DATA LABEL: Public

West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

17 April 2019

A meeting of the **West Lothian Integration Joint Board** will be held within the **Blackburn Partnership Centre, Ashgrove, Blackburn, EH47 7LL** on **Tuesday 23 April 2019** 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 should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest

4. Confirm Draft Minute of Meeting of the Integration Joint Board held on Tuesday 12 March 2019 (herewith)

5. Minutes for Noting:

   (a) West Lothian Integration Strategic Planning Group held on 21 February 2019 (herewith)

   (b) West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 6 March 2019 (herewith)

Public Items for Decision

6. Membership and Meeting Arrangements

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

7. Draft Strategic Plan 2019-23 - report by Director (herewith)

8. Market Facilitation Plan - report by Director (herewith)

9. Medium Term Financial Plan Update - report by Chief Finance Officer (herewith)

10. Primary Care Improvement Plan - report by Director (herewith)

11. St. John's Hospital Emergency Department Redesign Standard Business Case - report by St. John's Hospital General Manager Unscheduled Care (herewith)

12. Equality Mainstreaming and Outcomes 2017-2021 - Progress Report - report by Director (herewith)

Public Items for Information

13. Delayed Discharge - presentation by Head of Strategic Planning and Performance

14. Workplan and List of Cyclical Reports (herewith)

NOTE **For further information please contact Rachel Gentleman on 01506 281596 or rachel.gentleman@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 12 MARCH 2019.

Present

Voting Members – Martin Hill (Chair), Martin Connor, Harry Cartmill and Angela Doran (substituting for George Paul).

Non-Voting Members – Jim Forrest, David Huddlestone, Pamela Main, Ann Pike, Pamela Roccio and Patrick Welsh and Rohana Wright.

In attendance – Lesley Henderson (HR Services Manager), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning & Performance), Jo Macpherson (Interim Head of Social Policy) and James Millar (Standards Officer).

Apologies – Elaine Duncan, Jane Houston, Mairead Hughes, Alex Joyce, Bill McQueen, Martin Murray, George Paul and Damian Timson.

Absent – Dave King

1 ORDER OF BUSINESS

The Chair advised that agenda item 9 (Recruitment and Appointment of Director) would be considered following agenda item 5 (Minutes for Noting).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board approved the minute of its meeting held on 29 January 2019 as a correct record. The minute was thereafter signed by the Chair.

4 MINUTES FOR NOTING

The Board noted the minutes of the Audit, Risk and Governance Committee of 12 December 2018 and the Strategic Planning Group of 13 December 2018.

5 RECRUITMENT AND APPOINTMENT OF DIRECTOR

The Board considered a report by the HR Services Manager, West Lothian Council (copies of which had been circulated) which informed members that the Director was retiring and proposed arrangements for the recruitment and appointment to the post.

The Director of the IJB, described as 'Chief Officer' in the relevant legislation, was a member of staff of either NHS Lothian or West Lothian Council and was seconded to the Board as its only member of staff. The Director held roles and responsibilities in all three organisations and therefore the health board, council and the IJB had an interest in the appointment process.

Each organisation had its own procedures for recruitment and appointment to senior positions; however it was proposed that the recruitment and appointment of the Director be carried out through a tripartite process due to the nature of the post. The report set out a recruitment plan which included a six-member appointment panel with two appointees from each body. The panel would make a recommendation to the three bodies following interviews. The Board was asked to agree the process and make two appointments to the panel to represent its interests.

The recruitment pack and an estimated timeline were attached to the report as Appendix 1 and 2 respectively. The Chair recognised that timing was important but expressed disappointment that the Board was not consulted on the content of the recruitment pack prior to the post being advertised. In respect of the timeline, the Board were informed that if the process was agreed, consideration should be given to upcoming Board meeting dates and whether these would require to be altered to accommodate the process. It was agreed that an additional meeting should be held in May 2019 to ensure an appointment could be made in a timely manner.

It was also noted that there was a possibility that an interim appointment would be required depending on the date the successful candidate could take up the post. This would be dealt with by the Chief Executives of the council and health board and appointed by the IJB in line with the Integration Scheme.

The Board was recommended to:

1. Agree that recruitment and appointment to the post of Director was carried out in co-operation with the council and the health board through a joint appointment panel with the formal and final appointment being made by the Board at the end of the process outlined in the report;

2. Appoint two voting members to the appointment panel to represent the Board's interests; and

3. Consider if any additional Board meetings, or re-arranged Board meetings, would be required to ensure compliance with the proposed recruitment process.

<u>Decision</u>

1) To approve the terms of the report.

2) To agree in principle that a special meeting of the Board would be arranged in May 2019 to ensure compliance with the proposed recruitment process and that the date would be confirmed at a later date.

3) To appoint Bill McQueen and one Council-appointed member of the Board, to be confirmed following discussion with Councillors not present at the meeting, to the appointment panel to represent the Board's interests.

6 MEMBERSHIP & MEETING CHANGES

The Clerk informed the Board that Jane Houston had advised she was retiring at the end of March and had therefore resigned as the Staff Representative for NHS Lothian.

The Board were also informed that Bridget Meisak had resigned from Voluntary Sector Gateway West Lothian and that the organisation had nominated Pamela Roccio to replace her as the Third Sector Representative. The Board were asked to confirm the appointment.

Decision

1) To note the resignations of Jane Houston and Bridget Meisak.

2) To appoint Pamela Roccio as the Third Sector Representative.

7 IJB FINANCE UPDATE

The Board considered an update report by the Chief Finance Officer (copies of which had been circulated) on the budget forecast position for 2018/19 for the IJB delegated health and social care functions.

As a strategic planning body which did not directly deliver services, employ staff or hold resources, the IJB issued directions but NHS Lothian and West Lothian Council were responsible for managing services within available budget resources. Regular financial performance reports were provided to the Board to ensure sufficient oversight of health and social care functions.

Details were provided of the latest overall monitoring positions for the health board and the council taking account of the West Lothian IJB delegated functions. Information was then given on the 2018/19 summary budget outturn for IJB delegated functions for which an overspend of £891,000 was currently forecast. The detail of this forecast position was attached to the report at Appendix 1.

The report noted that subject to ongoing monitoring and agreement through the partnership arrangements in place, the pressure on Health IJB delegated resources may, as in past years, be met through the achievement of an overall NHS Lothian breakeven position. Details of the

key risks, service pressures and approved savings which had been identified were noted against the relevant components of the budget. An update on the Finance Risk Schedule was attached to the report at Appendix 2. Appendix 3 set out a breakdown of savings identified for 2018/19.

In summary, the report advised that actions were being progressed across the IJB and partner bodies with the objective of achieving a balanced budget position for 2018/19.

During discussion it was noted that any adjustments to the current Council or NHS Lothian funding would require the IJB to issue revised directions. The Chair considered that directions issued to partner bodies in the future should be sufficiently detailed and identify areas where savings were required to be made or which would benefit from change to ensure services were delivered within available resources. Comments were also made regarding the council's forecast overspend which was expressed in the report as a percentage of the council's total revenue budget. It was requested that if figures were presented in this way in future, that the same information was given in relation to NHS Lothian's total budget.

The Board were recommended to note:

1. The forecast outturn for 2018/19 in respect of IJB Delegated functions taking account of saving assumptions; and

2. The current position in terms of year end management of partner overspends and underspends, consistent with the approved Integration Scheme, to allow the IJB to achieve a breakeven position in 2018/19.

Decision

1) To note the terms of the report.

2) To request that future finance updates which included figures as a percentage of the Council's total budget also included similar information in relation to the NHS Lothian budget.

8 IJB 2019/20 BUDGET - FINANCIAL ASSURANCE

The Board considered a report by the Chief Finance Officer (copies of which had been circulated) which set out the outcome of the financial assurance process on the contributions West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2019/20. Approval was sought for the issue of Directions to partner bodies for the delivery of functions with associated resources from 1 April 2019.

The financial assurance process was undertaken to allow the IJB to understand the assumptions and risks associated with the annual resources allocated by the council and health board. The Council and NHS Lothian were responsible for agreeing the IJB's delegated functions and setting their respective budgets, including the level of payments and

set aside resources to the IJB.

The Chief Finance Officer advised the Board of the matters taken into account as part of the financial assurance process. These matters, which were listed in the report, formed the basis of reviewing the 2019/20 resources identified by the council and health board, with the Integration Scheme also informing the approach.

It was noted that the Council had agreed its budget for 2019/20 on 19 February 2019 which included the level of resources associated with IJB delegated functions of £75.539 million. This took account of additional Scottish Government funding in the Scottish Local Authority settlement of £160 million specifically for social care and mental health. West Lothian's share of this funding had been confirmed as £4.223 million. This funding was additional to the £11.988 million included in the previous Scottish Budgets in 2016/17 to 2018/19 and in total £16.211 million had been baselined as specific recurring funding from 2019/20 and had been allocated to the IJB. Appendix 1 to the report showed further details on the split of the resources against the various adult social care functions/services in 2019/20.

The budget reflected savings of £2.859 million which would require to be delivered to manage within the resources. Comprehensive budget planning had been undertaken to realistically assess the additional cost demands to be budgeted for, and savings required as a result; however there were a number of key risks and uncertainties that would require to be closely monitored. These were highlighted in the report.

In terms of NHS Lothian, the financial planning process for 2019/20 had not yet completed, and overall budget figures were being prepared for submission to the NHS Lothian Finance and Resources Committee on 20 March 2019. The 2019/20 financial plan assumptions in the report took account of the total funding confirmed by the Scottish Government and NHS Lothian budget figures.

Based on the current NHS Lothian financial plan, the 2019/20 budget associated with NHS delegated functions for West Lothian was £151.211 million. This included £1.293 million of planned savings. However, at this stage based on initial spend forecasts and saving assumptions, a funding gap of £2.8 million was forecast for 2019/20 compared to anticipated spend. At the current stage, funding or savings to this amount would require to be identified for IJB delegated functions to be delivered within budget. Confirmation was yet to be received regarding some services.

The report noted that an additional £149 million for NHS Boards was still to be allocated by the Scottish Government for investment in reform, which could potentially assist with some budget pressures. Close management and monitoring would continue to take place in partnership to meet the objective of a breakeven position in 2019/20. The key risks and uncertainties relating to the budget were set out in the report.

Appendix 4 to the report set out the Directions proposed to be issued by the IJB to West Lothian Council and NHS Lothian, who were operationally

responsible for delivering services within the resources available. It was highlighted that an updated medium term financial plan would be reported to the Board on 23 April 2019 alongside the updated Strategic Plan.

The annual financial statement was attached to the report at Appendix 5.

The Board was recommended to:

1. Note the financial assurance work undertaken to date;

2. Agree that Council and NHS Lothian 2019/20 budget contributions would be used to allocate funding to Partners, via Directions, to operationally deliver and financially manage IJB delegated functions from 1 April 2019;

3. Agree to issue the Directions attached at Appendix 4 to the report to West Lothian Council and NHS Lothian respectively;

4. Note the update to medium term financial planning in respect of IJB delegated functions; and

5. Agree the updated IJB Annual Financial Statement attached at Appendix 5 to the report.

Decision

1) To approve the terms of the report.

2) To note that the Director, the Chief Social Work Officer and relevant stakeholders including third sector representatives would meet to consider the services they delivered, possible funding streams and how these could be achieved in future.

9 RECOMMENDATIONS FOR IJBS: ACTIONS FROM DEVELOPMENT SESSION

Three reports had been published recently which included a number of recommendations for integration authorities: 'NHS in Scotland in 2018' by Audit Scotland, 'Local Government in Scotland – Financial Overview 2017/18' by the Accounts Commission, and 'Health and Social Care Integration: Update on Progress' by the Accounts Commission and Auditor General. These reports had previously been considered by the Audit, Risk and Governance Committee in December 2018 and by the Board in January 2019. At its meeting in January, the Board agreed that the development session taking place in February 2019 should focus on these reports and that a further report proposing actions based on the discussion should be presented in March 2019.

A further report, 'Review of Progress with Integration of Health and Social Care' had been published by the Ministerial Strategic Group for Health and Community Care following the Board meeting in January. This report was also considered by members at the development session.

A report by the Director (copies of which had been circulated) summarised the development session discussion and proposed actions against each of the recommendations. Appendix 1 to the report set out each recommendation, the current position, proposed actions against these and timescales for implementation. The Board were asked to agree actions to be taken.

During consideration of the report, particular reference was made to the new strategic planning structure, a draft of which would be submitted to the Board in April 2019, and the importance of improving engagement with communities. Members were satisfied with the proposed actions and agreed that they should be taken, but requested that the timescales be reviewed, specifically those which were noted as 'ongoing'.

The Board was recommended to:

1. Note the summary of the Development Session held on 20 February 2019;

2. Note the business to come to the Board following discussion at the Development Session;

3. Note the current position and proposed action against each recommendation; and

4. Agree actions to be taken.

Decision

1) To approve the terms of the report.

2) To agree that the actions proposed in Appendix 1 to the report should be taken.

3) To request that the timescales for actions noted as 'ongoing' be reviewed to reflect whether they had already been completed or had an expected timescale to ensure effective tracking.

10 UNDERSTANDING PROGRESS UNDER INTEGRATION

Integration Authorities were required to set objectives against the six Ministerial Strategic Group (MSG) indicators for Health and Community Care. The Board considered a report by the Director (copies of which had been circulated) on the progress made against these indicators to date and the objectives for 2019/20.

The Scottish Government required progress updates on the integration of health and social care and had requested that integration authorities shared their progress against the local objectives on the six MSG indicators, and set objectives for 2019/20.

Partnerships had been requested to share details of how they expected

activity to change in the future, to the end of 2019/20 as a minimum which included clear measures of the expected change e.g. increase, decrease, or remain the same; the baseline year this change was based on; and expected final total figures for the period in question which would make it easier to see the expected final outcome.

The Strategic Planning Group at its meeting on 21 February 2019 had an extensive discussion of each of the six indicators and had proposed draft objectives for 2019/20. These were presented in Appendix 1 to the report. The draft objectives had been submitted to the MSG as interim objectives to meet their requirements but were subject to approval of the Board.

During discussion, members acknowledged that the performance to date was a mixed picture with progress being made in some but not all areas, particularly delayed discharge. It was recognised that the changing demographics in West Lothian presented a challenge and that the over 75 age category was growing which added pressure on some services and contributed to problems around delayed discharge. Members were advised of the various workstreams being developed to address some of the issues faced by services.

Points were also raised in relation to recruitment, particularly to care positions. It was advised that attracting people to work in the care sector could be challenging due to the shift patterns, lone working and often difficult nature of the work, but that this was a national issue rather than one that affected West Lothian alone. An ongoing recruitment exercise was currently taking place.

The need for a strategic approach to the whole health and social care system to improve service performance across the Council, NHS Lothian and the third sector was emphasised. Officers agreed to submit a further report to the Board in April 2019 containing further information on the initiatives planned or in progress, changing demographics and funding challenges, and the impact these were expected to have on performance against the objectives in future.

The Board was recommended to:

1. Note the requirements of the Ministerial Strategic Group for Health and Community Care (MSG);

2. Note the progress against the 6 key indicators;

3. Discuss the proposed draft objectives for 2019/20 and agree any changes;

4. Note the draft objectives have been submitted to the MSG on 28 February 2018 in accordance with their requirements under cover that they were interim and subject to IJB approval; and

5. Approve the objectives for 2019/20 for final submission to the MSG and that future performance reports would be aligned to these objectives.

Decision

1) To approve the terms of the report.

2) To agree that a further report would be submitted to the Board in April 2019 detailing the estimated impact against the objectives of initiatives planned and currently underway, changing demographics and consequences relating to funding, particularly in relation to delayed discharge.

3) To agree to submit the objectives for 2019/20 to the MSG and that these would be monitored and could be revised in future.

11 UPDATE TO REPORT TEMPLATE

A report by the Director (copies of which had been circulated) was presented which sought approval of an updated report template to be used for reports to the Board, the Audit, Risk and Governance Committee and the Strategic Planning Group.

In accordance with Standing Orders, reports were required to be prepared using a standard template approved by the Board. The current report template had not been reviewed since the establishment of the Board and some changes were recommended.

The proposed changes were listed within the report and a copy of the proposed template was attached to the report at Appendix 1. If approved, the updated template would be used for all meetings of the Board, its committees and working groups from April 2019.

The Board was asked to approve the updated report template for use for reports to meetings of the West Lothian Integration Joint Board, the Audit, Risk and Governance Committee and the Strategic Planning Group from April 2019 onwards.

Decision

To approve the terms of the report subject to the inclusion of paragraph numbering in the report template.

12 PROPOSED MEETING DATES 2019/20

The Board were asked to approve dates for meetings of the Board and Strategic Planning Group and Development Sessions for 2019/20.

A paper setting out proposed dates had been circulated. It also noted that the Board meeting dates for April and May 2019 may require to be altered to accommodate the recruitment process for the post of Director.

Decision

1) To approve the proposed dates detailed in the paper.

2) To note that a further meeting would be held in May 2019 and that the date would be confirmed at a later date.

13 COMPLAINTS AND INFORMATION REQUESTS - QUARTER 3 OF 2018/19

A report by the Director (copies of which had been circulated) was required to be presented to the Board on a quarterly basis detailing complaints or requests for information made to the Board. This was in line with the Board's Complaints Handling Procedure and the legislative requirement to report statistics of requests for information made to the Office of the Scottish Information Commissioner.

There had been no complaints or information requests made during Quarter 3 of 2018/19 or since the establishment of the IJB. Quarterly updates would continue to be presented to future meetings of the Board.

The Board was asked to note:

1. That no complaints had been received in quarter 3 or since the establishment of the IJB;

2. That three requests for information had been received in quarter 3; and

3. That complaints and requests for information would be reported on a quarterly basis.

Decision

To note the terms of the report.

14 MEMBERS' CODE OF CONDUCT 2017/18

A report by the Standards Officer (copies of which had been circulated) informed the Board of developments in relation to the Code of Conduct and the activities of the Commissioner for Ethical Standards in Public Life in Scotland (CES) and the Standards Commission for Scotland (SCS) in 2017/18. A presentation was also delivered by the Standards Officer.

The CES annual report for 2017/18 had been published in October 2018 and the Standards Officer's annual report was considered by the Board at its meeting on 21 November 2018. The Board had agreed that as part of the process to meet its duties and to assist members in meeting theirs, a short presentation would be provided each year. The presentation reinforced members' understanding of the Code and their duties.

An overview of the three cases involving non-councillors that the CES had dealt with during 2017/18 was provided.

It was also noted that the results of a survey of members of devolved public bodies had also been published recently by the Standards Commission and members were directed to the website where these results could be viewed. The survey had found that "disrespectful conduct" appeared to be an issue for local health boards and Integration Joint Boards. This meant there was a possibility of a 'bullying and harassment' provision' being included in the Model Code of Conduct and therefore an amendment being made to the Board's Code of Conduct.

Although there had been no complaints made against any members of the Board, they were reminded of the importance of following the Code.

The Board was recommended to note the summary of the work carried out in 2017/18 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland.

Decision

To note the terms of the report and the presentation.

15 WORKPLAN AND LIST OF CYCLICAL REPORTS

The workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis were presented.

Decision

To note the workplan and list of cyclical reports.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP held within FAULDHOUSE PARTNERSHIP CENTRE, LANRIGG ROAD, FAULDHOUSE, EH47 9JD, on 21 FEBRUARY 2019.

Present – Jim Forrest (Chair, Director), Carol Bebbington (Health Care Professional), Marjolein Don (Health Care Professional), Belinda Hacking (Health Care Professional), Yvonne Lawton (Health Care Professional), Pamela Main (Social Care Professional), Iain McLeod (Health Care Professional) and Robert Telfer (Commercial Provider of Social Care)

Apologies – Elaine Duncan (Health Care Professional), Martin Higgins (Public Health), Mairead Hughes (Health Care Professional), Jo Macpherson (Head of Social Policy), Martin Murray (Unison), Ann Pike (Carer of Users of Health Care), Pamela Roccio (Voluntary Sector Gateway) and Charles Swan (Social Care Professional)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Group approved the minute of its meeting held on Thursday 13 December 2018 as a correct record. The minute was thereafter signed by the Chair.

3 MARKET FACILITATION PLAN

The Group considered a report by the Director (copies of which had been circulated) on the draft Market Facilitation Plan. The Plan provided a basis for collaborative working between the West Lothian Health and Social Care Partnership, service providers, service users, carers and other community stakeholders.

The Plan had been developed to meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, which stated that all Integration Joint Boards would produce market facilitation plans which supported the achievement of the Integration Joint Board's strategic vision and objectives.

The aim of market facilitation was to ensure that choice and control were afforded to supported people through a sustainable market of different supports offering choice, personalisation, effectiveness and sustainability. The Plan would sit alongside the IJB Strategic Plan and future commissioning plans and would assist stakeholders in understanding future intentions to stimulate the adult care sector in West Lothian through structured and planned engagement.

The draft Plan was attached to the report at Appendix 1. It was intended that, following consideration by the Strategic Planning Group, the plan

would be presented to the IJB for approval in April 2019.

The Group noted that ongoing discussions were taking place in relation to the national care home contract and that an agreement was expected to be reached shortly. It was agreed that the Plan covered all of the pertinent issues and the Group were satisfied that it proceed to the Board for approval.

Approval was sought to submit the draft Plan to the Integration Joint Board.

Decision

To approve the draft Market Facilitation Plan for submission to the IJB.

4 UNDERSTANDING PROGRESS UNDER INTEGRATION

Integration Authorities were required to set objectives against the six Ministerial Strategic Group (MSG) indicators for Health and Community Care. The Strategic Planning Group considered a report by the Director (copies of which had been circulated) on the progress made against these indicators to date and the objectives for 2019/20.

The Scottish Government required progress updates on the integration of health and social care and had requested that integration authorities shared their progress against the local objectives on the six MSG indicators, and set objectives for 2019/20.

Partnerships had been requested to share details of how they expected activity to change in the future to the end of 2019/20 as a minimum which included clear measures of the expected change e.g. increase, decrease, or remain the same; the baseline year this change was based on; and expected final total figures for the period in question which would make it easier to see the expected final outcome.

A presentation was also delivered which illustrated figures for each objective for previous years from 2015/16 to April to October of 2018/19. The Group considered the progress against each of the objectives to date, and agreed proposed objectives for 2019/20.

Objectives were proposed in relation to unplanned admissions, unplanned bed days, A&E attendances, A&E performance, delayed discharge bed days, settings of the last six months of life, and the balance of care. These would be submitted to the MSG as requested by 28 February 2019 with the recognition that approval was required by the Integration Joint Board.

In addition to the setting objectives, the Board was required to provide brief summaries of recent trends and specific programmes which were planned or had been implemented that would help to achieve the objectives.

The Group was asked to:

1. Note the requirements of the Ministerial Strategic Group for Health and Community Care;

2. Note the progress against the six key indicators;

3. Discuss and propose draft objectives for 2019/20; and

4. Note that the draft objectives would be returned to the MSG by 28 February 2019 with cover that they were interim and subject to approval by the IJB in March 2019.

Decision

1) To note the terms of the report.

2) To agree that the proposed draft objectives should be set against 2017/18 as the baseline year.

3) To propose draft objectives for 2019/20 as follows:

- Unplanned Admissions: to maintain the position.

- Acute Unplanned Bed Days: to maintain the position.

- Mental Health Unplanned Bed Days: to maintain the position.

- Geriatric Long Stay Unplanned Bed Days: to maintain the position.

- A&E Attendances: expectation that the number of A&E attendances would increase by 5% on 2017/18.

- A&E 4 Hour performance: the 95% target would be unchanged.

- Delayed Discharge Bed Days: to reduce by 15% (all reasons and Code 9). To note the reasons for these reductions and the risks which had been taken into account in the submission to the MSG.

- Percentage Last 6 Months of Life by Setting: 90% in community and 10% in large hospital.

- Balance of Care: to maintain the position. To note the expected increase in 65+ and 75+ populations in the submission to the MSG.

5 WORKPLAN

The workplan outlining the future work of the group was presented.

Decision

To note the workplan.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within CONFERENCE ROOM 3, WEST LOTHIAN CIVIC CENTRE, HOWDEN SOUTH ROAD, LIVINGSTON, EH54 6FF, on 6 MARCH 2019.

Present – Councillor Damian Timson (Chair), Martin Connor (Vice-Chair), Bill McQueen and Councillor George Paul

Apologies – Jane Houston and Martin Murray

In attendance – Jim Forrest (Director), Rob Jones (EY Senior Manager), Lorna Kemp (Executive Project Officer), Yvonne Lawton (Community Health and Care Partnership), Pamela Main (Chief Social Work Officer), James Millar (Standards Officer), Kenneth Ribbons (Internal Auditor) and Patrick Welsh (Chief Finance Officer)

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE

The committee approved the minute of its meeting held on 12 December 2018. The Chair thereafter signed the minute.

3. RISK MANAGEMENT

The committee considered a report (copies of which had been circulated) by the Director advising of the IJB's risk register, in accordance with the IJB's Risk Management Strategy.

The report indicated that the number of IJB risks had reduced from eleven to ten as the risk in relation to demographic changes would be covered in more detail by other risks. It also noted that the two highest IJB risks were Sustainability of Primary Care and Delayed Discharge.

Appendix 1 of the report showed a code, title and description for each risk, as well as original, current and target risk scores with traffic lights representing the risk ranking; internal controls and measures in progress were also shown. Appendix 2 contained more detail of risk actions not yet complete and Appendix 3 showed the standard risk assessment methodology.

Outstanding risks and corresponding actions in Appendix 2 were then discussed. The importance of accurate description of risks was stressed in order to ensure reliability of documentation and demonstrate that risks were being addressed efficiently. In response to a relevant query, the difference between internal controls and risk actions was explained and it was noted that, where relevant, completed risk actions would be added to the risk register as internal controls for the related risk. Finally, concern

was expressed with regard to certain current risk scores in relation to target and progress. The committee was reassured that the risk scores were accurate and was informed that it was not possible to completely remove the risk in certain areas.

It was recommended that the committee consider the risks identified, the control measures in place and the risk actions in progress to mitigate their impact.

Decision

1. To approve the recommendation in the report.

2. To note the committee's comments regarding accuracy of the documentation to ensure its reliability and fitness for purpose.

3. To note clarification of 'controls' and 'risk actions' definitions.

4. INTERNAL AUDIT PLAN 2019/20

The committee considered a report (copies of which had been circulated) by the Internal Auditor providing details of the 2019/20 internal audit plan.

The plan, attached to the report as an appendix, fulfilled the Public Sector Internal Audit Standards requirement for a risk-based audit plan and ensured the systematic review of the effectiveness of control over key risks. The plan had been prepared in consultation with the IJB Audit Risk and Governance Committee and senior officers, with reference to the IJB's risk register and previous audits.

Options regarding primary care sustainability were discussed and the point was made that the internal auditor's role mainly involved strategic planning and monitoring, while separate internal audit arrangements were in place in relation to the operational arrangements within the council and health sides. It was suggested that the IJB internal auditor continue to liaise with colleagues in NHS Lothian internal audit, and subject to receiving appropriate authorisations, submit relevant NHS Lothian internal audit reports to the Committee for its information.

It was recommended that the committee approve the 2019/20 internal audit plan.

Decision

1. To approve the 2019/20 internal audit plan.

2. To note that the IJB internal auditor would continue to liaise with colleagues in NHS Lothian internal audit, and subject to receiving appropriate authorisations, submit relevant NHS Lothian internal audit reports to the Committee for its information.

5. EXTERNAL AUDIT PLAN 2018/19

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing details of the external auditor's 2018/19 annual audit plan, which was attached to the report as an appendix. Rob Jones, Ernst and Young (EY) Senior Manager, was in attendance to present the external auditor's report.

The external audit plan set out the audit context that informed the audit approach, explained the approach to the audit of financial statements as well as wider scope audit areas and showed EY's timings, deliverables and fees. It also included appendices setting out responsibilities under the code of audit practice, independence and responsibility requirements, and communications.

The dimensions of wider scope audit risks were further discussed and it was noted that more detail would be provided in EY's year-end work. During discussion of the 'value for money' audit dimension EY advised that there was a specific requirement by Audit Scotland for audits to make a judgement on pace of change and that a best value framework had been agreed.

It was recommended that the committee note the external auditor's 2018/19 annual audit plan.

Decision

To note the contents of the report.

6. BREXIT UPDATE

The committee considered a report (copies of which had been circulated) by the Director providing an update on potential Brexit implications for health and social care service delivery and work being undertaken by officers across health and social care to assess risks and identify options for mitigation.

The report identified workforce, supply of medicines and vaccines and health supply chain, supply of non-clinical goods and services and reciprocal health care as key health and social care risks associated with Brexit. Finances and additional costs were also likely to constitute a key risk associated with Brexit that might impact on health and social care.

The report noted that both partner bodies had arrangements in place to identify and assess the potential impact of Brexit particularly in the event of a No Deal outcome, although it also stressed that uncertainty remained about the form and fundamental decisions and therefore impact of Brexit.

It was recommended that the committee:

1. note that there was an increasing amount of guidance and collaborative working on understanding Brexit issues;

2. note that Brexit outcomes remained unknown and there was still a

great deal of uncertainty on decisions around Brexit;

3. note the potential risks to the delivery of health and social care functions that might impact on the IJB's strategic planning role; and

4. note the work being undertaken by partner bodies and officers supporting the IJB on Brexit preparations related to health and social care functions.

Decision

To note the contents of the report.

7. MINISTERIAL STRATEGIC GROUP - REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

The committee considered a report (copies of which had been circulated) by the Director providing an update on the Ministerial Strategic Group (MSG) for Health and Community Care's Review of progress with integration of Health and Social Care. The MSG review was attached to the report as an appendix.

The MSG had recognised that the Audit Scotland report on integration published in November 2018 provided important evidence for changes required to deliver integration well. The group noted the six areas identified by Audit Scotland that would need to be addressed in order for integration to make a meaningful difference to people: collaborative leadership and building relationships; integrated finances and financial planning; effective strategic planning; agreed governance and accountability arrangements; ability and willingness to share information; and meaningful and sustained engagement.

During discussion, it was noted that although a reserves policy and a target reserve were in place, no funds had been identified for the reserve yet. It was also agreed that in order to avoid issues during auditing, any integration issues should be addressed during development sessions before they were brought to the IJB and the Audit, Risk and Governance Committee.

It was recommended that the committee note the findings and proposals contained in the report.

Decision

1. To note the contents of the report.

2. To ensure any issues with regard to integration had been addressed in the development sessions before they were forwarded to the IJB and IJB Audit, Risk and Governance Committee for discussion.

8. GOVERNANCE ISSUES 2018/19

The committee considered a report (copies of which had been circulated) by the Standards Officer providing an update on issues identified for attention through the annual governance statement for 2017/18 and on other matters arising since.

An annual governance statement was presented to this committee each June as part of the Board's commitment to meeting good standards of corporate governance. The Board had approved the annual governance statement in June 2018, and the external auditor had also been satisfied that the Board had established a sound basis to demonstrate good governance and transparency in its operational activity.

Areas of concern arising from the 2017/18 annual governance statement were kept under review and progressed during 2018/19. Those areas were shown in Appendix 1 of the report as items 1–11. Appendix 1 further showed matters that had arisen since approval of the annual governance statement in June 2018 as well as actions and progress against each matter.

It was recommended that the committee note the update on governance issues of concern being progressed in 2018/19 and that further updated information would be included in the annual governance statement for 2018/19.

Decision

To note the contents of the report.

9. WORKFORCE PLANNING

The committee considered a report (copies of which had been circulated) by the Internal Auditor providing an update on the outcome of previous decisions in relation to workforce planning.

The report noted that at its meeting on 21 November 2018 the IJB had approved the Workforce Development Plan as a strategic framework rather than a workforce plan. The report also advised that it had not been possible for the Internal Auditor to conduct any audit work on the workforce plan prior to its approval and that the IJB should be given time to progress the actions in the approved Workforce Development Plan. Further work in relation to workforce planning had been included in the 2019/20 internal audit plan.

Discussion highlighted that clarity was required with regard to workforce planning between the two partner bodies.

It was recommended that the committee note that:

1. no internal audit work on workforce planning had been undertaken during 2018/19; and

2. further internal audit work on workforce planning was included in

the 2019/20 internal audit plan.

Decision

To note the contents of the report.

10. TIMETABLE OF MEETINGS 2019/2020

The draft timetable of meetings for 2019/2020 had been circulated for the committee's approval.

Decision

- To approve the September 2019, March 2020 and May 2020 meeting dates.
- To amend the December 2019 meeting date, which would be approved at the June 2019 meeting.

11. WORKPLAN AND REPORTING CYCLE

A workplan and reporting cycle had been circulated for information.

Decision

To note the workplan and reporting cycle.

West Lothian Integration Joint Board

Date: 23 April 2019
Agenda Item: 7

DRAFT STRATEGIC PLAN 2019-23

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to update the Board on the results of the consultation on the draft Strategic Plan; to seek approval of the Strategic Plan; to seek approval of the associated Directions; and to seek approval of the new strategic planning structure.

B RECOMMENDATION

The Board is recommended to:

1. Note the results and analysis of the phase 2 consultation;
2. Consider the draft Strategic Plan and approve it for publication;
3. Approve the associated Directions for issue to West Lothian Council and Lothian Health Board;
4. Approve the proposed revised strategic planning structure and remit of Planning and Commissioning Boards

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A suite of strategic Directions will be considered alongside the draft Strategic Plan at the IJB's meeting of 23 April 2019.
C2	**Resource/ Finance**	As set out in the Directions to council and health board.
C3	**Policy/Legal**	There is a legal requirement on the IJB to review the Strategic Plan on a periodic and regular basis, to involve the Strategic Planning Group in this review and to consult

		stakeholders. This iteration of the Strategic Plan takes account of policy and legal change over the last year which has a direct bearing on the operation of the Partnership.
C4	**Risk**	No new risk implications arise from this report. Strategic and financial risks for have already been identified and noted in the Risk Register.
C5	**Equality/Health**	The report has been assessed as relevant to equality and the Public Sector Equality Duty. A full impact assessment has been conducted and can be viewed at http://www.westlothianchcp.org.uk/IJB-strategic-plan.
C6	**Environment and Sustainability**	The new plan includes a commitment to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in West Lothian wherever possible, through its strategic aims and decision-making processes
C7	**National Health and Wellbeing Outcomes**	All National Health and Well Being Outcomes
C8	**Strategic Plan Outcomes**	All Strategic Plan Outcomes
C9	**Single Outcome Agreement**	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
C10	**Impact on other Lothian IJBs**	None

D TERMS OF REPORT

D1 Background

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

The Public Bodies (Joint Working) (Scotland) Act includes provision for review of the Strategic Plan periodically within the lifetime of the plan and in

consultation with the Strategic Planning Group (SPG).

The Strategic Plan was reviewed based on consistency with the policy, economic and social context and ongoing accordance with values, resources, appropriateness, feasibility and desirability and it was concluded that a replacement plan was required.

The Board approved the initial consultation approach at its meeting of 26 June 2018 and an outline of the proposed revised Strategic Plan was considered by the SPG on 18 October.

D2 Phase 1 Consultation on Vision, Values and Strategic Priorities

The phase 1 consultation set out the IJB's vision and values, and key priorities and asked if people agreed with these, and if not, what they thought should be included. The consultation was open from Monday 13 August for a 12 week period until Monday 5 November and could be accessed online using Survey Monkey. In addition, every house and business in West Lothian has been reached through an insert in the council's Bulletin publication. This equates to 84,769 copies. An effort was made through council and NHS Lothian networks to draw attention to the survey from staff, hard to reach groups, community councils and community organisations and groups.

The consultation covered a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing, third sector providers and school children.

The responses were overwhelmingly in support of what was proposed in the consultation document and this is set out in the draft plan itself.

A more detailed analysis of the responses was considered by the SPG at its meeting of 13 December 2018 and by the IJB on 29 January 2019.

D4 Phase 2 Consultation

The draft plan was published for a further 8 week period of consultation from Monday 18 February to Sunday 14 April.

This consultation simply sought comment on the draft and was published on the HSCP website alongside the analysis of the phase 1 consultation. A communication has been issued to wide range of stakeholders through council and NHS Lothian networks, including community councils, community groups and forums. As for the phase 1 consultation, this reached health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers. Officers offered to visit groups to facilitate discussion and answer questions around the contents of the draft plan and this offer was taken up by several groups. The draft plan was also presented to Health and Care PDSP and there were no comments.

The response to the draft strategic plan was very positive with people agreeing in the main with the strategic direction set out, however, there was a much lower response to this consultation with only 6 comments recorded. An effort was made by the council's media team to draw attention to the consultation but this did not significantly boost interest.

A number of visitors to the survey filled out the equality monitoring questions but did not comment on the plan. As this data is anonymized, it is not possible to disaggregate this information for those who made comment. Therefore, we cannot make any assumptions regarding the demographics of respondents.

The theme of each comment and the suggested response is set out below.

	Comment Theme	**Response**
1	Lack of commentary in relation to children	Thank you for your comments. West Lothian IJB has no delegated functions relating to children and families services. The Strategic Plan focuses only on the functions that are within the remit of the IJB.
2	Support for the Strategic Plan. Comments relating to individual with a Learning Disability	Thank you for your comments. Your comments in relation to service provision will be taken forward during the development of strategic commissioning plans.
3	Support for the Strategic Plan. Comments relating to services for people with dementia and support for carers.	Thank you for your comments. Your comments in relation to service provision will be taken forward during the development of strategic commissioning plans.
4	Support for the Strategic Plan. Comments expressing a desire for the third-sector to be involved in its delivery.	Thank you for your comments. West Lothian IJB is committed to working in partnership and greatly values the work and support of the third sector
5	Support for the Strategic Plan.	Thank you for your comments.
6	Comments related to services for people with deafness and sensory loss.	Thank you for your comments. Your comments in relation to service provision will be taken forward during the development of strategic commissioning plans.

Where there were specific comments in relation to services for people with learning disabilities, dementia, deafness and sensory loss, this will be taken forward during the development of strategic commissioning plans.

It is recognised that that this is a significantly lower response than at stage 1 and officers will, therefore, consider new approaches to engagement for the

purpose of developing the Commissioning Plans.

D5 Draft Strategic Plan

The draft Strategic Plan is attached to this report as Appendix 1. The Board will note that the draft plan is more concise than the previous Strategic Plan and there is more emphasis on graphics so that it is easier to understand at a range of reading abilities. The document makes reference to other key documents, for example the Participation and Engagement Strategy, but has avoided repeating the content of these documents.

D6 Associated Strategic Directions

In addition to the overarching Directions issued to council and health board, a suite of strategic Directions has been drafted for 2019/20. These are intended to support the delivery of the new Strategic Plan and are attached as Appendix 2 for approval for issuing to the council and health board. A summary of budgets for 2019/23 is attached as Appendix 3.

D7 Revised Strategic Planning Structure

It is vital that the right structures are in place to support the development and monitoring of the Commissioning Plans and ultimately to support the delivery of the Strategic Plan.

The proposed structure was considered at the Strategic Planning Group on 28 March 2019 and is attached at Appendix 4 for approval. The structure includes Planning and Commissioning Boards for each care group and a draft remit for these groups is also included for approval at Appendix 5.

D8 Conclusion

The IJB has consulted stakeholders the new Strategic Plan for 2019-23 and the response was positive.

A revised Strategic Plan for 2019/23 has been drafted and is supported by a suite of strategic Directions and a new strategic planning structure.

The Board is recommended to approve the new Strategic Plan, associated Directions and revised strategic planning structure.

E CONSULTATION

Phase 1 and 2 consultation as detailed in section D2 and D3

Strategic Planning Group 18 October 2018, 13 December 2018 and 28 March 2019

IJB Development Sessions November 2017, February 2018 and 26 June 2018

IJB 29 January 2019

Health and Care PDSP 7 February 2019

F REFERENCES/BACKGROUND

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

Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)

West Lothian IJB Strategic Plan 2016-2026

Carers (Scotland) Act 2016

http://www.gov.scot/Publications/2017/11/1343

Health and Social Care Delivery Plan December 2016

Strategic Planning Group 18 October 2018

G APPENDICES

Appendix 1 – Draft Strategic Plan 2019-23

Appendix 2 – Strategic Directions to Council and Health Board 2019/20

Appendix 3 – Summary Budgets 2019/23 and Strategic Directions

Appendix 4 – Draft Planning and Commissioning Structure

Appendix 5 – Draft Remit for Planning and Commissioning Boards

H CONTACT

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23 April 2019

West Lothian Integration Joint Board

Strategic Plan 2019-23

Contents

Executive Summary

This Strategic Plan sets out how the West Lothian Integration Joint Board (IJB) intends to deliver its vision "to increase wellbeing and reduce health inequalities across all communities in West Lothian" and to deliver the nine national health and wellbeing outcomes through our strategic priorities and transformational change programmes against a background of demographic and financial challenges.

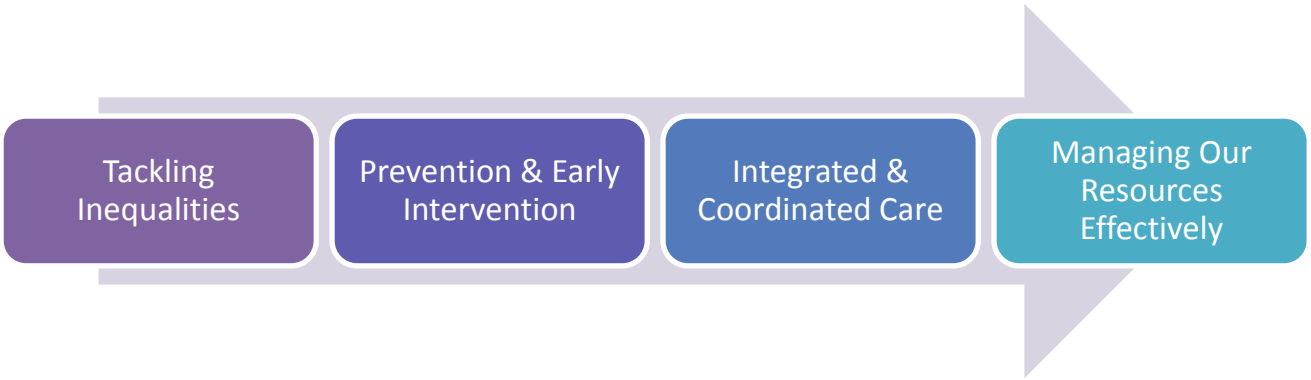
West Lothian faces a growing and ageing population over the lifetime of this plan and beyond. Our population is growing faster than the Scottish average and the number of people aged 75 and over is forecast to increase by 119.7% by 2041. Almost one in four (23.3%) people living in West Lothian report having a limiting long-term physical or mental health condition and the number of people providing unpaid care in the community has increased significantly in recent years. In addition, there are significant differences in health outcomes between some communities with an 8-10 year gap in life expectancy between the most deprived and least deprived areas.

The Strategic Plan recognises that both West Lothian Council and NHS Lothian are facing significant financial challenges over the next five years. The Plan is focused on achieving a sustainable health and care system for West Lothian. This will require transformational change over time in order to improve health and wellbeing outcomes and support the transition to the future model of care.

This plan aims to ensure that:

More care and support is delivered at home or closer to home rather than in hospital or other institutions
Care is person centred, with focus on the whole person and not just a problem or condition
There is more joined up working across professions and agencies
Citizens, communities and staff have a greater say in planning & delivering health and social care services

To achieve this we have set our Strategic Priorities for the duration of this Plan:



In order to achieve our aims and transform the way adult health and social care is provided, it is vital that we shift resources from the traditional models of care to new models of care. As our services develop and as changes are achieved through our transformational change programmes, we will need to commission different types of services and in different ways. Based on the strategic intentions outlined in this plan, we will develop strategic commissioning plans for specific care groups under a medium term financial planning framework. This will enable us to inform the planning and prioritisation of future service delivery.

The IJB is committed to working with our partners, service users, their families and the wider community to find effective and sustainable solutions and achieve the best outcomes for the people of West Lothian. This includes working with community planning partners to address underlying social inequalities that result in health inequalities. Our East and West Locality Groups will provide a key mechanism community engagement, ensuring that services are planned according to local need and contributing to effective strategic commissioning.

Our Performance Framework and approach to Clinical and Care Governance our set out in this Plan and ensure that the IJB continuously measures progress against our strategic priorities and that quality of adult health and social care is monitored and assured.

The delivery of this Plan, through West Lothian's foundation of strong partnership working, will result in reduced health inequalities and better health outcomes across all communities in West Lothian.

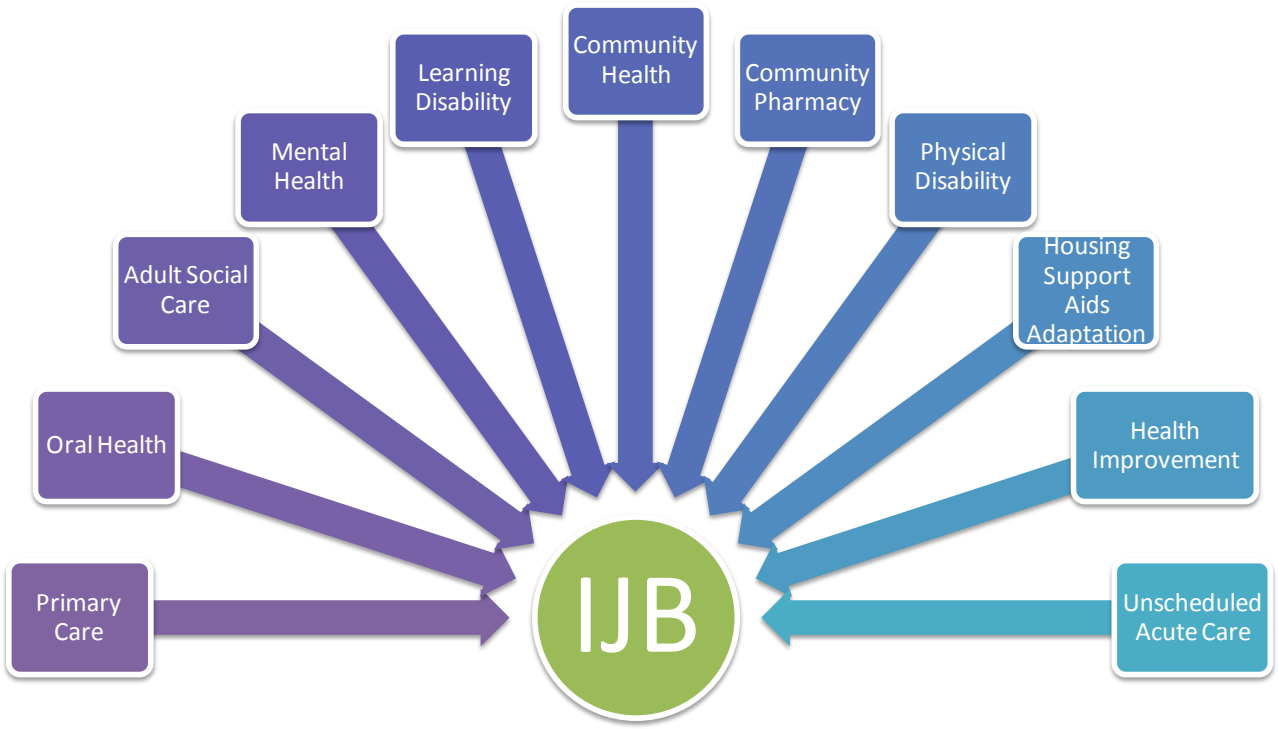
1 Introduction

It has been recognised both nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet those needs can, at times, be disjointed and not as well coordinated as they could be. The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland and sets out the requirements for public service reform to improve performance and reduce costs based on a bottom-up, outcomes-based approach. The Act requires each Health Board and Local Authority to delegate some of its functions to new Integration Authorities. In West Lothian this is the Integration Joint Board (IJB).

The IJB is a separate legal entity from NHS Lothian and West Lothian Council and the arrangements for the IJB's operation, remit and governance are set out in the Integration Scheme which has been approved by West Lothian Council, NHS Lothian and the Scottish Government.

The IJB brings together the planning, resources and operational oversight for a substantial range of adult health and social care functions into a single system which will ensure services are built around the needs of patients and service users and supports service redesign with a focus on preventative and anticipatory care in communities. The functions delegated are summarised in figure 1.

Figure 1: Functions Delegated to the IJB



Strategic Plan

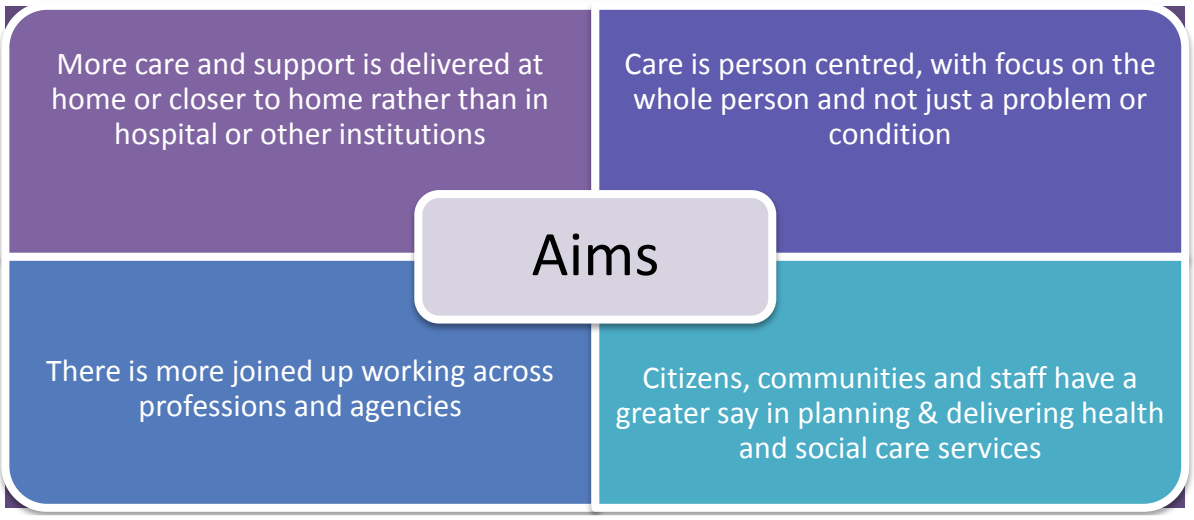
Our Strategic Plan builds upon joint planning foundations established through our Community Planning and Health and Social Care Partnership. The plan outlines our vision for health and social care services for the people of West Lothian; what our priorities are and how we will build on a foundation of strong partnership working to deliver them.

We are working within an environment where there are increasing demands for services and growing public expectations at a time of significant resource challenges and financial constraints. We must ensure that social care, primary care, community health and acute hospital services work well together and in a more integrated way with all our partners, including housing and the third and independent sectors, to maximise our resources and deliver on our strategic priorities.

Tackling health inequalities has been prioritised at both a national and local level as an issue requiring urgent action. We recognise that health and wellbeing inequalities are not likely to be changed significantly by health policies or health services working in isolation. These inequalities require to be challenged by a joined up co-ordinated approach by a wide range of partners.

With responsibility for the strategic planning of some acute hospital care services including emergency care and inpatient services relating to general medicine, geriatric medicine and rehabilitation, we will identify opportunities to design and deliver services which ensure care is delivered in the right place, at the right time, by the right person.

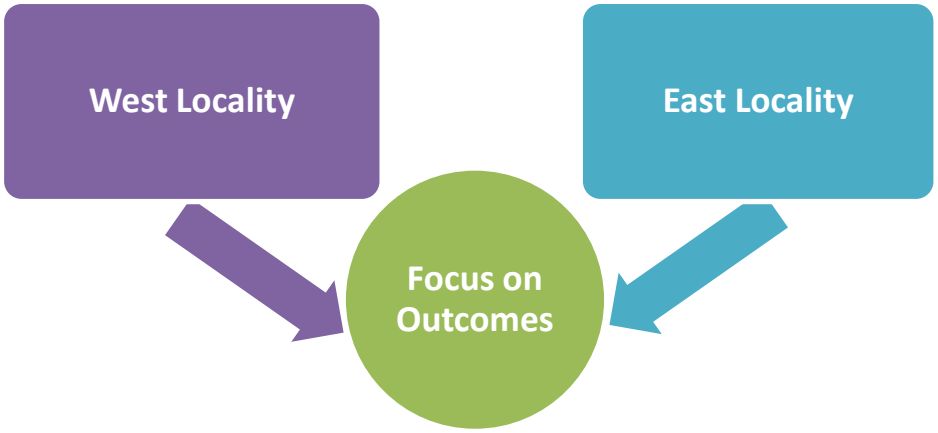
We recognise that well delivered local health and social care services can have a significant impact on shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. Through this strategic plan we aim to ensure:



In order to meet the challenges we will work together to create a culture of cooperation, co-production and co-ordination across all partners. Through working with people, their families and the wider community, we can create effective and sustainable solutions and achieve the best outcomes for the people of West Lothian.

Strategic Scope

We have defined two localities across which our health and care services will be planned. The importance of the localities in determining the strategic direction of health and social care planning is reflected in the plan.



With a focus on achieving the best outcomes for people living in West Lothian we will build on our experience in commissioning a wide range of health and care services. The scope of the plan covers governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults.

Strategic Development

This Strategic Plan has been developed in conjunction with the IJB Strategic Planning Group with membership from key stakeholders including West Lothian Council, NHS Lothian, third and independent sectors, health and social care professionals, staff trade unions, and representatives of service users, carers and their families.

The strategy aligns with Transforming Your Council, West Lothian Council's Corporate Plan 2018-23; Our Health, Our Care, Our Future, NHS Lothian's Strategic Plan 2014-24; and our Commissioning Strategy and Care Group Commissioning Plans.

When commissioning services we will ensure we fulfil our statutory duty to achieve best value and will adopt a personalised approach when commissioning services to meet need. To achieve this, we will work closely with a range of strategic partners such as Housing, Building and Construction Services, Education and Police Scotland as well as the third and independent sectors.

Consultation

Legislation places a duty on the Board to consult stakeholders in the preparation, publication and review of the Strategic Plan.

The first phase of consultation set out the IJB's vision and values and key priorities and asked people to confirm agreement or make suggestions about what should be included. The second phase involved consultation on the draft Strategic Plan.

The consultation covered a wide range of stakeholders including health and social care providers, service users and their carers, social housing providers, health and social care professionals and school children.

Response to Consultation Phase 1

The responses were overwhelmingly in support of what was proposed in the consultation document.

☑	95% of respondents agree with the Vision "to increase wellbeing and reduce health inequalities across all West Lothian communities"
☑	95% of respondents agree with the Values "to ensure seamless accessible services which are person centred, caring, safe and respectful, with focus on quality and accountability, are empowering, supportive and inclusive and involve individuals and communities
☑	88% of respondents believe the priorities are the right ones to make health and social care services better in West Lothian

Response to Consultation Phase 2

The response to the draft strategic plan was very positive with people agreeing in the main with the strategic direction set out. There were specific comments in relation to services for people with learning disabilities, dementia, deafness and sensory loss which will be taken forward during the development of strategic commissioning plans.

2 Vision, Values and Outcomes

Our Vision

Recognising the different needs of vulnerable groups when designing and delivering services and ensuring all adults are able to live the lives they want as well as possible, achieve their potential to live independently and exercise choice over the services they use are key elements of our vision:

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

Our Values

The IJB have aligned NHS and Council values with the policy intentions of health and social care integration to create a set of values.

Scottish Government 2020 Vision

> *"By 2020 everyone is able to live longer healthier lives at home or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission".*

Outcomes

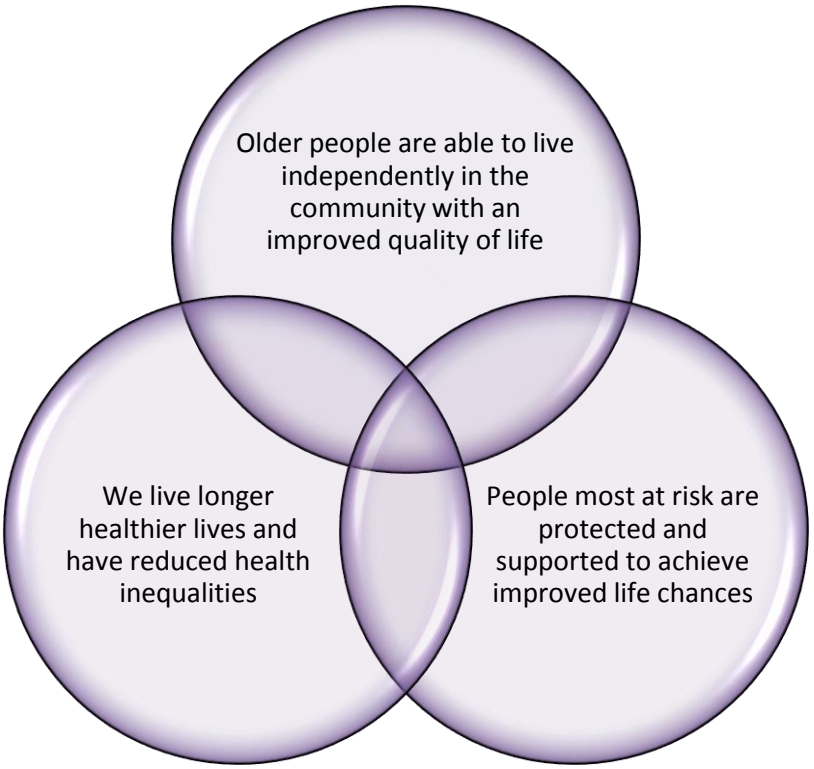
We have developed and designed our Strategic Plan to deliver the nine national health and wellbeing outcomes for integration. These are high-level statements of what health and social care partners are attempting to achieve through integration and improvement across health and social care and are grounded in a human rights based approach.

Nine National Health and Wellbeing Outcomes

• People are able to look after and improve their own health and wellbeing and live in good health for longer	• People as far as possible 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	• People who use health and social care services have positive experiences of those services, and have their dignity respected
• Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	• 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	• People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
• People who use health and social care services are safe from harm	• Health and social care services contribute to reducing health inequalities	• Resources are used effectively in the provision of health and social care services

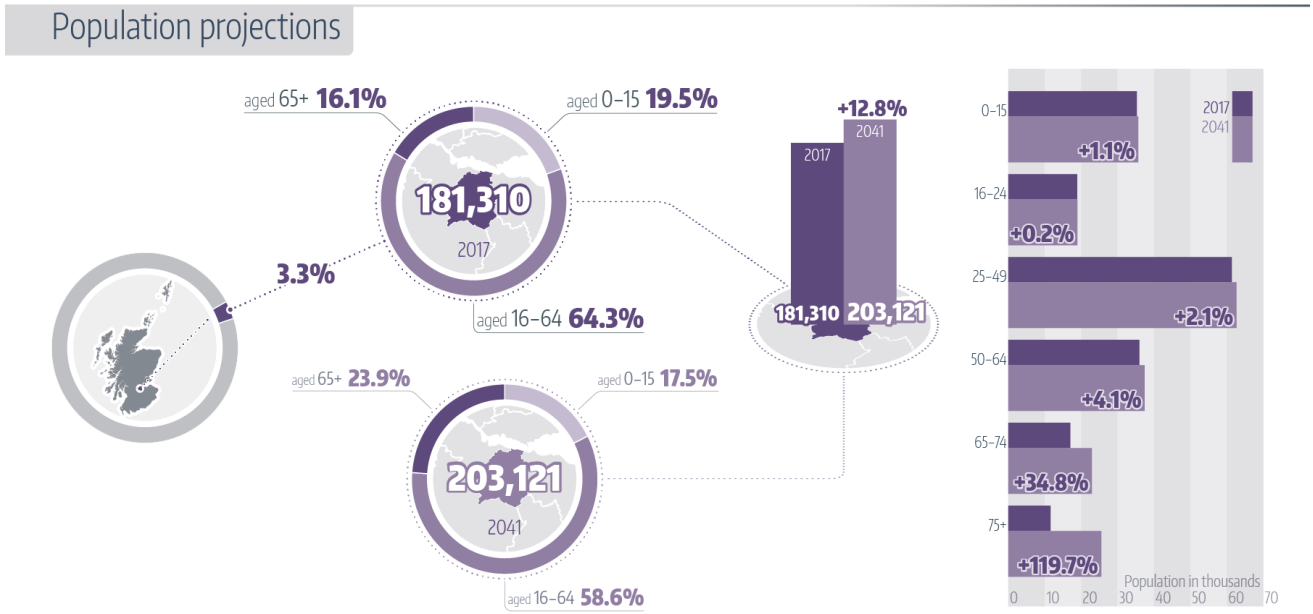
Local Outcomes

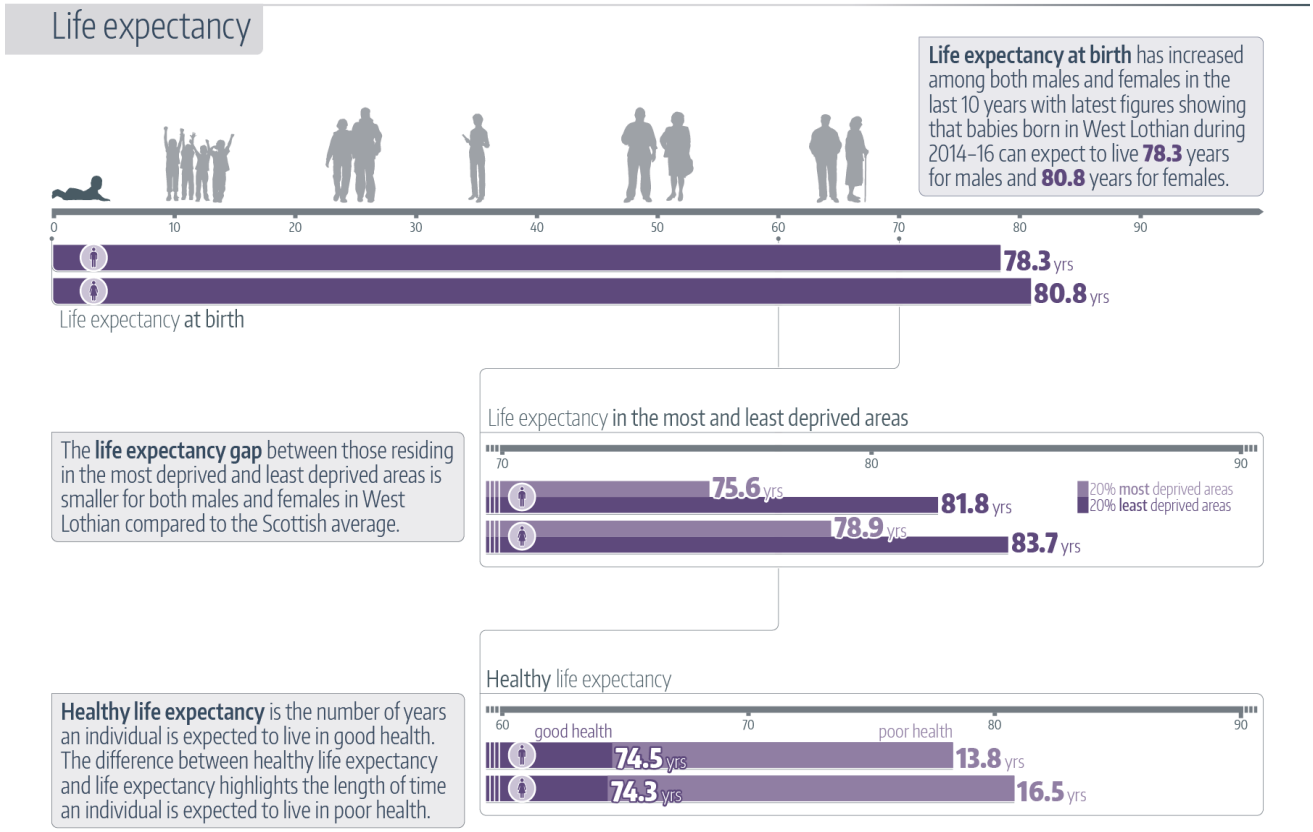
Through delivery of this plan we also aim to meet local outcomes where:



3 Understanding Our Population's Needs

West Lothian Population



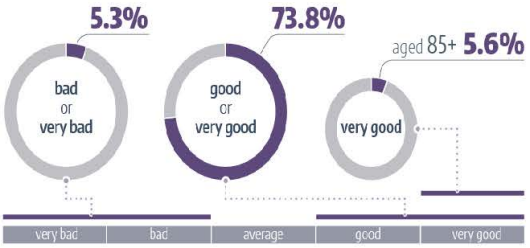


Long term conditions, multiple conditions and complex needs

23.3%

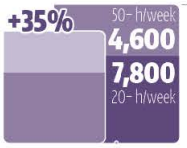
Almost **one in four** people living in West Lothian report having a limiting long-term physical or mental health condition.

Almost **three quarters** (**73.8%**) of people in West Lothian rate their general health as **very good** or **good**, and **5.3%** rate their general health as **bad** or **very bad**.



Only **5.6%** of those over 85 years reported being in **very good health**.

West Lothian's carers are providing more care. **9.5%** of the 2011 census population reported that they provided regular unpaid help or care to someone within or outwith their household due to the person's long term health condition, disability or problems relating to old age.

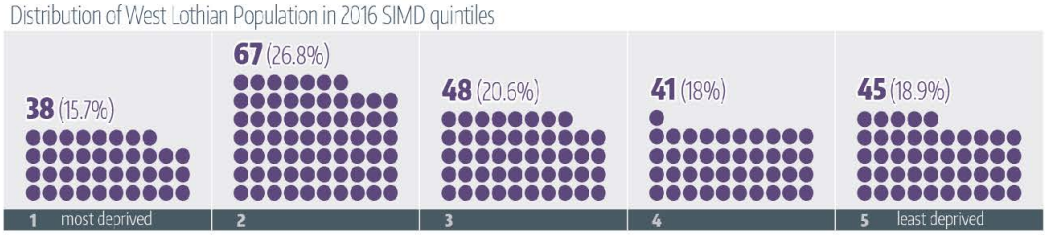


There has been a significant increase (**35%**) of the amount of care provided with nearly **7,800** people providing unpaid care for 20 or more hours a week, and **4,600** of these for 50 hours or more.

estimated **2,421** people affected by dementia

Health inequalities

West Lothian has **239** datazones, **38** of which fall within the **most deprived 20%** (quintile 1) of the 2016 SIMD.



The **Scottish Index of Multiple Deprivation** (**SIMD**) is an area-based measure of deprivation which ranks all datazones in Scotland from **1** (most deprived) to **6,976** (least deprived) and is the Scottish Government's official tool for identifying areas of multiple deprivation.

Examination of the SIMD reveals that **health** is the worst domain for West Lothian with **52** datazones falling **within the most deprived 20%** in Scotland compared to **39** in the overall ranking.

Demographic Challenges

West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth and this trend is expected to continue over the lifetime of the plan. Growth in the older population will be the most significant with the 65-74 age groups increasing by 34.8% and persons aged 75 and over increasing by 119.7% by 2041.

Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. Although female life expectancy is higher than that of males, more years are spent in poorer health.

Almost one in four (23.3%) people living in West Lothian report having a limiting long-term physical or mental health condition. A long term condition can have a significant impact on quality life and ability to carry out day to day activities and is any condition which has lasted or is expected to last at least 12 months.

Almost three quarters (73.8%) of people in West Lothian rate their general health as "very good" or "good", and 5.3% rate their general health as "bad" or "very bad". Within the 2011 Census, the presence of one or more long term condition increased significantly with age and had a direct impact on the person's perception of their general health, with only 5.6% of those over 85 years reporting they were in "very good health".

The number of carers in West Lothian, is, similar to the national average and has not changed since the 2001 Census. There has, however, been a significant increase (35%) in the amount of care provided with nearly 7,800 people providing unpaid care for 20 or more hours a week, and 4,600 of these for 50 hours or more.

Health Inequalities

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measure of deprivation which ranks all data zones in Scotland from 1 (most deprived) to 6,976 (least deprived) and is the Scottish Government's official tool for identifying areas of multiple deprivation.

West Lothian has 239 data zones, 38 of which fall within the most deprived 20% (quintile 1) of the 2016 SIMD. SIMD pulls together data on 38 indicators covering seven domains: employment, income, housing, crime, health, education and access. Each of these domains are given their own individual ranking which makes it possible to compare different geographies based on individual domains (Table 1 below).

