
Remaining Health Budget Gap	0	1,160	1,160
Remaining IJB Budget Gap	0	1,160	1,160

*Includes £0.391m c/f from 2023/24

14.8	The IJB can set a balanced budget for 2024/25 based on the budget contributions from West Lothian Council and NHS Lothian and factoring in the latest IJB cost estimates and saving measures. This position be closely monitored taking account of further Scottish Government funding, actual spend and the potential for additional saving measures to be identified during 2024/25. As noted in section 9, the fact that pay settlements have not been agreed yet for 2024/25 once gain poses a significant risk as funding to cover the increased costs may not be sufficient. There remains a budget gap for 2025/26 on health services and developing plans to close that gap will be a key focus of the management team over the first quarter of 2024/25. It is anticipated that some of the measures identified for 2024/25 will have a significant full year (2025/26) saving. The transformational aspect of some of the new saving measures requires refinement and there will be further consultation with key stakeholders, trade unions and partnership around the change.
14.9	In terms of the remaining budget gap for 2026/27 to 2027/28, it is challenging to accurately forecast beyond the current two-year budget period in the current financial climate. To support IJB financial sustainability in the medium term the HSCP management team will continue to identify potential additional saving measures to close the gap. As noted above, further consultation with staff, service users and the Wider West Lothian public and stakeholders will be undertaken as required. The Chief Finance Officer will continue to liaise closely with colleagues in West Lothian Council and NHS Lothian to refine and review budget and cost assumptions and risks as part of updating the medium-term financial outlook.
14.10	To deliver of the saving measures, Directions to West Lothian Council and NHS Lothian are attached in Appendix 6. Responsibility for delivery of savings over the three-year period is through Directions issued to West Lothian Council and NHS Lothian who will work with the HSCP management team to implement saving measures. Subject to agreement by the Board, it is recommended that the Chief Officer issues these Directions to West Lothian Council and NHS Lothian. The Directions also set out the monitoring and reporting arrangements to be put in place to ensure the IJB has assurance on progress towards delivery of agreed savings.
15.	Integrated Impact Assessment
15.1	Assessing impact is a key part of the public sector's decision-making process. Integrated Impact Assessment (IIA) is a mechanism which enables consideration to be given to needs/barriers and to identify any adverse impacts on different groups. As part of the development of updated two-year budget plan, the new West Lothian saving measures have been subject to a review to determine whether a full IIA is required. Saving measures agreed as part of the 2023/24 three-year budget plan were also subject to a review to determine whether a full IIA was required and a link to these is included at Appendix 7. The full IIA involves consideration of the following: <ul style="list-style-type: none"> • The main aims, objectives and intended outcomes of the policy including the context or way in which the policy or change may be applied. • Needs and/or barriers which equality groups may have. • Needs and/or barriers which vulnerable groups falling into poverty may have. • Actions needed to further inform the process. • Details of any planned or completed consultation. • Data and information used to inform the assessment. • Mitigating actions. • Monitoring and review. • Recommendation and reasoning.
15.2	Taking account of this process, all Integrated Relevance Assessments (IRAs) and, as required, full IIAs are attached in Appendix 7. It should be noted that the IIA process is designed to identify equality issues and potential interventions to address them rather than to raise a barrier to decision making.

16. Financial Resilience and Reserves

16.1 The CIPFA Financial Management Code requires IJBs to outline an assessment of their financial resilience and sustainability. This includes a statement on reserves. It is best practice for this to be included as part of the annual budget report. The key components that demonstrate the IJBs resilience and sustainability are:

- There is an agreed approach to medium term financial planning for IJB services.
- There is a detailed two-year budget which includes a two-year savings programme and a four-year financial outlook.
- Financial assurance is undertaken on annual budget contributions from West Lothian Council and NHS Lothian to assess budget contributions against expenditure for IJB services.
- There is a well-established and effective approach to financial monitoring, including delivery of financial recovery plans that highlights pressures and financial risks at an early stage to allow action to be identified and implemented.
- There is good partnership working with West Lothian Council and NHS Lothian in respect of managing financial pressures, and in budget planning in line with the agreed West Lothian Integration Scheme.
- The IJB has a culture of continuous improvement supported by the HSCP management team which develops and implements service improvements and secure best value.
- The IJB has a Best Value Framework in place and completes an annual Best Value assessment.
- The Board has a full financial framework in place.
- Financial performance updates are reported monthly to various HSCP leadership groups. These reports focus on exceptions from budget plans which are discussed, and remedial actions agreed to bring costs back in line with budget.
- An annual report on the outcome of the UK and Scottish Government budget announcements is presented to the Board in January and highlights emerging risks and issues in advance of the budget setting process.
- The IJB has never received any qualifications on the annual accounts.

16.2 The IJB has an approved Reserves Policy as agreed by the Board on 21 January 2020. As at 1 April 2023, the IJB reserves balance was £11.294m. The general reserve balance was maintained at the target level of £2.000m and earmarked reserves totalled £9.294m.

16.3 Taking account of drawdown of reserves to meet commitments during 2023/24, the current forecast balance of IJB reserves at 1 April 2024 is £8.455m as shown in the table below.

Table 9 - Forecast IJB Reserves 1 April 2024	£'000
Earmarked Reserves	
Primary Care Transformation	500
Primary Care Improvement Fund	208
Transformation Fund	1,500
Inflation & Risk Reserve	1,338
Alcohol & Drug Partnership	46
Other Earmarked Funds	530
Uncommitted Reserves	
General Reserve	2,000
2023/24 Budget Provision	928
Band 3-4 2022/23 unused carry forward	534
Mental Health facilities	470
Other uncommitted carry forwards	400
Total Forecast IJB Reserves	8,455

16.4 Within the total estimated reserves available at 1 April 2024 there is £4.332m of uncommitted reserves which includes the £2.000m general reserve and unused funding carried forward from 2022/23 which has been reviewed and there are no current spend commitments against these.

16.5 This uncommitted balance of £4.332m compares to the target general reserve level of £2.000m. It is recommended that per the agreed IJB reserves policy £2.000m is retained as a minimum uncommitted balance. Reserves are important in managing medium term planning risks and the remaining uncommitted reserves anticipated of £2.332m are key to ensuring the IJB continues to manage spend within resources available given ongoing risks and uncertainties. The proposed Infrastructure Fund will give scope for the IJB to invest in infrastructure needs during a period of extremely constrained capital spending. This fund would be for medium sized projects with a value of greater than £0.250m only, with scrutiny provided by the HSCP extended management team meeting followed by a final proposal needing to be approved by the Board. A detailed procedure for accessing the Fund will be put forward to the Board in April for approval. It is recommended that the £2.332m of remaining uncommitted resources are reallocated as follows:

Table 10 - Allocation of Uncommitted Reserves		£'000
General Reserve		2,000
Infrastructure Fund		1,404
Transfer to Inflation & Risk Reserve		928
Total		4,332

16.6 Reserve levels will be kept under review taking account of the final 2023/24 year end position and final reserve amounts for 2023/24 will be presented to the Board in June as part of the Unaudited Annual Accounts.

17. Technology Enabled Care (TEC) Transformation Fund Application

17.1 As part of agreeing the three-year budget for 2023/24-2025/26 on 21 March 2023 the Board created a £1.500m Transformation Fund to be used to invest in transformative service delivery projects to support one off costs that enable the delivery of savings.

17.2 The procedure for accessing the Transformation Fund is that the extended management team (which replaced the FPT with oversight of service change and savings) consider all applications in the first instance. The extended management team can make decisions on applications to access the fund up to the value of £0.100m and applications beyond this require approval by the Board.

17.3 At the extended management team meeting on 14 March 2024 two applications to access the Transformation Fund were considered and approved, with the second application requiring approval by the IJB:

- An additional analyst to support saving measures SJ3a Redesign of adults and older people social work teams and H2i Home first and intermediate care redesign at a cost of £0.098m over 2024/25 to 2025/26.
- Additional staffing and devices to support saving measure SJ1c Further use of technology enabled care at a cost of £0.352m over 2024/25 to 2025/26.

17.4 The full application for the release of £0.352m from the Transformation Fund to support TEC savings is attached in Appendix 10. The full value of SJ1c savings is significant at £1.160m over 2024/25 to 2025/26 and has been marked as high risk (12 out of 25) in terms of the risk of deliverability of the saving (Appendix 5). Significant transformation is required to realise this saving measure in full and additional staffing dedicated to upscaling TEC delivery and ensuring a TEC first approach is taken across key areas of service delivery will be key. It is recommended that the Board agree the proposal to release funding from 1 April 2024 to support the delivery of TEC savings.

18.	Annual Review of Compliance with the CIPFA Financial Management Code
18.1	The IJB agreed to adopt the CIPFA Financial Management Code at its meeting of 18 March 2021 for financial year 2021/22 onwards. The Code sets out financial management standards which the IJB should seek to comply with and is designed to support good practice in financial management and assist in demonstrating financial sustainability. An action plan to help ensure compliance with the Code was also agreed by the Board.
18.2	As agreed by the Board, an annual review of compliance with the Code has been undertaken and an updated action plan is set out in Appendix 8. Based on this review it is considered that the IJB continues to be compliant with the Code.
19.	Annual Financial Statement
19.1	Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must prepare an Annual Financial Statement on the resources it plans to spend in implementing its Strategic Plan. Scottish Government guidance states that the Annual Financial Statement should reflect the period of strategic and financial planning in place.
19.2	The updated IJB budget plan covers the period to 2024/25 to 2025/26 and as such the Annual Financial Statement attached in Appendix 9 reflects the proposed budget contributions contained in this report with indicative assumptions used for 2025/26.
Appendices	<ol style="list-style-type: none"> 1. Social Care Delegated Resources 2024/25 2. Health Delegated Resources 2024/25 3. 2024/25 Budget Directions to West Lothian Council and NHS Lothian 4. Saving Measures 2024/25 to 2025/2026 5. Assessment of Risk of Deliverability of Saving Measures 6. Amended 2024/25 to 2025/26 Saving Directions to West Lothian Council and NHS Lothian 7. Integrated Relevance Assessments and Integrated Impact Assessments 8. Annual Review of Compliance with the CIPFA Financial Management Code 9. Annual Financial Statement 10. Technology Enabled Care (TEC) Transformation Fund Application
References	<p>Public Bodies Joint Working (Scotland) Act 2014</p> <p>Local Government (Scotland) Act 1973</p> <p>West Lothian Integration Scheme</p>
Contact	<p>Hamish Hamilton, Chief Finance Officer</p> <p>Email: hamish.hamilton@nhslothian.scot.nhs.uk</p>

Appendix 1 – Social Care Delegated Resources 2024/25

	2023/24 Budget £'000	2024/25 Budget £'000
Adult Social Care Services		
Learning Disabilities	25,265	27,927
Physical Disabilities	7,912	8,727
Mental Health	5,400	6,174
Older People Assessment & Care	45,528	49,637
Care Homes & Housing with Care	8,984	7,509
Contracts & Commissioning Support	2,329	2,214
Other Social Care Services	653	661
Total Adult Social Care Services	96,071	102,849
Annual Increase in Resources		6,778

Appendix 2 – Health Delegated Resources 2024/25

	2023/24 Budget £'000	2024/25 Budget £'000
Core West Lothian Health Services		
Community Equipment	1,075	1,075
Community Hospitals	2,931	2,931
District Nursing	4,674	4,674
General Medical Services (GMS)	25,372	25,372
Mental Health	19,282	19,282
Prescribing	37,067	38,254
Resource Transfer	8,604	8,604
Therapy Services	5,135	5,135
Other Core Services	9,166	9,166
Sub Total Core West Lothian Health Services	113,307	114,494
Share of Pan Lothian Hosted Services		
Hospices	1,007	1,007
Learning Disabilities	2,649	2,649
Lothian Unscheduled Care Services	2,597	2,597
Oral Health Services	1,069	1,069
Psychology Service	1,877	1,877
Rehabilitation Medicine	2,085	2,129
Sexual Health	1,616	1,648
Substance Misuse	635	635
Therapy Services	2,821	2,821
UNPAC	1,380	1,380
Other Hosted Services	1,267	1,436
Sub Total Pan Lothian Hosted Services	19,003	19,248
Acute Set Aside Services		
Diabetes & Endocrinology	851	888
ED & Minor Injuries	7,046	8,853
General Medicine	11,464	11,318
Geriatric Medicine	6,255	6,135
Rehabilitation Medicine	719	719
Respiratory Medicine	2,483	2,522
Therapy Services	1,255	1,255
Other Acute Services	1,635	1,435
Sub Total Acute Set Aside Services	31,709	33,127
Total Health Services	164,018	166,868

Annual Increase in Resources

2,850

Appendix 3 – 2024/25 Budget Directions to West Lothian Council and NHS Lothian

West Lothian Integration Joint Board – Budget Direction to West Lothian Council

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/WLC/D04-2024
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none">– Maximise independent living– Provide specific interventions according to the needs of the service user– Provide an ongoing service that is regularly reviewed and modified according to need– Provide a clear care pathway– Contribute to preventing unnecessary hospital admission

		<ul style="list-style-type: none"> – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2023/24 Direction to West Lothian Council for the annual budget resources available for the delivery of adult social care services.
7.	Type of function	Integrated function (West Lothian Adult Social Care Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> – Learning Disabilities – Physical Disabilities – Mental Health – Older People Assessment & Care – Care Homes & Housing With Care – Occupational Therapy – Support and Other Services

		<p>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer's Joint Management Team and in cooperation and partnership with West Lothian Council.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs West Lothian Council to provide adult social care services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2024/25, West Lothian IJB directs West Lothian Council to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs West Lothian Council to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs West Lothian Council to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>

10.	2024/25 Resources	Adult Social Care Budget 2024/25	£'000
		Learning Disabilities	27,927
		Physical Disabilities	8,727
		Mental Health	6,174
		Older People Assessment & Care	49,637
		Care Homes & Housing with Care	7,509
		Contracts & Commissioning Support	2,214
		Other Social Care Services	661
		Total Adult Social Care Services	102,849
11.	Principles	As a fundamental principle, any material changes to 2024/25 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.	
12.	Aligned National Health and Wellbeing Outcomes	To support the following national outcome measures: <div><div>1.</div><div>People are able to look after and improve their own health and wellbeing and live in good health for longer</div></div> <div><div>2.</div><div>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</div></div> <div><div>3.</div><div>People who use health and social care services have positive experiences of those services, and have their dignity respected</div></div> <div><div>4.</div><div>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</div></div> <div><div>5.</div><div>Health and social care services contribute to reducing health inequalities</div></div> <div><div>6.</div><div>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</div></div>	

		<p>7. People using health and social care services are safe from harm</p> <p>8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</p> <p>9. Resources are used effectively and efficiently in the provision of health and social care services</p>
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<p>1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and West Lothian Council will provide performance information so that the IJB can continue to develop a comprehensive performance management system.</p> <p>2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, West Lothian Council will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability.</p> <p>3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan.</p> <p>4. The IJB, through its officers, will meet on a regular basis with senior West Lothian Council officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes.</p> <p>5. The IJB directs West Lothian Council, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to West Lothian Council in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for</p>

		delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

West Lothian Integration Joint Board – Budget Direction to NHS Lothian

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/NHS/D01-2024
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2023/24 Direction to NHS Lothian for the annual budget resources available for the delivery of core community health services.
7.	Type of function	Integrated function (Core West Lothian Health Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at Tippethill Hospital, Maple Villa – Community Learning Disability services

		<ul style="list-style-type: none"> – Community Palliative Care services – Continence services provided outwith a hospital – Services provided by health professionals that aim to promote public health <p>The Chief Officer in West Lothian will be the lead operational director for these services.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2024/25, West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p>

		A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.																							
10.	2024/25 Resources	<table><tr><td>Core West Lothian Health Budget 2024/25</td><td>£'000</td></tr><tr><td>Community Equipment</td><td>1,075</td></tr><tr><td>Community Hospitals</td><td>2,931</td></tr><tr><td>District Nursing</td><td>4,674</td></tr><tr><td>General Medical Services (GMS)</td><td>25,372</td></tr><tr><td>Mental Health</td><td>19,282</td></tr><tr><td>Prescribing</td><td>38,254</td></tr><tr><td>Resource Transfer</td><td>8,604</td></tr><tr><td>Therapy Services</td><td>5,135</td></tr><tr><td>Other Core Services</td><td>9,166</td></tr><tr><td>Total Core West Lothian Health Services</td><td>114,494</td></tr></table>	Core West Lothian Health Budget 2024/25	£'000	Community Equipment	1,075	Community Hospitals	2,931	District Nursing	4,674	General Medical Services (GMS)	25,372	Mental Health	19,282	Prescribing	38,254	Resource Transfer	8,604	Therapy Services	5,135	Other Core Services	9,166	Total Core West Lothian Health Services	114,494	
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12.	Aligned National Health and Wellbeing Outcomes	To support the following national outcome measures: 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected																							

		<ol style="list-style-type: none"> 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes.

		<p>5. The IJB directs NHS Lothian, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</p>
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

West Lothian Integration Joint Board – Budget Direction to NHS Lothian

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/NHS/D02-2024
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2023/24 Direction to NHS Lothian for the annual budget resources available for the delivery of hosted community health services.
7.	Type of function	Integrated (Share of Lothian Hosted Services)
8.	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services are managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian or by another Service Director within NHS Lothian.</p> <p>The services are:</p> <ul style="list-style-type: none"> – Dietetics – Art Therapy – Lothian Unscheduled Care Service – Integrated Sexual and Reproductive Health Service – Clinical Psychology Services – Continence Services – Public Dental Service – Podiatry – Independent Practitioners via the Primary Care Contracting Organisation – Royal Edinburgh and Associated Services

9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2024/25, West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>

10.	2024/25 Resources	Pan Lothian Hosted Budget 2024/25	£'000
		Hospices	1,007
		Learning Disabilities	2,649
		Lothian Unscheduled Care Services	2,597
		Oral Health Services	1,069
		Psychology Service	1,877
		Rehabilitation Medicine	2,129
		Sexual Health	1,648
		Substance Misuse	635
		Therapy Services	2,821
		UNPAC	1,380
		Other Hosted Services	1,436
		Total Pan Lothian Hosted Services	19,248
11.	Principles	As a fundamental principle, any material changes to 2024/25 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.	
12.	Aligned National Health and Wellbeing Outcomes	To support the following national outcome measures: 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	

		<ol style="list-style-type: none"> 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes.

		<p>5. The IJB directs NHS Lothian, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</p>
15.	Relevance to or impact on other Lothian IJBs and / or other adjoining IJBs	<p>NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services” and identified in Section 8 of this Direction. As such there is not currently a separately managed budget for those services by local authority area.</p> <p>NHS Lothian has identified a budget for “hosted services” integrated functions based on an apportionment of the relevant NHS Lothian budgets.</p>

West Lothian Integration Joint Board – Budget Direction to NHS Lothian

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/NHSL/D03-2024
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2023/24 Direction to NHS Lothian for the annual budget resources available for the delivery of set aside health services.
7.	Type of function	Set aside (Share of Lothian Acute Services)
8.	Function(s) concerned	<p>All adult acute hospital health services planned by West Lothian IJB and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014 and as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ol style="list-style-type: none"> 1. Accident and Emergency services provided in a hospital 2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> – General medicine – Geriatric medicine – Rehabilitation medicine – Respiratory medicine 3. Palliative care services provided in a hospital 4. Services provided in a hospital in relation to an addiction or dependence on any substance <p>Services provided on the three acute hospital sites within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site Director. Other functions within acute are managed on a pan Lothian basis by a service director within the acute division.</p>

9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2024/25, West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
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10.	2024/25 Resources	Acute Set Aside Budget 2024/25		£'000
		Diabetes & Endocrinology		888
		ED & Minor Injuries		8,853
		General Medicine		11,318
		Geriatric Medicine		6,135
		Rehabilitation Medicine		719
		Respiratory Medicine		2,522
		Therapy Services		1,255
		Other Acute Services		1,435
		Total Acute Set Aside Services		33,127
11.	Principles	As a fundamental principle, any material changes to 2024/25 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.		
12.	Aligned National Health and Wellbeing Outcomes	To support the following national outcome measures: <div><div>1.</div><div>People are able to look after and improve their own health and wellbeing and live in good health for longer</div></div> <div><div>2.</div><div>People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</div></div> <div><div>3.</div><div>People who use health and social care services have positive experiences of those services, and have their dignity respected</div></div> <div><div>4.</div><div>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</div></div> <div><div>5.</div><div>Health and social care services contribute to reducing health inequalities</div></div>		

		<ol style="list-style-type: none"> 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes. 5. The IJB directs NHS Lothian, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian in respect of the carrying out of integration functions. These reports will present the actual and

		forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	NHS Lothian carries out functions across four local authority areas. The set aside hospital functions that will be delegated to the Lothian IJBs are currently provided as a Lothian-wide service. As such there is not currently a separately managed budget for those services by local authority area. NHS Lothian has identified a budget for set aside functions based on an apportionment of the relevant NHS Lothian budgets.

Appendix 4 – Saving Measures 2024/25 to 2025/26

Integration Joint Board – Service Redesign, Integration and Modernisation

Saving Ref	Area	Measure	2024/25 £'000	2025/26 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ1b	Social Care	SWIFT replacement review of support	0	20	20	0.5	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	No adverse impact on service performance and quality anticipated.
SJ2b	Social Care	Review of community occupational therapy service	55	0	55	1.0	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	Measure delivered through the non-filling of vacancies. Impact on service delivery will continue to be monitored via service performance indicators.
SJ2d	Social Care	Review of Social Policy administrative support	88	0	88	3.5	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	As part of the review, impact on performance will be fully assessed. Posts will be matched to support the services continuing to be provided.
SJ2e <i>new</i>	Social Care	Removal of vacant posts due to vacancy/retiral	92	0	92	2.0	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	Measure delivered through the non-filling of vacant posts. Impact on service delivery will continue to be monitored via service performance indicators.
SJ2f <i>new</i>	Social Care	Recalculation of staff savings in existing measures	131	22	153	0.0	Efficiency	Officers to deliver as an operational measure. Existing measures require that officers are to deliver as operational measure following consultation with staff and trade unions.	No additional impact as based upon existing measures.