Examination of the SIMD reveals that health is the worst domain for West Lothian with 52 data zones falling within the most deprived 20% in Scotland compared to 39 in the overall ranking. 4 of the data zones are within the most deprived 5% in Scotland for health: one

each in Blackburn, Armadale South, Craigshill and Knighsbridge. Blackburn (S01013361) is the lowest ranked data zone overall (rank 109).

Table 1: SIMD 2016 West Lothian domain analysis

Domain and SIMD weighting	Number of datazones in the most deprived 20% in Scotland	Lowest ranked datazone
Employment (28%)	36	Blackburn (S01013361) at rank 62 (where 36% are employment deprived)
Income (28%)	39	Blackburn (S01013361) at rank 39 (where 43% are income deprived)
Health (14%)	52	Blackburn (S01013361) at rank 52
Education (14%)	37	Whitburn Central (S01013374) at rank 150
Access (9%)	44	Uphall, Dechmont & Ecclesmachan (S01013466) at rank 492
Crime (5%)	33	Howden (S01013309) at rank 27 (2,555 recorded crimes per 10,000 people)
Housing (2%)	9	Ladywell (S01013328) at rank 986

Source SIMD 2016 analysis ISD

Locality Planning

We have defined two localities across which health and social care services will be planned and delivered (Figure 5). The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

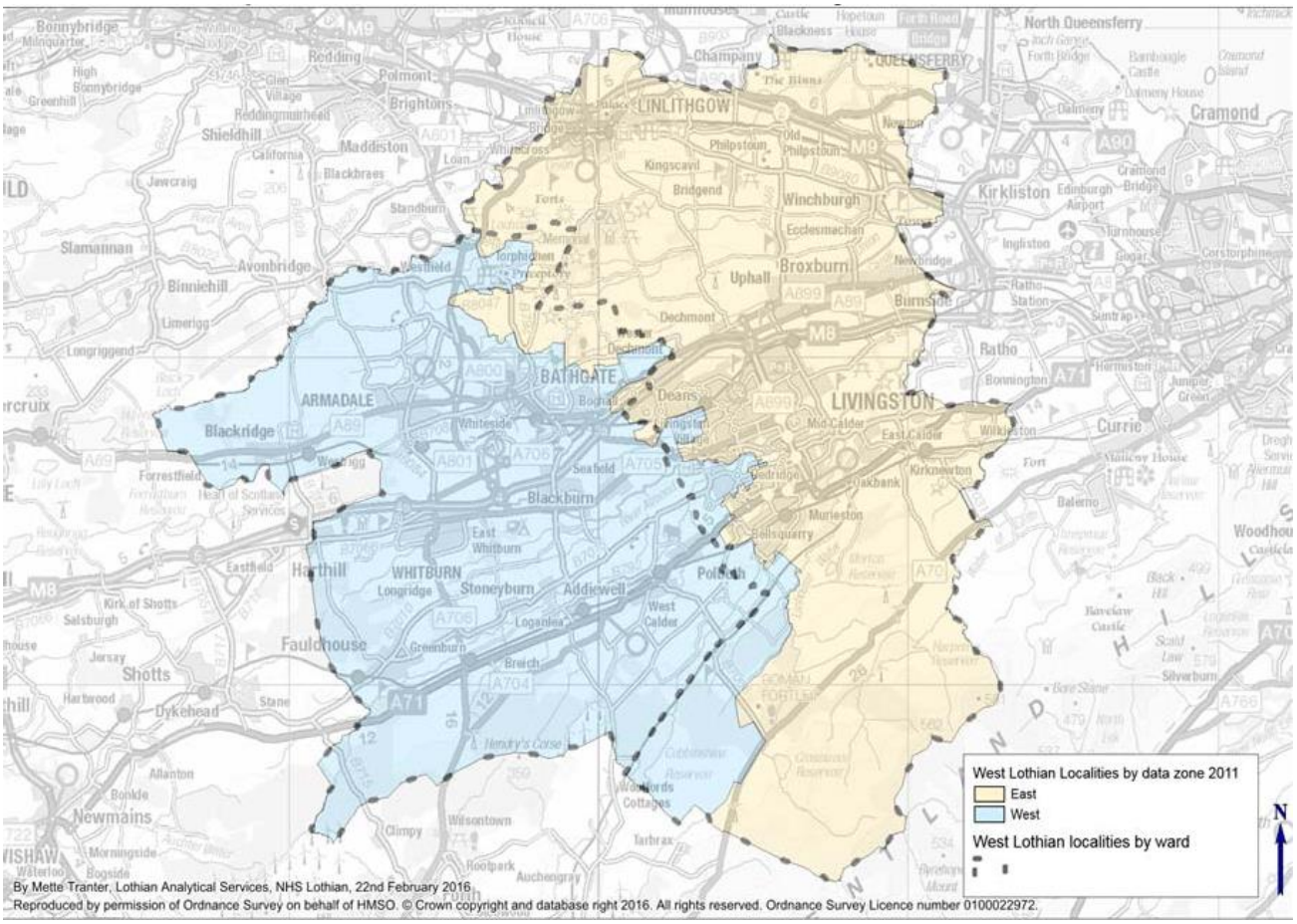


Figure 5: Map of East and West Localities: Lothian Analytical Services 2015: Ordnance Survey, HMSO 2015

The way health and social care services are delivered locally can have a significant impact on addressing the main health and wellbeing challenges. Locality Groups have been formed to ensure local involvement in strategic planning with the direct involvement and leadership of:

- Health and social care professionals involved in the care of people who use services
- Representatives of the housing sector
- Representatives of the third and independent sectors
- Carers and patients' representatives
- People managing services

The views and priorities of the localities will be taken into account in the development of Strategic Commissioning Plans therefore it is essential that strategic and locality level planning work together to create the best working arrangements to enable them to take account of local and deep rooted issues such as inequality and poverty.

Each Locality Group will develop a locality plan, which will take account of community plans and local regeneration plans within the localities. It is anticipated that locality plans will build upon the insights, experiences and resources within localities, support improvements in local networks, enable development of robust and productive professional relationships and improve health and wellbeing outcomes.

Below is a summary profile of each Locality's characteristics, on which the Locality Plans will be based:

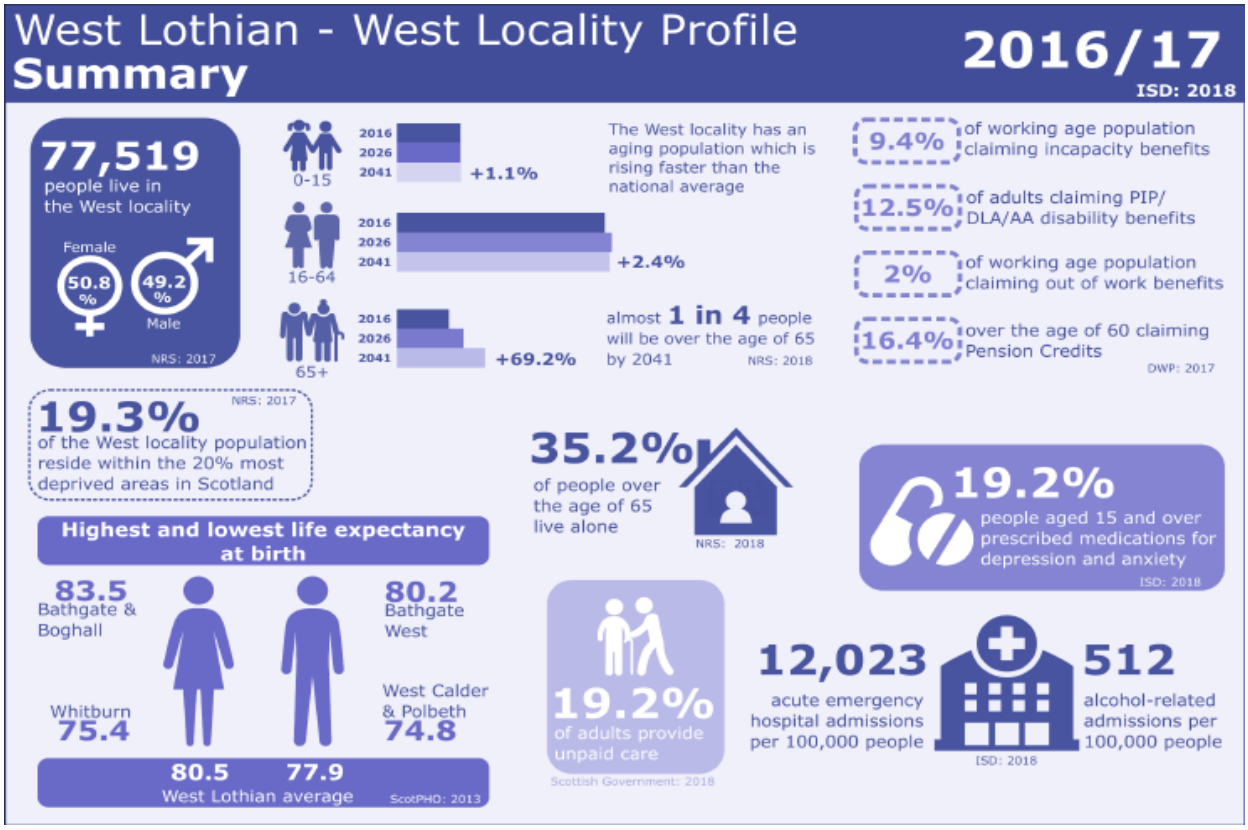


Figure 6a Summary of West Locality Characteristics (NHS Lothian Analytical Services & ISD)

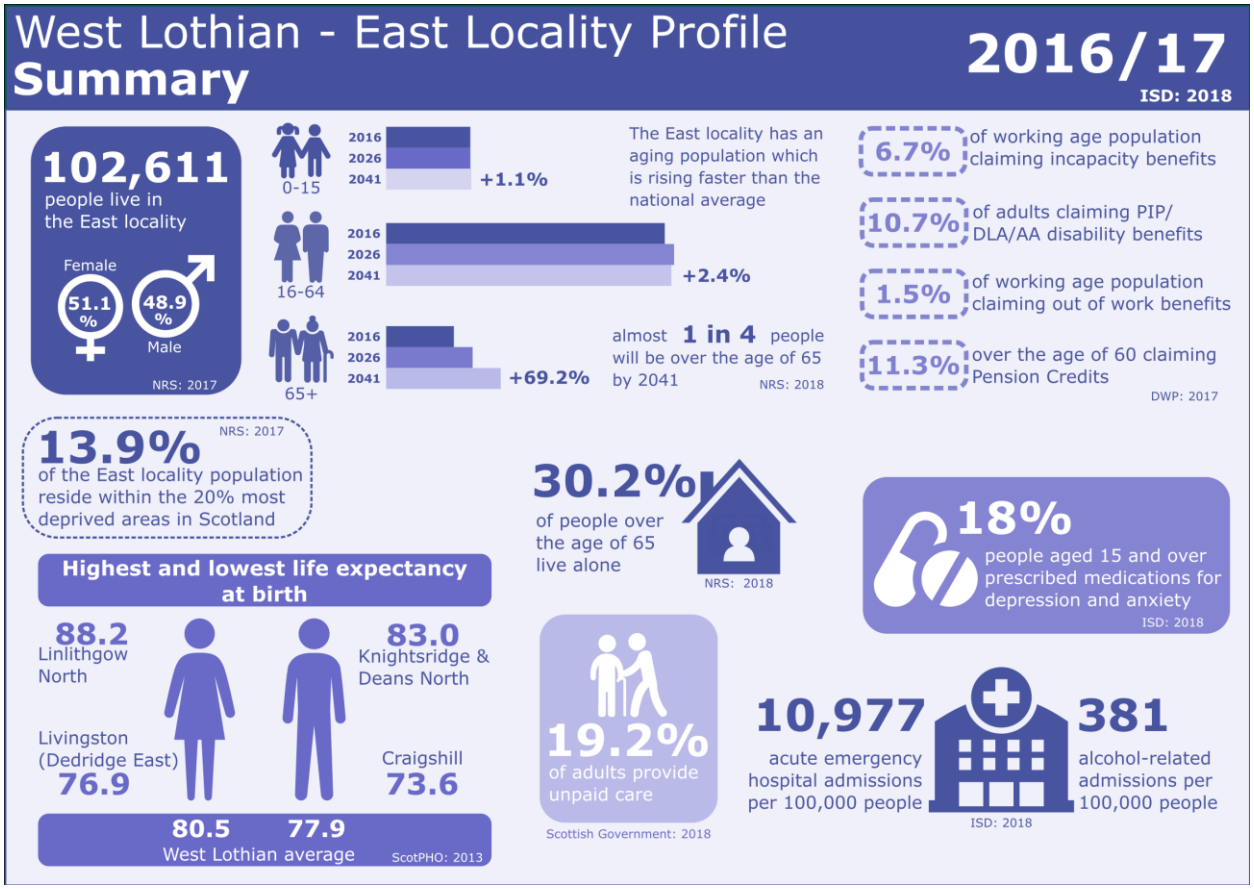
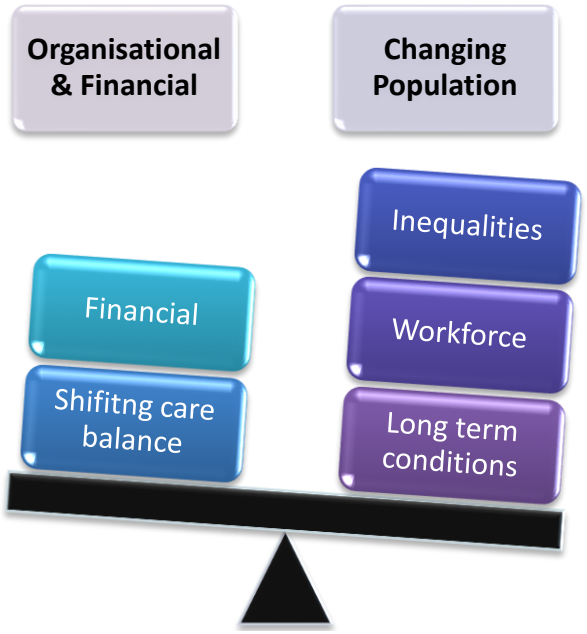


Figure 6b Summary of East Locality Characteristics (NHS Lothian Analytical Services & ISD)

Why Does Health and Social Care Need to Change?



Economic Challenges

Both West Lothian Council and NHS Lothian are facing significant financial challenges over the next five years.

Growth and Change in Demographics

West Lothian's population is growing and is expected to increase by 10,000 over the next 5 years. At the same time, the over 75 years population will increase by 25%. These changes will result in more demand for health and social care services.

Health Inequalities

There are significant differences in health outcomes between some communities and individuals with an 8-10 year gap in life expectancy between the most deprived and least deprived in West Lothian.

Long Term Conditions and Complex Needs

Almost one in four people in West Lothian are living with one or more long term conditions which affects their wellbeing.

Workforce

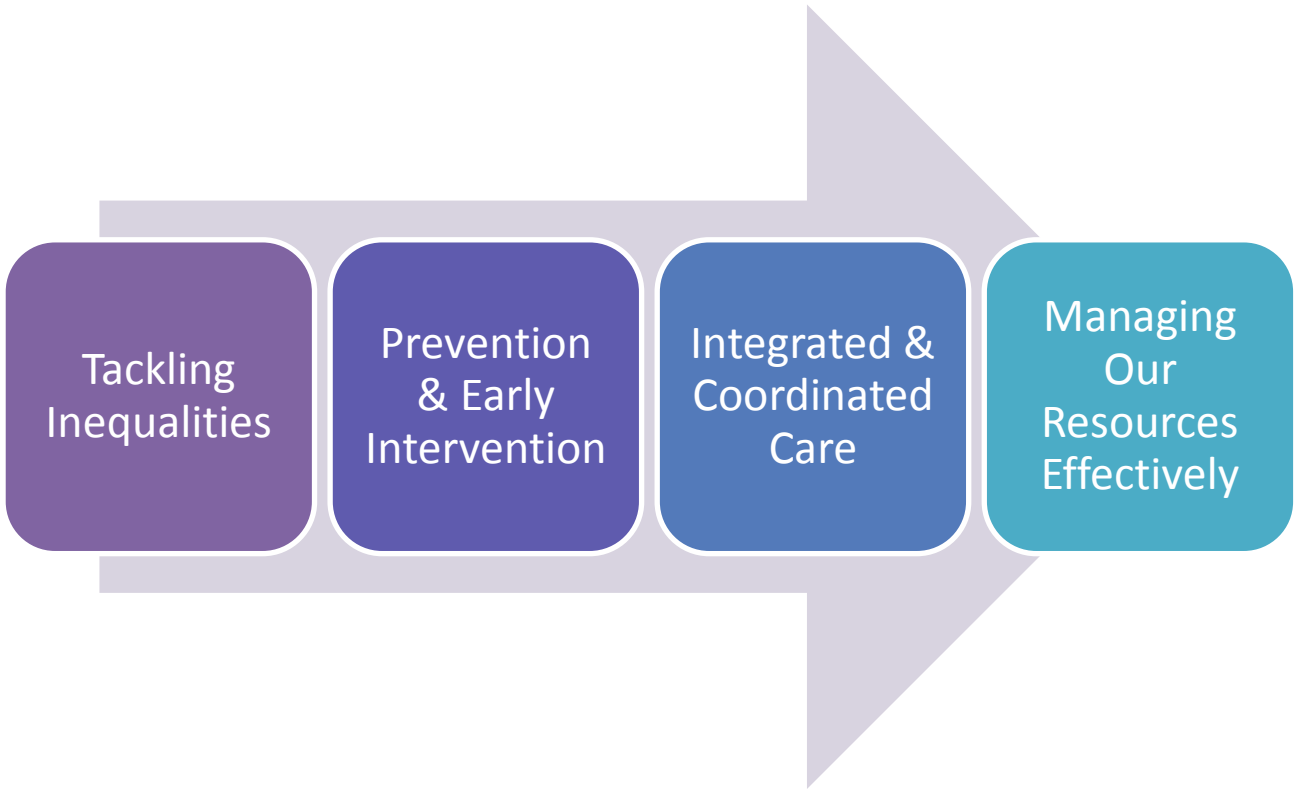
The age profile of the workforce together with fewer people choosing a career in health and social care is impacting on sustainability making it harder to recruit and retain a skilled personal care workforce.

Shifting the Balance of Care

We need to provide more care in the community to reduce avoidable hospital admissions and support people to return home or to a homely setting as soon as possible.

4 Strategic Priorities

Our plan is focused on achieving a sustainable health and social care system for West Lothian. This will require **transformational change** over time in order to improve health and wellbeing outcomes and support the transition to the future model of care. Throughout this process we will ensure our change programmes are well connected and we will establish planning and accountability structures to ensure consistency in delivery of integrated health and social care outcomes.



Tackling Health Inequalities

Health inequalities are 'systematic, unfair differences in the health of the population that occur across social classes or population groups'. In West Lothian there are still significant inequalities in health between people who are socially and economically well off, and those who are socially disadvantaged. Life expectancy is up to eight years different depending on where people live. People living in the most deprived communities can also have poorer physical and mental health throughout their lives with almost every health indicator showing progressively poorer health as indicators of deprivation increase.

Research highlights the importance of addressing fundamental determinants of health inequalities such as poverty, income, employment, wealth and housing in order to effect change. The IJB will ensure its own services are sensitive to the needs of most

disadvantaged groups. At the same time, the IJB will adopt a 'Health in All' Policies approach and work with colleagues to shape policies outside health and social care services that have such a significant impact on health and wellbeing. The new Health and Wellbeing sub-group of the Community Planning Partnership will provide a focus for tackling inequalities and focusing on prevention.

We will work with our partners to reduce the impacts of social circumstances on unfavourable health through:

- Ensuring services are accessible to all based on need, and barriers to care are addressed
- Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups
- Supporting services and initiatives to reduce the impacts of inequalities on health and well being
- Working with community planning partners to address underlying social inequalities that result in health inequalities
- Offering income maximisation assistance to families and access to specialist benefits and money advice

Prevention and Early Intervention

Shifting the focus of services towards prevention of ill health and anticipating need for support at an earlier stage will prevent crises and enable individuals to make better health and well-being decisions and achieve better outcomes.

Offering a greater range of community based health screening and health activities to support people to participate in smoking cessation, healthy weight and alcohol and drug programmes will help to prevent illness.

We will ensure that our approach to supporting people with long term conditions is person centred, anticipatory and that people are supported to self-manage their conditions if possible to stay healthy and more independent for longer. This will include:

- Improving access to services and care planning to promote early intervention and recovery
- Extending the use of new technology such as telehealth/telecare which will allow individuals to monitor their health and link closely with GP practices reducing the need for frequent appointments
- Further development of primary health care teams to transform how day-to-day health care is provided in the community to ensure that people see the right person at the right time
- Developing our Housing Contribution Statement so that housing and care provision is planned with foresight about population needs

Integrated and Co-ordinated Care

Through working with people in their own communities and using our collective resources wisely we can transform how we deliver services. Our focus will be on ensuring we deliver the right care, in the right place, at the right time for each individual so that people are:

- Assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary
- Discharged from hospital as soon as possible with support to recover and regain their independence at home and experience a smooth transition between services
- Safe and protected and have their care and support reviewed regularly to ensure these remain appropriate
- Actively involved in decisions about how their health and social care needs should be met through placing 'good conversations' at the centre of our engagement with them

This will include improving use of technology to support people at home; sharing information with other professionals to reduce duplication and developing models of care that support personalisation, choice, independence and inclusion to enable people to lead fulfilled lives and have more control of their care and support.

Managing our resources effectively

We aim to make the best use of our shared resources by working with our partners, communities, and with individuals and their carers to inform where and how our services are delivered and consider if we can achieve this in a more efficient way.

To improve patient experience, reduce waiting times and ensure people get faster access to the treatment they need, we will signpost people to the most appropriate resource to meet their needs and enable them to directly access a range of services without the need to go through their GP wherever possible. We are engaging with stakeholders and communities to help develop Locality Plans for the East and West of West Lothian. These plans will take account of different needs in the two Localities and aim to make the best use of our existing assets and resources.

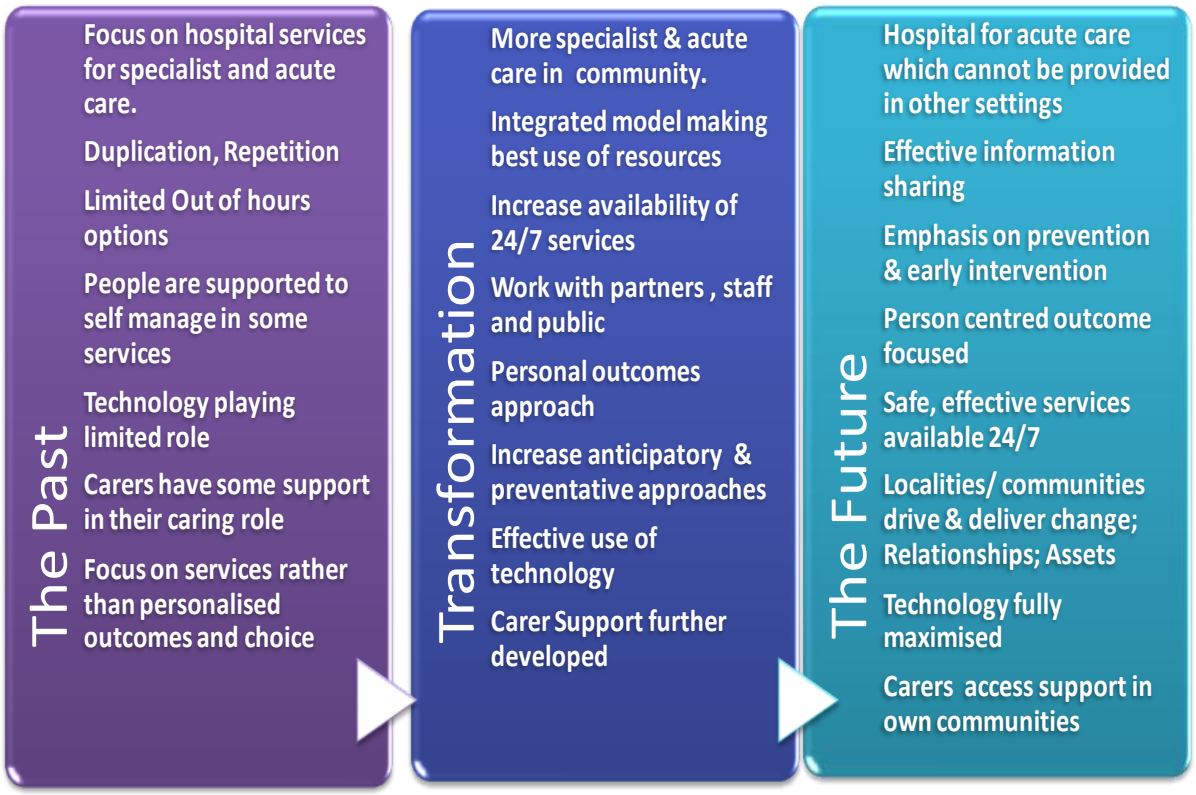
West Lothian's workforce is critical to the effective delivery of health and social care. Ensuring staff are fully engaged and able to contribute to the design and delivery of health and social care integration and have the knowledge and skills to respond to the changes envisaged are key priorities.

The next section sets out how we intend to do this.

5 Transforming Health and Social Care

Strategic Commissioning

Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. This includes challenging historical spending patterns in light of what we know about our population needs and in particular managing the major trends of a growing, ageing population with increasing comorbidity.



The changes in our population require a different type of health and social care system, one that is modelled on supporting people to live independently in the community where possible. Therefore the real added value of strategic commissioning will be in our ability to shift resources from the traditional models of care to new models of care.

As our services develop and as changes are achieved through our transformational change programmes, we will need to commission different types of services and in different ways. Based on the strategic intentions outlined in this plan, we will develop strategic commissioning plans in the following areas:

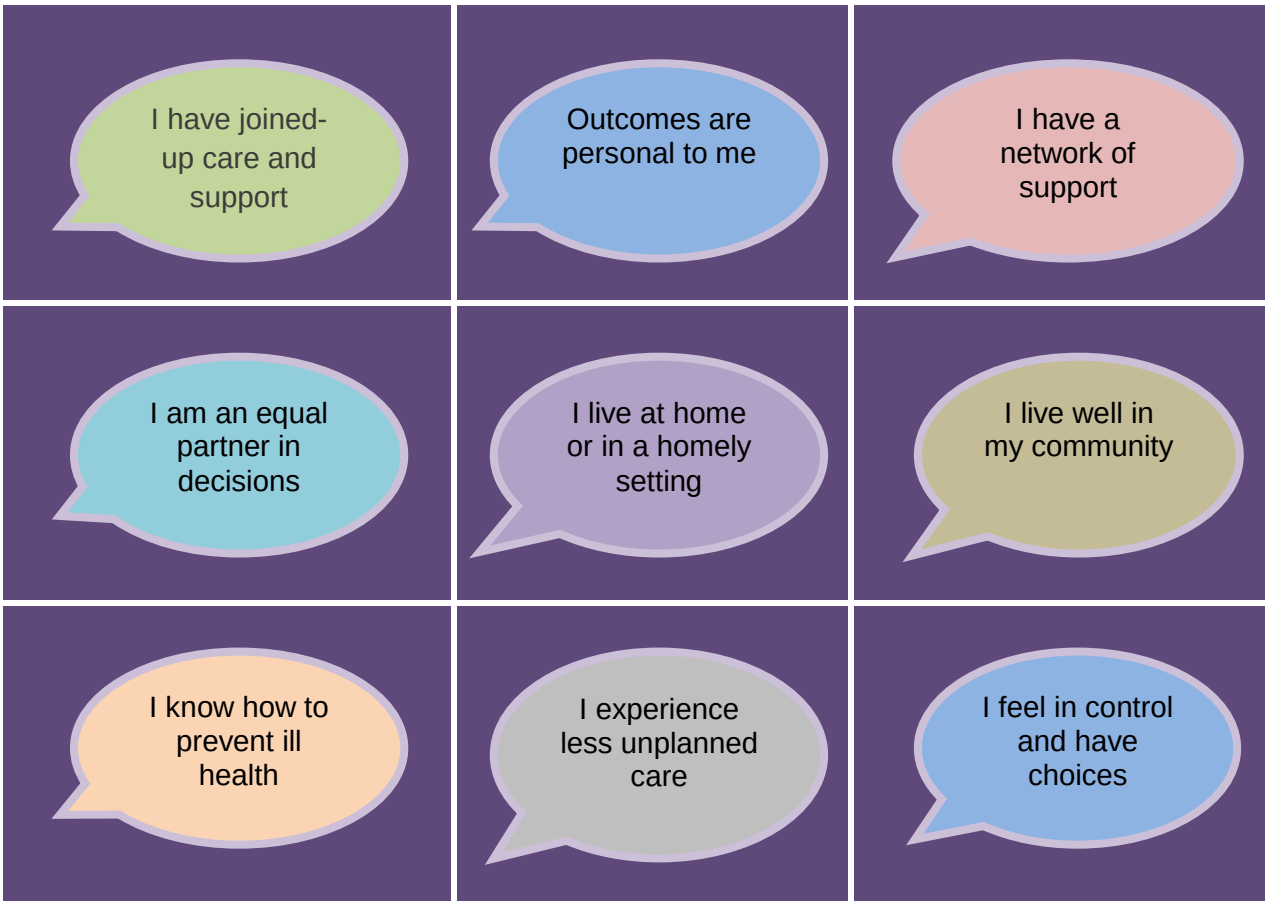
Commissioning Plans

The commissioning plan for older people will include planning and commissioning for people with dementia.

How will we achieve change?

The programmes of change for people in West Lothian are based on the principle that people have the opportunity to live independently within local communities, with a range of supports available locally to prevent problems arising and manage challenges if they occur. Focus will be on:

Following transformation change, we aim for people to say:



Areas of Transformational Change

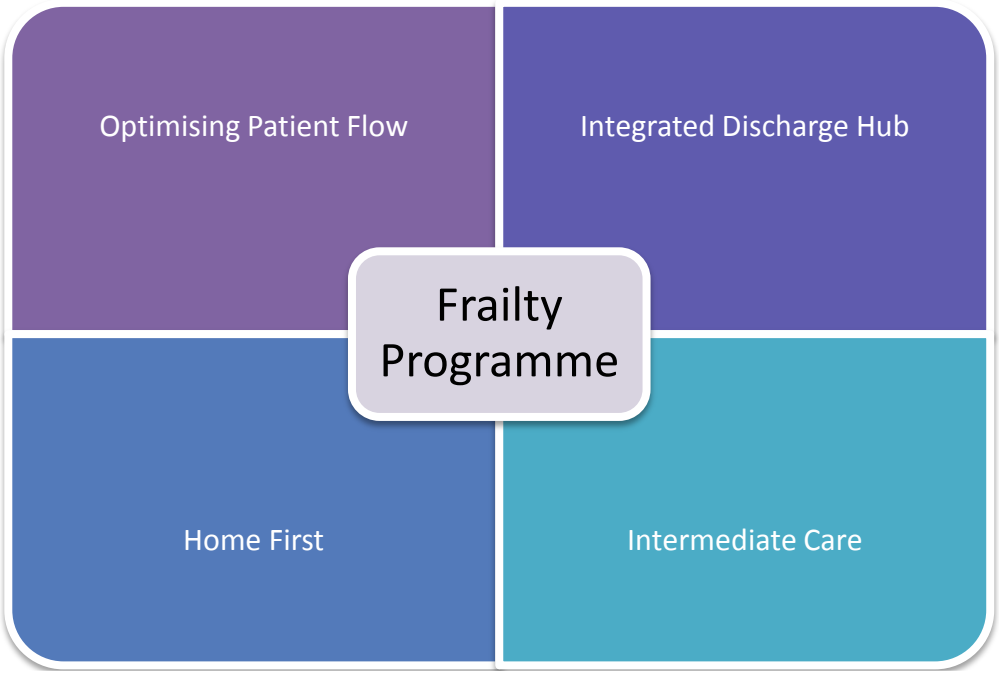
Major programmes of modernisation and redesign are underway for a range of services which involve shifting the balance of care from hospital to community settings and the development of local services to allow people to access care, support and treatment within the West Lothian Health and Social Care Partnership where possible. The programmes of change will determine how we commission future services and include programmes for:

Older People

The population of frail elderly people is expected to increase over the next 5 years along with a projected increase in the over 75 years population. This will increase demand across the whole health and social care system. The Frailty Programme has been refreshed to ensure that care is provided in the most appropriate setting, be that in hospital, at home or through our community services.

Wherever possible people will have their care delivered within the community and where admission to hospital is required this will be actively managed to promote recovery and enable discharge home as soon as possible.

The Frailty Programme aims to develop a care pathway which will improve outcomes for older people in West Lothian by joining up services across health and social care. There are four main aspects to the programme:

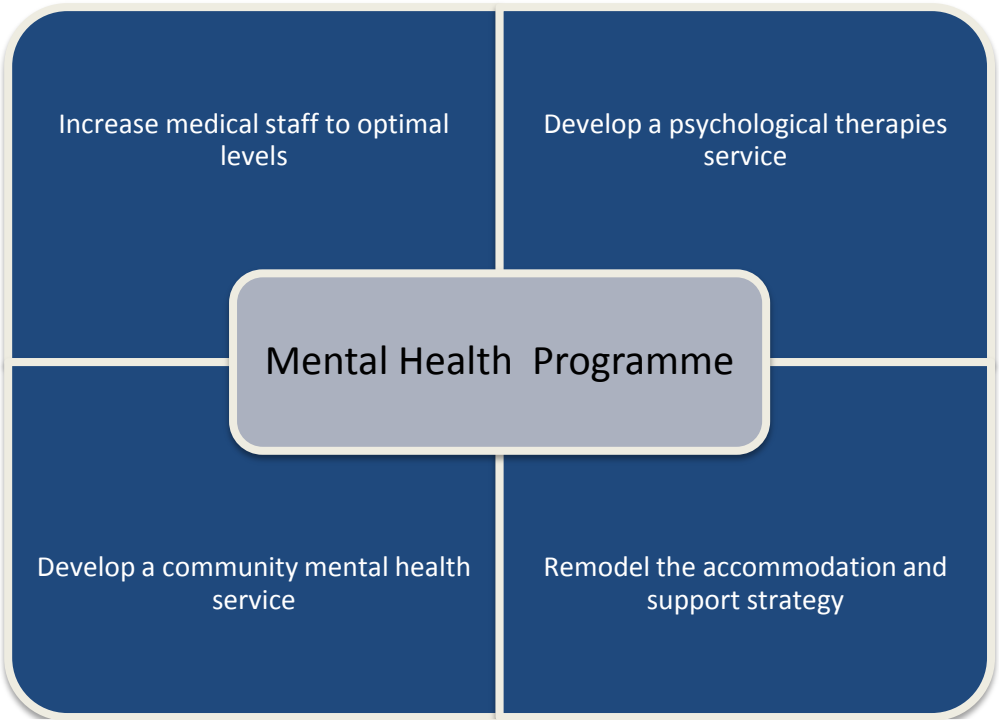


Mental Health

The Scottish Government published the new ten year Mental Health Strategy in March 2017, and see it as the centrepiece for the Government's focus on improving mental health. The Strategy contains 40 specific actions. Each action is intended to tackle a specific issue and, in this way, the Strategy will make a positive and meaningful difference to people with mental health issues.

Mental health services which focus on avoiding admission to hospital, supporting discharge from acute care and maintaining patients in the community are experiencing increasing demand and changing clinical need. Development of services will be based on a tiered approach which will encompass Community Mental Health Hubs through to in-patient services.

A Mental Health Redesign Programme in West Lothian has sought to develop a service model which moves towards a more preventative, assessment and outcomes focus for service users with an emphasis on caring for people in their own homes and communities whilst providing safe in-patient care for those who need it. The Mental Health Redesign Programme has 4 main elements:

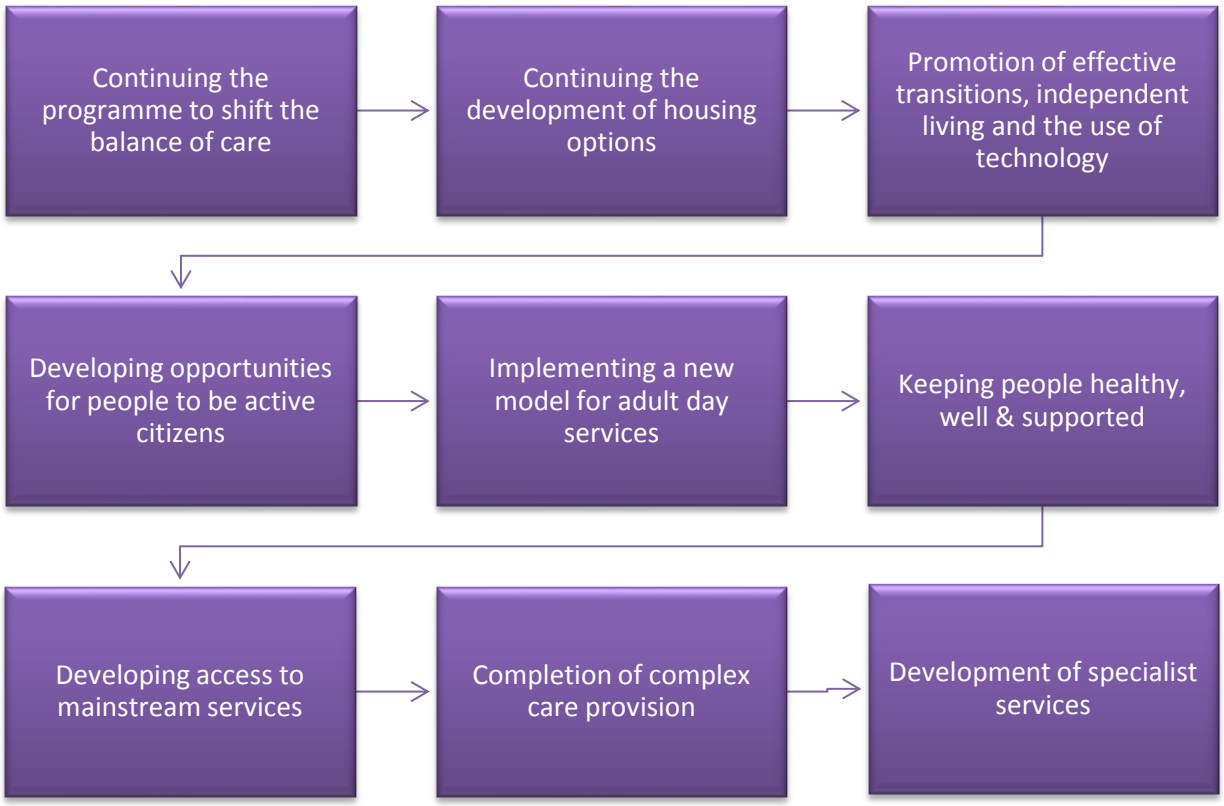


Learning Disability

The Scottish Government published a national strategy for learning disability in 2013 which provides the basis for developing our services in West Lothian. The main focus of the 10 year strategy is on improving the health inequalities which exist for people with learning disabilities. The strategy also promotes community living and improved quality of life through greater choices for people. Our aim is for people with a learning disability to be included in society and live life as equal citizens. Four strategic outcomes were identified:

- **A Healthy Life:** People with learning disabilities enjoy the highest attainable standard of living, health and family life;
- **Choice and Control:** People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse;
- **Independence:** people with learning disabilities are able to live independently in the community with equal access to all aspects of society; and
- **Active Citizenship:** People with learning disabilities are able to participate in all aspects of community and society.

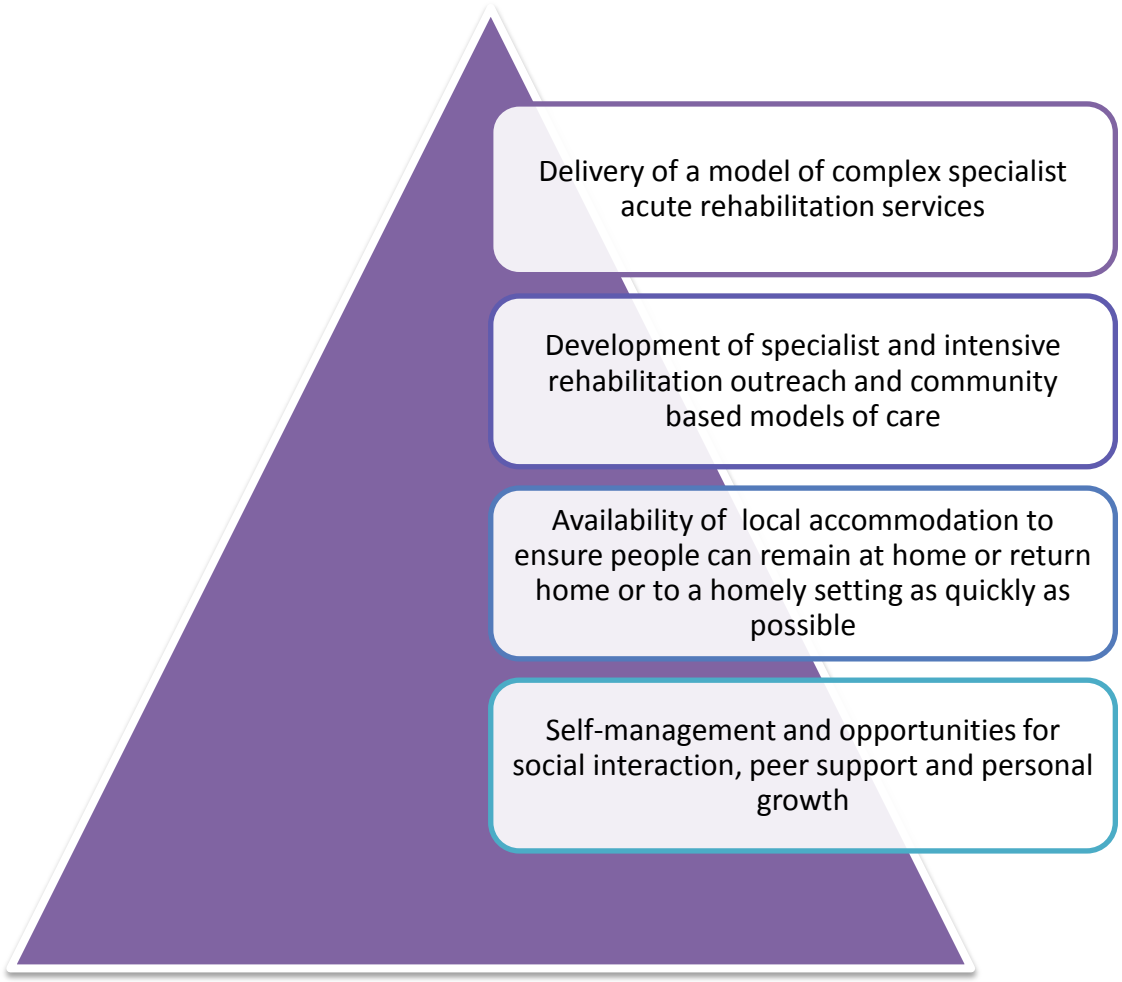
The focus of transformation in West Lothian is on:



Physical Disability

A programme of change for people with physical disabilities will be based on the principle that people have the opportunity to live independently within local communities, with partners working to develop a range of supports which enable people and their families to set and achieve rehabilitation goals. Our approach will draw on the ambitions set out by the Scottish Government' in 'A Fairer Scotland for Disabled People' (2016).

The Scottish Government and NHS Lothian are working in partnership to deliver a major programme of redesign at the Royal Edinburgh Hospital. The programme will provide an opportunity to develop community focused services which are more streamlined and better integrated. Planning with focus on key areas such as:



Primary Care

In recent years general Practices have been under significant pressure due to increasing volume and complexity of workload and challenging workforce availability. In 2018 a new General Medical Services Contract has been agreed which aims to stabilize and develop Primary Care Services and create a sound basis for the future. The contract identifies seven key areas for change.

2018 General Medical Services Contract Areas for Change

Implementation of the contract is focused firmly on the needs of General Practice as well as the wider Primary Care community to ensure that plans are robust and geared towards the needs of GPs and their patients. Implementation of the contract will take place over three years from April 2018 and is underpinned with a Primary Care Improvement Plan. The plan describes a broad range of development activities aimed at stabilizing and supporting General Practice to ensure provision of sustainable patient centred care over the coming years. By supporting all practices and taking a collaborative approach to make progress in a consistent way we aim to strengthen our service and provide consistent and sustainable services.

Out of Hours Primary Care Provision

Out of Hours (OOH) Urgent Primary Care Services are provided in West Lothian by Lothian Unscheduled Care Service (LUCS). LUCS is a Lothian-wide service delivering these services on behalf of local primary care in West Lothian. Patients who need care can access LUCS through NHS24.

The service is provided during the times when GP practices are closed. Services operate out of the Outpatients Department at St John's Hospital where patients can be seen. In addition to this, LUCS also provides home visits and telephone support and care to patients in West Lothian where that is required.

Throughout Scotland, OOH primary care services are seeking to implement the recommendations of a National Review, known as the 'Ritchie Review'. These recommendations include being able to provide more coordinated and supportive care for patients through the creation of Urgent Care Resource Hubs. Such Hubs would be able to coordinate care in the OOH period across a more diverse range of services than currently available.

Within Lothian, work is advancing to develop plans that will support the Review's recommendations. Forthcoming tests aim to bring other clinical professions into OOH working in a way not seen before. This includes pharmacy and psychiatric nursing services. It is expected these tests will mean more services are available to patients in West Lothian during the OOH period.

LUCS has experienced the same pressures as day time General Practice in recruiting and retaining staff. Similarly to day time services this has led to some restrictions in access to services. In West Lothian it has sometimes been difficult to fully staff the Out of Hours base at St John's Hospital, although West Lothian residents have always been able to access the service at other bases and home visits have been maintained. The frequency of these challenges has been increasing over the last year.

West Lothian IJB will work with LUCS to improve the situation and maintain access to Primary Care out of hours locally in West Lothian through supporting the developments above both financially and operationally and through working with West Lothian GPs to increase support for the service.

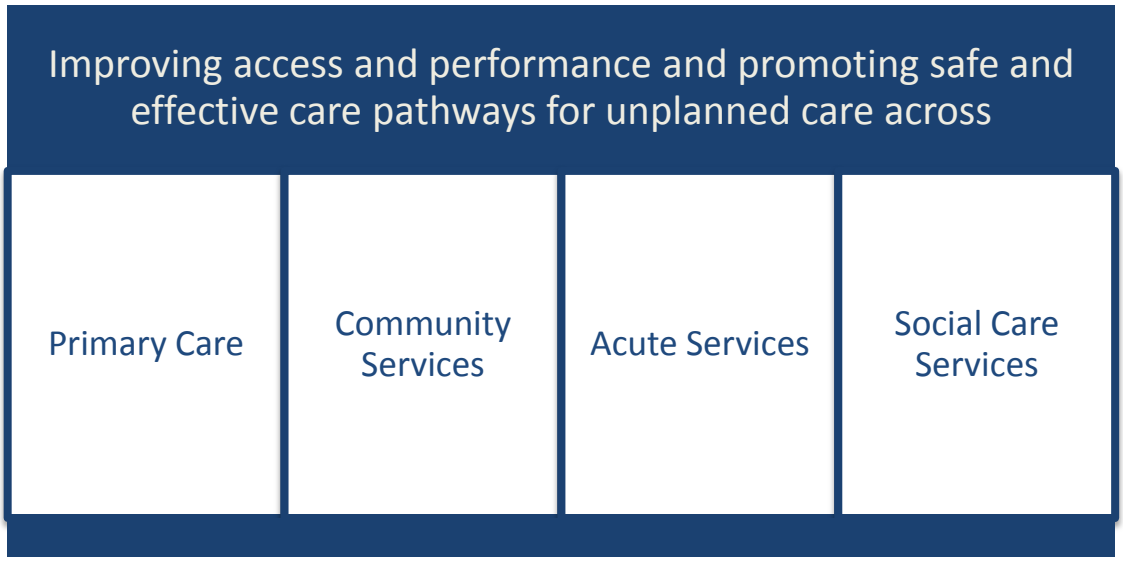
Unplanned Hospital Care

Unplanned hospital care and treatment is often required as a result of an emergency or urgent event. Most of the focus on unplanned care is on accident and emergency attendance, and emergency admissions to hospital. The Scottish Government has made unplanned care an important area of focus for the health service in Scotland, with key targets to reduce waiting times in accident and emergency services and reduce the number of emergency admissions. While the overall direction is to shift the balance of care from acute to community services, it is necessary to ensure that appropriate pathways and processes are in place across the health care system to ensure timely access and delivery of equitable and consistent services.

St John's Hospital is one of NHS Lothian's four major hospital sites and provides the majority of unplanned hospital care services for the residents of West Lothian. The IJB has a key role in the governance, planning and resourcing of these services.

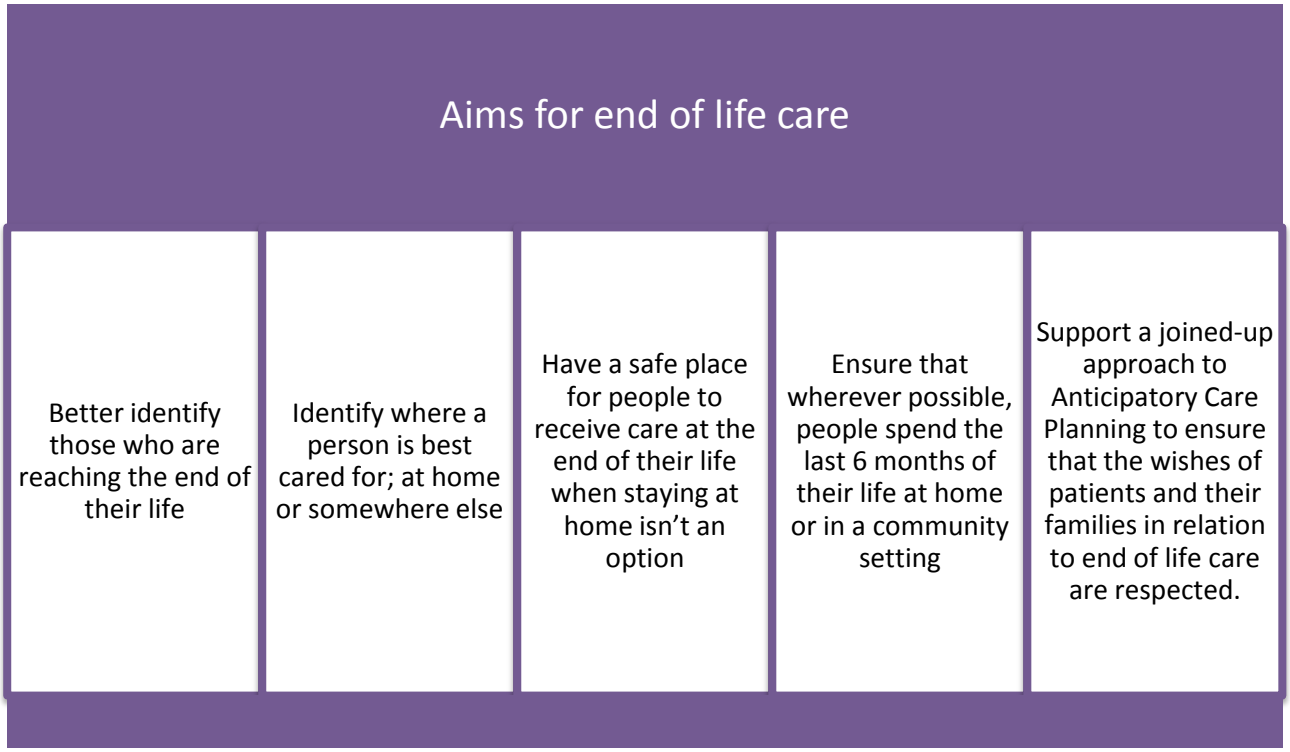
It has been recognised that the current footprint of the Emergency Department and layout of the acute receiving wards are contributing to prolonged waiting times and delays in treatment and transfers of care.

The IJB is committed to working with NHS Lothian and key stakeholders in the redesign of services at St John's Hospital to improve access and performance and to promote safe and effective care pathways for unplanned care across the whole primary, community, acute and social care system.



Palliative Care

As well as wanting people in West Lothian to live well, we want to help people to receive the right care in the right place at the end of their life. To do this we will:



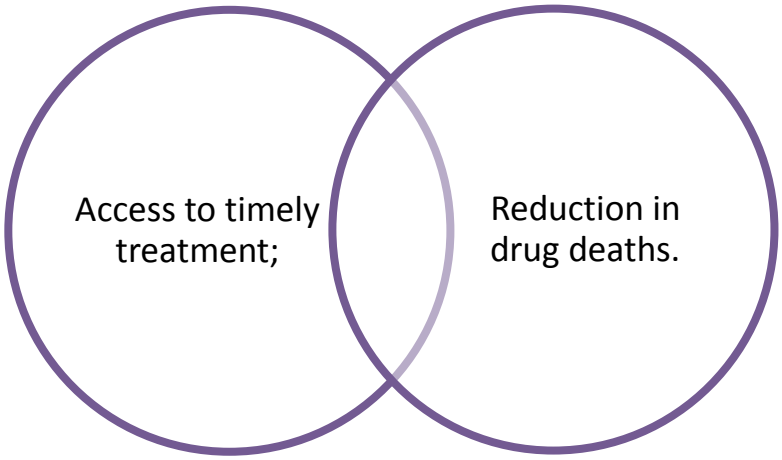
Anticipatory Care Planning involves discussing and recording a person's goals and wishes so that in the event of a gradual or sudden decline, those providing care have clear guidance on what that person wishes to happen. This needs to be supported by systems to allow those caring for the person to access those wishes in an emergency and be empowered to respect those wishes. Anticipatory care planning can allow people who do not want to be admitted to hospital for medical intervention, to remain at home, if that is their wish, receive treatment for symptoms only and be kept as comfortable as possible.

Substance Misuse Services

The West Lothian Alcohol and Drug Partnership (WLADP) is a multi-agency partnership with strategic responsibility for:

- Coordinating actions to address local issues with alcohol and drugs
- Commissioning substance misuse services.

West Lothian ADP has an investment plan which focuses on improving outcomes in the following areas:



Supporting Carers

Carers play a vital role in society and there is a long history in West Lothian of working in partnership with unpaid carers. It is important that carers are recognised as equal partners in planning and decision making. Support must also be available to carers who need it to ensure they are not only able to fulfil their caring role but also able to lead a good life beyond their caring responsibilities.

Good progress has been made with the implementation of the Carers (Scotland) Act 2016 which came into effect in April 2018. Going forward there will be focus on early intervention and prevention to ensure that carers have access to high quality information, advice and supports, including breaks from caring when needed.

The West Lothian Carers Strategy will be refreshed to ensure progress continues to be made and will identify the key priorities for supporting carers in the future.

Hosted Services

Each IJB in Lothian hosts or manages a range of services provided on a pan Lothian basis on behalf of the other IJBs. We will actively work with NHS Lothian and our neighbouring IJBs to ensure the right services are developed and delivered for people in West Lothian. West Lothian hosts Oral Health, Psychological and Podiatry Services.

Commissioned Services

The transformational change programmes involve working alongside a range of partners including those who deliver services commissioned from the third and independent sectors.

Delivery of care and support at home and care home services plays an essential role in the effective delivery of a whole system approach to transformational change. Commissioning plans will set out how we will work with commissioned services. In addition, the IJB's Market Facilitation Plan sets out how we will engage with our providers of health and social care to support market development and facilitate change in key areas of commissioning. .

Workforce Planning

Having a workforce with the right skill, at the right time and in the right place provides the foundation for the delivery of effective health and social care services. Our transformational change programmes will be underpinned by this ambition and will link to the IJB's Workforce Development Strategy.

6 Financial Framework

Medium-Term Financial Planning

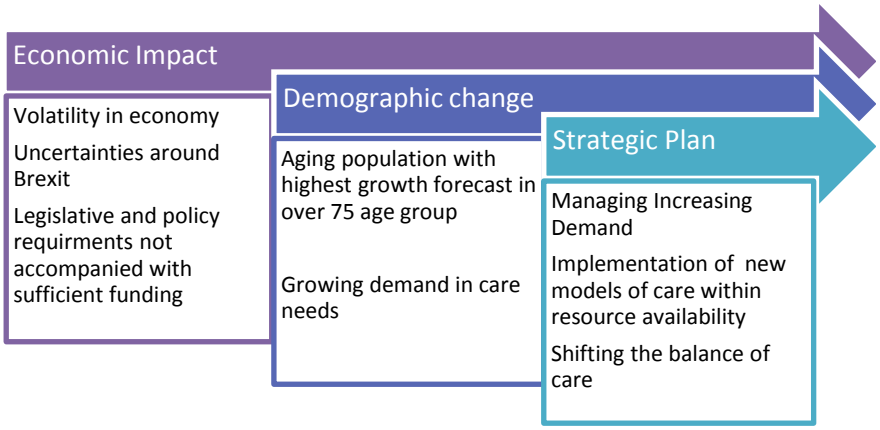
In line with best practice guidance from Audit Scotland, Accounts Commission and the Chartered Institute of Public Finance and Accountability (CIPFA), the IJB has an approved approach to medium term financial planning and has developed a four year plan over the period 2019/20 to 2022/23. The IJB's medium term financial plan (MTFP) has been developed on a collaborative basis with partners at West Lothian Council and NHS Lothian.

The MTFP takes account of estimated funding availability compared to estimated expenditure demands over future years to establish the extent of potential saving requirements used for the purposes of financial planning. The Strategic Plan and its associated programmes will have to be delivered within the finite resources available to the IJB.

The medium term financial plan plays an important role in inform the planning and prioritisation of future service delivery, and strategic planning and commissioning. Financial planning assumptions will be reviewed on an ongoing basis to take account of events such as changes to funding levels, economic forecasts, care demands and policy decisions impacting on health and social care.

Both partner organisations have complex financial and funding arrangements which create a degree of uncertainty over the medium to long term. Consequently, the forecast of a longer term financial plan to match the transformational change programmes outlined in this document is challenging and requires to be monitored and updated on a regular basis to take account of changing circumstances and events. This section seeks to set out the financial position of the IJB which will be used as a basis of helping inform resource availability in relation to the delivery of this Strategic Plan.

Medium-term financial planning requires to take account of a number of risks as summarised below:



Updated IJB Four Year Financial Plan

The IJB's MTFP has been updated to take account of the 2019/20 Scottish Budget and the Scottish Government Medium Term Financial Framework. In line with the Board's agreed approach to IJB financial planning, budget plans have and continue to be developed across health and social care functions and officers supporting the IJB are at the forefront of ensuring overall health and social care considerations are taken into account in a collaborative approach to IJB and partner financial planning. This should importantly help ensure a consistent approach to service and financial planning for delegated health and social care functions across the IJB, council and Health Board.

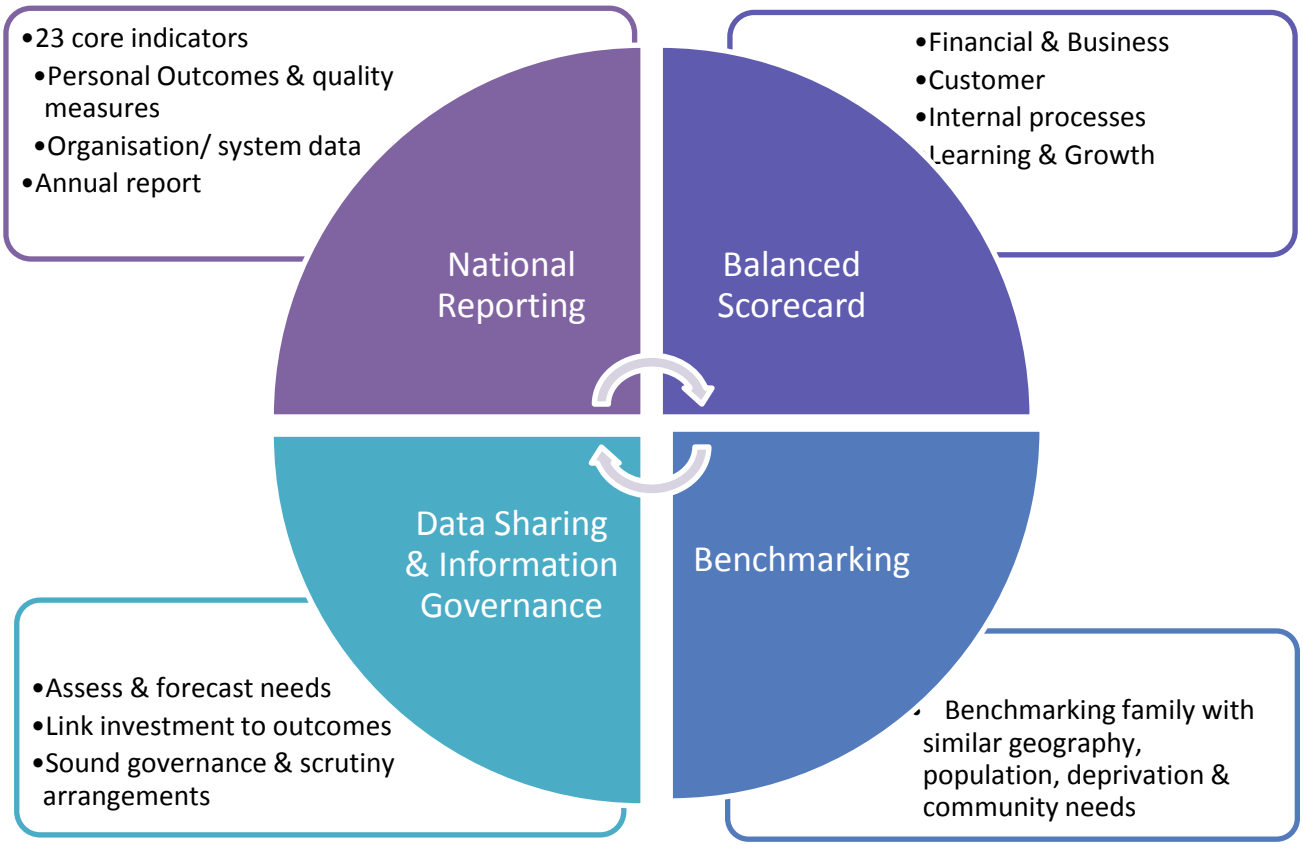
The updated IJB medium term financial plan is summarised below.

	2019/20 Budget	2020/21 Budget	2021/22 Budget	2022/23 Budget
Core Health Services	**£'000**	**£'000**	**£'000**	**£'000**
Community Hospitals	2,271	2,376	2,420	2,465
Mental Health	14,876	15,335	15,624	15,918
District Nursing	3,109	3,223	3,284	3,346
Community Allied Health Professionals	4,553	4,677	4,742	4,809
General Medical Services	25,189	25,230	25,239	25,249
Prescribing	36,349	36,349	36,349	36,349
Resource Transfer	6,782	6,782	6,782	6,782
Other Core	10,435	10,313	10,401	10,489
Total Core Health Services	**103,564**	**104,285**	**104,841**	**105,407**
Hosted Health Services				
Sexual Health	1,105	1,137	1,156	1,175
Hosted AHP Services	2,261	2,321	2,356	2,391
Hosted Rehabilitation Medicine	863	904	920	937
Learning Disabilities	3,036	3,347	3,407	3,469
Substance Misuse	1,178	1,264	1,273	1,282
Oral Health Services	2,410	2,488	2,536	2,582
Hosted Psychology Service	1,357	1,419	1,447	1,475
Lothian Unscheduled Care Service	2,076	2,152	2,192	2,233
UNPAC	1,341	1,344	1,344	1,344
Hospices	858	858	858	858
Other Hosted Services	771	1,121	1,135	1,153
Total Hosted Health Services	**17,256**	**18,355**	**18,624**	**18,899**
TOTAL HEALTH PAYMENT CONTRIBUTION	**120,820**	**122,640**	**123,465**	**124,306**

Acute Set Aside Services				
A & E (outpatients)	4,896	5,043	5,131	5,220
Cardiology	1,658	1,708	1,737	1,768
Diabetes	395	407	414	421
Endocrinology	185	191	194	197
Gastroenterology	1,070	1,102	1,121	1,141
General Medicine	6,823	7,028	7,150	7,274
Geriatric Medicine	4,988	5,138	5,227	5,318
Infectious Disease	2,217	2,284	2,323	2,364
Junior Medical	4,906	5,053	5,141	5,230
Rehabilitation Medicine	793	817	831	845
Respiratory Medicine	1,934	1,992	2,027	2,062
Therapies / Management	1,633	1,679	1,710	1,740
TOTAL HEALTH SET ASIDE CONTRIBUTION	**31,498**	**32,442**	**33,006**	**33,580**
OVERALL HEALTH TOTAL	**152,318**	**155,082**	**156,471**	**157,886**
Social Care Services				
Learning Disabilities	17,934	18,339	19,426	20,737
Physical Disabilities	7,713	7,728	7,935	8,241
Mental Health	4,201	4,216	4,326	4,482
Older People Assessment and Care	34,166	34,639	36,314	37,682
Care Homes and Housing with Care	8,516	8,785	8,434	8,142
Contracts and Commissioning Support	2,564	2,629	2,646	2,656
Other Social Care Services	445	453	455	457
Total Social Care Services	**75,539**	**76,789**	**79,536**	**82,397**
OVERALL TOTAL	**227,857**	**231,871**	**236,007**	**240,283**

7 Monitoring Performance

The IJB has responsibility for monitoring the performance of the services delivered to the people of West Lothian. This is done through a range of measures such as.

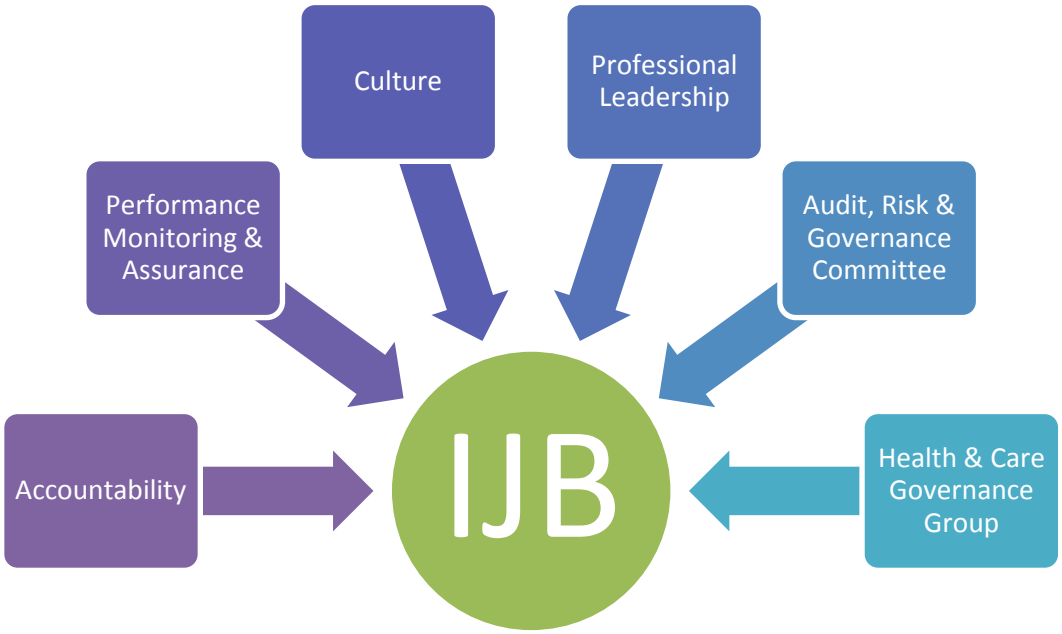


We will continue to develop local measures to provide a broader picture of performance and link our performance framework to strategic commissioning plans. This will ensure that we have appropriate arrangements in place for measuring progress against our strategic priorities.

Better data sharing across health and social care plays a key role in measuring performance of integrated services. We will continue to develop our partnership approach to data sharing to assist in forecasting need, determining investment and delivery of integrated services.

8 Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is the responsibility of everyone working in the organisation. The Health Board, the Council and the IJB are accountable for ensuring appropriate clinical and care governance arrangements are in place to support their duties under the Public Bodies (Joint Working) (Scotland) Act 2014.



The quality of service delivery is measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Embedded from frontline staff through to the board, good governance defines, drives and provides oversight of the culture, processes and accountabilities of those delivering care.

Arrangements are in place to ensure that staff working in integrated services have the skills and knowledge to provide the appropriate standard of care. Where groups of staff require professional leadership, this is provided by the relevant Health Lead or Chief Social Work Officer, as appropriate. The Workforce Plan identifies training requirements to support improvement in services and outcomes.

Members of the IJB actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

West Lothian IJB

Strategic Plan 2019/23

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April 2019

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Appendix 1: Housing Contribution Statement

1.0 Introduction

This housing contribution statement builds on the previous two statements. The purpose of this statement is to explain the way in which housing and related services in West Lothian support improvement in health and social care outcomes.

The approach to specialist housing provision is to ensure that people live in accommodation that most closely meets their needs. For most people, this will mean living in their own homes with support provided in accordance with their assessed needs. For a fewer number of people, subject to assessment, they will be housed in specialist accommodation with high levels of housing support. Enabling people to live independently when they are able is a key objective of the approach to housing in West Lothian.

1.1.Strategic Links

The key housing strategies and plans that inform the Housing Contribution Statement are the Local Housing Strategy, the Rapid Rehousing Transition Plan and the Strategic Housing Investment Plan.

There are also important links with Commissioning Plans for each of the client groups in relation to the need for housing and housing support. The Housing Contribution Statement is also informed by The West Lothian Local Outcomes Improvement Plan which sets out West Lothian Community Planning Partnership's long term vision for West Lothian. It sets out the local outcomes the CPP will prioritise and how the CPP will deliver on these.

The Housing Contribution Statement also has links to the Anti-Poverty Strategy There are a number of housing related activities that aim to mitigate the effects of poverty. These include;

- Measures to address fuel poverty including funding to support insulation to housing
- Income maximisation measures through the advice shop
- Employability projects

Finally, the Housing Contribution Statement is developed within the context of "Transforming Your Council" objectives that set out the way in which council services are delivered to ensure that those in greatest need obtain the support they require.

1.2 Consultation

Consultation on this statement will be undertaken. This will include RSL partners, Voluntary Sector partners through the Joint Strategy Group for Homelessness and the Tenants' Panel.

1.3 Aims of the Strategic Plan in the Housing Context

The aims of the Strategic Plan (noted below) can be assisted by housing solutions.

- More care and support is delivered at home rather than in a hospital or other institutions
- Care is person centred with focus on the whole person and not just a problem or condition.
- There is more joined up working across professions and agencies
- Citizens, communities and staff involved in providing health and social care services will have a greater say in how services are planned and delivered.

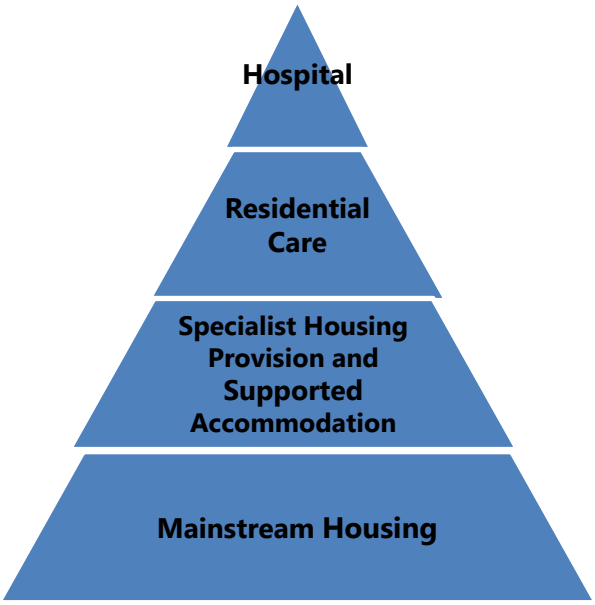
2.0 Housing Need and Demand

There has been an increase in recent years in the number of homeless presentations. There were 1530 homeless presentations in 2017/18, an increase of 166 from the previous year. At January 2019 there were 8,135 households on the waiting list for homes in West Lothian.

Both of the IJB localities have an ageing population which is rising faster than the national average.

Further pressures arise in relation to the following needs

- Hospital closures
- Reconfiguration of specialist provision
- Provision for young people
- Provision for older people
- Housing provision for people with bariatric conditions



A model of specialist provision and the journey between the sectors for clients has been developed in conjunction with Social Policy (Diagram 1). The majority of people will remain in their own homes with support but for some they may require more intensive support at times of crisis or as an ongoing requirement. Where possible, the objective is to enable people to live as independently as possible and so a spectrum of accommodation, care and support is planned to ensure people's needs are met.

3.0 Health and Homelessness

The links between poor health and homelessness are well documented. The National Health and Homeless standards were published in 2005 and are designed to assist NHS Boards to continuously improve their service to homeless people and those at risk of homelessness. https://www2.gov.scot/Publications/2005/03/20774/53766
The standards recognised that poor health is not only a consequence of homelessness but can also help to precipitate it with there being greater risk of premature death and morbidity amongst the homeless population than the population at large. It should be recognised that health problems are not confined to those sleeping rough. People living in temporary accommodation, with friends or in hostels have little stability, often having to share kitchens and bathrooms with little privacy or security.

A comprehensive study was undertaken in 2017/18 to understand the links between ill health and homelessness. (Health and Homelessness in Scotland, June 2018, Dr Andrew Waugh https://www.gov.scot/publications/health-homelessness-scotland/)

The study highlighted that there is a correlation between increasing interactions with health services immediately preceding a homeless crisis, with the peak of interactions being around the time of homeless assessment and then as the household achieves

settled accommodation health interactions decrease again however some remained at a higher level than previously.

The council has recently agreed to take part in a project with the Information Services Division (ISD) part of NHS Scotland, to collect homelessness data and link it with existing Health and Social Care data. This work will help inform the key areas of work required to be taken forward in relation to homelessness, health and social care.

4.0The Rapid Rehousing Transition Plan

4.1.1 Rapid re-housing is a new strategic policy objective to reduce homelessness and rough sleeping. The key principles are:

- Providing settled, mainstream housing as quickly as possible;
- Preventing homelessness through further shift to prevention using more extensive housing options in West Lothian, early intervention approaches and review of the council's current Allocations Policy;
- Reducing time spent in temporary accommodation by creating better flow through the system with the fewer the transitions the better;
- Transforming temporary accommodation with the optimum type being mainstream, furnished within a community;
- For people with complex need which are beyond a housing response, the Housing First model should be the first response or highly specialised provision where Housing First is not suitable.

The Rapid Rehousing Transition Plan identifies the gaps in the supply of affordable housing against demand as well as the support required to transition to rapid rehousing This will be achieved through a partnership vision of "Working Together" which includes West Lothian Council, West Lothian IJB, registered Social Landlords and the voluntary sector. (Link to RRTP).

Summary of Homeless Position 2017/18

1,530 total homeless applicants in West Lothian in the year.
1,165 households where West Lothian Council has a duty to provide settled accommodation
1,061 homeless open case with a duty to house as of 31st March 2018
165 households sleeping rough at least once in the last 3 months
57 households are likely to have multiple and complex support needs and 5 households are likely to require specialist accommodation provision.

4.1.2 The main issues for West Lothian in relation to homelessness are;

- Increasing homeless presentations and use of bed and breakfast accommodation
- Insufficient housing supply
- High levels of youth homelessness

4.1.3 Key RRTP Actions

- Increase focus on early intervention, prevention and housing options to stop homelessness happening in the first place.
- Improving access to affordable housing options and reducing lengths of stay in temporary accommodation by improving flow through the system diverting away from the use of Bed and Breakfast accommodation.
- To ensure where homelessness does occur that housing options are focused on enabling households to navigate through the system as quickly as possible.
- Implement actions required to ensure people have access to the required levels of support.

These actions will be taken forward through the four RRTP workstreams of,

- Early intervention/Prevention and Housing Options,
- Supply andTemporary Accommodation,
- Support and Supported Accommodation,
- Health and Wellbeing.

A review of the Housing Allocations Policy will be undertaken to dovetail with the RRTP in terms of ensuring compliance with the plan and ability to move people that are homeless through the system quickly in order to obtain a permanent let.

4.1.4 RRTP High Level Actions Linked to Health and Social Care Integration

The RRTP includes a high level action plan, a number of these actions link directly with Health and Social Care outcomes and require a collaborative approach;

- Develop and implement a “moving on model” for young people leaving care and young people at risk of homelessness
- Review hospital discharged delay protocols
- Review Health and Homeless service and implement changes
- Complete project with ISD to collate and align homeless data with health and social care data
- Review and update Health and Homelessness Standards for homeless people accessing health services
- Expand existing and develop new Housing First models to meet individual client group including Addictions, Domestic Abuse and Mental Health.

- Quantify the residential accommodation requirements for adults where housing the community would be suitable.
- Review the current domestic abuse refuge provision
- Review all homeless cases estimated as needing “medium” support against the new social care eligibility criteria to quantify gaps in provision.

4.1.5 Support for People at risk of Homelessness

It is important to note the contribution of both RSLs and the voluntary sector in relation to support for people who are Homeless. Almond Housing Association has been working with the Rock Trust to provide a range of housing options for people at risk of homelessness.

1.0 Providing New Homes

A housing supply target of 3,000 new affordable homes between 2017-2022 was identified in the West Lothian Local Housing Strategy.

The focus in recent years has been on the council new build programme with completions of 529 homes between 2014/15 and 2018/19. RSLs have provided 178 homes between 2014/15 and December 2018.

A future programme of 250 new build council homes has been agreed and sites have been identified. A number of bungalows and cottage flats will be built.

RSLs and the council will work together to provide more affordable housing through the Homes for West Lothian Partnership. This will include specialist housing provision including properties for older people.

In recent years, the council has developed many of its own sites to contribute to increasing the supply of affordable housing. There is now a need for greater coordination with other public sector bodies such as the NHS to ensure that where sites are suitable for affordable housing they can be brought forward within a reasonable timescale.

5.1 Housing for People with Physical Disability

To ensure that the new council housing meets a range of needs, bungalows have been constructed. Since 2012, 46 wheelchair homes have been built and a further 69 are to be completed.
In 2017 two new homes for wheelchair users were provided in Stoneyburn by Horizon Housing Association. They also provided four homes with wet floor showers.

In the current Strategic Housing Investment Plan, RSLs have identified 83 homes that could be suitable for wheelchair users. This would be subject to funding being made available.

5.1.1 Adaptations

Changes have recently been made to the way in which adaptations are provided in West Lothian. This service involves an assessment of needs and where it is appropriate, provides equipment and adaptations to improve levels of ability and to promote a safer environment .This enables children, adults and older people with physical, mental and/or learning disabilities to be as independent as possible in their own home. A Community Occupational Therapist from the Council can visit you in your home to carry out this assessment.

	Council House Adaptations		Adaptations to homes in other tenures	
	Number of Adaptations	Expenditure	Number of Adaptations	Expenditure
2016/17	720	£374,666.00	1689	£407,440.18
2017/18	641	£373,685.60	1345	£388,983.64

5.2 Older People

In 2016/17 new build council housing for older people was developed at Rosemount Gardens and Rosemount Court. The development consists of self-contained one and two bedroom flats with communal facilities. The Assisted Living model of care and support operates at this development.

There has also been a development for older people at West Main Street, Broxburn.

Some RSLs have changed the model of care in their developments.

Types of provision

- Sheltered housing (WLC)
- Assisted Living (WLC)
- Retirement Housing (provide d by RSLs)
- Housing with Care (WLC)

In the current Strategic Housing Investment Plan 2019-2024, RSLs identified sites for 116 homes that could be suitable for older people. This is subject to the availability of funding and sites coming forward.

A capacity plan for older people requires to be developed so that we can fully understand housing requirements over the next 10 years and make appropriate plans and investment decisions.

5.3 People with Learning Disability

In keeping with the principles of independent living, the aim is for most people with learning disability to live in their own homes or in a homely setting. For some people,

they will require more intensive support. Recent developments include Core & Cluster housing for people who are able to live in mainstream housing with support as well as proposals for a complex care unit for people who require more intensive support and care.

5.3.1Core and Cluster Housing

Core and cluster housing has been provided for people with learning disability as part of the new build council housing programme. This enables people to live in a homely setting with support. A further development of this type is planned.

5.3.2 Complex Care Unit

A development of 16 homes is planned for people with complex care needs. This will enable some people to move from a hospital setting to suitable housing that meets their needs. A site has been identified and the aim is to complete the development in 2021.

5.4 Young People

Develop and implement a “moving on model” for young people leaving care and young people at risk of homelessness. Site options for this provision are currently being examined and assessed.

5.5 Mental Health –

A reconfiguration of current supply and support arrangements for people with mental health issues is underway. This will link to the RRTP action to expand and develop a new Housing First model to meet client’s needs.

5.6 Substance misuse –

As key action included in the RRTP is to expand existing and develop new Housing First models to meet individual client group including Addictions, Domestic Abuse and Mental Health.

Appendix 1

Specialist Housing Provision/Services completed since Housing Contribution Statement in 2016.

Client Group	Action	Lead Organisation	Number of Units	Year of Completion
Older People	Specialist Housing Provision	WLC	48	2016
Physical Disability	Wheelchair Housing	WLC	46	2016 -2018
	Wheelchair Housing	Horizon Housing Association	2	2017
	New build housing with wet floor showers	WLC		2016-2018
		Horizon Housing Association	4	2017
	Adaptations	WLC	1361	2016 & 2017
		Other Tenures	3034	2016 & 2017

Appendix 2 – Future Resource Requirements

Client Group	Additional Accommodation	Additional Support Requirements	Priority	Capital and Revenue Resources
Homeless People	Increase affordable housing supply by RSLs and the council. Increase % lets to homeless households by RSLs. Develop a partnership approach with local lettings agents and individual landlords.	New support process to be put in place for those at risk of homelessness		
		Models of low level support to be explored.		
		Review homeless cases as needing medium support against the new social care eligibility criteria to quantify gaps in provision		
Residential Care	Quantify the residential accommodation requirements for adults where housing in the community would not be suitable.			

Learning Disability	Core & Cluster Reconfiguration of existing accommodation			
Mental Health	Core & Cluster Reconfiguration of existing accommodation			
Older People	TBC – in line with findings of Capacity Plan			
People with physical disabilities	TBC			
People with Addictions	Develop a housing first project for people with addictions	Support required for this provision through the RRTP		
Young People	Accommodation for 12 young people to be developed	Associated support required for Young People		
Criminal Justice				
Domestic Abuse	TBC			
Refugee Provision				
Adaptations		Maintain current levels of expenditure over the next 5 years.		

Appendix 2: Supporting Plans and Strategies

Health and Social Care Delivery Plan

The Health and Social Care Delivery Plan set out a framework for the delivery of services, bringing together the National Clinical Strategy and the Scottish Government's key reform programmes, such as Health and Social Care Integration. Its aim is to ensure that Scotland provides a high quality service, with a focus on prevention, early intervention and supported self-management, and if people need hospital services, they are seen on a day case basis where appropriate, or discharged as soon as possible.

Public Health

Our plan also takes cognisance of the Public Health Priorities published in June 2018. With our partners in the Community Planning Partnership, we recognise our part in supporting prevention and early intervention in relation to public health.

Public Health Priorities for Scotland

1. A Scotland where we live in vibrant, healthy and safe places and communities
2. A Scotland where we flourish in our early years
3. A Scotland where we have good mental wellbeing
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

Workforce Planning and Organisational Development

Delivering health and social care services involves a large workforce across all sectors and presents both challenges and opportunities in terms of workforce planning and development.

For health and social care integration to be successful individuals, teams and organisations will need to develop new ways of working together and this will be underpinned by strong leadership, evolving management arrangements, processes and relationships.

The development of the organisation and workforce will be an iterative process to reflect strategic developments and respond to local needs and availability of resources. More information on this can be found in the IJB's Workforce Strategy.

Partnership Working

Partnership working is about developing inclusive, mutually beneficial relationships that improve the quality and experience of care. This includes the relationships between individuals, their carers and service providers. It is also about relationships within and between organisations and services involved in planning and delivering health and social care in the statutory, voluntary, community and independent sectors. Effective partnership working should result in good quality care and support for people and their carers. We commit to working with the partners below:

- Our Workforce
- Our Service Users and Carers
- Localities and Communities
- The Third (Voluntary) Sector
- The Independent Sector
- Independent Contractors e.g. GP Practices, Community Pharmacists and Optometrists
- Community Planning Partnership
- Other Integration Joint Boards
- Hosted services (services provided across West Lothian on behalf of other IJBs)
- NHS Acute Sector (Emergency Department and medical emergencies, including respiratory, stroke, diabetes, and chronic heart disease)
- Housing Services

Housing

Collaboration with housing colleagues will be a key feature of future commissioning to ensure that housing and accommodation models are fit for the future and reflect shifts in the balance of care from hospital to community settings. Generally, there will be a move away from residential care models to housing models where possible, recognising, however, that for some people with the highest level of need, residential care may be the most appropriate choice. A significant number of West Lothian residents are placed out with the local authority area because there is a lack of suitable accommodation locally. There is intention to reduce reliance on out of area placements especially for people with mental health problems, learning disability and physical disability by developing new accommodation and support models which focus on quality and value for money within the local authority area.

Housing Services have produced a Housing Contribution Statement, which is attached to this plan at Appendix 1.

Community Planning and Health Inequalities

The IJB is a member of the West Lothian Community Planning Partnership, which is establishing a new Health and Wellbeing Partnership to function as a forum for health, prevention and inequalities.

This new partnership brings partners together from across the Community Planning Partnership to work together to take forward the inequalities and prevention agenda at a strategic level by providing a platform for preventative efforts to be developed across the partnership and ensuring health inequalities and prevention is taken forward as a shared priority as part of a wider 'whole system' CPP approach to issues like poverty, housing, education, employment and transport.

The Health and Wellbeing Partnership will function as the West Lothian Community Planning Partnerships forum for health, prevention and inequalities. The forum will support the delivery of the Local Outcomes Improvement Plan with a specific responsibility for Outcome 7:

- We live longer healthier lives and have reduced health inequalities.

Market Facilitation

Market facilitation aims to ensure that choice and control are afforded to supported people through a sustainable market of different supports which deliver choice, personalisation, effectiveness and sustainability. Market facilitation means ensuring that there is an efficient and effective care market operating in West Lothian which meets the current and future needs of the local population. Achievement of those aims is based on collaborative and partnership working between stakeholders to offer outcomes based supports locally for people who need them. You can read more about this in the IJB's Market Facilitation Plan.

Participation and Engagement

The IJB's Participation and Engagement Strategy brings together NHS and Council Social Policy engagement activity within a single unified systematic approach which will improve standards of engagement and involvement across all services and staff groups, with the goal of improving outcomes for patients and service users. This is underpinned by the principles of community engagement (figure 10).

- Fairness, equality and inclusion must underpin all aspects of community engagement, and should be reflected in both community engagement policies and the way that everyone involved participates.
- Community engagement should have clear and agreed purposes, and methods that achieve these purposes
- Improving the quality of community engagement requires commitment to learning from experience.
- Skill must be exercised in order to build communities, to ensure practice of equalities principles, to share ownership of the agenda, and to enable all viewpoints to be reflected. As all parties to community engagement possess knowledge based on study, experience, observation and reflection, effective engagement processes will share and use that knowledge
- All participants should be given the opportunity to build on their knowledge and skills.

Figure 10 : Principles of Community Engagement (Communities Scotland, 2005)

Data Sharing and Information Governance

Better data sharing across health and social care will play a key role in the integration agenda. As an IJB we will need to be able to assess and forecast need, link investment to outcomes, consider options for alternative interventions and plan for the range, nature and quality of future services.

Effective information systems are necessary to ensure that good intelligence underpins our process of local strategic planning and decision making. To support this the Information and Statistics Division has been commissioned to work with NHS Boards, Local Authorities and others to develop a linked individual level dataset for partnerships. There is therefore a need to ensure information is managed and shared in a safe and effective manner through sound governance, performance and scrutiny arrangements.

Equality

The public sector equality duty in the Equality Act 2010 came into force in Scotland in April 2011 and requires Scottish public authorities to have 'due regard' to the need to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.

All Scottish Public authorities must publish a report on ‘mainstreaming’ equality and identifying a set of equality outcomes.

We published our Equality Outcomes and Mainstreaming Report in April 2017, progress against which was updated in 2019.

Climate Change

In line with the Climate Change (Scotland) Act 2009, we publish an annual Climate Change Report.

West Lothian Integration Joint Board acknowledges its position of responsibility in relation to tackling climate change in West Lothian.

Organisations have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper or emissions produced from vehicles and machinery, or simply disposing of waste materials in an environmentally conscious manner.

West Lothian IJB commits to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in West Lothian wherever possible, through its strategic aims and decision-making processes.

APPENDIX 2

West Lothian Integration Joint Board

Direction – WLIJB5

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB5
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	**Community Hospital Services** To deliver community hospital services at St Michael's Hospital, Tippethill Hospital and Maple Villa
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	NHS (Scotland) Act 1978 Health Board Continuing Complex Care Palliative Care
9.	Required Actions/Directions	To continue to deliver community hospital services. Review the function of community hospitals in the delivery of health and social care services across West Lothian. Develop a strategic plan for future delivery of community hospital services taking account of changing demographics, available resources and existing premises, including lease arrangements.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance officer should be consulted on

		financial implications arising from the implementation of this Direction and review of Community Hospital services
11.	Principles	Are Integrated from the point of view of service-users Take account of the dignity of service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	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 People who use health and social care services have positive experiences of those services, and have their dignity respected Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance monitoring will include scrutiny of : • Occupancy rates • Day of care audits and findings • Clinical care standards Review of hospital functions will be reported to the Strategic Planning Group and any future strategic plan developed will be reported to the IJB.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No direct relevance

West Lothian Integration Joint Board

Direction – WLIJB6

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB6
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Acute Set Aside Services** To give Direction to NHS Lothian to: To deliver the vision set out by the Scottish Government to shift the balance care from hospital to community settings, and to individual homes when it is the best thing to do. Reduce the level of unscheduled care in hospitals through availability of good quality community care and ensure people admitted stay only for as long as they need to and for specific treatment. Future investment must be focused on shifting resources into community provision by reducing inappropriate use of hospital care and redesigning the shape of services across hospital, care home and community settings. Focus will be on prevention, anticipation and supported self-management throughout the healthcare system and when hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Hospital Set Aside
8.	Function(s) concerned	Hospital based services operating from St John's Hospital: • Accident and Emergency: • Cardiology • Diabetes

		• Endocrinology • Gastroenterology • General Medicine • Geriatric Medicine • Infectious Disease • Junior Medical • Rehabilitation Medicine • Respiratory Medicine • Therapies/ Management • Outpatients • Other
9.	Required Actions/Directions	Develop clear plans for whole system transformational change which focus on prevention of hospital admission and supported, co-ordinated and integrated hospital discharge. Deliver the programme of change set out in the 4 work streams of the Frailty Programme: Optimising Flow, Integrated Discharge Hub, Intermediate Care, Home First to review and explore more effective ways of working across community and hospital services. Ensure service redesign of the St John's Emergency Department is developed in discussion with the West Lothian Integration Joint Board and that models of care align with the future vision for delivery of care and support across the whole health and care system. Any further investment in unscheduled care should not be progressed without discussion with the West Lothian Integration Joint Board to ensure delivery of a whole system approach to managing hospital and community services within existing financial resources. The IJB requires that a strategic commissioning plan is developed for unscheduled care services which is monitored through a governance structure approved by the IJB.
10.	Budget 2019/20	See summary of budgets for Strategic Directions.

		Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance officer should be consulted on the financial implications arising from proposals on shifting the balance of care and investment options.
11.	Principles	Are integrated from the point of view of service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care) Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	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 People who use health and social care services have positive experiences of those services, and have their dignity respected Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance monitoring will include scrutiny of: • MSG indicators Review of hospital functions will be reported to the Strategic Planning Group and any future strategic plans developed will be reported to the IJB. An unscheduled care planning group to be established.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes to hospital based services will need to be planned in a way which minimises impact on services planned by other IJBs.

West Lothian Integration Joint Board

Direction – WLIJB7

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB7
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	**Primary Care** It has been recognised that General Practices have been under increasing pressure due to increasing volume and complexity of workload and challenging workforce availability. The 2018 GMS Contract has been designed to stabilise and develop Primary Care Services to create a sound basis for the future. The key principles underpinning the 2018 GMS Contract are: • To enable a shift in the GP role to be an Expert Medical Generalist leading an expanded primary care team • To move away from the responsibilities of managing a team and having responsibility for premises. • Through implementation of a new workload formula for practice funding provide income stabilisation for GPs. • To reduce GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs. Primary Care transformation should focus on the modernisation of primary care to deliver a safe, effective and person-centred healthcare service in line with the Scottish Government's 2020 vision and the National Clinical

		Strategy. Developments in Primary Care should focus on multidisciplinary team working to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible. Population demographics in West Lothian and pressures arising from a growing and ageing population mean that the development of new approaches to the provision of primary care services is essential.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	• General Medical Services • Community Nursing • AHPs
9.	Required Actions/Directions	Establish collaborative working between the HSCP, Health Board and GP Subcommittee of Local Medical Committee to deliver the 2018 GMS Contract Framework. Develop and implement Primary Care Improvement Plan with focus on the seven key areas for change: 1. The role of GPs in Scotland – Expert Medical Generalists 2. Pay and expenses 3. Manageable workload 4. Improving infrastructure and reducing risk 5. Better care for patients 6. Better health in communities 7. The role of the practice
10.	Budget 2019/20	Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance officer should be consulted on budget availability and financial implications associated with the development of the Primary Care Improvement Plan and GMS services

11.	Principles	Are integrated from the point of view of service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care) Best anticipates needs and prevents them arising Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	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 People who use health and social care services have positive experiences of those services, and have their dignity respected Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Prevention and early intervention Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance monitoring will include 6 monthly progress reports on Primary Care Improvement Plan Tracker to the IJB and LMC Progress will also be monitored through the GP Clusters, Primary Care Forum Implementation Group and the Lothian GMS Oversight Group
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes in services will need to be planned to ensure stability during transition phases.

West Lothian Integration Joint Board

Direction – WLIJB8

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB8
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Older People, Care Homes and Housing with Care** In order to shift the balance of care, there is a need to develop community based services for older people which offer different types of provision which reflect the needs and preferences of people and deliver the capacity required both now and in the future.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	Social Work (Scotland) Act 1968 Social Care (Self-directed Support) (Scotland) Act 2013 Intermediate Care
9.	Required Actions/Directions	A strategic commissioning plan should be developed setting out commissioning intentions in relation to intermediate care services, care at home services, care homes and housing with care for older people, including those with dementia. It should also identify the ways in which relationships with the voluntary sector can be strengthened to enhance capacity in communities. West Lothian Council and NHS Lothian should progress the Intermediate Care work stream of the Frailty Programme to identify an appropriate model of intermediate care for West Lothian

		West Lothian Council should implement the discharge to assess model associated with the Home First work stream of the Frailty Programme by developing the Reablement Service in line with review recommendations. The service should ensure that the majority of people being discharged from hospital have access to reablement to maximise independence and reduce unnecessary dependence on health and social care services. West Lothian Council and NHS Lothian should proceed to review pathways of care and support to develop approaches which support avoidance of hospital admission. West Lothian Council should proceed to commission care at home services through a new contract which should focus on improving supply in the community and reducing hospital delays. A review of housing provision to be completed in conjunction with housing services to ensure accommodation requirements for older people are reflected in local housing plans and aligned to evolving care and support models.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on financial implications associated with developing community based services.
11.	Principles	Are integrated from the point of view of service-users Takes account of the particular needs of different service users Takes account of the particular characteristics and circumstances of different service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)

		Best anticipates needs and prevents them arising Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	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 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services People who provide unpaid care are supported to look after their own health and wellbeing including reducing any negative impact of their caring role on their own health and wellbeing
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Prevention and early intervention Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance reporting will be managed via the Older People's Planning and Commissioning Board and the Frailty Programme Board.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes in services will need to be planned to ensure stability during transition phases.

West Lothian Integration Joint Board

Direction – WLIJB9

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB9
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	**Prescribing** The GP Prescribing budget makes up approximately 11% of the current health budget expenditure. The main objective from Prescription for Excellence (Scottish Government & NHS Scotland) is for all patients – regardless of age and care setting- to receive high quality pharmaceutical care using the clinical skills of the pharmacist to their full advantage.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	GP Practices Non Medical Prescribers in Community Nursing, AHP and Pharmacy teams Pharmacy Services
9.	Required Actions/Directions	NHS Lothian will allocate, monitor and agree actions to make optimal use of the primary care prescribing budget within the efficiency and productivity framework and financial plan. A corporate approach will be taken to develop prescribing action plans, implement and monitor prescribing projects and identify and manage financial risks within primary care prescribing.

		Prescribing action plans will focus on maximising the quality, safety and cost effectiveness of prescribing. Sustainability and value will be promoted through strengthening the links between pharmacists and GP clusters, increasing pharmacotherapy support in General Practice and provision of better information to patients on the efficacy of drugs. Further analysis to be undertaken on the prescribing for treated patients to inform prescribing actions and initiatives to support safe, effective and economic use of medicines.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on budget availability and financial implications arising from the prescribing budget.
11.	Principles	Are integrated from the point of view of service-users Improves the quality of service Makes the best use of the available facilities, people and other resources Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
12.	Aligned National Health and Wellbeing Outcomes	People are able to look after and improve their own health and wellbeing and live in good health for longer Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
13.	Aligned priorities, strategies, outcomes	Prevention and early intervention

		Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Prescribing budget is monitored monthly (3 months in arrears) and reported through the financial plan to SMT, SPG and IJB The Lothian HSCP Prescribing Forum receive detailed efficiency and productivity prescribing plans with associated financial targets, reports on the progress of these initiatives and identify risks associated with prescribing plans and consider impact on HSCP and corporate efficiency targets. The West Lothian Medicines Management Team review all matters relating to medicines management, including performance against prescribing budgets, PI attainment and LJF adherence.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Prescribing management and associated risks affect all four Lothian IJBs

West Lothian Integration Joint Board

Direction – WLIJB10

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB10
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Learning Disability Services** NHS Lothian and West Lothian Council are asked to provide effective and high quality health services to all service users and carers in West Lothian. Services should be provided in accordance with the objectives and priorities outlined in the West Lothian Integration Joint Board's Strategic Plan.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	NHS learning disability services and West Lothian Council's social care services for adults with learning disabilities
9.	Required Actions/Directions	A fully integrated West Lothian Learning Disability Services should operate to ensure effective partnership working across a range of services to plan and co-ordinate care delivery. Focus should be on designing and implementing person centred models of care which are as far as possible locally based. Services should make effective use of assistive technology to maximise independence and should work closely with providers of support serviced to develop new and sustainable models of care. A review of day services for adults with learning disabilities should be completed by West Lothian Council to inform future models of day provision and alternatives.

		West Lothian Council and NHS Lothian should build on existing work to further develop pathways and the range of housing and care options available to meet individual needs and outcomes. The review of residential care should be used to determine future need, to inform the development of local alternatives to residential care and to reduce reliance on high cost out of area placements. West Lothian requires access to an appropriate number of beds in the NHS Lothian assessment and treatment services based at the Royal Edinburgh Hospital to reflect population needs. West Lothian Council should continue to develop a resource for 16 people with learning disability and complex care and support needs. West Lothian Council should also conclude the plan to resettle remaining patients in learning disability hospital care in the community. West Lothian IJB directs NHS Lothian should maintain a pan Lothian forensic team, epilepsy team and acute hospital liaison team. West Lothian should receive a share of the NHS Lothian challenging behaviour resource to enable local positive behavioural support services to be further developed. A clear and transparent mechanism requires to be in place for the transfer of resources from decommissioned hospital based services. NHS Lothian and West Lothian Council are directed to develop a strategic commissioning plan for learning disability services.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on budget availability and financial implications, including resource transfer, associated with the development of Learning Disability services.
11.	Principles	Are integrated from the point of view of service-users Take account of the particular needs of different service users

		Improves the quality of service Makes the best use of the available facilities, people and other resources Takes account of the participation by service-users in the community in which service users live Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
12.	Aligned National Health and Wellbeing Outcomes	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 People are able to look after and improve their own health and wellbeing and live in good health for longer Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
13.	Aligned priorities, strategies, outcomes	Tackling inequalities Prevention and early intervention Integrated and co-ordinated care Managing our resources effectively West Lothian IJB Strategic Plan and Learning Disability Commissioning Plan
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance reporting will be to the Adults with a Disability Planning and Commissioning Board and to the Strategic Planning Group.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Use of NHS Lothian assessment and treatment beds will require co-operative working across the 4 Lothian IJB areas.

West Lothian Integration Joint Board

Direction – WLIJB11

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB11
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Physical Disability Services** To deliver local services for people with physical disabilities which is based on the principle that people have opportunities to live independently within local communities with a range of supports developed which enable people and their families to achieve rehabilitation goals.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	CRABIS Social Work (Scotland) Act 1968 Rehabilitation teams
9.	Required Actions/Directions	NHS Lothian and West Lothian Council are directed to progress the programme of change for people with disabilities which involves shifting the balance of care from hospital to community settings and the development of local services to allow people to access care, support and treatment within the West Lothian Health and Social Care Partnership where possible. West Lothian requires access to an appropriate number of in patient beds from NHS Lothian for assessment and specialist rehabilitation for neurology and for amputees to reflect the needs of the West Lothian population. The model of care developed should ensure that people feel included in their

		communities, are able to live at home or in a homely setting, locally wherever possible and have access to appropriate care and support. Rehabilitation services should be developed which ensure access to a range of rehabilitation services – community, specialist and intensive and complex specialist acute provision. West Lothian Council is directed to review provision of accommodation and residential care options for adults with physical disabilities to progress the vision for people to live locally and to reduce the length of time people can be delayed in hospital. A strategic commissioning plan for adults with physical disabilities should be developed.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on budget availability and financial implications, including resource transfer, associated with the development of Physical Disability services.
11.	Principles	Are integrated from the point of view of service-users Improves the quality of service Makes the best use of the available facilities, people and other resources Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
12.	Aligned National Health and Wellbeing Outcomes	People as far as possible including those with disabilities or long term conditions, or who are frail, are able to live as independently and at home or in a homely setting in their community People are able to look after and improve their own health and wellbeing and live in good health for longer Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or

		improve the quality of life of people who use those services
13.	Aligned priorities, strategies, outcomes	Prevention and early intervention Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance will be reported to the Strategic Planning Group via the Adults with a Disability Planning and Commissioning Board.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Use of NHS Lothian assessment and treatment beds will require co-operative working across the 4 Lothian IJB areas.

West Lothian Integration Joint Board

Direction – WLIJB12 Mental Health Services

1.	Implementation date	1 April 2019
2.	Reference number	WLIJB12
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Mental Health Services** The main objective for improving mental health services is to strengthen access to treatment and a wide range of supports with emphasis on early intervention and prevention. West Lothian has 21 per cent of the Lothian population. There are 104 acute mental health beds across Lothian: 80 in the Royal Edinburgh Hospital and 24 in St John's Hospital. These are for adults under the age of 65. Old age beds are not included in this figure. Inpatient and community mental health services come under significant and sustained pressure at times as a result of patients from other areas of Lothian boarding in mental health wards within St John's Hospital. This means that there can be limited capacity for West Lothian patients to be admitted locally. Further impact is felt in the community with unsustainable impact on home treatment provided by the Acute Care and Support Team for people who may otherwise be treated in hospital. West Lothian will continue, where possible, to support patients from out with West Lothian who would ordinarily be admitted to the Royal Edinburgh Hospital but provision requires to be made to ensure that acute inpatient beds are available to serve the needs of the population in West Lothian.
6.	Does it supersede or amend or cancel a previous Direction?	No

7.	Type of function	Integrated
8.	Function(s) concerned	Functions required to fulfil statutory duties under the Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Mental Health (Scotland) Act 2015 Social Work (Scotland) Act 1968 Acute inpatient mental health wards for adults and older people, mental health rehabilitation and community mental health services
9.	Required Actions/Directions	NHS Lothian Health Board is directed to review the placement of patients from out with West Lothian in St John's Hospital to ensure that beds are available locally to West Lothian patients when they need them. Changes to arrangements for the admission to acute mental health beds should be subject to full discussion and agreement by West Lothian IJB. To develop a more robust approach to responding to people in crisis, particularly out of hours. To implement mental health hubs based in two localities working in conjunction with primary care services and the third sector to develop the model of early intervention and prevention and ensure the availability of appropriate supports for people with moderate needs. To develop a community mental health team for people requiring a multidisciplinary team approach to severe and complex issues related to significant mental health difficulties To improve access for people requiring psychological therapies in line with the A12 HEAT Target. To develop a streamlined pathway for dementia care in West Lothian. Availability of suitable housing and residential care for people with mental health problems remains a challenge. West Lothian Council is directed to review provision and develop a plan which meets the needs of the population. Focus should be on people living as close to home as possible and reduction on reliance on out of area placements. Mental health provision in West Lothian is a key strategic priority in the IJB's Strategic Plan and a strategic commissioning plan should be developed

		setting out the strategic direction for mental health services and how they will be delivered.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on financial implications arising from the implementation of this Directions and the ongoing delivery of Substance Misuse priorities.
11.	Principles	Are integrated at the point of view of service users Take account of the particular needs of different service users Protects and improves the safety of service users Improves the quality of service Are planned and led locally in a way which is engaged with the community (including in particular service users and those involved in the provision of health or social care)
12.	Aligned National Health and Wellbeing Outcomes	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 People are able to look after and improve their own health and wellbeing and live in good health for longer Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
13.	Aligned priorities, strategies, outcomes	Tackling inequalities Prevention and early intervention Integrated and co-ordinated care Managing our resources effectively West Lothian IJB Strategic Plan and Mental Health Commissioning Plan

14.	Compliance and performance reporting	Performance reports to be submitted to the IJB. Details of the ways in which compliance and performance are measured and reported as set out in the Mental Health Commissioning Plan.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Changes to inpatient services need to be planned taking account of impact on service planning in other IJB areas.

West Lothian Integration Joint Board

Direction – WLIJB13 Substance Misuse Services

1.	Implementation date	1 April 2019
2.	Reference number	WLIJB13
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Substance Misuse Services** To deliver high quality, locally managed services which are focussed on recovery and partnership working across health, social care and the third sector
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated
8.	Function(s) concerned	Substance Misue Services directed by the West Lothian Alcohol and Drug Partnership
9.	Required Actions/Directions	NHS Lothian and West Lothian Council are directed to deliver services which comply with Scottish Government priorities in the following areas: • Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy) • Tackling drug and alcohol related deaths (DRD & ARD)/risks in the local ADP area. Includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.

		• Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women • Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the *Quality Principles.* To deliver priorities associated with additional investment • Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services • Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard; • Improved retention in treatment particularly those detoxed from alcohol and those accessing OS; • Development of advocacy services • Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services • Whole family approaches to supporting those affected by problem drug/alcohol use • Continued development of recovery communities.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on financial implications arising from the implementation of this Directions and the ongoing delivery of Substance Misuse priorities.
11.	Principles	Are integrated from the point of view of service users Take account of the particular needs of different service users Take account of the participation by service users in the community in which service live Improves the quality of the service

		Are planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care.
12.	Aligned National Health and Wellbeing Outcomes	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 People are able to look after and improve their own health and wellbeing and live in good health for longer Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
13.	Aligned priorities, strategies, outcomes	West Lothian IJB Strategic Plan and Alcohol and Drug Partnership Commissioning Plan.
14.	Compliance and performance reporting	Performance reports to be submitted to the IJB. Details of the ways in which compliance and performance are measured and reported as set out in the Alcohol and Drug Partnership Commissioning Plan.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	TBC

West Lothian Integration Joint Board

Direction – WLIJB14

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB14
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	**Resource Transfer Funds** Resource transfer funding was provided by NHS Lothian to support shifting the balance of care from long stay inpatient services to community based provision. West Lothian Council remained accountable to NHS Lothian for how the funding was utilised. Direction of services by the Integration Joint Board means that resources should now be utilised across the health and social care system.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	Funding related to a wide range of functions relating in the main to older people , dementia, learning disability, physical disability and mental health services.
9.	Required Actions/Directions	Accountability and allocation of resource transfer funding should now be treated in the same way as the use of all other resources deployed by West Lothian Council and NHS Lothian on behalf of West Lothian Integration Joint Board. Allocation should be utilised in line with the priorities set out in the Strategic Plan.

10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance officer should be consulted on any financial proposals around Resource Transfer funding provided to WL IJB.
11.	Principles	All Integration Delivery Principles refer.
12.	Aligned National Health and Wellbeing Outcomes	All National Health and Wellbeing Outcomes refer.
13.	Aligned priorities, strategies, outcomes	Tackling inequalities Prevention and early intervention Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance reporting will be to the Strategic Planning Group.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No impact anticipated.

West Lothian Integration Joint Board

Direction – WLIJB15

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB15
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	**Adult Social Care Services** West Lothian Council should provide or commission effective and high quality social care services for people and their carers who are eligible for services.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	The functions outlined under the West Lothian Integration Scheme – Appendix 2 • Social work services for adults and older people • Services and support for adults with physical disabilities, learning disabilities • Mental health services • Drug and alcohol services • Adult protection and domestic abuse • Carers support services • Community care assessment teams • Support services • Care home services • Adult placement services

		• Health improvement services • Housing support services, aids and adaptations • Day services • Local area co-ordination • Respite provision • Occupational therapy services • Re-ablement services, equipment and telecare
9.	Required Actions/Directions	High quality social care services should be delivered with focus on encouraging independence, reablement and community integration. Commissioning approaches should support choice, control and achievement of personal outcomes.
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance officer should be consulted on budget resources available for the commissioning of adult social care services in line with implementing this Direction.
11.	Principles	All Integration Delivery Principles refer.
12.	Aligned National Health and Wellbeing Outcomes	All National Health and Wellbeing Outcomes refer.
13.	Aligned priorities, strategies, outcomes	Social Work (Scotland) Act 1968 Carers (Scotland) Act 2016 Social Care (Self-directed Support) (Scotland) Act 2013 Tackling inequalities Prevention and early intervention Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker

		Performance reporting will be to the Strategic Planning Group and through planning and commissioning boards.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No impact anticipated.

West Lothian Integration Joint Board

Direction – WLIJB16

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB16
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	**Hosted Health Services and Other Core Health Services** NHS Lothian is asked to provide effective and high quality health services to people from West Lothian who use services. Services should be delivered in a way which meets the vision and objectives set out in the Strategic Plan.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	The functions outlined under the West Lothian Integration Scheme, some of which are also covered by more specific strategic directions – Appendix 3 • Sexual Health • Hosted AHP Services • Hosted Rehabilitation Medicine • Oral Health Services • General Dental Services • General Ophthalmic Services • General Pharmaceutical Services • Hosted Psychology Services • Hosted GMS • Public Health • Lothian Unscheduled Care Service

		• UNPAC • Strategic Programmes • Other Hosted Services
9.	Required Actions/Directions	High quality health care services should be delivered to people in West Lothian and their carers who use services
10.	Budget 2019/20	See summary of budgets for Strategic Directions. Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance officer should be consulted financial implications associated with the ongoing provision of Hosted Services for the population of West Lothian.
11.	Principles	All Integration Delivery Principles refer.
12.	Aligned National Health and Wellbeing Outcomes	All National Health and Wellbeing Outcomes refer.
13.	Aligned priorities, strategies, outcomes	NHS (Scotland) Act 1978 Tackling inequalities Prevention and early intervention Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance reporting will be to the Strategic Planning Group and through planning and commissioning boards.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No impact anticipated.

West Lothian Integration Joint Board

Direction – WLIJB17

1.	Implementation date	Following the planning phase
2.	Reference number	WLIJB17
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	**Unscheduled Care – St John's Hospital Emergency Department Redesign** Improve service capacity with specific expansion of emergency department provision, increasing available clinical space for triage, minor injuries and majors to meet current and forecasted demand and reduce the risk of overcrowding in ED.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Hospital Set Aside
8.	Function(s) concerned	Hospital based services operating from St John's Hospital: • Accident and Emergency
9.	Required Actions/Directions	NHS Lothian is directed to: Deliver acute emergency services, e.g. resuscitation, majors, minors and paediatrics. Clinical model should include Rapid Triage, diagnostics for direction to right pathway, ED pathways and major expansion in facilities. Improve service capacity through pathway redesign, ensuring dedicated and fit for purpose facilities are available to deliver proposed clinical model/ pathways and support delivery of improved performance and patient experience. Provide a safe environment to deliver patient centred care

		which supports the effective and timely delivery of increasingly complex clinical guidelines. Provide appropriate clinical accommodation for MH patients and other specialist requirements within ED to ensure: - Adherence to anti-ligature legislation - Adherence to other specialist requirements Provide and design an ED environment which is safe, person centred and protects privacy and dignity ensuring that people who use the service have positive experiences. Full funding should be provided on a recurring basis to meet the additional costs resulting from the St John's Hospital redesign as part of the 2020/21 NHS Lothian contribution to West Lothian IJB and other Lothian IJBs as appropriate. Any further investment in unscheduled care for the West Lothian population should not be progressed without discussion with the West Lothian Integration Joint Board to ensure delivery of a whole system approach to managing hospital and community services within existing financial resources.
10.	Budget Resources	Budget resources of £864,000 have been included in the NHS Lothian 2019/20 Financial Plan and contributions to IJBs to meet the part year costs of the Redesign. At this stage the additional full year recurring costs resulting from the St John's Hospital Redesign are estimated at £1.96 million. As above, full funding will be required from 2020/21 to meet the costs of this additional investment.
11.	Principles	Are integrated from the point of view of service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)

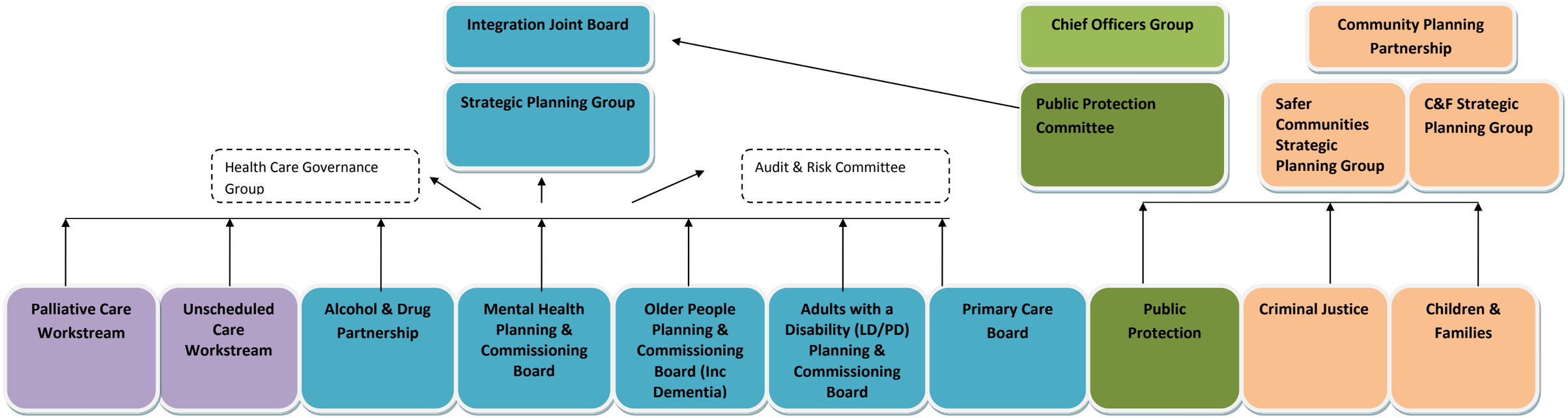
		Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community People who use health and social care services have positive experiences of those services, and have their dignity respected Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance monitoring will include scrutiny of: • MSG indicators Review of hospital functions will be reported to the Strategic Planning Group and any future strategic plans developed will be reported to the IJB. An unscheduled care planning group to be established.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes to hospital based services will need to be planned in a way which minimises impact on services planned by other IJBs.

Appendix 3

West Lothian Integration Joint Board						
Summary of Budgets and Strategic Directions			**2019/20**	**2020/21**	**2021/22**	**2022/23**
	Direction	**Integrated/Set Aside**	**Budget**	**Budget**	**Budget**	**Budget**
Core Health Services			**£'000**	**£'000**	**£'000**	**£'000**
Community Hospitals	WLIJB5	Integrated	2,271	2,376	2,420	2,465
Mental Health	WLIJB12	Integrated	14,876	15,335	15,624	15,918
District Nursing	WLIJB7	Integrated	3,109	3,223	3,284	3,346
Community Allied Health Professionals	WLIJB7	Integrated	4,553	4,677	4,742	4,809
General Medical Services	WLIJB7	Integrated	25,189	25,230	25,239	25,249
Prescribing	WLIJB9	Integrated	36,349	36,349	36,349	36,349
Resource Transfer	WLIJB14	Integrated	6,782	6,782	6,782	6,782
Other Core	WLIJB7	Integrated	10,435	10,313	10,401	10,489
Total Core Health Services			**103,564**	**104,285**	**104,841**	**105,407**
Hosted Health Services						
Sexual Health	WLIJB16	Integrated	1,105	1,137	1,156	1,175
Hosted AHP Services	WLIJB16	Integrated	2,261	2,321	2,356	2,391
Hosted Rehabilitation Medicine	WLIJB16	Integrated	863	904	920	937
Learning Disabilities	WLIJB16 & WLIJB10	Integrated	3,036	3,347	3,407	3,469
Substance Misuse	WLIJB16 & WLIJB13	Integrated	1,178	1,264	1,273	1,282
Oral Health Services	WLIJB16	Integrated	2,410	2,488	2,536	2,582
Hosted Psychology Service	WLIJB16	Integrated	1,357	1,419	1,447	1,475
Lothian Unscheduled Care Service	WLIJB16	Integrated	2,076	2,152	2,192	2,233
UNPAC	WLIJB16	Integrated	1,341	1,344	1,344	1,344
Hospices	WLIJB16	Integrated	858	858	858	858
Other Hosted Services	WLIJB16	Integrated	771	1,121	1,135	1,153
Total Hosted Health Services			**17,256**	**18,355**	**18,624**	**18,899**
TOTAL HEALTH PAYMENT CONTRIBUTION			**120,820**	**122,640**	**123,465**	**124,306**
Acute Set Aside Services						
A & E (outpatients)	WLIJB6 & WLIJB17	Set Aside	4,896	5,043	5,131	5,220
Cardiology	WLIJB6	Set Aside	1,658	1,708	1,737	1,768
Diabetes	WLIJB6	Set Aside	395	407	414	421
Endocrinology	WLIJB6	Set Aside	185	191	194	197
Gastroenterology	WLIJB6	Set Aside	1,070	1,102	1,121	1,141
General Medicine	WLIJB6	Set Aside	6,823	7,028	7,150	7,274
Geriatric Medicine	WLIJB6	Set Aside	4,988	5,138	5,227	5,318
Infectious Disease	WLIJB6	Set Aside	2,217	2,284	2,323	2,364
Junior Medical	WLIJB6	Set Aside	4,906	5,053	5,141	5,230
Rehabilitation Medicine	WLIJB6	Set Aside	793	817	831	845
Respiratory Medicine	WLIJB6	Set Aside	1,934	1,992	2,027	2,062
Therapies / Management	WLIJB6	Set Aside	1,633	1,679	1,710	1,740
TOTAL HEALTH SET ASIDE CONTRIBUTION			**31,498**	**32,442**	**33,006**	**33,580**
OVERALL HEALTH TOTAL			**152,318**	**155,082**	**156,471**	**157,886**
Social Care Services						
Learning Disabilities	WLIJB10 & WLIJB15	Integrated	17,934	18,339	19,426	20,737
Physical Disabilities	WLIJB11 & WLIJB15	Integrated	7,713	7,728	7,935	8,241
Mental Health	WLIJB12 & WLIJB15	Integrated	4,201	4,216	4,326	4,482
Older People Assessment and Care	WLIJB8 & WLIJB15	Integrated	34,166	34,639	36,314	37,682
Care Homes and Housing with Care	WLIJB8 & WLIJB15	Integrated	8,516	8,785	8,434	8,142
Contracts and Commissioning Support	WLIJB15	Integrated	2,564	2,629	2,646	2,656
Other Social Care Services	WLIJB15	Integrated	445	453	455	457
Total Social Care Services			**75,539**	**76,789**	**79,536**	**82,397**
OVERALL TOTAL			**227,857**	**231,871**	**236,007**	**240,283**

IJB/HSCP PLANNING AND PERFORMANCE STRUCTURES - DRAFT OUTLINE

APPENDIX 4



Strategic planning, commissioning plans – needs assessment, communication, engagement, delivery, monitoring progress and reporting	Strategic Planning
Transformational change programmes	Transformational change programmes
Communication and engagement	
Workforce planning	

Integrated strategic planning, quality improvement, performance support

APPENDIX 5

XXXX Planning and Commissioning Board

Terms of Reference

1. Remit

The XX Planning and Commissioning Board will have oversight of strategic planning and commissioning for XX services in West Lothian. The Board will have responsibility for developing plans which align with the priorities outlined in the Integration Joint Board's Strategic Plan. The Board will also have responsibility for developing the strategic commissioning plan for XX services and for monitoring progress against agreed strategic priorities and transformational change programmes.

2. Chairperson

The Board will be chaired by a Senior Manager from the Health and Social Care partnership. A deputy chair must also be identified.

3. Membership

The proposed core membership (to be agreed with the chair) of the group includes:

	Name	**Job Title**
Chair		
Deputy Chair		
Social Work Lead		
Clinical Lead		
Strategic Lead		
Nursing or AHP Lead		
Primary Care Lead		
Commissioning Lead		
Finance Lead		
Housing Lead		
Performance Lead		

Additional representatives may be invited to attend where required.

4. Quorum

Meetings will be quorate when there is 50% attendance. Members should send a representative if unable to attend a meeting.

5. Frequency of Meetings

Meetings should take place a minimum of 6 times per year.

6. Key Responsibilities

- To provide strategic leadership for XX services in West Lothian
- To promote partnership working across health and social care
- Ensure that strategic plans have a 'whole system' approach to care and delivery
- Identify areas of transformational change, develop plans and monitor progress
- Establish work streams in support of planning priorities and ensure appropriate reporting arrangements are in place
- Develop and deliver a strategic commissioning plan for XX services which details investment and disinvestment priorities
- Identify risk
- Consider the needs of people in different localities
- Develop a stakeholder engagement plan
- Ensure strategic plans are aligned to budgets and financial priorities
- Establish a performance framework to support plans and review performance against targets

7. Reporting Arrangements

The XX Board will report to the Integration Joint Board's Strategic Planning Group

West Lothian Integration Joint Board

Date: 23 April 2019
Agenda Item: 8

MARKET FACILITATION PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

A1. To seek the Integration Joint Board's approval of the draft Market Facilitation Plan 2019-2023 which offers a basis for collaborative working between the West Lothian Health and Social Care Partnership, service providers, service users, carers and other community stakeholders in the delivery of health and social care services across West Lothian.

B RECOMMENDATION

B1. To approve the West Lothian Integration Joint Board's Market Facilitation Plan 2019 - 2023

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	The West Lothian Integration Joint Board's Strategic Plan 2019-2023 identifies the resources available for the delivery of health and social care services in West Lothian.
C3	**Policy/Legal**	Public Bodies (Joint Working) (Scotland) Act 2014
C4	**Risk**	Risks associated with service delivery are recorded in the risk register and will be monitored.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

C6	**Environment and Sustainability**	There is a responsibility to deliver health and care services across West Lothian which are sustainable. Failure to deliver sustainable services would have direct impact on the health and wellbeing of people living in West Lothian.
C7	**National Health and Wellbeing Outcomes**	National Health and Wellbeing Outcomes 1 to 9 refer.
C8	**Strategic Plan Outcomes**	All outcomes refer.
C9	**Single Outcome Agreement**	We live longer, healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life People most at risk are protected and supported to achieve improved life chances We live in resilient, cohesive and safe communities Our economy is diverse and dynamic and West Lothian is an attractive place for doing business
C10	**Impact on other Lothian IJBs**	No direct impact identified

D TERMS OF REPORT

D1. The West Lothian Integration Joint Board is responsible for delivering a range of health and social care services in West Lothian and sets out its vision for those services in the Strategic Plan. It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that Integration Joint Boards produce a Market Facilitation Plan which supports achievement of the IJB's strategic vision and objectives.

D2. Market facilitation is a part of the strategic commissioning process which aims to influence and shape how markets adapt in the delivery of health and care services to the population of West Lothian both now and in the future. The aim of market facilitation is to ensure that choice and control are afforded to supported people through a sustainable market of different supports which offers choice, personalisation, effectiveness and sustainability.

D3. The way in which care, support and treatment are delivered across West Lothian needs to change and markets will have to adapt to the challenging environment within which health and social care operates.

D4. There is a long history in West Lothian of engagement with stakeholders and partnership working to develop and deliver local services. Development of existing and new relationships will play a key role in the delivery of the innovation and transformational change required to ensure that services to support people living in West Lothian are fit for the future.

D5. The Market Facilitation Plan will sit alongside the IJB's Strategic Plan and supporting commissioning plans, and will assist stakeholders in understanding future intentions to stimulate the adult health and care sectors in West Lothian through structured and planned engagement.

E CONSULTATION

E1. West Lothian Integration Joint Board's Strategic Planning Group

F REFERENCES/BACKGROUND

F1. West Lothian Integration Joint Board's draft Strategic Plan 2019 - 2023

G APPENDICES

Appendix 1. West Lothian Integration Joint Boards' draft Market Facilitation Plan.

H CONTACT

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23 April 2019

2019 – 2023

West Lothian Integration Joint Board

Market Facilitation Plan

Contents

1. DELIVERING OUR VISION

The West Lothian Integration Joint Board (IJB) is responsible for delivering a range of health and social care services in West Lothian. The IJB aims to better integrate those services into a single system working across health and social care to ensure people receive the services and supports they require when they need them. The IJB's strategic vision and directions are set out in the Strategic Plan 2019 to 2023 and focus on increasing wellbeing and reducing health inequalities across all communities of West Lothian.

The achievement of integration and the long term aim of people living longer, healthier lives at home or in a homely setting[1] can only be done through local authorities and health partners working together with providers of health and social care services, the people who use those services, and their carers, to bring about sustainable change.

Delivery of integrated services is complex and challenging and there is a need for creative and innovative thinking around the redesign of current models of care and support. Significant change is necessary to deliver positive outcomes for people through services which meet their needs, take account of demographic changes and make efficient and effective use of available resources.

This Market Facilitation Plan aims to build on previous joint commissioning work between our partners and stakeholders. It provides the basis for dialogue and collaborative working between the West Lothian Health and Social Care Partnership (WLHSCP), service providers, service users, carers and other community stakeholders to shape the way in which care and support are offered to the people of West Lothian in the future. Read alongside future commissioning plans, this plan will assist stakeholders in understanding our intention to stimulate the adult care sector in West Lothian through structured and planned engagement.

Jim Forrest
Chief Officer
West Lothian Health and Social Care Partnership

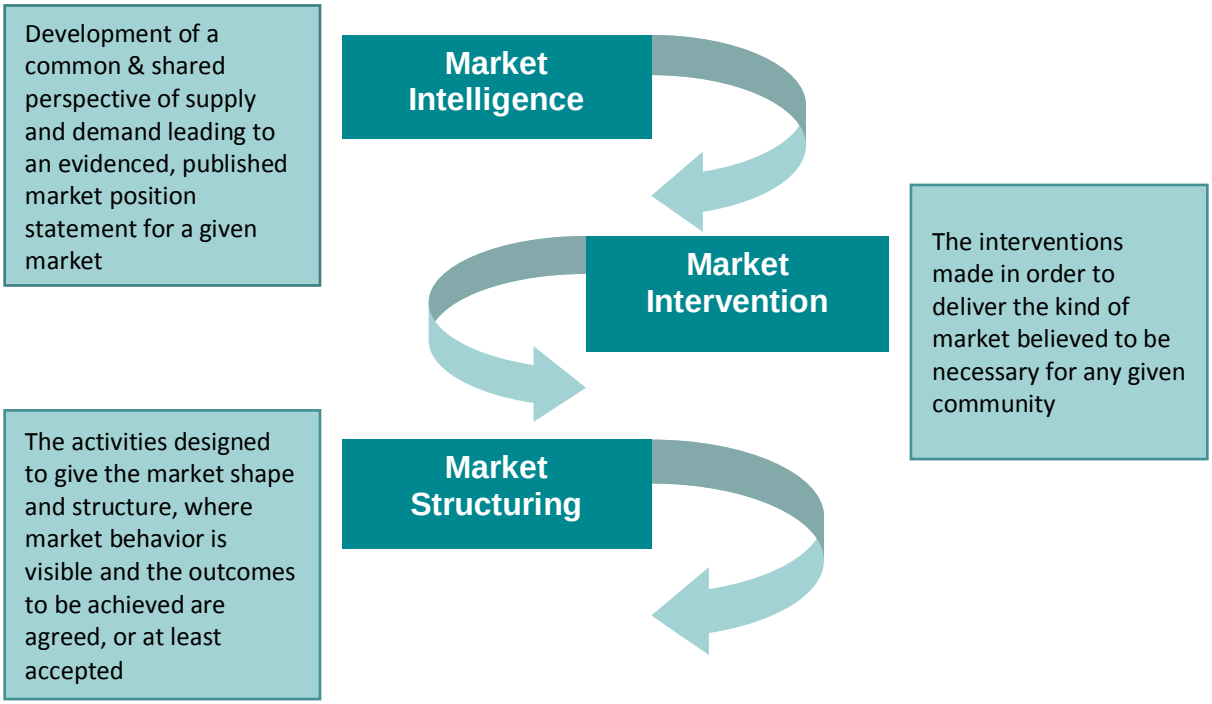
[1] Health and Social Care Delivery Plan (2016), Scottish Government

2. WHAT IS MARKET FACILITATION?

Market facilitation can be defined as follows:

> *"Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future".*[2]

The Institute of Public Care defines market facilitation as the relationship between market intelligence, market intervention and market structure.



Market facilitation aims to ensure that choice and control are afforded to supported people through a sustainable market of different supports which deliver choice, personalisation, effectiveness and sustainability. Market facilitation means ensuring that there is an efficient and effective care market operating in West Lothian which meets current and future needs of the local population. Achievement of those aims is based on collaborative and partnership working between stakeholders to offer outcomes based supports locally for people who need them.

[2] Institute of Public Care, Oxford Brookes University

3. DRIVERS FOR CHANGE

The main drivers for strategic change across health and social care are set out in the IJB's Strategic Plan and include:

2020 Vision for Health and Social Care

The Scottish Government's 2020 vision for health and social care is for everyone to be able to live longer, healthier, lives at home, or in a homely setting and that we will have a healthcare system where:

- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- We have integrated health and social care
- There is focus on prevention, anticipation and supported self-management
- Where hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm
- There will be focus on ensuring that people get back to their homes or community environment as soon as appropriate, with minimal risk of readmission

Integration of Health and Social Care Systems

The Public Bodies (Joint Working) (Scotland) Act 2014 changed the way in which health and social care are planned and delivered throughout Scotland. The establishment of Integration Authorities brings together health and social care into an integrated system with greater emphasis on anticipatory and preventative care, and on improving care and support for people who use services and their families.

Financial Context

Public funding for health and social care services will not keep pace with demand and services will increasingly require to be delivered under challenging circumstances. It will not be possible to meet increasing demand simply by doing the same or spending more. A more cost effective model of care needs to be developed where resources are reprioritised and services and supports redesigned.

Demographic Change

People living in West Lothian are now living longer. Of particular significance is an increasing population of older people which brings challenges for future care delivery. The ageing population in West Lothian is rising faster than the national average and by 2041, one in four people will be over the age of 65. Over the next 5 years, people aged over 75 will increase by 25%. In addition, there are differences in life expectancy and deprivation factors across the East and West localities which need to be taken into account when planning services.

Older age impacts the incidence of frailty, including dementia and other long term conditions and services will need to change to ensure that the rights types of supports are available to people at the right time and in the right place. People with long term conditions are also living longer and this will have an impact on demand for care and support and where it is delivered.

Focus on Health and Wellbeing

Increasing demand for health and social care services is not expected to be met with a corresponding increase in resources. It is imperative therefore that there is a shift in focus to early intervention, prevention and self-care to reduce reliance on long term care provision. The aim is to empower and support people to maintain health and wellbeing and reduce or delay the need for high cost health and social care services.

Health Inequality

Tackling inequality is recognised as a key driver in improving health outcomes for people. Deprivation has a significant impact on outcomes and there is a need for partners to work together to tackle social inequalities which impact adversely on people's lives.

Technological Advances

Digital technology has potential to transform the way in which health and social care are delivered. The Scottish Government published 'Scotland's Digital Health and Care Strategy' in April 2018 which sets out a vision for how technology can support person-centred care and can help sustain and improve services of the future. The opportunities offered by technology to enhance support need to be further explored.

Self-directed Support

The Social Care (Self-directed) Support (Scotland) Act 2013 allows people, their carers and their families to make informed choices about their support and how it is delivered. Markets need to think more about the individual as the commissioner of services.

Workforce Challenges

There is a need to have the right people with the right skills in the right place at the right time. Challenges in this regard are set out in the Integration Joint Board's Workforce Development Plan 2018 to 2023 and include:

- The population of West Lothian having more complex health needs than before. There are many unavoidable hospital admissions as community infrastructure is not always responsive enough to provide the support required at the right time
- A shift in prevention and early intervention with focus on keeping people well whilst working in a system where effort is often concentrated on health care service provision and treatment
- An ageing workforce
- Difficulty in recruiting to some staff groups

4. LOCAL PRESSURES AND THE NEED FOR CHANGE

The ways in which care, support and treatment are delivered across West Lothian need to change and there is a need for markets to adapt to the challenging environment within which health and social care services will operate. There are local pressures which are also influencing the need for change.

Care and Support at Home

Future models of care and support for people who are supported at home need careful consideration. There are challenges in the way the system currently operates which mean that for some people, care cannot be delivered at the right time and in the right place. Unmet need can have a detrimental impact on the well-being of individuals, can lead to deterioration in their health and may result in greater dependence on the care system. Furthermore, where it's not possible to meet need appropriately in the community, there is impact on the whole system resulting in delays and admissions to hospital which may have been avoidable.

There is a need for commissioners to be clear about commissioning intentions around care and support at home in the future. Stability needs to be afforded to the market place to ensure delivery of high quality, sustainable services which support whole system delivery. Administrative systems need to be as efficient as possible to reduce delays and providers need to look at business models which generate flexibility and effectiveness.

Delays in Hospital

The flow of patients within the hospital system is currently adversely impacted by a lack of care home placements and lack of availability of social care packages in the community. This remains a risk for the future. Work needs to be done to develop existing programmes of change to improve capacity and redesign services to deliver improvement in the pathways between the acute hospitals and the community.

Housing and Accommodation

Collaboration with housing colleagues will be a key feature of future commissioning to ensure that housing and accommodation models are fit for the future and reflect shifts in the balance of care from hospital to community settings. Generally, there will be a move away from residential care models to housing models where possible, recognising, however, that for some people with the highest level of need, residential care may be the most appropriate choice. A significant number of West Lothian residents are placed out with the local authority area because there is a lack of suitable accommodation locally. There is intention to reduce reliance on out of area placements especially for people with mental health problems, learning disability and physical

disability by developing new accommodation and support models which focus on quality and value for money within the local authority area.

Reablement Approaches and Maximising Independence

There needs to be greater emphasis on supporting people in a way that maxmises independence through strengths based and enabling approaches to health and social care. The future focus will be on short term, intensive interventions in the community which enable people to relearn skills and keep themselves safe and independent at home. People will be encouraged and supported to do things for themselves where possible rather than having things done for them.

Day Services

Being able to lead a meaningful live with meaningful things to do is an important factor in maximising independence and reducing social isolation. A review of adult and older people day services is underway and will focus on remodeling existing provision with a view to delivering value for money and ensuring that there are opportunities for people to connect with their local communities through a choice of supports.

Choice, Control and Self-directed Support

There is an need to ensure that a wide variety of options are available to allow people to have choice and control over how they live well and how they receive care and support when required. Self-directed support provides opportunities to offer supports which reflect the needs of people who use services. Recognition that increasingly the individual will be the commissioner of future services rather than the NHS or the local authority is required and means that everyone involved needs to think differently about how future services will be offered and accessed.

Unpaid Carers

Unpaid carers have a crucial and increasing role to play in caring for unwell or disabled relatives and friends. Caring responsibilities, however, can lead to significantly poorer health and quality of life outcomes and impact the physical and mental health of carers as well as their education and employment potential. Consideration needs to be given to how carers can be supported appropriately to remain in their caring role.