Saving Ref	Area	Measure	2024/25 £'000	2025/26 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ3a	Social Care	Redesign of adults and older people social work teams	200	503	703	13.9	Efficiency	Officers to deliver as an operational measure following consultation with staff and trade unions.	As part of the review, impact on performance will be fully assessed. The approach will focus on efficiencies achieved through redesign and amalgamation of related service areas. The council will continue to meet statutory duties.
SJ3c	Social Care	Redesign of internal support at home service	489	130	619	26.8	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	Equivalent levels of care at home support are to be commissioned from the independent sector. Capacity in the independent sector will be maximised, to manage impact on performance, with services continuing to be delivered in response to assessed needs.
SJ4c <i>new</i>	Social Care	Contract review	0	146	146	0.0	Efficiency	Officers to deliver as an operational measure.	Impact upon service delivery will be closely monitored to ensure any required mitigating actions are progressed.
H1a	Health	Prescribing savings	1,601	1,199	2,800	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H2a <i>new</i>	Health	Mental Health nursing grip and control	400	0	400	0.0	Efficiency	Officers to deliver as operational measure.	Recruitment and retention of permanent nursing staff will improve the quality and safety of the service.
H2b <i>new</i>	Health	Mental Health locums grip and control	200	0	200	0.0	Efficiency	Officers to deliver as operational measure.	Recruitment and retention of permanent medical staff will improve the quality and safety of the service.
H2c <i>new</i>	Health	Community equipment and supplies review	200	0	200	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.

Saving Ref	Area	Measure	2024/25 £'000	2025/26 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
H2d <i>new</i>	Health	Vaccination redesign	200	0	200	5.6	Efficiency	Officers to deliver as operational measure following consultation with staff and partnership.	Will allow non routine vaccinations to be provided in treatment rooms – providing local provision across the county. The revised structure will also support a whole family-based approach to vaccination and immunisation. This measure will also create resilience within the nursing management structure.
H2e <i>new</i>	Health	Community Hospital security	100	0	100	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H2f <i>new</i>	Health	Administration review	200	100	300	9.1	Efficiency	Officers to deliver as operational measure following consultation with staff and partnership.	The redesigned administration function will provide resilience across the service and it is anticipated efficiencies will be realised through consistent ways of working.
H2g <i>new</i>	Health	Mental Health drugs savings	60	0	60	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H2h <i>new</i>	Health	Service Level Agreement and Contract review	200	0	200	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H2i <i>new</i>	Health	Home first and intermediate care redesign	200	0	200	4.0	Efficiency	Officers to deliver as operational measure following consultation with staff and partnership.	Locality based working where appropriate will reduce multiple referral points thus improving service performance. Increased multi-disciplinary working will improve safety and quality across the community teams.
H2j <i>new</i>	Health	Mental Health outreach redesign	30	0	30	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
		Total	4,446	2,120	6,566	66.4			

Integration Joint Board – Building Based Care

Saving Ref	Area	Measure	2024/25 £'000	2025/26 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ3b	Social Care	Increasing further the number of core and cluster sites to reduce the requirement for external placements	50	20	70	0.0	Efficiency	Officers to deliver as operational measure, following consultation with service users.	Will result in improved outcomes by supporting adults with disabilities whose needs require tenancy support to return to West Lothian.
SJ5a	Social Care	Redesign adult day services	0	426	426	9.0	Efficiency	Officers to deliver as an operational measure, following consultation with service users and staff and trade unions.	As part of the review, impact on performance will be assessed. It is anticipated that service redesign will lead to improved outcomes for service users.
SJ5b	Social Care	Redesign of Deans House and Burnside facility	179	0	179	2.4	Efficiency	Officers to deliver as operational measure, following consultation with service users, staff and trade unions.	Measure expected to be delivered by 1 st April 2024 through a revised service model with support provided by internal staff.
SJ5c	Social Care	Review of internal care homes	577	0	577	38.4	Efficiency	Officers to deliver as an operational measure following consultation with staff and trade unions.	Commissioned services are regulated by the Care Inspectorate lessening impact on performance and quality.
SJ5d	Social Care	Review of housing with care	0	482	482	23.0	Efficiency	Officers to deliver as operational measure, following consultation with service users, staff and trade unions.	As part of the service review, impact on performance will be fully assessed, with increased use of technology enabled care lessening impact on performance and quality.

Saving Ref	Area	Measure	2024/25 £'000	2025/26 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ5e	Social Care	Supporting people uplift	4	4	8	0.0	Efficiency	Officers to deliver as operational measure.	Inflationary income increases will have no negative impact on service performance and quality.
H2k <i>new</i>	Health	Hospital Based Continuing Complex Care (HBCCC) Dementia redesign	500	0	500	10.9	Efficiency	Officers to deliver as operational measure following consultation with staff and partnership.	No adverse impact on service performance and quality anticipated.
		Total	1,310	932	2,242	83.7			

Integration Joint Board – Digital Transformation

Saving Ref	Area	Measure	2024/25 £'000	2025/26 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ1a	Social Care	Revised SWIFT replacement support and maintenance arrangements	44	0	44	0.0	Efficiency	Officers to deliver as an operational measure.	No adverse impact on service performance and quality anticipated.
SJ1c	Social Care	Further use of technology enabled care	580	580	1,160	0.0	Efficiency	Officers to deliver as an operational measure.	TEC solutions should improve outcomes allowing individuals to remain safely in their homes for longer. There is no anticipated negative impact on performance.
		Total	624	580	1,204	0.0			

	2024/25 £'000	2025/26 £'000	Total £'000	Estimated Staffing Reduction (FTE)
Total Integration Joint Board – West Lothian Health and Social Care Services Savings	6,380	3,632	10,012	150.1

Share of Savings from NHS Lothian Hosted Services

Saving Ref	Hosted Services – IJB Share of Savings	2024/25 £'000	2025/26 £'000	Total £'000
Hos1	General Medical Services efficiencies	25	0	25
Hos2	Lothian Unscheduled Care efficiencies	80	0	80
Hos3	Oral Health Service efficiencies	87	0	87
Hos4	Public Health efficiencies	19	0	19
Hos5	UNPAC – Repatriation of Out of Area Placements	315	263	578
Hos6	Psychology Services efficiencies	25	0	25
Hos7	Therapy Services efficiencies	77	0	77
	Total	628	263	891

Share of Savings from NHS Lothian Acute Services

Saving Ref	Acute Set Aside Services - IJB Share of Savings	2024/25 £'000	2025/26 £'000	Total £'000
Sa1	Acute Management efficiencies	185	0	185
Sa2	Diabetes & Endocrinology efficiencies	45	0	45
Sa3	ED & Minor Injuries efficiencies	32	4	36
Sa4	General Medicine efficiencies	67	22	89
Sa5	Geriatric Medicine efficiencies	14	0	14
Sa6	Outpatients efficiencies	11	0	11
Sa7	Respiratory Medicine efficiencies	19	5	24
Sa8	Therapy Services efficiencies	108	0	108
	Total	481	31	512

Appendix 5 – Assessment of Risk of Deliverability of Saving Measures

To assist board members in considering risks associated with savings measures for 2024/25 and 2025/26 an updated assessment of the risk of deliverability of saving measures has been undertaken for West Lothian specific measures.

The matrix and the parameters for assessment of the level of risk are as follows:

RISK MATRIX

LIKELIHOOD	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				

GUIDANCE

The assessed level of risk should take account of mitigating actions currently in place to manage the risk.

Likelihood – Measures the Likelihood of Failure

- Unlikely – less than 10%
- Possible – 10% to 50%
- Likely – 50% to 70%
- Very Likely – 70% to 90%
- Almost Certain – 90% to 100%

Impact – Measures the Value of Any Failure to Achieve the Budget Reduction Measure

<u>Hazard / Impact of Risk</u>	Personal safety	Property loss or damage	Regulatory, statutory or contractual	Financial loss, penalties, or costs	Impact on service delivery	Personal privacy infringement	Community / environmental	Impact on Reputation
Insignificant 1	Minor injury or discomfort to an individual	Negligible property damage	Breaches contained within the service	Less than £10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
Minor 2	Minor injury or discomfort to several people in one incident	Minor damage to one property	Breaches reported within the council no external action	£10k to £100k	Minimal disruption to services	Non special category personal information for one individual revealed or lost	Impact on an individual or small group	Contained within service
Significant 3	Major injury or harm to an individual	Significant damage to small building or minor damage to several properties from one source	Adverse comment or censure by government, courts, auditors, or regulators	More than £100k to £500k	Noticeable impact on service performance.	Non special category personal information for several individuals revealed or lost	Impact on a local community	Local social media or press interest
Major 4	Major injury or harm to several people in one incident	Major damage to critical building or serious damage to several properties from one source	Government, court or regulator sanction, including action which impairs our ability to deliver a service	More than £500k to £2m	Serious disruption to service performance	Special category personal information for one individual revealed or lost	Impact on several communities	National social media or press interest
Catastrophic 5	Death of one or more people	Total loss of critical building	Government, court or regulator action resulting in an inability to deliver key services	More than £2m	Non achievement of key corporate objectives	Special category personal information for several individuals revealed or lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officers and/or members dismissed, sent to prison or forced to resign

West Lothian Integration Joint Board

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Service Redesign, Integration and Modernisation						
SJ1b	Swift replacement review of support	20	Low (2)	No risk identified in current financial planning period as new system is being implemented.	No risk identified in current financial planning period.	No mitigating actions required.
SJ2b	Review of community occupational therapy service	55	Low (4)	Increased levels of demand may mean the staffing reductions cannot be delivered through vacant posts. Service standard in relation to waiting times for assessment may be impacted	The potential impact relates to the potential increase in waiting times for assessment.	Review activity has been undertaken which included improving and streamlining of assessment processes. In support of this, there has been recurring additional investment in the Occupational Therapist service over the past 12 months. Measure has been achieved through the non-filling of vacancies.
SJ2d	Review of Social Policy administrative support	88	Low (4)	As services change support will be realigned. At this stage a fully revised model has not been finalised, making it difficult to assess the level of support required. The key risk identified relates to the potential inability to achieve staffing reductions through natural changes in workforce.	The revised administrative structure may not adequately support the service. Staff may have to be redeployed which would mean delays in achieving the saving.	Revised requirements will be determined in line with agreed changes to service delivery. A substantial administrative support team will remain in place to support professional staff. Workforce management policies will minimise the impact on staff.

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ2e new	Removal of vacant posts due to vacancy/retiral	92	Low (3)	Increased demand upon remaining service provision.	Increased waiting times for assessment.	Services have realigned provision following extended vacancy period. Existing managerial arrangements realigned to support needs of service.
SJ2f new	Recalculation of staff savings in existing measures	153	Low (3)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
SJ3a	Redesign of adults and older people social work teams	703	High (16)	<p>Increased levels of demand may mean that the staffing reductions cannot be fully delivered without impact on service standards and service provision.</p> <p>Reduced number of employees to support any future increase in demand for service provision.</p> <p>Inability to achieve staffing reduction via natural changes to the workforce</p>	<p>Increased waiting times for assessment and review.</p> <p>Potential for the requirement to employ additional social work staff to meet increased demand for service and to meet statutory obligations.</p>	<p>Project board has been established and review has taken place with employees, key stake holders and service users.</p> <p>Project board is continuing to progress with alternate staffing models that will support a new service model.</p> <p>Clear and consistent engagement with all staff group and all other stakeholders regarding implementation of measure is being progressed which includes engagement with Trade Union Colleagues.</p> <p>Specialist teams are in place to support high risk activities for example, Adult Support & Protection.</p> <p>Small Test of Change centred on multi-disciplinary team locality working is being progressed to inform service redesign activity.</p>

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ3c	Redesign of internal support at home service	619	Medium (8)	<p>The measure requires the equivalent level of support at home being commissioned from the independent sector as was formerly provided by the internal service.</p> <p>The main risk relates to the stability and capacity of independent providers to deliver required levels of support at home service.</p>	<p>Increased delays in hospital discharges.</p> <p>Increased unmet need.</p> <p>Reduced internal capacity to support commissioned services contingency planning.</p>	<p>New care at home framework implemented 1 October 2023 which has increased care at home framework providers.</p> <p>Revised assessment and review model with focus on functional strengths and integration of technology enabled care, complementing provision of direct care.</p> <p>Performance and oversight arrangements for care at home provision – internal and independent sector.</p> <p>Current vacancies and turnover within internal service used to support reduced staffing levels and mitigate impact of organisation change/redesign activity.</p> <p>Clear and consistent engagement with affected staff group and other relevant stakeholders regarding implementation of measure.</p>
SJ4c <i>new</i>	Contract review	146	Low (6)	Stability and capacity of independent providers to deliver required level of care.	<p>Increased delays in hospital discharges.</p> <p>Increased unmet need.</p> <p>Reduced internal capacity to support commissioned services contingency planning.</p>	Performance and oversight arrangements for care at home provision – internal and independent sector.

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H1a	Prescribing savings	2,800	Medium (8)	<p>Market factors (short supply).</p> <p>Clinical staff having the time to focus on savings plan.</p> <p>Rebates not being achieved at forecast levels.</p> <p>Ability to recruit to project roles to support transformational elements of the programme.</p>	<p>Greater levels of short supply would drive prices up further.</p> <p>Several of the plans require clinical staff intervention so savings may not be achieved.</p> <p>Rebates not coming through as forecast would lead to non-delivery of savings.</p> <p>Stretch plans in 2024/25 require additional project support so savings may not be achieved.</p>	<p>Regular review and support via the Lothian Prescribing Forum by clinical and service staff.</p> <p>Regular review through the West Lothian Primary Care Management Group.</p> <p>Robust escalation processes in place via NHS Lothian and to the IJB in the form of budget updates.</p>
H2a	Mental Health nursing grip and control	400	Low (5)	<p>Inability to recruit to permanent nursing roles leading to increased reliance on supplementary staffing.</p> <p>Increase in sickness/absence levels leading to increased use of supplementary staffing.</p>	<p>Increased costs from use of supplementary staffing resulting in the full saving not being achieved.</p>	<p>Introduction of new nonregistered nursing roles to maintain or increase historic staffing levels and increase the robustness of the service.</p> <p>NHS Scotland workforce attendance policy.</p> <p>Signposting to wellbeing supports.</p>
H2b new	Mental Health locums grip and control	200	Medium (8)	<p>Inability to retain NHS employed medical staff at safe levels leading to use of agency locum staff.</p>	<p>Significant increase in costs meaning the saving cannot be achieved.</p>	<p>Introduction of new non consultant grade medical roles to maintain or increase current staffing levels and increase the robustness of the service.</p>

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H2c <i>new</i>	Community equipment and supplies review	200	Low (5)	<p>Market factors (cost increases on specific products).</p> <p>Ability to free up clinical staff to support the project.</p> <p>Increase in demand for products to support home first principles.</p>	<p>Unable to drive costs down as planned.</p> <p>Unable to review cost effective switches in first choice products.</p>	Additional project management support identified to review ordering and authorisation processes to reduce waste.
H2d <i>new</i>	Vaccination redesign	200	Low (6)	Joint Committee on Vaccination and Immunisation (JCVI) guidance changes significantly at short notice.	The redesign of the team is superseded by national policy developments and the new workforce model cannot be implemented.	Regular communication and discussion with the Scottish Government and NHS Lothian Vaccination and Immunisation Programme Board.
H2e <i>new</i>	Community Hospital security	100	Low (2)	No risk identified in current financial planning period as new contract is being implemented.	No risk identified in current financial planning period.	No mitigating actions required.
H2f <i>new</i>	Administration review	300	Low (5)	The key risk identified relates to the potential inability to achieve staffing reductions through natural changes in workforce.	<p>The revised administration structure may not adequately support services.</p> <p>Staff may have to be redeployed which would mean delays in achieving the saving.</p>	<p>Revised requirements will be determined in line with agreed changes to service delivery.</p> <p>A substantial administration support team will remain in place.</p> <p>Workforce policies will minimise the impact on staff.</p>
H2g <i>new</i>	Mental Health drugs savings	60	Low (2)	No risk identified in current financial planning period as new contract is being implemented.	No risk identified in current financial planning period.	No mitigating actions required.
H2h <i>new</i>	Service Level Agreement and Contract review	200	Low (2)	No risk identified in current financial planning period, there is no anticipated impact on service provision.	No risk identified in current financial planning period.	No mitigating actions required.

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H2i <i>new</i>	Home first and intermediate care redesign	200	Low (6)	Locality approach may result in fragmentation of key specialist services. Need to realign service provision to match demand.	Increased delays in hospital discharges.	A pilot of locality working is underway in Broxburn and learning from this will inform the preferred way forward for the redesigned offering for West Lothian. The locality model will also incorporate learning from the single point of access pilot.
H2j <i>new</i>	Mental Health outreach redesign	30	Low (2)	No risk identified in current financial planning period as the saving relates to a skill mix of vacant posts.	No risk identified in current financial planning period.	No mitigating actions required.
	Service Redesign, Integration and Modernisation - Total	6,566				
Building Based Care						
SJ3b	Increasing further the number of core and cluster sites to reduce the requirement for external placements	70	Medium (9)	That there will be insufficient properties available to meet the assessed needs. That there will be insufficient scope within the independent sector to provide the required level of service to meet the needs of the individuals	That individuals will be required to live out with their local communities resulting in the ongoing purchase of high value residential placements. Reduced opportunity for individuals to develop appropriate levels of independence skills.	A project board has been established which includes colleagues from housing services to support the identification of sufficient and appropriate housing. Work is also being progressed with independent sector around the identification of potential properties that may be suitable for core and cluster sites.

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ5a	Redesign adult day services	426	Medium (9)	<p>This proposal sees individuals accessing more community resources. There is a risk that there will be insufficient community resources to meet demand.</p> <p>Failure to access appropriate community resources may result in an inability to achieve the necessary staff saving.</p>	A continued requirement to provide building-based services which is likely to increase reliance on staff to meet the ongoing demand.	Project board has been established. Service re-design work is being progressed, part of which includes a review of transport options.
SJ5b	Redesign of Deans House and Burnside facility	179	Low (6)	<p>That there will be insufficient scope within the independent sector to provide the required level of service to meet the needs of the individuals.</p> <p>That individuals that are currently residing in Deans will not have an onward destination.</p> <p>That in reducing the number of respite beds there will be insufficient resource to meet demand for short breaks/respite provision.</p> <p>That there will be an impact on additional roles being identified for the displaced workforce.</p>	<p>That individuals will be required to live out with their local communities.</p> <p>That unpaid carers will be placed under additional stress due to being unable to source suitable breaks from caring.</p>	<p>A project board has been established.</p> <p>The board has progressed work around a revised model which will see all care and support continuing to be provided by council staff. It is anticipated that the new model will be in place by 1st April 2024.</p>
SJ5c	Review of internal care homes	577	Low (1)	Lack of capacity within independent sector to supply an equivalent number of care home beds as provided by Craigmair Interim Care home.	Adverse impact on provision of care home resource to meet assessed need at the right time.	Following detailed work with all stakeholders the measure will be fully delivered as of 1 April 2024.

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ5d	Review of housing with care	482	High (12)	<p>The review team will work with all stakeholders to identify a model of support that meets the needs of tenants.</p> <p>The main risks relate to ensuring the revised model meets the needs of all tenants. If the only viable option is to commission care and support from the independent sector, then the risk surrounds the capacity within the independent sector to meet the level of assessed need.</p> <p>There may also be resistance to a shift to commissioned support.</p>	Changes in the care delivery model that impacts upon current housing with care tenants with more complex needs, such as changes to staff sleep over arrangements	<p>Detailed engagement activity is being progressed with tenants and other key stakeholders to inform service review.</p> <p>This will inform redesigned service delivery options including the level of support that is commissioned from independent providers.</p>
SJ5e	Supporting people uplift	8	Low (2)	Increased charges for self-funded housing with care tenants – 3% inflationary increase.	Reduced income for affected residents	<p>Early engagement with affected housing with care tenants.</p> <p>Income maximisation checks available to ensure all available benefits are in place for affected residents.</p>

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H2k <i>new</i>	Hospital Based Continuing Complex Care (HBCCC) Dementia redesign	500	High (12)	<p>A key risk is the need to have the right number of beds to meet demand.</p> <p>Inability to reduce staffing to match reduced bed numbers.</p>	The impact of a change in demand could result in health and social operational flow system pressure, however, there is an opportunity to provide care in an alternative setting, aligned to needs and in the most cost-effective way.	<p>Work continues within WL bed base review to assess and ensure that there are sufficient beds in the system to best meet the needs of the population.</p> <p>This work considers the bed utilisation across both health and social care facilities to ensure people are cared for in the best setting.</p> <p>Agreement on staffing levels with professional leads.</p>
	Building Based Care - Total	2,242				
Digital Transformation						
SJ1a	Revised SWIFT replacement support and maintenance arrangements	44	Low (2)	No risk identified in current financial planning period as new system is being implemented.	No risk identified in current financial planning period as new system is being implemented.	No mitigating actions required.