Develop Community Supports and Capacity

Many community resources and activities already exist across West Lothian but there is a need to do more to ensure that people have as much information as possible about the things on offer and how to access them. People find many benefits from accessing informal community supports which can also reduce reliance on formal services.

5. SOME KEY MARKET MESSAGES

Health and social care providers have a critical role to play in responding to the challenges in the social care market and may need to think about reshaping to be able to respond in evolving markets. Some key messages to consider:

Collaborative Working

- Effective partnerships
- Sharing resources
- Pooling resources around service user interests
- Trust and transparency
- Improved outcomes via collaboration

Personalisation

- Maximising independence
- Enabing choice & control
- Outcomes based
- Innovative
- Early intervention/prevention
- Reducing hospital admissions & delays

Community Capacity Building

- Working with community partners and building links
- Enhancing community capacity and opportunities
- Carer networks
- Self-management

High Quality

- Quality assurance
- Evidence based
- Reabling rather than doing
- Ability to demonstrate impact
- Safe, sustainable & consistent
- Right time and right place
- Skilled & adaptable workforce

Information & Advice

- Informal supports
- Early intervention/prevention
- Supporting carers
- Enabling choice and control
- Signposting

Technology

- Share good practice
- Embed technology into mainstream supports
- Innovation
- Investment

6. JOINT STRATEGIC COMMISSIONING

The IJB's Strategic Plan identifies a set of principles for commissioning health and social care services in West Lothian focusing on: early intervention, prevention, personalisation, outcomes, quality, partnership working and stakeholder involvement.

The IJB has committed to developing strategic commissioning plans for all adult care groups which incorporate capacity building in communities and more effective prevention and anticipatory interventions to optimise well-being and reduce unnecessary demands on formal health and social care systems. Commissioning plans cover the following areas:

- Older People
- Mental Health
- Learning Disability
- Physical Disability
- Alcohol and Drug Partnership
- Primary Care
- Palliative Care
- Unplanned Hospital Care

Joint strategic commissioning plans will outline plans for the future at a local level. An important aspect of planning is the linkage of desired outcomes to the investment or disinvestment in services, both internal and external, to secure those outcomes. Engagement with the market is critical to securing the innovation needed to challenge existing systems and commission for the future.

Transformational change programmes are already underway which focus on shifting the balance of care from hospital to community settings and will influence how care and support are commissioned in the future. Those programmes are as follows:

- Frailty Programme
- Mental Health Redesign Programme
- Physical Disability Redesign programme
- Learning Disability Modernisation and Redesign Programme
- Primary Care
- Palliative Care

The transformational change programmes and the development of future commissioning plans will provide opportunity to engage with the marketplace to design innovative, person centered and cost effective provision for people across the community to reflect the IJB's vision.

7. ENGAGEMENT APPROACHES

There is a long history in West Lothian of effective partnership working and engagement with stakeholders and providers. The development of existing and new relationships will be a key part of working together to deliver innovation and change for people living in West Lothian. To facilitate market development, the intention is to work closely with stakeholders and engage and consult through a variety of mechanisms including those outlined below.

MECHANISMS FOR MARKET FACILITATION AND ENGAGEMENT	
Forums	Forums currently take place regularly to share information and to consult service users, their families and carers, providers and other stakeholders on key developments and commissioning intentions. The forums provide opportunity to build relationships and involve the local market in future developments. Consideration will be given to whether expansion of those arrangements is needed and how providers not currently operating in West Lothian but who may have an interest in developing into the local market can be included. Current Forums include: • Care at Home Forum (quarterly) • Specialist Care at Home Forum (bi-annually) • Care Home Providers Forum (quarterly) • Learning Disability Forum (quarterly) • Senior People's Forum (quarterly)
Provider Events	It is recognised that there is a need to share commissioning intentions and procurement plans in a more systematic way with the market. Consideration will be given to the best way of doing this which may be via a large scale event for the market as a whole or via smaller provider events for more specific care groups or developments.
Direct Engagement	There are opportunities throughout the commissioning cycle for providers to engage directly with commissioners to review plans, discuss innovation and stimulate discussion. Commissioners also need to engage directly with providers to understand the barriers to delivering integrated care pathways and where there are vulnerabilities.
Commissioning Plan Development	Working groups were established to develop previous commissioning plans with representation from all stakeholders including: WLHSCP representatives, commissioners, services users, carers and providers. The intention is for similar arrangements to be adopted in the development of future plans.
Locality Planning	Two localities (East and West) have been identified across which health and social care services will be planned and delivered. Through locality planning, opportunities for consultation and engagement will be offered.

MECHANISMS FOR MARKET FACILITATION AND ENGAGEMENT (Continued)	
Sharing Data and Analysis	Previous commissioning plans were based on independent strategic needs assessments which provided a comprehensive overview of existing arrangement and identified where developments were required. There was extensive stakeholder engagement in the completion of those needs assessments which were used to develop commissioning plans. The WLHCP will continue to update data and analysis and share findings in the course of its work.
Research	There will be opportunities to share research across stakeholders and use evidence to inform future models of care. Arrangements currently exist for sharing research information with partner providers and stakeholders through distribution lists and direct engagement.
West Lothian Community Planning Partnership	Involving local people in decisions that affect their lives is a key responsibility of the Community Planning Partnership. The Partnership has developed a Community Engagement Plan to support the Local Outcomes Improvement Plan.
Engagement with Carers	The critical role of unpaid carers in the development of future services is acknowledged and will be encouraged. Carer representatives are routinely involved in policy development and strategic planning.
Culture of Openness and Trust	Openness, transparency and mutual respect are the cornerstone of partnership working. It is recognised that partner providers play an essential part in the achievement of positive outcomes for people and involvement at an early stage of discussions about development will be encouraged and facilitated.
Workforce Planning	There is a need to work with partners to support appropriate staffing models and encourage forward planning and to achieve delivery of services by an appropriately skilled workforce. Engagement will be through activity associated with the Integration Joint Board's Workforce Development Plan 2018 to 2023.
Engage with Other Service Areas	The important role of working in partnership with stakeholders across all sectors cannot be understated. Engagement with colleagues from the housing sector and other services will be developed further to inform future plans.

8. CONTRACTING

The main areas of contract activity anticipated during the life of the Market Facilitation Plan are outlined. Fuller information on transformational change programmes, strategic commissioning priorities and investment activity are detailed in individual commissioning plans.

CARE AT HOME, (Based on current budget provision for Option 3 – £8,940,000)	
CONTRACT DESCRIPTION	The current contract covers the provision of care at home services, including personal care. The contract is divided into 9 geographic lots based on council wards with a single provider allocated to each lot. There is an additional lot 10 which has 2 more providers which deliver care across West Lothian where the main provider is unable to accept a care package. Problems with supply in the care at home market have led to additional providers delivering care at home services when the main contract options have been exhausted. Challenges in supply remain, however.
CONTRACT PERIOD	Extended to September 2019. A new contract is expected to be in place by 31 July 2019 to allow for a mobilisation phase.
CONTRACT DEVELOPMENT	Consultation and engagement have already taken place with home care providers to help inform the design of the new contract. This engagement will continue during 2019. The new contract needs to take account of rising unmet need and budget reduction measures associated with West Lothian Council's transformational change programme (Transforming Your Council) in relation to revised eligibility and contributions policies, review of short visits and increased use of technology to support care at home.
CONTRACT MANAGEMENT	Work is currently allocated via the Council's Service Matching Unit following social work assessment and review.

SPECIALIST CARE AND SUPPORT SERVICES FOR ADULTS WITH DISABILITY (Based on current budget provision - £6,600,000)	
CONTRACT DESCRIPTION	Delivery is via a framework with 27 providers delivering more specialist types of community based care and support to enable people with a disability to live independently. There are 3 lots: Lot 1 – specialist autism services, Lot 2 – care and support and Lot 3 – care at home. The contract is designed to deliver holistic, outcomes focused services to people living in their own homes within the community.
CONTRACT PERIOD	The framework commenced in January 2016 and has been extended to December 2019. New contracting arrangements will need to be in place by 1st January 2020. Scotland Excel is working on the development of a national framework for supported living which will help to inform future decisions about commissioning in this area.
CONTRACT DEVELOPMENT	Scotland Excel is engaging with care providers around the development of a national contract for supported living. Engagement with the local market will be necessary during 2019 to determine the future approach in West Lothian.
CONTRACT MANAGEMENT	Contract management is carried out through annual monitoring by the Contracts and Commissioning Team. Individual care packages are reviewed by assessment and care management social work teams.

ACCOMMODATION BASED SUPPORTED LIVING SERVICES (Based on current budget provision – £2,703,420)	
CONTRACT DESCRIPTION	A range of contracts exist for the provision of 24 hour support to people in supported accommodation. There is a mixture of block contracts and spot purchase arrangements with a range of providers.
CONTRACT PERIOD	Varies from contract to contract.
CONTRACT DEVELOPMENT	Capital funding has been secured to develop a housing resource for 16 people with complex care needs associated with learning disability. Care and support services for this service will be commissioned during 2020 following engagement with the market. In addition, a review of housing models is required generally to determine future need, especially for adults with learning disability, physical disability and mental health problems. There is a need for future models to maximise the use of technology, and for funding models to take account of budget measures.
CONTRACT MANAGEMENT	Placements are made by social work assessment and care management teams and contracts are monitored by the Contracts and Commissioning Team

OLDER ADULTS RESIDENTIAL CARE (Based on current budget provision – £15,870,000)	
CONTRACT DESCRIPTION	Placements within care homes in West Lothian are done under the National Care Home Contract. Placements are made in accordance with individual needs based on social work assessment. The terms and conditions of the contract are set nationally and apply to all West Lothian placements.
CONTRACT PERIOD	There is negotiation nationally on an annual basis regarding the terms of the contract, with national agreement on fee increases.
CONTRACT DEVELOPMENT	There is ongoing development of the contract with Scotland Excel working with COSLA to identify and agree future developments. Consideration is being given to more specialised services which could be commissioned locally under the NCHC. In West Lothian there is little spare capacity in terms of care home beds which puts pressure at times on the entire system. Consideration needs to be given to future models of care and the capacity required to ensure there is flow across the entire health and care system.
CONTRACT MANAGEMENT	The Contracts and Commissioning Team has oversight of the National Care Home Contract and monitor performance. Scotland Excel provides support at a strategic level. Individual placements are reviewed by social work teams responsible for assessment and care management.

ADULTS RESIDENTIAL CARE (Based on current budget provision - £8,713,000)	
CONTRACT DESCRIPTION	Residential places for adults with learning disability, physical disability and mental health problems are secured in the main on a spot purchase basis although there are some long standing block contracts in place.
CONTRACT PERIOD	Vary from contract to contract
Scotland Excel's framework for	There is a commitment to moving towards locally based housing models of care in West Lothian for all adults for whom it is appropriate. There is recognition, however, that for some people residential care will be the preferred option and a review of how those services are commissioned is required, especially out of area placements. Work is underway to review care provision and existing rates to provide a more streamlined and consistent approach to contracting and pricing. Scotland Excel's framework for learning disability residential care serviced provides an opportunity to commission care under Scotland Excel terms and conditions where appropriate. Gaps in local provision are known to exist for adults with physical disabilities and learning disabilities and will be the subject of future engagement.
CONTRACT MANAGEMENT	Block contracts are monitored on an annual basis by the Contract & Commissioning Team. Spot purchase contracts are monitored and reviewed by social work care management teams.

DAY SERVICES FOR OLDER PEOPLE (Based on current budget provision – £770,000)	
CONTRACT DESCRIPTION	There are contracts in place to provide 5 day care centre for older people. The service takes a person-centered approach to care and support. Older people have access to opportunities for learning and socialisation. The service aims to enable people to be independent and active for as long as possible whilst engaged in meaningful activities within their local communities.
CONTRACT PERIOD	February 2016 to March 2019. A one year extension has been granted to end of March 2020.
CONTRACT DEVELOPMENT	A review of day care services for older people is underway to consider future models of support.
CONTRACT MANAGEMENT	Placements are made by social work assessment and care management teams with the support of an Older People Day Care Allocations Group. Contracts are monitored by the Contracts and Commissioning Team

DAY SERVICES FOR ADULTS WITH A DISABILITY (Based on current budget provision – £512,000)	
CONTRACT DESCRIPTION	The majority of day services for adults with a disability are provided by internal council services. There are also arrangements in place for purchasing day services for individual people from externally commissioned sources. Those services are commissioned mainly on a spot purchase basis but there are some long standing block arrangements in place.
CONTRACT PERIOD	Block funding arrangements are subject to annual review. Individually purchased services do not have an end date.
CONTRACT DEVELOPMENT	West Lothian Council's transformation change programme proposed budget reduction measures in relation to adult day services. The measures include a commitment to rationalising day services for adults while retaining 3 existing council owned day centres. The programme will determine the approach to commissioning day services in the future.
CONTRACT MANAGEMENT	Contracts monitored by the Contracts and Commissioning Team

9. CONCLUSION

This document provides an overview of how engagement will take place with the health and social care market place in West Lothian to deliver future services.

This is a time of unprecedented change and whilst there are very firm foundations upon which future practice can be built, it is clear that commissioners and providers will need to work closely and differently to bring about the significant change that is required.

Key to achieving positive outcomes for the people of West Lothian is a commitment from all to working in partnership to achieve more integrated and seamless care solutions which focus on early intervention and enable people to live well at home for as long as possible.

Data Label: Public

West Lothian Integration Joint Board

Date: 23 April 2019

Agenda Item: 9

MEDIUM TERM FINANCIAL PLAN UPDATE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide an update on the 2019/20 budget and the IJB's medium term financial plan covering the period 2019/20 to 2022/23.

B RECOMMENDATION

It is recommended the IJB:

1. Notes the updated financial contribution assumptions reported to NHS Lothian Board on 3 April 2019 in respect of 2019/20 IJB delegated functions.

2. Notes that further discussions are taking place with NHS Lothian regarding the 2019/20 budget contribution to the IJB and this is still subject to confirmation by the NHSL Director of Finance.

3. Notes and considers the updated medium term financial plan for IJB delegated resources and supports the ongoing development of medium term financial planning and associated assumptions.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction is not required.
C2	**Resource/ Finance**	Based on current assumptions, medium term budget resources relevant to functions delegated to the IJB total £227.857million in 2019/20 rising to an estimated £240.283 million in 2022/23.
C3	**Policy/Legal**	None.
C4	**Risk**	There are a number of risks associated with health and social care budgets which will require to be closely monitored over the medium term and planning assumptions updated as necessary.

C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	None.
C7	**National Health and Wellbeing Outcomes**	Medium term budget resources delegated to the IJB will be used to support the delivery of service outcomes.
C8	**Strategic Plan Outcomes**	Medium term budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
C9	**Single Outcome Agreement**	Medium term budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
C10	**Impact on other Lothian IJBs**	None.

D TERMS OF REPORT

D.1 Introduction

The previous report on the 2019/20 budget presented to the Board on 12 March 2019 reflected the approved council contribution to the IJB and a planned NHS Lothian contribution. Since then further refinement of the overall NHS Lothian budget has been undertaken and this report updates the financial resources position based on the NHS Lothian 2019/20 Financial Plan approved by the Board of NHS Lothian on 3 April 2019.

In addition, the report sets an updated medium term financial plan for IJB delegated functions taking account of most recent budget assumptions reported to West Lothian Council and NHS Lothian Board. This reflects estimated funding availability compared to estimated expenditure demands over future years to establish the extent of saving requirements used for the purposes of financial planning. The updated medium term financial plan assumptions are also reflected within the new Strategic Plan to ensure resource availability helps inform future service delivery and strategic commissioning. Financial planning assumptions will be reviewed on an ongoing basis to take account of events such as changes to economic forecasts, funding updates, spending demands and policy decisions impacting on health and social care.

D.2 NHS Lothian 2018/19 Updated Contribution to IJB

D.2.1 Overall Lothian Position

The overall NHS Lothian plan approved by the Board of NHS Lothian on 3 April 2019 contained a financial gap of circa £26 million (equivalent to 1.6%) and noted limited assurance on the achievement of a balanced financial position. The report notes that work will continue to be progressed to reduce the outstanding gap including the scope for additional efficiencies and funding.

D.2.2 West Lothian Position

Based on the 2019/20 financial plan approved by NHS Lothian Board, an updated allocation of £162.451 million is the current working assumption for WL IJB. At this stage the 2019/20 Health budget contribution is still to be formally confirmed by the NHS Lothian Director of Finance and discussions are ongoing. It should be noted that the allocation includes baselined Social Care Fund monies of £10.133 million which is included in the council's social care budget for the purposes of the IJB, given the funding is for social care spend. Taking account of the Social Care Fund element, the Health budget component is shown as £152.318 million.

Subject to further discussions with NHS Lothian, the table below sets out the current split of the funding between the three elements of the NHS Lothian contribution, based on what was reported to the NHS Lothian Board on 3 April 2019.

Table 1 - Health 2019/20 Contribution to WL IJB	**2019/20**
	Funding £'000
Core West Lothian Health Services	103,564
Share of Pan Lothian Hosted Services	17,256
Share of Acute Set	31,498
Total Contribution	**152,318**
2019/20 Budget Gap (%)	**1%**

The revised level of funding reflects further work on refining budget allocations to IJBs since the previous report to the IJB on 12 March 2019. Based on that report, there was an estimated funding shortfall in the Health contribution to the IJB of £2.8 million (1.8%). The updated figures shown in Table 1 result in an improved position of £1.575 million (1%) of a funding shortfall, as reported to NHS Lothian Board. It also reflects the following two sources of funding, included in the table above, where further information has been provided over recent weeks:

- Funding for Unscheduled Care Investment - £1.074 million including funding for anticipated 2019/20 costs relating to St John's Hospital front door redesign. For the IJB, it will be vital that this funding meets the full cost of investment and that recurring full year costs are provided from 2020/21.
- Funding to provide a 2.6% uplift to IJBs in 2019/20 - £1.422 million. Discussions will be taking place between IJBs and NHS Lothian over the coming weeks to consider the application of this funding against cost pressures which feature across Health delegated health functions. Based on this, a proposed allocation will be provided to the next meeting of the Board on 26 June 2019 for approval.

Updated saving plans totalling £1.877 million for 2019/20 are taken into account in arriving at the NHS Lothian funding contribution of £152.318 million. Based on the methodology agreed by NHS Lothian for allocating resources to IJBs, it is considered that the contribution reported to NHSL Board on 3 April 2019 represents a fair share of resources to West Lothian.

However, Board members should be aware that NHS Lothian have subsequently produced potential alternative figures based on further changes, not included in their 2019/20 budget assumptions reported to the Board, that if agreed would adversely impact West Lothian IJB. At the time of writing, discussions are currently ongoing around these potential further changes with the objective of coming to an agreed position on the 2019/20 budget that continues to provide a fair share of resources to West Lothian IJB.

At the time of writing, NHS Lothian have advised they are reviewing the proposed changes made and it is hoped that a satisfactory outcome will be agreed in early course.

Subject to the 2019/20 budget resource contribution being agreed and formalised by NHS Lothian, it would be proposed to seek the Board's approval for the issue of revised Directions based on the confirmed 2019/20 Health budget contribution and the proposed allocation of the £1.422 million noted above.

D.3 West Lothian Council

As previously reported to the Board, the council's budget contribution to the IJB was approved by Council on 19 February 2019. While the council's budget contribution of £75.539 million represents a balanced budget position, significant increases in demands will require to be closely monitored during 2019/20.

D.4 Medium Term Financial Planning for IJB Functions

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. The IJB's updated strategic plan and strategic commissioning plans should help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process.

For the IJB to effectively plan the future delivery of health and social care services, it is important that NHS Lothian and West Lothian Council work in partnership with the IJB on financial planning. The IJB Chief Officer, Chief Finance Officer and other senior NHS and council officers who support the IJB are key to achieving this at an officer level. The move to medium term financial planning recognises that an annual budgeting process is not conducive to achieving the aims consistent with integration and planning to meet future demands and prioritising overall health and social care resources to achieve this, particularly given the extent of demographic and demand led pressures across care services.

The Health and Social Care Medium Term Financial Framework, published in October 2018, sets out an expectation of medium term financial planning moving forward. In addition, recent Accounts Commission and Ministerial Strategic Group reports on progress with integration have strongly recommended further development of a longer term and more integrated approach to financial planning. With regard to this, IJB Chief Finance Officers, Local Authority Directors of Finance and the NHS Lothian Director of Finance have initiated a process to take forward finance related recommendations including the approach to financial planning across health and social care.

While it is acknowledged that future year funding for health and social care services remains uncertain, it is important that assumptions are made for planning purposes on the level of funding likely, increasing expenditure demands and resulting savings required over the medium term. This will provide the context for a more considered approach on prioritising investment and identifying areas where integration efficiencies can be made.

A medium term approach also recognises that change can often require a fairly significant lead in time, require consultation, and may be in several phases and be heavily linked or dependent on other changes planned.

D.5 Draft IJB Five Year Financial Plan

In line with the Board's agreed approach to IJB financial planning, budget plans have and continue to be developed across health and social care functions and officers supporting the IJB are involved in ensuring overall health and social care considerations are taken into account in partner financial planning.

This is a developing process although good progress is being made in seeking to ensure a consistent approach is applied to service and financial planning for delegated health and social care functions across the IJB, council and Health Board.

Work on updating the IJB's medium term financial plan has covered the same period as the updated Strategic Plan separately reported to this Board meeting. It reflects current assumptions consistently applied across IJB and partner organisations in areas such as staffing costs, inflation, demographics, care demands and assumptions on Scottish Government funding.

Based on this, the updated IJB medium term financial plan over 2019/20 to 2022/23 is summarised in Table 2 below. Appendix 1 provides a further breakdown of these annual budget figures.

TABLE 2 – UPDATED MEDIUM TERM FINANCIAL PLAN FOR IJB FUNCTIONS				
	2019/20	**2020/21**	**2021/22**	**2022/23**
	£'000	**£'000**	**£'000**	**£'000**
Core Health Functions	103,564	104,285	104,841	105,407
Hosted Health Functions	17,256	18,355	18,624	18,899
Acute Health Functions	31,498	32,442	33,006	33,580
Social Care Functions	75,539	76,789	79,536	82,397
Total	**227,857**	**231,871**	**236.007**	**240,283**
Annual Increase		**4,014**	**4,136**	**4,276**

The updated IJB financial plan shows budget resources increasing on an annual basis. Based on current planning assumptions over the four year period, IJB resources are estimated to increase by £12.426 million (from £227.857 million in 2019/20 to £240.283 million in 2022/23).

These planning assumptions will be subject to ongoing review and update to take account of required changes related to new and updated information received. In terms of social care functions, the IJB draft financial plan reflects the council's four year revenue budget plan and savings approved on 19 February 2019.

Financial planning for Health functions continues to be progressed for future years. The figures shown take account of the latest planning assumptions based on figures reported to the NHS Lothian Board on 3 April 2019. While funding will increase over the five years, it is nevertheless still estimated that there will be a budget gap of £26.270 million over the four year financial plan period.

The table below summarises the estimated budget gap over the four years and measures identified to date to help control spend within currently estimated available funding.

TABLE 3 – FINANCIAL PLAN BUDGET GAP AND SAVINGS					
	2019/20	2020/21	2021/22	2022/23	4 YR Total
Gap / Savings Required	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Social Care Functions	2,859	4,364	3,558	3,416	14,197
Health Functions	3,318	3,318	3,145	2,292	12,073
Total	**6,177**	**7,682**	**6,703**	**5,708**	**26,270**
Savings Identified					
Social Care Functions	2,859	4,364	3,558	3,416	14,197
Health Functions	1,877	989	958	958	4,782
Total	**4,736**	**5,353**	**4,516**	**4,374**	**18,979**
Budget Gap Remaining					
Social Care Functions	0	0	0	0	0
Health Functions	1,441	2,329	2,187	1,334	7,291
Total	**1,441**	**2,329**	**2,187**	**1,334**	**7,291**

The table above shows that based on latest expenditure planning assumptions, and taking account of estimated increases in funding, there is an initial estimated budget gap of £14.197 million against social care functions and £12.073 million against health functions. This reflects the significant demographic pressures affecting West Lothian and increase in demand led costs and inflationary pressures such as staffing and contract indexation.

At this stage, almost £19 million of budget savings have been identified towards this estimated gap and the saving areas are set out in Appendix 2. Of this value of savings identified, £14.2 million relate to social care functions reflecting the more advanced progress made to date in developing medium term financial planning for social care functions.

It should be noted however that the council has an overall remaining budget gap of £4.4 million over the period 2020/21 to 2022/23 based on currently approved assumptions. There is a risk that IJB functions will be required to take a share of this funding gap which may require additional savings to be identified. However, at this point, no decisions have been made on the allocation of additional savings relating to this £4.4 million gap.

At this stage, savings of £4.782 million have been identified in Health functions. Further work is progressing on Health savings through the development of broader programmes which are part of Lothian Sustainability and Value workstreams and also through a West Lothian Finance Programme Board reviewing saving options within West Lothian community health care services.

To ensure a joined up health and social care approach to financial planning and delivery of savings, the Chief Officer, Chief Finance Officer and other key officers are part of a senior management group reviewing all West Lothian saving proposals. A full mapping exercise has been undertaken of savings to identify potential implications on partner bodies, linkages to partner body savings or where there are opportunities for partners to work in a more joined up basis to deliver the savings or mitigate the potential implications of savings.

Taking account of the estimated gap over the five years and the savings identified to date, there is a remaining gap of £7.291 million over the four year period. Work will continue to be progressed in respect of updating financial planning assumptions and identifying options to achieve balanced budgets over the five years. As well as budget saving options, this will also include scope for additional funding.

D.6 Key Risks and Uncertainties

There are a number of budget and expenditure planning assumptions reflected in the updated four year figures. These are based on agreed assumptions with partner bodies around areas such as Scottish Government funding, pay award, inflation, demographics, increased care demands and inflation. As such, and given the medium term period involved, there are a number of key risks and uncertainties that will continue to be closely monitored and updated accordingly to take account of any changes required.

- Scottish Government Funding – there remains uncertainty over grant funding awards over the medium term which could impact on financial planning assumptions. This includes NRAC funding assumptions and funding associated with Scottish Government policy commitments and priorities.
- Staff Costs –For future years, pay award costs and funding will require to be closely monitored and financial planning assumptions updated to reflect any changes to current assumptions. The impact of safe staffing requirements are also a risk and are currently being quantified.
- Demographics / Demands - Increases in costs associated with demand led services such as growth in the elderly population. West Lothian has the fastest growing population in Scotland of people over the age of 75 years. Estimates have been made regarding demographic growth for adults and these assumptions will require to be closely monitored.
- Drug Costs and Demands – Ongoing volatility in prescribing / drug costs makes it difficult to predict the position. There is a particularly high risk in relation to the financial impact of Scottish Medicine Consortium decisions which have resulted in significant additional costs for Cystic Fibrosis drug therapies.
- Delayed Discharge – Management of the volume of delayed discharges will be essential going forward to enable new initiatives and deliver future reductions. This is dependent on capacity being available in community care which is currently a major issue. The implementation of the new care at home contact will be a key aspect of improving capacity and estimated financial implications of this are built into the financial plan.
- Inflation – if inflation is higher than anticipated over the period of the plan, it would also result in additional budget pressures. Current assumptions will be kept under review.
- Achievement of Savings – there will be a requirement for significant savings to be achieved and there is a risk over identification and delivery of the substantial changes to care services to allow for a balanced budget.
- Brexit / Overall Economic Growth – there is a risk of a slow down in economic growth resulting in further reductions to public spending and funding for the IJB over the medium term.

D.7 Strategic Planning and Directions

An updated strategic plan has been developed to reflect service delivery challenges, future service provision, policy and legislative changes and to align with medium term financial planning. The financial planning context set out in this report is taken account of in the refreshed strategic plan and this will also inform updated strategic commissioning plans to be developed.

A key aspect of delivering future health and social care services will be having appropriate strategic commissioning that reflects medium term changes to care demands and service provision. This will help inform the prioritisation of funding to maximise performance and the achievement of health and social care outcomes for the population of West Lothian.

Based on integrated strategic and financial planning frameworks, new strategic directions have been prepared covering the future provision of a range of health and social care functions delegated to the IJB. As well as the annual operational directions currently required under legislation, longer term strategic directions will be important for the IJB going forward to reflect the requirement for partner bodies to implement transformational change over the medium term.

E CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council

F REFERENCES/BACKGROUND

IJB 2019/20 Budget – Financial Assurance. Report to IJB 12 March 2019

2019/20 Financial Outlook. Report to NHS Lothian Board 3 April 2019

Health and Social Care Medium Term Financial Framework October 2018

Health and Social Care Integration – Update on Progress November 2018

Ministerial Strategic Group for Health and Community Care – Review of Progress with Integration of Health and Social Care February 2019

G APPENDICES

Appendix 1 – West Lothian IJB Updated Medium Term Financial Plan

Appendix 2 – West Lothian IJB Budget Savings 2019/20 - 2022/23

H CONTACT

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23 April 2019

Appendix 1

WEST LOTHIAN IJB UPDATED MEDIUM TERM FINANCIAL PLAN 2019/20 - 2022/23

	2019/20 Budget	2020/21 Budget	2021/22 Budget	2022/23 Budget
Core Health Services	**£'000**	**£'000**	**£'000**	**£'000**
Community Hospitals	2,271	2,376	2,420	2,465
Mental Health	14,876	15,335	15,624	15,918
District Nursing	3,109	3,223	3,284	3,346
Community Allied Health Professionals	4,553	4,677	4,742	4,809
General Medical Services	25,189	25,230	25,239	25,249
Prescribing	36,349	36,349	36,349	36,349
Resource Transfer	6,782	6,782	6,782	6,782
Other Core	10,435	10,313	10,401	10,489
Total Core Health Services	**103,564**	**104,285**	**104,841**	**105,407**
Hosted Health Services				
Sexual Health	1,105	1,137	1,156	1,175
Hosted AHP Services	2,261	2,321	2,356	2,391
Hosted Rehabilitation Medicine	863	904	920	937
Learning Disabilities	3,036	3,347	3,407	3,469
Substance Misuse	1,178	1,264	1,273	1,282
Oral Health Services	2,410	2,488	2,536	2,582
Hosted Psychology Service	1,357	1,419	1,447	1,475
Lothian Unscheduled Care Service	2,076	2,152	2,192	2,233
UNPAC	1,341	1,344	1,344	1,344
Hospices	858	858	858	858
Other Hosted Services	771	1,121	1,135	1,153
Total Hosted Health Services	**17,256**	**18,355**	**18,624**	**18,899**
TOTAL HEALTH PAYMENT CONTRIBUTION	**120,820**	**122,640**	**123,465**	**124,306**
Acute Set Aside Services				
A & E (outpatients)	4,896	5,043	5,131	5,220
Cardiology	1,658	1,708	1,737	1,768
Diabetes	395	407	414	421
Endocrinology	185	191	194	197
Gastroenterology	1,070	1,102	1,121	1,141
General Medicine	6,823	7,028	7,150	7,274
Geriatric Medicine	4,988	5,138	5,227	5,318
Infectious Disease	2,217	2,284	2,323	2,364
Junior Medical	4,906	5,053	5,141	5,230
Rehabilitation Medicine	793	817	831	845
Respiratory Medicine	1,934	1,992	2,027	2,062
Therapies / Management	1,633	1,679	1,710	1,740
TOTAL HEALTH SET ASIDE CONTRIBUTION	**31,498**	**32,442**	**33,006**	**33,580**
OVERALL HEALTH TOTAL	**152,318**	**155,082**	**156,471**	**157,886**
Social Care Services				
Learning Disabilities	17,934	18,339	19,426	20,737
Physical Disabilities	7,713	7,728	7,935	8,241
Mental Health	4,201	4,216	4,326	4,482
Older People Assessment and Care	34,166	34,639	36,314	37,682
Care Homes and Housing with Care	8,516	8,785	8,434	8,142
Contracts and Commissioning Support	2,564	2,629	2,646	2,656
Other Social Care Services	445	453	455	457
Total Social Care Services	**75,539**	**76,789**	**79,536**	**82,397**
OVERALL TOTAL	**227,857**	**231,871**	**236,007**	**240,283**

Appendix 2

WEST LOTHIAN IJB BUDGET SAVINGS 2019/20 – 2022/23

Breakdown of Savings Identified

	2019/20	2020/21	2021/22	2022/23	4 YR Total
	£'000	£'000	£'000	£'000	£'000
Social Care Savings					
New Models of Adult care	50	691	685	444	1,870
Assessment / Technology	1,744	2,679	1,521	1,542	7,486
Income and Contributions	551	440	140	130	1,261
Review of Commissioned Services	514	154	408	320	1,396
Review of Building Based Care	0	300	392	301	993
Management and Support Services	0	100	412	679	1,191
Total	**2,859**	**4,364**	**3,558**	**3,416**	**14,197**
Health Savings					
GP Prescribing	960	958	958	958	3,834
Procurement and Supplies	11	0	0	0	11
Frail Elderly Service Redesign	88	0	0	0	88
Review of Third party Agreements	14	0	0	0	14
Reduce Supplementary Staffing	100	0	0	0	100
Hosted Services	19	0	0	0	19
Acute Services / Drugs	685	31	0	0	716
Total	**1,877**	**989**	**958**	**958**	**4,782**
TOTAL SAVINGS IDENTIFIED	**4,736**	**5,353**	**4,516**	**4,374**	**18,979**

West Lothian Integration Joint Board

Date: 23 April 2019
Agenda Item: 10

PRIMARY CARE IMPROVEMENT PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

A1 *The purpose of the report is to provide an update on the implementation of the Primary Care Improvement Plan (PCIP) and advises on the progress of each work stream and highlights the proposed actions for implementation in year 2 of this 3 year plan.*

A2 *The report also discusses the PCIP tracker return which requires approval of the IJB and LMC prior to return to the Scottish Government at end of April 2019.*

B RECOMMENDATION

B1 *The Board is asked to*

1. *Note the contents of the report*
2. *Note the progress made with implementation of the Primary Care Improvement Plan at end of year 1.*
3. *Consider the PCIP Tracker which is to be returned to the Scottish Government by end of April 2019*
4. *Consider the updated Primary Care Improvement Plan March 2019 and proposed actions for year 2.*
5. *Approve the updated PCIP and Tracker for submission to the Scottish Government at end of April 2019*
6. *Approve the Direction to be issued to NHS Lothian*

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction is required and is appended to the report for approval before it is issued.

C2	**Resource/ Finance**	The delivery of the PCIP is resourced through the Primary Care Improvement Fund; Summary is included in the PCIP Tracker GMS funding is made directly to GP Practices
C3	**Policy/Legal**	The PCIP support implementation of the new GMS 2018 Contract
C4	**Risk**	The sustainability of Primary Care remains a high risk The risk is captured in the risk register and will be monitored.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	Sustainability of Primary Care provision is a key priority
C7	**National Health and Wellbeing Outcomes**	Delivery of Primary Care services supports all National Health and well Being Outcomes
C8	**Strategic Plan Outcomes**	Supports the delivery of all strategic priorities and transformational change programmes
C9	**Single Outcome Agreement**	Supports achievement of local outcome improvement measures related to: • We live longer, healthier lives and have reduced health inequalities • Older people are able to live independently in the community with an improved quality of life • Our children have the best start in life and are ready to succeed
C10	**Impact on other Lothian IJBs**	Sustainability of Primary Care provision affects all Partnerships. Recruitment to specialist and new roles may have an impact on workforce availability and sustainability of key services

D TERMS OF REPORT

D1

It has been recognised that General Practices have been under increasing pressure due to increasing volume and complexity of workload and challenging workforce availability. The 2018 GMS Contract has been designed to stabilise and develop Primary Care Services to create a sound basis for the future. The key principles underpinning the 2018 GMS Contract are:

- To enable a shift in the GP role to be an Expert Medical Generalist leading a wider primary care team and to move away from the responsibilities of managing a team and having responsibility for premises.
- Through implementation of a new workload formula for practice funding provide income stabilisation for GPs.
- To reduce GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs.
- To reduce risk to GPs through these measures.

D2

Implementation of the contract is being undertaken over 3 years from April 2018 to March 2021 through collaborative working between Health and Social Care Partnerships (HSCP), Health Boards and the GP Subcommittee of Local Medical Committees. This tripartite arrangement brings together wide ranging expertise and provides assurance that local priorities are at the heart of new developments, whilst recognising the need for larger-scale planning at Board level for certain projects. The participation of GP Subcommittee maintains the focus firmly on the needs of General Practice as well as the wider Primary Care community, to ensure that plans are robust and geared towards the needs of GPs and their patients.

D3

The West Lothian Primary Care Implementation Plan 2018-2021 has been updated at March 2019 (Appendix 1) and describes the aspects of the new contract development that fall within the remit of West Lothian HSCP, the progress made with ongoing programmes of support and development in Primary Care and the new initiatives identified through discussion with GP Clusters, other local GPs and West Lothian Practice Managers.

D4

The West Lothian GMS base funding was uplifted through application of the national formula and Practices informed of their income. The HSCP does not have any discretion over these allocations.

D5

The resources and any associated outcomes and deliverables were set out in the annual funding letter as part of the Scottish Government's budget setting process. This allocation is referred to as the *Primary Care Improvement Fund*. The funding for West Lothian HSCP is shown below:

D6

	2018/19	2019/20	2020/21	2021/22
Scotland	£45,750,000	£55,000,000	£110,000,000	£155,000,000
Lothian	£6,772,970	£8,142,368	£16,284,737	£22,946,674
West Lothian	£1,407,010	£1,691,487	£3,382,975	£4,766,919
GP Pharmacy	£235,161	£235,161	£235,161	£235,161
Total Investment	**£2,246,010**	**£2,531,487**	**£4,222,975**	**£5,606,919**

D7

In the first year the funding was issued in two tranches with 70% allocated in June 2018 and remaining 30% to be allocated in November 2018 subject to confirmation that the HSCP would spend its full allocation in year. At September 2018 the HSCP did not consider it could spend the full amount in the financial year 2018-19 and requested the Scottish Government carry forward £341K for allocation in 2019-20.

D8

The National GMS Oversight Group, which consists of members from the Scottish Government, Integration Authorities, NHS Boards and the Scottish General Practitioners Committee of the BMA, meets quarterly to provide scrutiny and advice on implementation of the 2018 General Medical Services Contract and associated Memorandum of Understanding. The Group have set PCIP Reporting Cycle with expectation that revised PCIPs are drafted and agreed with the local GP Sub Committee and Integration Joint Board as soon as practically possible after 1st April and subsequently shared with Scottish Government once agreed. The revised PCIP is provided in Appendix 1.

D9

In addition they have asked for updated workforce and expenditure projections to be populated into a local implementation tracker to ensure projections are on track to recruit the multidisciplinary teams required to deliver primary care reform. The tracker is appended at Appendix 2.

D10

At this stage it has not been possible to estimate the total workforce projections in 2020-22 as we need to evaluate the impact of the new roles we have implemented on General Practices and agree the future roll out. It is also noted that for some of the new roles there are shortages of staff with the knowledge and skills required and therefore we are exploring training posts and working with universities and colleges on the courses we require to develop our workforce.

D11

The Tracker includes Board level information for premises, stability agreement, funded GP Subcommittee input and data sharing agreement. With regard to premises it is noted that none of the West Lothian GP Practices are eligible for a sustainability loan as they do not own their own premises and no West Lothian Practice to date have asked for the Board to step in and take over their lease. Although the data sharing agreement has been drafted this is still under discussion with the BMA at national level.

D12 Each of the work streams have been RAG rated with some commentary to explain the current position with further detail in the revised PCIP. Overall the improvement plan is rated at amber reflecting that 16 actions are green- fully implemented and on track, 12 are at amber- partially completed or scheduled to be implemented in 2019-21, and 5 are at red- these are largely due to need for national and or regional guidance and support to be agreed.

D13 The tracker will be updated on 6monthly basis with next return due in October 2019.

D14 Implementation of the 2018 GMS Contract and associated Primary Care Improvement Plan requires a Direction to be issued to NHS Lothian. The Draft Direction is attached at Appendix 3 for consideration and approval.

E CONSULTATION

E1 *Local Medical Committee*

Primary Care Forum & Implementation Group

GP Clusters

F REFERENCES/BACKGROUND

F1 *GMS 2018 Contract*

F2 *Primary Care Improvement Plan Reporting Cycles February 2019*

G APPENDICES

G1 *Appendix 1: Revised Primary Care Improvement Plan March 2019*

G2 *Appendix 2: Local Implementation Tracker*

G3 *Appendix 3: Draft Direction: Primary Care*

H CONTACT

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23 April 2019

1960...

WEST LOTHIAN PRIMARY CARE IMPLEMENTATION AND IMPROVEMENT PLAN

2018-2021

Update March 2019

From one man band to conductor of the orchestra

1990.....

2018.....

WEST LOTHIAN PRIMARY CARE IMPLEMENTATION AND IMPROVEMENT PLAN 2018-2021

Update March 2019

INTRODUCTION

The first year of implementation of the 2018 GMS contract is now nearing completion. This update outlines progress made across the different work streams to date, and plans for ongoing implementation in 2019/20. It also describes the successes and challenges of the first year, as learning points going forward.

PROCESS – OVERSIGHT AND SCRUTINY

In Lothian, implementation is coordinated via the GMS Oversight Group. This new group promotes collaborative working between Health and Social Care Partnerships, Health Boards and the GP Subcommittee of Local Medical Committees. This tripartite arrangement brings together wide ranging expertise and provides assurance that local priorities are at the heart of new developments, whilst recognising the need for larger-scale planning at Board level for certain projects.

In West Lothian, at the request of the cluster leads, local engagement with GPs clusters has been organised out with cluster meetings, to allow those to focus on quality improvement. The extrinsic function of both clusters has been incorporated into the former Primary Care and Community Forum (PCCF) which has become the Primary Care Forum and Implementation Group (PCFIG) which has representatives from all practices. Plans and proposals are brought to this forum for discussion, scrutiny and agreement. Engagement with the group has been excellent, with consistently high attendance and mature and thoughtful debate. Decisions are largely taken by consensus, with detailed planning being ceded to the Primary Care Management Team at the HSCP. Local GPs and Practice Managers have been offered opportunities to be more closely involved in project development and steering groups if they wish.

PRINCIPLES

West Lothian has 22 practices ranging in size from: 3,132 to 15,748 patients. Over half of practices fall in the 6000-9000 patient range.

- Resources will be shared across all practices rather than heavily targeted at practices in difficulty, although those practices may receive additional support sooner than others.
- Equally, it is important that when resources, particularly new staff, are put into teams, that practices receive sufficient resource for this to be effective and make a palpable difference. The concept of a “minimum useful level” has been developed, and our aim is to embed this level of service across all practices before offering additional resource to larger practices.
- Initially, a pragmatic approach will be taken to the distribution of new resources – some services such as IT initiatives and the Mental Health Hubs will be offered to all practices, other services, for example, Paramedics will be deployed on a geographical basis, whilst others will depend on criteria such as practice readiness or current distribution of existing support staff such as Pharmacists or District Nurses.
- Year 3 will be a rebalancing year where the impact of the plan will be reviewed with the PCFIG, and decisions taken about which forms of support have been most effective and merit further investment. At this point we will also consider which criteria should be used in the allocation of this additional resource such as list size, deprivation and demographics.

DEVELOPMENT OF THE WEST LOTHIAN PLAN

The 2018 GMS contract framework identifies 7 key areas for change to be addressed through collaboration between Health and Social Care Partnerships, NHS Boards and the GP Subcommittee. These are:

1. THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS
2. PAY AND EXPENSES
3. MANAGEABLE WORKLOAD
4. IMPROVING INFRASTRUCTURE AND REDUCING RISK
5. BETTER CARE FOR PATIENTS
6. BETTER HEALTH IN COMMUNITIES
7. THE ROLE OF THE PRACTICE

Taken together, the changes outlined now define the direction of travel and the future model of primary care throughout Scotland.

Whilst recognising that some areas, principally 2 and 4, do not fall within the remit of Health and Social Care Partnerships, The West Lothian Primary Care Implementation and Improvement Plan 2018-2021 nevertheless takes a broad transformative view which goes considerably beyond the "6 areas" outlined in the Memorandum of Understanding (MoU). Whilst we address these key priorities in our plan, these steps alone will not bring about the level of transformational change needed.

As well as addressing the 6 areas, WL HSCP aims to actively engage with practices to promote and support those changes that are required at practice level. In this way we hope to help GPs and their practices evolve and embrace new ways of working and develop new leadership roles, to create a sustainable and resilient service for the years to come.

REVIEW OF WORK STREAMS - PROGRESS AND NEXT STEPS

The Role of GPs in Scotland- Expert Medical Generalists

THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS

Key Points

- The GP as expert medical generalist will focus on undifferentiated presentations, complex care and quality and leadership. All are equally important.
- GPs will lead and be part of an extended team of primary care professionals.
- GPs will have more time to spend with the people who need them most.

Work Stream	Progress	Next steps
The Role of GPs- Expert Medical Generalists		
Funded GP placements 2 sessions per week with the REACT frailty team to develop skills as expert medical generalists	Discussed with REACT - 3 sessions on 3 days considered more productive. Discussed with clusters – currently difficult to release GPs to participate	Revisit in year 3 once more practice support in place

Funded training for expert medical generalist role	Masterclass for practice frailty leads carried out Oct 18. Realistic medicine course funded for GPs from 11 practices	Follow up session for frailty leads to be arranged in 2019
GPs to lead and promote MDT working	Leadership training – speaker identified - Amar Roghani . Date set for leadership training event and circulated to practices	Explore options for leadership training for practice managers
West Lothian Internship Scheme	Action to promote recruitment and development of high-quality GPs in West Lothian. 1 year funded internships for newly qualified GPs offering regular mentoring, support for Personal Development Plan and funding for courses and conferences. Information circulated to clusters, practice managers and current ST3 trainees. One internship in place.	Continue to promote scheme
Practices to move towards 15 min appointments for complex patients	Discussed with Clusters. Practices already working on 15 min appointments have shared learning with the group	Clusters to consider including this in their work plan and trialling different approaches
Additional funded Protected Learning Time (PLT) sessions	Practices offered funding for Locum cover for 2 additional PLT sessions to promote practice development. Sessions taken up by 12 practices	Practices to feedback on use of sessions

Comment

Development of the expert medical generalist role is a key component of the new GMS contract. The provision of new support staff for practices is just one piece of the jigsaw; reviewing the roles of existing staff, including GPs, is also fundamental if the current challenges are to be successfully addressed. WL HSCP has actively sought to help GPs to adopt this new role by offering funded training and networking opportunities, as well as supporting clusters to trial new ways of working.

Success in this area has been modest to date. Some have embraced leadership and expert medical generalist training whilst others do not see a need for it. The majority of practices do not consider they have capacity at the present time to release GPs for more in-depth training placements. Funding alone does not resolve this. Until such time as GP workload is palpably reduced, there is a limited appetite for actions which are perceived as difficult such as moving to 15 minute appointments. Bite-sized opportunities to look at leadership and practice development have had more success and we will continue to build on this in 2019.

Potential New Actions Going Forward

A Team Development Officer has been appointed within the HSCP who is available to work with practices who wish to undertake transformational change within their team. This is a facilitation role designed to assist practices in defining their goals and working together as a team to achieve them. One practice is commencing work with the development officer from April 2019 and others are at the exploratory stages.

Consider approaches to the implementation of 15 minute appointments such as a pilot funded through a Service Level Agreement.

Manageable Workload

MANAGEABLE WORKLOAD

Key Points

- GP and GP Practice workload will reduce
- New staff will be employed by NHS Boards and attached to practices and clusters
- Priorities include pharmacy support and vaccinations transfer.
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- There will be national and local oversights of service redesign and contract implementation involving SGPC and Local Medical Committees.

It is widely recognised that GP workload is currently extremely high due to a combination of factors: population growth in West Lothian, increasing public expectations, an ageing population with complex care needs, increasing emphasis on care in the community and GP recruitment and retention difficulties. To secure the future of Primary Care services, GP workload needs to reduce to a manageable, sustainable level to attract young doctors into general practice and ensure a safe, quality service for patients.

Reducing GP workload in West Lothian involves four key components:

1. Make better use of existing staff
2. Increase use of technology to free up GP and other staff time
3. Add new staff and services
4. Transfer responsibility for some services out of General Practice

All four areas need to be addressed to maximise potential benefits and free up GP time. Taken together, these approaches offer the opportunity to rethink and redesign the way we work to enable GPs to dedicate more of their time to those areas that require their unique expertise, whist developing the skills of other team members to embrace new and expanded roles.

Work Stream	Progress	Next steps
Make Better Use of Existing Staff		
Practices to move towards full reception signposting. This enables staff to direct patients to members of the extended team or other services for example community pharmacy or optician where appropriate.	Training offered to admin staff in all practices. Follow up networking sessions undertaken. Sharing of signposting protocols between practices. Posters developed by practice managers and produced by HSCP explaining signposting and availability of other services to patients. Poster displayed throughout West Lothian in health and council facilities and other public buildings such as supermarkets. 21 of our 22 practices now triage all appointment requests at initial contact using protocols supplied by their GPs.	Completed

Develop new ways of handling docman and prescriptions to reduce GP involvement	Sharing of protocols for docman handling at Clusters. Pharmacist input in some practices to reduce GP involvement with community pharmacy queries and acute requests. Scoping of additional pharmacist requirements and agreement with practice reps on planned level of provision. Recruitment of additional pharmacy time underway. Interviews have taken place.	All practices to have pharmacist input either every morning or every afternoon by June'19 to allow pharmacists to take on routine prescribing work in a scheduled manner.
Enhanced role of practice nurses in managing results and reports	Discussed at Clusters. HSCP have employed a development manager (1day/week allocated to primary care) whose role is to facilitate whole-team development in practices with a bottom-up approach, to work on embedding change.	Development manager to commence working with 1 practice in April 19 as a test of change.
Staff training in use of NHS inform and cascade to patients	Training sessions have taken place for community nursing staff and GP admin staff. Aim is to make NHS Inform available in practice waiting rooms and have staff demonstrate its use to patients.	Resolve issues with e - health regarding use of NHS Lothian laptops by patients.

Comment

The development of practice staff has been a great success and the level of uptake has led to a culture change in the way General Practice operates in West Lothian. Access to a GP for patients with complex problems or who are seriously ill is improved by the ability to consistently triage more straightforward patients to other team members where appropriate. Adopting this new way of working in the majority of practices within a short space of time also helps GPs to feel less exposed as patients see the new model as mainstream rather than an idiosyncrasy of their own practice.

A useful learning point that has emerged is that small group networking sessions rather than large formal courses are a popular and successful approach when working with practice admin staff that previously had very little opportunity to meet with their peers from other practices. We are continuing to use this approach of peer-to-peer learning as we extend the roll-out of new services so that those who were the first to have for example a physiotherapist or specialist paramedic will offer a networking session for staff of practices who are next in line, offering advice and tips on how to work with these new team members and which sorts of patients they can see.

Potential new actions going forward

To safely reduce GP workload in relation to Docman handling, the Practice Administration Staff Collaborative (PACS) have developed a Workflow Optimisation Toolkit which will be launched in May. Building on the work already done in this area, we plan to offer this toolkit to our practices, along with support for training and implementation, to further streamline results handling throughout West Lothian.

Local GPs recognise the potential of further development of practice staff, and as keen to identify other areas where additional staff training could be offered to help reduce the administrative burden on GPs.

Increase Use of Technology

Work Stream	Progress	Next steps
Increase Use of Technology to Free Up GP and Other Staff Time		
Recurrent funding for text reminder service - reduces DNAs and allows patients to cancel by text so appointments can be re-used	20 practices signed up.	Rollout complete Consider additional functionality of service
Recurrent funding for mobile IT devices	All practices supplied with NHS Lothian laptops or tablets to facilitate home visiting, remote working and care home work	Rollout complete
Provision of self check-in	Installed for all practices who did not already have this	Action completed
Additional Laptop for each practice waiting room to allow patients to become familiar with the use of NHS Inform	Laptops, purchased, staff trained to demonstrate NHS Inform, project stalled as issues have arisen with e-health regarding patient use of NHS Lothian computer equipment	Further discussion with ehealth to resolve access for patients
Improved practice websites through Primary Care Digital Services programme	Discussed with Practice Managers	Practices to sign up for inclusion in roll-out

Comment

The NHS Lothian GMS Contract Oversight Group has IT as one of its key work streams, and is responsible for taking this forward at Board level. The central server roll-out is now completed, which improves speed and security of IT for all practices. From a West Lothian perspective additional funding has been made available to provide additional technologies focused specifically on saving time and reducing workload.

These work streams have been very successful and have a number of positive features:

- Improved technology was a key theme to emerge from the West Lothian Primary Care Summit in 2017 as something GPs wanted and which they considered would improve their working lives.
- These projects are relatively inexpensive and can be offered to all practices at once, providing a measure of equity
- Compared with more complex projects requiring major staff recruitment, these measures are also relatively quick to implement, providing a degree of "instant" support whilst other projects get off the ground.
- Practices have embraced the use of these new technologies across the board so again, this creates a generalised culture change for patients, improving acceptability

On a less positive note, the implementation of these work streams has been delayed due to access and security issues identified by NHS Lothian e-Health, some of which have yet to be resolved. Although these actions have largely been completed by the end of year 1, implementation has taken longer than anticipated due to these unforeseen issues.

Potential New Actions Going Forward

Roll out of the use of the myCOPD app across West Lothian in 2019/20. This self-management tool for patients is being funded through a one-year Service Level Agreement (SLA) whereby practices will advertise and promote the app to patients, train them in its use and follow up at annual COPD reviews to encourage engagement. Training will be provided for practice nurses and practices have been set the challenge of enrolling 30% of their COPD patients in

the first year. COPD represents a major burden of disease and requires a considerable amount of GP time. By having a more informed patient and engaged patient population we hope to improve self management, symptom control and rehabilitation and over time to reduce the GP workload associated with COPD.

Backscanning of paper records into electronic format has been proposed as a way to create more space in practice buildings, where needed, and consideration will be given to the practicalities and resourcing of this.

Add New Staff and Services

Work stream	Progress	Next steps
Add New Staff and Services		
Offer Advanced Physiotherapy Practitioner (APP) programme to all practices. This programme provides APPs to do "first contact" consultations for Musculoskeletal (MSK) problems in primary care, with patients being signposted directly into these appointments by reception staff without patient seeing a GP first.	***10 practices now have APP support 2 sessions/week.*** Initial provision was 3.4WTE band 7 posts, working across 6 practices. Initial allocation was to practices that had already adopted full reception signposting, which is key to success in reducing demand on GP appointments A further 1 WTE has been recruited and induction completed. 4 additional practices now have APP provision from 1/4/19. Data have been collected and Year 1 report is now available 2 sessions/week found to be a useful level of provision for the average practice 0.5WTE band 6 training post and 1WTE 8a currently in the recruitment phase	Plan in place for phased expansion of service to offer 2-3 sessions per week APP time to all practices by April 2020.
Expand paramedic home visiting service	**5 *practices now have support with home visiting 5 days/week.*** Service Level Agreement set up with Scottish Ambulance Service (SAS) to provide specialist paramedic practitioner and vehicle to support home visiting services across 3 practices 5 days /week. Each practice received a quota of 3-4 visits per day to be undertaken by specialist paramedic. SLA set up with those practices detailing which patient groups were suitable and stipulating all visits to be pre-triaged by GP to assess suitability and whether visit was needed. Audit of service indicated practices not using full quota of visits consistently. Quota reduced to 2 visits/practice/day and service expanded to cover 5 practices from March '19. Training placements arranged for additional SAS staff going through APP training as a way of growing capacity. Ongoing discussions with SAS re expansion of service and when capacity will allow them to release suitably trained staff from routine	Expand service to more practices as capacity allows. Continue to support SAS with training placements

	duties.	
Expand the deployment of pharmacists in practices	***17 practices currently have some level of pharmacist and technician input. 2 more have technician input. (Nov '18)*** Scoping undertaken. Currently we have 1x8a, 6xband 7, 1x band 6 Majority of practices currently have some level of pharmacist/pharmacy technician input. Practices happy with tasks undertaken. Recruitment underway for additional pharmacists: 1x 8a and 6x B7 Interviews now completed	By June 2019 all practices to have pharmacist on site 5 days/week. (Either every morning or every afternoon) Consideration being given to expanding the provision of pharmacy technicians
Develop better links with Community Pharmacy and minor ailments service	Some practices have actively engaged with local community pharmacists to arrange training for their staff about the scope of the minor ailments service.	
Fund Nurse Clinical Decision Making Courses	***10 additional WTE nurses deployed in DN teams across 22 practices – collaborative project with community nursing service*** Availability of nurses who have already completed CDM modules found to be high so training posts not funded - work stream adjusted and PCIP funding made available to employ 4 WTE District Nurses already trained in CDM, to support practices in home visiting and case management in the frail elderly. Additional funding provided by HSCP (not PCIP funding) to further support this work – 2WTE band 6 for case management, and 4 WTE band 5 to release existing DN capacity.	Clarify approaches to implementation of these additional staff and suite of options for practices.
Frailty - ongoing development of care home staff	***2x WTE care home support nurse starting with REACT team (not PCIP funding)*** Two year care home project aimed at upskilling and empowering care home staff and consistently implementing Anticipatory Care Plans coming to an end. GP lead to be replaced by nurse practitioner to continue support and education for care home staff. Data analysis undertaken, demonstrating a reduction in acute admissions.	Further networking session to be organised for GP frailty leads.
Develop Mental Wellbeing Hubs	***Collaborative project co-funded by PCIP and mental health services. 12 x WTE link workers, 3xWTE psychologists,3xWTE CPNs, 2x WTE specialist OT, additional wellbeing practitioners*** Business plan developed and approved. Co-funding between PCIP and Mental Health agreed. Premises identified and approval gained for	Complete TRAK build Induction of link workers Launch service

	refurbishment. Multidisciplinary steering group set up with project management support, Psychology, GP, CPN and mental health OT management input. Clinical staff recruited and now coming into post. Link worker tendering process underway, interviews 8/4/19. Building refurbishment due for completion by 1/4/19. TRAK build plan being finalised Patient leaflets designed and tested. GP Information circulated to practice reps	
Pilot Community Psychiatric Nurse provide "first contact" consultations for new patients presenting with mild to moderate mental health issues with patients being signposted directly into CPN appointments by reception staff without patient seeing a GP first	***Initial pilot 1WTE Community Psychiatric Nurse(CPN) in 1 practice*** Positive outcomes noted in relation to reduced prescribing of antidepressant medication; reduced secondary care psychiatric referrals, reduced follow up appointments	Recruit 3 WTE CPN to develop service model and phase roll out

Comment

The deployment of additional staff to work alongside and support GPs is a key requirement of the 2018 GMS contract. In West Lothian as elsewhere, recruitment of the number and calibre of staff required is time consuming and challenging. For the majority of these staff, working in such an autonomous way and in a primary care setting is a new and expanded role with additional training, induction and support required whilst experience is gained. For stretched GP teams, the level of supervision required can add an additional strain; however we have been impressed by the willingness of our practices to offer training placements.

Progress towards the implementation of these work streams has been reasonable and has taken place as quickly as recruitment and training will allow. 12 practices now have either a physiotherapist 2 sessions/week or daily paramedic support with home visiting or both. Whilst our aim is to spread resource across practices, those with critical staffing problems have been amongst the first to receive support and have proportionately more support at this point. Over time, this will be rebalanced as more staff are recruited.

Of particular note is the development of two Mental Wellbeing Hubs, designed to sit in the space between GP care and secondary care/ Community Mental Health Team support. The hubs will be accessible to all practices with one in each locality. These hubs will offer an entirely new service, predominantly orientated towards patients with anxiety and depression with aim to considerably reduce GP workload associated with mental health and well being. This priority was identified at our 2017 West Lothian GP summit, and a model where the service was predominantly delivered out with the practice was favoured by our GPs. These will be high-volume, demand led services operating on a self referral model, staffed by a multidisciplinary team and offering a wide range of group and individual psychological interventions, wellbeing activities such as relaxation and yoga, and link worker support. This has been a major collaborative project for year 1, and we are pleased to have reached the point where the hubs will shortly be operational.

Potential New Actions Going Forward

The potential use of Physician's Associates in primary care will be explored. Training placements to be identified for two students in 2019/20.

There are opportunities locally to recruit more pharmacy technicians, and this is under consideration. Funding for pharmacists does however take priority, as the potential for technicians to reduce GP workload without the support of a pharmacist is limited.

Additional Mental Health support for school age children has been identified by local GPs as an area that may merit some investment to reduce GP workload. One approach could be to look at commissioned services from the 3rd sector.

Adding new staff increases pressure on clinical space; adaptations to rooms to create more clinical capacity has been highlighted as an issue to be addressed by some practices.

Transfer Responsibility for Some Services Out Of General Practice

Work Stream	Progress	Next Steps
Transfer Responsibility For Some Services Out Of General Practice		
Childhood Vaccinations	Pan Lothian agreement regarding funding of childhood vaccination programme. A range of delivery models have been piloted	Continue funding existing West Lothian model
Travel Vaccinations	National guidance still awaited	Will progress once guidance has been issued
Other Vaccinations	Pertussis vaccinations for pregnant women – from 1.4.19 this service will be moved out of GP practices and delivered at St John's Hospital when women attend for their foetal anomaly scan	Consider pilot to test change for flu programme

Comment

West Lothian has delivered childhood vaccinations via staff nurses attached to the Health Visiting teams for a number of years. This model has been very successful on two counts:

- Levels of vaccination achieved are excellent, and consistently higher than the NHS Lothian average and rates for Scotland as a whole.
- Vaccination clinics provide additional opportunities for observation of vulnerable children by the Health Visitor team.

Accordingly, West Lothian will continue to fund and deliver childhood vaccinations in this way.

Potential New Actions Going Forward

With regard to travel vaccines, it is disappointing that the national short life working group has yet to communicate its proposals to HSCPs. We await this guidance before embarking on plans to redesign travel vaccination services but we hope to be able to address this at some point in year 2.

Within NHS Lothian we have not yet embarked on planning for the transfer of flu and other vaccines out of General Practice. However it is proposed that we develop small pilot in year 2 to test change which will inform the service delivery model for the future.

Better Care for Patients

BETTER CARE FOR PATIENTS

Key Points

- The principles of contact, comprehensiveness, continuity and co-ordination of care for patients underpin the proposals.
- GP time will be freed up for longer consultations where needed – improving access for patients.
- There will be a wider range of professionals available in practices and the community for patient care.

In West Lothian, we consider that the GP practice should continue to be the focus for providing and co-ordinating care. WL HSCP and Clusters do not support the idea of daytime "urgent care centres" or "phlebotomy centres" which we consider confusing and inconvenient for patients, and a fragmentation of care. In addition, studies have indicated that additional NHS services such as walk-in centres, minor injuries units and 111 are often not substitutive and tend to increase overall service use. Key to this approach is the need to progress work streams currently being led by Lothian LMC to reduce the amount of secondary care-generated work being asked of GP practices. Systems are urgently required to ensure that even if blood tests are taken in the community for patient convenience, results for patients being monitored by secondary care go directly to the specialties involved and do not generate additional administrative work for GPs.

Work Stream	Progress	Next steps
Better Care for Patients		
Community treatment and Care Centres (CTACS)	Discussed with WL practices to agree model. Agreement on practice-based model across West Lothian. Audit of existing treatment rooms to assess services provided and capacity required Participation in pan-Lothian CTACS steering group	Agree on level of provision to be offered. Agree on transition arrangements with practices Implement CTACs in 2019-20
Interface working with secondary care, social care, and out of hours	TOR and membership of WL IFG reviewed Participation in working group around urgent care resource hub	Dependent on outcome of working group
Implement use of flow centre in West Lothian	Flow centre now live. Use of sci gateway for flow centre referrals now live.	completed
supporting practice expansion	2 LEGUP grants allocated	completed
Support practices to move to 15 minute appointments for complex patients	Discussed with Clusters – many practices do not see this as feasible at present until more additional support is in place	Consideration to be given to support change through SLA

Comment

Preparation for the provision of practice based CTACs is underway. Some practices already have HSCP funded treatment rooms on site; for other practices arrangements will be made to transition current practice funded treatment room services to HSCP provision.

Potential New Actions Going Forward

Closer working with Out Of Hours services is to be welcomed; the current working group will inform the direction of travel in this regard.

Better Health in Communities

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BETTER HEALTH IN COMMUNITIES

Key Points

• GPs will be more involved in influencing the wider system to improve local population health in their communities.
• GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
• Information on practice workforce and activity will be collected to improve quality and sustainability

Work Stream	Progress	Next steps
Better Health in Communities		
GP Clusters - develop intrinsic functions	Admin and data support offered to Clusters. Primary Care Development Manager established as link between Clusters and HSCP Work plans requested from both Cluster leads Cluster leads and PQLS advised of training opportunities in quality methodologies. Funding made available.	Offer further training opportunities to PQLs around QI methodology.
GP Clusters - develop extrinsic functions	Agreement for extrinsic functions to be undertaken at Primary Care Forum and Implementation Group (PCFIG). Bi-monthly reports made to PCFIG on progress with PCIP. Upcoming decisions taken to group for discussion and agreement. New potential work streams taken to groups for discussion GPs and practice managers offered the opportunity to participate in working groups e.g. Mental Health Hub Steering Group.	
GP involvement in Locality Planning	GP reps on East and West Locality groups	

Comment

Clusters were specifically created as a GP space where local practices could collaborate around quality initiatives they identified as relevant for their area. This bottom- up approach means that from an HSCP perspective our role is supportive rather than directive. Expertise in identifying, prioritising, designing and implementing quality initiatives takes time to develop, and this is reflected in the current activity of the clusters which to date has focused on initiatives such as benchmarking and sharing good practice. As experience is gained, scope for larger-scale projects will increase, and there is potential for collaboration between Clusters and the HSCP on whole-system Quality Improvement initiatives identified as relevant across each locality.

Potential New Actions Going Forward

To continue discussion with CQLs around potential work streams for the year ahead. Cluster leads recognise the potential of larger scale quality projects and how clusters and the HSCP could work together to plan and execute these. Cluster leads have suggested additional funding could be directed towards: project management support, input from the NHS Lothian QI team and funding to free up time for local GPs to carry out larger pieces of work.

Promote and fund quality academy training for Practice Quality Leads.

The Role of the Practice

THE ROLE OF THE PRACTICE

Key Points

- General practice nursing will continue to have a vital role under the proposed new contract.
- There will be new enhanced roles for practice managers and practice receptionists
- In addition, a number of clarifications and improvements to the underpinning GMS and Primary Medical Services (PMS) regulations will be made.

Under the 2018 GMS contract, the GP practice remains at the heart of primary care provision, however the evolution of the roles of all team members involves moving on from the traditional group practice model with a small team and a task-based approach to a larger, more flexible team where GPs spend less time delivering frontline care and more time coordinating, supervising and supporting the work of other team members. Under this model, it becomes apparent that leadership and mentoring skills are of key importance, as GPs learn to let go of certain tasks and become more confident in implementing training and governance processes to ensure that services remain safe.

Work Stream	Progress	Next steps
The Role of the Practice		
Leadership training for GPs	Clusters consulted on leadership training options.	Leadership training workshop arranged for PLT date in 2019 for all practices. Leadership training to be incorporated into this year's practice managers' development day
Fund training placements for new team members	Induction and training placements being offered in practices for paramedics, physios, practice nurses and other staff	Continue to offer training and induction to new staff members
Fund networking sessions for practice staff	Practices are keen to learn from each other as they have new staff coming into post – discussion with practices who have piloted the use of new staff is helpful. Several networking sessions have taken place.	Continue to set up networking sessions as required
Funded time for practice development	2 additional PLT sessions funded during 2018/19 Since April 2018, each practice has received resources to support one session per month for Professional Time Activities through GMS funding.	New team development officer now in post to work with practices wishing to undertake whole-team development

Comment

Development of all members of the team and creative approaches to skill-mix are key to the success of the 2018 GMS contract. Simply adding some new team members will not in itself be enough to stabilise General Practice and equip us for the years ahead; the roles of existing team members need to be reviewed and refreshed so that we move forward together to evolve into more flexible and resilient teams, working in an integrated way.

The steps taken in this area in year 1 have already shown demonstrable results, the widespread implementation of reception signposting being the most notable example.

Potential New Actions Going Forward.

Building on the previous poster collaboration around how to access services other than the GP, practice managers and staff to work together to create publicity materials for patients about administrative issues such as obtaining a blue badge or bus pass, to reduce demand on GP time.

Further development of expanded roles for Practice Nurses and District Nurses will be facilitated through initiatives such as additional funded hours within the District Nursing team and the roll-out of the Workflow Optimisation Toolkit

SUMMARY

Taken together, the actions outlined in this plan describe a broad range of development activities aimed at stabilising and supporting General Practice as we move forward together to provide sustainable, patient centred care over the coming years. We consider that by supporting all practices and taking a collaborative approach where practices move forward in a consistent way, we strengthen our service, provide a unified message for patients and increase our resilience.

Primary Care Improvement Plans: Implementation Tracker

Health Board Area: NHS Lothian
Health & Social Care Partnership: West Lothian

Number of practices: 22

Implementation period
From: April 2018
To : March 2019

Completed by:
HSCP/Board **Carol Bebbington**
GP Sub Committee (insert name)
Date: 09/04/2019

	fully in place / on target	partially in place / some concerns	not in place / not on target
Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	G	A	R
Comment / supporting information	Well established working relationship between HSCP and GP sub representative		
PCIP Agreed with GP Subcommittee	G	A	R
Comment / supporting information (date of latest agreement)	The West Lothian PCIP was approved on 11th June 2018		
Transparency of PCIF commitments, spend and associated funding	G	A	R
Comment / supporting information	Primary Care Forum and Implementation Group (Rep 22 practices) receive regular updates on progress including funding and allocation of resources. Regular report to GMS Oversight Group		

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported	G	A	R
comment / supporting information	Applications	15	
	Loans approved	15	
	narrative:	Awaiting confirmation that the Loan Agreement and associated legal documents have been agreed between the BMA and the SG	
GP Leased Premises: Register and process in place	G	A	R
comment / supporting information	Applications	13	
	Leases transferred	5	
	narrative:	Current ongoing negotiations with 8 practices regarding the assignation of their leases to the Board	
Stability agreement adhered to	G	A	R
comment / supporting information			
GP Subcommittee input funded	G	A	R
comment / supporting information			
Data Sharing Agreement in Place	G	A	R
comment / supporting information	Draft agreement still under discussion with BMA nationally		

HSCP			
Programme and project management support in place	G	A	R
comment / supporting info	Existing HSCP posts are supporting implementation; new development manager post recruited to		
Support to practices for MDT development and leadership	G	A	R
comment / supporting info	Funded training and networking opportunities offered		
GPs established as leaders of extended MDT	G	A	R
comment / supporting info	Funded training and networking opportunities offered. Bite sized opportunities for leadership and practice development have been more successful		
Workforce Plan reflects PCIPs	G	A	R
comment / supporting info	Workforce plan incorporates PCIP and development of new roles		
Accommodation identified for new MDT	G	A	R
comment / supporting info	No significant issues to date however as the teams expand accommodation issues may arise.		
GP Clusters supported in Quality Improvement role	G	A	R

comment / supporting info	Admin and data support established, Cluster leads and PQLs advised of training opportunities in qulaity improvement with funding made available		
EHealth and system support for new MDT working	G	A	R
comment / supporting info	Multiple IMT systems in use which do not interface. Issues with IMT access for some developments		

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	G	A	R
Pharmacotherapy implementation on track vs PCIP commitment	G	A	R
Practices with PSP service in place	20		
WTE/1,000 patients	Pharmacist: 0.04 wte (excludes PCPs) Technician: 0.014 wte		
Pharmacist Independent Prescribers (as % of total)	77%		
	Level 1	Level 2	Level 3
Level of Service	20	16	16
comment / narrative	Recruitment of additional pharmcists in progress		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment	G	A	R
Development of CTS on schedule vs PCIP	G	A	R
Practices with access to phlebotomy service	22 previously funded from other monies		
Practices with access to CTS service	17		
Range of services in CTS	Wound care; ECG; Doppler:B12 clinics; ear syringing; injections; catheter care; minor injuries; phlebotomy		
comment / narrative	Expansion of service under review to establish for all practices in 2019/20		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment	G	A	R
VTP on schedule vs PCIP	R	A	R
Pre-school: model agreed	G	A	R
practices covered by service	22		
School age: model agreed	R	A	R
practices covered by service	22		
out of schedule: model agreed	G	A	R
practices covered by service	22		
Adult imms: model agreed	G	A	R
practices covered by service	0		
Adult Flu : model agreed	G	A	R
practices covered by service	0		
Pregnancy: model agreed	G	A	R
practices covered by service	22		
Travel: model agreed	G	A	R
practices covered by service	0		
comment / narrative	Preschool and school age imms well established ; Adult model still to be agreed- plan on small pilot to test flu 2019/20; Awaiting national guidance on travel vaccines; Pregnancy provision commenced April 2019		
Urgent Care Services			
Development of Urgent Care Services on schedule vs PCIP	G	A	R
practices supported with Urgent Care Service	5		
comment / narrative	Service level agreement in place with SAS to provide specialist paramedic for home visiting service, expansion limited by availability of suitably qualified paramedics		
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK			
Development of APP roles on track vs PCIP	G	A	R
Practices accessing APP	6		
WTE/1,000 patients	0.08		
comment / narrative	Recruitment in progress for additiona APPs, and training posts		
Mental health workers			
On track vs PCIP	G	A	R
Practices accessing MH workers / support	1		
WTE/1,000 patients	0.2		
comment / narrative	Recruitment and infrastructure for mental health hubs complete for implementation 1st quarter 2019/20		

APS – Community Links Workers			
On track vs PCIP	G	A	R
Practices accessing Link workers	No. practices		
WTE/1,000 patients			
comment / narrative	Tender for link worker contract completed, interviews set up for selection and implementation 2019/20		
Other locally agreed services (insert details)			
Community Nursing Service			
On track vs PCIP	G	A	R
practices accessing service	22		
comment / narrative	Additional nursing staff recruited with enhanced skills to support practices with case management and urgent care		

Overall assessment of progress against PCIP	G	A	R
Specific Risks Limitation on suitably qualified practitioners to undertake new roles leading to multiple recruitment efforts and need to appoint to training posts. There appear to be some inconsistencies across Scotland with regard to Agenda for Change gradings for posts impacting on recruitment and turnover of staff			
Barriers to Progress			
Issues FAO National Oversight Group			

West Lothian Integration Joint Board

Direction – WLIJB7

1.	Implementation date	1 April 2019
2.	Reference number	WJIJB7
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	**Primary Care** It has been recognised that General Practices have been under increasing pressure due to increasing volume and complexity of workload and challenging workforce availability. The 2018 GMS Contract has been designed to stabilise and develop Primary Care Services to create a sound basis for the future. The key principles underpinning the 2018 GMS Contract are: • To enable a shift in the GP role to be an Expert Medical Generalist leading an expanded primary care team • To move away from the responsibilities of managing a team and having responsibility for premises. • Through implementation of a new workload formula for practice funding provide income stabilisation for GPs. • To reduce GP workload through HSCPs employing additional staff to take on roles currently carried out by GPs. Primary Care transformation should focus on the modernisation of primary care to deliver a safe, effective and person-centred healthcare service in line with the Scottish Government's 2020 vision and the National Clinical

		Strategy. Developments in Primary Care should focus on multidisciplinary team working to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible. Population demographics in West Lothian and pressures arising from a growing and ageing population mean that the development of new approaches to the provision of primary care services is essential.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Integrated function
8.	Function(s) concerned	• General Medical Services • Community Nursing • AHPs
9.	Required Actions/Directions	Establish collaborative working between the HSCP, Health Board and GP Subcommittee of Local Medical Committee to deliver the 2018 GMS Contract Framework. Develop and implement Primary Care Improvement Plan with focus on the seven key areas for change: 1. The role of GPs in Scotland – Expert Medical Generalists 2. Pay and expenses 3. Manageable workload 4. Improving infrastructure and reducing risk 5. Better care for patients 6. Better health in communities 7. The role of the practice
10.	Budget 2019/20	Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance officer should be consulted on budget availability and financial implications associated with the development of the Primary Care Improvement Plan and GMS services

11.	Principles	Are integrated from the point of view of service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care) Best anticipates needs and prevents them arising Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	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 People who use health and social care services have positive experiences of those services, and have their dignity respected Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Prevention and early intervention Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance monitoring will include 6 monthly progress reports on Primary Care Improvement Plan Tracker to the IJB and LMC Progress will also be monitored through the GP Clusters, Primary Care Forum Implementation Group and the Lothian GMS Oversight Group
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes in services will need to be planned to ensure stability during transition phases.

West Lothian Integration Joint Board

Date: 23 April 2019
Agenda Item: 11

ST. JOHN'S HOSPITAL EMERGENCY DEPARTMENT REDESIGN STANDARD BUSINESS CASE

ST. JOHN'S HOSPITAL GENERAL MANAGER UNSCHEDULED CARE

A PURPOSE OF REPORT

The purpose of the report is to present the Standard Business Case for the SJH ED Redesign to the West Lothian Integration Joint Board and to ask that the WL IJB direct NHS Lothian to deliver this proposal and allocate funding to meet the increased revenue spend for this delegated function.

B RECOMMENDATION

It is recommended that the IJB:

1. Note the need for change previously presented through the Initial Agreement to this group on 29th January 2019 and the proposal to address the need for change contained in the attached SBC (Appendix 1).

2. Note that the SBC has been discussed at the WL Strategic Planning Group on 28th March 2019.

3. Note the revenue costs and ambitious timescale for implementation.

4. Note that at present NHS Lothian have allocated non recurrent revenue funding of £864K in the 2019/20 financial plan to meet the expected additional cost of the SJH ED Redesign (based on the IA) until the end of the 2019/20 financial year.

5. Note the letter provided by the Deputy Chief Executive of NHS Lothian to the Chief Officer of West Lothian Integration Joint Board (Appendix 2).

6. Agree that the IJB direct NHS Lothian to deliver this proposal and allocate funding to meet the increased revenue spend for this delegated function as drafted in Appendix 3.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is required and is appended to the report for approval before it is issued (Appendix 3).
C2	**Resource/ Finance**	Identified Capital Costs of £4m. Recurring annual incremental revenue cost of £1.96m (excluding facilities, depreciation and eHealth).
C3	**Policy/Legal**	**Public Bodies (Joint Working) (Scotland) Act 2014;** Health and Social Care Integration Authorities are expected to coordinate health and care services to improve outcomes for their local population **Quality Strategy (May 2010);** The three quality ambitions – safe, patient-centred and effective – underpin all healthcare policy **6 Essential Actions to Improving Unscheduled Care** (May 2015); A national programme which aims to improve unscheduled care. **2020 Vision for health and social care** (September 2011); The overall aim is to provide care closer to home or in a homely setting **Everyone Matters: 2020 Workforce Vision** (June 2013); Sets out a vision of what will be required from the workforce **National Clinical Strategy** (February 2016); Includes new measures for delivering the 2020 Vision. It sets out plans for health and social care over the next 10-15 years as well as re unscheduled care. **Realistic Medicine** (January 2016); Chief Medical Officer report focusing on reducing waste, harm and variation in treatment.

C4	**Risk**	The 4 hour ED performance standard is a very high (20) risk on the NHS Lothian Corporate risk register, to which SJH ED contributes.
C5	**Equality/Health**	The report has been assessed as relevant to equality and the Public Sector Equality Duty. An integrated impact assessment has been conducted. The assessment can be viewed in the attached SBC in Appendix 13.
C6	**Environment and Sustainability**	An integrated impact assessment has been conducted, which also addresses environment and sustainability implications. The assessment can be viewed in the attached SBC in Appendix 13.
C7	**National Health and Wellbeing Outcomes**	Alignment can be identified with outcome 3, 7, 8 and 9 of the Health and Wellbeing Outcomes.
C8	**Strategic Plan Outcomes**	A narrative regarding ED improvement actions has been included in the strategic plan.
C9	**Single Outcome Agreement**	Link to the following outcomes: - We live longer, healthier lives and have reduced health inequalities - Older people are able to live independently in the community with an improved quality of life
C10	**Impact on other Lothian IJBs**	No impact on other Lothian IJBs. Small percentage of ED attendees from non West -Lothian will experience an improved service.

D TERMS OF REPORT

D1 <u>Governance</u>

The SJH ED Redesign has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian and for SJH as a site. An Initial Agreement (IA) has been developed and approved to proceed with the next step of the Business Case process by the Finance and Resource Committee (Nov, 2018). Consequently, the Standard Business Case has been developed and follows the various organisational governance routes.

D2 Strategic Case

The Lothian Hospitals Plan (LHP) outlines how NHS Lothian intends to take forward provision of acute hospital services. As part of the headlines identified, SJH (Short Stay Elective Centre) and RIE (South East Scotland Emergency Care Centre) will continue to provide emergency care.

The Medical Specialties Programme Board (MSPB) is overseeing a review of medical specialties including acute receiving, which may provide opportunities for SJH site and services.

NHS Lothian is currently faced with significant challenges with the Emergency Department and performance against the 4 hour standard. In order to provide access to patients in a timely manner and an equitable and consistent service across Lothian it is recognised that a vision for front door services is required

A number of patient safety and experience drivers for the need of change have been identified for SJH ED. These include:

- Increased ED attendances of 16.7% (2008 – 2018)
- A proportion of patients could be seen out of ED, e.g. through a dedicated minor pathway
- Increased acuity and presentations of 65+ y/o
- Increase in delivering complex interventions at ED
- Prevalence of overcrowding
- No access to anti-ligature assessment areas.

While the overall direction provided by the Scottish Government is to shift the balance of care from acute to community, it is necessary to ensure that appropriate pathways and processes are in place for patients across the health system, hence the introduction of the national 6 Essential Actions programme.

D3 Clinical Model

In order to deliver safe, effective and responsive emergency care a clinical model has been developed which will optimise clinical flow within the department. The clinical model underpins the SJH ED redesign, including the ED footprint expansion. The clinical model has been developed with SJH clinical staff as well engagement with colleagues from the WL HSCP.

The clinical model is aligned to Phase 1 of the ED Front door redesign, which is the focus of the Initial Agreement. Phases 2 and 3 describe the development of the clinical pathways for Ambulatory Care and the Medical Admission Unit (MAU) and the creation of appropriate space to accommodate these.

The clinical model proposed at the front door aims to deliver Rapid Triage within 15 minutes of arrival. Following triage there will be the ability to streamline patients appropriately to one of the following dedicated pathways:

1. Minor Injuries and Illness
2. Majors;
    i. Immediate Care;
    ii. High Dependency
3. Resuscitation (including Stroke)
4. Mental Health Assessment
5. Paediatric Assessment
6. Dedicated Procedure Space for semi -planned emergency care-
    i. Surgical Hot Clinic;
    ii. Ambulatory Planned Return
7. Short Stay Assessment Area *(further development for Phase 2, not part of this SBC)*

The capital works required to deliver the above clinical model include expansion of the overall ED footprint. The redesigned and expanded footprint (into a courtyard) will optimise clinical flow within the department by introducing Rapid Triage and dedicated pathways in ED. Furthermore, it will eliminate competition for cubicles between the different pathways and minimise the risk of overcrowding, as the minor flow will have dedicated cubicles within the current plaster area and there will be an expansion of cubicles to deal with the major presentations as well as a dedicated procedure room. A phasing plan to deliver the capital works and continuation of safe clinical service has been agreed.

Improvement work is continuously being undertaken, which can mean that the clinical model evolves throughout time and therefore there is a need for some degree of flexibility regarding the clinical model and the utilisation of the cubicles in the proposed floor plan. The clinical model as identified and agreed forms the basis and is not expected to change dramatically or needing a different floor plan design.

D4 Capital

The identified capital costs of £4.00m are planned to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and is included in the NHS Lothian Property and Asset Five Year Investment Plan.

Revenue

There is a significant increase in revenue costs associated with the preferred option included in the SBC and a 'do nothing option'.

The preferred option has a recurring annual incremental revenue cost of £2.29m. £0.33m of this cost is for Facilities, Depreciation and eHealth costs that are not delegated to the IJB so the recurring annual incremental costs to the IJB would be £1.96m.

The above does not include the present revenue cost pressure that exists in the service of £0.84m of which £0.76m is attributed to the IJB. This reflects the excess of forecast actual cost for the ED staff over the current revenue budget available. This cost pressure, which arises from the consistent need to recruit staff above funded establishment levels in order to maintain a safe service for patients, would remain for all options, including the Do Nothing option.

At present NHS Lothian have allocated non recurrent resource of £864K in the 2019/20 financial plan to meet the expected additional cost for the SJH ED Redesign (based on the IA) to cover the cost from the time the construction is complete until the end of the 2019/20 financial year. Depreciation expense will be funded from the existing NHS Lothian depreciation budget. This leaves unfunded recurring revenue costs of £1.96m for the financial year 2020/21, relating to the IJB, which does not include the current cost pressures detailed above.

D5 Risks

Key risks attached to these recommendations include sustainability of services in the context of increasing demand.

Failure to expand upon the facilities in the SJH ED will continue to increase the risks to patients and staff. These risks include crowding, infection control failure, clinical error and overall poor general care. As the number and complexity of patient presentations continues to increase these risks will increase.

As the current situation worsens efficiency of the department will also deteriorate, resulting in poor compliance with quality standards.

Finally, the absence of a funding source to meet the additional revenue requirements anticipated is a key risk to delivery.

D6 Timeline

The following timeline and key milestones outline NHS Lothian's ambition to deliver a new clinical model in a redesigned ED at SJH before Winter 2019/20. Detailed programming will need to be undertaken once a principal supply chain partner (PSCP) has been appointed.

- Initial Agreement (IA) agreed by IJB, January 2019, to develop to Standard Business Case (SBC).

- SBC to be developed and completed by NHS Lothian, including WL HSCP by then end of Q1 2019.

- SBC Approval – Programme Board seek final approval for Capital and Revenue implications with WL IJB and NHS Lothian F&R Committee beginning of Q2.

PSCP Mobilise and Construction commences May/June 2019

E CONSULTATION

E1 The Options Appraisal for the ED SJH redesign has been undertaken including the Site director, Clinical management and leaders, Partnership, Capital finance, Health infection prevention, Estates and Service Improvement.

E2 Members of the WL HSCP have been consulted with in regards to the Clinical Model which underpins the Standard Business Case and are members of the SJH ED Redesign Programme Board.

E3 Staff and Patient Surveys have been distributed and a Patient Focus Group took place. These findings and feedback have informed the plans and will continue to do so.

F REFERENCES/BACKGROUND

F1 Further information sought can be found in the SJH ED Redesign Standard Business Case in Appendix 1.

G APPENDICES

G1 Appendix 1: St. John's Hospital ED Redesign Standard Business Case

G2 Appendix 2: Letter from Deputy Chief Executive NHS Lothian to Chief Officer West Lothian Integration Joint Board

G3 Appendix 3: West Lothian Integration Joint Board Direction to NHS Lothian

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23.04.2019

St. John's Hospital Emergency Department REDESIGN

NHS Lothian

Standard Business Case

Project Owner: *Aris Tyrothoulakis*

Project Sponsor: *Jim Crombie*

Date: *16.04.2019*

Version: *0.10*

Version History

Version	Date	Author(s)	Comments
0.1	18.03.19	MD	Initial Draft
0.2	21.03.19	IG	Comments on Sections 3 and 5
0.3	22.03.19	KY, JL and MD	Comments on Sections 3 and 5
0.4	22.03.19	IT	Comments on Sections 2 and 4 and Appendix 7
0.5	22.03.19	CM	Comments on Sections 4 and Appendix 7
0.6	11.04.19	MD	Update section 1.5 and Clinical Model
0.7-1.0	16.04.19	MD, CK, SD	Update Exec Summary, Finance sections

Contents

1 Executive Summary

Purpose

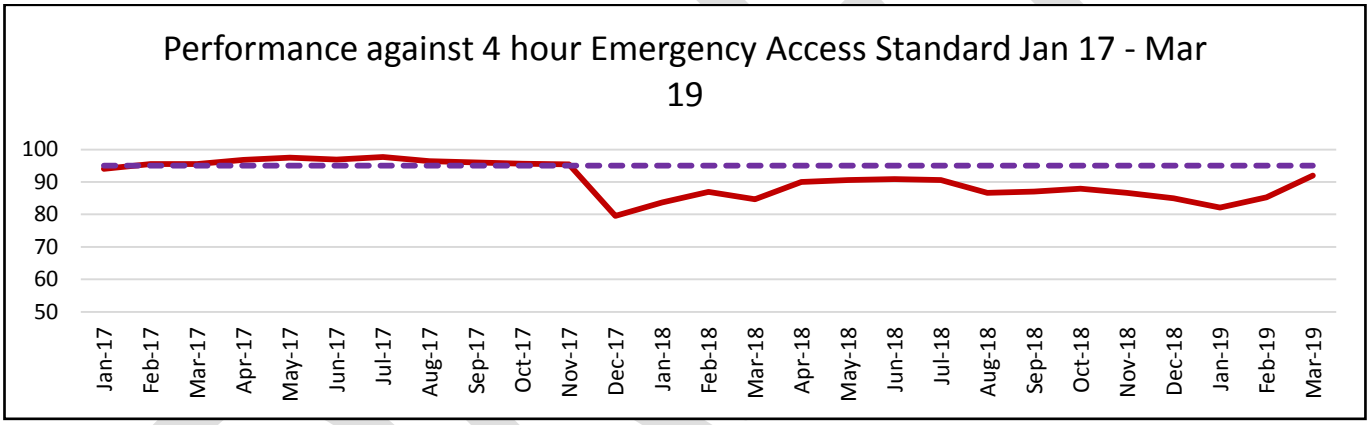
The current Emergency Department (ED) set up is too small for the current and forecasted demand and the current layout does not optimise clinical flow through the department. The purpose of this Standard Business Case (SBC) is to demonstrate the need for a redesign and expansion of the Emergency Department at SJH and recommend a preferred option to take this forward.

Background and Strategic Context

The Emergency Department at SJH provides a 24/7 unscheduled care service. Last year (2018) just over 55,000 patients were assessed and treated in the department. The department manages on average between 150 and just over 200 presentations per day.

NHS Lothian and the West Lothian Integration Joint Board (IJB) are faced with significant challenges with whole system performance against the 4 hour emergency standard.

The graph below shows the performance associated with the 4 hour emergency access standard since January 2017.



NHS Lothian prioritised the need for change at SJH Emergency Department through NHS Lothian Capital Prioritisation Process 2018/19 and included in the Board's Property and Asset Management Strategy update to the Scottish Government (June 2018). Subsequently an Initial Agreement for phase 1 of this front door redesign, focussing on redesign and expansion of the ED, was previously supported to progress to Standard Business Case (SBC) by West Lothian IJB (Jan 2019) and NHS Lothian Finance and Resources Committee (Nov 2018).

While the overall direction of NHS Lothian Acute Services and West Lothian Health and Social Care Partnership (HSCP) is to shift the balance of care from acute to community, it is necessary to ensure that appropriate pathways, processes and services are in place for patients across the health system and simultaneously, a national 6 Essential Actions programme has been set up which aims to improve unscheduled care.

The services directly affected by this proposal are the emergency department services and the observation ward services on the SJH site.

SJH ED currently has 12 cubicles along with 3 resuscitation spaces. It has not expanded in the last 14 years beyond its original design. At the moment ED attendances are triaged on scale 1 (immediate resuscitation) to 9 (medical expected), by the nurse, with patients being directed to the

appropriate pathway. There is limited rapid assessment and diagnostics at point of triage and specialty referral happens at a later stage in the pathway. There are currently three main pathways; resuscitation, majors and minors but all have insufficient or inadequate capacity and compete for the same constrained space. The minors are predominantly seen by an Emergency Nurse Practitioner or junior doctor supported by consultants as senior decision makers. Majors are seen primarily by the doctors.

At present the central area of the ED manages all presentations from those stepped down from the resuscitation room to minor injuries as well as varying specialities. This complexity causes crowding, confusion and is inefficient.

Since approval of the SJH ED Redesign IA, development of the SBC has progressed in collaboration with West Lothian HSCP.

In order to ensure timely, safe and equitable access to unscheduled care the proposed redesign focusses on expansion and reconfiguration of the emergency department to provide improved services and clinical pathways which will enable the department to deal with an increase in both demand and acuity.

Need for Change

Within the St John's Hospital (SJH) Emergency Department (ED) a number of external and internal pressures are impacting negatively on patient safety and experience and driving the need for change. These include, an increase in ED attendances, as well as complexity of presenters, non-compliant performance against the 4 hour ED standard and an increasing prevalence of overcrowding. The table below summarises the causes of the need for change.

What is the cause of the need for change?
Demographic growth and an aging population
A significant proportion of patients seen within the department could be managed out with ED, for example in an ambulatory care facility or through a dedicated minor pathway.
Increase in ED attendances accompanied with an increase in complexity without associated increase/ redesign of footprint. • Increased attendances (16.7% uplift between 2008-2018) • Current and forecast growth in complexity and acuity of patients presenting at ED (e.g. Increase in majors and frailty, 65+)
Increase in delivering complex interventions at ED, as per clinical guidelines (stroke management, cardiac care & sepsis)
No access to anti-ligature assessment and treatment areas for Mental Health patients within the ED
Poor patient experience, evidenced through patient complaints and ED performance against the 4 hour ED standard and long waits of 8, 12 hours
Insufficient assessment and treatment space and an increasing prevalence of overcrowding
Design does not optimise clinical flow within the department or facilitate streamlining to dedicated pathways

Investment Objectives

The investment objectives demonstrate what needs to be achieved to deliver the necessary change, as illustrated in the table below.

Investment Objectives
1) Improve service capacity through pathway redesign, ensuring dedicated and fit for purpose footprint to deliver proposed clinical model/ pathways and support delivery of improved performance and patient experience.
2) Improve service capacity with specific expansion of major footprint to increase available clinical space for Major Immediate Care and High Dependency Care to meet current and forecasted demand and reduce the risk of overcrowding in ED.
3) Provide a safe environment to deliver patient centred care which supports the effective and timely delivery of increasingly complex clinical guidelines.
4) Provide appropriate clinical accommodation for MH patients and other specialist requirements within ED to ensure; - Adherence to anti-ligature legislation - Adherence to other specialist requirements (e.g. paediatrics)
5) Provide and design an ED environment which is safe, person centred and protects privacy and dignity ensuring that people who use the service have positive experiences. To include specifically; - additional toilet facilities, - expansion of footprint to have dedicated space for the different pathways. - appropriate waiting area

The Preferred Option(s)

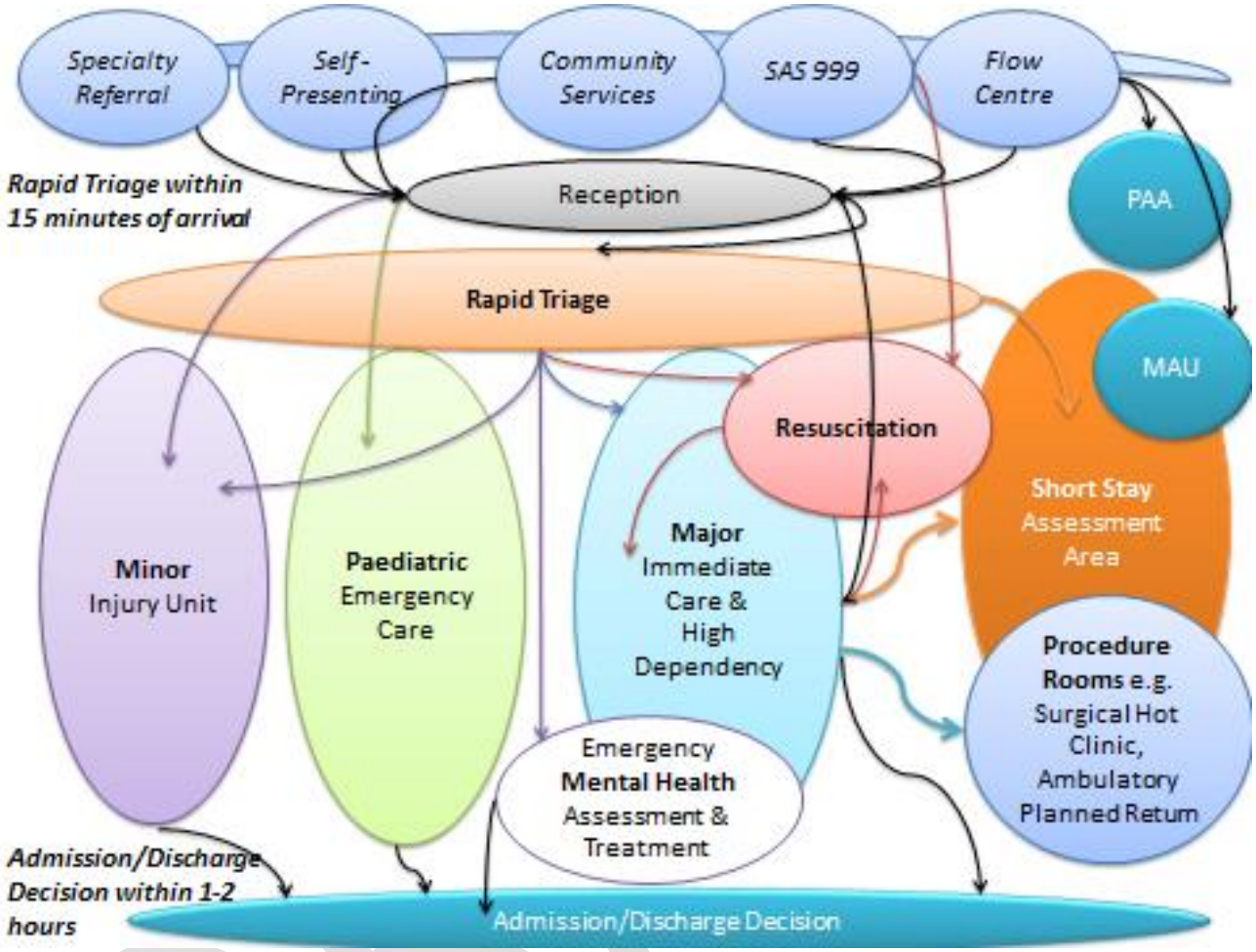
A clinical model for the ED at SJH (Appendix 7) has been developed to provide the basis for the ED Footprint redesign. The clinical model proposed at the front door aims to deliver Rapid Triage within 15 minutes of arrival whether this is by ambulance or independently. Rapid Triage will front load the emergency pathway with some basic set of observations, ECG where required and requesting of basic X-rays for Minor Injuries patients, in order to achieve the 4 hour standard 95% of the time. Following triage there will be the ability to streamline patients appropriately to one of the following dedicated pathways;

1. Minor Injuries and Illness
2. Majors;
   i. Immediate Care
   ii. High Dependency
3. Resuscitation (including Stroke)
4. Mental Health Assessment
5. Paediatric Assessment
6. Dedicated Procedure Space for semi -planned emergency care-
   i. Surgical Hot Clinic
   ii. Ambulatory Planned Return
7. Short Stay Assessment Area *(further development for Phase 2, not part of this SBC)* *

*The most significant change from the IA to SBC is that the initially proposed Short Stay Assessment Area would be best placed to be part of phase 2 of the project which will be addressed in a separate business case. This is reflected in the proposed floor plan for the SJH ED redesign and in Option 5A

which is the preferred strategic solution.

The proposed clinical model - visual



Quality Improvement work within the ED and wider front door services is and should be ongoing. This means that the clinical model and processes may continue to evolve as the project progresses and there is a need for some degree of flexibility regarding the above clinical model. The following key pillars of the redesign are not expected to change and this is what forms the basis of the ED floor plan redesign and expansion.

1. Capacity for Rapid Triage
2. Space for a dedicated Minor Injury and illness Pathway
3. Mental Health Assessment and Treatment Space
4. Expansion of Major Assessment and Treatment Space
5. Resuscitation Space
6. Paediatric Assessment and Treatment Space
7. Dedicated Space for semi-planned emergency care

Benefits of the Proposal

A key benefit of this proposal is the predicted improvement in performance against the 4 hr Emergency Care Standard, as a direct result of this proposal. A number of elements of this proposal will support this improvement including;

- Improved time to triage and reduced time to first assessment as starting assessment and treatment earlier in the 4 hour patient pathway.
- Earlier identification and referral to specialist services
- Improved efficiency and effectiveness of capacity and footprint will result in a reduction in the complexity to manage the department releasing time to care
- Additional space to support planned returns enabling the department to redirect and semi plan increased incidents of emergency care (Surgical Hot Clinic)
- Dedicated Minor Injury Pathway and supporting accommodation to reduce overall competition for cubicle space.

In addition to the above the following benefits will improve patient safety within the department;

- Significant reduction of overcrowding striving for it to become a 'never event' and associated reduction in reporting of amber and red incidents (RAG status)
- Compliance with anti-ligature requirements (2 compliant MH cubicles compared to none compliant within current footprint)
- Improved observation of patients within the department through improvements in design of layout and staff base (Additional staff base to allow observation of patients)
- Timely review and decision making by specialist teams. Timely transfer to appropriate place of ongoing care
- Additional cubicles with monitoring facilities enabling monitoring from a distance

Patient & Staff Experience will also be improved and further to the above the following benefits of implementing this proposal will directly contribute to these;

- Purpose built relatives and viewing room
- Access to staff facilities including changing areas, staff room, dedicated training space, 2 staff bases within department with access to IT, control room
- Increased capacity and appropriate workforce,
- Earlier diagnostic requests, direction to pathway incl. minors unit, mental health room, surgical treatment room etc
- Purpose built waiting areas with appropriate signage and facilities

Further information is included in the Benefits Register and Realisation Plan included as an appendix to this SBC. (see Appendix 2).

Capital and Revenue Costs

The estimated capital costs of the project are £4.00m and are based on an estimated cost provided by the cost advisors date 27/03/2019. Further market testing of costs is required before these will be finalised and this work is ongoing with the PSCP and cost advisor.

Funding of capital costs is proposed to be from NHS Lothian's formula allocation and the costs for this project are included in NHS Lothian's 5 year property and asset management investment plan, following prioritisation through NHS Lothian's Capital Prioritisation Process, 2018/19.

There are incremental recurring revenue costs associated with the preferred option of £2.28m. The recurring revenue costs have increased from those included in the IA by £565k. The primary drivers behind the increase in the costs are an increase in the medical workforce required and an increase in the Portering and Domestics requirement. These are offset by a reduction in the modelled cost of the

nursing workforce. Medical and Nurse Staff requirements have been derived using safe staffing principles and by mapping staff working patterns to patient attendance by arrival time and triage group. Portering and Domestic Staff requirements have increased as the footprint and clinical models have further developed.

All revenue costs have been reviewed and agreed by the relevant Service Management and the Finance Business Partner. At present non recurrent resource of £864K for unscheduled care initiatives has been allocated in the financial plan to fund the medical and nursing part year staffing costs for 2019/20. Depreciation expense will be funded from the existing NHS Lothian depreciation budget. This leaves unfunded recurring revenue costs of £2.08m (excluding the impact of the non-recurring revenue funding noted above).

Readiness to proceed

It is a requirement for all NHS projects above £1m threshold to be procured under the NHS Scotland Frameworks Scotland 2 (FS2) arrangements. As the estimated capital cost at this stage is £4.00m, this route has been selected for the procurement of the project. This means the contract will be run in a design and build approach, this being the only available option under Frameworks Scotland 2. This procurement route appoints a single contractor to act as sole point of responsibility for the management and delivery of an integrated design and construction project. A benefits register and realisation plan, and an initial strategic risk register for the project are included in Appendix 2 and 3, and Section 5.4, respectively. Detail of the proposed timeframe for development of the business case is included in Table 9 and 14.

The IJB has been liaised with in regards to the development of the clinical model for the ED redesign and further progression to the SBC. Further engagement will be sought in regards to the revenue as well as the capital implications. Section 5.1 below details the project management arrangements, including the governance support and reporting structure for the proposal.

Conclusion

The strategic assessment for this proposal (included in Appendix 1) scored 21 (weighted score) out of a possible maximum score of 25.

NHS Lothian and the West Lothian Integration Joint Board (IJB) continue to be faced with significant challenges with whole system performance against the 4 hour emergency standard.

This proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian and for SJH as a site as part of the NHS Lothian Capital Prioritisation process 2018/19.

The drivers for change remain valid and the proposal remains a priority for NHS Lothian, ranked highly amongst other prioritised formula funded schemes.

Investment in unscheduled care remains a priority nationally as identified by the unscheduled care 6 Essential Actions strategy.

1 The Strategic Case

1.1 Existing Arrangements

This section outlines the existing service details, arrangements and associated buildings

Service details

The ED redesign focuses on expanding the emergency department to provide improved services and capacity to enable the department to deal with an increasing demand and acuity.

The services affected by this proposal are the emergency department services and the observation ward services on the SJH site.

The ED services and space utilisation as well as those of the observation ward are illustrated in the table below.

Area	Services provided	Current Space utilisation
ED	Major Minor Paeds MH	1 triage room 12 cubicles (8 general, 1 higher dependency, 1 paediatric, 1 non-compliant MH, 1 eye) ENP area X ray area Plaster room Paeds waiting room 3 resuscitation beds/trolleys
Observation Ward	Surgical patients	2 x 4 bedded bays 2 x 2 bedded bays 2 x single rooms

In terms of the ED attendances at SJH, the table below demonstrates the breakdown in terms of council areas and attendances beyond Lothian.

IJB/Locality	No. of attendances	%
East Lothian	214	0.37%
Midlothian	232	0.40%
North Edinburgh	2,978	5.09%
South Edinburgh	2,244	3.83%
West Lothian	48,366	82.62%
Not known / out of Lothian	4,503	7.69%
Grand Total	**58,537**	**100%**

Source: NHS Lothian Data consultant

Service Arrangements

This section will provide a description of current arrangements and provide specific detail in terms of current clinical pathway arrangements, activity and performance against the ED 4 hour standard.

At the moment ED attendances are triaged on scale 1 (immediate resuscitation) to 9 (medical expected), by the nurse, with patients being directed to the appropriate pathway. There is limited rapid assessment and diagnostics and specialty referral happen at a later stage in the pathway. There are three main pathways; resuscitation, majors and minors but all have insufficient or inadequate capacity and compete for the same constrained space. . The minors are predominantly seen by an Emergency Nurse Practitioner or junior doctors supported by consultants as senior decision makers. Majors are seen by the doctors.

The Emergency Department at SJH provides a 24/7 unscheduled care service. Last year (2018) over 55,000 patients were assessed and treated in the department. The department manages on average between 150 and just over 200 presentations per day.

ED 4 hour standard performance

Currently there are significant challenges for NHS L, SJH and RIE in regards to the ED 4 hour standard performance. The table below demonstrates the performance for SJH.

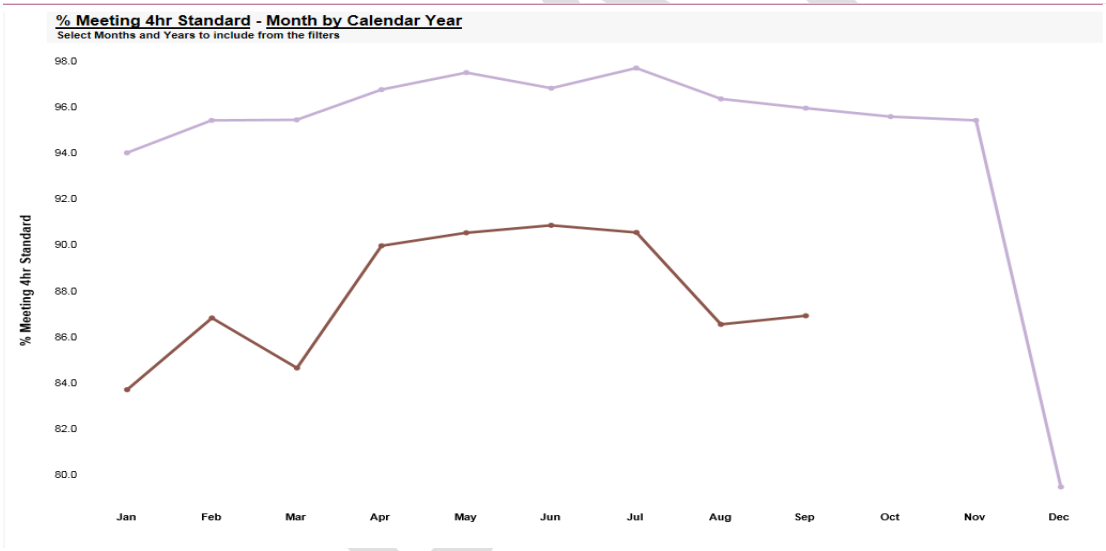


Figure: SJH Emergency Access Standard Performance each month. The purple line illustrates 2017 monthly performance. The brown line illustrates 2018 monthly performance. Source: NHSLothian Tableau – Unscheduled Care Dashboard

Service Providers

This section provides a succinct overview of service provider / organisation affected by this proposal and/or any particular workforce arrangements (and potential implications from this proposal).

Service Area	Description

Emergency Department	Space utilisation to be affected as well as workforce arrangements (to become one with the observation ward staff)
Observation Ward	Space utilisation to be affected Workforce arrangements to be affected (Obs out with this SBC is to come under ED management)
Mental Health	Space utilisation (dedicated anti-ligature space)
OPD 2 / LUCS OOH	Potential space utilisation for the longer vision (1 office area will become an accessible paeds and accessible patient toilet as part of phase one)
Paediatrics	One extra cubicle and having a waiting area
Frailty	Work on going with the Frailty Programme through HSCP (front door frailty assessment; alternatives to admission; redirection of patients – Integrated Hub, Rotas)
Police	Specifically in regards to Mental Health patients
Housing	Specifically in regards to homeless people

Associated buildings & Assets

The building concerned is St John's Hospital in Livingston. The specific areas within scope for the ED Redesign include the current ED and Observation ward.

As described in the Lothian Hospitals Plan (LHP), SJH is a key site for the strategic intentions of NHS Lothian. The condition of the building is in good state, albeit there is backlog maintenance regarding the roof and windows (amongst other elements). The cost implications for ED and the Observation ward, which fall within one Block (North Area Phase 1) entail for the windows £130,470 and for the roof £260,939. Even though the building is in relatively good state the footprint is not sufficient. At present the central area of the ED manages all presentations from those stepped down from the resuscitation room to minor injuries as well as varying specialities. This complexity causes crowding, confusion and is inefficient. A secondary benefit of this proposal is that delivery of a redesigned footprint could help with backlog maintenance on this site.

It is important throughout this redesign to acknowledge and consider the potential alternatives to ED front door attendance already in development, as well as pieces of work in development to improve community capacity. Consequently on completion and in time, these should have a positive impact on ED attendees and the Exit block. Some of these alternative initiatives/ services are displayed in the table below.

Alternatives	In place?
LUCS – Community/Primary Care initiative	Yes – ED downstream activity
Community Capacity/ WL IJB	16 WTE are currently recruited for Reablement and Care at home, services to commence October 2018
Single point of referral sheet for ED	Sheet for GPs provided by West Lothian – to be converted for ED

1.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (Appendix 1) and approved Initial Agreement. This section also describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

A summary of current activity and performance

Current Demand

The Emergency Department at SJH provides a 24/7 unscheduled care service. Last year (2018) over 55,000 patients were assessed and treated in the department. The department manages on average between 150 and just over 200 presentations per day.

Attendances have increased by 16.7% comparing October 2008/ September 2009 attendances (48,429) to October 2017/ September 2018 (56,521) Figure 1. This change has been amplified by increasing complexity and acuity of patients presenting to the ED as well as increasing presence of patients 65+ y/o (Figure 2). The increase in attendances, compared with current capacity has resulted in an increase in the episodes of ED crowding.

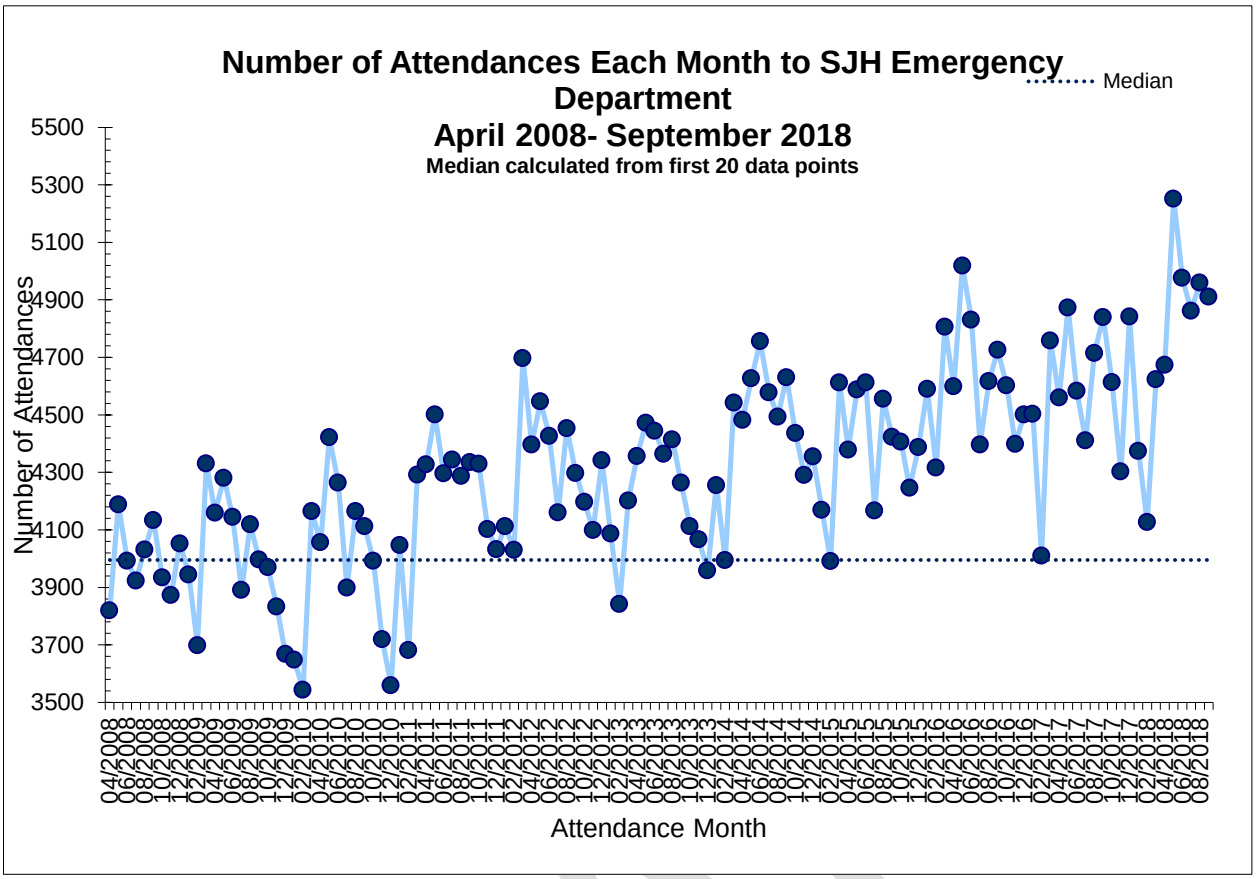


Figure 1. Monthly attendances to SJH ED April 2008 – September 2018. Source: NHS Lothian Tableau.

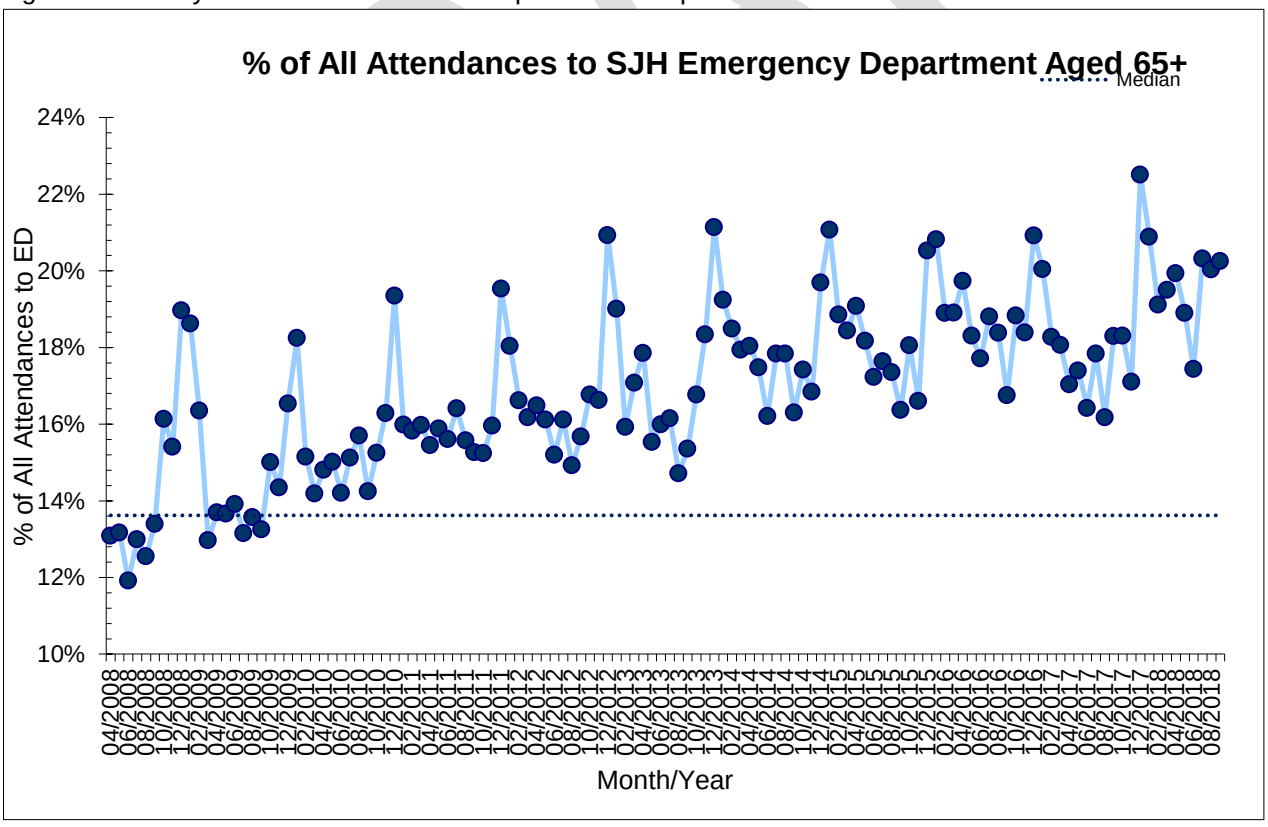


Figure 2. % of all attendances to SJH ED aged 65+ April 2008- September 2018. Source: NHS Lothian Tableau

This can be explained in part by the growing population in West Lothian as a result of both 'natural change' and the substantial creation of new homes. West Lothian's population has grown at a faster rate than the overall Scottish rate of growth and this trend is expected to continue as housing developments in West Lothian continue to progress over the next decade.

A growing, ageing population, persistent health inequalities with growing numbers of people with multiple conditions and complex needs placing additional pressure on Primary Care provision may also be further exacerbating the increasing number of ED attendances.

An increase in the number of 'major' presentations is shown in Figure 3. Combined with narrow time frames in which to deliver specific therapies (such as thrombolysis in stroke) this places increased burden on the Emergency Department and increased pressure on space within it.

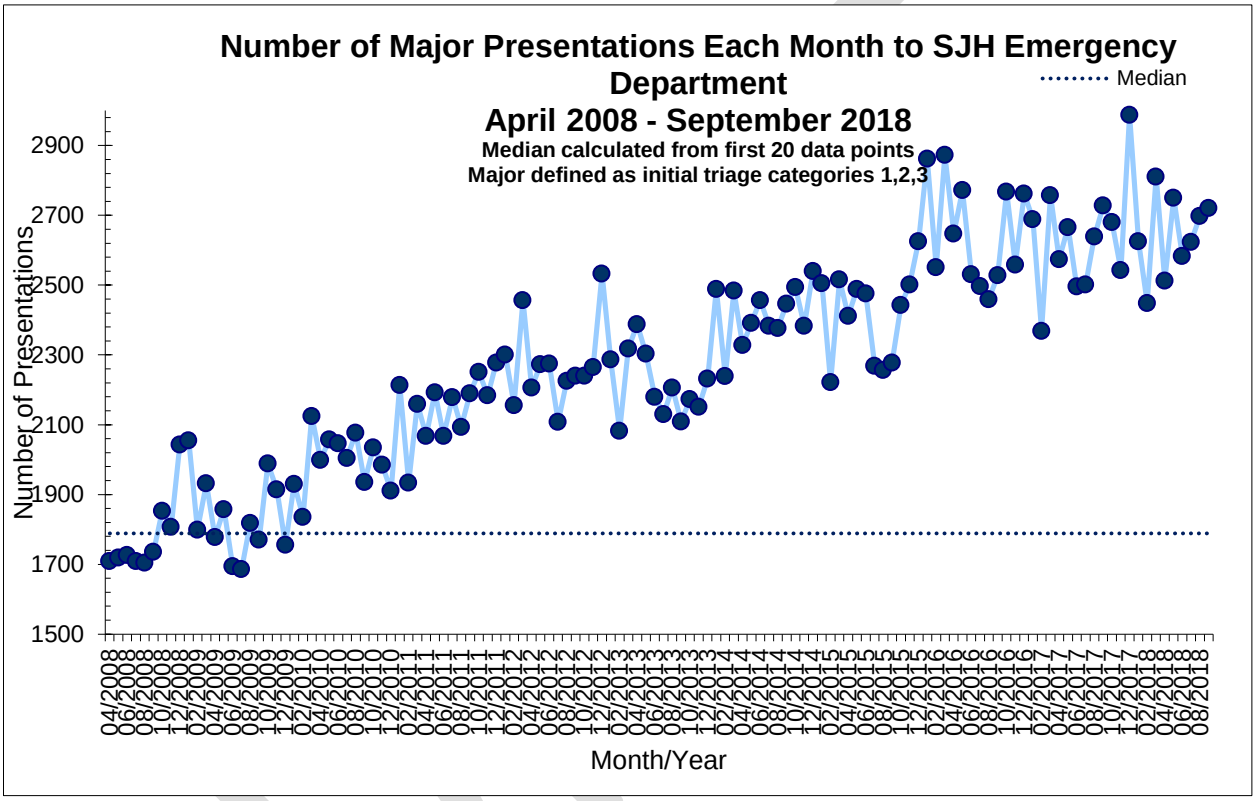


Figure 3. Monthly Major presentations to SJH ED, April 2008 - September 2018. Source: NHS Lothian Tableau

'Minor' presentations have remained fairly stable over the last 10 years, as demonstrated in the Figure 4.

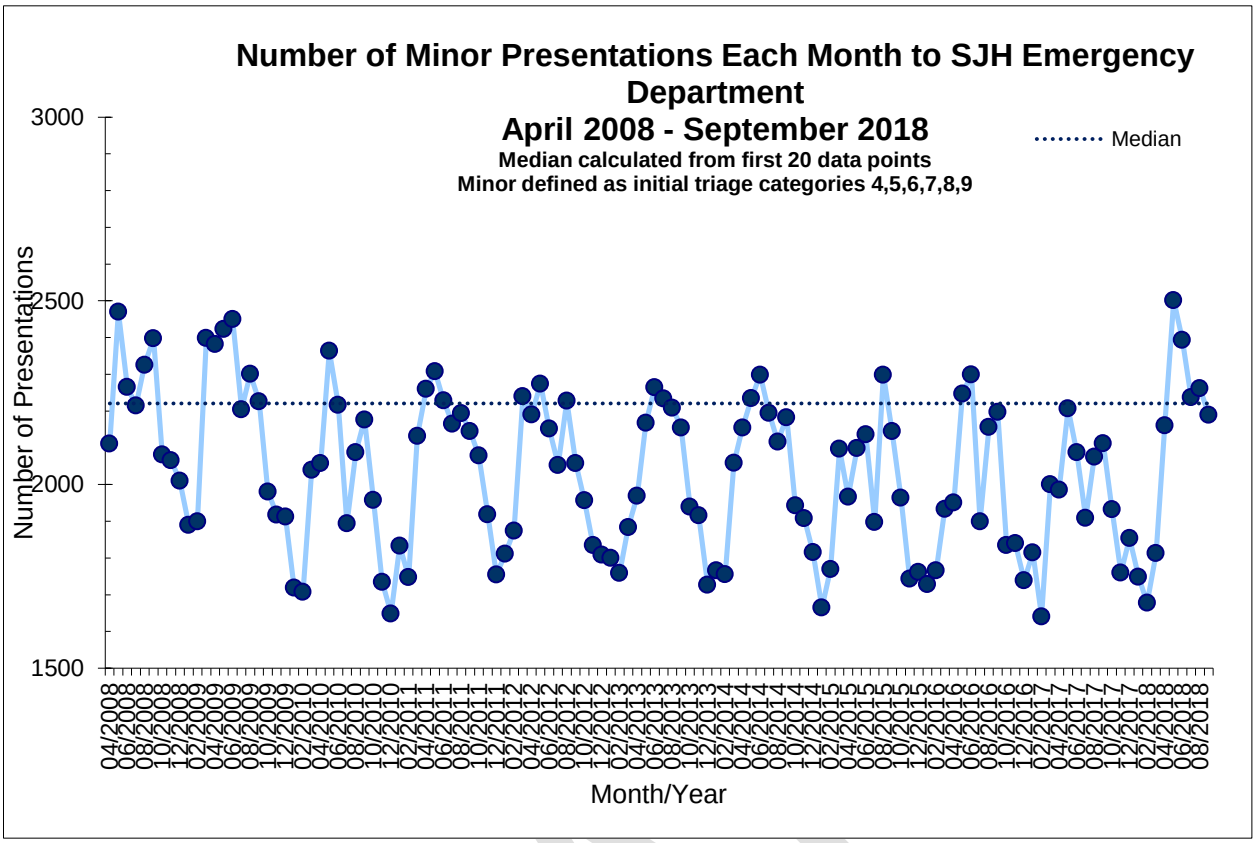


Figure 4. Monthly Minor presentations to SJH ED, April 2008 - September 2018. Source: NHS Lothian Tableau

Whilst 'major' presentations shown in Figure 3. have increased significantly, minor flow has remained static (Figure 4) and the evidence indicates the requirement for additional capacity/ cubicle space to meet the increased demand from major presentations, not minor injuries/ ambulatory presenters.

Along with an increase in attendances to the department, the number of admissions to Medical Admissions Unit (MAU) at SJH is increasing. (Figure 5).

The problem with a lack of available beds in MAU is threefold; i) this leads to patients who need to go to MAU remain within ED, which is adding unnecessary delay to the patient journey. ii) this causes delays for other patients who are awaiting cubicles within ED directly contributing to first assessment breaches; iii) the impact of not having an available bed in MAU is that patients identified as requiring a bed for medical assessment cannot be directly admitted and are redirected to ED until a bed in MAU is available.

Compounding the above is the high numbers of delayed discharge days on the site (968 in June 2017; 1,060 in June 2018) leading to further pressure on MAU bed availability and flow from ED to the wards in the hospital.

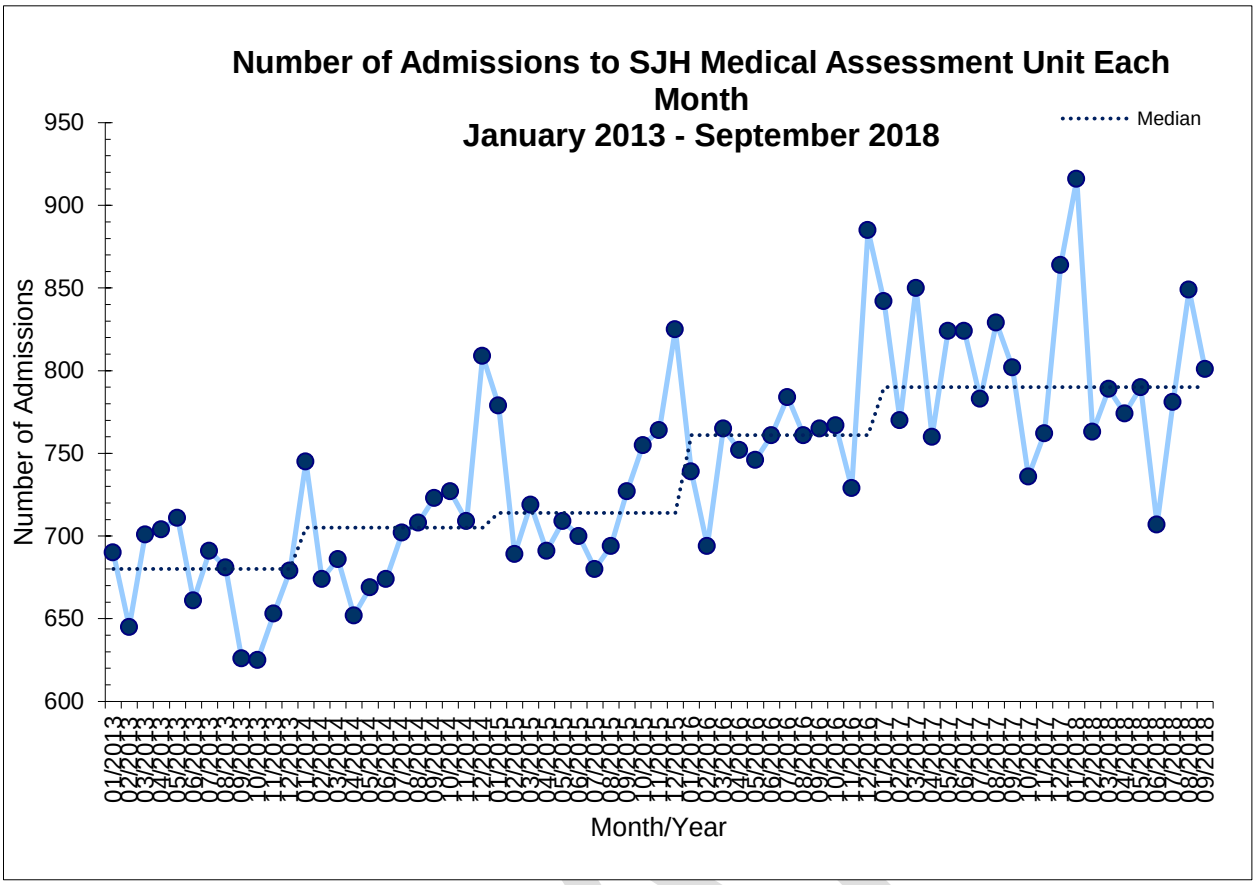


Figure 5: Total number of admissions to SJH Medical Assessment Unit each month. Source: NHS Lothian Tableau – Activty by Ward Dashboard

The conversion rate from ED to admission shows a downward trajectory (Figure 6). This indicates that the department is actively discharging patients from ED where appropriate and using alternatives to admission.

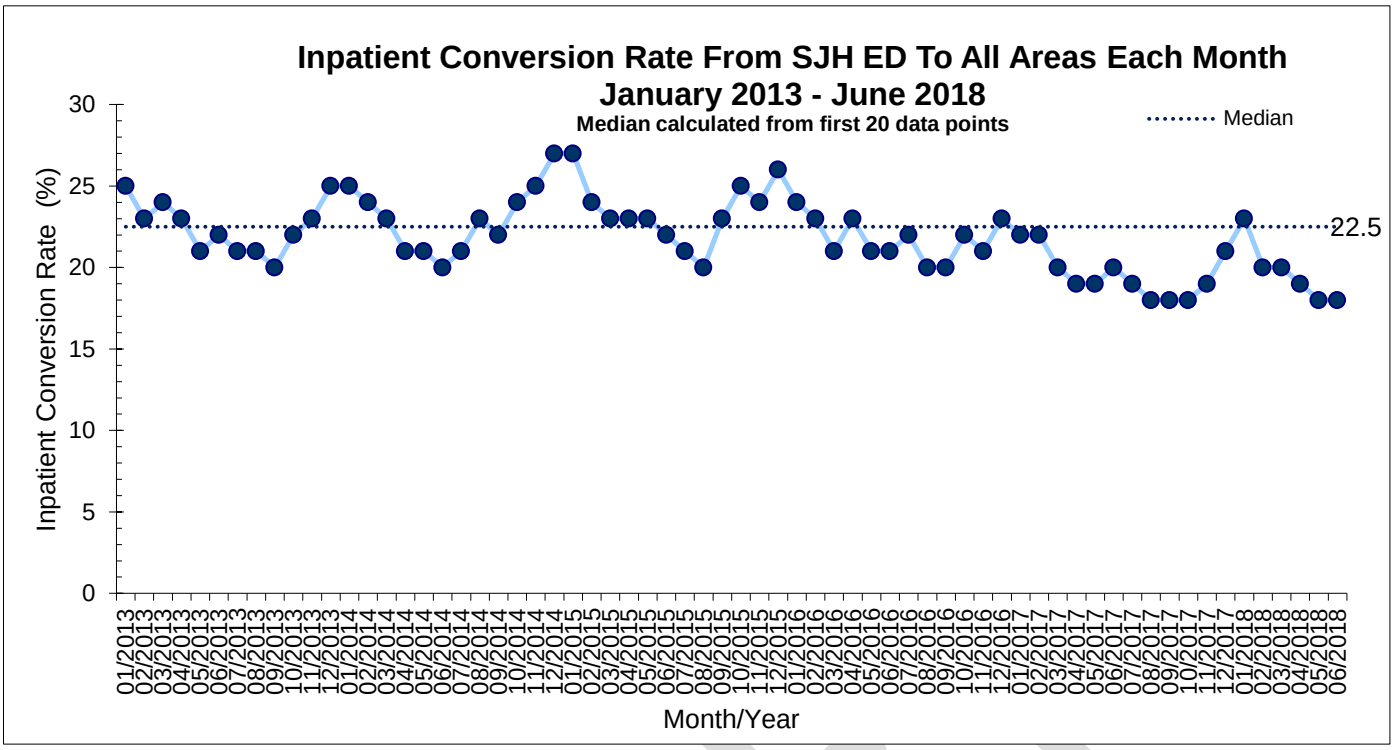


Figure 6. Inpatient conversion rate from ED to all other areas, Jan 2013 to June 2018. Source: NHS Lothian Tableau

Performance

Figure 7 demonstrates the SJH 4 hour performance January 2017 to Sept 2018 It illustrates that the performance has worsened from December 2017, and has not recovered to previous performance levels post winter. The reduction in performance has been seen across all 3 adult acute sites, and has in part been impacted on by the introduction of the new 4 hour emergency access SOP along with high acuity attendances and high volume of delayed discharges.

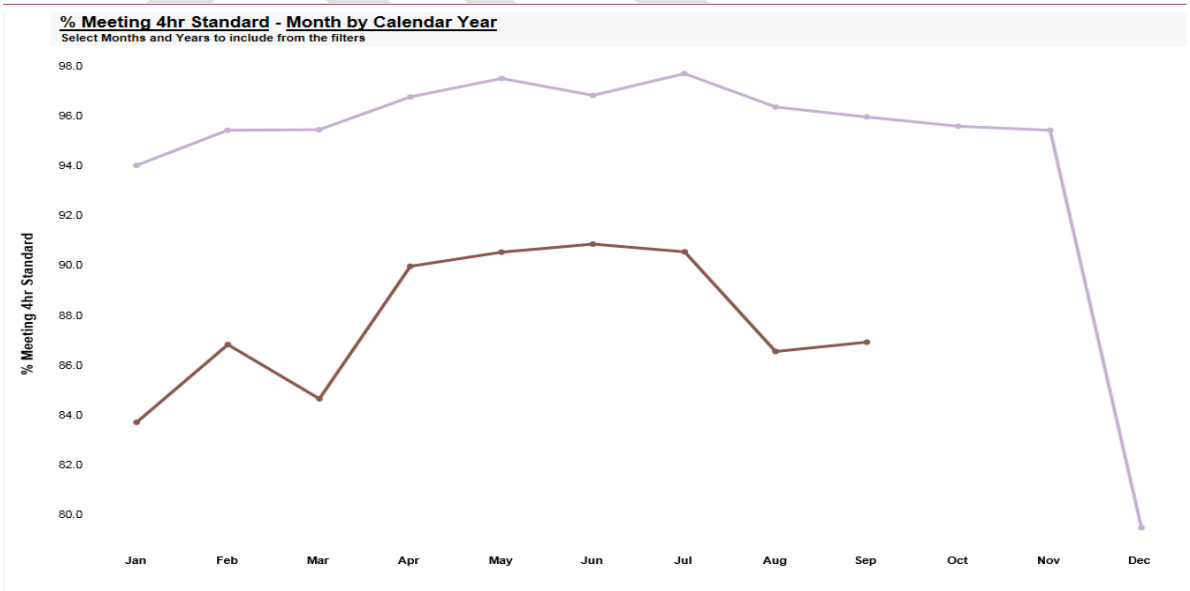


Figure 7. SJH 4 hour performance Jan 2017 to Sept 2018. Source: NHS Lothian Tableau

Figure 8 illustrates the 8 hour waits at SJH ED. The impact of changes of SOP in December 2017 should be taken into account. However, the 8 hour breaches are significant.