Ref	Measure	2024/25 & 2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ1c	Further use of technology enabled care	1,160	High (12)	<p>High value savings proposal and interdependency with proposals for creating alternative capacity for care delivery.</p> <p>The development of a comprehensive Technology Enabled Care (TEC) programme is at an early stage to support alternative approaches to complement in person care delivery.</p> <p>TEC solutions may be unsuitable or unable to be supplied in necessary volume.</p>	<p>Low uptake of TEC solutions could result in more demand for in-person care, higher levels of unmet need and lower overall capacity to support people in their own homes for longer.</p> <p>Potential increased savings in other service areas if unable to achieve budget measure.</p>	<p>Specialist input from subject experts to progress analysis within West Lothian of all opportunities for TEC use. It is anticipated this will assist in understanding how best to target developments and infrastructure required to implement solutions.</p> <p>A TEC board is established to oversee planning and development of a programme of improvement through digital innovation. The Board has representation from across social policy and the wider health and social care partnership to ensure appropriate application of TEC solutions across service areas.</p> <p>Specialist input from sector leads will be sought at key stages of the project e.g., scope, application, testing.</p> <p>Engagement with individuals and carers regarding use of TEC to meet assessed need.</p> <p>Delivery of this measure will likely require additional investment to realise full potential of technology enabled care.</p>
	Digital Transformation – Total	1,204				

Appendix 6 – Amended 2024/25 to 2025/26 Saving Directions to West Lothian Council and NHS Lothian

West Lothian Integration Joint Board – Saving Direction to West Lothian Council

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/WLC/SAV-04
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission

		<ul style="list-style-type: none"> – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This is an amendment to Direction WLIJB/WLC/SAV-04 which reflects that replacement savings to offset the non-delivery of SJ6a housing benefit review have been agreed by the Board as part of the updated IJB two-year budget plan.
7.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> – Learning Disabilities – Physical Disabilities – Mental Health – Older People Assessment & Care – Care Homes & Housing With Care – Contracts & Commissioning Support – Other Adult social care services <p>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer's Joint Management Team and in cooperation and partnership with West Lothian Council.</p>

8.	Required Actions / Directions	West Lothian IJB directs West Lothian Council to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following saving measures agreed by the Board.				
		Saving Ref	Measure	2024/25 £'000	2025/26 £'000	Total £'000
		SJ1b	SWIFT replacement review of support	0	20	20
		SJ2b	Review of community occupational therapy service	55	0	55
		SJ2d	Review of Social Policy administrative support	88	0	88
		SJ2e <i>new</i>	Removal of vacant posts due to vacancy/retiral	92	0	92
		SJ2f <i>new</i>	Recalculation of staff savings in existing measures	131	22	153
		SJ3a	Redesign of adults and older people social work teams	200	503	703
		SJ3c	Redesign of internal support at home service	489	130	619
		SJ4c <i>new</i>	Contract review	0	146	146
		SJ3b	Increasing further the number of core and cluster sites	50	20	70
		SJ5a	Redesign adult day services	0	426	426
		SJ5b	Redesign of Deans House and Burnside facility	179	0	179
		SJ5c	Review of internal care homes	577	0	577
		SJ5d	Review of housing with care	0	482	482
		SJ5e	Supporting people uplift	4	4	8
		SJ1a	Revised SWIFT replacement support and maintenance arrangements	44	0	44
		SJ1c	Further use of technology enabled care	580	580	1,160
			Total	2,489	2,333	4,822
		Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to				

		<p>prioritise financial resources and deliver service changes and savings that will allow the IJB to meet care demands within available resources.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs West Lothian Council to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to further develop medium term financial planning and efficiency proposals.</p> <p>A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
9.	Monitoring of Delivery	<ol style="list-style-type: none"> 1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources. 2. The IJB directs West Lothian Council officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings.

West Lothian Integration Joint Board – Saving Direction to NHS Lothian

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/NHS/SAV-01
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This is an amendment to Direction WLIJB/NHS/SAV-01 which reflects that additional savings for the period 2024/2025 – 2025/26 have been agreed by the Board as part of the updated IJB two-year budget plan.
7.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at Tippethill Hospital, Maple Villa – Community Learning Disability services – Community Palliative Care services – Continence services provided outwith a hospital

		<div>– Services provided by health professionals that aim to promote public health</div> <div>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer’s Joint Management Team and in cooperation and partnership with NHS Lothian.</div>																																																																						
8.	Required Actions / Directions	<div>West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following saving measures agreed by the Board.</div> <table><tr><th>Saving Ref</th><th>Measure</th><th>2024/25 £'000</th><th>2025/26 £'000</th><th>Total £'000</th></tr><tr><td>H1a</td><td>Prescribing savings</td><td>1,601</td><td>1,199</td><td>2,800</td></tr><tr><td>H2a <i>new</i></td><td>Mental Health nursing grip and control</td><td>400</td><td>0</td><td>400</td></tr><tr><td>H2b <i>new</i></td><td>Mental Health locums grip and control</td><td>200</td><td>0</td><td>200</td></tr><tr><td>H2c <i>new</i></td><td>Community equipment and supplies review</td><td>200</td><td>0</td><td>200</td></tr><tr><td>H2d <i>new</i></td><td>Vaccination redesign</td><td>200</td><td>0</td><td>200</td></tr><tr><td>H2e <i>new</i></td><td>Community Hospital security</td><td>100</td><td>0</td><td>100</td></tr><tr><td>H2f <i>new</i></td><td>Administration review</td><td>200</td><td>100</td><td>300</td></tr><tr><td>H2g <i>new</i></td><td>Mental Health drugs savings</td><td>60</td><td>0</td><td>60</td></tr><tr><td>H2h <i>new</i></td><td>Service Level Agreement and Contract review</td><td>200</td><td>0</td><td>200</td></tr><tr><td>H2i <i>new</i></td><td>Home first and intermediate care redesign</td><td>200</td><td>0</td><td>200</td></tr><tr><td>H2j <i>new</i></td><td>Mental Health outreach redesign</td><td>30</td><td>0</td><td>30</td></tr><tr><td>H2k <i>new</i></td><td>Hospital Based Continuing Complex Care (HBCCC) Dementia redesign</td><td>500</td><td>0</td><td>500</td></tr><tr><td></td><td>Total</td><td>3,891</td><td>1,299</td><td>5,190</td></tr></table>	Saving Ref	Measure	2024/25 £'000	2025/26 £'000	Total £'000	H1a	Prescribing savings	1,601	1,199	2,800	H2a <i>new</i>	Mental Health nursing grip and control	400	0	400	H2b <i>new</i>	Mental Health locums grip and control	200	0	200	H2c <i>new</i>	Community equipment and supplies review	200	0	200	H2d <i>new</i>	Vaccination redesign	200	0	200	H2e <i>new</i>	Community Hospital security	100	0	100	H2f <i>new</i>	Administration review	200	100	300	H2g <i>new</i>	Mental Health drugs savings	60	0	60	H2h <i>new</i>	Service Level Agreement and Contract review	200	0	200	H2i <i>new</i>	Home first and intermediate care redesign	200	0	200	H2j <i>new</i>	Mental Health outreach redesign	30	0	30	H2k <i>new</i>	Hospital Based Continuing Complex Care (HBCCC) Dementia redesign	500	0	500		Total	3,891	1,299	5,190
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	Total	3,891	1,299	5,190																																																																				

		<p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources and deliver service changes and savings that will allow the IJB to meet care demands within available resources.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to further develop medium term financial planning and efficiency proposals.</p> <p>A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
9.	Monitoring of Delivery	<ol style="list-style-type: none"> 1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources. 2. The IJB directs NHS Lothian officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings.

West Lothian Integration Joint Board – Saving Direction to NHS Lothian

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/NHS/SAV-02
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This is an amendment to Direction WLIJB/NHS/SAV-02 which reflects that additional savings for the period 2024/2025 – 2025/26 have been agreed by the Board as part of the updated IJB two-year budget plan.
7.	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services are managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian or by another Service Director within NHS Lothian.</p> <p>The services are:</p> <ul style="list-style-type: none"> – Dietetics – Art Therapy – Lothian Unscheduled Care Service – Integrated Sexual and Reproductive Health service – Clinical Psychology Services – Continence Services – Public Dental Service – Podiatry – Independent Practitioners via the Primary Care Contracting Organisation – Royal Edinburgh and Associated Services

8.

Required Actions / Directions

West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following share of savings relevant to the IJB and agreed by the Board, as part of the wider NHS Lothian saving measures.

Saving Ref	Hosted Services – IJB Share of Savings	2024/25 £'000	2025/26 £'000	Total £'000
Hos1	General Medical Services efficiencies	25	0	25
Hos2	Lothian Unscheduled Care efficiencies	80	0	80
Hos3	Oral Health Service efficiencies	87	0	87
Hos4	Public Health efficiencies	19	0	19
Hos5	UNPAC – Repatriation of Out of Area Placements	315	263	578
Hos6	Psychology Services efficiencies	25	0	25
Hos7	Therapy Services efficiencies	77	0	77
	Total	628	263	891

Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources and deliver service changes and savings that will allow the IJB to meet care demands within available resources.

Medium Term Financial Strategy

An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.

West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to further develop medium term financial planning and efficiency proposals.

		A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.
9.	Monitoring of Delivery	<ol style="list-style-type: none"> 1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources. 2. The IJB directs NHS Lothian officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings.

West Lothian Integration Joint Board – Saving Direction to NHS Lothian

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/NHS/SAV-03
3.	Integration Joint Board (IJB) authorisation date	26 th March 2024
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This is an amendment to Direction WLIJB/NHS/SAV-03 which reflects that additional savings for the period 2024/2025 – 2025/26 have been agreed by the Board as part of the updated IJB two-year budget plan.
7.	Function(s) concerned	<p>All adult acute hospital health services planned by West Lothian IJB and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014 and as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ol style="list-style-type: none"> 1. Accident and Emergency services provided in a hospital 2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> – General medicine – Geriatric medicine – Rehabilitation medicine – Respiratory medicine 3. Palliative care services provided in a hospital 4. Services provided in a hospital in relation to an addiction or dependence on any substance <p>Services provided on the three acute hospital sites within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site director. Other functions within acute are managed on a pan Lothian basis by a service director within the acute division.</p>

8.

Required Actions / Directions

West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following share of Acute services savings relevant to the IJB and agreed by the Board, as part of the wider NHS Lothian saving measures.

Saving Ref	Acute Set Aside Services - IJB Share of Savings	2024/25 £'000	2025/26 £'000	Total £'000
Sa1	Acute Management efficiencies	185	0	185
Sa2	Diabetes & Endocrinology efficiencies	45	0	45
Sa3	ED & Minor Injuries efficiencies	32	4	36
Sa4	General Medicine efficiencies	67	22	89
Sa5	Geriatric Medicine efficiencies	14	0	14
Sa6	Outpatients efficiencies	11	0	11
Sa7	Respiratory Medicine efficiencies	19	5	24
Sa8	Therapy Services efficiencies	108	0	108
	Total	481	31	512

Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources and deliver service changes and savings that will allow the IJB to meet care demands within available resources.

Medium Term Financial Strategy

An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.

West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to further develop medium term financial planning and efficiency proposals.

		A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.
9.	Monitoring of Delivery	<ol style="list-style-type: none"> 1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources. 2. The IJB directs NHS Lothian officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings.

Appendix 7 – Integrated Relevance Assessments and Integrated Impact Assessments

Assessments for West Lothian specific savings measures agreed by the Board as part of the 2023-2026 budget plan can be found here:

21 March 2023

West Lothian Integration Joint Board

<https://coins.westlothian.gov.uk/Agenda.asp?meetingid=9186>

Assessments are included below for all new West Lothian specific savings measures put forward for consideration and approval as part of the updated 2024-2026 budget plan.

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ2e Removal of vacant posts due to vacancy/retiral
Service Area	Social Policy
Lead Officer	Robin Allen, Senior Manager Older People Services
Other Officers/Partners Involved	Niall Blair, Financial Management Unit Karen Gracie, Group Manager, Accommodation Services John McLean, Group Manager, Mental Health Services Pamela Roccio, Equality and Diversity Officer
Date relevance assessed	27/02/2024

2. Does the West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	x

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
This measure relates to the removal of two posts that have become vacant over an extended period within separate service areas. There will be limited impact upon service delivery due to associated review activity within the respective areas. The posts were not associated with any protected characteristic and/or impact upon wider policy arrangements.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager, Older People Services
Date	27/02/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson, Head of Social Policy
Date	01/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ2f - Recalculation of staff savings in existing measures
Service Area	Social Policy
Lead Officer	Robin Allen, Senior Manager Older People Services
Other Officers/Partners Involved	Niall Blair, Financial Management Unit Pamela Roccio, Equality and Diversity Officer
Date relevance assessed	27/02/2024

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	x

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>This measure relates to a recalculation of salary savings (from previously agreed measures) originally calculated in 2021/22 and will allow a higher saving for the same FTE reduction.</p> <p>There will be no impact upon service delivery due to associated review activity within the service areas. There is no identified impact on protected characteristic and/or wider policy arrangements.</p>

Signed by Lead Officer	Robin Allen
Designation	Senior Manager, Older People Services
Date	27/02/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson, Head of Social Policy
Date	01/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ4c – Contract Review
Service Area	Social Policy
Lead Officer	Robin Allen, Senior Manager Older People Services
Other Officers/Partners Involved	Niall Blair, Financial Management Unit Pamela Roccio, Equality and Diversity Officer Matt Baxter, Group Manager
Date relevance assessed	29/02/2024

2. Does the council have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	X
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	x

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>An additional block contract was implemented on 1st April 2023 to support delivery of care at home whilst the existing care at home framework contract was reviewed/retendered. A new care at home framework was implemented on 1st October 2023. A number of new providers have been added to the framework and overall capacity has improved. This has resulted in reduced hospital and community delays for those awaiting a package of care to meet their assessed needs.</p> <p>With improved provision within the framework the existing level of provision within the block contract is not required at this stage.</p> <p>There is no identified impact on protected characteristic and/or wider policy arrangements.</p>

Signed by Lead Officer	Robin Allen
Designation	Senior Manager, Older People Services
Date	29/02/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson, Head of Social Policy
Date	01/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2a Mental Health nursing grip and control
Service Area	Health
Lead Officer	Mike Reid, General Manager
Other Officers/Partners Involved	
Date relevance assessed	08/03/2024

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities?
Consideration must be given particularly to children and families

Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required?
(Two ticks above = full assessment necessary)

YES		NO	x
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6. Decision rationale
If you have ticked no above, use this section to evidence why a full IIA is not required

The plans do not involve any reduction in nursing establishment, but instead a shift from agency staffing to bank / permanent NHS staff. New roles such as band 4 nurse practitioners have been introduced as well as additional band 3 nurse roles to bolster nursing establishments and reduce reliance on supplementary staffing. Service should improve as an outcome of this measure as permanent staffing levels increase in place of expensive temporary staffing solutions.

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2b Mental Health locum control
Service Area	Health
Lead Officer	Mike Reid, General Manager
Other Officers/Partners Involved	
Date relevance assessed	08/03/2024

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	x

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>The plans do not involve any reduction in medical staffing. As a result of an improved recruitment outlook and of appropriate skill mixing the service has been able to recruit additional permanent psychiatrists. This has reduced, and will continue to reduce, the need for locum senior doctors. This will improve the consistency of care to patients and cost less.</p>

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2c Community equipment and supplies review
Service Area	Health
Lead Officer	Sharon Houston, Head of Strategic Planning and Performance (Interim)
Other Officers/Partners Involved	Senior Managers
Date relevance assessed	08/03/2024

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to: <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	X

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>The savings associated with this measure will be achieved through:</p> <ul style="list-style-type: none"> • a review of ordering and procurement processes; • the development of a standardised item list linked to Pecos; • clear structure for the approval of orders; • improved stock management. <p>The delivery of this measure will not impact on staff or service users as it will focus on ensuring the efficiency of internal processes. The review of these processes will aim to reduce duplication and ensure best value. This will be delivered as an operational measure.</p>

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H2d Vaccination redesign H2f Administration review		
Service Area	Health		
Lead Officer	Neil Ferguson, General Manager Sharon Houston, Head of Strategic Planning and Performance (Interim)		
Other Officers/Partners Involved	Senior Managers		
Date relevance assessed	07/03/2024		

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	X
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	X
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	X
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	X
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	X

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES	X	NO	

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	07/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	07/03/2024

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2d Vaccination redesign H2f Administration review
Details of Others Involved	Senior Managers
Date Assessment Conducted	07/03/2024

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The requirement of NHS Lothian to deliver a balanced budget, alongside the aim of modernising processes and ensuring that the delivery of high-quality effective services has resulted in an identified staffing efficiencies within the:</p> <ul style="list-style-type: none"> NHS administration teams Vaccination teams <p>This will require a review of staffing and structures within both teams.</p> <p>There will be a full review of service provision. The saving will be achieved through analysis and review of all vacant posts across the teams, the realignment of resources to ensure adequate cover to support the service as part of a full restructure. This will therefore impact on staff roles and responsibilities.</p> <p>These measures will result reductions of:</p> <ul style="list-style-type: none"> 9.1 WTE within NHS Administration and Clerical Teams and 5.6 WTE within Vaccination Teams

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Disability	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.

Gender Reassignment – Trans/Transgender Identity	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Marriage or Civil Partnership	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Pregnancy and Maternity	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Race	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Religion or Belief	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Sex – Gender Identity	What effect/difference will the policy have on people? The information obtained to date indicates that women currently occupy the majority of posts within the Administration and Clerical Teams and within Vaccination Teams
	How do you know that? Payroll data indicates that the majority of roles that would be impacted by this change are occupied by female workers.
Sexual Orientation	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.

4. Please outline any needs and/or barriers which may affect vulnerable groups falling into poverty and disadvantage in relation to this policy.

Vulnerable groups may include the following:

<ul style="list-style-type: none"> • Unemployed • Single parents and vulnerable families • People on benefits • Those involved in the criminal justice system • People in the most deprived communities (bottom 20 SIMD areas) • People who live in rural areas 	<ul style="list-style-type: none"> • Pensioners • Looked After Children • Carers including young carers • People misusing services • Others e.g. veterans, students • Single adult households • People who have experienced the asylum system 	<ul style="list-style-type: none"> • Those leaving the care setting including children and young people and those with illness • Homeless people • People with low literacy/ numeracy • People with lower educational qualifications • People in low paid work • People with one or more protected characteristics
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What effect/difference will the policy have on people?

The proposal is likely to result in changes to the number of roles within the Administration and Clerical Teams and Vaccination Teams. These changes will be managed through the NHS Lothian workforce management policy and procedures – Organisational Change.

How do you know that?

All change processes are managed through the existing NHS Lothian workforce management policy and procedures.

5. Action Plan

What action/s will be taken, by whom and what is the timescale for completion?

Actioner Name: Sharon Houston – Head of Strategic Planning and Performance (Interim) and Neil Ferguson, General Manager Primary Care

Action Date: March 2024 – March 2025

What is the issue?

Review of roles and responsibilities, including removal of vacant posts. Follow workforce management procedure.

What action will be taken?

Following the removal of the vacant posts and approval to deliver the efficiency saving, NHS Lothian's workforce management policy and procedures will be followed. This will mean that the demands and responsibilities of the relevant roles will be assessed including resources realignment to ensure adequate cover across the service.

Progress against action

Compliance will be monitored in line with the timescales of the workforce management policies and procedures.

Action Complete

Date Complete

6. Details of consultation and involvement

Who will be or has been involved in the consultation process?

- a) State which service users and groups are involved in this process and describe their involvement.
- b) Describe any planned involvement saying when this will take place and who is responsible for managing the involvement process.
- c) Describe the results of the involvement and how you have taken this into account.

Staff and Trade Unions will be involved in the standard consultation process in line with the workforce management policy and procedures. The outcome of the consultation process will be reviewed and where appropriate incorporated into the new structures within the teams for implementation.

The responsibility for the consultation and engagement will be with the Senior Managers through consultation meetings, circulation of documentation and email correspondence where appropriate and relevant face to face meetings will also be held.

7. Data and Information

What equality data, poverty data, research, information or other evidence has been used to inform this assessment?

- a) What information or other evidence has been used in the development of the policy?
- b) What does research, consultation and other data or information tell you about the impact of the policy? (describe the information and conclusions, and state where the information can be found)
 - i. Quantitative (numbers, percentages, statistical analysis)
 - ii. Qualitative (written/spoken words, opinions, surveys)
- c) Describe any gaps in the available information, and record within section five (Action Plan), action you are taking in relation to this (e.g. new research, further analysis) and when this is planned.
- d) Give details of any existing local or national evidence which has been used to inform the development of your policy.

Analysis of staff has demonstrated the following demographic and income related information which has supported the potential impact analysis outlined above:

The demographic profile of the Administration and Clerical Teams show that:

- the majority of the roles within the team are undertaken by females.
- 38% of the posts are Band 2 (£23,362 - £25,368)
- 38% of the posts are Band 3 (£25,468 - £27,486)
- 23% of the posts are Band 4 (£27,598 - £30,019)
- 0.01% of the posts are Band 5 (£30,229 - £37,664)

The demographic profile of the Vaccination Teams show that:

- The majority of the roles with the team are undertaken by females
- 19% of posts are Band 3 (£25,468 - £27,486)
- 5% of posts are Band 4 (£27,598 - £30,019)
- 66% of posts are Band 5 (£30,229 - £37,664)
- 7% of posts are Band 6 (£37,831 - £46,100)
- 3% of posts are Band 7 (£46,244 - £53,789)

8. Mitigating Actions

If the policy has a negative/adverse impact on a particular group/s, but is still to be implemented, please provide justification for this.

Note: If the policy is unlawfully discriminatory under the Equality Act 2010 and/or is having a negative impact on poverty and socioeconomic disadvantage under the Fairer Scotland Duty, you MUST identify, how the policy can be amended or justified so the Council acts lawfully.

- a) How could you modify the policy to eliminate discrimination or to reduce any identified negative impacts? If necessary, consider other ways in which you could meet the aims and objectives.

- b) How could you modify the policy to create or maximise the positive aspects of the proposals and to increase equality and reduce poverty and socioeconomic disadvantage.
- c) Describe any modifications which you can make without further delay (for example, easy, few resource implications).
- d) If you propose to make any of the modifications shown above, describe any potential new negative impacts on other groups in society or on the ability to achieve the aims and how you will minimise these.
- e) Please describe the resource implications of any proposed modifications taking into account financial, people and property issues.

The NHS Lothian is required to deliver best value, achieve performance standard and operate within a balanced budget. The implementation of the proposed restructures, with focus objectives on service delivery targets will support delivery of a balanced budget.

To mitigate any potential negative impacts on staff NHS Lothian's workforce management policy will be followed as well as considering the allocation of work across the teams to mitigate any potential negative impact on staff.

9. Monitoring and Review

- a) How will the implementation and impact of the policy be monitored, including implementation of any amendments? For example, what type of monitoring will there be? How frequent?
- b) What are the practical arrangements for monitoring? For example, who will put this in place? When will it start?
- c) How will results of monitoring be used to develop future policies?
- d) When is the policy due to be reviewed?
- e) Who is responsible for ensuring this happens? Please detail below

Following the implementation of the changes to the structure, the impact of the changes will be monitored as part of NHS Lothians performance management processes to ensure the role(s) are being fulfilled to meet the service requirements as well as ensuring that the staff are appropriately supported to deliver their roles.

10. Recommendation and Reasoning

- ☐ Implement proposal with no amendments
- ☒ Implement proposal taking account of mitigating actions (as outlined above)
- ☐ Reject proposal due to disproportionate impact on equality, poverty and socioeconomic disadvantage

Reason for Recommendation

Implementing the proposal will support the achievement of saving that will contribute to the delivery of a balance budget through the removal of existing vacancies and team restructures. The changes will follow NHS Lothian's approved approach to workforce management policy and procedures.