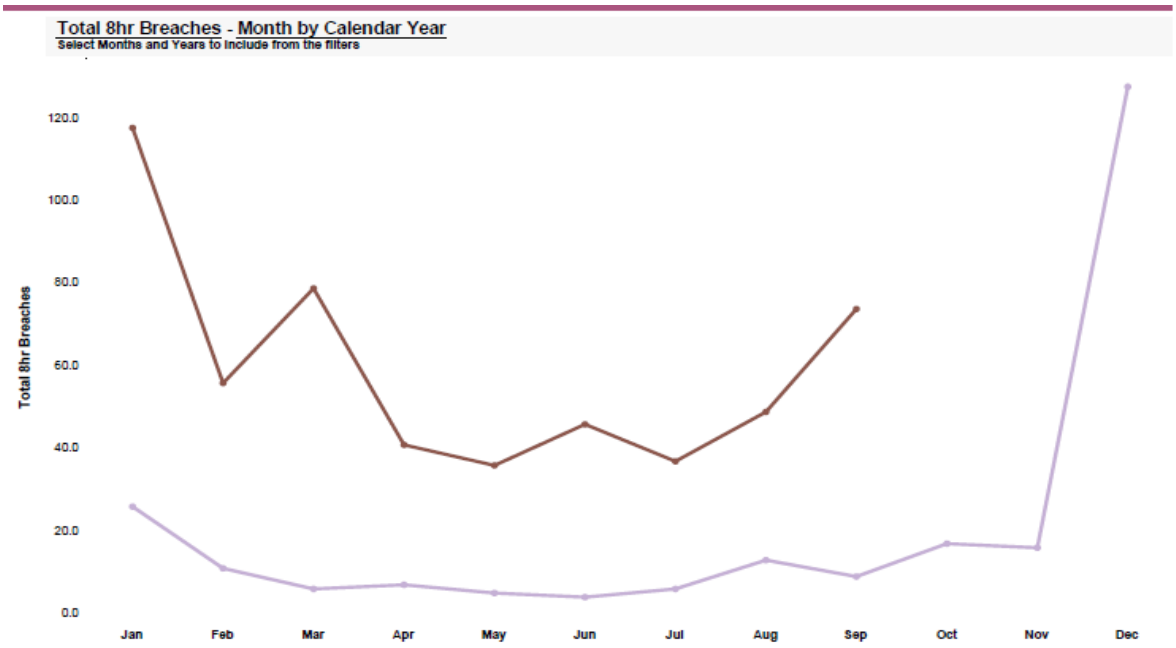


Figure 8. 8 Hour breaches Jan 2017 to Sep 2018; The purple line illustrates 2017 monthly performance. The brown line illustrates 2018 monthly performance. Source: NHS Lothian Tableau

Furthermore the number of 12 hour breaches (Figure 9), although small, is similarly significant, evidencing the pressure on the service and the departments deteriorating performance in this regard.

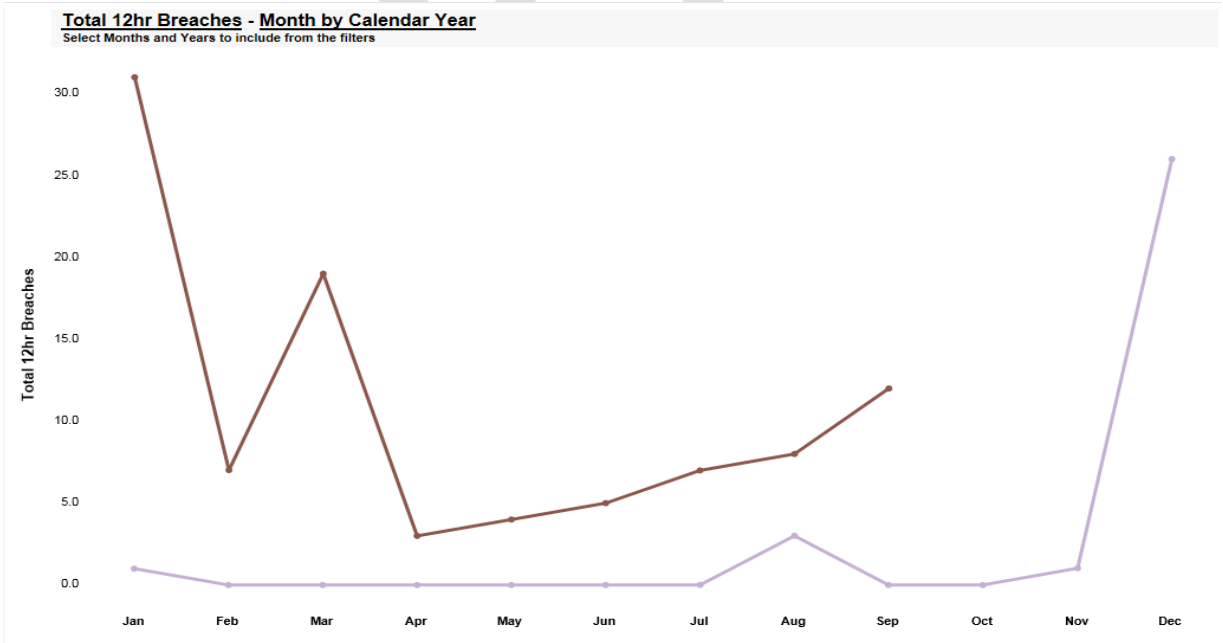


Figure 9. 12 Hour breaches. Jan 2017 – Sep 2018; The purple line illustrates 2017 monthly performance. The

brown line illustrates 2018 monthly performance. Source: NHS Lothian Tableau

Analysis of recent SJH Emergency Access standard breaches illustrates the majority are breaches of wait for first assessment, clinical exception and wait for bed, as illustrated in Figure10.

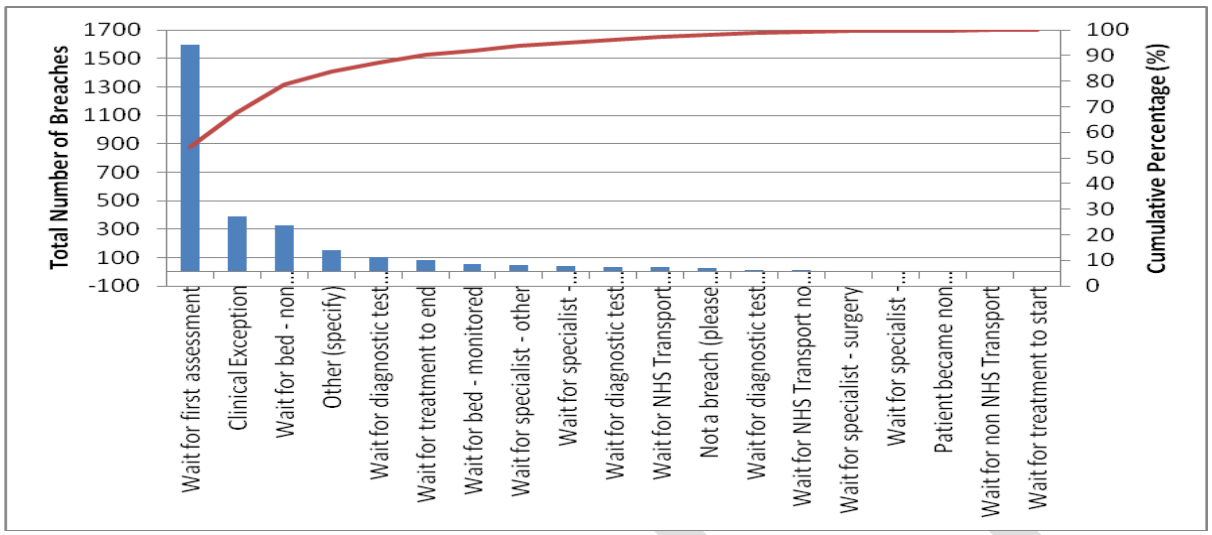


Figure 10: Pareto Chart illustrating the number of breaches per breach reason at SJH ED between 1st January 2017 and 31st December 2017. Source: NHS Lothian Tableau.

The increasing number of 8 and 12 hour breaches, overwhelming wait for first assessment and feedback from emergency physician indicate the current and growing incidence of crowding in ED at SJH (in accordance to crowding measurements provided by RCEM, 2015).

A summary of the known risks associated with crowding

Risks associated with crowding include the following (RCEM, 2015)

Negative effects for patients	Negative effects on staff	Negative effects on organisations
Increased mortality among admitted patients	Burnout	Performance
Increased Length of Stay amongst admitted patients	Increased illness	Reputational
Failure in key quality standards	Difficulty with recruitment and retention	
Poor patient experience		

A summary of forecasted growth

Attendances at SJH ED are forecasted to continue to increase until 2041, as illustrated in Figure 11.

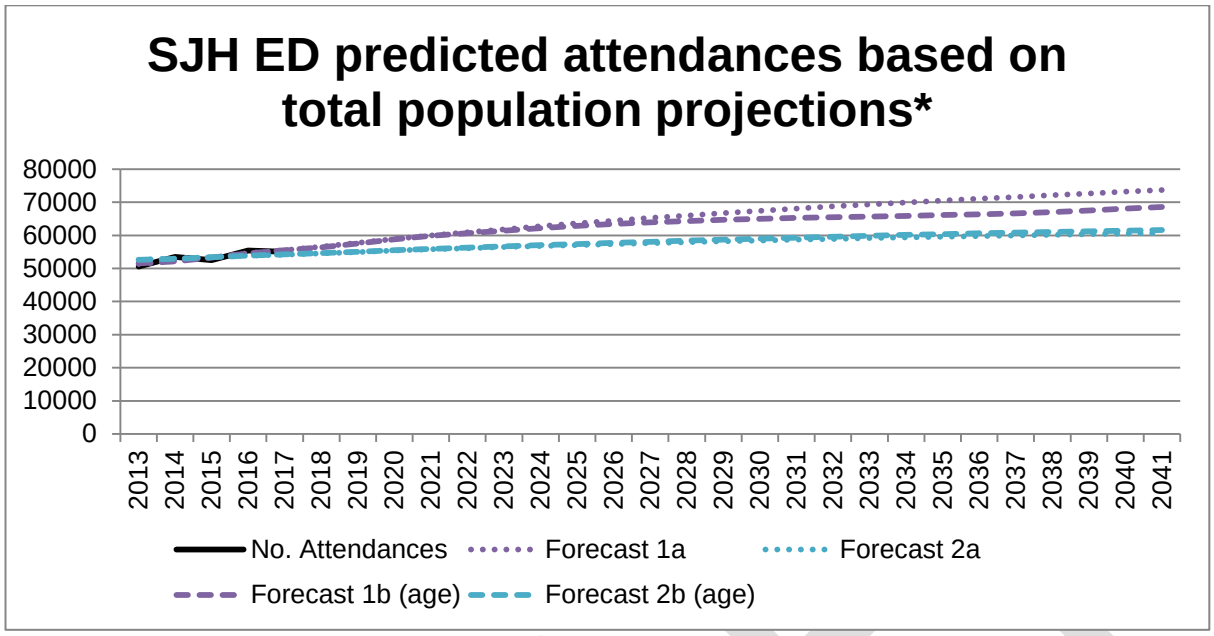


Figure 11. SJH ED predicted attendances based on population projections.* Source: Information analytics NHS Lothian

*Two forecasting techniques were used on the A&E (ED) attendance data from TRAK to estimate future number of attendances.

Forecast 1 uses a simple linear regression based on each individual year attendances and estimated population. Version 1a is based on total population projections. Version 1b is based on age group breakdown of population projections

This method assumes that, for the 5 year period we have data for, the driving forces behind the number of procedures follow a constant upwards or downwards trend for the population and that trend will continue indefinitely into the future. Any deviation from the trend is due to natural variation.

Forecast 2 calculated an average attendance rate over the 5 years 2013 to 2017 using appropriate NRS population estimates. These rates were then applied to the appropriate NSR population projections for the years 2018 to 2041. Version 2a is based on total population projections. Version 2b is based on age group breakdown of the population projections. This method assumes that, for the 5 year period we have data for, the driving forces behind the number of attendances is constant for the population and that any deviation from the average is due to natural variation.

It is estimated that West Lothian's overall population will increase by over 4% from 2017 to 2025. The population of West Lothian is 180,130 (National Records of Scotland 2016 mid-year estimate) and it is predicted to increase throughout the period to 2035 with the population predicted to be 182,014 at 2020, 185,668 at 2025 and 191,053 at 2035 (National Records of Scotland 2014 based population projections).

However increases will not be seen across all age groups, in the 25 year period there will be an overall net reduction of persons aged 25-64, the mid to older working age group whilst there will be increases in the number of younger residents aged 0-15. However the growth in the older age groups will be the most significant with the 65-74 age groups increasing by 57%, and the over 75 age group increasing by 140%. The projected increase in the over 65 age group is likely to place particular strain on both acute and community health and social care services.

The West Lothian Local Development Plan sets out the proposed housing developments to meet the

South East Scotland Development Plan requirements of an additional 18,010 houses between 2009 and 2024. This is included in the NRS projections in Figure 11.

A summary of current capacity in terms of footprint

SJH ED currently has 12 cubicles along with 3 resuscitation spaces. It has not expanded in the last 14 years beyond its original design.

In terms of the number of presentations the daily average has significantly shifted between 2008/2009 to the 2018/2019, namely from an average of 130 presentations a day to 165, as illustrated in Figure 12. It is common for the department to manage up to 200+ presentations a day. However, the space available to assess and treat increasing numbers of patients has not altered.

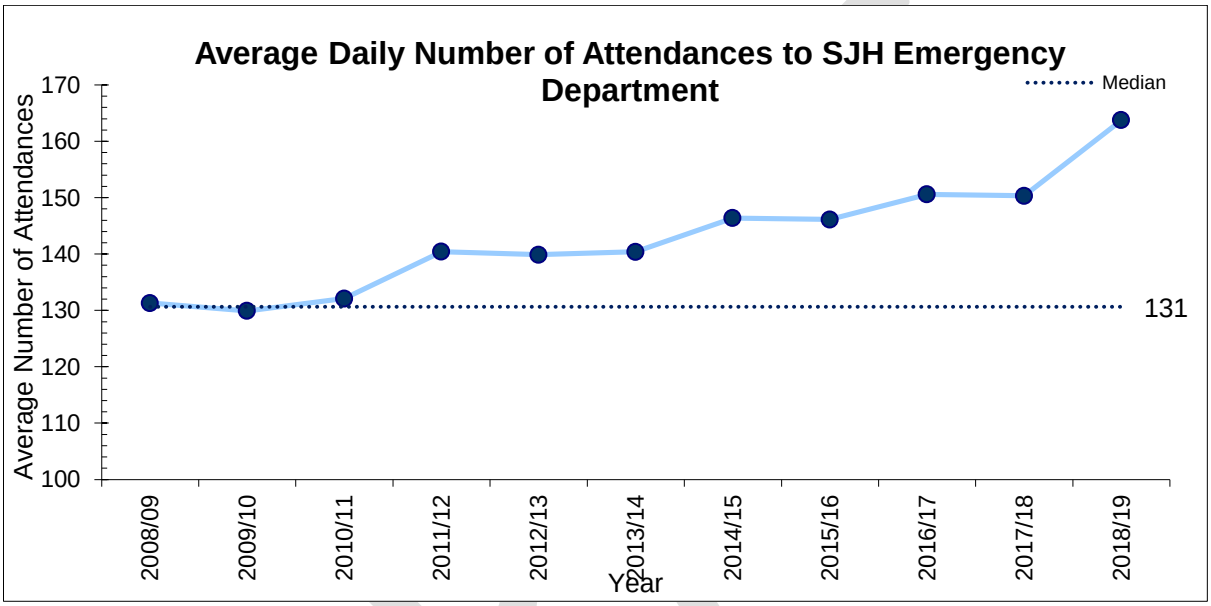
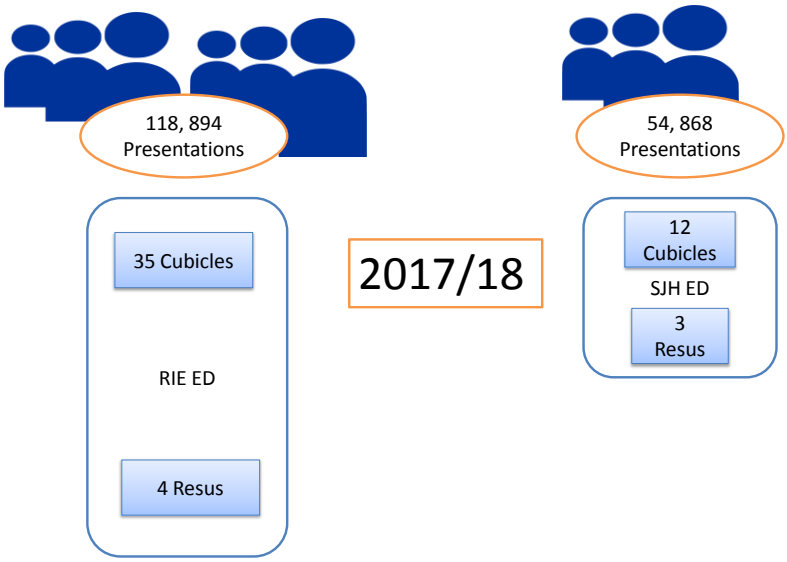


Figure 12. Average Daily numbers of Attendances to SJH ED, 2008/09-2018/19. Source: NHS Lothian Tableau

The absence of any expansion of footprint to manage population changes and growth to date is especially stark against the context of the forecast population growth, previously mentioned.

A further comparison with the RIE ED indicates that proportionally the SJH ED is working with a deficit of 6 cubicles in comparison to the RIE ED. The RIE ED has 35 cubicles along with 4 resuscitation bed spaces and deals with an activity of 118,894 presenters 2017/2018 in comparison to 12 cubicles plus 3 resuscitation bed spaces at SJH with 54,868 presenters.

Diagram 1: Comparison in terms of cubicles and presentations 2017/18 for the RIE & SJH



Comparison in this way assumes that the footprint at the RIE is adequate to meet activity and critically this is not the case. Overcrowding is an issue at the RIE ED too and a piece of work is required to benchmark activity and footprint across the UK to support future ED capacity modelling in Lothian. The Health Facilities Scotland Framework (2007) has been used as guidance for footprint required. Per 70,000 attendances a year the guidelines advise on 10 assessment room areas and 10 treatment room areas. Forecast 1b in Figure 11 demonstrates approximately 70,000 SJH ED predicted attendances per annum based on total population projections by 2041.

Policy and Strategy Context

Lothian Hospitals Plan

The Lothian Hospital Plan was approved by NHS Lothian Board January 2017. The strategic headline for SJH is a short stay elective care centre (SSEC) for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services. The Scottish Government have approved progression of the SSEC Business Case; this may provide other opportunities for SJH Site Master Planning.

NHS Lothian has 2 Emergency Departments one at SJH and another larger ED at RIE. The Medical Specialties Programme Board (MSPB) is overseeing a review about medical specialties including acute receiving, which may provide opportunities for SJH site and services.

The SJH site statistics include:-

SJH Site Statistics	
355 beds including Critical Care	*54,868 A&E attendances in April '17/ March '18*
6 Critical Care beds	*11 Theatres (including small theatre in OPD4) moving to 13 after end of July.*
19 wards, including 1 Critical Care Ward	*17 Recovery Beds*
46,134 admissions in '16/'17 (day case, planned, unplanned)	*43 Day Surgery Beds (20 core beds 23 DC Trolleys)*

396,021 outpatient attendances in '16/'17	

Specialties currently with a footprint on SJH as a site are as follows; Emergency Medicine; General Medicine; Stroke; Medicine of the Elderly; Dermatology; Diabetes & Endocrinology; Orthopaedics; Plastics; Maxillofacial; ENT; Burns; Gynaecology; IPC; Adult Mental Health Unit; Obstetrics; Day Surgery; Paediatrics.

As part of a national programme of work the development of an Outline Business case for a Short Stay Elective Centre at SJH is underway with service commencement planned for December 2021.

National Context

In September 2011, the Scottish Government set out an ambition to enable everyone to live longer, healthier lives at home or in a homely setting by 2020 (2020 Vision for Health & Social Care). This restated many of the aims set out by the Scottish Executive in 2005. These were to have a healthcare system with integrated health and social care, and a focus on preventing and anticipating problems, and helping people to manage their conditions. Two years later, the Scottish Government set out high-level priority areas for action during 2013/14 for its 2020 Vision for health and social care.

In June 2015, the Cabinet Secretary for Health and Sport confirmed that the Scottish Government and NHS boards had not made sufficient progress towards delivering the 2020 Vision. The Scottish Government published a National Clinical Strategy in February 2016, including new measures for delivering the 2020 Vision and setting out its plans for health and social care in Scotland over the next ten to 15 years.

The table below provides an overview of the overarching policies to set the context for the direction for health and social care services.

Overarching Policy			
Quality Strategy (May 2010) The three quality ambitions – safe, patient-centred and effective – underpin all healthcare policy	**2020 Vision for health and social care** (September 2011) The overall aim is to provide care closer to home or in a homely setting	**Everyone Matters: 2020 Workforce Vision** (June 2013) Sets out a vision of what will be required from the workforce	**Health and social care integration** All integration authorities were in place by April 2016. They are expected to coordinate health and care services to improve outcomes for their local population

National Clinical Strategy (February 2016)

Includes new measures for delivering the 2020 Vision. It sets out plans for health and social care over the next 10-15 years as well as re unscheduled care, for example GPs to focus on care that is more complex and the wider primary care team to develop extended skills and responsibilities.

Furthermore, it is stated that the ability of innovations to reduce avoidable unscheduled admissions to acute care is variable. The King's Fund review of factors which reduce avoidable admissions to hospital concluded that there was evidence to believe that the following reduce avoidable unscheduled care admissions. However, further evaluation is required.

Approaches that reduce avoidable admissions:
- Continuity of care from being able to see the same family GP
- Integration of primary and secondary care
- Self-management in patients with COPD and asthma
- Tele-monitoring in heart-failure
- Assertive case management in mental health
- Senior clinician review in A&E
- Multidisciplinary interventions
- Comprehensive geriatric review.

The Scottish Government has also introduced several major strategies & reviews since 2015 aimed at addressing the changing needs of the population and improving health and those with most significant impact on elective care are summarised below.

National Strategies & Reports			
Realistic Medicine (January 2016) Chief Medical Officer report focusing on reducing waste, harm and variation in treatment.	**7-day Services Interim Report** (March 2015) Considers the implications of delivering a sustainable seven-day clinical service across NHS Scotland and includes proposals for working towards achieving it.	**Review of Public Health** (February 2016) Highlights that the health of Scotland's population is still poor and significant health inequalities still exist. Makes recommendations for development of a national public health strategy.	**6 Essential Actions to Improving Unscheduled Care** (May 2015) A national programme which aims to improve unscheduled care.

Summary of the Recommendations of the National Day of Care Audit

The National Day of Care Audit is initiated as part of the 6 Essential Actions Programme. Recommendations provided by the National Day of Care Audit (April 2018) initiated by the Scottish Government are illustrated below.

Recommendations	National Day of Care Survey
1. Non-admitted pathway/ flow	Site should aim for 98% non-admitted flow (100% for minors flow)

2. Non-admitted pathway/ flow	Early enhanced triage (within 15 min)
3. Non-admitted pathway/ flow	Senior review/treatment within 1 hour and aiming to discharge most cases within 2.5 hours will reduce congestion and increase resilience
4. Admitted pathway/ flow	Site should aim for 95% admitted within 4 hours
5. Admitted pathway/ flow	Early enhanced triage
6. Admitted pathway/ flow	Senior review and management plan by 2 hours (max)
7. Admitted pathway/ flow	Book a bed early

The table below summarises the need for change, the impact it is having on present service delivery and why we need to act now:

Table 1: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
A significant proportion of patients seen within the department could be managed out with ED, for example in an ambulatory fashion or through a dedicated minor pathway.	Breaches in 4 hour ED Standard; increase long waits (8 & 12 hours); Overcrowding and Safety. Risk of unnecessary admissions Inefficient use of existing staffing resources with insufficient footprint to ensure patients are seen by the right professional at the right time. Providing a minor and ambulatory service is challenging. Cubicles are used to deliver care to all levels of patients (Excl. Resus) this can result in long waits for minors.	Action should be taken now; • To ensure service sustainability and improved organisational performance. Current inability to support other sites in NHS Lothian. • Ensure safe, effective and person centred ED service. • Improve ED efficiency and effectiveness and optimising utilisation of staffing resource – patient seen at right time by right professional in the right place (e.g. Minor flow does not require to be managed within the existing ED footprint). • Dedicated and protected pathways including space will support admission avoidance, timely decision making, access to appropriate professionals and treatment and less time in ED

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Increase in ED attendances accompanied with an increase in complexity without associated increase/ redesign of footprint. Current and forecast growth in complexity and acuity of patients presenting at ED (e.g. Increase in majors and frailty)	A greater volume of complex unwell patients in need of cubicle care further reduces flexibility of current arrangements and exacerbates overcrowding and the limitations of the current design/footprint of the department. Overcrowding has a risk of poor patient outcome, safety, unnecessary admission and poor staff experience. Breaches in 4 hour ED Standard; increase long waits (8 & 12 hours); Overcrowding and Safety.	Action should be taken now; • To address the inability to deliver care in cubicle which is person centred (dignity and privacy). • To ensure a positive patient experience and dignity, as well as safe and timeliness treatment against 4 hour Standard. • To address the potential negative impact on organisation's reputation • To minimise the whole system impact (boarders, cancellations of elective care, SAS handover waits) • As there are financial implications associated with admitting patients not necessarily into inpatient wards.
Increase in delivering complex interventions at ED, as per clinical guidelines (stroke mgt, cardiac care & sepsis)	More people are receiving complex interventions within ED care, in line with the clinical guidelines, to avoid admission or whilst waiting on an inpatient bed. Delivering these under current arrangements is becoming increasingly more challenging. People are on trolleys in corridor. People are in waiting areas who need cubicle care. People are waiting longer in cubicles as more complex interventions are undertaken for more patients. Breaches in 4 hour ED Standard; increase long waits (8 & 12 hours); Overcrowding and Safety.	Action should be taken now; • To ensure adherence to clinical guidelines • To support attainment of condition specific targets that facilitate better patient outcomes e.g. stroke care bundle. • To avoid unnecessary admission.
MH patients present from WL and there is no anti-ligature assessment/treatment area.	Non adherence to the anti-ligature requirements and negative impact on patients and their outcomes.	Action should be taken now; • To support patient dignity and safety and right professional right place at the right time. • To support patient and staff safety. • To ensure delivery of clinical care in an appropriate environment.

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Poor patient experience, evidenced through patient complaints and ED performance against 4 standard and long waits of 8, 12 hours	This is evidenced through an increasing number of patient complaints, ED performance against the 4 hr standard and the number of long waits over 8 & 12 Hours. It is difficult to provide general care requirements such as feeding and toileting in an overcrowded department and this can lead to delays in care.	Action should be taken now; • To address the challenge of the existing services being unsustainable • To address the challenge of the existing services providing an increasingly poor patient experience.

1.3 Investment Objectives

The assessment of the existing situation and the drivers for change were used to identify the investment objectives in the Initial Agreement.

Table 2: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
Breaches in 4 hour ED Standard; increase long waits (8 & 12 hours); Overcrowding Risk of unnecessary admissions Inefficient use of existing staffing resources with insufficient footprint to ensure patients is seen by the right professional at the right time. Providing a minor and ambulatory service is challenging. Cubicles are used to deliver care to all levels of patients (Excl. Resus) this can result in long waits for minors.	1) Improve service capacity through pathway redesign, ensuring dedicated and fit for purpose footprint to deliver proposed clinical model/ pathways and support delivery of improved performance and patient experience.
A greater volume of complex unwell patients in need of cubicle care further reduces flexibility of current arrangements and exacerbates overcrowding and the limitations of the current design/ footprint of the department. Overcrowding has a risk of poor patient outcome, safety, unnecessary admission and poor staff experience. Breaches in 4 hour ED Standard; increase long waits (8 & 12 hours); Overcrowding and Safety.	2) Improve service capacity with specific expansion of major footprint to increase available clinical space for Major Immediate Care and High Dependency care to meet current and forecasted demand and reduce the risk of overcrowding in ED.
More people are receiving complex interventions within ED care, in line with the clinical guidelines, to avoid admission or whilst waiting on an inpatient bed. Delivering these under current arrangements is becoming increasingly more challenging. People are on trolleys in corridor. People are in waiting areas who need cubicle care. People are waiting longer in cubicles.	3) Provide a safe environment to deliver patient centred care which supports the effective and timely delivery of increasingly complex clinical guidelines.
Non adherence to the anti-ligature requirements and negative impact on patients and their outcomes.	4)Provide appropriate clinical accommodation for MH patients and other specialist requirements within ED to ensure; - Adherence to anti-ligature legislation - Adherence to other specialist requirements (e.g. paediatrics)

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
An increasing number of patient complaints and ED performance against the 4 hr standard and the number of long waits over 8 & 12 Hours. It is difficult to provide general care requirements such as feeding and toileting in an overcrowded department and this can lead to delays in care.	5) Provide and design an ED environment which is safe, person centred and protects privacy and dignity ensuring that people who use the service have positive experiences. To include specifically; - additional toilet facilities, - expansion of footprint to have dedicated space for the different pathways. - appropriate waiting area

1.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

- Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment (see Appendix 1) have informed the development of a Benefits Register and Realisation Plan (see Appendix 2). As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal.

A summary of the key benefit themes to be gained from the proposal are listed below and more information can be found in the Benefits Register and Realisation Plan (see Appendix 2):

Benefit Themes
1. Demand & Capacity
2. Pathway Dedicated areas
3. Whole system approach & Performance
4. Person Centeredness

1.5 Is the preferred strategic solution still valid?

As noted in the Initial Agreement, the Front Door Redesign at SJH will take a phased approach. Phase One focuses on the ED footprint and Phase Two on Ambulatory Care and MAU.

This SBC addresses the SJH ED Redesign (Phase One). During development of the SBC, it was identified that it would be better if the observation ward (previously included in the IA as part of phase 1) would be included in Phase Two (focusing on Ambulatory Care and MAU).

Ambulatory Care, MAU and the requirement for a Short Stay Assessment Area will be addressed in the development of Phase Two and subsequent phases of front door redesign, as will future requirements for Radiography/x-ray facility to meet forecast activity projections.

Therefore this SBC is focusing on Option 5a in terms of Clinical Model, ED footprint and design, and staffing level requirements.

Furthermore, a change is being explored regarding the initial Rapid Assessment and Triage model indicated in the IA. Where the IA indicated front loading of investigations at Rapid Triage the emerging proposal is a change to this model. The clinical team and Project Board expect the benefits of additional cubicle capacity to support a Rapid Triage model which will allow patients to move to a more detailed assessment within 15 minutes, in areas with a dedicated clinical team to both perform tests and make decisions. This is understood to be a more efficient use of resources. Rapid Triage will instead focus on some basic set of observations, ECG where required and requesting of basic X-rays for Minor Injuries patients, and ensure patients are streamlined to a more detailed assessment within 15 minutes in order to achieve the 4 hour standard 95% of the time.

Quality Improvement work within the ED and wider front door services is and should be ongoing. This means that the clinical model and processes may continue to evolve as the project progresses and there is a need for some degree of flexibility regarding the above clinical model. The following key pillars of the redesign are not expected to change and this is what forms the basis of the ED floor plan redesign and expansion.

- Capacity for Rapid Triage
- Space for a dedicated Minor Injury and illness Pathway
- Mental Health Assessment and Treatment Space
- Expansion of Major Assessment and Treatment Space
- Resuscitation Space
- Paediatric Assessment and Treatment Space
- Dedicated Space for semi-planned emergency care

An overview of the physical space utilisation/outline for Option 1 (status quo) and Option 5a (preferred and worked out option) are demonstrated in the figure below:

Area	Services Provided	Option 1: Status Quo - Current space Utilisation/Outline	Option 5A: Proposed Space Utilisation/Outline
ED	**Major** **Minor** **Paediatrics** **Mental Health**	**12 cubicles:-** 8 General 1 higher dependency 1 paediatric 1 Mental Health 1 eye **1 triage room** **ENP area** **3 resuscitation beds/trolleys** **X-ray area** **Plaster room** **Paediatric waiting room**	**18 cubicles** 16 Majors (Immediate Care & High Dependency) 2 Mental Health 2 Paediatrics 1 Isolation room **3 Minors** **2 Triage rooms** **Minors waiting area (4 people)** **3 resuscitation beds/trolleys** **X-ray area** **Paediatric waiting room**
Observation Ward	**Surgical Patients**	**2x 4 bedded bays** **2 x2 bedded bays** **2 x single rooms** **Day Room**	**2 x 4 bedded bays** **2 x 2 bedded bays** **2 x single rooms** **1 x Treatment room** **Waiting Area (8 people)**

In addition to the clinical areas further requirements to address current inadequacies, as identified in the Initial Agreement, have been taken into account. These include for example:

- Improved viewing and relatives room, which are adjacent in proposal and includes a Toilet
- Physicality of the department mirrors patient journey/flow
- Increase of 1 patient toilet
- Adequate area for MDT/ clinical discussion and handover
- Staff toilets to be located in near vicinity
- Staff changing facilities

As previously mentioned Radiography/x-ray facility will be further explored in subsequent phases of front door redesign. In this SBC (Phase 1) implications for radiography have been taken into account and it is proposed to improve efficiency and throughput that case included portering resource to ensure patients will be brought to x-ray by porters rather than by radiographers.

2 Economic Case

2.1 Do nothing/baseline

This SBC is building on the IA, which has been produced as the existing arrangements ('Do Nothing') as outlined in Section 1.5 are not sustainable. The service is challenged with the current capacity and the volume of attendees, which is demonstrated through the performance against the ED standard and crowding at front door. Furthermore, the demand is forecasted to grow. A 'Do Nothing' has been included to provide the baseline against which other options are assessed. The table below defines the 'Do Nothing' option.

Table 3: Do Nothing

Strategic Scope of Option	Do Nothing
Service provision	The Emergency Department will deliver Acute Emergency Services e.g. resuscitation, majors, minors and paediatrics.
Service arrangements	The service will continue to be delivered according to the current clinical model, using the T1-T9 triage categories.
Service provider and workforce arrangements	The current funded staffing model will deliver the services.
Supporting assets	This would be provided in the current footprint, which is not sufficient to deal with current and forecasted activity. (Under £250K capital investment for procedure room/surgical hot clinic.)
Public & service user expectations	The status quo will result in an inability to consistently meet public and service user expectations in terms of the 4 hour standard. The status quo will result in care being delivered from sub optimal facilities unable to support safe and effective care in a safe environment that protects patient privacy and dignity.

2.2 Short-list of Implementation Options

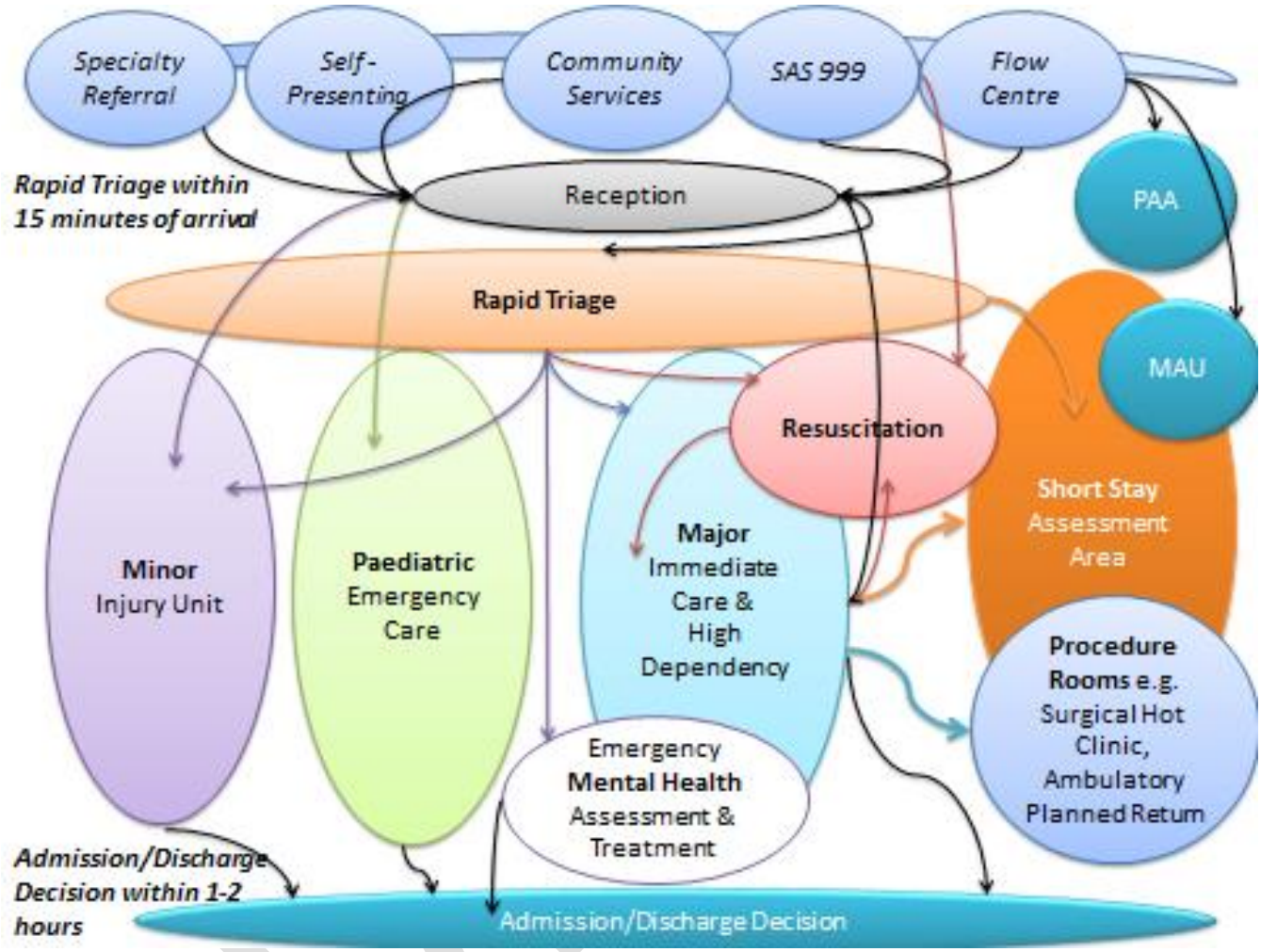
Throughout the development of the IA towards the SBC it emerged that the initially proposed Short Stay Assessment Area would be best placed to further develop as part of Phase 2 of the project which will be addressed in a separate business case. This is reflected in the proposed floor plan for the SJH ED redesign and in Option 5A which is the preferred strategic solution.

The vision for SJH ED entails one front door with dedicated pathways, appropriate space and appropriate signposting. This should ensure patient dignity, better 4 hour ED performance as well as admission avoidance where appropriate. Additionally the ambition would be to have ambulatory care and MAU co-located with ED.

Considering the urgency of the redesign, as reflected by staff feedback as well as ED activity data a phased approach to achieve the vision is recommended to ensure sustainability of the service, pending completion of a wider strategic assessment within the context of SJH site master plan, incl. Elective Care Centre development. The initial focus will be on the current ED clinical model and required footprint.

Phase	Description
1. **ED**	Clinical model and footprint
2. **& Subsequent Phases MAU & PAA/Ambulatory Care**	Clinical Model between ED and downstream flow and Co-locating MAU and Ambulatory Care at front door Imaging within the ED

The clinical model that underpins the ED redesign floor plan is illustrated below. First a visual is presented with more detail of the what, why and how. The clinical model is outlined in more detail in Appendix 7.



The table below identifies the short-listed options for this project.

Table 4: Short Listed Options

Option	Description
Option 1 – Do Nothing	The Emergency Department will deliver Acute Emergency Services e.g. resuscitation, majors, minors and paediatrics. The service will continue to be delivered according to the current clinical model, using the T1-T9 triage categories.

Option	Description
Option 5A – Clinical Model + required space	The ED will deliver acute emergency services, e.g. resuscitation, majors, minors and paediatrics. The clinical model will entail (with dedicated areas) Rapid Assessment & Triage and diagnostics for direction to right pathway + ED pathways + Minors out with the ED footprint + surgical hot clinic + major footprint expansion. *(Same as the original option 5 per the IA (option 5B below) but excluding the Short Stay Assessment Area (SSAA))*
Option 5B – Clinical Model + required space (original Option 5)	The ED will deliver acute emergency services, e.g. resuscitation, majors, minors and paediatrics. The clinical model will entail (with dedicated areas) Rapid Assessment & Triage and diagnostics for direction to right pathway + ED pathways + Minors out with the ED footprint + surgical hot clinic + Short Stay Assessment Area (SSAA) + major footprint expansion.
Option 6 – Clinical Model + required space + Primary Assessment Area (PAA) (Ambulatory Care)	The ED will deliver acute emergency services, e.g. resuscitation, majors, minors and paediatrics. The clinical model will entail (with dedicated areas) Rapid Assessment & Triage and diagnostics for direction to right pathway + ED pathways + Minors out with the ED footprint + surgical hot clinic + SSAA + major footprint expansion + PAA incorporated in ED footprint.

2.3 Monetary Costs and Benefits of Options

The table below summarises the costs associated with each of the shortlisted implementation options. Further detail on the calculation of these costs including assumptions made can be found in the Financial Case.

Table 5: Indicative Costs of Shortlisted Options

Cost (£k)	Do Nothing	Option 5A/B/6*
Capital Cost	0	3,999
Incremental Recurring Revenue Costs	0	2,287

*NOTE: Costs for option 5B and 6 are as included as the same as Option 5A as the implementation for both of these options will require materially similar capital builds and revenue implications.

2.4 Non-monetary Costs and Benefits of Options

A non-financial options appraisal took place on 11th October 2018, using the benefits criteria to identify the preferred option on the original shortlisted options for the IA. A non-financial benefits Assessment is included in Appendix 4.

The stakeholder group agreed that the themes would be of equal weight and that the scoring would be done by consensus and conversation in the meeting. Option 5 emerged as the preferred option. The benefits criteria and outcomes are illustrated below and the full benefits register is in Appendix 2. This

assessment has been revisited by the project team as part of the SBC and it is confirmed that option 5A as noted above would both score the same as the original option 5 included below.

Table 6: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Do Nothing	Option 5A/B	Option 6
1	Demand and Capacity: Eliminate overcrowding	9%	1	5	3
2	Demand and Capacity: ED to keep in line with demand	6%	1	5	3
3	Demand and Capacity: Mental Health facility and other specialist required (e.g. Rapid Assessment and Triage)	6%	1	5	3
4	Pathway Dedicated Areas: Less competing demand for cubicles	6%	1	5	3
5	Pathway Dedicated Areas: Manage patient destination appropriately in ED	6%	1	5	3
6	Pathway Dedicated Areas: Reduce complexity to manage the logistics of the department	6%	1	5	3
7	Pathway Dedicated Areas: Improve patient outcomes	6%	1	5	5
8	Pathway Dedicated Areas: Improve efficiency and effectiveness of ED	6%	1	5	5
9	Whole system approach & performance: Improve 4 hour ED Standard.	9%	1	5	5
10	Whole system approach & performance: Early diagnostics in the patient journey	6%	1	5	5
11	Whole system approach & performance: Improved environments to deliver care, incl. Mental Health	6%	1	5	5
12	Whole system approach & performance: Strengthen relationship with other services (rotas, patient pathways, etc.) by assessment at front door	4%	1	5	5
13	Whole system approach & performance: Reduced handover waits by Scottish Ambulance Service	6%	1	5	5
14	Person Centeredness: Improve overall patient experience	6%	1	5	5
15	Person Centeredness: Improve staff experience	6%	1	5	5
16	Person Centeredness: Patients have a positive experience and dignity respected	6%	1	5	5
	Total Weighted Benefits Points		**200**	**1000**	**844**

2.5 Net Present Value

The table below details the net present value of the whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 1.5% has been used in line with 2018 Green Book guidelines for Health projects (NOTE: this is an update from the 3.5% previously recommended as included in the IA).
- A useful life of 20 has been determined for the project.
- VAT and inflation have been excluded in line with Green Book guidance.

- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.

Table 7: NPV of Shortlisted Options

Cost (£k)	Do Nothing	Option 5A/B/6
NBV whole life capital costs	0	3,332
NBV whole life incremental operating costs	0	37,925
Estimated Net Present Value (NPV) of Costs	**0**	**41,257**

*NOTE: Costs for option 5B and 6 are as included as the same as Option 5A as the implementation for both of these options will require materially similar capital builds and revenue implications.

2.6 Overall economic assessment and preferred way forward

The table below shows the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.

Table 8: Economic Assessment Summary

Option Appraisal	Do Nothing	Option 5A/B	Option 6
Weighted benefits points	200	1000	844
NPV of Costs (£k)	0	40,903	41,257
Cost per benefits point (£k)	-	41	49
Rank	3	**1**	**2**

The options appraisal above identifies the preferred strategic and implementation solution as Option 5A. The costs and delivery of this option are detailed further in the following sections of the SBC.

3 The Commercial Case

This Commercial Case outlines the proposed commercial arrangements and implications for this proposed project, by responding to a series of questions set out in the SCIM Business Case guidance.

3.1 Procurement Strategy

3.1.1 Procurement route

NHS Scotland has established national procurement routes for major asset investment which have been fully developed within the EU public sector procurement regulation framework. It is a requirement for all NHS projects above £1m threshold to be procured under the NHS Scotland Frameworks Scotland 2 (FS2) arrangements. As the estimated capital cost at this stage is £4.00m, this route has been selected for the procurement of the project. This means the contract will be run in a design and build approach, this being the only available option under Frameworks Scotland 2. This procurement route appoints a single contractor to act as sole point of responsibility for the management and delivery of an integrated design and construction project.

Frameworks Scotland has been used successfully by NHS Lothian for a number of years and there is a clear organisational understanding of the process for appointment of PSCP (Contractor) and any relevant Professional Service Consultants (PSC) that may be required over the course of the project lifecycle.

The procurement for the project was led by members of the Capital Planning and Projects Department with support from Capital Finance and Site and Service leads on behalf of NHS Lothian and with assistance from Health Facilities Scotland in terms of Principal Supply Chain Partner (PSCP) and Professional Services Consultants (PSC).

The procurement of the PSCP for the project has been subject to competitive tender made under the umbrella of a wider SJH Programme of Works incorporating the following key elements:

- Short Stay Elective Centre
- SJH Car Park
- Emergency Department redesign
- Other projects to be instructed as required

The appointment is made in stages and was made subject to availability of capital funding and other potential factors.

Although the appointments under Frameworks Scotland 2 for the entire SJH programme of works have been combined, each project within the programme is treated separately and is procured as a separate scheme contract.

The selection process for the PSCP started in November 2018 and concluded December 2018 with the appointment of RMF as the Principal Supply Chain Partner for the SJH programme of works. The selection was based on the quality against cost ratio and involved assessment of written submissions, evaluation of priced activity schedules and interviews. All 5 PSCP companies on FS2 have participated in the process, albeit one withdrew due to changes in their corporate interest in FS2, giving NHS Lothian a wide choice and ensuring healthy level of competition.

Thomson Gray Partnership has been appointed as the Project Managers and Cost Advisors under the auspices of the Lead Advisor appointment for the SJH Programme of Work (SJHPOW). The appointments of Construction, Design and Management (CDM) advisor and Supervisor from within Frameworks Scotland 2 are currently being procured.

3.1.2 Procurement plan and timescales

Table below demonstrates procurement plan and timescales. More detail will be provided by PSCP re programme plan. Appendix 5 entails the phasing plan for the capital construction.

Procurement	**Timescale**
FS2 OSCP appointment process	December 2018
Design	Feb and March 2019
Market testing phase	March-May 2019
Construction phase	May-October 2019

3.2 Scope of works and services

The PSCP will be responsible for providing all aspects of design and construction, including decants, and procurement of group 1 equipment throughout the course of the project.

The construction works will involve:

- Emergency Department upgrade (e.g. Minors in current plasters, relatives and viewing rooms, teaching and staff areas, etc.) and extension into the courtyard and treatment room in current observation ward

The construction works will be carried out in a live hospital environment with patient care being delivered, the project team will therefore be tasked with ensuring safe operation and business continuity at all times.

NHS Lothian will remain as the owner of the buildings throughout the term and will be responsible for the procurement of group 2-4 equipment, IT & Telecoms equipment, as well as provide Estates support to the project in terms of services isolations and shut-downs.

3.2.1 Design Quality Objectives/ Design Assessment Process

This is a relatively minor project which will not require full NDAP, but will adhere to the principles of the design quality to meet project expectations.

3.3 Risk allocation

The project Risk Register is a working document and continues to be developed. As part of the Frameworks Scotland 2 process and NEC3 form of contract the risk allocation will be split appropriately between NHS Lothian and PSCP. The costed and allocated risk register will be made available and appended to the Standard Business Case when completed. A first draft of the project risk register will be included in Appendix 3 and will be further developed as the project progresses with risk register workshops being held on a regular basis**.** The split or risk between the NHS and the PSCP will be determined through the construction of a costed risk register which is in progress

3.4 Payment structure

Frameworks Scotland 2 embraces the principles of 'collaborative working' to ensure that teams within and between the public and private sectors work together effectively. Collaborative working is defined as a relationship between purchasers and providers of goods and services throughout the supply chain, based on mutual objectives, maximising the effectiveness of each participant resource while continually seeking continuous improvement. This approach is designed to deliver ongoing tangible performance improvements due to repeat work being undertaken by the supply chains.

Under NHS Scotland Frameworks Scotland 2 PSCPs are appointed under the Frameworks Scotland 2 NEC3 Engineering and Construction Contract (ECC) form of contract. The decision on the contract option is yet to be finalised, however it is likely to be Option C: Target Price with Activity Schedule.

NEC 3 Contract Option C involves monthly payments to the PSCP up to the target cap with variations added by means of compensation events.

The contract will be extended in stages as the project develops and NHS Lothian approval and funds are received at each stage. The PSCP is appointed in stages. The design phase has started following the approval of the Initial Agreement by NHS Lothian and the formal appointment for the construction stage will only be made after the Standard Business Case is approved. However, in order to meet programme requirements an initial letter of comfort and order for site establishment is required in advance of SBC approval. This presents a modest potential abortive cost to NHS Lothian of £170K + VAT should approval not be obtained.

3.5 Contractual arrangements

A detailed Programme Plan will be provided by PSCP. At this stage the table below shows the proposed timetable for the progression of the business case and project delivery milestones:

Table 9: Project Timetable (Baseline)

Key Milestone	Date
Initial Agreement approved	Nov 2018 F&C; Jan 2019 IJB
Appointment of Principal Supply Chain Partner (PCSP)	January 2019
Appointment of Construction, Design and Management (CDM Advisor)	May 2019
Building warrant in principle obtained	April 2019
Standard Business Case approved	May 2019
Construction start	May 2019
Construction complete	October 2019

The programme is indicative and will be informed by design and further development of the decant strategy and the required integration with the other projects ongoing on the SJH site.

4 The Financial Case

The Financial Case considers the affordability of the scheme. This section sets out all of the associated capital and revenue costs of the preferred option, assesses its affordability, and considers the impact on NHS Lothian's finances.

In order to make this assessment, an overall affordability model has been developed covering all aspects of projected costs including estimates for:

- Capital costs for the preferred option
- Recurring revenue costs associated with existing services i.e. baseline costs and revenue costs associated with service expansion to determine the incremental revenue costs.

The costs detailed below are for the preferred strategic and implementation Option 6 only.

4.1 Capital Affordability

The estimated capital cost associated with the preferred option is detailed in the table below. Construction costs were provided by the joint cost advisors, Thomson Gray. These are an estimate as at 27 March 2019. It is understood that these costs will be varied as the market testing is completed. This has been reflected by including optimism bias.

The table also details any changes to costs from those included in the IA. These are further explained below.

Table 10: Capital Costs

Capital Cost (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at SBC	Preferred Option – Change in Costs
Construction	1,895	2,134	239
Professional Fees	341	381	40
Equipment	95	307	212
Surveys	30	30	-
Optimism Bias	531	456	-74
Total Cost (excl VAT)	**2,891**	**3,308**	**416**
VAT	578	662	83
Sub Total	**3,470**	**3,970**	**500**
Enabling Costs	-	25	25
VAT	-	5	5
Total Capital Cost	**3,470**	**3,999**	**529**

Non Recurring Revenue Costs (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at SBC	Preferred Option – Change in Costs
Staffing - Nursing	-	30	30

The assumptions made in the calculation of the capital costs are:

- Contingency is included by the cost advisors at 9.14% of construction costs. An additional £50k has also been included to allow for future proofing work. This will ensure that the building has foundations to allow additional floors to be added at a later date, if required.
- The current construction cost have 20-25% cost certainty, due to the time pressures of the project. As such, a 10% contingency has been included in the cost of construction as well as 16% optimism bias in accordance with the SCIM guidelines.
- No allowance for inflation has been included due to the accelerated construction timeline detailed in the Commercial Case.
- The equipment costs are based on lists agreed by the project team. A 5% contingency has also been included.
- VAT has been included at 20% on all costs. No VAT recovery has been assumed. VAT recovery will be further assessed in conjunction with specialist VAT advisors.
- Non recurring staffing costs have been included to cover the additional staff required to assist with setting up new areas and the decant of patients.

The capital costs have increased from those included in the IA by £529k. This is driven by an increase in construction costs of £239k, offset by a decrease in the optimism bias included due to the progress of the project (submission of planning application, detailed design etc). As noted above further market testing of costs is required before these will be finalised. This work is ongoing with the PSCP and cost advisor.

Funding of capital costs is proposed to be from NHS Lothian's formula and the costs for this project are included in NHS Lothian's 5 year property and asset management investment plan.

4.2 Revenue Affordability

The estimated recurring incremental revenue costs associated with the preferred option(s) are detailed in the table below. These represent the additional revenue costs when compared to the 'Do Nothing' option.

The table also includes the changes in these costs from those included in the IA. Further detail on the drivers behind these changes is also included below.

Table 11: Incremental Revenue Costs

Incremental Revenue Cost/year (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at SBC	Preferred Option – Change in Costs
Staffing - Nursing	956	867	(89)
Staffing - Medical	482	1,035	552
Staffing - Admin	44	53	10
Staffing - Facilities (Portering & Domestics)	16	123	107
Facilities (Energy & Rates)	13	6	(7)
eHealth	0	3	3

Non-Pays	-	-	-
Depreciation	193	200	(8)
Total Incremental Annual Revenue Cost	**1,704**	**2,287**	**581**

Revenue Cost (£k)	2019/2020 Part Year	2020/2021 Full Year	Recurring Cost
Staffing	866	2,078	2,078
Facilities	3	6	6
Depreciation	83	200	200
eHealth	-	3	3
Total Revenue Cost	**952**	**2,287**	**2,287**
Budget (£k)			
Depreciation	83	200	200
Agreed Financial Plan	864		
Funding Gap	**5**	**2,087**	**2,087**

The assumptions made in the calculation of the revenue costs are:

- Depreciation is based on a useful life of 20 years and assumed to be funded from the existing NHS Lothian Depreciation funding allocation (change from IA is driven by change in capital costs and increase in useful life from 15 to 20 years in line with project life)
- Staffing costs are based on the information contained in Appendix 6: Revenue Staffing Models
- Facilities costs are based on a footprint increase of 246m^2, per the proposed design.
- Non-pays costs are assumed to remain in line with existing spend.
- Incremental costs for all staffing are based on the difference to existing cost (as included in do nothing). It should be noted that there are already existing pressure in the service and the existing recurring budget is c. £844k lower than the forecast annual cost. This is a lower existing pressure than disclosed in the IA (£1.25m) as a reduction in sickness levels (and associated bank/ agency spend) has been noted in the latter part of 18/19 and is expected to continue.
- Staffing costs assume the ability to recruit permanent staff and reduce bank/ agency spend. There is a risk this will not be possible and would result in higher staff costs and less stability in the workforce. This has been highlighted as a risk for the project.

The recurring revenue costs have increased by £581k. The primary drivers behind the increase in the costs are an increase in the medical workforce required and an increase in the Portering and Domestics requirement. These are offset by a reduction is the modelled cost of the nursing workforce. Medical and Nurse Staff requirements have been derived using safe staffing principles and by mapping staff working patterns to patient attendance by arrival time and triage group. Portering and Domestic Staff requirements have increased as the footprint and clinical models have further developed.

The key drivers behind the increase is the increased requirement for medical staff to deliver the preferred strategic solution and the need for one additional porter working 24/7 (3WTE) was identified as required to facilitate the movement of patients between the ED cubicles and the x-ray room.

This will release clinical time of Radiologists who are currently undertaking this task and avoid the need to increase radiology resource during this phase.

4.3 Overall Affordability

The capital costs of £4.00m detailed above are planned to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and is included in the NHS Lothian Property and Asset Five Year Investment Plan. Capital costs are based on a 27 March 2019 estimate from the cost advisors and may therefore change when more detailed information become available.

The preferred option (option 5A) has a recurring annual incremental revenue cost of £2.28m. This does not including the present pressure that exists in the service - current (baseline) revenue staffing budgets are £844m below forecast actual costs.

All revenue costs have been reviewed and agreed by the relevant Service Management and the Finance Business Partner. At present non recurrent resource of £864K for unscheduled care initiatives has been allocated in the financial plan to fund the medical and nursing part year staffing costs for 2019/20. Depreciation expense will be funded from the existing NHS Lothian depreciation budget. This leaves unfunded recurring revenue costs of £2.08m.

Engagement with the Integrated Joint Board, in advance of the F&R meeting, is required to ascertain sufficient revenue contributions are directed by the IJB towards this unscheduled care pressure.

4.4 Confirmation of stakeholder support

NHS Lothian prioritised the need for change at SJH Emergency Department through NHS Lothian Capital Prioritisation Process 2018/19 and included in the Board's Property and Asset Management Strategy update to the Scottish Government (June 2018). Subsequently an Initial Agreement for phase 1 of this front door redesign, focussing on redesign and expansion of the ED, was previously supported to progress to Standard Business Case (SBC) by West Lothian IJB and NHS Lothian Finance and Resources Committee (Nov 2018).

Since approval of the SJH ED Redesign IA, development of the SBC has progressed in collaboration with West Lothian HSCP.

Throughout the development of the Standard Business Case engagement has been sought with staff and patients (through surveys and face to face opportunities, some examples in Appendix 11) which has been taken into account in forming the Proposals in terms of capital design of the footprint and staffing level requirements. An Integrated Impact Assessment has been conducted in March 2019 and a report is included in Appendix 14).

Through the SJH ED Redesign Programme Board, agreement regarding the Standard Business Case has been sought. The membership can be found in the TOR (Appendix 9).

Furthermore, the (draft) Standard Business Case (SBC) was shared with the West Lothian Strategic Planning Group 28 March 2019 for discussion and comment.

The SBC will be submitted to WL Integration Joint Board 23 April 2019 for discussion and approval and consequently F&RC (22 May) for formal approval of the Standard Business Case.

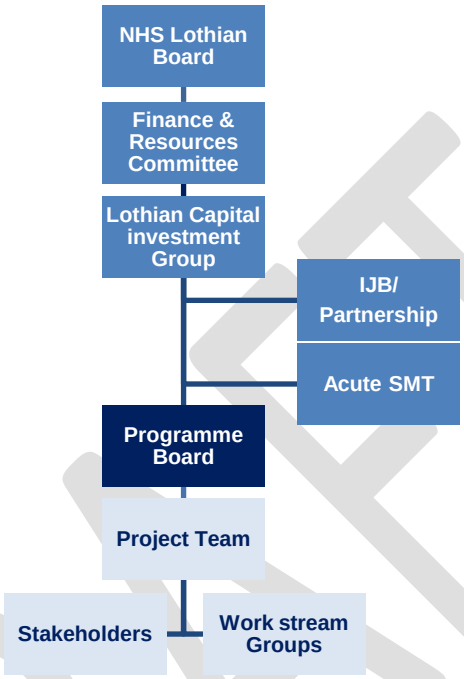
5 The Management Case

This section of the SBC addresses the achievability of the scheme in terms of NHS Lothian's readiness and ability to proceed to contract award and project implementation. It builds on the arrangements described in the IA by setting out in more detail the actions that will be required to ensure the successful delivery of the scheme in accordance with best practice.

5.1 Project Management

5.1.1 Governance arrangements

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.



5.1.2 Key roles and responsibilities

The table below notes the project team that will be responsible for taking the project forward including details of the capabilities and previous experience.

The project will be governed by the SJH Emergency Department Programme Board which oversees the full SJH ED redesign programme of works.

Table 12: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor/ Senior Responsible Officer	Jim Crombie	Deputy Chief Executive and Chief Officer Acute Services NHS Lothian

Role	Individual	Capability and Experience
Project Owner	Aris Tyrothoulakis Agnes Ritchie	SJH Site Director Associate Nurse Director
Capital Project Director Capital Project Manager	Iain Graham KokLim Yap	Director of Capital Planning and Projects Architectural advisor within Capital Planning and Projects by approximately 16 years.
Capital Finance Support	Immy Tricker/ Shelley Dick	Capital Finance manager with experience of multiple ongoing capital finance projects.
Finance Business Partner	Carol Mitchell	Finance Business Partner
Clinical Lead	Nicola McCullough Kim Houston	Clinical Director SJH ED Senior Charge Nurse SJH ED
Project Co-ordinator	Gillian Cunningham	General Manager
	Shirley Douglas-Keough	Clinical Service Manager
	Margaret Chapman	Clinical Nurse Manager
Revenue Finance support	Carol Mitchell	Finance Business Partner
Infection Control Support	SarahJane Sutherland William Evans	HAI Scribe lead NHS Lothian
Estates Sector Manager	Clark Lawson	Estates Manager with years of experience
Medical Physics and Equipment	Steve Kesterton Alan Brown	Servicing Manager Medical Physics Medical Equipment Asset Manager
Programme Manager	Marjolein Don	Strategic Programme Manager with experience of supporting the delivery of capital and strategic programmes.

Legal advice for the project (if required) will be obtained from the Central Legal Office. RMF have been appointed as Principal Supply Chain Partners through Frameworks Scotland 2. The table below lists the project's external advisors:

Table 13 : External Advisors

Role	Organisation & Named Lead
Contract Project Manager	Thomson Gray – John Lewthwaite
Cost Advisor (joint appointment)	Thomson Gray – Ross Lovatt
Principal Supply Chain Partner	RMF – Richard Cairns
Principal Designer	RMF – TBC (as part of overarching programme of works contract)
CDM Co-ordinator	To be appointed in May 2019

The roles and responsibilities of each of the project team members, together with other project stakeholders, are detailed in the Project Execution Plan document which will be will be developed further in collaboration with the PSCP team and set out the Project Management arrangements required for the Construction Stage.

A detailed Construction Phase Plan will be developed by the PSCP as part of the Construction Phase Health & Safety Plans prior to Construction start. The plan will focus on the construction processes including health & safety, infection control, traffic management and access arrangements, communication links, risk management and quality inspections.

5.1.3 Project plan and milestones

The table below includes a summary of the key project milestones and dates. A full project plan will be provided by PSCP.

Table 14: Project Timetable

Key Milestone	Date
Initial Agreement approved	November 2018 (F&R); January 2019 (WLIJB)
Appointment of Principal Supply Chain Partner (PCSP)	January2019
Appointment of Construction, Design and Management (CDM Advisor)	May 2019
Building warrant to be obtained	May 2019
Standard Business Case approved	April 2019 (WL IJB) & May 2019 (F&R)
Construction starts	May 2019
Construction complete and handover begins	October 2019
Service commences	October 2019

5.2 Change Management

In order to avoid scope creep and overspend and to ensure project success, change control mechanisms have been adopted. The Project Owner and Site Director, in conjunction with the Capital

Project Manager will be responsible for maintaining strict control of the project and managing changes as they arise.

In the delivery and commissioning stages of the project, the established design parameters will not be changed without the prior consent of NHS Lothian via the Project Owner, Project Manager and the Project Group. The NEC3 Form of Contract has a prescribed method of managing variations through the system of Early Warnings and Compensation Events.

Fortnightly Project Group meetings have been established for the day to day project operations and continuous communication with the SJH Senior Management Team and SJH Masterplanning and the SJH ED Redesign Programme Board members is also maintained in order to respond to key escalated issues and proposed changes in a timely manner. In addition, monthly SJH Programme of Works meetings including the Project Owner, Project Manager and the Hospital Management Team have been established in order to support the project delivery in a site - wide context.

Any changes to the project not impacting on the service delivery, programme, time or cost will be decided on by the Project Director and the Project Group. Otherwise, all project change requests will be referred via the SJH ED Redesign Programme Board.

5.2.1 Engagement with Stakeholders

The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date. This is followed by the stakeholder engagement and communication plan.

Table 15: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Patients/service users	Patients and service users affected by this proposal include patients using the Emergency Department at SJH. Their involvement in its development includes feedback gathering through surveys handed out in ED and the opportunity provided to participate in the development of the redesign through a patient focus group (26th March, 2019).	The driver of the ED redesign is the 4 hour ED standard as well as overcrowding and patient experience and outcomes, which have been used in the options appraisal. Feedback from the surveys (some provided in Appendix 11), the patient focus group (Appendix 12) and Integrated Impact Assessment (Appendix 13) will be considered as proposals are developing.
General public	The general public might be affected by this proposal by disruption during building works onsite. However the outcome of the proposal will be better public facilities. This has thus not required a wide range of public consultations events. With the development of the phasing plan, the impact on surroundings has been taken into account.	Colleagues from West Lothian HSCP have been consulted with on the clinical model and feedback has been incorporated accordingly. Next steps include sharing the plans with the SJH Stakeholders group and at the SJH Patient Focus group with representation from the Joint Forum of the Community Councils.

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Staff	Staff affected by this proposal include staff across the Emergency Department and during construction adjacent facilities. Their involvement in its development includes participation in discussions of project plans and staffing arrangements. A survey has been distributed to collate feedback on how ED can be improved. There is likely to be some service disruption while areas within ED are decanted however there will be ongoing communication and planning to keep this to a minimum. The general environment for staff will be improved both within decant facilities and once enabling is complete having a positive impact.	Staff representatives and Partnership were consulted on the final version of the Initial Agreement by meeting re Options Appraisal, on 11.10.2018 and virtual agreement on the IA in the following week. Their feedback was in regards to the clinical model, staffing implications and scoring of the options appraisal, which has been incorporated into this proposal. Further engagement has been had through the ED Programme Board, meetings to progress the SJH ED redesign as well as through staff surveys and face to face conversations regarding the proposed floor plan. Feedback from staff has been incorporated in project plans as they have developed.
Other key stakeholders and partners	Other key stakeholders identified for this proposal have been included in discussions as plans have progressed with opportunities for changes to be made at various stages in the process. The majority of key stakeholders have been invited to participate in the ED Programme Board.	Confirmed support for this proposal has been gained through the options appraisal meeting and virtual agreement on the IA. Key stakeholders have been involved progressing the SJH ED Redesign to the Standard Business Case, by inviting them to the SJH ED Programme Board.

The potential impact of the project on the NHS Board's operational and service activities, processes and people has been assessed and, where this identified a need for further planning to take place, an operational and service change management plan has been prepared. This is reflected in the HAI Scribe Stage 1 and the Phasing Plan/Programme of Works (Appendix 10 & 5).

Considering the project cost is forecasted to be under £5m the project has not used the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality, however, a broad range of stakeholders have been involved in the development of the agreed design for the ED.

5.3 Benefits Register and Realisation Plan

The investment objectives and the Strategic Assessment (Appendix 1) have informed the development of a Benefits Register (Appendix 2: Benefits Register and Realisation plan).

As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this register is intended to record all the main benefits of the proposal and also includes a full Benefits Realisation Plan detailing how the benefits will be realised and measured.

5.4 Risk Management

Risks are managed consistently across the project via a risk management strategy that is in line with the NEC3 standard contract procedures.