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	07/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	07/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2e Community Hospital security
Service Area	Health
Lead Officer	Helena Wilson, Operational Business Manager
Other Officers/Partners Involved	Senior Managers
Date relevance assessed	07/03/2024

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	X

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>A full IIA is not required as there are no groups of people that will be impacted with this change therefore, we do not need to consider the Equality Act 2010.</p> <p>There will also be no impact on socio-economic inequalities, as no staff or services users will be impacted by this change of security. The savings will be achieved by changing from the current provider to a new provider and the use of technology. This will be progressed as an operational measure.</p>

Signed by Lead Officer	Helena Wilson
Designation	Operational Business Manager
Date	07/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2g Mental Health drugs savings
Service Area	Health
Lead Officer	Mike Reid, General Manager
Other Officers/Partners Involved	
Date relevance assessed	08/03/2024

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	X

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
This saving relates to a new contract that has been negotiated for a specific drug used within mental health services. The new contract is in place and savings will be realised in full from 1 st April 2024. This measure relates to a reduction in cost of the drug as negotiated by NHS Lothian.

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H2h Service Level Agreement (SLA)/contract review		
Service Area	Health		
Lead Officer	Sharon Houston, Head of Strategic Planning and Performance (Interim)		
Other Officers/Partners Involved	Senior Managers		
Date relevance assessed	08/03/2024		

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to: <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	X

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>As part of the review the impact on service performance will be fully assessed and no staff or services users will be impacted by any change made as a result of this review. Reductions will be targeted at non-essential services to minimise impact on the IJB's priorities.</p> <p>The review of the provision of current contracts will aim to reduce duplication and ensure best value. This will be delivered as an operational measure.</p>

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2i Home first and intermediate care redesign
Service Area	Health
Lead Officer	Sharon Houston, Head of Strategic Planning and Performance (Interim)
Other Officers/Partners Involved	Senior Managers
Date relevance assessed	08/03/2024

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	X	NO	

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	X

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>The measure will be achieved in the first instance through the removal of existing vacancies.</p> <p>Work will be undertaken to identify opportunities for locality-based working, where appropriate, to reduce multiple referral points, reduce duplication, ensure best value and improve service performance.</p> <p>It is still very earlier in the process and work has not been undertaken to determine proposed delivery models. As this work progresses full IIAs will be undertaken but are not required at this point.</p>

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H2j Mental Health outreach redesign
Service Area	Health
Lead Officer	Mike Reid, General Manager
Other Officers/Partners Involved	Senior Managers
Date relevance assessed	08/03/2024

2. Does the West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	x	NO	

3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to: <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	x

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>Due to retirement there is an opportunity to remodel the Mental Health Homeless Team. It is considered that the current 2.0 WTE B5 nursing model is not the best model to provide responsive, assertive care to homeless people with a mental illness. The proposed revision will see a reduced cost.</p> <p>It is anticipated that the revised model will be more responsive and provide better care for homeless people than the existing one.</p>

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H2k Hospital Based Continuing Complex Care (HBCCC) dementia redesign		
Service Area	Health		
Lead Officer	Mike Reid, General Manager		
Other Officers/Partners Involved	Senior Managers		
Date relevance assessed	08/03/2024		

2. Does the West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	x	NO	

3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to: <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities? Consideration must be given particularly to children and families	
Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Are a Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required? (Two ticks above = full assessment necessary)			
YES		NO	x

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>This measure relates to reducing the operational establishment of the HBCCC dementia units to reflect the revised bed numbers agreed by the IJB in August 2023:</p> <ul style="list-style-type: none"> • Maple Villa (14 beds) • Rosebury (8 beds) <p>This measure is to be achieved via removal of current vacancies and the revised operational establishment will be agreed with professional leads.</p>

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	08/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	08/03/2024

Appendix 8 – Annual Review of Compliance with the CIPFA Financial Management Code

The CIPFA Financial Management Code is intended to support good practice in financial management and assist in demonstrating a body's financial sustainability. The code sets out the standards of financial management for local government bodies. The table below provides an updated assessment of how West Lothian Integration Joint Board (IJB) currently complies with the Code including further progress with actions and continued compliance with requirements.

Section 1 – The responsibilities of the Chief Finance Officer and leadership team

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<u>Financial Management Standard A</u> – The leadership team can demonstrate that the services provided by IJB provide value for money.	<p>The leadership team of the IJB have the following in place to ensure that the IJB provides value for money:</p> <ul style="list-style-type: none"> • Ensuring compliance with the IJB's Best Value Framework. • Ensuring compliance with the IJB's Financial Regulations and the Reserves Policy. • Regular financial monitoring providing necessary and required scrutiny and feedback. • Reports to the IJB for decisions are clear and can include: <ul style="list-style-type: none"> ○ Implications for service users and patients ○ Equality impacts ○ Financial consequences ○ Results of consultations ○ Contributions to savings plans • The IJB has a culture of continuous improvement supported by the HSCP management team which develops and implements service improvements and secure best value. 	<p>Continue with the existing systems of internal control and the management of risk. The Financial Regulations were reviewed to ensure that they fully reflect the requirements of the Code, and the amended regulations reported to the Board for approval.</p>	<p>The Best Value Framework is required to be reviewed every three years and the review will go to the Board for approval in April 2024. No changes to the Framework are proposed.</p> <p>The Financial regulations are required to be reviewed every three years and the next full review will take place in advance of January 2025.</p> <p>Formerly the HSCP finance, performance and transformation (FPT) board had oversight of service change and savings. The FTP board has been stood down with functions of the Board amalgamated into the HSCP extended management team meeting and the terms of reference expanded to include oversight of service change and savings.</p>

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<p><u>Financial Management Standard B</u> – The IJB complies with the CIPFA Statement on the Role of the Chief Financial Officer in Local Government.</p>	<p>The Chief Finance Officer for West Lothian IJB, complies with the principles set out in the CIPFA statement:</p> <p>Principle 1: The CFO is a key member of the HSCP senior management team.</p> <p>Principle 2 – The CFO actively involved in all material decisions and offers challenge and influence on decisions made as a key member of the senior management team and by participating in key meetings and programmes such as the IJB, strategic planning group, delivery boards and the management team.</p> <p>Principle 3 – The CFO leads and promotes good financial management. This is evidenced by the reporting of financial information to all management groups and change programmes and by leading on the budget savings plan.</p> <p>Principle 4 – The CFO is responsible for the financial management and reporting in respect of the IJB.</p> <p>Principle 5 – The CFO is a professionally qualified accountant, with significant relevant experience.</p>	<p>The Scheme of Delegation has been updated to reflect the requirements of the Code.</p> <p>Ensure continued compliance with the principles set out in the CIPFA statement.</p>	<p>Ongoing review to ensure the IJB is compliant with the CIPFA statement.</p>

Section 2 – Governance and financial management style

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<u>Financial Management Standard C</u> – The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control.	<p>The governance structure of the IJB demonstrates the actions and internal controls in place. This includes the IJB's Financial Regulations, Standing Orders, the Local Code of Corporate Governance and the Scheme of Delegation.</p> <p>Internal audit reviews provide assurance on a range of internal controls. The outcome of these is reported to IJB Audit, Risk and Governance Committee with actions identified where required and progress in delivering actions monitored.</p> <p>Annually External Audit assess these arrangements to ensure arrangements are appropriate and operate effectively. The most recent audit concluded that there were no issues with arrangements in place.</p>	The relevant governance documents are reviewed per timescales agreed by the Board.	<p>Governance documents continue to be reviewed in line with required timescales.</p> <p>Internal audit and external audit annual plans were considered and approved by the IJB Audit, Risk and Governance Committee on 6 March 2024.</p>
<u>Financial Management Standard D</u> – The IJB applies the CIPFA/ SOLACE Delivering Good Governance in Local Government: Framework 2016.	The IJB has a Code of Corporate Governance and a compliance process which is aligned to the CIPFA/SOLACE Delivering Good Governance in Local Government: Framework 2016. The Code of Corporate Governance is reported annually to the IJB Audit, Risk and Governance Committee.	None. The IJB fully applies the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016.	The IJB continues to fully apply the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016.
<u>Financial Management Standard E</u> – The financial	The financial management style of the IJB has been recognised by external	Continue to work with partner bodies around financial sustainability of the	Updated medium term financial plan covering two-year budget and

management style of the IJB supports financial sustainability.	<p>auditors Audit Scotland who are satisfied with the financial management arrangements in place although financial sustainability continues to be a risk.</p> <p>The IJB has a full financial framework in place including:</p> <ul style="list-style-type: none"> • Financial regulations • Scheme of delegation • Standing orders • Medium term financial plan • Reserves policy • Financial frameworks within both partner bodies <p>A three-year budget was approved by the Board in March 2023 which set a balanced budget for 2023/24 and agreed savings of £13.1m across the three-year period.</p> <p>The HSCP senior management team collaborate extensively on developing and implementing financial strategies. This can be evidenced by the participation and support from all HSCP services in the development of the updated medium term financial plan each year.</p> <p>As part of agreeing the 2023/24 budget the Board reviewed it's reserves position and earmarked specific reserves to:</p> <ul style="list-style-type: none"> • support transformation of services and deliver of savings 	IJB and continuous development of the rolling medium-term financial plan for agreement by IJB.	four-year medium term financial plan has been prepared for agreement by the Board on 26 March 2024.
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	<p>over the period of the three-year budget.</p> <ul style="list-style-type: none"> cover risks around high inflation and legacy Covid-19 costs. 		
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Section 3 – Medium to long-term financial management

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<u>Financial Management Standard F</u> – The IJB has carried out a credible and transparent financial resilience assessment.	<p>The IJB is presented with regular finance updates from the Chief Finance Officer which consider key budget risks.</p> <p>A financial assurance process is undertaken each year on budget resources provided by partner bodies to identify any funding risks to the IJB which could impact on financial resilience.</p>	Continue to ensure robust financial resilience assessment is undertaken as part of the annual budget process.	The IJB's 2024/25 budget report includes information on financial resilience and sustainability.
<u>Financial Management Standard G</u> – The IJB understands its prospects for financial sustainability in the longer term and has reported this clearly to members.	<p>The IJB's Strategic Plan for 2023-2028 and delivery plans set out the vision for the delivery of the IJB's priorities. The Strategic Plan and associated delivery plans have gone through the necessary scrutiny and approval processes and take account of medium-term financial plan budget assumptions.</p> <p>The IJB annual budget, annual accounts, medium term financial plan and risk register all highlight the main risks to sustainability. These risks are reviewed regularly and reported to the Board.</p>	Continue to ensure that delivery plans are fully costed and in line with the IJB medium term financial plan.	The 2024/25 budget and medium-term financial plan will be reported to the Board on 26 March 2024 for approval.

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
	Development sessions with Board members and the HSCP senior management team take place as part of the annual budget process, and these include an overview of the longer term financial sustainability of the IJB.		
<u>Financial Management Standard H</u> – The IJB complies with the CIPFA Prudential Code for Capital Finance in Local Authorities.	Not applicable as the IJB does not have capital programmes or borrowing powers.	Not applicable.	Not applicable
<u>Financial Management Standard I</u> – The IJB has a rolling multi-year medium term financial plan consistent with sustainable service plans.	<p>The IJB has a medium-term financial plan for the period 2023/24 to 2027/28 and an agreed three-year savings plan for 2023/24-2025/26. The medium-term financial plan is updated annually in support of delivering the IJB's strategic plan.</p> <p>Delivery plans are prepared that are consistent with financial resources as set out in the medium-term financial plan assumptions and align with the IJB's Strategic Plan.</p> <p>The medium-term financial plan is prepared in partnership with HSCP service areas and reflects demand and cost pressures and demographic increases for West Lothian. The plan also includes the strategy for responding</p>	The medium-term financial plan is updated annually and will take account of the strategic delivery plans as well as updated demand and demographic projections.	An updated medium term financial plan has been prepared and will be reported to the IJB for approval on 26 March 2024.

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
	to these challenges including savings plans which are key to the sustainability of the IJB.		

Section 4 - The annual budget

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<u>Financial Management Standard J</u> – The IJB complies with its statutory obligations in respect of the budget setting process.	<p>The IJB's annual budget report, including issue of Directions, complies with statutory requirements included in the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>The IJB agreed a balanced budget for 2023/24.</p>	<p>Continue to meet statutory obligations by approving Directions associated with annual budget resources agreed.</p> <p>Continue to meet statutory obligations by setting a balanced budget for the year ahead.</p>	<p>Directions for the 2024/25 budget have been prepared for approval by the Board on 26 March 2024.</p> <p>A balanced budget for 2024/25 has been prepared for approval by the Board on 26 March 2024.</p>
<u>Financial Management Standard K</u> – The budget report includes a statement by the Chief Finance Officer on the robustness of the estimates and a statement on the adequacy of the proposed financial reserves.	<p>The requirement for a Chief Finance Officer statement in relation to this is a specific legislative requirement in England and Wales, but not in Scotland.</p> <p>The budget report undertakes financial assurance on the robustness of estimates and assumptions for the annual budget.</p> <p>The IJB's annual budget report includes a section on reserves which notes reserves available and ongoing assumptions for use.</p>	<p>The information in the IJB's budget report on robustness of estimates and statement of reserves will continue to be prepared on an annual basis.</p>	<p>The 2024/25 budget report which has been prepared for approval by the Board on 26 March 2024 includes a statement on reserves.</p>

Section 5 – Stakeholder engagement and business cases

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<p><u>Financial Management Standard L</u> – The IJB has engaged where appropriate with key stakeholders on long-term financial strategy, medium-term financial planning and annual budget.</p>	<p>The IJB engages on a collaborative basis with NHS Lothian and West Lothian Council in respect of medium-term financial planning and the annual budget process.</p> <p>An IJB budget consultation was undertaken during October/November 2022 with the outcome of this reported to the Board. The outcome of the consultation was key in the development of the three-year savings programme agreed by the Board in March 2023.</p> <p>Stakeholders are represented on the IJB and participate in the discussion as plans are developed and presented to the IJB both in terms of the annual budget and the medium-term financial plan.</p>	<p>The IJB will continue to engage on financial plans and on specific elements of the financial plan.</p>	<p>Following on from the previous consultation exercise, it is anticipated that the IJB will conduct another consultation exercise in developing the next three-year budget for 2025/26-2027/28 later in 2024.</p>

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<p><u>Financial Management Standard M</u> – The IJB uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions.</p>	<p>The utilisation of business cases is an essential element of service delivery plans and transformation. The IJB considers key business cases related to IJB functions for agreement.</p> <p>In developing the three-year savings plan consideration was given to options for savings. This process included detailed assessments, where relevant, which included an assessment of impacts on service users, patients, operational delivery and financial risks.</p> <p>Where relevant, the Board will also be presented with options and a recommended preferred option with regards to savings proposals. An example of this in 2023/24 is the proposals agreed by the Board relating to Community Hospital and Care Home provision.</p>	<p>The IJB will continue to review and approve relevant strategic outline business cases to prioritise resources and demonstrate value for money.</p>	<p>The IJB will continue to review and approve relevant strategic outline business cases to prioritise resources and demonstrate value for money.</p> <p>The 2024/25 budget prepared for approval by the Board on 26 March 2024 includes detailed assessments, where relevant, on impacts on services users, patients, operational delivery and financial risks.</p> <p>Where relevant, the Board will continue to be presented with options regarding savings proposals.</p>

Section 6 – Monitoring Financial Performance

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<p><u>Financial Management Standard N</u> – The leadership team takes action using reports enabling it to identify and correct emerging risks to its budget strategy and financial sustainability.</p>	<p>The medium-term financial plan is prepared in partnership with HSCP services and teams are asked to identify any emerging risks for consideration as part of this process. This includes identifying actions needed to be taken to mitigate risks going forward.</p> <p>Financial performance updates are reported monthly to various leadership groups including the HSCP senior management team and the various subgroups underneath it. These reports focus on exceptions from budget plans which are discussed, and remedial actions agreed to bring costs back in line with budget.</p> <p>The IJB has Financial Regulations and an approved Integration Scheme which includes the process for monitoring and reporting of budgets and the identification of risks which allows for mitigating actions being undertaken. Regular reports are presented formally to the IJB which provides the IJB with an opportunity to agree actions to resolve issues in year.</p> <p>An annual report on the outcome of the UK and Scottish Government budget announcements is presented to the Board in January and highlights emerging risks</p>	<p>There are regular reports to HSCP management and Board on the progress on the current year budget and any changes to budget assumptions for future years. These will be reviewed to identify any potential improvements.</p>	<p>Reports to the IJB on in year budget progress have been reviewed during 2023/24 and based on feedback from Board members have now been updated. An example of changes made is that the IJB forecast outturn report now includes information on savings achieved for the year so far. This allows Board members to track actual progress versus the forecast year end savings position.</p>

	and issues in advance of the budget setting process.		
<u>Financial Management Standard O</u> – The leadership team monitors the elements of its balance sheet that pose a significant risk to its financial sustainability.	<p>The IJB adopts a monthly approach to monitoring with budget monitoring reported to each Board meeting during the year. Any balance sheet areas posing a risk to financial sustainability, are identified through the budget monitoring process.</p> <p>The IJB Audit, Risk and Governance Committee receive regular reports on high risks areas and risks relating to the delivery of the financial plan.</p> <p>Use of reserves are referenced in the finance report to the Board (where applicable) as well as in the medium-term financial plan and annual accounts.</p>	The statement of reserves will continue to be prepared on an annual basis as part of the IJB's budget report for the year ahead.	A statement of reserves has been prepared as part of the 2024/25 budget prepared for approval by the Board on 26 March 2024.

Section 7 – External financial reporting

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2024
<u>Financial Management Standard P</u> – The Chief Finance Officer has personal and statutory responsibility for ensuring that the statement of accounts produced by the IJB complies with the reporting requirements of the Code of Practice on	<p>The Scheme of Delegation includes the role and responsibility of the Chief Finance Officer for ensuring that the IJB complies with relevant legislation and guidance including the Code of Practice on Local Authority Accounting.</p> <p>The outturn and final accounts are reported to the Audit, Risk and Governance Committee for review and any recommendations prior to being reported to the Board for approval, with</p>	This responsibility is clearly set out in the IJB's governance arrangements. Accounts will continue to be produced in accordance with the Code of Practice.	This responsibility is clearly set out in the IJB's governance arrangements. Accounts will continue to be produced in accordance with the Code of Practice.

Local Authority Accounting in the United Kingdom.	<p>the final accounts being audited and signed off by an external auditor.</p> <p>The IJB met its statutory reporting deadline for the submission of draft accounts 2022/23 with the external auditor by 30 June 2023.</p>		
<u>Financial Management Standard Q</u> – The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions.	<p>The final outturn figures are presented to the IJB annually, as part of the unaudited accounts report presented in June each year. The accounts provide information on performance against budget and identify reasons for key variances. Information from the final outturn is used strategically to inform future budget setting exercises.</p> <p>The accounts also including information on achievement of savings throughout the year including any reasons for slippage or over delivery on savings plans.</p>	There is a robust process in place for reporting final outturn figures to the IJB, and this allows Board members to consider strategic financial matters.	Final outturn figures for 2022/23 were reported as part of audited accounts presented to the Board in September 2023.

Appendix 9 - Annual Financial Statement

Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must publish an Annual Financial Statement on the resources that it plans to spend in implementing its Strategic Plan and Strategic Delivery Plans.

The Scottish Government guidance notes that the Annual Financial Statement should be updated before the end of each financial year and should cover the period of the strategic planning and budget planning period. The new West Lothian IJB Strategic Plan covers the period to 2027/28 while the two-year budget plan including savings has been developed by the IJB. Accordingly, the updated Annual Financial Statement below covers the period 2024/25 to 2025/26. No financial settlement has been provided to NHS Lothian or West Lothian Council beyond 2024/25 and, taking account of this and remaining uncertainty over future years, current budget planning assumptions for 2025/26 resources are shown for the purposes of the Annual Financial Statement.

The Annual Financial Statement is split into four areas:

- Adult Social Care Services
- Core West Lothian Health Services
- Pan Lothian Hosted Services
- Acute Set Aside Services

Adult Social Care Services

West Lothian Council's approved 2024/25 contribution to the IJB is shown below along with indicative budget resources for 2025/26.

NHS Delegated Services

The NHS Lothian planned contribution for 2024/25 is also shown below along with indicative budget resources for 2025/26.

As part of anticipated ongoing public sector funding constraints, both West Lothian Council and NHS Lothian will face significant financial challenges over the period to 2025/26 which will in turn create a challenging financial environment for West Lothian IJB. Health and social care demands are continuing to increase and taken in conjunction with constrained funding, it is important that available resources are used effectively to meet the priorities identified in the IJB Strategic Plan and the care needs of the West Lothian population.

West Lothian IJB Annual Financial Statement	2024/25 Budget £'000	2025/26 Indicative Budget £'000	Total Two-Year Indicative Budget £'000
Adult Social Care Services			
Learning Disabilities	27,927	28,618	56,545
Physical Disabilities	8,727	8,943	17,670
Mental Health	6,174	6,327	12,501
Older People Assessment & Care	49,637	50,865	100,502
Care Homes & Housing with Care	7,509	7,695	15,204
Contracts & Commissioning Support	2,214	2,269	4,483
Other Social Care Services	661	677	1,338
Sub Total Adult Social Care Services	102,849	105,394	208,243
Core West Lothian Health Services			
Community Equipment	1,075	1,075	2,150
Community Hospitals	2,931	2,931	5,862
District Nursing	4,674	4,674	9,348
General Medical Services (GMS)	25,372	25,372	50,745
Mental Health	19,282	19,282	38,564
Prescribing	38,254	38,254	76,507
Resource Transfer	8,604	8,604	17,208
Therapy Services	5,135	5,135	10,271
Other Core Services	9,166	9,166	18,331
Sub Total Core West Lothian Health Services	114,494	114,494	228,987

	2024/25 Budget £'000	2025/26 Indicative Budget £'000	Total Two-Year Indicative Budget £'000
<i>Share of Pan Lothian Hosted Services</i>			
Hospices	1,007	1,007	2,014
Learning Disabilities	2,649	2,649	5,298
Lothian Unscheduled Care Services	2,597	2,597	5,193
Oral Health Services	1,069	1,069	2,138
Psychology Service	1,877	1,877	3,754
Rehabilitation Medicine	2,129	2,129	4,258
Sexual Health	1,648	1,648	3,295
Substance Misuse	635	635	1,270
Therapy Services	2,821	2,821	5,641
UNPAC	1,380	1,380	2,760
Other Hosted Services	1,436	1,436	2,873
Sub Total Pan Lothian Hosted Services	19,248	19,248	38,496
<i>Acute Set Aside Services</i>			
Diabetes & Endocrinology	888	888	1,777
ED & Minor Injuries	8,853	8,768	17,622
General Medicine	11,318	11,460	22,778
Geriatric Medicine	6,135	6,135	12,271
Rehabilitation Medicine	719	719	1,439
Respiratory Medicine	2,522	2,522	5,045
Therapy Services	1,255	1,255	2,510
Other Acute Services	1,435	1,435	2,870
Sub Total Acute Set Aside Services	33,127	33,184	66,311
Total Delegated IJB Services	269,717	272,320	542,037

Appendix 10 – Technology Enabled Care (TEC) Transformation Fund Application

Service Area: Social Policy

Name of Transformation Fund Proposal: Resources and Capital Funding to Support Delivery of SJ1c – Further use of Technology Enabled Care

1. Outline of Transformation Fund Proposal

Provide an outline of the proposal below giving justification for the investment, including how the expenditure will be used for one of the following:

- *Project support*
- *Preventative initiatives*
- *One off investment*
- *Service Improvement or Modernisation*
- *Digital Enhancement*

This application requests time limited resource to support delivery of saving measure SJ1c – **Further use of Technology enabled care (TEC)** and support delivery of the wider TEC first approach within the Health & Social Care Partnership (HSCP). The value of measure SJ1c is £1.193m to be delivered by 2025/26. Significant transformation activity is required to enable successful delivery of the agreed budget saving.

The measure relates to adults and older people who require care or support to live independently in a community setting. The development of a TEC first approach supports wider transformation across the Health and Social Care partnership beyond the budget reduction measure.

The provision of a TEC solution or hybrid approach to support provides opportunities for budget efficiencies and improved experiences for individuals and their families. In particular, reducing the number of support at home visits, especially very short visits an individual requires to meet their needs. This also improves the capacity of care and support services to focus direct support where it is most needed.

There is a requirement to strengthen the wider TEC & digital strategy across the HSCP. A senior digital lead is being recruited to support delivery of this strategic aim.

A programme board has been established to oversee the planning, development and implementation of TEC delivery. Led by the senior manager for older people services the board consists of representatives from across Social Policy and the wider Health and Social Care Partnership, Corporate Transformation Team and Financial Management Unit.

A range of TEC solutions related to personal and environmental alarms are well established in practice and offer an important source of support for individuals and their families. Research and benchmarking activity with Digital Office Scotland, Digital Health and Care Scotland, TEC Scotland and links other Scottish local authorities have identified significant opportunities to increase existing arrangements.

Delivery of TEC is coordinated by the Home Safety Service and as such they are responsible for 3600 homes in the community where telecare is in place alongside management of the analogue to digital switchover.

The service has used tests of change to successfully implement TEC solutions that support assessment of individual need and provide alternative to in person care delivery to achieve savings target for 2024/25.

Whilst progress has been made and a clear plan is in place to deliver the agreed savings for 2024/25 the scale and pace of change has to accelerate to ensure delivery of future years savings.

Investment in the existing Home Safety Service infrastructure and purchasing of additional equipment is essential to achieve the agreed savings target and wider TEC aspirations of the Health and Social Care Partnership.

The proposal details the requirement for three fixed term positions (for two years) dedicated to upscaling of current TEC delivery. This will enable the continued development and building of a TEC first approach in all assessment processes and ensure TEC first culture is adopted across key areas of service delivery within the Partnership.

Capital funding is sought to support with the purchase of additional technology. Funding requested is based on existing costs and representative of the technology used or in the process of being implemented.

Combined value of the transformation application is £352,188.

Home Safety Service

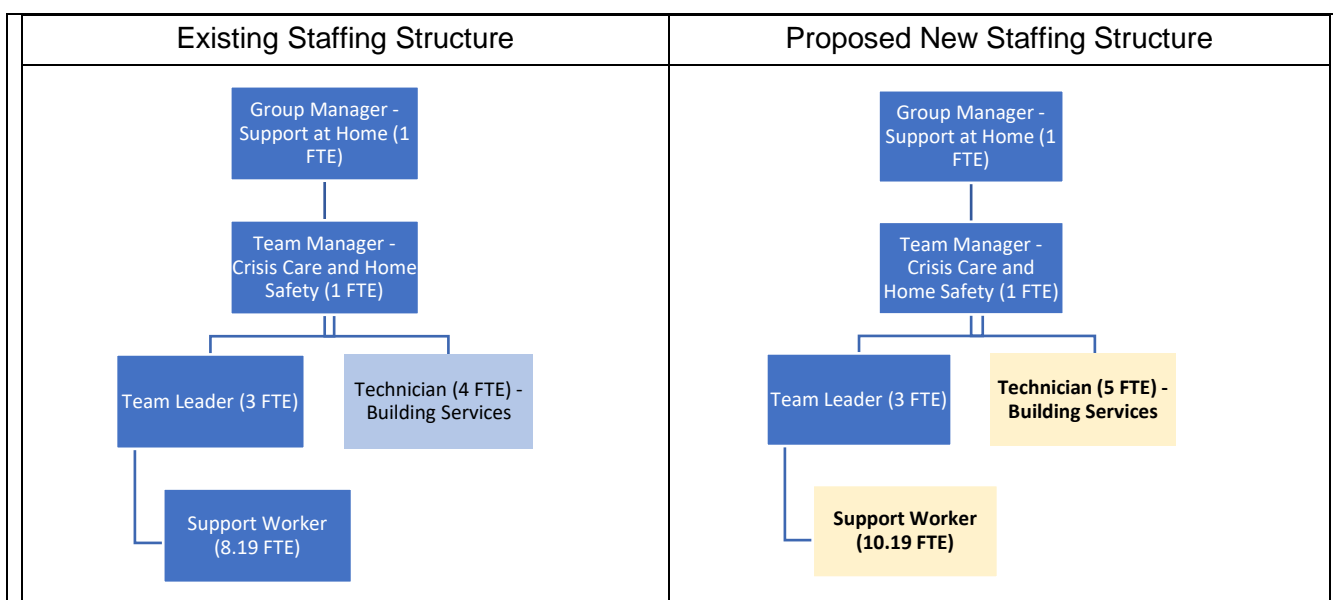
Aligned with Homefirst principles, aim of the home safety service is to review and expand the use of technology to support and maintain individuals within their own homes. The team have a diverse range of skills including assessment, installation and experience in determining the types of technology that maximise independence.

The posts will enhance current capacity ensuring there is dedicated resource to upscale TEC first delivery - whilst benefiting from pre-existing structure, expertise and knowledge base of the home safety service.

Posts requested are:

Post Title	FTE	Grade	Cost (including on-costs)
Technician	1.0	3	£35,617
Support Worker	2.0	5	£91,852
Total			£127,469

- Technician - role supports installation of technology in an individual's home. Providing a full-time resource will support with an increased volume of TEC requests and provide capacity for further training in the team of Technicians.
- Support Worker - role supports assessment function to determine use of TEC, installation of the equipment, risk analysis, monitoring and review of the technology. The support worker role supports wider culture change and prioritisation of a TEC first approach across teams as part of an assessment process. For example, locality-based planning and discharge hub teams to ensure maximisation of existing TEC across teams.



Performance will be closely monitored to ensure the anticipated outcomes of a time limited enhanced staff infrastructure are realised. The service continues to refine performance information regarding the use of TEC and impact on service provision. Current tests of change, in conjunction with robust assessment and review processes, have demonstrated capacity to manage demographic growth in alternative ways to provision of direct care.

Device Purchase

Capital funding is sought to support with the purchase of additional technology and implement further tests of change.

The TEC team actively review new and emerging technologies to establish potential new solutions to expand the scope of the current offering. Any new technology identified will be introduced using test of change model to ensure usability, safety and best value. Any application of new TEC will be subject to appropriate internal assessment and governance as required.

Revenue costs such as licences associated with devices and sim card/data costs are reflected in the net avoidance achieved by the implementation of a device. The projection for device requirements is speculative at this point given the nature of TEC provision and may be subject to change as emerging technology is implemented.

Funding requested is based on existing costs and is representative of the technology used or in the process of being implemented. Indicative costs are noted below.

TEC Item	2024/25 - Quantity	2024/25 £s	2025/2026 Quantity	2025/26 £s	Total Capital Cost £s
Automatic Medication Dispenser	30	2,400	30	2,400	4,800
KOMP	60	34,950	60	34,950	69,900
Alternative Video Calling Device	20	4,000	20	4,000	8,000
Just Checking	5	7,275	5	7,275	14,550
Sub-totals	115	48,625	115	48,625	97,250
Total Capital Funding	-	48,625	-	48,625	97,250

TEC impact, including the any approved transformation fund allocation, will be overseen by the programme board and reported via existing IJB governance structures.

2. Value of Transformation Fund Proposal

Investment Required	2023/24 £'000	2024/25 £'000	2025/26 £'000	Total £'000
Staffing	0	127,469	127,469	254,938
Device purchase	0	48,625	48,625	97,250
Overall Total	0	176,094	176,094	352,188

3. Delivery of Savings Supported via Transformation Fund Proposal

Saving Measure(s)	2023/24 £'000	2024/25 £'000	2025/26 £'000	Total £'000
SJ1c – Further use of technology enabled care	33	580	580	1,193

4. Details of Costing of Transformation Fund Proposal

The saving element of TEC will be delivered by managing demographic growth and demand for in person care. This includes individuals in receipt of care at home provision and avoidance of unnecessary residential care or other long-term care options. The measure does not involve a reduction in the overall level of care provision available for individuals and seeks to manage demand within projected demographic growth.

The budgets in scope for this saving are services commissioned to provide care at home, direct payments and care home placements for older people, with a total value of £55.9 million in 2023/24. The demographic growth aligned to these areas in the budget model totals £1.46 million for 2024/25 and £1.55 million for 2025/26. The saving measure is intended to reduce the level of demographic growth through careful management of overall demand.

A range of TEC solutions related to personal and environmental alarms are well established in practice and offer an important source of support for individuals and their families. Research and benchmarking activity with Digital Office Scotland, Digital Health and Care Scotland, TEC Scotland and links other Scottish local authorities have identified significant opportunities to increase existing arrangements.

Benchmarking activity with other local authorities has identified they are pursuing similar approaches to inform the potential for TEC to manage demand and resources. To inform this position they are utilising arrangements such as small tests of change of TEC prior to upscaling delivery.

Current tests of change, in conjunction with robust assessment and review processes, have demonstrated capacity to manage demographic growth in alternative means. The most significant impact relates to 'Just Checking' and avoidance of long-term care placements. The longevity of projected savings requires further analysis, they are predicated on individuals avoiding a care home placement for 12 months, with an average care package of 15 hours per week provided at home as an alternative. The service is tracking care arrangement for these individuals to better inform long term outcomes.

The savings associated with independence and self-management remain modest at this stage. However, they do identify significant opportunities to manage care via alternative means, if successfully increased in scale.

Key milestones in the use of TEC are outlined below:

15 Just Checking
Kits in use

40 KOMP devices

18 Automatic
Medication
Dispensers

The table below details cost avoidance over a nine-month period relating to care costs if TEC had not been utilised. This demonstrates the initial impact of TEC and forms the basis for the delivery of the savings measure.

Savings will be delivered over the course of 2024/25 as they are predicated on cost avoidance associated with growth in care delivery. Cost avoidance detailed within the table relates to the implementation of the 'Just Checking', KOMP and Medication Dispensers.

It is not possible to definitely report upon achieved savings at this point due to the nature of the measure and its direct link to cost avoidance over a 12-month period. The service is currently reviewing end year position with Financial Management Unit to establish overall impact. Cost avoidances are outlined are net of any ongoing revenue costs associated with the technology (devices/licences/support).

Cost Avoidances	Care hours decreased £s	Care hours avoided £s	Long-term care placement avoided £s	Less TEC costs £s	Net saving £s
Just Checking	38,059	32,789	250,950	0	321,797
KOMP	3,771	13,199	32,300	13,668	35,602
Automatic Medication Dispenser	5,842	10,247	0	640	15,449
Total Net Saving					372,848

Current activity has demonstrated positive impact and opportunities to achieve savings associated with these devices. The service has procured additional equipment to upscale delivery to further inform projected impact.

5. Risks and Uncertainties

The delivery of this measure is identified as a high risk due to its value and interdependency with other associated saving measures. A TEC board has been established to closely monitor any current or emerging risks to ensure mitigating actions are considered. Current risks include

- **Staff knowledge base in adopting a TEC first approach** – It is essential the staff have the knowledge to assess needs and deploy TEC solutions where appropriate. Home safety service and other key staff have established links with key sector leads to raise awareness of current and emerging TEC solutions. Dedicated staff noted within transformation fund application provides further mitigation of this risk
- **Reducing unmet need** – reducing demand for in person care provision has the potential to increase capacity within independent providers, enabling them to provide more direct care hours and reducing overall level of unmet need. Whilst positive for individuals who require care this will increase the financial pressure within the existing care at home budget. The implementation and uptake of TEC is being closely monitored to analyse impact on managing demand for in-person care services.
- **Service Demand** - demand for services is higher than budgeted demographic growth. As the budget saving measure is predicated on managing demand, there is a significant programme risk that demand for support increases regardless of cost avoidances achieved.

- **Scalability following tests of change** – dedicated staffing within the home safety service will further reduce this risk. Work with the Digital Office has begun to establish more effective routes for procurement that are linked to the existing Scotland Excel Technology framework arrangements.
- **Complex financial modelling to monitor delivery** – there are close links with Financial Management Unit, including representation on the TEC board, to ensure associated budgets and savings are proactively tracked and reported via IJB governance structures.

6. Any other Relevant Issues

TEC will be utilised to support delivery of saving measure SJ5d review of housing with care and has related interdependences with SJ3a redesign of adults and older people social work teams and SJ3c redesign of internal support at home service. To support successful delivery, a whole system approach has been taken to ensure a TEC first approach is considered within these measures.

Scoping discussions are being progressed with external service specialists to fully utilise data associated with demand, demographic growth and application of digital solutions. Initial projections will be presented to representatives of the programme board in March 2024 to establish if this approach can enhance current strategic planning. A further transformation fund application will be required to support this approach if positively evaluated.

Appendix 1 – Device Case Studies

Further information on each device, and a case study detailing the impact of the device is provided to support this funding bid:

JUST CHECKING

Just Checking is an assessment tool which provides clear evidence of routines, tasks and can assist in assessment of need allowing involved professionals to consider the most appropriate care provision. At the end of a two-week assessment period a summary report will highlight areas of concern, however, it often gives evidence the individual is safe and well at home and no intervention is required.

The council currently deploys 15 Just Checking devices to assess need. There is capacity to further increase the use of these devices across teams.

Case Study

Mr G lives alone, has dementia, alcohol dependant, admitted to hospital following a fall and increased confusion, he is supported by his daughter. Mr G was discharged while awaiting a 4x daily care package including grabrails, shower seat, walker along with a range of technology. A Care Home was being considered as there were concerns around confusion of day and night.

Just Checking was put in place, following a referral to the Home Safety Service, to allow a trial of returning home to monitor activity and demonstrate if independent living is viable longer term. Telecare (fall detector, smoke & heat detectors, bed occupancy sensor) were provided for additional alerts.

Just Checking evidenced Mr G settled at home with a good sleeping pattern established, sensors showed the Zimmer was used over night for bathroom visits, there was no evidence of exiting the property overnight. Mr G's daughter also installed a Ring doorbell for additional security of the property. The technology provided clear evidence that a Care Home was no longer considered necessary and that Mr G could be supported longer term at home.

KOMP

KOMP is a single button computer that supports service user to stay connected to family and friends who can video call, send messages and reminders for things like routines and prompts via the free family app. As part of the service user's care and support plan, medication reminders or other daily living task reminders can be set up to compliment, and where appropriate, replace some onsite care visits.

The council has purchased 40 KOMP devices which are actively being rolled out to meet the needs of assessed service users.

Case Study

Family had reported that Mrs F was struggling to remember to eat or prepare meals and would often miss a meal if not prompted, there were concerns raised Mrs F was losing weight, family fearful of malnourishment. Family were keen that Mrs F retained her independence but due to their own family commitments could not provide the direct support Mrs F required.

Through assessment of need a care package was being considered 3 times daily for a meal and medication prompt. To encourage independence, Mrs F and her daughter agreed with the Support Worker to trial KOMP in place of the lunch time carer visit. During the daughter's lunch break she uses KOMP to video call Mrs F to prompt her to take her medication, prepare food and virtually share a meal together.

Mrs F is now eating regularly and enjoys the daily chat with her daughter. The use of KOMP has complimented the carer visits and promoted independence.

AUTOMATIC MEDICATION DISPENSERS

Automatic Medication Dispensers increase medication compliance, and are supported by family members to fill the device as required. The device alerts the service user when medication is due, and when the user tips the device up to empty their medication dose out of the device this registers that medication has been taken and the alert is silenced.

The council has purchased 18 medication dispensers to date which are actively being rolled out to meet the needs of assessed service users.

Case Study

Mr S is living with Parkinson's disease and doesn't remember when to take his medication. A carer visit to prompt medication was required. Following a visit from a Support Worker, an automatic medication dispenser was set up instead. Mr S is successfully managing his medication, and the need for a care visit has been avoided.

Mr S' daughter fills the dispenser every two weeks and this enables Mr S to remain independent with his medication without the need for formal care visits.



Date	26 March 2024
Agenda Item	11

Report to West Lothian Integration Joint Board

Report Title: Coming Home Dynamic Support Register

Report By: Senior Manager, Adult Services

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	The report provides the Integration Joint Board of the work being progressed in relation to the Coming Home Dynamic Support Register.
Recommendations	<p>It is recommended that the Board:</p> <ol style="list-style-type: none"> notes the contents of the report notes that further update reports will be provided to the Board on a 6-monthly basis
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
Resource/ Finance/ Staffing	None
Policy/Legal	<p>Social Work (Scotland) Act 1968</p> <p>Adults with Incapacity (Scotland) Act 2000</p> <p>Carers (Scotland) Act 2016</p> <p>Coming Home 2018: A report on Out of Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs</p>
Risk	No new risks have been identified

Equality, Health Inequalities, Environmental and Sustainability Issues	Given the National Relevance of the Dynamic Support Registers a national Equality Impact Assessment has been progressed.
Strategic Planning and Commissioning	The services covered by the report contribute to the delivery of the Strategic Plan Outcomes for 2023-2028
Locality Planning	The services covered by the report contribute to the Local Outcomes Improvement Plan
Engagement	None – paper is for information

Terms of Report	
1. Background	
1.1	In 2018 the Scottish Government published the report <i>“Coming Home: A report on Out of Area Placements and Delayed Discharge for People with Learning Disabilities and Complex needs”</i> .
1.2	A subsequent report was published by the Scottish Government in March 2022 titled <i>“Coming Home Implementation: A report from the working group on complex care and delayed discharge”</i> , was produced following the establishment of a Short Life Working Group (SLWG) in 2020 whose remit was to undertake focussed activity relating to delayed discharge from hospital settings for people with learning disabilities and/or enduring mental health conditions. The document provided seven key actions required to be implemented locally to ensure that the use of out of area residential placements (unless through individual or family choice) and inappropriate hospital stays would be greatly reduced by March 2024.
1.3	A range of updates have been previously presented to the Integration Joint Board in the relation to the activity being progressed locally in respect of the key actions and recommendations and the progress being made both locally and nationally around the use of a Dynamic Support Register.
2. Dynamic Support Register (DSR)	
2.1	<p>The Dynamic Support Register is designed to improve outcomes for people with learning disabilities and complex care needs and avoid the need for out of authority placements ensuring that any intervention required is undertaken on a planned basis.</p> <p>All local DSR's are expected to contain the names of individuals who are currently within an inpatient setting, in an out of authority placement or there is a risk where their current care placement is a risk of breaking down.</p>
2.2	<p>There are three levels of to the register;</p> <ul style="list-style-type: none"> • Red –for those where urgent and intensive care planning is required • Amber –where enhanced monitoring is required, ensuring that planning is timeous and person centred • Green –for individuals where they are in appropriate out of authority placements. <p>Guidance issued by the Scottish Government in respect of the maintenance of the DSR, suggests</p>

that those who are categorised within the “green level” should have their placement reviewed by the integration authority on a 6-monthly basis.

- 2.3 Individual’s names will be removed from the register when one of the following criteria can be met;
- The person is more than 6 months discharged from hospital or other support arrangements and is assessed to be settled in their new placement with outcomes being met.
 - The service where the person is living has improved considerably and would no longer meet any of the set criteria for inclusion on the register.

3. Local Position

- 3.1 A local Dynamic Support Register (DSR) has been established since July 2023 and currently contains the names of 38 individuals, which are categorised on the register as follows;

Urgent (Red)	20
Enhanced Monitoring (Amber)	Nil
Green	18

- 3.2 Of the 19 individuals who are within the Urgent Category;
- 9 are in an inpatient setting
 - 8 are in Inappropriate Out of Authority Placement
 - 2 at risk of Support Breakdown

Of the 8 that are categorised as inappropriate out of authority placement, 3 of these relate to young people who are under Continuing Care arrangements and work is being progressed to secure appropriate longer-term solutions. For the other 5 reviews of their placements are being progressed, which will inform the ongoing appropriateness of the placement and possible alternatives should this be required.

Of the 9 people who are in hospital, there is an alternative placement identified for 5 individuals with their transitions currently being planned, with work being progressed in securing alternative suitable accommodation and support for a further 3 individuals. There is one individual who is currently not medically fit for discharge however their personal action plan is reviewed at each multi-agency meeting.

The two individuals who are at risk of support breakdown are having weekly meetings with their support provider and the multi-disciplinary teams to ensure the correct level of support as well as active contingency planning should an alternative placement be required. This is monitored by the multi-agency review meeting.

There have been three individuals removed from the register as a result of no longer meeting the criteria for inclusion.

- 3.3 In line with the issued guidance a local multi-agency review meeting has been established with representation from;
- West Lothian Health and Social Care Partnership
 - NHS Lothian
 - West Lothian Council Housing Services
 - West Lothian Council Contract and Commissioning services
 - Carers of West Lothian

A Terms of Reference has also been agreed as a well as a locally held process to support practitioners in their use of the register.