NHS Lothian and the project team recognises that all projects involve risk that needs to be identified and pro-actively managed to ensure that the project successfully meets its objectives, and that these risks are heightened when undertaking refurbishment works within a live acute hospital environment.

Project risk is managed within the project team and led by the Project Owner. A risk work stream has been established to identify, evaluate, manage, and monitor risks throughout the life of the project. This will be part of the monthly progress meetings. A project risk register is used to record and manage all risks associated with the project and it is a key part of the project's control processes. It is maintained as a live document which is referred to by all members of the project team and continually updated by the NEC Project Manager. Risks are managed by a named risk owner and risk review workshops will take place regularly to ensure the risk register remains relevant and remove those as these expire. The Risk Register is consistent with the HFS guidance and adopts a "traffic light scoring system". Risk updates are planned to be reported regularly in the monthly progress meetings and this will continue for the duration of the project.

The latest version of the project Risk Register will be included in Appendix 3. As the document develops in line with the project stages, the risks will be quantified in cost terms where possible. These risks will be subjected to a capital cost estimate, based on their likelihood and impact. This work will be undertaken in support of the development of capital cost estimates initially and agreed with the PSCP prior to the agreement of the Target Price sum.

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these.

A full risk register is included in Appendix 3: Risk Register. This is a live document and will discussed and updated at the ED Programme board meetings when appropriate.

Table 16 Strategic Risks

Theme	Risk	Safeguard
Workforce	Availability of workforce across all professional groups Ability to recruit to SJH Additional risk entails that the ED is currently understaffed, which has implications for delivering safe care. New ways of working required from staff.	Fully outline and cost the workforce changes needed to meet the ED producing plans which detail the expected workforce required. Nursing post recruitment for ED has never been a problem. SJH in the process of advertising for doctors and recruiting same time with RIE. Education post will go out to advert. Open Day in June 2019 for SJH will be used to draw attention to recruitment in ED. CDFs are proposed to offset the current gap in

		medical workforce (e.g. Junior Doctors). If CDF could not be recruited to, an ANP could potentially be recruited to. SJH links with Forth Valley and Napier University regarding nursing recruitment.
Capital	Securing Capital. There is a risk that the capital work required will not finish before winter. It has been assumed a phased approach will be taken and no decant will be required. Should decant be required costs will increase.	The appropriate governance route will be followed. Considering the capital costs are under £5m the NHS Lothian capital governance route will be followed. The SBC will go to Acute SMT, LCIG and F&R, as well as to WL SPG and WL IJB. Safeguard is to break down the longer vision for SJH One Front Door, into phases and focus on phase 1 for winter 2018/2019. Phase 1 ED construction has been planned in a construction phased approach. This does mean that the project is taking slightly longer to ensure patient safety and effective care for patients. Minimising disruption to patients.
Revenue	Absence of a funding source to meet the additional revenue requirements anticipated is a key risk to delivery. Understanding and securing revenue. Funding model needs to be agreed. Risk is decisions are made now without understanding fully potential impact of financial model.	Fully cost new service model and working towards SBC identify true additional revenue implications. Inclusive approach to developing staffing levels, incl. Professional leads and AND unscheduled. Financial plan includes £864K for revenue cost for financial year 2019/2020 from when the construction is complete. This number is based on costs outlined in the IA. NHS Lothian Board to work with WLIJB regarding identifying revenue source. WL IJB governance route will be followed, e.g. WL SPG and WL IJB.
Current Capacity Constraints	4 hour ED standard breaches due to existing capacity constraints	There will be a period of time where the department will have reduced cubicles. This will be mitigated as minor injuries will be carried out in the observation ward. However, capacity concerns will remain during construction. Specialty pathways to be developed and taking activity away from ED/Obs ward as appropriate.
Readiness of/ Impact on other	Readiness of Observation ward and OPD2/ LUCS to move and free up space for	There will be an impact on the LUCS room and re-provision meetings are taking place to

services	ED expansion. Plaster techs to be re-provided elsewhere. Impact on Radiology and Portering. The works are in a live Emergency Department.	find an appropriate solution. Observation ward will come under management of general medicine. There will be an impact on the Plaster Techs and re-provision meetings are taking place to find an appropriate solution. Radiology and facilities have been taken into account in the staffing models to mitigate any adverse impact on these services due to the expansion. Further development will be taken into account in Phase 2. Working mitigation and limitation measures in place, such as 'stop escalation process'.
Construction risks from RMF	Brexit and potential impact on inflation on construction materials and possible shortfall of workforce. Any significant event in ED that could have an impact on construction and would require works to stop on site which will have a knock on affect on the programme. Any significant change to the agreed design. Traffic Management Due to construction (e.g. ambulance) Fire safety	Procuring subcontractors as early as practically possible and identifying materials that are sourced outside UK. If a significant event occurs there will be a management meeting set up to establish the period of time the work has to stop and to give steer on when works can recommence to minimise delay. Robust early design engagement has been completed to mitigate later design change and any emerging changes need to be dealt with on an individual basis. SJH coordination meetings are taking place to take this into consideration. Fire safety plan in development between RMF and NHS Lothian Fire officer. Fire brigade will sign it off.

5.5 Commissioning

The commissioning process will be managed by PSCP and assisted by NHS Lothian Estates Department. A Sector Estates manager is dedicated to the SJH ED Redesign Programme of Works will be responsible for leading on this aspect of the project, ensuring *that commissioning is delivered in accordance with the NHSScotland Commissioning process*. A CDM is to be appointed to oversee the SJH Programme of Works, including SJH ED Redesign. They will be appointed from Frameworks Scotland 2 scheme and will be expected to support the commissioning process.

Prior to completion the PSCP will issue a commissioning programme.

5.6 Project Evaluation

The Project Owner will be supported by the Users and the Project Team in managing and monitoring the project's progress against the agreed programme, quality of the works against the agreed specification and plans and delivery of the project to the approved Business case target cost and overall budget.

Through the monthly progress meetings the NEC project manager will provide progress and updates to the Project Owner as well as quarterly reports to the ED Programme Board to prove governance and project delivery. These reports will be escalated to LCIG in line with the risk management profile for projects agreed by Finance and Resources Committee.

The report will provide the sections:

- Executive summary headlines for the following key issues
- Health and safety issues
- List of keys activities past/next month
- Programme and performance
- Financial issues
- Risk and issues requiring escalation

Monthly progress meetings in addition to more frequent project meetings have already been established, enabling the project director and the project team to review the project in a wider SJH Programme of Works context and to identify any constraints or dependencies affecting the project. Quarterly Project Steering group meetings have also been organised with the senior stakeholders from NHS Lothian and the PSCP in order to maintain communication and give opportunity to voice any concerns on a senior level.

The project progress will be evaluated in stages:

Design Process Evaluation

An evaluation of the design process and outputs has been undertaken through the form of a phasing plan to assess the effectiveness of the design process in meeting the project objectives. This identified any issues prior to construction and give opportunity to assess the project against the budget and programme and take appropriate mitigation measures as required.

Monitoring Construction

During the construction period progress will be monitored by the Capital Project Manager and appointed advisors to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, to ensure these match the project's intended outputs and deliver its objectives.

Post Project Evaluation of the Construction Project and Service Outcomes

This will be undertaken 12 months after the facility has been commissioned. The objective is to determine the success of the construction and commissioning phases and the transfer of services into the new facilities and what lessons may be learned from the process.

NHS Lothian is committed to ensuring that a thorough and robust Post-Project Evaluation is undertaken to ensure that lessons can be learnt from the project and taken forward into the future. The

Post Project Evaluation Report will review the success of the project against its original objectives, its performance in terms of time, cost and quality outcomes and whether it has delivered value for money. It will also provide information on key performance indicators. This review will be led by a senior member of the Project Board and supported by project resources. The Post Project Evaluation Report will be submitted to the Finance and Resource Board for its review and dissemination.

6 Conclusion

The strategic assessment for this proposal (included in Appendix 1) scored 21 (weighted score) out of a possible maximum score of 25.

NHS Lothian and the West Lothian Integration Joint Board (IJB) continue to be faced with significant challenges with whole system performance against the 4 hour emergency standard.

This proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian and for SJH as a site as part of the NHS Lothian Capital Prioritisation process 2018/19.

The drivers for change remain valid and the proposal remains a priority for NHS Lothian, ranked highly amongst other prioritised formula funded schemes.

Investment in unscheduled care remains a priority nationally as identified by the unscheduled care 6 Essential Actions strategy.

Appendix 1: Strategic Assessment

PROJECT: Expansion of SJH Emergency Department (ED)

What are the Current Arrangements: The Emergency Department at SJH provides emergency care to patients in West Lothian region, expanding into West Edinburgh. The department provides care for a range of medical and surgical emergencies as well as a range of minor injuries, psychiatry and paediatric presentations. The ED consists of 12 cubicles and 3 resuscitation spaces, one of which is for paediatric emergencies. There is currently limited separation of major and minors flow due to design.

What is the need for change?

- Size of main care area is inadequate an 8% increase in the number of attendances since 2013 combined with insufficient assessment space results often in overcrowding and increases risk of cross infection. The risks associated with over-crowding in an ED & the adverse impact on outcomes as well as the indignity of receiving treatment in corridors are well documented.
- This change has been amplified by increasing complexity and acuity of patients presenting at the ED as well as increasing frailty. A greater volume of complex unwell elderly in need of cubicle care further reduces flexibility of current arrangements & exacerbates overcrowding .
- In accordance with clinical guidelines we increasingly provide more complex interventions in ED delivering a recognised set of investigations for e.g. the management of stroke, cardiac care & sepsis. Delivering these under current arrangements is becoming increasingly more challenging.
- The ED is the receiving site for Mental Health patients in WL and there is currently no dedicated anti- ligature assessment and treatment area for complex MH patient at the front door.
- Poor patient experience is evidenced in an increasing number of patient complaints, ED performance against the 4 hr standard and the number of long waits over 8 & 12 Hours.

Identify Links

What benefits will be gained from addressing these needs?

- Reduces risk of overcrowding and increases the safety of people receiving care and support in the ED.
- Improves the ability of ED to manage patients destination appropriately & reduces the risk of unnecessary admission & supports people to return home sooner.
- Reduces complexity required to manage department, improves staff experience & wellbeing & improves ED ability to recruit and retain key staff.
- Ensures people who use health and social care services have positive experiences and their dignity respected.
- Improves the quality of care provided and improves patient outcomes.
- Improves efficiency and effectiveness of ED and optimises use of staffing resource ensuring patients see the right professional at the right time.
- Improves ED performance against the 4hr standard and first assessment of 90 minutes and reduces waits experienced by SAS waiting for cubicles.

Identify Links

How do these benefits link to NHSScotland's Strategic Investment Priorities?

	Prioritisation Score
Person Centred	5
Safe	5
Effective Quality of Care	4
Health of Population	3
Value & Sustainability	4
TOTAL SCORE	21

What solution is being considered

Service Scope / Size

Scope of redesign to include adult, MH and paediatric emergency flows. Excluding Oncology ? Working closely with LUCS?

Service Arrangement

Expansion of footprint and reconfiguration of Emergency Department to separate patient groups into 3 flows in co-located areas

Service Providers

ED, MH, Paediatrics, LUCS, AMU, GPs ,Community Teams.

Impact on Assets

Expansion of ED at SJH

Value & Procurement

under £5m

Appendix 2: Benefits Register and Realisation plan

Step 1: Identify desired benefits and include in the project benefits register

Project Name												
1. Benefits Register						*2. Prioritisation*	*3. Realisation*					
Ref No.	**Benefit**	**Assessment**	**As measured by**	**Baseline Value**	**Target Value**	**Relative Importance**	**Who Benefits?**	**Who is responsible?**	**Investment Objective**	**Dependencies**	**Support Needed**	**Date of Realisation**
1	Demand and Capacity: Eliminate overcrowding	Quantitatively	RAG status	As per report from Strategic Programme Manager Unscheduled Care	Reduction in amber and red status due to number of patients in department	5 - Vital	Patients, Staff, Organisation	General Manager and Service Manager	1 & 2 & 5	Part of whole system (e.g. Link with MAU)		After 12 months of operation
2	Demand and Capacity: ED to keep in line with demand	Quantitatively	4 hour standard	Feb 2019 MTD 84.41%	Predicted March 2020 Trajectory 90.35%	4 - Important	Patients, Staff, Organisation	General Manager and Service Manager	1 & 3	Part of whole system (e.g. Link with Community services, MAU and Frailty Programme)		After 12 months of operation
3	Demand and Capacity: Mental Health facility and other specialist required (e.g. Rapid Assessment and Triage)	Qualitatively	MH legislation compliant room and triage space	Limited triage capacity in current department with triage taking place in other areas including corridors due to overcrowding. No mental health legislation compliant space due to age of department. Current space made as safe as possible and process in place to care and observe patients at risk.	Increased triage capacity and appropriate workforce, earlier diagnostic requests, direction to pathway incl. minors unit, mental health room, surgical treatment room etc.	4 - Important	Mental Health Patients, Staff and Public	Service Manager ED and MH?	1 & 4	Link with Mental Health community services		After 12 months of operation

4	Pathway Dedicated Areas: No competing demand for cubicles	Qualitatively	Dedicated Minors space and workforce and more cubicles with monitoring equipment in general	All pathways seen within the same department - 12 cubicles and resus. Additional space from outpatients requested regularly to support. Medical patients redirected to department.	Dedicated and protected minor injuries and illness facility within the department, additional cubicles to treat major presentations, mental health compliant treatment areas, treatment room for surgical patients. Complimentary work to streamline pathways and develop alternatives to attendance or admission where possible and safe to do so. Monitor compliance of flows within department. Anticipated improvement in all flows especially flow 1 and 2.	4 - Important	Patients, Staff, Organisation	Service Manager	1& 2	Part of whole system		After 12 months of operation
5	Pathway Dedicated Areas: Manage patient destination appropriately in ED	Qualitatively	Increased triage capacity and revised ways of working and dedicated minors and additional cubicles	Limited triage capacity, all patients triaged by triage nurse before direction, limited defined spaces to provide pathways of care.	Increased triage capacity and appropriate workforce, earlier diagnostic requests, direction to pathway incl. minors unit, mental health room, surgical treatment room etc.	4 - Important	Patients and Staff	Service Manager	1 & 2 & 3 & 4 & 5	Part of whole system		After 12 months of operation
6	Pathway Dedicated Areas: Reduce complexity to manage the logistics of the department	Qualitatively	Increased triage capacity and revised ways of working and dedicated minors and additional cubicles	Limited triage capacity, all patients triaged by triage nurse before direction, limited defined spaces to provide pathways of care	Increased triage capacity and appropriate workforce, earlier diagnostic requests, direction to pathway incl. minors unit, mental health room, surgical treatment room etc.	4 - Important	Patients and Staff	Service Manager	1 & 3	Appropriate communication e.g. With MH service and radiography, etc. (Frailty programme link?)		After 12 months of operation

7	Pathway Dedicated Areas: Improve patient outcomes	Qualitatively	Complaints and 4 hour standard. Improved waiting area, improved viewing and relatives room and less overcrowding	Limited triage capacity, all patients triaged by triage nurse before direction, limited defined spaces to provide pathways of care. Variation in time to triage and time to first assessment	Improve time to triage and time to first assessment, seen by appropriate healthcare provider earlier in journey e.g. direct to minors unit.	4 - Important	Patients and Staff	Service Manager	1 & 5			After 12 months of operation
8	Pathway Dedicated Areas: Improve efficiency and effectiveness of ED	Qualitatively	Increased triage capacity and revised ways of working and dedicated minors and additional cubicles	Limited cubicle space. No dedicated and protected mental health legislation compliant space. Existing cubicles made as safe as possible and process in place to support delivery of safe care	Defined yet flexible physical footprint with cubicles and treatment spaces designed to support delivery of high quality care.	4 - Important	Patients and Staff	Service Manager	1 & 3			After 12 months of operation
9	Whole system approach & performance : Improve 4 hour ED Standard .	Quantitatively	4 hour standard and breach analysis	Feb 2019 MTD 84.41%. Main Breach reasons are wait for first assessment, wait for bed - non monitored and clinical exception	Predicted March 2020 Trajectory 90.35%. Anticipate reduction in breaches wait for first assessment	5 - Vital	Patients, Staff, Organisation	General Manager and Service Manager	1 & 2	Whole system approach		After 12 months of operation
10	Whole system approach & performance : Early diagnostics in the patient journey	Qualitatively	Triage pathway and dedicated space and diagnostic breaches	Initial or additional diagnostics often requested at point of first assessment	Request diagnostics earlier in patient journey if access to triage and appropriate staff available.	4 - Important	Patients and Staff	Service Manager	1 .			After 12 months of operation
11	Whole system approach & performance : Improved environments to deliver care, incl. Mental Health	Qualitatively	MH legislation compliant room(s) and additional cubicles with monitoring equipment	Limited cubicle space. No dedicated and protected mental health legislation compliant space. Existing cubicles made as safe as possible and process in place to support delivery of safe care	Additional cubicles and treatment space including triage and surgical hot clinic. Two cubicles within the new department that are mental health legislation compliant. Additional staff base to allow observation of patients. Monitoring equipment in cubicles.	4 - Important	Patients, Staff and the Public	General Manager and Service Manager	3 & 4 & 5	MH colleagues and developments in the community		After 12 months of operation

12	Whole system approach & performance : Strengthen relationship with other services including assessment at front door	Qualitatively	Revising patient pathways beyond ED, revise triage processes, treatment room built	Referral and escalation processes utilised. Majority telephone/bleep requests. ROTAS team support patients home from ED.	Earlier identification and referral to specialist services. Timely review and decision making by specialist teams. Timely transfer to appropriate place of ongoing care	3 - Moderately important	Staff and Patients	General Manager	1 & 4			After 12 months of operation
13	Whole system approach & performance : Reduced handover waits by SAS	Quantitatively	SAS waits	average 45/30 min	20 min	4 - Important	Patients, Staff, SAS	General Manager	1 & 2 & 3 & 5			After 12 months of operation
14	Person Centeredness: Improve overall patient experience	Qualitatively	Complaints and 4 hour standard. Improved waiting area, improved viewing and relatives room and less overcrowding and ensuring privacy and dignity where appropriate	Overcrowding in department and breaches of 4, 8 and 12 hours.	Reduce overcrowding and reduce number of breaches. Purpose built relatives and viewing room. Updated waiting areas with revised signage and information.	4 - Important	Patients and Staff	General Manager and Service Manager	1 & 2 & 5			After 12 months of operation
15	Person Centeredness: Improve staff experience	Qualitatively	Improved staff facilities and reduction in overcrowding and revised staffing models	Overcrowding in department and breaches of 4, 8 and 12 hours. Limited staff faciliteis in department including access to IT	Reduce overcrowding and reduce number of breaches. Access to staff facilities including changing areas, staff room, dedicated training space, 2 staff bases within department with access to IT, control room	4 - Important	Staff and Patients	General Manager and Service Manager	2 & 5	Link with Organisational Development work		After 12 months of operation

16	Person Centeredness: Patients have a positive experience and dignity respected	Qualitatively	Due to less overcrowding, patient care will be delivered within clinical dedicated areas	Every effort is made to deliver safe and high quality care. Instances of overcrowding and long waits in the department.	Reduce overcrowding and reduce number of breaches. Purpose built relatives and viewing room. Updated waiting areas with revised signage and information	4 - Important	Patients and Staff	General Manager and Service Manager	3 & 5			After 12 months of operation

Appendix 3: Risk Register

1. Identification			2. Assessment			3. Control		4. Monitoring	
Risk No	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner Type	Risk Owner Individual
1. Overarching Programme Risks									
1.1	**Workforce:** Availability of workforce across all professional groups Ability to recruit to SJH Additional risk entails that the ED is currently understaffed, which has implications for delivering safe care. New ways of working required from staff. Availability of workforce across all professional groups Ability to recruit to SJH Additional risk entails that the ED is currently understaffed, which has implications for delivering safe care. New ways of working required from staff. vailability of workforce across all professional groups Ability to recruit to SJH **Workforce**: There are risks associated with workforce.	Non-Financial	4	2	8	Fully outline and cost the workforce changes needed to meet the ED producing plans which detail the expected workforce required. Nursing post recruitment for ED has never been a problem. SJH in the process of advertising for doctors and recruiting same time with RIE. Education post will go out to advert. Open Day in June 2019 for SJH will be used to draw attention to recruitment in ED. CDFs are proposed to offset the current gap in medical workforce (e.g. Junior Doctors). If CDF could not be recruited to, an ANP could potentially be recruited to. SJH links with Forth Valley and Napier University regarding nursing recruitment.	Mitigate		GC & AR

	These include: Availability of workfroce acorss all professional groups. The Ability to recruit to SJH. Additional risk entails that the ED is currently understaffed, which has implications for delivering safe care. Finally, there is a risk associated with new ways of working required from staff								

1.2	**Capital:** There are risks associated with captial. These include securing captial. A risk that the captial work required will not finish before winter. It has been assumed a phased approach will be taken and no decant will be requried. Should decant be required costs will increase.	Financial	4	2	8	The appropriate governance route will be followed. Considering the capital costs are under £5m the NHS Lothian capital governance route will be followed. The SBC will go to Acute SMT, LCIG and F&R, as well as to WL SPG and WL IJB.Safeguard is to break down the longer vision for SJH One Front Door, into phases and focus on phase 1 for winter 2018/2019.Phase 1 ED construction has been planned in a construction phased approach. This does mean that the project is taking slightly longer to ensure patient safety and effective care for patients. Minimising disruption to patients	Mitigate		AT & GC

1.3	**Revenue:** There are risks associated with revenue. These entail Absence of a funding source to meet the additional revenue requirements anticipated is a key risk to delivery. Understanding and securing revenue. Funding model needs to be agreed. Risk is decisions are made now without understanding fully potential impact of financial model.	Financial	5	4	20	Fully cost new service model and working towards SBC identify true additional revenue implications. Inclusive approach to developing staffing levels, incl. Professional leads and AND unscheduled. Financial plan includes £864K for revenue cost for financial year 2019/2020 from when the construction is complete. This number is based on costs outlined in the IA. NHS Lothian Board to work with WLIJB regarding identifying revenue source. WL IJB governance route will be followed, e.g. WL SPG and WL IJB	Mitigate		AT & GC

1.4	**Readiness/Impact on other services:** There are associated risks with the readiness. These include: Readiness of Observation ward and OPD2/ LUCS to move and free up space for ED expansion. Plaster techs to be re-provided elsewhere.Impact on Radiology and Portering.	Non-Financial	4	2	8	There will be an impact on the LUCS room and re-provision meetings are taking place to find an appropriate solution. Observation ward will come under management of general medicine.There will be an impact on the Plaster Techs and re-provision meetings are taking place to find an appropriate solution. Radiology and facilities have been taken into account in the staffing models to mitigate any adverse impact on these services due to the expansion. Further development will be taken into account in Phase 2.	Mitigate		JC

1.5	**Construction risks from RMF: There are risks associated with the constructino. These include A**ny significant event in ED that could have an impact on construction and would require works to stop on site which will have a knock on affect on the programme. Any significant change to the agreed design. Traffic Management Due to construction (e.g. ambulance) Fire safety. The works are in a live ED department.	Non-Financial	4	3		Procuring subcontractors as early as practically possible and identifying materials that are sourced outside UK. If a significant event occurs there will be a management meeting set up to establish the period of time the work has to stop and to give steer on when works can recommence to minimise delay. Robust early design engagement has been completed to mitigate later design change and any emerging changes need to be dealt with on an individual basis. SJH coordination meetings are taking place to take this into consideration. Fire safety plan in development between RMF and NHS Lothian Fire officer. Fire brigade will sign it off. Working mitigation and limitation measures are in place, considering the works are in a live ED.	Mitigate		KY, JL

Appendix 4: Non-Financial benefits Assessment

Step 1: Identify desired benefits and include in the project benefits register

1. Benefits Register						*2. Prioritisation*
Ref No.	**Benefit**	**Assessment**	**As measured by**	**Baseline Value**	**Target Value**	**Relative Importance**
1	Demand and Capacity: Eliminate overcrowding	Quantitatively	RAG status	*awaiting report from Robyn/Bhav*	Reduction in amber and red status due to number of patients in department	5 - Vital
2	Demand and Capacity: ED to keep in line with demand	Quantitatively	4 hour standard	Feb 2019 MTD 84.41%	Predicted March 2020 Trajectory 90.35%	4 - Important
3	Demand and Capacity: Mental Health facility and other specialist required (e.g. Rapid Assessment and Triage)	Qualitatively	MH legislation compliant room and triage space	Limited triage capacity in current department with triage taking place in other areas including corridors due to overcrowding. No mental health legislation compliant space due to age of department. Current space made as safe as possible and process in place to care and observe patients at risk.	Increased triage capacity and appropriate workforce, earlier diagnostic requests, direction to pathway inc minors unit, mental health room, surgical treatment room etc.	4 - Important
4	Pathway Dedicated Areas: Less competing demand for cubicles	Qualitatively	Dedicated Minors space and workforce and more cubicles with monitoring equipment in general	All pathways seen within the same department - 12 cubicles and resus. Additional space from outpatients requested regularly to support. Medical patients redirected to department.	Dedicated and protected minor injuries and illness facility within the department, additional cubicles to treat major presentations, mental health compliant treatment areas, tretment room for surgical patients. Complimentary work to streamline pathways and develop alternatives to attendance or admission where possible and safe to do so. Monitor compliance of flows within department. Anticipated improvement in all flows especially flow 1 and 2.	4 - Important
5	Pathway Dedicated Areas: Manage patient destination appropriately in ED	Qualitatively	Increased triage capacity and revised ways of working and dedicated minors and additional cubicles	Limited triage capacity, all patients triaged by triage nurse before direction, limited defined spaces to provide pathways of care.	Increased triage capacity and approparite workforce, earlier diagnostic requests, direction to pathway inc minors unit, mental health room, surgical treatment room etc.	4 - Important
6	Pathway Dedicated Areas: Reduce complexity to manage the logistics of the department	Qualitatively	Increased triage capacity and revised ways of working and dedicated minors and additional cubicles	Limited triage capacity, all patients triaged by triage nurse before direction, limited defined spaces to provide pathways of care	Increased triage capacity and appropriate workforce, earlier diagnostic requests, direction to pathway inc minors unit, mental health room, surgical treatment room etc.	4 - Important
7	Pathway Dedicated Areas: Improve patient outcomes	Qualitatively	Complaints and 4 hour standard. Improved waiting area, improved viewing and relatives room and less overcrowding	Limited triage capacity, all patients triaged by triage nurse before direction, limited defined spaces to provide pathways of care. Variation in time to triage and time to first assessment	Improve time to triage and time to first assessment, seen by appropriate healthcare provider earlier in journey eg direct to minors unit.	4 - Important

8	Pathway Dedicated Areas: Improve efficiency and effectiveness of ED	Qualitatively	Increased triage capacity and revised ways of working and dedicated minors and additional cubicles	Limited cubicle space. No dedicated and protected mental health legislation compliant space. Existing cubicles made as safe as possible and process in place to support delivery of safe care	Defined yet flexible physical footprint with cubicles and treatment spaces designed to support delivery of high quality care.	4 - Important
9	Whole system approach & performance: Improve 4 hour ED Standard .	Quantitatively	4 hour standard and breach analysis	Feb 2019 MTD 84.41%. Main Breach reasons are wait for first assessment, wait for bed - non monitored and clinical exception	Predicted March 2020 Trajectory 90.35%. Anticipate reduction in breaches wait for first assessment	5 - Vital
10	Whole system approach & performance: Early diagnostics in the patient journey	Qualitatively	Triage pathway and dedicated space and diagnostic breaches	Initial or additional diagnostics often requested at point of first assessment	Request diagnostics earlier in patient journey if access to triage and appropriate staff available.	4 - Important
11	Whole system approach & performance: Improved environments to deliver care, incl. Mental Health	Qualitatively	MH legislation compliant room(s) and additional cubicles with monitoring equipment	Limited cubicle space. No dedicated and protected mental health legislation compliant space. Existing cubicles made as safe as possible and process in place to support delivery of safe care	Additional cubicles and treatment space including triage and surgical ht clinic. Two cubicles within the new department that are mental health legislation compliant. Additional staff base to allow observation of patients. Monitoring equipment in cubicles.	4 - Important
12	Whole system approach & performance: Strengthen relationship with other services (rotas, patient pathways, etc.) by assessment at front door	Qualitatively	Revising patient pathways beyond ED, revise triage processes, treatment room built	Referral and escalation processes utilised. Majority telephone/bleep requests. ROTAS team support patients home from ED.	Earlier identification and referral to specialist services. Timely review and decision making by specialist teams. Timely transfer to appropriate place of ongoing care	3 - Moderately important
13	Whole system approach & performance: Reduced handover waits by Scottish Ambulance Service	Quantitatively	SAS waits	average 45/30 min	20 min	4 - Important
14	Person Centeredness: Improve overall patient experience	Qualitatively	Complaints and 4 hour standard. Improved waiting area, improved viewing and relatives room and less overcrowding and ensuring privacy and dignity where appropriate	Overcrowding in department and breaches of 4, 8 and 12 hours.	Reduce overcrowding and reduce number of breaches. Purpose built relatives and viewing room. Updated waiting areas with revised signage and information	4 - Important
15	Person Centeredness: Improve staff experience	Qualitatively	Improved staff facilities and reduction in overcrowding and revised staffing models	Overcrowding in department and breaches of 4, 8 and 12 hours. Limited staff facilities in department including access to IT	Reduce overcrowding and reduce number of breaches. Access to staff facilities including changing areas, staff room, dedicated training space, 2 staff bases within department with access to IT, control room	4 - Important
16	Person Centeredness: Patients have a positive experience and dignity respected	Qualitatively	Due to less overcrowding, patient care will be delivered within clinical dedicated areas	Every effort is made to deliver safe and high quality care. Instances of overcrowding and long waits in the department.	Reduce overcrowding and reduce number of breaches. Purpose built relatives and viewing room. Updated waiting areas with revised signage and information	4 - Important

Step 2: Weight the benefits out of a total score of 100			
#	Benefit	Relative Importance	Weighting (%)
1	Demand and Capacity: Eliminate overcrowding	5 - Vital	9%
2	Demand and Capacity: ED to keep in line with demand	4 - Important	6%
3	Demand and Capacity: Mental Health facility and other specialist required (e.g. Rapid Assessment and Triage)	4 - Important	6%
4	Pathway Dedicated Areas: Less competing demand for cubicles	4 - Important	6%
5	Pathway Dedicated Areas: Manage patient destination appropriately in ED	4 - Important	6%
6	Pathway Dedicated Areas: Reduce complexity to manage the logistics of the department	4 - Important	6%
7	Pathway Dedicated Areas: Improve patient outcomes	4 - Important	6%
8	Pathway Dedicated Areas: Improve efficiency and effectiveness of ED	4 - Important	6%
9	Whole system approach & performance: Improve 4 hour ED Standard .	5 - Vital	9%
10	Whole system approach & performance: Early diagnostics in the patient journey	4 - Important	6%
11	Whole system approach & performance: Improved environments to deliver care, incl. Mental Health	4 - Important	6%
12	Whole system approach & performance: Strengthen relationship with other services (rotas, patient pathways, etc.) by assessment at front door	3 - Moderately important	4%
13	Whole system approach & performance: Reduced handover waits by Scottish Ambulance Service	4 - Important	6%
14	Person Centeredness: Improve overall patient experience	4 - Important	6%
15	Person Centeredness: Improve staff experience	4 - Important	6%
16	Person Centeredness: Patients have a positive experience and dignity respected	4 - Important	6%
		Total	**100%**
		Check	**Okay**

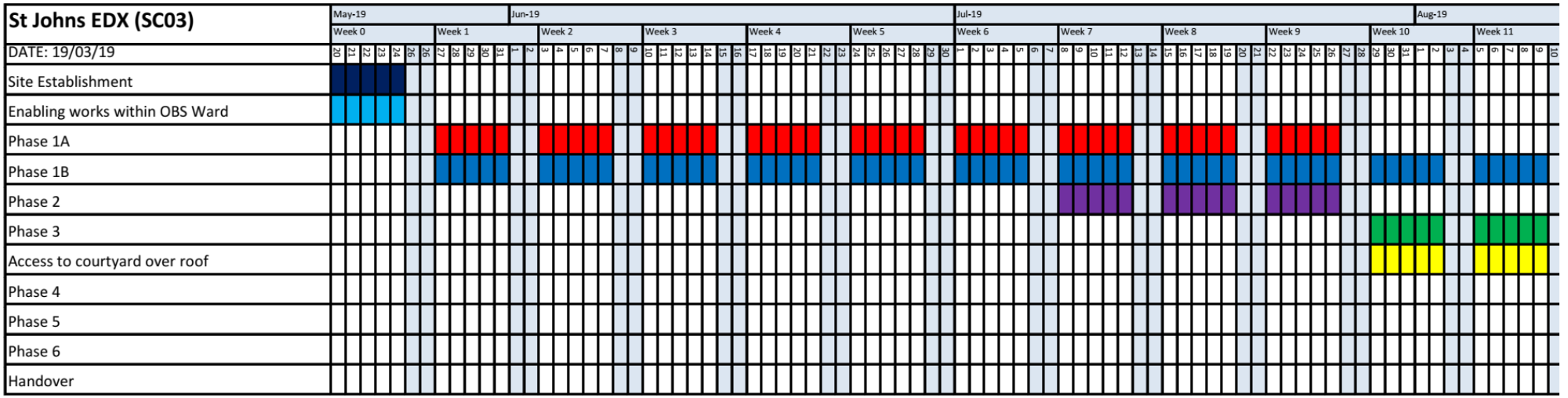
Step 3: Score each of the options (including baseline) against the benefits required.					
#	Benefit	Weighting (%)	Do Nothing	Option 5	Option 6
1	Demand and Capacity: Eliminate overcrowding	9%	1	5	3
2	Demand and Capacity: ED to keep in line with demand	6%	1	5	3
3	Demand and Capacity: Mental Health facility and other specialist required (e.g. Rapid Assessment and Triage)	6%	1	5	3
4	Pathway Dedicated Areas: Less competing demand for cubicles	6%	1	5	3
5	Pathway Dedicated Areas: Manage patient destination appropriately in ED	6%	1	5	3
6	Pathway Dedicated Areas: Reduce complexity to manage the logistics of the department	6%	1	5	3
7	Pathway Dedicated Areas: Improve patient outcomes	6%	1	5	5
8	Pathway Dedicated Areas: Improve efficiency and effectiveness of ED	6%	1	5	5
9	Whole system approach & performance: Improve 4 hour ED Standard .	9%	1	5	5
10	Whole system approach & performance: Early diagnostics in the patient journey	6%	1	5	5
11	Whole system approach & performance: Improved environments to deliver care, incl. Mental Health	6%	1	5	5
12	Whole system approach & performance: Strengthen relationship with other services (rotas, patient pathways, etc.) by assessment at front door	4%	1	5	5
13	Whole system approach & performance: Reduced handover waits by Scottish Ambulance Service	6%	1	5	5
14	Person Centeredness: Improve overall patient experience	6%	1	5	5

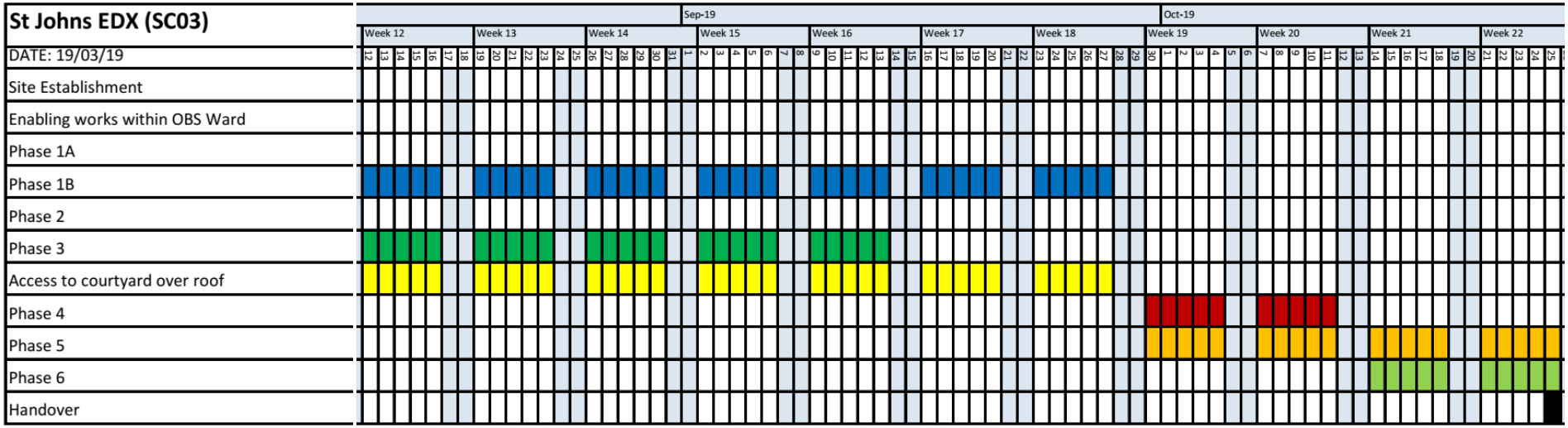
15	Person Centeredness: Improve staff experience	6%	1	5	5
16	Person Centeredness: Patients have a positive experience and dignity respected	6%	1	5	5
	Total Weighted Benefits Points		**200**	**1,000**	**844**

Maximum possible benefits points 1,000

Appendix 5: Programme of Works

Programme of works:





Appendix 6: Revenue Staffing Models

Medical Workforce - WTE

Staff Group	Recurring Establishment WTE ED	Actual WTE Worked To at 28/02/2019	WTE Required for Expanded ED	Change (WTE)
Senior Medical				
Associate Specialist	1.00	1.00	1.00	0.00
Spec Doc	0.25	0.25	0.25	0.00
Senior Medical - Dental		0.48		-0.48
Locum Consultant	0.75	1.42		-1.42
Consultant	11.13	9.98	15.88	5.90
Total Senior Medical	**13.13**	**13.13**	**17.13**	**4.00**
Junior Medical				
FY2	3.00	3.00	3.00	0.00
GPST	2.00	2.00	2.00	0.00
CF/CDF	6.00	5.00	21.31	16.31
NES Registrar	6.00	6.00	6.00	0.00
FY1	0.00	0.00	0.00	0.00
Junior Bank	0.00	7.00		-7.00
Total Junior Medical	**17.00**	**23.00**	**32.31**	**9.31**
Total Medical Workforce	**30.13**	**36.13**	**49.44**	**13.31**

Medical Workforce – Costs

Staff Group	Recurring Budget ED	Forecast actual costs for staff 2018/19	Costs for Expanded ED	Incremental Cost (£)
Senior Medical				
Associate Specialist	95,501	95,501	95,501	0
Spec Doc	16,915	16,915	16,915	0
Senior Medical - Dental		58,291	0	-58,291
Locum Consultant	87,731	172,443	0	-172,443
Consultant	1,354,964	1,211,961	1,928,451	716,490
Total Senior Medical	**1,555,111**	**1,555,111**	**2,040,867**	**485,756**
Junior Medical				
FY2	169,938	169,938	169,938	0
GPST	148,271	148,271	148,271	0
CF/CDF	352,260	294,759	1,256,263	961,504
NES Registrar	444,812	444,812	444,812	0
FY1	0	0	0	0
Junior Bank	0	412,663	0	-412,663
Total Junior Medical	**1,115,280**	**1,470,442**	**2,019,283**	**548,841**
Total Medical Workforce	**2,670,391**	**3,025,553**	**4,060,150**	**1,034,597**

Nursing and Admin Workforce - WTE

Staff Group	Recurring Establishment WTE ED	Actual WTE Worked To at 31/01/2019	WTE Required for Expanded ED	Change (WTE)
Band 7	1.00	1.00	2.00	1.00
Band 6	14.65	13.85	18.88	5.03
Band 5	26.28	31.53	44.34	12.81
Band 3	0.00	1.01	7.82	6.81
Band 2	4.92	7.66	3.61	-4.05
Band 2 Receptionist	0.00	0.00	2.00	2.00
Agency Registered	0.00	0.00	0.00	0.00
Bank Registered	0.00	1.75	0.00	-1.75
Bank Unregistered	0.00	0.00	0.00	0.00
Total	**46.85**	**56.80**	**78.65**	**21.85**

Nursing and Admin Workforce – Costs

Staff Group	Recurring Budget ED	Forecast actual costs for staff 2018/19	Costs for Expanded ED	Incremental Cost (£)
Band 7	£54,924	£49,553	£108,370	£58,817
Band 6	£740,496	£740,455	£971,660	£231,205
Band 5	£1,115,491	£1,332,405	£1,893,898	£561,493
Band 3	£0	£33,131	£259,304	£226,173
Band 2	£145,424	£213,284	£96,488	-£116,796
Band 2 Receptionist	£0	£0	£53,483	£53,483
Agency Registered	£0	£0	£0	£0
Bank Registered	£0	£93,529	£0	-£93,529
Bank Unregistered	£0	£0	£0	£0
Total	**£2,056,335**	**£2,462,356**	**£3,383,203**	**£920,847**

Appendix 7: Clinical Model

SJH Emergency Department Clinical Model

Purpose

The purpose of this document is to describe the clinical model proposed for the SJH Emergency Department (ED) in order to inform options for the design and optimum use of the ED footprint.

This brief will;

1. Summarise current arrangements and key challenges of the status quo
2. Describe the Clinical Model Proposed and expand on each of the dedicated pathways describing requirements in terms of departmental design.
3. Set out some overarching design ambitions for the department

Current Arrangements

Background

The Emergency Department at SJH provides a 24/7 unscheduled care service to the population of West Lothian expanding into West Edinburgh. The department provides care for a number of medical and surgical emergencies as well as a range of minor injuries, psychiatric and paediatric presentations.

Capacity

The ED currently has 12 cubicles along with 3 resus spaces one of which is designed for paediatric emergencies. The department's physical space limitations and appropriate staff make it difficult to achieve triage within RCEM guidance (15 minutes) and prevent separation of major and minors flow, which leads to patient safety issues and difficulty in achieving the 4 hour emergency standard. The department has not expanded in the last 14 years beyond its original design patients increasing in both complexity and number.

Activity

Last year (2018) over 55,000 patients were assessed and treated in the department. The department manages on average between 150 and just over 200 presentations per day.

Attendances have increased by 14.5% since 2008 (47,927) compared to 2017 (54,868). This change has been amplified by increasing complexity and acuity of patients presenting to the ED as well as increasing presence of patients 65+ y/o. Furthermore, it is estimated that West Lothian's overall population will increase by over 4% from 2017 to 2025. The population of West Lothian is 180,130 (National Records of Scotland 2016 mid-year estimate) and it is predicted to increase throughout the period to 2035 with the population predicted to be 182,014 at 2020, 185,668 at 2025 and 191,053 at 2035 (National Records of Scotland 2014 based population projections).

In terms of the number of presentations the daily average has significantly shifted between 2008/2009 to the 2018/2019, namely from an average of 130 presentations a day to 165, However, the space available to assess and treat increasing numbers of patients has not altered. The increase in attendances, compared with static capacity has resulted in an increase in the episodes of ED crowding.

Crowding and caring for patients in areas not intended for clinical use is high risk. There are known associations between ED overcrowding and increased morbidity/mortality as well as a poor staff experience which leads to retention and recruitment issues.

Patient Presentations
Several routes of entry are available to patients presenting to the ED. Self-presenting, referred by community services (pharmacy/optician), GP referral via the Flow centre and via 999 ambulance. The collocated GP out of hours also directly refer to the ED during the out of hours period. Referrals also come in from NHS 24. Direct referrals to other specialties are also seen within the emergency department, including primarily mental health emergencies.

Triage
Patients are booked in by the reception team and following this triaged by a member of nursing staff. This triage happens in time order from arrival in a single triage room situated in the waiting room. This involves a basic set of observations, ECG where required and requesting of basic x-rays for minor injuries patients. Patients will also be allocated a triage category at this time. With current space and staff numbers the average time to triage is 28 minutes with between 50 and 60% of patients missing the RCEM 15 minute target most days. During surges of activity, triage times can exceed 90 minutes. This exposes patients to unacceptable risk.

ED Care
Following Triage patients will be seen in time order according to triage category by either a doctor or nurse practitioner and further investigations ordered at this time. This can lead to delay in important investigations and patients breaching the 4 hour standard particularly during surges of activity.

Observation Ward
The existing surgical observation ward, located next to the Emergency Department, consists of 14 beds and a dayroom. Within its footprint, emergency medicine patients are observed as per the guidelines noted below - surgical patients are cared for who:

- Are awaiting transfer to the RIE for surgical intervention and treatment that cannot be delivered on site at SJH
- Are Inpatients for surgical intervention that can be treated on site at SJH
- Have been boarded from other wards within the hospital.

Ambulatory Care
The DVT clinic is run from the observation ward. Patients are primarily treated within the day room and transferred for scans etc. Both new and return patients are seen within this clinic Monday to Friday. Out of hours patients requiring investigation for DVT are seen in the ED.

Surgical Treatments
Currently there is no dedicated treatment room meaning patients are transferred to Edinburgh for minor procedures. In this room minor surgical procedures performed under local anaesthetic could be undertaken. This would improve patient experience by removing a transfer and reduce the need for transport. The treatment room could also be used for emergency procedures performed under regional anaesthetic and sedation.

Primary Assessment Area

The Primary Assessment Area (PAA) is an ambulatory care clinic for patients referred by their GP for urgent medical care not requiring attendance at the emergency department. GPs contact the NHS Lothian Flow Centre and using agreed clinical criteria patients suitable to be seen in PAA will be identified and booked into the clinic.

The clinic is delivered within the busy medical admissions unit footprint at the opposite end of the hospital from the emergency department. It is open Monday to Friday excluding public holidays. It is a medically led unit supported by nursing and other staff.

The clinic aims to support unnecessary admissions and attendances to the emergency department. The majority of patients are assessed treated and discharged from PAA however if a patient requires admission to hospital admission to medical admission unit is arranged.

Follow up care is not delivered within PAA. Patients may receive this at the medical day unit or by their GP in the community.

With the transition to the flow centre, the criteria and purpose of PAA is being reviewed.

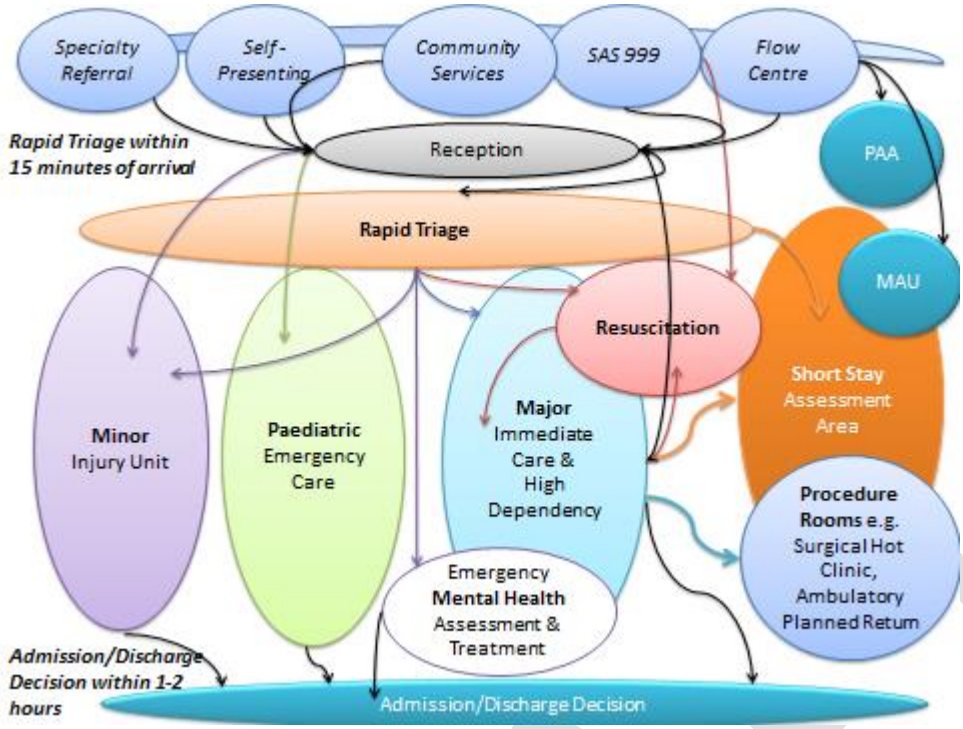
Medical Admissions Unit:

Medical Admissions Unit (MAU) is a 35 bedded ward, five of which are level one critical care beds. It is located on the second floor of the hospital at the opposite end of the building from the emergency department. The ward is staffed by a multidisciplinary team.

Patients requiring further assessment or admission to medicine are admitted to the ward from the emergency department or directly via the flow centre if deemed appropriate by meeting agreed clinical criteria. High dependency care is delivered for patients in the five level one beds.

Patients may be discharged from the ward or are assessed and transferred to a downstream ward as soon as appropriate. Patients aged 65+ years on admission are screened for frailty by REACH nursing team and a comprehensive geriatric assessment and plan is completed.

The proposed clinical model - visual



In order to deliver safe, effective and responsive emergency care for the population of West Lothian and the surrounding area the ED at St John's needs both redesign and expansion both in physicality, processes and staffing. The schematic above illustrates the clinical model proposed which will underpin the SJH ED redesign.

The clinical model proposed at the front door aims to provide the right care to the right patient at the right time whilst taking into account the principles of realistic medicine. Quality Improvement projects are being conducted to better understand processes in the clinical pathways. Tests of change as a result of these may bring changes in the model and it will continue to evolve. For that reason and to allow future proofing the overall design needs to allow maximum flexibility.

The clinical model proposed at the front door aims to deliver Rapid Triage within 15 minutes of arrival whether this is by ambulance or independently. Rapid Triage will only involve essential tests allowing maintenance of patient flow, e.g. ECG in chest pain. From Reception or Rapid Triage patients will be streamed earlier into one of the following dedicated pathways;

1. Minor Injuries and Illness
2. Majors;
    i. Immediate Care
    ii. High Dependency
3. Resuscitation (including Stroke)
4. Mental Health Assessment
5. Paediatric Assessment
6. Dedicated Procedure Space for semi -planned emergency care-
    i. Surgical Hot Clinic
    ii. Ambulatory Planned Return
7. Short Stay Assessment Area *(To be further developed as part of Phase 2)*

Proposed Changes

Below outlines the changes compared to the current arrangements, as proposed within the clinical model, including space requirements.

Rapid Triage
Rapid triage will allow patients to move to a more detailed assessment within 15 minutes, in areas with a dedicated clinical team to both perform tests and make decisions. It is essential that a rapid triage is provided in order to ensure the safety of all patients whilst they wait to be fully assessed. There is a need to double the physical capacity to 2 cubicles for triage as well as improving staffing levels to improve the compliance against RCEM triage standards. Additionally, earlier streaming to the new minor injuries area and high dependency areas will improve efficiency in triage. The addition of the new high dependency area and minor injuries area will also improve the triage system as these areas will accept patients without them passing through triage.

Minor Injuries
The addition of a new dedicated minor injuries area will allow to stream from reception the minor injuries patients directly to the specialist nursing team in this area without the need for additional triage. This will eliminate unnecessary steps in their care improving both efficiency and patient experience. This will also take the pressure off the major's side of the department by reducing overcrowding in this area.

Majors High Dependency
Patients arriving by 999 ambulance will either be allocated a bay either in resus or this area on arrival/at point of handover with a dedicated clinical team being available to make an immediate assessment. This will be particularly valuable to our increasing frail elderly population to make realistic plans about their care. The 6 new high dependency bays will provide increased capacity for the sickest patients, it has been identified that this is a rapidly growing group and often take up considerable time and resources in comparison to other patient groups. For this reason it is intended to staff this area with its own team of nursing and medical staff working in closely with the resus team. This area will have a dedicated staff base with access to enhanced monitoring, visibility of the patient area and adjacent to the new relative's room. Ring fencing of this area and these patients will also allow staff to more efficiently assess and treat those patients who are ambulatory and allow us to achieve the 4 hour standard 95% of the time or more. This area will also provide rapid step down from resus to maintain our resus capacity/capability.

Majors Immediate Care
Following a rapid triage (<15 minute), ambulant and non-high dependency patients will be assessed in our existing ED bays. A dedicated medical and nursing team based in this area will make further assessment of these patients and determine the need for further investigations. Senior decision makers will be vital in this area to provide realistic medicine based decision making and to oversee the use of resources preventing unnecessary tests and admission to hospital. Patients in this area should not require monitoring however monitoring should be available in this area to allow flexibility and futureproofing.

Paediatrics
Paediatric patients may be cared for in the minor injuries area if appropriate as well as within the two fully monitored refurbished paediatric cubicles.

An overview of what the different pathways entail are illustrated below.

Why	Requirements (where/space and equipment)	Staffing	Inclusion/Exclusion Criteria Patients
Rapid Triage – rapid triage ensures safety of all patients in the emergency department as they will be assessed by a trained nurse within 15 minutes of arrival allowing streaming of patients to the appropriate area either within or out with the emergency department. This process will ensure the safety of patients particularly during surges of activity. Specifically developed triage procedures/protocols will ensure that decisions are made at this stage in order to provide appropriate early investigation of patients. Only essential tests would be performed in this area allowing maintenance of patient flow eg. ECG in chest pain. Further investigation would take place in patients destination area as recommended by triage.			
The current model of triage is not fit for purpose and provides neither rapid triage nor any early investigations, exposing patients to considerable risk at times of high activity.	**Where/Requirements** Triage would take place in dedicated. It would be near the waiting room and majors cubicles to allow easy trolley transfer to a definitive care cubicle. Ideally cubicles would be separated by walls to support compliance with infection control procedures and patient privacy (but security & ability to observe multiple patients). **Equipment:** equipment to allow rapid recording of observations, It to allow oversight of flow and dedicated ECG machines.	Triage requires nursing staff skilled in triage and support workers to assist with essential investigations and to maintain flow of patients in the area.	**Inclusion:** Self presenters, community referrals, GP and specialty referrals not arriving by ambulance. **Exclusion:** Patients brought by 999 ambulance. Patients streamed by reception directly to minor injuries area.
Minor Injuries Unit **-** The MIU will operate as an Emergency Nurse Practitioner (ENP) run area within the Emergency Department specifically for the assessment and management of minor injuries. It will require adequate clinical space to offer treatment for a wide range of minor injuries.			

By providing a bespoke and protected area for the management of minor injuries it will be possible to stream this flow of patients to a more efficient service away from those with major illness. This will provide benefits both from an efficiency and care perspective. The establishment of a fixed and specific area will also allow there to be fixed locations for equipment required to undertake the care of minor injuries efficiently, such as wound care and closure equipment as well as a splinting and plastering provision. The allocation of support staff to enable to ENPs to work to their full potential will also improve patient care and outcomes.	**Where/Requirements:** The MIU will require a separate waiting area in close proximity to the area in which care will be delivered. The MIU should not be required for other purposes so that the ENPs can set up and maintain this area with the equipment they need to perform their role efficiently. The MIU will require easy access to diagnostics, primarily x-ray, although patients are expected to be well and therefore able to leave the MIU to attend the main radiology department if required (e.g. for ultrasound). Proposed is to have 3 cubicles for MIU with a dedicated waiting area. **Equipment:** As detailed above there will also be a requirement for wound management equipment as well as access to splinting and plastering supplies.	The MIU will be run by the ENPs. They will have support from senior ED staff as required. The ENPs will be assisted by a clinical support worker trained in the provision of minor injuries treatments such as plastering and splinting.	**Inclusion:** Patients (children and adults) seen in the MIU will have conditions which fit within the core competencies of all ENPs as defined by the minor injuries course. Patients streamed by reception fulfilling MIU criteria or triaged as such by rapid triage area. **Exclusion:** patients presenting by ambulance
Majors –Immediate Care - The purpose of Majors Immediate Care is to assess, investigate and manage patients who are requiring emergency treatment but who are ambulant, self-caring and are very unlikely to rapidly deteriorate. They therefore do not require constant cardio-respiratory monitoring as offered in the main department. Monitoring should be available in his are to allow overspill from the high dependency area and also to allow futureproofing. This is an area within the Emergency Department and will therefore follow all the same operational standards such as the 95% four hour target.			

This area is designed to provide patients with a comfortable and efficient assessment service whilst utilising space and resources efficiently.	**Where/Requirements**: The ambulatory majors area of the Emergency Department of St John's Hospital will contain trolley bays/cubicles and an associated waiting area. Ideally it will be in a central area, accessible easily from enhanced triage with minimal travel required for patients and closed to diagnostics such as XR and CT. Patients are ambulant so able to walk to diagnostics etc. E.g. CT. Areas will also be fluid allowing movement from one area to another should the clinical situation change unexpectedly. The EPIC (Emergency Physician In Charge) consultant will be in charge of monitoring flow between areas. **Equipment:** Ambulatory majors requires 8 individual walled cubicles to maintain privacy and confidentiality built to standard ED size. Each fitted with an alarm system. Each cubicle should contain one trolley and two chairs. Treatment trolley including all IV access and blood taking equipment • Wall mounted monitoring should be provided. • Wall mounted ENT/ophthalmoscope unit • Two wheelchairs for transfer of patients to diagnostics and from waiting area • Piped gases and suction. • Suitable IT.	The ICA will be staffed by a combination of advanced nurse practitioners and junior doctors with Emergency Medicine consultant supervision and nursing support. The Emergency Physician in Charge (EPIC) will oversee the whole department including staffing and utilisation of space.	**Generic inclusions/exclusions:** Patient attending the ambulatory majors area should: • Be ambulant – patients may be required to mobilise between the assessment cubicles and the waiting area and indeed may leave the area whilst awaiting test results etc • Be self-caring – not require nursing care for activities of daily living (ADL's) • Be unlikely to rapidly deteriorate or require significant resuscitation • Have a National Early Warning Score (NEWS) of less than 3 (adjusting for chronic hypoxia) • Should not require continuous cardio-respiratory monitoring • Be GCS 15 (long standing cognitive impairment is not an exclusion but may trigger frailty exclusion) • Be very likely to be discharged home. Any patients clearly requiring admission from enhanced triage should not be assessed in the EAA • Not be frail as per rapid frailty scoring system • Be over 16 – paediatric patients should be assessed in the paediatric area • Not have presented with an isolated mental health problem – these patients should be assessed in the mental health assessment cubicle or be in the main ED where supervision is greatest • Not require repeated doses of IV opiates • Not be intoxicated, under the influence of alcohol or drugs or be poorly complaint Please note that inclusion/exclusion criteria are subject to change as a result of ongoing QI projects.
Majors –High Dependency **-** The High Dependency area will provide trolley-based care in cubicles for the more unwell and/or frail patients in the ED. It will act as a step-down area for the resuscitation room and a definitive care area for those triaged as being more unwell (triage category 2) and those who are of a lower triage category (category 3) but are not ambulant.			

Why: Patients who are more unwell or are frail will have greater nursing needs and will most likely benefit from being cared for on a trolley. They may require constant observation and monitoring which can only be provided in a cubicle space.	**Where/Requirements:** These patients will require cubicle space and would benefit from being clustered together in close proximity to the nurses and doctors' areas. There would need to be easy access to diagnostics and the ability to easily move to higher care areas such as the resuscitation room. Proposed are 6 cubicles for this pathway. However, there will be flexibility in use with the Emergency Ambulatory pathway. **Equipment:** Trolleys, ECG machine, venepuncture and cannulation equipment. Monitoring equipment in each room with piped gases and suction.	**Staff:** This area would require dedicated consultant oversight with care delivered by junior doctors and ultimately experienced Advanced Nurse Practitioners (ANPs). There would likely need to be a higher nurse to patient ratio as there would be more interventions and greater nursing care required by these patients. During peak times there will also be a dedicated Consultant in this area.	**Inclusion:** These patients would be those who had been triaged as a triage category 2 or non-ambulant triage category 3 patients. This area would also provide step down care from the resuscitation room so would ultimately care for patients who had been assessed as triage category 1 but after stabilisation were suitable for care in the main department. Examples of patient presentations in this area are: • Cardiac chest pain with ECG • Septic patients • Those with newly reduced conscious levels • Those requiring continuous ECG monitoring e.g. overdoses • Patients with major trauma • Patients with COPD who require continuous oxygen therapy and intermittent nebulisation. • Patients with DKA who do not require resuscitative care **Exclusion:** Patients who are triaged as suitable for the minor or Immediate Care pathways.
Resuscitation - This area will remain as it is now, designed to manage the most critically unwell or injured patients. It will continue to provide high quality resuscitative care and be the location of choice for the delivery of time critical interventions such as stroke thrombolysis.			
Why: To deal with emergency presentations. This is are is currently used for non resus patients on a daily basis due to lack of space elsewhere in the ED. Other changes should make this unnecessary.	**Where/Requirements:** Multiple spaces within dedicated area separate from rest of department. Close to main entrance to allow timely transfer of patients from ambulance and self presentation to dedicated specialist area. The 3 cubicles are proposed to be sufficient. **Equipment:** Resuscitation equipment for both adults and children	**Staff:** The resuscitation area will require the highest staff to patient ratio of the whole department. It will be staffed by senior medical staff with the assistance of junior doctors and patient care will be delivered by specially trained nursing staff.	**Inclusion:** Triage level 1 patients brought by the Scottish Ambulance service or identified from triage. **Exclusion:** All patients presenting at SJH ED who do not meet the inclusion criteria.
Mental Health Assessment - MH area that is fit for purpose to deal with people who have psychological issues and need to be in a safe environment to be assessed and treated.			

Why: By providing a bespoke and protected area for management of Complex Mental Health patients, safe and dignified care can be provided in line with ligature legislation. Furthermore, it ensures increase in safety for staff.	**Where/Requirements:** Complex Mental Health patients present a number of significant issues that can be challenging for the emergency department to manage effectively. The needs of patients with a complex mental health condition need to be specifically considered in the design of the department. Supervision of these patients is necessary. Dedicated space that is anti-ligature compliant which can be readily observed and monitored but also provides privacy and a level of security is essential. It should entail a location which is quieter. The clinical space should have two entrances and egress for safe exit by staff if required. (I.e. a dedicated psychiatric assessment room that conforms to PLAN4 standards. **Equipment:** This area will specifically lack any equipment to prevent its use as a weapon or barricade.	**Staff**: Emergency Department staff and in reach mental health specialists.	**Inclusion:** Patients presenting to SJH ED with mental health conditions deemed to be a high risk of harm to self or others. **Exclusion:** Complex Mental Health patients who are more unwell would go through the Immediate Care or Immediate Care pathway. At the moment there is no space for ambulant and clinically well patients.
Paediatric Assessment - There should be clinical assessment and treatment space for children under 16 years old.			
	Where/Requirement: Cubicle space and separate waiting area with toilet facilities Child friendly environment. Proposed to have 2 cubicles. **Equipment:** Standard treatment room equipment including wall mounted observation machines and trolleys for patient care. These rooms would also benefit from additional input from specialist teams with regards to decoration, distraction equipment and toys etc.	This area will be staffed by Emergency Medicine staff with paediatric nursing and medical input as required	**Inclusion:** Patients aged under 16 years of age at time of attendance, or older children with complex needs. **Exclusion:** Patients aged over 16 years and over at time of attendance and patients appropriate for the minor injuries service
Dedicated Procedure Space - The procedure room will be sufficiently equipped for flexible use so that a surgical hot clinic can take place. Depending on utilisation option to deliver some emergency planned return care such as Bier Blocks etc. When the treatment room is not used for these purposes it can be used, flexibly to provide assessment space for the other pathways. The surgical hot clinic provides an opportunity for patients to be referred to the surgical team for planned consultant review and further investigation and management.			

Why: Currently triage ward rounds provide only brief opportunities for the senior decision maker in the surgical team to manage the patients care. This can result in patients either being admitted to the observation ward or transferred to an inpatient area in one of the Edinburgh hospitals. The surgical hot clinic provides the opportunity both for a more complete assessment and the ability to request investigations and to follow up on these investigations either the same day or the following day in an ambulatory care manner.	**Where/Requirements:** One treatment room is proposed in the former surgical observation ward. ***Footnote:*** A similar system introduced in the Royal Infirmary of Edinburgh significantly reduced admission rates for surgical patients and, in the case of St John's Hospital, would hopefully reduce transfers to Edinburgh for West Lothian patients. However, the RIE had a different starting point.	**Staff**: The surgical hot clinic will be run by a consultant surgeon who will have no other clinical responsibility for that period. They will be assisted by the surgical FY2 and the surgical nurse practitioner. Further work is required to describe the opportunity for medical ambulatory clinics.	**Inclusion:** These patients will be ambulant and well enough to attend an ambulatory care clinic. T*here should be a distinction for those who could attend an urgent outpatient appointment and those requiring same day or next day assessment and management.* **Exclusion:** More unwell surgical patients will either be transferred to the appropriate hospital in Edinburgh or can be admitted to the observation ward as per current guidelines. If admitted to the Observation ward then they will be seen by the consultant surgeon in the morning and afternoon (if required) as per current practice.
Short Stay Assessment Area - The observation ward currently fulfils multiple purposes; 1) An area to support the clinical decision making processes of the emergency department; 2) An admitting area for patients who require non-urgent surgical review; 3)An area for patients who require brief assessment or intervention by occupational or physiotherapy for an acute deterioration of functioning i.e. through injury. It is proposed that the parameters of the current observation ward are further defined and a Short Stay Assessment Area up to 8hrs/ 24 hrs established. This will be further developed in Phase 2.			
Why: The short stay assessment area is a rapid turnover area. Referrals to the short stay assessment area (previous surgical observation ward) come from the emergency department and follow protocols.	**Where/Requirements:** Max 24 hour stay. Treatment/procedure room for planned returns and emergency treatment for e.g. surgical hot clinic. **Equipment:** Beds, not trolleys. Portable observations equipment. Full range of ward equipment.	**Staff**: The ward is run by nursing staff and FY1 doctors who are overseen by the emergency department consultant staff. Overnight, medical support comes from the emergency department junior doctors. (Day – ENP flow; Evening – ED flow)	**Inclusion:** As per the revised observation ward guidelines. **Exclusion:** The nursing complement on the observation ward can be limited, especially overnight. There is also no access to equipment such as hoists. These issues mean that certain patients are generally excluded from admission to the observation ward. • Patients who are unable to transfer independently or with only minimal assistance • Patients with a NEWS score of 4 or greater or who have required significant resuscitation at any time • Patients requiring extensive supervision i.e. those who are significantly confused or agitated • Patients requiring any form of continuous or cardiac monitoring • Children should not go to the observation ward (under 16) these should be discussed with paediatrics • Those requiring longer AHP assessment and intervention e.g. frequent fallers

In addition to the various pathways a viewing room and a relatives' room are required.