Multi-agency meetings are held on a four-weekly basis, reviewing all individuals on the register in particular those sitting within Urgent and Enhanced monitoring categories.

	Local processes are also being reviewed to ensure that services undertaken the minimum requirement of completing a 6-monthly review for those who are currently within the green category on the register as these are undertaken at a greater frequency than the current service standard which recommends reviews are undertaken on an annual basis.
4	National Position
4.1	The Scottish Government has also partnered with Public Health Scotland (PHS) to deliver the national reporting element of the register, with submissions being made to the PHS in September 2023 and January 2024, with quarterly submissions going forward.
4.2	In November 2023 Public Health Scotland published the report Insights into Learning Disabilities and Complex Needs: Statistics for Scotland . This was following the first submission of data from locally held registers with the purpose of increased visibility of people with learning disabilities and complex care needs.
4.3	<p>The report detailed information gathered from 31 Integration authorities however acknowledged that for some integration authorities their information was incomplete.</p> <p>The report advised that as of 28th September 2023 there were 1,243 individuals across Scotland whose names were contained on locally held Dynamic Support Registers, of which 455 were classified as urgent, with;</p> <ul style="list-style-type: none"> • 171 people in Hospital; • 130 people recorded as an inappropriately out of area placement; • 154 people recorded as at risk of support breakdown <p>There were a further 144 individuals recorded as enhanced monitoring and 644 people who were classified as in appropriate out of area placements.</p>
5	Conclusion
5.1	It is recommended that members of the Integration Joint Board note the content of this report and agree to further updates on the Dynamic Support Register being presented at future meetings of the IJB and in line with national reporting.

Appendices	Insights into Learning Disabilities and Complex Needs: Statistics for Scotland (publichealthscotland.scot)
References	Coming Home Implementation: A report from the working group on complex care and delayed discharge (www.gov.scot)
Contact	<p>Karen Love, Senior Manager Adults Services</p> <p>Karen.love@westlothian.gov.uk</p> <p>01506 284402</p>

Date	26 March 2024
Agenda Item	12



Report to West Lothian Integration Joint Board

Report Title: Reduction of Acute Mental Health Beds in Ward 17, St John's Hospital

Report By: General Manager, Mental Health and Addictions

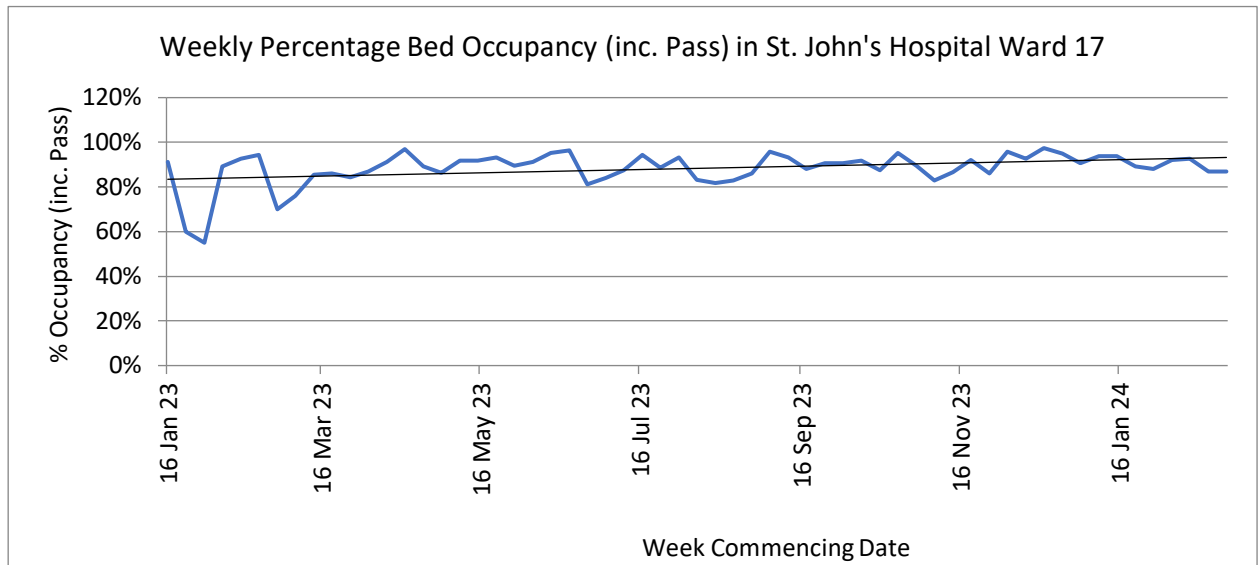
Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input checked="" type="checkbox"/>
	This report provides an update to the Integration Joint Board on the issues associated with the current number of beds and high proportion of out-of-area admissions to Ward 17 (Adult Mental Health) and to recommend a course of action to improve patient care and safety, in particular, the reduction of Ward 17 beds from 23 to 20.
Recommendations	<ol style="list-style-type: none"> Note the patient care and safety issues associated with the current number of beds in Ward 17 and the high proportion of out-of-area use of these beds; Note that a reduced number of 20 beds would be sufficient to meet the needs of the West Lothian population; Agree to issue a Direction to NHS Lothian to reduce the number of beds in Ward 17 from 23 to 20.
Directions to NHS Lothian and/or West Lothian Council	A Direction(s) is required and a draft Direction to NHS Lothian is attached to this report.
Resource/ Finance/ Staffing	There would be no additional financial saving as a result of the proposed reduction in beds as staffing levels would remain the same, however, reducing the risk of overspend on agency staff will contribute to achieving planned savings.
Policy/Legal	<p>West Lothian IJB Strategic Plan and Delivery Plans</p> <p>National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)</p>

Risk	There are risks to taking no action in relation to patient and staff safety. This is outlined in the West Lothian HSCP risk register.
Equality, Health Inequalities, Environmental and Sustainability Issues	An Equalities Impact Relevance Assessment was conducted and is attached to this report (Appendix 2).
Strategic Planning and Commissioning	This Direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and Home First Delivery Plan.
Locality Planning	N/A
Engagement	<p>Mental Health and Learning Disability Programme Board, West Lothian HSCP Senior Management Team, Mental Health Management Team, NHS Lothian Corporate Management Team.</p> <p>This change is expected to deliver improved staff and patient safety and increased privacy and dignity for patients. It does not propose a change in the level of service provided. Therefore, it is not anticipated that this change will require engagement with people who use our services.</p>

Terms of Report	
1.	Background
1.1	West Lothian adult mental health beds are situated in 2 wards in St John's Hospital. Ward 17 has 23 beds. This ward has 4 4-bed bays and 7 single rooms. Ward 1 is a 10 bed Intensive Psychiatric Care Unit (IPCU), providing 24-hour inpatient care for those presenting with acute mental health illness who require a secure environment and more intensive treatment.
1.2	These bed numbers are in excess of the requirement for timely admission to an adult mental health bed for West Lothian residents. Safety concerns suggest that these bed numbers should be reduced in Ward 17 to improve staff and patient safety and to provide care in an area where patient privacy and dignity is maintained.
1.3	At its meeting of 17 April 2023, the NHS Lothian Mental Health and Learning Disability Programme Board endorsed the reduction of the number of beds in Ward 17 and this was subsequently supported by both the HSCP Senior Management Team and NHS Lothian Corporate Management Team.
2.	Managing Occupancy
2.1	<p>Occupancy of Ward 17 and Ward 1 beds is managed via a range of measures:</p> <ul style="list-style-type: none"> • joined up community and inpatient services with integrated management. • weekly interface meetings

- a sectorised model of psychiatry with consultants straddling ward and community which increases job satisfaction and promotes teams to invest time and energy to keep people out of hospital
- ACAST, an integrated mental health crisis team, which since October 2021 works 24/7.

2.2 Percentage occupancy in Ward 17 averages 88% between January 2023 and February 2024 with a slight increasing trend over the same period (chart 1).



To maintain bed levels at 23 requires frequent flexing between bed areas and this means that patients who require greater intervention levels sometimes need to be placed out of sight to accommodate any given gender mix.

- 3.2 In addition to these issues intrinsic to Ward 17, the ward is used as the default unit to provide capacity for other partnerships who admit over their commissioned bed numbers. A significant proportion of both Wards 1 and 17 beds are occupied by patients from other Lothian areas.
- 3.3 In recent years, admissions to Ward 17 from other HSCPs have increased whilst admissions from West Lothian have decreased (Chart 2), likely as a result of ACAST (Acute Care and Support Team, West Lothian's mental health assessment and intensive home treatment team) moving to 24/7 working.

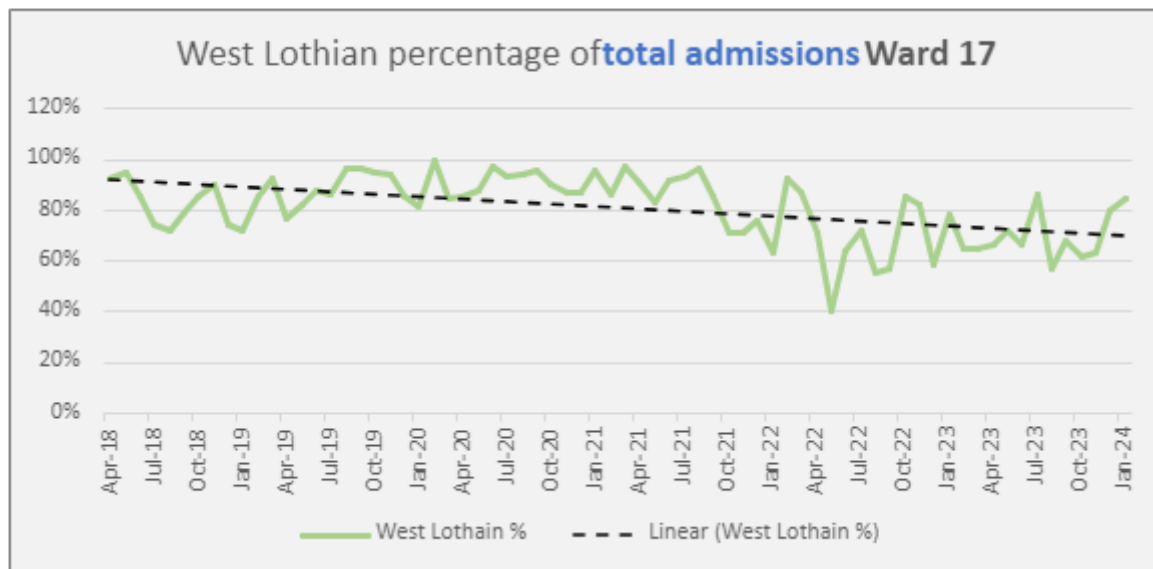


Chart 2

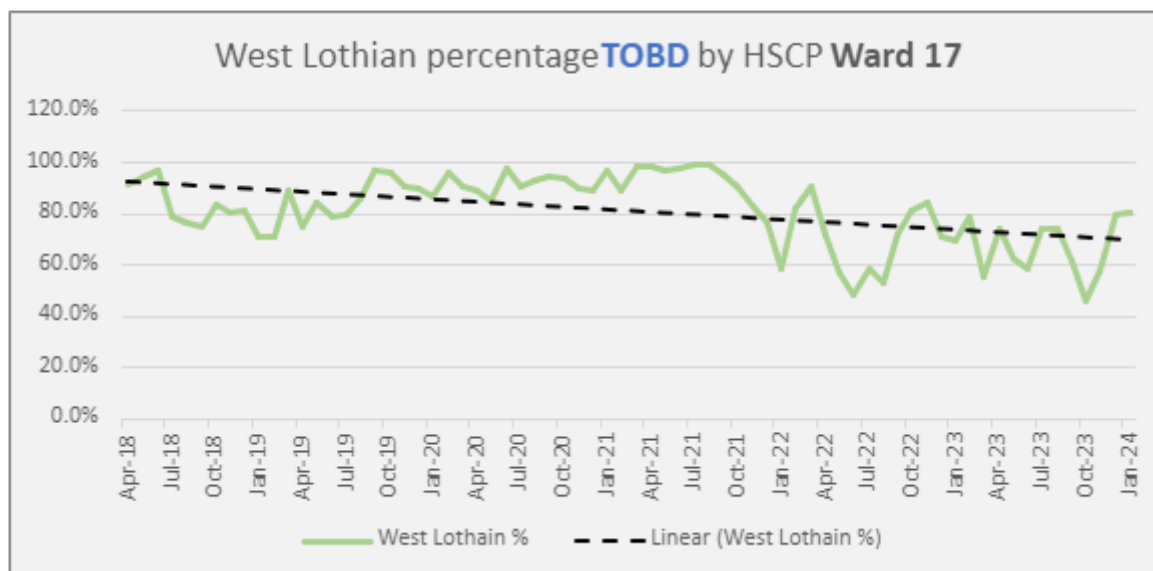


Chart 3

- 3.4 As shown in Chart 3 above, Ward 17, in particular, has seen a steady reduction in West Lothian patient Total Occupied Bed Days (TOBD) and a steady increase in TOBD for patients from other Lothian areas.
- 3.5 A significant number of West Lothian TOBDs are attributed to Lothian patients outside of West Lothian. On one occasion (May 2022) the number of Non-West Lothian patients in West Lothian beds exceeded the West Lothian occupancy.

3.6	West Lothian's use of Royal Edinburgh Hospital Acute mental health beds remains very low. <i>Patient Safety and Impact on Staff</i>
3.7	Having a complex mix of patients from other areas impacts upon the safety of discharges, the well-being of patients and the wellbeing of staff within Ward 17.
3.8	It is recognised in mental health that there is a requirement for strong relationships and lines of communication between ward and community teams, much more so than in other areas of medicine. The multiple and complex relationships with local IHTTs and CMHTs is believed to extend Length of Stay and reduce the safety of discharges. Admitting patients away from their local HSCP area impacts negatively on patient safety, occupancy and experience.
3.9	Staff on the wards have expressed the difficulty of liaising with multiple teams from multiple areas in relation to patients' care and discharge planning. Mitigation for these effects has been applied in the form of extensive use of virtual MDT meetings, however, the impact cannot be fully mitigated. Staff are reporting low morale stemming from unmanageable workloads and increasing patient complaints. The high level of out of area admissions also poses challenges to consultant job planning in the context of consultant psychiatrist and nursing vacancies.
3.10	The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) makes a number of recommendations in relation to increasing patient safety based on evidence from studies of mental health services, primary care and accident and emergency departments.
3.11	NCISH's Safer Services Toolkit, updated September 2022, recommends no out-of-area placements to acute mental health wards stating that, "very ill patients should be accommodated in a local in-patient unit. Being admitted locally means that patients stay close to home and the support of their friends and family and are less likely to feel isolated or to experience delayed recovery. Local admission should also result in simpler discharge care planning". In the UK, 225 patients (9% of post-discharge deaths) died after being discharged from a non-local in-patient unit.
3.12	Work is ongoing to improve discharge planning and pathways to allow for the safe discharge of patients.
4	Conclusion
4.1	Data shows that admissions to mental health units of West Lothian residents have decreased following enhancements to community and crisis services. Since October 2021 West Lothian could consistently address all of its 'acute mental health' needs with a unit of 20 beds with the exception of a period in February 2022. The reason for that excess have been dealt with and a new weekly interface meeting to monitor and address barriers to discharge has impacted on the reasons for that excess. At no point over the last year has West Lothian required more than its total number of adult mental health beds, which includes both Ward 17 and Ward 1 IPCU.
4.2	Reducing the Ward 17 bed complement to 20 would allow for: <ul style="list-style-type: none"> • Improved internal communication and thus increased patient safety • Improved staff:patient ratios and hence improved care and safety • Allow flexibility within the ward for remodelling to address safety and privacy and dignity issues • Improve the attractiveness of West Lothian psychiatry positions and prevent further deterioration in the consultant vacancy rate
4.3	In turn these would enable a strong focus on the patients within the 20 beds or who are at home and so develop resilience to keep Length of Stay (LoS) low. Currently the experience and safety

	of care for West Lothian patients is compromised by using West Lothian acute mental health beds as an overspill facility for other HSCPs.
4.4	If the recommendations are agreed by the Board, a robust plan of action will be developed in partnership with NHS Lothian and the other Lothian HSCPs to reduce the number of beds in Ward 17 from 23 to 20 over a period of 4 weeks commencing 1 st April 2024.

Appendices	Appendix 1 – Draft Direction to NHS Lothian Appendix 2 – Equalities Impact Relevance Assessment
References	None
Contact	Mike Reid – General Manager, Mental Health and Addictions mike.reid@nhslothian.scot.nhs.uk Lorna Kemp – Programme Manager, Mental Health and Workforce Planning lorna.kemp@nhslothian.scot.nhs.uk

Appendix 1

West Lothian Integration Joint Board – Direction to NHS Lothian

1.	Implementation date	1 st April 2024
2.	Reference number	WLIJB/NHS/TBC
3.	Integration Joint Board (IJB) authorisation date	26th March 2024
4.	Direction to	NHS Lothian Health Board
5.	Purpose and strategic intent	<p>West Lothian adult mental health beds are situated in 2 wards in St John's Hospital. Ward 17 has 23 beds. This ward has 4 4-bed bays and 7 single rooms.</p> <p>These bed numbers are in excess of the requirement for timely admission to an adult mental health bed for West Lothian residents. Safety concerns indicate that these bed numbers should be reduced in Ward 17 to improve staff and patient safety and to provide care in an area where patient privacy and dignity is maintained.</p> <p>A reduction of the number of beds in Ward 17, St John's Hospital, from 23 beds to 20 beds over a period of 4 weeks from 1st April will enable:</p> <ul style="list-style-type: none"> • Improved patient safety and care via improved internal communication • Improved patient safety and care via increased staff:patient ratio • Improved patient privacy and dignity via increased flexibility of space within the ward to allow for remodelling • Improved attractiveness of West Lothian psychiatry positions to prevent further deterioration in the consultant vacancy rate • Stronger focus on the patients within the 20 beds thereby developing resilience to keep Length of Stay low.

Appendix 1

		<p>This Direction is issued in accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures; and to provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life by:</p> <ul style="list-style-type: none"> – Providing an ongoing service that is regularly reviewed and modified according to need – Providing a clear care pathway – Supporting timely hospital discharge
6.	Does this direction supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function (Core West Lothian Health Services)
8.	Function(s) concerned	<p>Adult mental health services</p> <p>The Chief Officer in West Lothian is the lead operational director for this service.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers to support the implementation of the reduction of the number of beds in Ward 17, St John's Hospital, from 23 beds to 20 beds over a period of 4 weeks to enable:</p> <ul style="list-style-type: none"> • Improved patient safety and care via improved internal communication • Improved patient safety and care via increased staff:patient ratio • Improved patient privacy and dignity via increased flexibility of space within the ward to allow for remodelling • Improved attractiveness of West Lothian psychiatry positions to prevent further deterioration in the consultant vacancy rate

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		<ul style="list-style-type: none">Stronger focus on the patients within the 20 beds thereby developing resilience to keep Length of Stay low. <p>This Direction stands unless cancelled or superseded by another Direction.</p>				
10.	2024/25 Resources	<p>This Direction should be actioned within the 2024/24 core budget as detailed below. Whilst no additional savings will be realised, a reduction in agency costs from staffing the additional beds will allow the service to be delivered within the core budget.</p> <table><tr><td>Core Budget 2024/25</td><td>(£)</td></tr><tr><td>SJH Ward 17 Adult Mental Health</td><td>1,751,410</td></tr></table>	Core Budget 2024/25	(£)	SJH Ward 17 Adult Mental Health	1,751,410
Core Budget 2024/25	(£)					
SJH Ward 17 Adult Mental Health	1,751,410					
11.	Principles	<p>As a fundamental principle, any material changes to 2024/25 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>				
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none">1. People are able to look after and improve their own health and wellbeing and live in good health for longer2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community3. People who use health and social care services have positive experiences of those services, and have their dignity respected4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services5. Health and social care services contribute to reducing health inequalities6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being				

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		<ol style="list-style-type: none"> 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and Home First Delivery Plan.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian Health Board will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for

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		<p>delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</p> <p>6. Emerging risks to the delivery of this Direction should be escalated to the Chief Officer as lead operational director of this service at the earliest opportunity.</p>
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	<p>There are risks in implementation of the Direction if other Lothian HSCPs are not able to maintain acute mental health occupancy within their commissioned bed base.</p> <p>Resource implications are dependent upon the actions to be taken by non-West Lothian HSCPs to bring their occupancy in line with their commissioned bed base.</p>

Appendix 1

1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/NHS/D02-2023
3.	Integration Joint Board (IJB) authorisation date	21 st March 2023
4.	Direction to	NHS Lothian Health Board
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers

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6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2022/23 Direction to NHS Lothian for the annual budget resources available for the delivery of hosted community health services.
7.	Type of function	Integrated (Share of Lothian Hosted Services)
8.	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services are managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian</p> <p>The services are:</p> <ul style="list-style-type: none"> – Dietetics – Art Therapy – Lothian Unscheduled Care Service – Integrated Sexual and Reproductive Health service – Clinical Psychology Services – Continence Services – Public Dental Service including Edinburgh Dental Institute – Podiatry – Orthoptics – Independent Practitioners via the Primary Care Contracting Organisation – SMART Centre

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		<ul style="list-style-type: none"> – Royal Edinburgh and Associated Services – Substance Misuse Ritson Inpatient Unit, LEAP and Harm Reduction
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2023/24, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p>

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		A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.	
10.	2023/24 Resources	Hosted Budget 2023/24	(£'000)
		Hospices	962
		Learning Disabilities	2,953
		Lothian Unscheduled Care Service	2,453
		Oral Health Services	1,334
		Hosted Psychology Service	1,738
		Hosted Rehabilitation Medicine	1,936
		Sexual Health	1,514
		Substance Misuse	596
		Hosted Therapy Services	2,554
		UNPAC	1,380
		Other Hosted Services	1,032
		Total	18,452
11.	Principles	As a fundamental principle, any material changes to 2023/24 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.	
12.	Aligned National Health and Wellbeing Outcomes	To support the following national outcome measures: 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	

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		<ol style="list-style-type: none"> 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian Health Board will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated

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		<p>Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes.</p> <p>5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</p>
15.	Relevance to or impact on other Lothian IJBs and / or other adjoining IJBs	<p>NHS Lothian Health Board carries out functions across four local authority areas. Some of the functions that will be delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as "hosted services" and identified in Section 8 of this Direction. As such there is not currently a separately managed budget for those services by local authority area.</p> <p>NHS Lothian Health Board has identified a budget for "hosted services" integrated functions based on an apportionment of the relevant NHS Lothian budgets.</p>

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1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/NHSL/D03-2023
3.	Integration Joint Board (IJB) authorisation date	21 st March 2023
4.	Direction to	NHS Lothian Health Board
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers

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6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2022/23 Direction to NHS Lothian for the annual budget resources available for the delivery of set aside health services.
7.	Type of function	Set aside (Share of Lothian Acute Services)
8.	Function(s) concerned	<p>All adult acute hospital health services planned by West Lothian IJB and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014 and as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ol style="list-style-type: none"> 1. Accident and Emergency services provided in a hospital 2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> – General medicine – Geriatric medicine – Rehabilitation medicine – Respiratory medicine – Psychiatry of learning disability 3. Palliative care services provided in a hospital 4. Services provided in a hospital in relation to an addiction or dependence on any substance 5. Mental health services provided in a hospital except secure forensic mental health services <p>Services provided on the three acute hospital sites within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site director.</p>

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9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2023/24, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
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10.	2023/24 Resources	<p>Set Aside Budget 2023/24</p> <p>ED and Minor Injuries 6,526</p> <p>Cardiology 1,494</p> <p>Diabetes & Endocrinology 802</p> <p>Gastroenterology 2,212</p> <p>General Medicine 10,325</p> <p>Geriatric Medicine 5,827</p> <p>Infectious Disease 2,640</p> <p>Junior Medical 1,147</p> <p>Rehabilitation Medicine 641</p> <p>Respiratory Medicine 2,048</p> <p>Therapies / Management 2,623</p> <p>Total 36,285</p>	(£'000)
11.	Principles	<p>As a fundamental principle, any material changes to 2023/24 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>	
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 	

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		<ol style="list-style-type: none"> 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian Health Board will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will

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		present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	NHS Lothian Health Board carries out functions across four local authority areas. The set aside hospital functions that will be delegated to the Lothian IJBs are currently provided as a Lothian-wide service. As such there is not currently a separately managed budget for those services by local authority area. NHS Lothian Health Board has identified a budget for set aside functions based on an apportionment of the relevant NHS Lothian budgets.

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West Lothian Integration Joint Board – Direction to West Lothian Council

1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/WLC/D04-2023
3.	Integration Joint Board (IJB) authorisation date	21 st March 2023
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

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		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2022/23 Direction to West Lothian Council for the annual budget resources available for the delivery of adult social care services.
7.	Type of function	Integrated function (West Lothian Adult Social Care Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> – Learning Disabilities – Physical Disabilities – Mental Health – Older People Assessment & Care – Care Homes & Housing With Care – Occupational Therapy – Support and Other Services <p>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer's Joint Management Team and in cooperation and partnership with NHS Lothian.</p>

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9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2023/24, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
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10.	2023/24 Resources	<p>Adult Social Care Budget 2023/24</p> <p>Learning Disabilities 24,280</p> <p>Mental Health 5,288</p> <p>Physical Disabilities 7,905</p> <p>Older People Assessment and Care 44,865</p> <p>Care Homes and Housing with Care 8,434</p> <p>Occupational Therapy 1,417</p> <p>Support and Other Services 3,019</p> <p>Total Social Care Services 95,208</p>
11.	Principles	<p>As a fundamental principle, any material changes to 2023/24 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

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		<ol style="list-style-type: none"> 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian Health Board will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for

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		delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Reduction of Acute Mental Health Beds in Ward 17, St John's Hospital
Service Area	Adult Mental Health
Lead Officer	Mike Reid, General Manager, Mental Health and Addictions
Other Officers/Partners Involved	Lorna Kemp, Programme Manager
Date relevance assessed	11/03/2024

2. Does the Health and Social Care Partnership have control over how this policy will be implemented?			
YES	X	NO	

3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to: <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	
Disability – people with disabilities/long standing conditions	X
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth	
Marriage or civil partnership – people who are married or in a civil partnership	
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	
Religion or belief – people with different religions and beliefs including those with no beliefs	
Sex – male, female and intersex	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

4. Do you have evidence or reason to believe that this policy will or may impact on socio-economic inequalities?
Consideration must be given particularly to children and families

Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents' education, employment and income	

5. Integrated impact assessment required?
(Two ticks above = full assessment necessary)

YES		NO	X
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6. Decision rationale
If you have ticked no above, use this section to evidence why a full IIA is not required

West Lothian adult mental health beds are situated in 2 wards in St John's Hospital. Ward 17 has 23 beds. This ward has 4 4-bed bays and 7 single rooms.

These bed numbers are in excess of the requirement for timely admission to an adult mental health bed for West Lothian residents. Safety concerns indicate that these bed numbers should be reduced in Ward 17 to improve staff and patient safety and to provide care in an area where patient privacy and dignity is maintained.

A reduction of the number of beds in Ward 17, St John's Hospital, from 23 beds to 20 beds over a period of 4 weeks from 1st April will enable:

- Improved patient safety and care via improved internal communication
- Improved patient safety and care via increased staff:patient ratio
- Improved patient privacy and dignity via increased flexibility of space within the ward to allow for remodelling
- Improved attractiveness of West Lothian psychiatry positions to prevent further deterioration in the consultant vacancy rate
- Stronger focus on the patients within the 20 beds thereby developing resilience to keep Length of Stay low.

This proposal does not include a change to the core budget for this service or a change in service for West Lothian patients.

This proposal is in accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards

of practice in accordance with statutory obligations, policies and procedures; and to provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life by:

- Providing an ongoing service that is regularly reviewed and modified according to need
- Providing a clear care pathway
- Supporting timely hospital discharge

Signed by Lead Officer	Mike Reid
Designation	General Manager, Mental Health and Addictions
Date	20/03/2024
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	20/03/2024



Date	26 March 2024
Agenda Item	13

Report to West Lothian Integration Joint Board

Report Title: Care at Home Progress Report

Report By: Senior Manager, Older Peoples Services

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	To provide an update on care at home provision and impact of revised contractual arrangements
Recommendations	It is recommended that the Board: 1. Note the content of the report
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required
Resource/ Finance/ Staffing	Contracted option 3 Care at Home Contract £15.1m per year.
Policy/Legal	Public Bodies (Joint Working) Act 2014 Public Contracts (Scotland) Regulations 2015. West Lothian Integration Joint Board Strategic Plan 2023 Older People Commissioning Plan Social Care (Self-directed Support) (Scotland) Act 2013 Community Care and Health (Scotland) Act 2002 Social Work (Scotland) Act 1968 West Lothian Council's Standing Orders for the Regulation of Contracts (2022)

Risk	Provision of care at home services to meet the assessed needs of individuals requiring personal care. SPCCC002 - Insufficient Supply to Meet Service Demands – care at home
Equality, Health Inequalities, Environmental and Sustainability Issues	None required
Strategic Planning and Commissioning	Care at home services contribute to the delivery of the IJB Strategic Plan 2023-2028.
Locality Planning	The services covered by the report contribute to the Local Outcomes Improvement Plan.
Engagement	N/A

Terms of Report

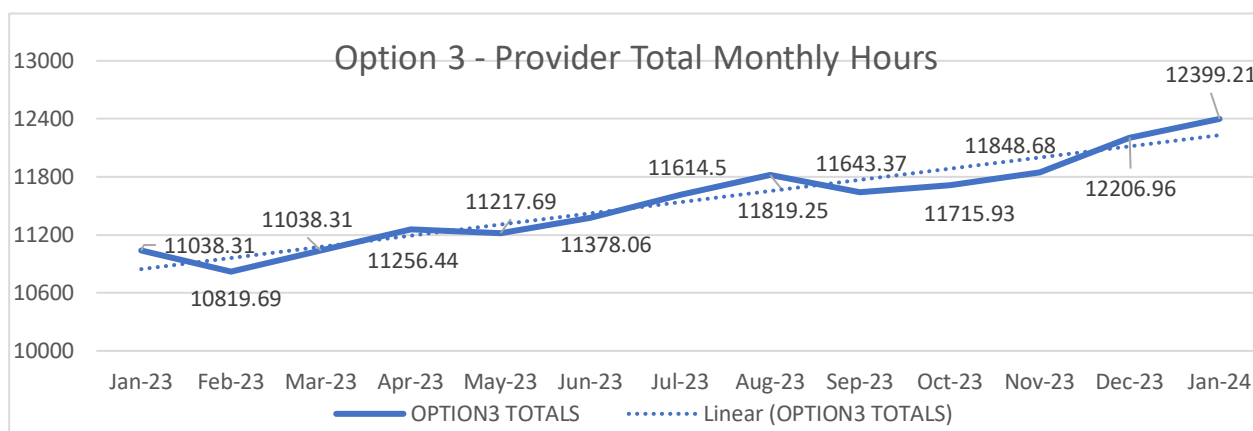
1. Background

- 1.1 The West Lothian Integration Joint Board (IJB) is responsible for the strategic planning and delivery of adult and older people social work and social care services. Care at home services have a key role in progressing the aims of the West Lothian IJB strategic plan and 'Home First' principles.
- 1.2 The strategic aim of shifting the balance of care and Home First is highly dependent on delivering the right care, at the right time in the right place. Care at home services are particularly important to ensuring that more care and support is delivered at home or closer to home rather than in hospital or other clinical settings. Service provision must also support the key principles of Self-Directed Support ensuring that service users and carers have choice and control over how their care is delivered.
- 1.3 A block contract of 300 hours per week was implemented in April 2023 to provide additional capacity whilst existing framework arrangements were reviewed. The block contract operates in tandem with the flexible framework contract and targets packages of care which the framework was unable to meet. The block contract differs from the framework in that it operates across all areas of West Lothian and attracts a higher hourly rate of £22.83 per hour, with a vehicle contribution payment of £2,500 per annum to take account of increased travel costs associated with the delivery of care
- 1.4 A new care at home flexible framework contract was introduced on 1 October 2023 with enhanced contractual arrangements. This included a new increased hourly rate from £21.40 to £22.52. The tendering activity resulted in an increase in the number of framework care at home providers from eight to sixteen and increased care capacity.
- 1.5 A weekly care at home oversight group, comprising of HSCP senior officers, utilise performance information to review continued stability or factors that may impact upon this position. This has been recently strengthened with the introduction of a dedicated quality assurance officer.

2. Current Care at Home Position

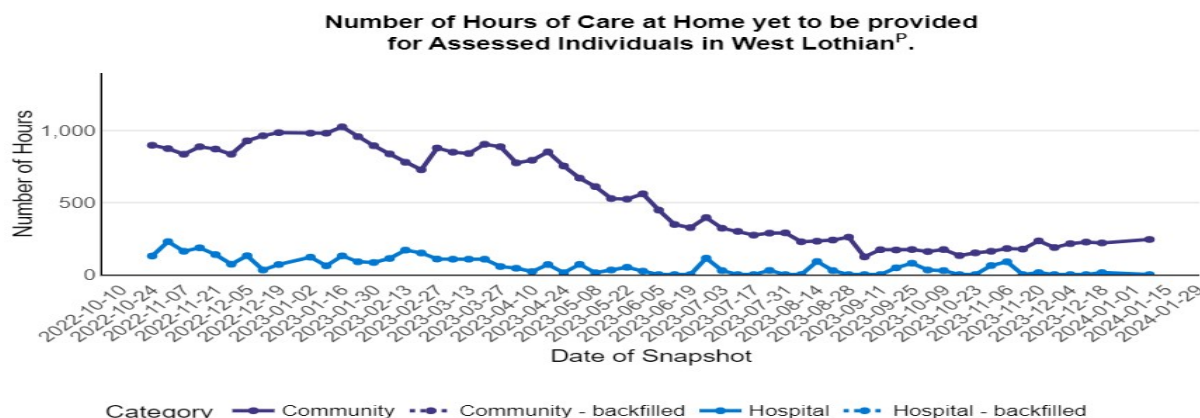
- 2.1 There has been increased stability within care at home provision over the preceding 12-month period. A number of factors have supported this position including revised contractual arrangements, enhanced approach to assessment/review of those in receipt of care and improved recruitment opportunities for care at home providers associated with health and care worker visa scheme. This has resulted in a significant reduction of unmet need and hospital delays associated with care at home provision. The financial impact associated with the increased availability of care at home provision will continue to be closely monitored.
- 2.2 Analysis of the 12-month period from January 2023 to January 2024 demonstrates a reduction in unmet need of 76% - 1,026 hours January 2023 to 244 hours in January 2024. The increased care supply has supported those assessed as critical in the community, palliative/end of life and hospital transfer delays.
- 2.3 The chart below highlights the increased capacity in the care at home independent sector provision since January 2023 and January 2024, identifying the number of hours delivered. The information identifies an increase in hours of 12.3% between January 2023 and January 2024.

Table 1 – Option 3 – Provider Total Monthly Hours by Month



- 2.4 Unmet need is closely monitored within the weekly care at home oversight group to ensure early identification of any factors that may impact upon provision. At the beginning of March 2024 individuals not in receipt of a service totalled 47 and total of 305 hours. The impact of waiting for care is closely monitored, with allocated social work staff maintaining regular contact with individuals to ensure any change in circumstances affecting wellbeing or risk is clearly understood.
- 2.5 The chart below highlights the trend in relation to those waiting for a care at home package (hours) in West Lothian.

Table 2 – Public Health Scotland - Care at Home Unmet Need



- 2.6 Participation in the health and care worker visa scheme has been identified by providers as a key contributing factor to their increased capacity. The scheme will change on 11 March 2024, with new applications for overseas health and care workers no longer being allowed to bring their dependants or family members to the UK. The impact of these changes will be closely monitored in partnership with care at home providers.
- 2.7 The block contract has provided additional stability to care at home provision throughout development of the new framework. Capacity has been efficiently utilised to support transfer of long-term packages from internal provision and packages of care that geographically challenging to match. Since implementation of revised care at home framework reliance on the block has reduced which has provided enhanced contingency throughout the winter period.
- The care at home block contract has achieved the following over the last year:
- Removed the need to use the expensive agency staff to support service delivery
 - Supported the waiting times for those critical and awaiting a care at home package of care
 - in the community and in a hospital, setting including palliative/end of life care
 - Supported packages of care which were returned from other providers where 28 days' notice were served
 - Supported winter resilience planning
- Contracting arrangements have been extended for a further 12 months with a reduced volume of care hours to 150. This reflects capacity requirements over the winter months, with no negative impact on hospital delays and or increasing unmet need.
- 3. Adult Social Care Pay Uplift**
- 3.1 Following agreement at COSLA Leaders on 26 January 2024, the Scottish Government have confirmed the distribution of £230 million funding to pay for the uplift for workers providing direct adult social care in the third and independent sectors that was announced on 19 December 2023 by the Deputy First Minister as part of the Scottish Budget for 2024-25.
- This funding will deliver a minimum rate of £12 per hour for all adult social care staff delivering direct care in the third and independent sectors.
- The HSCP will receive £6,678,00 (2.9%) of the £230 million to fund the increased minimum rate which will also be applied to the care at home framework and block contract.
- 4. Care at Home Contract Performance and Quality Assurance**
- 4.1 A weekly Care at Home Oversight Group is in place with the aim of fully understanding the current risk and developing actions to improve the situation.
- Historically insufficient supply to meet service demands in care at home was identified as a high risk both within the Integration Joint Board and Council risk registers. This risk was closely monitored through relevant management and governance structures.
- Recently this risk has been reduced from 'high' to 'medium' level of risk due to increased and continued capacity to meet the care at home demand.
- 4.2 The care at home framework and block contract require all providers to have their own electronic call monitoring systems and report to the HSCP on a monthly basis to enable analysis and reporting of key quality information. Care at Home services are regulated by the Care Inspectorate, officers work closely with the Care Inspectorate as part of the quality monitoring process.

	Currently 92 percent of all planned visits are actually delivered, with the other 7 percent relating to services being cancelled due to factors such as hospital admission and/or service users declining services.
4.3	A Business Support Officer and Business Support Assistant have been employed to support care at home quality assurance utilising savings from the removal of the previously procured ECM CM2000 system. The resource will focus on quantitative and qualitative reporting around provider organisational quality assurance and include gaining onsite audits, obtaining feedback from service users and employees which will be reported to the Care at Home Oversight Group.
4.4	Quarterly and annual contract monitoring of all care at home contracted providers is undertaken as part of the Contract and Supplier Management Framework which includes financial stability, onsite inspections, obtaining feedback from service users and analysing the implementation and impact of contractual specifications. A quality assurance programme is being established to evidence that each provider has a quality assurance process which demonstrates control and an action plan which promotes continual improvement.
5.	Conclusion The care at home flexible framework contract which delivers 12,500 hours of care per week in the homes of those who have an assessed need, expired on 30 September 2023 with new enhanced contractual arrangements commencing on 1 October 2023. The new flexible framework has increased care at home capacity in West Lothian as more providers and care hours were commissioned which has provided stability in the care at home market. The flexible framework contract has been complimented by the block contract. Care at home unmet need has reduced significantly since January 2023 due to a more stable supply of care capacity and the creation of a new Assessment and Review team. Revised contract monitoring and quality assurance arrangements continue to be put in place with key information including risks reported to the Care at Home Assurance Group.

Appendices	None
References	None
Contact	Robin Allen, Senior Manager - Older People Services robin.allen@westlothian.gov.uk 26 March 2024

Date	26 March 2024
Agenda Item	14



Report to West Lothian Integration Joint Board

Report Title: East Calder Health Centre Support Update

Report By: Senior Development Manager, Primary Care

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input checked="" type="checkbox"/>
	<p>The purpose of this report is to provide an update to the West Lothian Integration Joint Board (IJB) on:</p> <ul style="list-style-type: none"> • The actions taken to progress the Outline Business Case (OBC) for the replacement of East Calder Health Centre, • The refurbishment, reprovisioning, and repair work that is being undertaken to support East Calder Health Centre in the interim until a new-build premise is approved by the Scottish Government.
Recommendations	<p>It is recommended that IJB members:</p> <ul style="list-style-type: none"> • Note the approach taken to support East Calder Health Centre by West Lothian Health and Social Care Partnership (WLHSCP) and NHS Lothian. • Recognise that funding for a new health centre in East Calder can only be approved and provided by the Scottish Government due to the significant financial spend involved.
Directions to NHS Lothian and/or West Lothian Council	A direction is not required.
Resource/ Finance/ Staffing	Funding to adapt / reconfigure space, conduct repairs, and maintain safety standards within the existing building will derive from WLHSCP and NHS Lothian budgets.

	<p>The Scottish Government has stated that it is not accepting any new business cases for at least the next two years as the focus has now moved to maintaining existing estates.</p> <p>WLHSCP Senior Development Managers and NHS Lothian Capital Planning and Estates staff are working collaboratively with East Calder Health Centre colleagues to provide ongoing support to maintain services for patients in the area.</p>
Policy/Legal	<p>Public Bodies (Joint Working) (Scotland) Act 2014</p> <p>West Lothian Local Development Plan (LDP) 2018</p>
Risk	<p>There are associated risks if interim support, repair, and maintenance is not provided at East Calder Health Centre by WLHSCP and NHS Lothian:</p> <ul style="list-style-type: none"> • Health and Safety standards in the existing building will deteriorate, • Clinical and non-clinical space will not be maximised, • The patient experience and access to services will be impacted.
Equality, Health Inequalities, Environmental and Sustainability Issues	<p>The approach taken by WLHSCP and NHS Lothian to support East Calder Health Centre will maximise clinical and non-clinical space within the existing premise, and improve health and safety compliance, including access to the building, ensuring interim sustainability.</p>
Strategic Planning and Commissioning	<p>The report is relevant to the IJB's Strategic Plan 2023-2028 and associated delivery plans.</p>
Locality Planning	<p>East Calder Health Centre provides healthcare provision to the residents of East Calder and the surrounding villages of Mid-Calder, Kirknewton, and Wilkieston.</p> <p>The nearest neighbouring Medical Practices to East Calder Health Centre are in Murieston, Dedridge, and Craigshill.</p>
Engagement	<p>WLHSCP and NHS Lothian have formally engaged with a range of stakeholders including the East Calder community, representatives from the surrounding villages, and East Calder Health Centre staff, to ascertain their views on the need for a new healthcare premise in the area and its design. All stakeholder groups have been consistently unanimous in their view that the current building is 'not fit for purpose' and that a new health centre is required.</p>

Terms of Report	
1.	Background
1.1	Demographic Growth: East Calder Health Centre was built in the 1970s to support up to 7,000 patients. The premise accommodates a GP practice and community health services. Due to significant and ongoing housebuilding activity in the East Calder area, the Health Centre currently supports around 14,887 patients ¹ (representing an increase of 113%). Forecast data suggests that this figure may rise by up to a further 5,000 patients by 2028.
1.2	Spatial and Structural Constraints of the existing building: East Calder Health Centre has an inefficient layout and is not fully Disability Discrimination Act (DDA) compliant. Clinical space within the building is suboptimal, and office space is congested and lacking in privacy. The structural condition of the premise is showing substantial signs of deterioration, including a damaged leaking roof.
1.3	Views of the East Calder Community: Following informal feedback from the Scottish Government on an Outline Business Case submitted to them in 2021, WLHSCP engaged with East Calder community stakeholders to ascertain their views on the need for, and design of, a new healthcare premise. The outcomes of the consultation exercise conducted in 2022 are captured in the 'Redevelopment of East Calder Health Centre Engagement Report' ² published by WLHSCP in 2023. To-date, all stakeholder groups are unanimous in their views that the current building is 'not fit for purpose,' and that a new/larger building is required to address current challenges and increasing demand resulting from extensive and continuing housebuilding and associated population growth.
2.	Actions Taken to Progress a New Health Centre for East Calder
2.1	Agreement and Prioritisation: Both WLHSCP and NHS Lothian agree that a new Health Centre for East Calder is required. As requested by the Scottish Government, all Health Boards must undertake regular capital prioritisation exercises. Within NHS Lothian, replacement of East Calder Health Centre is noted as a 'category A priority – immediate requirement.'
2.2	Business Case and Unintended Challenges: WLHSCP, working in conjunction with NHS Lothian and local stakeholders, has supported the development of a Business Case for a new health centre, based on current and forecast data relating to patient list growth as well as the condition and suitability of the existing premise. Following initial scoping of design work, survey information, and cost (led by NHS Lothian's Capital Planning Team), an Outline Business Case (OBC) was drafted by WLHSCP in 2019. Brexit, the Covid-19 Pandemic, and changing Scottish Government Guidelines severely challenged progression of the OBC which was submitted to the Scottish Government via NHS Lothian's Capital Investment Group (LCIG) in 2021.
2.3	Scottish Government Feedback on the OBC: Informal feedback from the Scottish Government in 2022 noted that various elements of the OBC required attention, particularly the need for fuller stakeholder engagement. To address feedback and update the OBC for resubmission to the Scottish Government, WLHSCP re-instated a formal Project Board. The Board included representation from WLHSCP Primary Care Services, NHS Lothian Capital Planning, East Calder Health Centre, and two

members of the wider East Calder community (one being a member of the East Calder Community Council). WLHSCP also reached out to community groups to establish a formal Public Stakeholder Group.