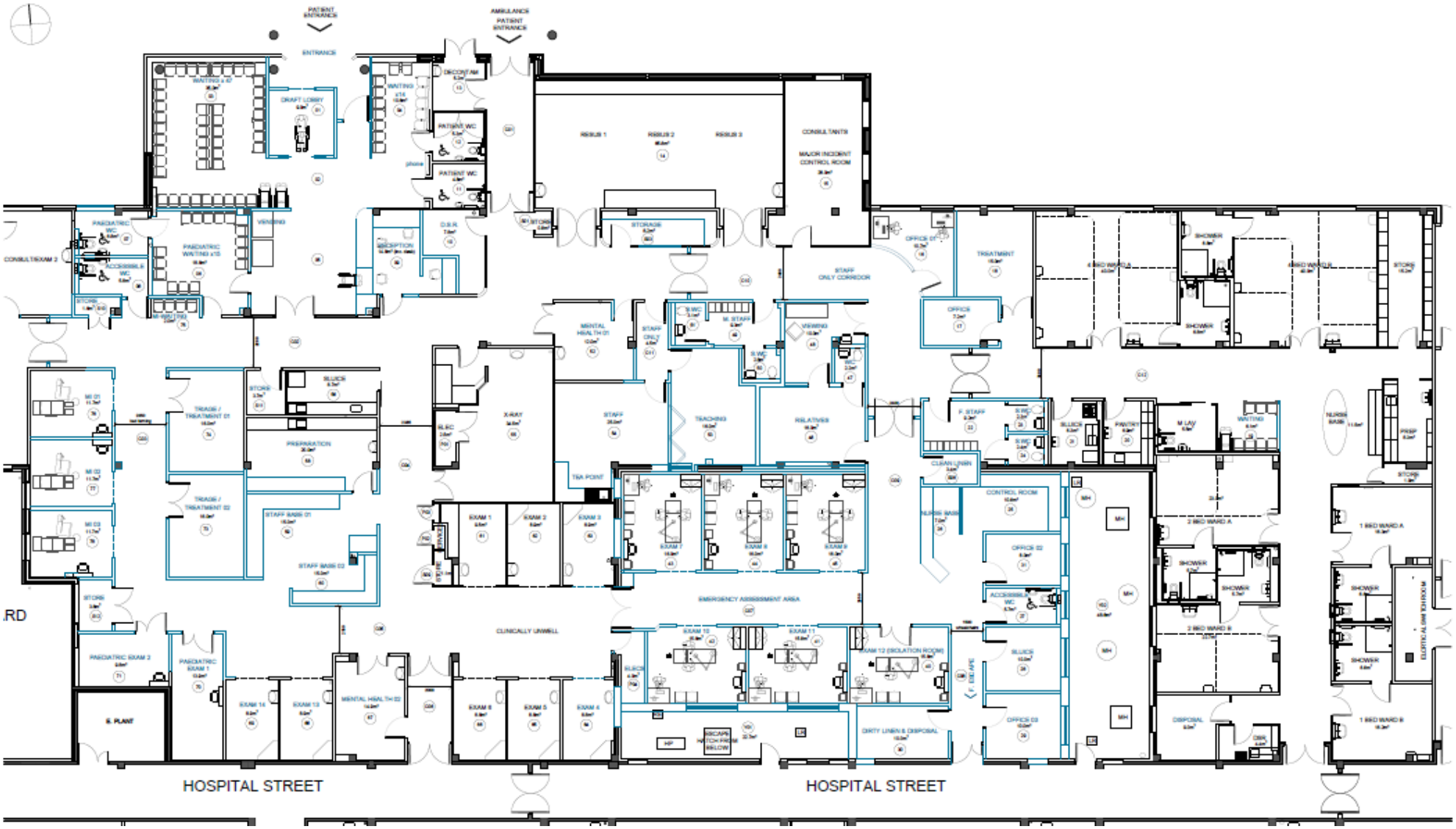
Viewing and relatives' room

- Sensitively designed (current room too small)
- Readily identifiable as such to approaching staff
- Ideally a room for bereaved relatives should be designed with an adjacent room for the deceased.

Furthermore, a list of ED principles and requirements is demonstrated below.

- Patients should receive safe and effective care in a safe environment that protects their privacy and dignity.
- The ED can be disorientating. It should be easy to locate and for patients and staff to understand the 'pathway' through the ED department. This should include graphical demonstrations in waiting areas and clear signage in all areas.
- The physicality of the department should mirror the patient journey flow from front door through to exit.
- Clinical areas should enable patients to retain dignity and privacy and limit the incidence of sensitive conversations overheard by other patients and staff.
- Providing care and treatment in non-clinical areas of an emergency department, such as a corridor, should not be normal practice.
- Patients should be cared for in an area where clinical staff can monitor patients. The key is for the nurse and doctor in charge to have a real time oversight of all patients in the department, including their risk of deterioration.
- There should be adequate area for MDT / clinical discussion and handover.
- Waiting Areas should have adequate chair space with a TV, WFI, information about what should be expected in the ED and Health promotion materials.
- Storage/ Equipment – space for equipment in the department adequate, accessible, easy to locate, clearly organised.
- There is currently a Charge nurse office and provision of such should be retained (needs to be suitable for 2 people)
- There needs to be sufficient Drs rooms. Consultant offices for SPA/ DRs room for on shop floor clinicians for clinical discussions.
- Staff toilets need to be located close by or within the department .
- Ideally Staff changing room – male and female – if possible. There are changing rooms on site at the hospital if this cannot be provided within the department.
- Patient toilets needs to be more (now: 1 in ED and 2 in waiting area). Additionally, this needs to be DDA compliant with ant ligature considerations
- Central staff base.
- Staff room within the Emergency Department (can be a shared one for ED and surgical obs as surg obs will integrate with ED)DSR / disposal room (legal requirements)
- Appropriate facilities for blood gas analyser and investigations
- Pharmacy (e.g. TTO)

Appendix 8: Proposed ED Floor Plan



Appendix 9: SJH ED Programme Board TOR

Context

The terminology used in these terms of reference is as defined by the *Scottish Capital Investment Manual – Programme and Project Organisation Guide (December 2009)*.

Position	*Holder*
Investment Decision-Maker	**Lothian NHS Board**
Project Owner	**Aris Tyrothoulakis, SJH Site Director**

Lothian NHS Board has a Finance & Resources Committee, and its remit (as at 27 April 2015) includes the following:

"Strategic/Capital Projects

• *To review overall development of major schemes including capital investment business cases and consider the implications of time slippage and / or cost overrun. Instruct and review the outcome of the post project evaluation;*

• *To receive and review reports on significant Capital Projects and the overall Capital Programme;*

• *To ensure appropriate governance in respect of risks associated with major Capital Projects;*

• *To receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEIs, audit reports and other Scottish Government Guidance*"

The December 2009 guidance states:

"*The Project Owner will appoint a Project Board to assist in decision-making and on-going progress. The Project Board should always be chaired by the Project Owner, who takes executive responsibility for decisions relating to the project. The Project Board will be restricted to representatives of key disciplines who have a direct interest in the project and must restrict involvement in sub-project groups to providing authority to proceed at key milestone points*."

These terms of reference describe how the SJH ED Programme Board will operate in this context.

Remit:

The Programme Board has two fundamental functions:

1. To assist the Project Owner with the decision-making process and ongoing implementation of the project.
2. To assist the Project Owner with preparing to meet the assurance needs of the Finance & Resources Committee, as well as any further enquiries from Lothian NHS Board with regard to the project.

The Programme Board will carry out its remit through the following activities:

1. Support on Decision-Making & Implementation:

- Providing a dedicated forum to test the basis of any assumptions or decisions made or to be made by the Project Owner.
- Advising the Project Owner of any relevant issues that need to be taken into account, e.g. existing NHS Lothian strategy, policies, ongoing projects, developments in the law and national strategic direction.
- Advising the Project Owner of the potential impact of the project and individual decisions on service users and other stakeholders, having due regard to the integration delivery principles
- Members of the Programme Board to take away any issues relevant to their areas, and lead on engaging the relevant people, and resolving the issues in the interests of the smooth progress of the overall project.
- To provide a forum to discuss and quickly settle any detailed implementation / design issues that may be raised by the Project Director.
- To confirm all changes approved within delegated limits by the Project Director and/or Director of Capital Planning and/or Finance Director or make recommendations for approval to changes to the F+R Committee should they be in excess of the Site Director's delegated limit.
- To quality review any plans/ papers that are pertinent to the project, before they are directed through the appropriate channels in NHS Lothian for approval.
- Review of the project risk register on a regular basis and to ensure that any areas of unacceptable residual risk are being appropriately managed and resolved.

2. Support on Assurance Needs

To provide any such information and advice that the Project Owner may require, in order to provide assurance to the Finance & Resources Committee and the NHS Board.

Administration of Meetings:

The Project Owner will identify an individual to be the secretary to the Programme Board. The Project Owner shall publish a schedule of dates for the Programme Board to meet, but may call for additional meetings as and when required.

Membership:

The blue colours indicate the core group, of whom there needs to be representation for the meeting to go ahead.

Project Role / Stakeholder	Name
Project Sponsor / SRO	Jim Crombie
Deputy Chair/SJH Senior Stakeholder	Gillian Cunningham
Finance Senior Stakeholder	Carol Mitchell
Project Owner/Acute Senior Stakeholder	Aris Tyrothoulakis
Nursing Senior Stakeholder	Agnes Ritchie
Medical Senior Stakeholder(s)	James McCallum Nicola McCullough Andrew Stevenson
Clinical Service Manager	Shirley Douglas-Keogh
Clinical Nurse Manager	Margaret Chapman
Senior Charge Nurse ED	Kim Houston
Service Improvement Manager	Megan Reid
Pharmacy Stakeholder	Sandy Watson
Estates & Facilities Stakeholder	Clark Lawson
Capital Planning Senior Stakeholder	Iain Graham
Capital Finance Senior Stakeholder	Immy Tricker / Olga Notman
Partnership Stakeholder	Linda Rumbles
Estates Project Manager(s)	KokLim Yap
Communications	Judith McKay
West Lothian HSCP	Carol Bebbington & Nick Clater
Equipment	Steve Kesterton
Radiology	Martin Hurst
Strategic Master Planning	Catherine Kelly
Strategic Planning	Marjolein Don
Paediatrics representation	Fiona Mitchell/Peter Campbell
Thomson Gray	Ross Lovatt & John Lewthwaite

The Project Owner shall chair the Programme Board, or may designate a member to chair in his absence. The Project Owner shall decide whether a meeting should proceed, in the event of absence of any members and upon reflection of the business to be discussed. The Project Owner may engage with any programme board member at any time in order to further the business of the project.

Conduct of Business:

• Chaired by Site Director
• Meetings every two weeks for 1 hour on Tuesday 10am-11am starting 29.01.2019
• Minimum of core members required to be quorate: 5 (core members can provide a deputy)

- Agenda will be set by the group with any additional items communicated prior to circulation, it will include core items such as:
    - Apologies
    - Notes of previous meetings
    - Performance overview
    - Improvement plan progress reports

Reporting Arrangements:

It is the responsibility of the Project Owner to approve these terms of reference, and provide assurance to the Finance & Resources Committee that appropriate project governance and management arrangements are in place. The Project Owner is also responsible for addressing any other assurance needs the committee may set.

The Project Owner is accountable to the NHS Board for the effective discharge of his role. Should there be a trend toward cost escalation or delay, or if the objectives of the project change radically, the Project Owner will alert the Finance and Resources Committee initially, prior to advising the Board with a recommendation on action to take.

Appendix 10: HAI Scribe Stage 1

Initial Briefing Stage

Project particulars and checklists for Development Stage 1

Initial brief and proposed site for development HAI–SCRIBE Sign off			
HAI-SCRIBE Name of Project	SJH Emergency Department Expansion		
Name of Establishment	NHS Lothian	National allocated number	
Project start date	January 2019	Comments funds not allocated	
Anticipated completion date	October 2019		
HAI-SCRIBE Review Team	KokLim Yap; Marjolein Don; Ian Flaming; Willie Evans; SarahJane Sutherland; Gillian Cunningham;		
Completed By (Print Name) KokLim Yap/ Marjolein Don		Date 06.03.2019	
Signature(s) Everyone (through email confirmation from Yap)		Date 14.03.2019	
Stage 1: NHS Lothian will Refurbish and Expand the current Emergency Department located at St John's Hospital, Howden, West Lothian.			
Additional Notes:			

Development Stage 1: Initial Brief and proposed Site for development: Identification of hazards, associated risks and control measures		
1.a	Brief description of the proposed development project and the planned development site	Refurbish existing emergency department and courtyard infill / extension at SJH

1.b	Identify any potential hazards associated with the design and/or proposed site.	Loss of clinical space/ cubicle pre/during construction; Noise / confusion. The expansion will be into land situated in the courtyard within the current Emergency Department at SJH. Risk of ingress of dirt/dust to areas within the current ED and neighbouring wards/departments during works. Impact on the flow of the ED which will remain in operation during the project works. Blue-light emergency access must be maintained at all times
1.c	Identify any risk associated with the hazards above	Patient safety Extra stress for staff Disruption to current ED services Potential disruption to power and other essential services Windows to ED and neighbouring areas will require to remain closed resulting in increased heat for the clinical environment

1.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Review to be carried out NHSL PM / Clinical staff or site Manager Understanding of workload in the present ED Progress Meetings and communication to all areas regarding service disruptions. Close working with estates and management teams to ensure essential power supplies are maintained Stringent traffic management Implementation of environmental management plan during the construction and refurbishment Risk Register updated as required
	Control Measures Work closely with service; ensure clear communication and escalation lines Issues highlighted on Risk Register, effective and timely communication, stringent traffic management with consideration to deliveries and removal of waste from site. Communication with neighbouring wards/departments	
1.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken	
	Potential Problems Noise; debris, dust Injury, infection, ingress of dirt in clinical areas, effects on supplies of essential services at times, traffic management issues, potential issues for blue-light access in an emergency situation	

	Control Measures Completion and consideration of HAI SCRIBE stage 2 and 3. Traffic management programme and logistic management in consideration with neighbouring areas/departments
1.f	Actions to be addressed • Communication methods to be agreed • Identify contact person for complaints • Implementation plan- e.g. phasing will take place also considering moving/purchasing equipment • Ventilation • Opening windows • Mitigate dust/noise Ensure risk assessment method statements (RAMS) of contractors consider these issues, communication with all concerned parties to be considered and an effective delivery programme developed. Inclusion of all affected areas/departments in communication and forward work plans Development of environmental plan and construction methodology
	Deadline

Development Stage 1 Initial Brief and proposed site for development: Checklist to ensure all aspects have been addressed					
		Yes	No	N/A	Comments
1.1	Is contaminated land an issue? e.g. asbestos, oils and heavy metals. (Refer to the Contaminated Land Register)				Contractor will carried out the site investigations.
	Have these issues and actions to be taken been noted in actions to be addressed section?				Action be to be confirmed subject site investigation report
1.2	Is there a locally recognised increased risk of contamination or infection e.g. cryptosporidium? If yes give details.				Contractor will carried out the site investigations.
	Have these issues and actions to be taken been noted in actions to be addressed section?				Action be to be confirmed subject site investigation report
1.3	Are there industries or other sources in the neighbourhood which may present a risk of infection or pollution e.g. animal by-products processing plant? If yes give details		✓		Estates regular maintaining the site
	Have these issues and actions to be taken been noted in actions to be addressed section?			✓	
1.4	If there are any industries or other sources identified in question 1.3 above, will they affect the designed operation of the healthcare system?		✓		
	Consider the planned function of the design as well as issues such as: Ventilation	✓			Any existing nature ventilation through the window been block off resulting of the new extension will be re-provided with mechanical ventilation system.
	Opening of doors and windows		✓		No impact
			✓		Estates regular maintaining water systems on site

	Water systems etc. Have these issues and actions to be taken been noted in actions to be addressed section?			✓	

Development Stage 1: Initial Brief and proposed site for development: Checklist to ensure all aspects have been addressed (continued)					
		Yes	No	N/A	Comments
1.5	Are there construction/demolition works programmed in the neighbourhood which may present a risk of pollution or infection (including fungal infection)?	✓			A temporary screen or partition will be erected to seal and segregate construction work area
	Have these issues and actions to be taken been noted in actions to be addressed section?	✓			Included in Contractor's Risk Register HAI Scribe stage 3 will require to be completed for works occurring in an operational department
1.6	Are there cooling towers in the neighbourhood which may present a risk of *Legionella* infection? Consider also air handling units, water pipes etc.		✓		Estates regular maintaining the site Further investigation is required and Estates to confirmed No Risk from AHU, pipe work etc in area
	Have these issues and actions to be taken been noted in actions to be addressed section?			✓	Already Included in Risk Register; Built will Included in legislation of design and compliance
1.7	Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any HAI risk e.g. from entrainment of plumes containing *Legionella*? Have these issues and actions to be		✓		Enclosed area. Estates regular maintaining the site Further investigation is required and estates / contractor to confirmed No Risk.

	taken been noted in actions to be addressed section?			✓	To be Included in contractor Risk Register
1.9	Will the proposed development impact on the surrounding area in any way which may present potential for infection risk? Consider possible restrictions being applied to the operation of the proposed facility e.g. Facilities Management routes Have these issues and actions to be taken been noted in actions to be addressed section?	✓			Dust and noise. During building works and refurbishment stages
		✓			A temporary screen or partition will be erected to seal and segregate construction work area HAI Scribe stage 3 will require to be completed for works occurring in an operational department

Development Stage 1
Initial Brief and proposed site for development:
Checklist to ensure all aspects have been addressed (continued)

		Yes	No	N/A	Comments
1.10	Will lack of space limit the proposed development and any future expansion or change of use of the facility? Have these issues and actions to be taken been noted in actions to be addressed section?	✓			Phasing plan in collaboration with ED Team & contractor to be taken into consideration Further possible expansion of service in phase 2
		✓			
1.11	Has a demolition/refurbishment asbestos survey been carried out? Have these issues and actions to be taken been noted in actions to be addressed section?	✓			Included in Contractor Survey
		✓			Included in Contractor's Risk Register

1.12	Has consideration been given to the projected lifespan of the facility and its impact on planning and development?	✓			Via phasing plan

Additional notes – Stage 1

- Potential partial OPD 2 use as Decant for temporary presenters- displacement to be identified on site
- Mitigation for staff- e.g. through clear communications
- Constant reviewing essential

Development Stage 1:
HAI-SCRIBE applied to the initial brief and proposed site for development

Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on

Venue	By email	Date	14.03.2019

'Healthcare Associated Infection System for Controlling Risk in the Built Environment' *'HAI-SCRIBE' Implementation Strategy: Scottish Health Facilities Note (SHFN) 30: Part B*

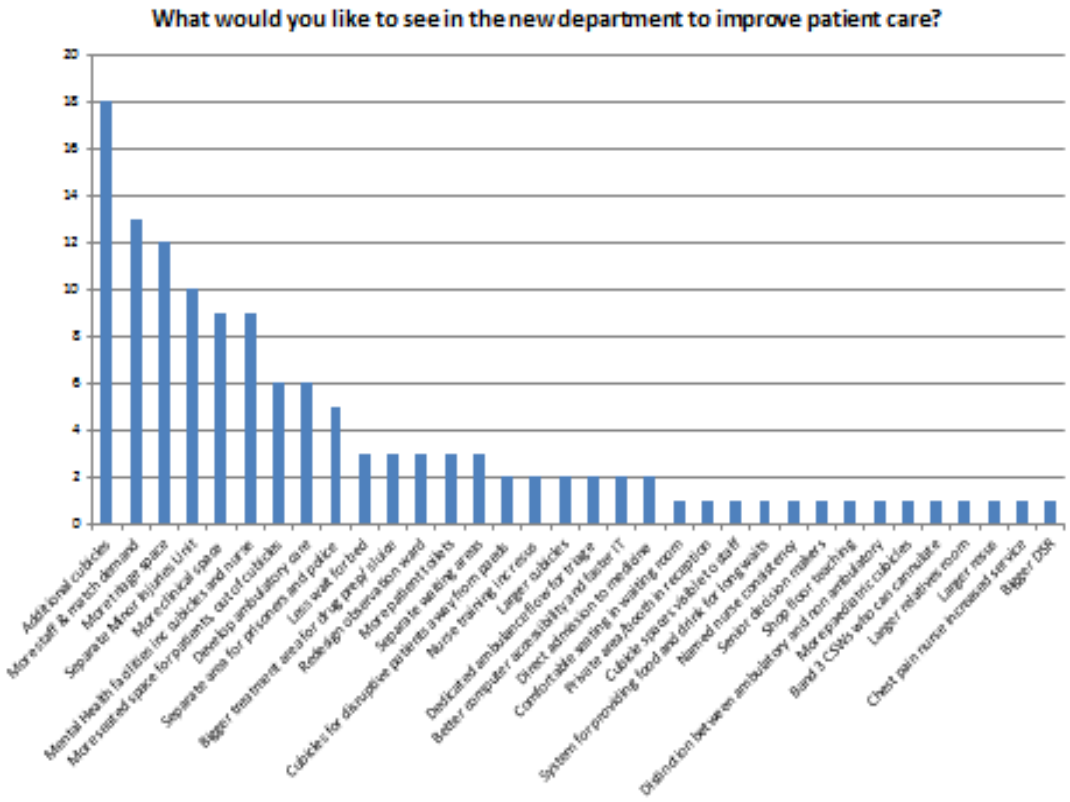
Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.

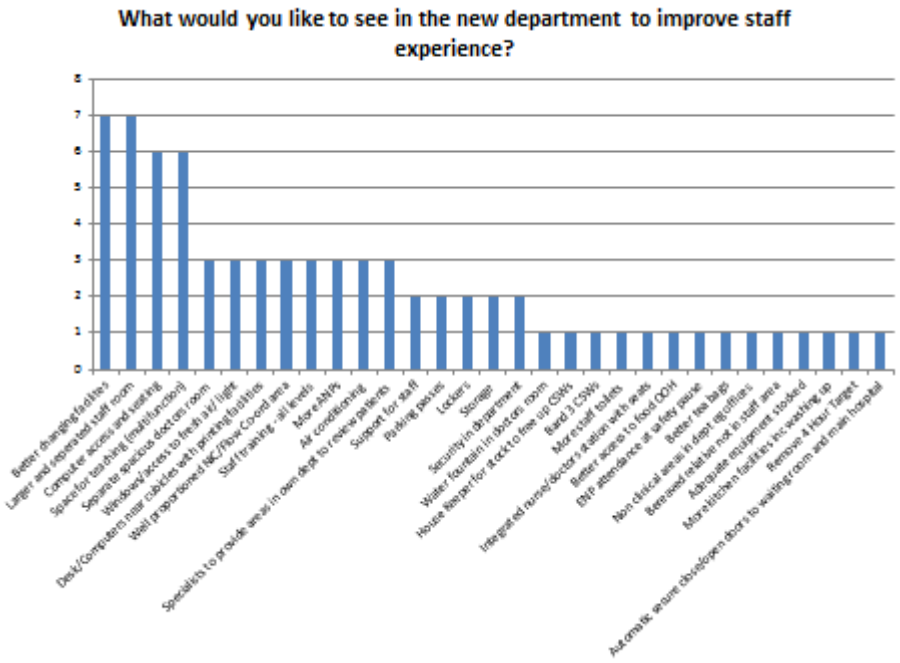
Present

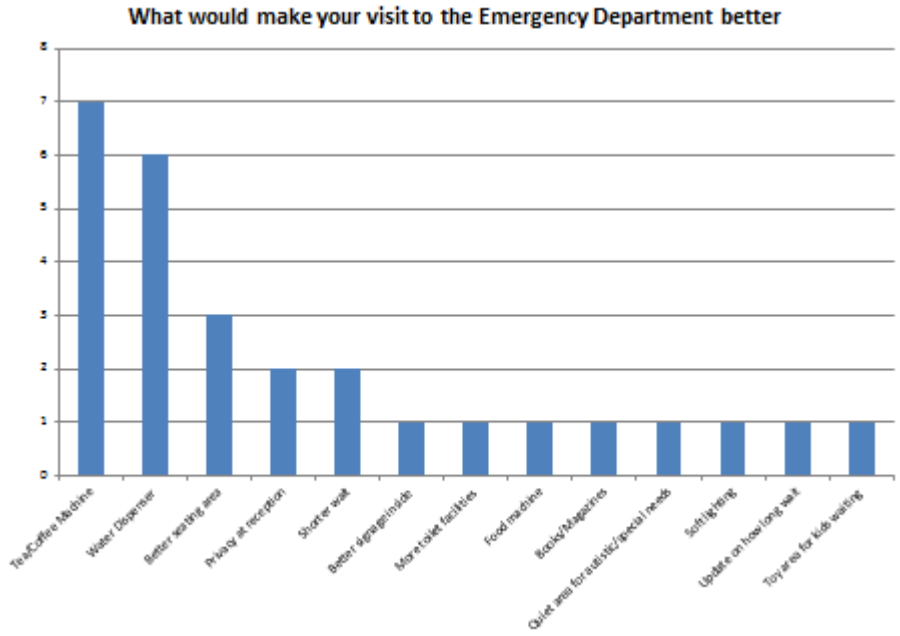
Print name	Signature	Company	Telephone Numbers	Email address
Kok Lim Yap		NHSL		koklim.yap@nhslothian.scot.nhs.uk
Marjolein Don		NHSL		Marjolein.Don@nhslothian.scot.nhs.uk
Ian Flaming		NHSL		Ian.Flaming @nhslothian.scot.nhs.uk
William Evans		NHSL		William.evans@nhslothian.scot.nhs.uk

SarahJane Sutherland		NHSL		SarahJane.Sutherland@nhslothian.scot.nhs.uk

Appendix 11: Staff and Patient Survey Feedback




What would you like to see in the new department to improve staff experience?
Better changing facilities
Larger and separated staff room
Computer access and seating
Space for teaching (med/nursing)
Separate spacious doctors room
Windows/access to fresh air/ light
Desk/Computers near cubicles with printing facilities
Well proportioned NIC/flow Coord area
Staff training - all levels
More ANPs
Air conditioning
Specialists to provide areas in own dept to review patients
Support for staff
Parking passes
Lockers
Storage
Security in department
Water fountain in bed cen room
House keeper for at odd to free up CSWs
Band 3 CSWs
More staff toilets
Integrated nurse/doctor's station with seats
Better access to food OOH
EMP attendance at safety pause
Better tea bags
Non clinical areas in dept regulfiars
Beereved relatives not in staff area
Adequate equipment stocked
More kitchen facilities inc washing up
Automatic ensure closed/open doors to waiting room and main hospital
Remove 4 Hour Target


What would make your visit to the Emergency Department better
Tea/Coffee Machine
Water Dispenser
Better waiting area
Privacy at reception
Shorter wait
Better signage inside
More toilet facilities
Food machine
Books/Magazines
Quiet area for autistic/special needs
Soft lighting
Update on how long wait
Toy area for kids waiting

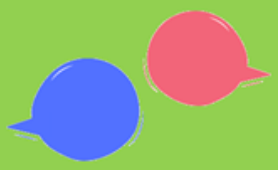
Appendix 12: Patient Focus Group Report

SJH ED Patient Focus Group Feedback
Tuesday 26th March, 2pm – 4pm, St John's Hospital

Main Issues	Discussion Points / Suggestions for Improvement

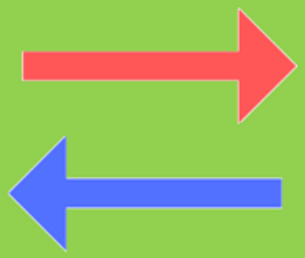
Comfort / Facilities 	• Good to have tea/coffee facilities available.
	  o Suggested use of vending machines.
	• Comfortable chairs for those waiting.
	  o Chairs with leg rents
	  o Wheelchairs
	• TV available to watch instead of radio.

Privacy 	• Suggested use of a ticket number service to ensure better privacy and confidentiality. • Possible implementation of a line at reception for people to stay behind so others cannot overhear discussions. • Providing those who attend ED with police additional privacy – to benefit both the person and others in the waiting area.

Improved Communication 	• Betters signage which explains the patient pathway.
	  o Example that Tayside do this which could be replicated.
	• Possible use of an audio visual display providing up-to-date information on what is happening that day.
	• Patient's advised they can't always hear their name being called.
	  o Suggested improving links with reception.
	  o Suggested use of installing a tannoy system.
	• Potential use of self check-in
	  o Could be useful for Out of Hours patients
	  o Recognised associated problems regarding triage/picking up deterioration of patients.
	  o Need to ensure patient privacy is protected.

Accessibility 	• Need to ensure that ED is accessible to all.
	  o GP's can provide advice to patient's on whether they should make their own way.
	  o There will be links with the flow centre.
	  o Dial buses available.
	• Using volunteers to assist unaccompanied or vulnerable people.
	• The location of ED staff bases received well. Close to cubicles and easily accessed from relatives room.

SJH ED Patient Focus Group Feedback
Tuesday 26th March, 2pm – 4pm, St John's Hospital

Pharmacy 	• Out of Hours pharmacy availability as currently only open from 9am – 5pm. • Suggestion that the pharmacy should be located in a more central/accessible location such as the main entrance.
Patient Pathways 	• New Flow Centre process supports patients to be directed to the most appropriate place of care from GP using criteria. ED is one option. Although every effort is made to direct patients to the most appropriate place of care first time there may be instances of onward redirection from ED following assessment. • People often attend ED as they are unable to quickly see a GP. (This is starting to be addressed through partnership work). • Important to ensure there is a clear and appropriate pathway for Mental Health presentations – particularly overnight.

Appendix 13: Integrated Impact Assessment

Integrated Impact Assessment: Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	x	(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

St John's Hospital Emergency Department Redesign.

2. What will change as a result of this proposal?

A clinical model has been developed, indentifying specific pathways, to underpin the SJH ED redesign. The main change will be the layout of the current Emergency Department and the expansion of the current footprint into the courtyard.

3. Briefly describe public involvement in this proposal to date and planned

Colleagues from West Lothian HSCP have been consulted with on the clinical model and feedback has been incorporated accordingly.
Patients attending ED have been asked to complete a survey with questions regarding how ED could be improved. A Patient Focus Group has been undertaken to get insight into patient views and some actions will be taken from this.

4. Date of IIA

18.03.2019 & 26.03.2019

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training	Email
Chris Bruce	Human Rights and Equality Lead	14.06.2017	Chris.Bruce@nhslothian.scot.nhs.uk

Marjolein Don	Strategic Programme Manager SJH & OAS	14.06.2017	Marjolein.don@nhslothian.scot.nhs.uk
Kathy Hamilton	Mental Health Advocacy Project representative		kathy.hamilton@mhap.org.uk
Yvonne Lawton	Head Strategic Planning WL HSCP		Yvonee.Lawton@nhslothian.scot.nhs.uk
Linda Rumbles	SJH Partnership lead		Linda.Rumbles@nhslothian.scot.nhs.uk
Andy Stevenson	Emergency Physician		Andrew.Stevenson@nhslothian.scot.nhs.uk
Margaret Chapman	Clinical Nurse Manager		Margaret.Chapman@nhslothian.scot.nhs.uk
Kim Houston	ED Charge Nurse		Kim.Houston@nhslothian.scot.nhs.uk
Peter Campbell	AND RSCH		Peter.Campell@nhslothian.scot.nhs.uk
Agnes Ritchie	AND SJH		Agnes.Ritchie@nhslothian.scot.nhs.uk
Shirley Douglas-Keough	Clinical Service Manager		Shirley.Douglas-Keough@nhslothian.scot.nhs.uk
Mark Butterworth	AMD Surgery		Mark.Butterworth@nhslothian.scot.nhs.uk
Alan Sharp	Patient Representative HGC		Aw.sharp@btopenworld.com

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes	Data does not suggest any other differential impacts on any group within the population.
Data on service uptake/access	Yes	Data suggest that current Emergency Department is not optimal.
Data on equality outcomes	Yes	Data does not suggest any other differential impacts on any group within the population.
Research/literature evidence	Yes	Signage regarding patients with dementia. An equalities champion or contact to be in the Emergency Department to provide extra support where needed. Safety of environment important in regards to prevent Violence and Aggression incidents.
Public/patient/client experience information	Yes	Staff and public have been asked their opinion on how ED can be improved.
Evidence of inclusive engagement of service users and involvement findings	Yes	Staff and public have been asked their opinion on how ED can be improved.
Evidence of unmet need	Yes	Data does not suggest any other differential impacts on any group within the population.
Good practice guidelines	Yes	Implications from the research and literature
Environmental data	No	
Risk from cumulative impacts	No	
Other (please specify)	No	
Additional evidence	No	

Evidence	Available?	Comments: what does the evidence tell you?
required		

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	
A larger footprint will ensure patient dignity and safer environment, as there will be a reduction/elimination in overcrowding.	Staff and public, including people with protected characteristics.
The redesign envisages to improve the amount of time people have to wait.	
Improve staff experience through increase in foot print and reduction in overcrowding.	
Ensuring confidentiality and privacy at reception area.	
The two Anti-ligature rooms provide a safer environment for patients and should improve privacy.	Mental Health patients
A waiting room area for paediatrics.	Paediatric patients
Negative	
Waiting could become an issue for certain disabilities.	Disabled people
Noise of the department, especially for elderly patients.	Elderly patients
Differences in expectations and ideals and potential language barriers.	People whose first language is not English

Environment and Sustainability	Affected populations
Positive	
Sustainable technology will be adopted for construction	General Public
Negative	
Travel implications: increase of staff and hence staff travel might have an impact on the environment.	Staff and people who live near SJH

Economic	Affected populations
Positive	
Increase in staffing levels and recruitment which will follow local recruitment policy.	Staff
Local construction company has been appointed for construction.	Local Business

Negative No negative impacts identified	

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?

NHS Staff will further realise the proposed redesign/ improvement after the construction is complete. Staff already focus on how care can be best provided for each patient, taking into account equality and human rights, which is has been at the core of the ED Redesign. Improvement work is continuously undertaken to improve the service for patients and is envisaged to continue.

RMF, the contractors for the ED Redesign provided information in their tender in regards Energy and sustainability expertise, as follows: 'With three of our team (Robertson, FES and Hulley & Kirkwood) having specialist energy management teams, we will integrate their expertise into our design and operations to maximise efficiencies and minimise running costs. Mott MacDonald and Hulley & Kirkwood both provide further sustainability-focused expertise, which again we will integrate into all our design and operations. Our site setup and operations will make use of sustainable technologies such as photovoltaics and rainwater harvesting to reduce energy usage and minimise carbon footprint.'

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

Proposed ED redesign will improve the environment and is envisaged to improve the services and reduce the waiting times. Therefore it was proposed to have signage in the waiting room area to demonstrate what patients can expect from their visit and journey in the Emergency Department. Furthermore, closer collaboration and links are recommended with the translation and interpretation services.

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

The realisation of the ED redesign includes construction work. Construction will have an impact on energy, industry, transport, waste management.

Extra staff is envisaged to be recruited to work at ED redesign within the expanded footprint. Therefore, impact on the environment could be due to transport.

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

12. Recommendations (these should be drawn from 6 – 11 above)

To make it clearer to patients and carers as to what can be expected, through signage, pictorials and information that is understandable should be developed.

Noise was one of the challenges within the Emergency Department and the negative impact on patients. Ideas were proposed on how this could be reduced, for example the Tannoy system. This should be further explored.

Conversations were held on how translation and interpretation services are used at the moment and how this could be improved. Further development of collaboration with the Deaf services, based at SJH, was noted.

There is an increase in frail population and also in Emergency Department attendees; this should be taken into account with the redesign. One of the ideas proposed were reclining chairs. Simultaneously, it was recommended that the Emergency Department should explore how it could be a Dementia friendly environment, e.g. through signage and clocks.

More engagement with Mental Health and pathways and with MHAP and Mental Health colleagues. People in ED might not be sighted on MH wellbeing and more work could be done and we might need to explore triggers within MH pathway. Explore opportunities of having an equalities champion in ED (could be a member of staff).

With suggested changes, it is recommended to keep staff informed.

Toilets in waiting area are gender neutral and it is recommended this stays as is.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Signage and information that is understandable.	Margaret Chapman, Kim Houston and Marjolein Don	September 2019	October 2019
Explore possibilities of Tannoy system in ED to reduce noise.	Margaret Chapman, Kim Houston and Marjolein Don	September 2019	October 2019
Translation and interpretation services (incl. Deaf services).	Kim Houston	September 2019	October 2019
Dementia friendly environment, e.g. signage and clocks.	Margaret Chapman and Kim Houston	September 2019	October 2019
Explore options to improve experience of frail population, e.g. through reclining chairs?	Margaret Chapman, Kim Houston and Andrew Stevenson	September 2019	October 2019
Explore opportunities of having an equalities champion in ED (could be a member of staff).	Kim Houston and Kathy Hamilton	September 2019	October 2019
Regular briefings to staff in order to provide regular updates on developments	Linda Rumbles and Margaret Chapman	April - September 2019	May - October 2019
Ask if MHAP representative to join ED programme board to ensure these is being monitored.	Marjolein Don	April 2019	May 2019

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

To be part of the Realisation plan and/ or Action Plan, discussed at the ED Programme Board.

15. Sign off by Head of Service/ Project Lead

Name Gillian Cunningham

Date 15.04.2019

16. Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.

Lothian NHS Board

www.nhslothian.scot.nhs.uk

Jim Forrest
Chief Officer
West Lothian IJB
Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

Date 4 April 2019
Your Ref
Our Ref JC/CK

Enquiries to Catherine Kelly
Extension
Direct Line 0131 465 5570
Email catherine.kelly@nhslothian.scot.nhs.uk

Dear Jim

NHS Lothian and the West Lothian Integration Joint Board (IJB) are faced with significant challenges with whole system performance against the 4 hour emergency standard.

Within the St John's Hospital (SJH) Emergency Department (ED) a number of external and internal pressures are impacting negatively on patient safety and experience and driving the need for change. These include:

- Demographic growth and an aging population
- Increased attendances (16.7% uplift between 2008-2018)
- Increased acuity and presentations of patients aged 65+
- Increased complexity of interventions in ED e.g. stroke bundle, cardiac care, sepsis
- Insufficient assessment and treatment space and an increasing prevalence of overcrowding
- Design does not optimise clinical flow within the department or facilitate streamlining to dedicated pathways
- No access to anti-ligature assessment areas for Mental Health patients

While the overall direction of NHS Lothian Acute Services and West Lothian Health and Social Care Partnership (HSCP) is to shift the balance of care from acute to community, it is necessary to ensure that appropriate pathways and processes are in place for patients across the health system. In order to provide timely, safe and equitable access to unscheduled care, NHS Lothian recognise that a redesign of front door services at SJH is required.

An Initial Agreement for phase 1 of this front door redesign, focussing on redesign and expansion of the ED, was previously supported to progress to Standard Business Case (SBC) by West Lothian IJB and NHS Lothian Finance and Resources Committee (Nov 2018).

Headquarters
Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

Chair Brian G. Houston
Chief Executive Tim Davison

Lothian NHS Board is the common name of Lothian Health Board

Since then, development of the SBC has progressed in collaboration with West Lothian HSCP. The proposed redesign and expanded footprint (into a courtyard) will optimise clinical flow within the department by introducing dedicated triage, minor and major pathways in ED. (increasing from 12 cubicles to 21 overall)

The SBC for phase 1 recommends West Lothian IJB direct NHS Lothian to address the need for change, described previously, through implementation of this proposal and allocate the funds to meet the increase in revenue spend for this delegated function. The SBC and recommendations will be shared for formal agreement at West Lothian IJB meeting, 23 April 2019, prior to NHS Lothian Finance & Resources Committee.

With this in mind I am writing to you to highlight the above timeline and offer, in the event you would like to discuss any of the above in more detail, time to meet or speak on the phone with me or Aris Tryothoulakis, Site Director, SJH and chair of the SJH Front Door Redesign Programme Board.

If you would like to discuss in more detail please let me know.

Yours sincerely

JIM CROMBIE
Deputy Chief Executive

Cc Susan Goldsmith, Director of Finance, NHS Lothian
Colin Briggs, Director of Strategic Planning, NHS Lothian
Aris Tryothoulakis, Site Director, St. Johm's Hospital
Patrick Welsh, Chief Finance Officer, WL IJB

West Lothian Integration Joint Board

Direction – WLIJB17

1.	Implementation date	Following the planning phase
2.	Reference number	WLIJB17
3.	Integration Joint Board (IJB) authorisation date	23 April 2019
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	**Unscheduled Care – St John's Hospital Emergency Department Redesign** Improve service capacity with specific expansion of emergency department provision, increasing available clinical space for triage, minor injuries and majors to meet current and forecasted demand and reduce the risk of overcrowding in ED.
6.	Does it supersede or amend or cancel a previous Direction?	No
7.	Type of function	Hospital Set Aside
8.	Function(s) concerned	Hospital based services operating from St John's Hospital: • Accident and Emergency
9.	Required Actions/Directions	NHS Lothian is directed to: Deliver acute emergency services, e.g. resuscitation, majors, minors and paediatrics. Clinical model should include Rapid Triage, diagnostics for direction to right pathway, ED pathways and major expansion in facilities. Improve service capacity through pathway redesign, ensuring dedicated and fit for purpose facilities are available to deliver proposed clinical model/ pathways and support delivery of improved performance and patient experience. Provide a safe environment to deliver patient centred care

		which supports the effective and timely delivery of increasingly complex clinical guidelines. Provide appropriate clinical accommodation for MH patients and other specialist requirements within ED to ensure: - Adherence to anti-ligature legislation - Adherence to other specialist requirements Provide and design an ED environment which is safe, person centred and protects privacy and dignity ensuring that people who use the service have positive experiences. Full funding should be provided on a recurring basis to meet the additional costs resulting from the St John's Hospital redesign as part of the 2020/21 NHS Lothian contribution to West Lothian IJB and other Lothian IJBs as appropriate. Any further investment in unscheduled care for the West Lothian population should not be progressed without discussion with the West Lothian Integration Joint Board to ensure delivery of a whole system approach to managing hospital and community services within existing financial resources.
10.	Budget Resources	Budget resources of £864,000 have been included in the NHS Lothian 2019/20 Financial Plan and contributions to IJBs to meet the part year costs of the Redesign. At this stage the additional full year recurring costs resulting from the St John's Hospital Redesign are estimated at £1.96 million. As above, full funding will be required from 2020/21 to meet the costs of this additional investment.
11.	Principles	Are integrated from the point of view of service-users Improves the quality of service Are planned and led locally in a way which is engaged with the community(including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)

		Makes the best use of the available facilities, people and other resources
12.	Aligned National Health and Wellbeing Outcomes	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 People who use health and social care services have positive experiences of those services, and have their dignity respected Resources are used effectively and efficiently in the provision of health and social care services
13.	Aligned priorities, strategies, outcomes	Integrated and co-ordinated care Managing our resources effectively
14.	Compliance and performance reporting	Compliance with the Direction will be monitored through the Directions Tracker Performance monitoring will include scrutiny of: • MSG indicators Review of hospital functions will be reported to the Strategic Planning Group and any future strategic plans developed will be reported to the IJB. An unscheduled care planning group to be established.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes to hospital based services will need to be planned in a way which minimises impact on services planned by other IJBs.

West Lothian Integration Joint Board

Date: 23 April 2019
Agenda Item: 12

EQUALITY MAINSTREAMING AND OUTCOMES 2017–2021 – PROGRESS REPORT

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To present the Integration Joint Board's Equality Mainstreaming Report progress against the Equality Outcomes for 2017 – 2021 for approval.

B RECOMMENDATION

It is recommended that the Board note the report and progress against the Equality Outcomes and approve the report for publication before 30 April.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A Direction is not required
C2	**Resource/ Finance**	As set out in existing Directions to council and health board.
C3	**Policy/Legal**	Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instructions and guidance The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies to develop and publish an equality mainstreaming report and equality outcomes and to report on progress every two years.
C4	**Risk**	No new risk implications arise from this report. Strategic and financial risks for have already been identified and noted in the Risk Register.

C5	**Equality/Health**	The report has been assessed as relevant to equality and the Public Sector Equality Duty, however it is not deemed necessary to conduct an equality impact assessment given the nature of the report.
C6	**Environment and Sustainability**	Not relevant
C7	**National Health and Wellbeing Outcomes**	The equality outcomes identified are closely aligned and contribute to National Health and Wellbeing Outcomes.
C8	**Strategic Plan Outcomes**	Outcomes have been closely aligned with existing activity towards the Strategic Plan Outcomes.
C9	**Single Outcome Agreement**	Outcomes have been aligned with existing activity towards the West Lothian Single Outcome Agreement where appropriate.
C10	**Impact on other Lothian IJBs**	West Lothian IJB will share good practice with other IJBs.

D TERMS OF REPORT

D1 Background

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies to develop and publish an equality mainstreaming report, which sets out what West Lothian IJB is doing and what it plans to do to mainstream equality, and a set of equality outcomes and to report on progress against those every two years by 30 April.

The Board set its Equality Outcomes in April 2017 for the period of April 2017 to April 2021 bringing the IJB into the same reporting cycle as its parent bodies, NHS Lothian and West Lothian Council.

D2 Mainstreaming Equality

Mainstreaming equality is approach by which the IJB can integrate equality into everything it does, therefore, meeting its responsibilities under the Public Sector Equality Duty to eliminate discrimination, advance equality of opportunity and promote good relations both within the Health and Social Care Partnership workforce and in the wider community. This approach involves managers and policy makers across all relevant services in NHS Lothian and West Lothian Council, as well as community planning partners.

The strategic plan sets out how the IJB intend to increase wellbeing and reduce

health inequalities across all communities in West Lothian. Equality mainstreaming ensures that the emphasis on equality and diversity is connected from the strategic level through to the operational level and this is reflected in the strategic plan, the participation and engagement strategy, the work that is ongoing on Locality Planning and work towards the four IJB equality outcomes.

A partnership approach with community planning partners will enable the IJB to tackle the specific inequalities which relate to the people of West Lothian and the Health and Social Care Partnership is committed to ensuring active participation of stakeholder groups in its decision making process. IJB membership includes representatives of the voluntary sector, service users and health and social care staff to ensure as wide a representation as possible.

D3 Equality Outcomes

Equality outcomes are results intended to achieve specific and identifiable improvements in people's life chances. The specific equality duties require listed public authorities to publish equality outcomes and report on progress every two years.
Progress against each of the IJB's Equality Outcomes for the last two years is set out from page 10 of the report. Where further action is required this is noted. The outcomes and their associated activities and outputs were developed through evidence gathering and engagement work as part of the development of the strategic plan and each outcome has been designated to a responsible officer or group.
The IJB Is required to publish a final review of progress against its outcomes in April 2021 and to set new outcomes for 2021 to 2025.

D4 Conclusion

The IJB has already made significant progress in mainstreaming equality through the approach it has taken when developing its strategic plan, its participation and engagement strategy, the approach taken to the ongoing work on localities and the close alignment of all its activities to the National Health and Wellbeing Outcomes.

This report seeks approval to publish the IJB's progress on mainstreaming and towards its outcomes as required by the Public Sector Equality Duty and before the deadline of 30 April 2019.

E CONSULTATION

The IJB strategic plan was developed through extensive engagement with local communities, service users and patients, clinicians, practitioners, carers and other stakeholders. West Lothian IJB took account of the requirements for mainstreaming equality by aligning its equality outcomes with the strategic plan outcomes. The activities towards meeting those equality outcomes are also closely related to actions identified in the strategic plan.

F REFERENCES/BACKGROUND

Meeting of IJB 20 April 2017

Equality Mainstreaming Report and Equality Outcomes 2017–2021

West Lothian IJB Strategic Plan

West Lothian IJB Participation and Engagement Strategy

G APPENDICES

Appendix 1: Equality Mainstreaming Report and Equality Outcomes 2017–2021: Progress Report April 2019

H CONTACT

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01506 283519

23 April 2019

Data Label: Public

West Lothian Integration Joint Board

Equality Mainstreaming Report and Equality Outcomes 2017 – 2021

Progress Report

April 2019

Contents

FOREWORD

NHS Lothian and West Lothian Council have a long history of working in partnership to meet the health and social care needs of the people of West Lothian and has a well-earned reputation for delivering ground-breaking and quality-driven public services to local people. We will continue this tradition by bringing health and social care services closer together wherever possible and working in partnership to deliver more accessible, integrated and high quality services which are jointly planned and community focused.

Our Integration Joint Board (IJB) Strategic Plan addresses our vision to increase wellbeing and reduce health inequalities across all communities in West Lothian. The main challenges to improving health in West Lothian are the ageing population, persistent health inequalities, the continuing shift in the pattern of disease towards long term conditions and growing numbers of people with multiple conditions and complex needs.

We are fully committed to working with individuals, local communities, staff and our community planning and other partners to make effective use of all of our resources. To do this, the expertise, knowledge and skills of colleagues, along with input from service users, providers and other stakeholders, will all help to drive new and more innovative ways of working at a local level.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, we are strongly committed to the development of a preventative outcomes-based approach, with an emphasis on effective early interventions to tackle social inequalities and improve wellbeing in communities. To this end our strategy focuses on prevention, early intervention and collaborative working to ensure services are planned, co-ordinated and evaluated on the delivery of outcomes; and resources are targeted to achieve the greatest impact on those most in need.

The IJB Strategic Plan is clear that equality will be at the heart of everything that we do as a partnership, including how we will take into account the protected characteristics in the planning and delivery of health and social care services. These protected characteristics are:

- Age
- Disability
- Gender Re-assignment
- Marriage and civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex (formerly known as gender)
- Sexual orientation

INTRODUCTION

This report sets out the approach of West Lothian Integration Joint Board (IJB) in making the public sector equality duty integral to its functions and the action plan which it considers will enable it to ensure that duty is met. The first section of the report reflects on progress towards mainstreaming equality between 1 April 2016 and 31 March 2017.

The report will also set out the IJB's Equality Outcomes for 2017 – 21 and will reflect progress towards these so far.

This report is produced in compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

Legislative context

The Public Sector Equality Duty set out in s149 of the Equality Act 2010 places an obligation on public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different groups and
- foster good relations between different groups.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place specific equality duties on public authorities, including the Integration Joint Board

Not all of the duties are relevant as the Integration Joint Board is not an employer. The specific duties which are relevant to note include:

- reporting on the mainstreaming of the equality duty
- agreeing and publishing equality outcomes and
- assessing and reviewing policies and practices.

The Specific Duties require that all Scottish public authorities must publish a report on mainstreaming equality and identify a set of equality outcomes. This is subject to being reviewed every two years within its four year cycle. This report brings the Integration Joint Board's equality reporting timescales in line with that of West Lothian Council and that of NHS Lothian.

Health and Social Care Integration Context

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate health and social care functions to an Integration Joint Board where that partnership has agreed to utilise a body corporate model.

This is the most significant reform to Scotland's National Health Service and social care service in a generation. The purpose of integrating these services is to improve the health and wellbeing outcomes of people.

NHS Lothian and West Lothian Council have chosen to integrate services through the establishment of The West Lothian Joint Integration Board.

From 1st April 2016, the West Lothian Joint Integration Board, a new, legal entity became responsible for planning, commissioning and overseeing the delivery of integrated health and social care provision, covering community and unplanned hospital healthcare and adult, children and families and community justice social work in West Lothian.

The functions that are delegated to the West Lothian IJB are set out in the West Lothian Integration Scheme (West Lothian IJB Integration Scheme). These functions were delegated to the IJB from 1 April 2016. In summary these include adult community health services, adult social care services and some hospital services. West Lothian IJB meetings are held in public.

Benefits of Mainstreaming Equality and Diversity

The Equality and Human Rights Mainstreaming Guidance identifies that mainstreaming the equality duty has a number of benefits including:

- Equality becomes part of everything we do, within our structures, behaviours and culture
- We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality
- Mainstreaming equality contributes to continuous improvement and better performance.

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. It requires the integration of equality into day-to-day working, taking equality into account in the way we exercise our functions.

The IJB is at an early stage of its development. It was incorporated in October 2015 and assumed responsibility for the delegated functions on 1 April 2016. The following sections set out how the IJB has thus far mainstreamed equalities into its activities to date

The IJB has recognised its equality duties in the preparation of its key planning document, the Strategic Plan which has been informed by a strategic needs assessment to provide a fuller picture of the profile of the local population. The IJB will build upon this and ensure that a better understanding of the needs of its communities, including those who share protected characteristics, informs its future plans.

MAINSTREAMING EQUALITY

Partnership working

The IJB Strategic Plan was developed through extensive engagement with our local communities, service users and patients, clinicians, practitioners, carers and other stakeholders. In developing this plan, West Lothian IJB took account of the requirements for mainstreaming equality by aligning its strategic outcomes with the equality outcomes. The plan was subject to an integrated equalities impact assessment.

The equality outcomes are incorporated within the nine health and wellbeing outcomes which are core to the delivery of the Strategic Plan; these outcomes will be reported on regularly to the IJB and also as part of the annual report on the Strategic Plan.

The Strategic Plan focuses on prevention, early intervention and collaborative working to ensure services are planned, co-ordinated and evaluated on the delivery of outcomes; and resources are targeted to achieve the greatest impact on those most in need. We will also work with the wider Community Planning Partners to jointly find approaches and solutions to addressing the specific inequalities which relate to the people of West Lothian.

The Health and Social Care Partnership is committed to ensuring active participation of stakeholder groups in its decision making process. Therefore, IJB membership includes representatives of the voluntary sector, service users and health and social care staff.

Strategic Vision

The Strategic Plan for 2019-23 is at the heart of integration and sets out how health and social care services will be delivered in a more integrated way to improve the quality of support for people who need them and deliver the national health and wellbeing outcomes.

West Lothian faces a growing and ageing population over the lifetime of this plan and beyond. Our population is growing faster than the Scottish average and the number of people aged 75 and over is forecast to increase by 119.7% by 2041. Almost one in four (23.3%) people living in West Lothian report having a limiting long-term physical or mental health condition and the number of people providing unpaid care in the community has increased significantly in recent years. In addition, there are significant differences in health outcomes between some communities with an 8-10 year gap in life expectancy between the most deprived and least deprived areas.

The IJB is committed to working with our partners, service users, their families and the wider community to find effective and sustainable solutions and achieve the best outcomes for the people of West Lothian. This includes working with community

planning partners to address underlying social inequalities that result in health inequalities. Our East and West Locality Groups will provide a key mechanism community engagement, ensuring that services are planned according to local need and contributing to effective strategic commissioning.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, we are strongly committed to the development of a preventative outcomes-based approach, with an emphasis on effective early interventions to tackle social inequalities and improve wellbeing in communities.

The development of individual Commissioning Plans for specific care groups will ensure that

You can read and download the Strategic Plan here.

Participation and Engagement Strategy

The Integration Scheme required NHS Lothian and West Lothian Council to develop a Participation and Engagement Strategy to ensure that ensure that the public and local interest groups can participate in a meaningful way in decisions around how services are provided.

The agreed strategy commits to making communication, participation and engagement equally accessible to all through a range of measures. The strategy can be found here.

The partnership will maintain its commitment to holding meetings of the Integration Joint Board, its committees and Strategic Planning Group in accessible public buildings and to making meeting papers available online five days before the meetings.

Local Outcomes and Locality Planning

The IJB recognises the way health and social care services are delivered locally can have a significant impact on shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. The Strategic Plan will ensure:

- More care and support is delivered at home or closer to home rather than in hospital or other institutions
- Care is person centred, with focus on the whole person and not just a problem or condition
- There is more joined up working across professions and agencies
- Citizens, communities and staff involved in providing health and social care services will have a greater say in how those services are planned and delivered.

Localities have been identified as part of the Strategic Plan, splitting West Lothian into East and West. These localities are based on 2011 data zones and are aligned

to General Practice (GP) populations and multi-member wards to support development of integrated models around GP Practice clusters and communities.

The ongoing locality profiling work will ensure that services are planned and led locally, taking into account the specific needs and characteristics of each locality, engaging the community and contributing to effective strategic commissioning.

Strategic Commissioning

The IJB has committed to developing strategic commissioning plans for all adult care groups. Each commissioning plan is determined by a local needs assessment and other relevant local or national strategies, which are considered in line with the total available resources.

The needs assessments involve:

- analysis of data based on the population, including demographic trends, health status and risk
- wide consultation with the public through surveys, focus groups, etc.
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland

This process insures that services commissioned are based on the needs of the population with a strong focus on data and consultation with those who the service will impact.

Monitoring and recording

Consultation and Engagement

Processes are available within partner bodies which enables monitoring and recording of the profile of people attending general consultation and engagements events. Completion of an equalities monitoring form has been encouraged to maintain and develop our understanding of the local population involved in engagement events.

Service delivery

Understanding how different people use our services is an important step in mainstreaming the Equality Duty in our service delivery functions. We are aware that gathering and using evidence is crucial to gaining this understanding. This information is currently collated by partner bodies and will continue to be so.

Integrated Impact Assessment

As a public body we are required to assess the impact of our decisions, changes to policies and practices and services against the requirements of the public sector equality duty

The equality impact assessment process is a way of examining new and existing policies, strategies, and changes or developments in service provision to assess what impact, if any, they are likely to have. In doing this we will consider the evidence of that impact on those who share a protected characteristic including feedback from consultation or engagement received from people sharing that characteristic.

Our legal requirement to do this covers only those individual characteristics identified in the Equality Act. However, in West Lothian, we recognise that these categories are only one element of the inter-related determinants of health, social care and life experience. We have reflected this in our impact assessment process by including categories to reflect the cross cutting issues which may affect people including poverty, homelessness, carers etc.

The standard report template for the IJB and its associated committees includes a section on whether an Integrated Impact Assessment has been completed on that particular occasion.

Mainstreaming Duty and Employment

The IJB is not an employing body and therefore is not subject to this duty. It can, however, commit to ensuring that its parent bodies meet their obligations under the Public Sector Equality Duty in relation to those functions which are delegated.

Both NHS Lothian and West Lothian Council publish mainstreaming reports, policy statements on equal pay and employment monitoring data as required by the Specific Duties (Scotland) Act. These can be accessed here:

NHS Lothian

West Lothian Council

It is however, important to recognise the Chief Officer and Board Members' roles in the governance, planning and decision making. It is crucial that the Board is able and supported to take account of the diversity of needs and characteristics of the community.

The gender balance on the West Lothian IJB at April 2019 was:

	Male	**Female**	Total
Non-Voting	4	6	10
Voting	8	0	8
All	12	6	18

EQUALITY OUTCOMES

In setting equality outcomes for the IJB consideration was given to the work done to develop local outcomes for the IJB Integration Scheme and the Strategic Plan. These local outcomes are aligned to the National Health and Wellbeing outcomes and are relevant to all of the protected characteristics.

Reducing inequalities, in particular, health inequalities, is central to the work of the IJB.

Current positions

Both NHS Lothian and West Lothian Council published existing Equality Outcomes and Mainstreaming Reports and have reviewed the progress towards these.

In developing the IJB equality outcomes, there was the need to reflect the existing equality outcomes for each partner organisation to ensure that there is an element of consistency.

The equality outcomes for each organisation are available online:

NHS Lothian

West Lothian Council

Progress against Equality Outcomes 2017 - 2019

The following action plan review progress from 2017 to 2019 against the outcomes published by the IJB for the period of April 2017 to April 2021. These outcomes will be reviewed again and new outcomes set in April 2021.

Outcome 1: Effective Leadership to ensure IJB governance, plans and decisions take account of the diversity of needs and characteristics of the community

Activities:

- ✓ Ensure that the emphasis on equality and diversity is connected from the strategic level through to the operational level.
- ✓ Ensure that all managers give clear and consistent messages on the importance of the Public Sector Equality Duty.
- ✓ Equality and rights will be incorporated into the regular performance reporting to the IJB.
- ✓ The IJB integrated workforce strategy will pay due regard to equality and diversity.

Outputs	**Progress**
Development sessions on equality and diversity offered to all board members	Action required
All relevant policies / procedures / allocations of resources are impact assessed	All new policies, procedures and service changes should be subject to Equality Impact Assessment to ensure no protected group is disadvantaged by any change implemented. The standard report template for the IJB has a section that must be filled in stating whether or not an assessment has been carried out. The new template, approved in March 2019, has made this section more prominent by moving the "summary of implications" to the top of the report. We will continue to monitor the conducting of Impact Assessments and recognise that this is an area where consistency could be improved.
Performance measures include	The commitments within our Strategic Plan are designed to engender a

all protected characteristics	culture which promotes equality, values, diversity and protect human rights and social justice and tackles discrimination. Our Workforce Development Plan includes a commitment to be inclusive employers of a diverse workforce by ensuring recruitment opportunities are accessible to all groups and providing appropriate training and awareness raising of different equality areas. Our Workforce Development Plan commits us to examining opportunities for Positive Action in recruitment to increase number of employees employed with protected characteristics in terms of the Equality Act.
All relevant staff receive equality and diversity training	Equality and Diversity training is mandatory for employees of both the council and NHS Lothian. Council employees now receive this training as part of their induction. The percentage of Health and Social Care Partnership employees in NHS Lothian who had completed this training was at 92.3 at February 2019.
All managers have an annual performance review and personal development plan that includes an equality and diversity aspect	In NHS Lothian, all posts covered by Agenda for Change will each have a Knowledge and Skills Framework Post Outline that describes the knowledge and skills required by the post-holder. Under this framework, there are six core dimensions that apply to all posts, one being Equality and Diversity. In West Lothian Council's core competencies framework, core behaviours relating to diversity are present from Team Leader/Manager level to Depute Chief Executive level and include promoting the benefits of diversity and challenge discrimination, prejudice and bias, and using the diversity within teams creatively to optimise customer outcomes.

Outcome 2: People with protected characteristics are directly able to influence the way in which IJB commissioned services are planned and delivered

Activities:

- ✓ Ensure that needs assessments take account of emerging needs, such as the needs of asylum seekers and refugees.
- ✓ Utilise the knowledge, experience and information held by all partners, including local people and those with protected characteristics, to ensure that all people are able to fully participate in locality planning on an equal footing and without discrimination.
- ✓ Ensure that locality planning assists organisations, including those which represent people with protected characteristics, to participate.

Outputs	**Progress**
Communications about participation from the IJB and its parent bodies are accessible to all	In our recent consultations on the Strategic Plan and Locality Plans, communication was issued to a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers. Hard to reach groups and equality forums were contacted directly and support to take part was offered. All consultation documents had contact details for respondents to request them in a different format.
Those who will be impacted by any particular service are consulted at the planning stage	The council carried out the Transforming Your Council consultation at the planning stage of service redesign and budget setting. NHS Lothian has appointed a Public Involvement and Engagement Manager who is

	tasked with engaging the public at the early planning stages of service redesign. In addition, stakeholders representing Carers, the third-sector, and service users sit on the IJB as non-voting members. A wide range of stakeholders sit on the IJB's Strategic Planning Group and its Locality Groups and they are encouraged to circulate information and consultation to their own networks. In addition, 77% percent of adults supported at home agreed that they had a say in how their help, care or support was provided in 2017/18.
Engagement activities are varied and inclusive	The Locality Planning engagement plan endeavours to provide a range of options for people to engage with us. This includes surveys being available both online and in hard copy, offering assistance to hard to reach groups to have meaningful participation and holding events in accessible spaces.
A wide range of equality forums/individuals engage with the IJB covering all protected characteristics	Further work is required to monitor the demographics of people who engage with us with a view to targeting those who do not engage as much in a more focused way. For those who answered the question relating to a particular characteristic as part of the IJB's consultation on its Strategic Priorities, the majority of respondents identified as female at just under 69%, White Scottish (78.5%) or White British (15.4%) with 66% of being aged between 35 and 64. 26% of respondents indicated that they considered themselves to have a disability and the majority of these indicated that this was a long-standing illness or other health condition. Almost 49% of respondents had no caring responsibilities, 33% cared for children under 18 and 15% had other caring responsibilities.

Outcome 3: IJB commissioned services are accessible, appropriate and inclusive to the needs of all, with no barriers which can limit access for those with protected characteristics

Activities:

- ✓ Ensure that needs assessments and subsequent care group commissioning plans take account of the needs of people and those with protected characteristics.
- ✓ Ensure that locality plans support the needs of people with protected characteristics, to participate.

Outputs	**Progress**
Services are provided in accessible buildings	NHS Lothian and West Lothian Council have a duty under the Equality Act to make their services accessible. Where a certain need is identified, for example specialist equipment for bariatric patients, adaptations are made to accommodate the patient. Where new buildings are installed, people with disabilities are consulted to ensure access issues are taken into account, for example, the new Blackburn Partnership Centre was planned with the consultation of the West Lothian Access Committee who made a number of recommendations relating to access, which were taken on board. We endeavour to install hearing loops in all of our buildings.
Services are accessible to asylum seekers, refugees and those who do not speak English	Both NHS Lothian and the council provide a range of communication supports including interpreters and translations/alternative formats for communications. NHS Lothian also employ specialist staff.
Communications about services from the IJB and its	In our recent consultations on the Strategic Plan and Locality Plans, communication was issued to a wide range of stakeholders including

parent bodies are accessible to all	health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers. Hard to reach groups and equality forums were contacted directly and support to take part was offered. All consultation documents had contact details for respondents to request them in a different format.
Health and Social Care website provides information on a wide range of services	The Health and Social Care website is currently being refreshed. The new website aims to be much more user friendly and the layout of the website reflects the kind of help people are looking for so that the information they access is specific to their individual needs and concerns.
Services are accessible to all who need them	The IJB recently changed its eligibility threshold for social care and carer support to severe and critical, in line with the rest of Scotland. This ensures that the most vulnerable people in West Lothian can continue to be provided with the support they require. Anyone assessed as having low or moderate needs will be signposted to the most appropriate support. The transformational change programmes aim to improve access to services and make care more joined-up and seamless whilst signposting to other services where appropriate.

Outcome 4: Awareness and understanding of the challenges and needs faced by those with protected characteristics is raised

Activities:

- ✓ Raise awareness and ensure that care group commissioning plans address particular needs such as autism, mental health, dementia, LGBT and older people services.
- ✓ Ensure that all customer-facing staff are best-equipped to provide a high standard of service for a wide range of needs.

Outputs	Progress
Health and Social Care website provides information on the challenges and needs of those with protected characteristics	The Health and Social Care website is currently being refreshed. The new website aims to be much more user friendly and the layout of the website reflects the kind of help people are looking for so that the information they access is specific to their individual needs and concerns.
Data on equality and all protected characteristics is shared and made available to the workforce	In 2017/18, 80% of staff considered themselves to be well informed (not equality specific). For those conducting impact assessment, extensive guidance is available and there are multiple public resources such as Information Services Scotland (ISD), though more effort could be made to signpost staff to these resources.
Data on equality and all protected characteristics is utilised when conducting needs	In both the council's Equality Impact Assessment tool and the Integrated Impact Assessment tool, data on equality and protected characteristics

assessments	must be used to evidence the outcome of the assessment.
All customer-facing staff are trained in the Teach-Back method.	Evidence/action required.

WEST LOTHIAN INTEGRATION JOINT BOARD

MEETING DATE: 23 April 2019 **ITEM NO: 14**

Action Note Ref	Workplan Item	Matter Arising and Decision Taken	Lead Officer	Meeting Date
		APRIL 2019		
		Draft Strategic Plan	Lorna Kemp	23 April 2019
		Market Facilitation Plan	Yvonne Lawton	23 April 2019
		Medium Term Financial Plan Update	Patrick Welsh	23 April 2019
		Primary Care Improvement Plan	Elaine Duncan / Carol Bebbington	23 April 2019
		SJH Emergency Department Redesign	Aris Tyrothoulakis / Marjolein Don	23 April 2019
		Equality Mainstreaming and Outcomes	Lorna Kemp	23 April 2019
		Presentation on delayed discharge	Yvonne Lawton	23 April 2019
		REPORTS TO FUTURE MEETINGS		
		Royal Edinburgh Hospital Phase 2 Outline Business Case	Tim Montgomery	26 June 2019
		Self-Assessment Survey Results	Lorna Kemp	26 June 2019
		Clinical Governance	Elaine Duncan / Carol Bebbington	26 June 2019
		St. John's Hospital Emergency Department Redesign Finalised Revenue Costs	Aris Tyrothoulakis / Marjolein Don	26 June 2019
		Action 15 of the Mental Health Strategy Final Plan	Lorna Kemp/Nick Clater	TBC
		Appointment of Director	Lesley Henderson	TBC

WEST LOTHIAN INTEGRATION JOINT BOARD – CYCLICAL REPORTS

WHAT	WHEN	WHY	LEAD OFFICER
Complaints and Information Requests	Quarterly – Aug, Nov, Feb and May		Lorna Kemp
Clinical Governance Report	Annually		Elaine Duncan
Annual Accounts (Unaudited)	Annually by June each year		Patrick Welsh
Annual Accounts	Annually by 30 Sept each year		Patrick Welsh
Members' Code of Conduct	Annually – Nov each year		James Millar
IJB Performance: Balanced Scorecard	6 monthly update – Dec and June each year		Carol Bebbington
Review of Performance	To be reviewed annually		Carol Bebbington
Public Service Climate Change Duties	Presented annually – by 30 November each year		Lorna Kemp
Review of Records Management Plan	To be reviewed annually		Lorna Kemp
Risk Register	To be reviewed annually – Dec each year		Kenneth Ribbons
Chief Social Work Officer's Annual Report	Presented annually – December each year		Pamela Main
Public Protection Biennial Report	To be presented biennially – next report Nov 2020		Pamela Main
Scheme of Delegations	To be reviewed biennially – Dec 2019		James Millar
Standing Orders	To be reviewed biennially – next report Dec 2019		James Millar
Membership Review (SPG and AR&G)	To be reviewed biennially – next report Dec 2019		James Millar
Equality Mainstreaming and Outcomes Report	To be presented biennially		Lorna Kemp
Delegation of Powers to Officers	To be reviewed every 3 years – To be confirmed		James Millar
Workforce Development Plan	To be reviewed annually – next report Nov 2019		Carol Bebbington
Scottish Budget Update	Update to be provided annually – January each year		Patrick Welsh
Proposed Meeting Dates	To be agreed annually – March each year	To approve the Board and SPG meeting dates for the coming year	Rachel Gentleman