A public and staff consultation exercise was initiated by WLHSCP between September and November 2022 to ascertain views on the need for, and design of, a new Health Centre in East Calder. Following this, NHS Lothian engaged a healthcare planner to review engagement findings and agree an updated schedule of accommodation with the GP Practice and WLHSCP.

NHS Lothian also conducted a further options appraisal in 2023 to consider if there were any viable options other than the need to erect a new healthcare premise in East Calder. Representation from the Public Stakeholder Group was included in the appraisal process. A new-build premise adjacent to the current site remained the preferred and most viable option.

- 2.4 **OBC Progression:** In August 2023, WLHSCP submitted a paper to NHS Lothian's Capital Investment Group (LCIG) to advise on progress in respect of updating the OBC. In light of service planning and public consultation, which resulted in an increase of the proposed new building's footprint (by roughly a third), and following guidance from NHS Lothian Capital Planning colleagues, it was noted that there was a need for NHS Lothian's procurement partner, Hubco, to undertake a further feasibility study to develop the design (to ensure that the design could still be accommodated on the current favoured site), and re-cost it, thus enabling resubmission of the OBC to the Scottish Government. Hubco undertook a high-level cost review for the updated proposal which estimated costs in the region of £17 million. Hubco advised that the proposed changes would require the Stage 1 process to be redone.

NHS Lothian's Director of Finance wrote to the Scottish Government in September 2023 to request funding to cover the Stage 1 design fee, as required for a project of that overall value.

- 2.5 **Scottish Government Funding Position:** In December 2023, the Scottish Government wrote to NHS Lothian to advise that no funding would be available for major Capital Investment Projects, including the replacement of East Calder Health Centre, until 2026/2027 at the earliest. NHS Lothian Capital Planning team advise that resubmission of the OBC for East Calder Health Centre would not be considered in the interim.

Due to the estimated value of the project (which exceeds NHS Lothian's Capital funding threshold), approval and funding responsibility for the replacement of East Calder Health Centre rests with the Scottish Government.

3. Interim Support for East Calder Health Centre

Recognising the rapidly growing population in East Calder and the surrounding villages, WLHSCP and NHS Lothian continue to actively support East Calder Health Centre to maintain local service provision and ensure ongoing sustainability. Further detail of ongoing work can be found in Appendix One.

- 3.1 **Wellbeing of Staff / Quality of Patient Care:** WLHSCP employ staff to support GP Practices across West Lothian, with allocations based on population share and level of pressure and this includes staff allocated to East Calder Health Centre. Those staff provide essential services including, but not exclusively, Treatment Room Nursing, Phlebotomy, Specialist Physiotherapy, Mental Health support, and Pharmacotherapy. The aim of employing those staff is to reduce pressure on GP workload and enhance local provision for patients.
- 3.2 **Expansion of Clinical Space:** An onsite modular building has been installed by NHS Lothian, and two rooms on the ground floor within the main building have been identified for refurbishment/reconfiguration by WLHSCP to maximise clinical space.
- 3.3 **Maximisation of Non-Clinical Space:** WLHSCP has plans to redesign the practice reception area to improve non-clinical space for administrative staff (a feasibility study is underway), and

	<p>a meeting room on the first floor has been re-purposed/converted for WLHSCP Pharmacist and Pharmacy Technicians to use, further releasing space within the external modular building for clinical use.</p>
3.4	<p>Digital Technology: WLHSCP has commissioned the installation of digital sensors in the clinical areas of the building to increase understanding of room usage and identify potential under-occupancy. Information will be used to further maximise the use of space.</p> <p>WLHSCP has offered the medical practice a 50% funding contribution towards modernisation of its existing telephone system which may improve working efficiencies including VIP routing for vulnerable patients, a queue call-back option, and greeting messages to advise on appointment availability. The cloud-based system could be transferred to a new building. The practice has indicated that it would not be beneficial to proceed with the replacement telephone system at the moment.</p> <p>NHS Lothian plans to migrate East Calder Medical Practice's patient-record/software system to VISION (a cloud-based system) in Summer / Autumn 2024. This will improve connectivity and present an opportunity for some clinical and non-clinical staff to work remotely, thus optimising space within the premise.</p> <p>WLHSCP has provided medical practice staff with laptops to promote home working where possible.</p>
3.5	<p>Building Maintenance and Safety: NHS Lothian has conducted a temporary repair to the roof of the premise to address water ingress issues. A further roof survey is to be conducted in Spring 2024, with partial or full replacement of the roof to be progressed - this may include removal of the conservatory-style vestibule currently in place to improve access for patients with disabilities. Flexible carpet flooring has been laid at the entrance of the building to improve safety.</p> <p>NHS Lothian has recently conducted a fire safety audit of the building to ensure ongoing compliance.</p>
3.6	<p>Strategic Planning: Given the current challenging operating climate, WLHSCP is revisiting its Primary Care Business Continuity Plan for resilience purposes to identify available space in other medical practices and partnership centres locally, to consolidate 'buddy-arrangements' (i.e., what assistance other Practices can provide), and improve assessment of risk to pre-empt pressure and offer prompt mitigation(s).</p> <p>In addition, WLHSCP is engaging with West Lothian Council (WLC) to ensure health provision is considered in the next local housing development plan, which is due for completion in 2028.</p>
4.	<p>Next Steps</p>
4.1	<p>WLHSCP and NHS Lothian are aware that the East Calder community is frustrated about progress in respect of obtaining a new-build healthcare premise. The Director of WLHSCP and the Chair of the West Lothian Integration Joint Board recently attended a public meeting organised by the East Calder community on 31st January 2024 to hear public views.</p>
4.2	<p>WLHSCP and NHS Lothian will continue to work proactively with the East Calder Health Centre Project Board and Public Stakeholder Group representatives to support, develop, and modernise services at East Calder health centre, where possible, within available budgets. Funding for a new health centre in East Calder can only be approved and provided by the Scottish Government due to the significant financial spend involved. An OBC for East Calder cannot be resubmitted to the Scottish Government at this time due to a pause on capital planning and investments.</p>

Appendices	Appendix One – East Calder Project Plan at March 2024
References	¹ Data extracted from NHS Tableau (based on information at 10 th February 2024). ² Redevelopment of East Calder Health Centre - Engagement Report v4 (westlothianhscp.org.uk)
Contact	Leona Jackson WLHSCP Senior Development Manager, Primary Care leona.jackson@nhs.scot

APPENDIX ONE – EAST CALDER HEALTH CENTRE PROJECT PLAN (TARGET AREAS) AT MARCH 2024

TASK	ACTION	UPDATE	TIMELINE	LEAD
Allocation of WLHSCP Allied Staffing	Deployment of WLHSCP Allied Staffing	<p>WLHSCP additional staffing supporting practice:</p> <ul style="list-style-type: none"> • Specialist Physiotherapy • Mental Health Nurse • Pharmacist • Pharmacy Technician • Treatment Room Nurse • Phlebotomy • Full access to Community Wellbeing Hubs • Bookable Link Worker <p>Roll-out of access to Pharmacotherapy Hub to commence by Summer 2024 pending further recruitment of Pharmacy staff.</p>	Ongoing monitoring to align with patient list increase	WLHSCP
	Installation of modular building onsite – external	Completed 2022	Winter 2022	NHS Lothian
	Speech and Language Room to be converted and refurbished for clinical use	<ul style="list-style-type: none"> • January 2024 – Costs approved, and initial conversion work completed. New examination couch / desk / pedestal / chair ordered. Final cabling and IT Data points to be installed. • NHS Lothian to provide PCs / Telephones. 	Completion anticipated by end-March 2024	WLHSCP / NHS Lothian
	Community Physiotherapy Room to be reconfigured and refurbished (split into two) to maximise clinical space	<ul style="list-style-type: none"> • January / February 2024 – current room users consulted. • February 2024 - Feasibility Study commissioned; to advise on scope of works required and cost. 	Feasibility Study due March 2024 - will inform ongoing approach	WLHSCP
TASK	ACTION	UPDATE	TIMELINE	LEAD

Maximisation of Non-Clinical Space	Repurpose first floor meeting room for WLHSCP Pharmacy and Pharmacy Technicians to use – currently accommodated in onsite modular building – thus releasing ground floor clinical space for use	<ul style="list-style-type: none"> November 2023 – Pharmacy staff consulted. December 2023 – Associated costs approved / furniture for first floor room ordered. January 2024 - First floor conversion work completed; additional IT Data points installed. NHS Lothian to provide Telephones. 	Completion anticipated by end-March 2024	WLHSCP / NHS Lothian
	Redesign of Practice Reception Area to expand / improve non-clinical space for Administrative Staff	<ul style="list-style-type: none"> November 2023 – Redesign discussions commence; site visited conducted. January 2024 - Feasibility Study cost approved. February 2024 - Feasibility Study commissioned; to advise on scope of works required and cost. 	Feasibility Study due March 2024 - will inform ongoing approach	WLHSCP
Implementation of Digital Technology	Laptops provided to Practice Staff to promote home working where possible	Issued 2021 / 2022	Summer 2022	WLHSCP
	Acquire and install Digital Room Sensors to monitor room usage in clinical areas to identify peak use and any potential under-occupancy	<ul style="list-style-type: none"> November 2023 – Room Sensors acquired from NHS Lothian Sustainability and Value Team November 2023 – Communication with FM Systems regarding reset of sensors and installation. February 2024 – scope of work paperwork submitted by FM Systems and signed by WLHSCP. Date of installation to be finalised. 	Installation of sensors anticipated by end-March 2024	WLHSCP

TASK	ACTION	UPDATE	TIMELINE	LEAD
Implementation of Digital Technology continued...	Migration of Practice's patient-record / software system to VISION – improved connectivity will facilitate remote working	<ul style="list-style-type: none"> July 2024 installation confirmed by NHS Lothian. February 2024 – installation delayed; to commence Autumn 2024. 	Summer / Autumn 2024	NHS Lothian
	Installation of upgraded telephone system – Think Healthcare (Focus Group). WLHSCP to fund 50% of Practice's upfront costs.	<ul style="list-style-type: none"> December 2023 / January 2024 – Site survey conducted by Focus Group. Quotation for upgrade works provided. February 2024 – Practice does not feel upgrade beneficial at the moment. 	Not applicable	WLHSCP
Building Maintenance and Safety	SBAR completed advising of urgent need for building maintenance at East Calder Health Centre	<ul style="list-style-type: none"> Paperwork submitted to WLHSCP Head of Service November 2023 – to be discussed with NHS Lothian Estates. 	Completed – Winter 2023.	WLHSCP
	Repair / replace leaking roof	<ul style="list-style-type: none"> December 2023 – Asbestos Survey conducted. December 2023 / January 2024 – Temporary repair of roof to prevent water ingress. Drainpipes extended to redirect water away from weakened areas of roof. Full roof inspection to be conducted in Spring 2024 with partial or full replacement of the roof to be progressed. Removal of conservatory-style vestibule to be considered to improve Disability Discrimination Act (DDA) compliance. 	Roof Inspection Spring 2024 – will inform approach moving forward	NHS Lothian

TASK	ACTION	UPDATE	TIMELINE	LEAD
Building Maintenance and Safety continued...	Installation of flexible flooring to reduce occurrence of slip / trip hazards	<ul style="list-style-type: none"> January 2024 – Flexible carpet flooring at entrance of building laid. 	Completed January 2024	NHS Lothian
	Fire Safety Audit	<ul style="list-style-type: none"> January / February 2024 – Fire safety Audit of building to ensure ongoing compliance. Installation of new side/exit door recommended. 	Audit completed / recommendation outstanding	NHS Lothian
	Installation of canopy between side door and external modular building	<ul style="list-style-type: none"> December 2023/January 2024 – Risk Assessment conducted regarding the suitability of access to / from the main building to the modular building. Consider option of installing a canopy to cover the walkway. 	Risk Assessment completed January 2024. Awaiting Fire Officer Report – anticipated March 2024	WLHSCP
	Car Park Signage	<ul style="list-style-type: none"> November 2023 – Minor Works form completed to request car park signage at East Calder Health Centre. Signage to note 'Private Care Park for NHS Staff and Patient Use Only.' Submitted to NHS Lothian Estates. 	Completion anticipated by end-March 2024	WLHSCP / NHS Lothian
Strategic Planning	Business Continuity Action Template	<ul style="list-style-type: none"> November 2023 – WLHSCP compile Business Continuity Action Plan for GP Practices. December 2023 – WLHSCP issue template to East Calder Medical Practice for consideration and completion. 	Ongoing	WLHSCP
TASK	ACTION	UPDATE	TIMELINE	LEAD

Strategic Planning continued...	Risk / Risk Mitigation / Resilience Planning	<ul style="list-style-type: none"> Audit available space in other Medical Practices and Partnership Centres. Consolidate 'Buddy Arrangements' with neighbouring Practices. Improve existing risk / pressure escalation matrix. 	Ongoing	WLHSCP
	Housebuilder Contributions	<ul style="list-style-type: none"> February 2024 – discussion about possibility of approaching housebuilders for a goodwill funding contribution for East Calder Health Centre. WLHSCP to re-engage with West Lothian Council (WLC) regarding consideration of Health provision in its 'Local Housing Development Plan 2' - due for completion in 2028. 	Ongoing discussions regarding approach	WLHSCP



**WEST LOTHIAN INTEGRATION JOINT BOARD
WORKPLAN
MEETING DATE: 26 March 2024**



Month	Item	Lead Officer	Meeting Date	Recurrence	Reason
March 2024	Chief Officer Report	Chief Officer	26 March 2024	Standing item	
	Chief Financial Officer Report	Chief Finance Officer	26 March 2024	Standing item	
	Minutes Minutes of previous meeting for approval Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	26 March 2024	Standing item	
	Complaints and Information Requests	Project Officer	26 March 2024	Quarterly	To be included within Chief Officer Report
	Timetable of Meetings	Committee Services	26 March 2024	Annual	
	2023/24 Quarter 3 Finance Update	Chief Finance Officer	26 March 2024	Annual	
	Coming Home Dynamic Support Register	Senior Manager - Adult Services	26 March 2024	Biannual	
	Format of Meetings	Head of Strategic Planning and Performance	26 March 2024	Annual	
	Care at Home Progress Report	Chief Social Work Officer	26 March 2024		As requested at September IJB 2023
April 2024	Chief Officer Report	Chief Officer	23 April 2024	Standing item	
	Chief Financial Officer Report	Chief Finance Officer	23 April 2024	Standing item	
	Minutes Minutes of previous meeting for approval Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	23 April 2024	Standing item	
	Carer Strategy Annual Update	Senior Manager Adult Services	23 April 2024	Biannual	
	Adult Support and Protection Activity	Senior Manager Adult Services	23 April 2024	Biannual	

	Best Value Review	Chief Finance Officer	23 April 2024		
	ADP – Residential Rehab	General Manager Mental Health	23 April 2024		
	Community Connections Update	Senior Manager Adult Services	26 March 2024		TBC
June 2024	Chief Officer Report	Chief Officer	Jun-24	Standing item	
	Chief Financial Officer Report	Chief Finance Officer	Jun-24	Standing item	
	Minutes Minutes of previous meeting for approval Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	Jun-24	Standing item	
	Complaints and Information Requests	Project Officer	Jun-24	Quarterly	To be included within Chief Officer Report
	Annual Accounts (Unaudited)	Chief Finance Officer	Jun-24	Annual	
	IJB Annual Performance Report	Head of Strategic Planning and Performance	Jun-24	Annual	
	Strategic Delivery Plans	Head of Strategic Planning and Performance	Jun-24	Biannual	
Future Meetings	Developing a new Mental Health and Wellbeing Primary Care Service	General Manager Mental Health	TBC		Moved from September 2022 to November 2022 - further delay due to awaiting further information from Scottish Government.
	Health & Care Governance Report	Chief Social Work Officer / Chief Nurse / Clinical Director	TBC		To replace the Annual Clinical Director Governance Report
	Annual Review of Support Services	Chief Officer	TBC		
	Role Descriptions for Members	Project Officer	TBC		
	Self-assessment Questionnaire	Project Officer	TBC	Annual	Delay due to change of membership - make note in November CO Report
	Public Protection Biennial Report	Senior Manager, Adult Services	Nov-24	Biennial	
	Annual Accounts	Chief Finance Officer	Sep-24	Annual	
	Review of Records Management Plan	Project Officer	Aug-24	Annual	

	Review of Standing Orders and Scheme of Delegations	Standards Officer	Jan-25	Triennial	reviewed at IJB on 13 January 2022. Agreed that reviews should be triennial.
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IJB Cyclical Reports (March 2024)

What	When	Why	Lead Officer	Notes / Changes	Next IJB Reporting Cycle
Adult Protection Biennial Report	Biennial		Senior Manager - Adult Services		November 2024
Adult Support and Protection Activity	Biannual update to Board		Senior Manager - Adult Services	6 month progress updates agreed	April 2024 / September 2024
Annual Accounts (Audited)	Annually by 30 Sept each year	Required by Local AuthorityAccounts (Scotland) Regulations 2014	Chief Finance Officer		September 2024
Annual Accounts (Unaudited)	Annually by June each year	Required by Local AuthorityAccounts (Scotland) Regulations 2014	Chief Finance Officer		June 2024
Annual Performance Report	Annual to IJB in June due to statutory requirement to publish before 31 July each year	Required by Public Bodies (Joint Working) (Scotland) Act 2014	Head of Strategic Planning and Performance		June 2024
Chief Social Work Officer's Annual Report	Presented annually – December each year	Requirement of Integration Scheme and Local Code of Corporate Governance, and Guidance on The Role of Chief Social Work Officer Issued by Scottish Ministers – Revised July 2016	Chief Social Work Officer	Annual Report in January	January 2025
Civil Contingencies Act 2004 (IJB as Cat 1 Responders)	Annual	Scottish Parliament approved an amendment to the Act, which saw the inclusion of Integration Joint Boards in Jan 21	Chief Officer	To be included within Chief Officer Report	September 2024

Clinical Governance Report	Annual	Requirement of Integration Scheme and Local Code of Corporate Governance	Clinical Director	Changing in 2023 to combined Governance Report with Chief Nurse & Chief Social Work Officer	TBC
Coming Home Implementation Report		Report in April & August 2023	Senior Manager - Adult Services	further update agreed to go to the Board	TBC
Complaints and Information Requests	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)	Project Officer	Included within Chief Officer Report	March 2024
Equality Mainstreaming and Outcomes Report	To be presented biennially	Required by Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	Project Officer	New report due in April 2025 to cover 2025-2029. Biennial progress report due 2027.	April 2025
HSCP Workforce Communication and Engagement Strategy	Annual Update / New Plan in 2025/26	Strategy approved in January 2023	Programme Manager (Workforce Planning)		January 2025
HSCP Workforce Plan	Annual Update / New Plan in 2025/26	HSCP Workforce Plan 2022-2025 approved in September 2022	Programme Manager (Workforce Planning)	6 month progress update requested at IJB Sept 23	September 2024 (6m progress update April 2024)
IJB Communication & Engagement Strategy	Annual Update / New Plan in 2026	Strategy approved in September 2023	TBC	6 month progress update requested at IJB Sept 23	September 2024 (6m progress update April 2024)
IJB Strategic Delivery Plans	Biannual	As agreed in June 2023	Head of Strategic Planning and Performance		June 2024
IJB Strategic Plan 2023-2028	New Strategic Plan due 2028	Approved in April 2023	Head of Strategic Planning and Performance	Underpinned by Strategic Delivery Plans - 6 monthly reporting	June 2024
Members' Code of Conduct	Annual report – Nov/Jan each year; review biennially	Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review covered in Local Code of Corporate Governance	Standards Officer	Annual Report in November/January	January 2025

Primary Care Improvement Plan			General Manager - Primary Care	Went to the Board in April 2023	TBC
Proposed Meeting Dates	To be agreed annually – March each year	To approve the Board and SPG meeting dates for the coming year (Standing Order 4.1)	Committee Services		March 2024
Public Bodies Climate Change Duties	Presented annually – by 30 November each year	Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015	Project Officer	Annual Report in November	November 2024
Public Protection Biennial Report	To be presented biennially – next report Nov 2024	For information - Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Convenors of Adult Protection Committees (APCs) to produce a biennial report	Chief Social Work Officer		November 2024
Review of Records Management Plan	To be reviewed annually	Required by the Public Records (Scotland) Act 2011 and in keeping with WLC's Records Management Policy (adopted by the Board)	Project Officer	Annual Report in August	August 2024
Risk Register	To be reviewed annually – December each year	Required by Risk Management Strategy, approved by IJB on 14 March 2017	Internal Auditor	Annual Report in November	November 2024
Scheme of Delegations	To be reviewed biennially	Agreed by IJB on 31 January 2017	Standards Officer	Next review - January 2026	January 2026
Scottish Budget Update	Update to be provided annually – January each year	To assess the impact of the Scottish Budget on the financial contribution to the IJB from partner bodies prior to approving the IJB Budget each year	Chief Finance Officer		January 2025

Self-Assessment Questionnaire	Annual		Project Officer		TBC
Self-Assessment Questionnaire Results	Annual		Project Officer		TBC
Standing Orders	To be reviewed biennially	Biennial review agreed by IJB on 20 October 2015	Standards Officer	Next review - January 2024	January 2024
West Lothian Carers Strategy 2023-2028	Annual Update / New Plan in 2028	Strategy approved in April 2023	Senior Manager - Adult Services	6 month progress update agreed	April 2024 (6m progress update September 2024)