



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

15 March 2023

A meeting of the **West Lothian Integration Joint Board** will be held within the **Council Chambers, West Lothian Civic Centre, Livingston** on **Tuesday 21 March 2023 at 2:00pm**.

BUSINESS

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business and declarations of interest in any urgent business
3. Declarations of Interest - Members must declare any interests they have in the items of business for consideration at the meeting, identifying the relevant agenda items and the nature of their interests.
4. Confirm Draft Minutes of Meeting of West Lothian Integration Joint Board held on Tuesday 10 January 2023 (herewith)
5. Minutes for Noting
 - (a) West Lothian Integration Joint Board Audit, Risk and Governance Committee held on Wednesday 21 December 2022 (herewith)
 - (b) West Lothian Integration Joint Board Strategic Planning Group held on 16 February 2023 (herewith)
6. Membership & Meeting Changes -

Consider any changes to be made to Board, Committee or Strategic Planning Group membership or amendments to meeting arrangements.
7. Timetables of Meetings 2023/24 (herewith)

8. Chief Officer Report (herewith)
9. 2022/23 Quarter 3 Finance Update - Report by Chief Finance Officer (herewith)
10. West Lothian IJB 2023/24 Budget and Medium-Term Financial Plan - Report by Chief Finance Officer (herewith)
11. The West Lothian IJB Strategic Plan 2023-2028 - Report by Head of Strategic Planning and Performance (herewith)
12. Strategic Commissioning Plan Update - Report by Head of Strategic Planning and Performance (herewith)
13. Interim Performance Report - Report by Chief Officer (herewith)
14. Primary Care Premises Capital Investment Priorities Follow Up - Report by General Manager, Primary Care and Community Services (herewith)
15. Workplan (herewith)

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

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 10 JANUARY 2023.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, Damian Doran-Timson, George Gordon, Katharina Kasper, Andrew McGuire and Anne McMillan

Non-Voting Members – David Huddlestone, Jo MacPherson, Alan McCloskey, Ann Pike, Patrick Welsh, Alison White and Linda Yule

Apologies – Karen Adamson, Lesley Cunningham, Elaine Duncan, Steven Dunn and Ann Pike

In attendance – Robin Allen (Senior Manager, Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Karen Love (Senior Manager, Adult Services), James Millar (Standards Officer), Mike Reid (General Manager for Mental Health and Addictions Services), Katy Street (Communication and Engagement Lead) and Kerry Taylor (Project Officer)

1 ORDER OF BUSINESS

The chair ruled that agenda item 21 *Self-Assessment Survey – Results* would be considered as the first substantive item of business, immediately following agenda item 6.

2 DECLARATIONS OF INTEREST

Agenda Item 15 – *Older People Day Care Provision*

Councillor Tom Conn declared an interest as a member of the Linlithgow Day Care Centre Committee; he would therefore not participate in the item of business.

3 MINUTES

The IJB approved the minutes of its meeting held on 8 November 2022 as a correct record.

4 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board

Audit, Risk and Governance Committee held on 7 September 2022.

- b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 8 December 2022.
- c The IJB noted the minutes of the West Lothian Integration Joint Board Development Session held on 11 December 2022.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that on 22 November 2022 West Lothian Council had appointed Councillor Andrew McGuire as a voting member to the IJB. The IJB was asked to note the appointment.

The IJB was also asked to appoint a voting member out of West Lothian Council members as voting member and Chair, and then Vice-Chair in September, of the Audit, Risk and Governance Committee.

Decision

1. To note the appointment of Councillor Andrew McGuire as voting member of the IJB effective as of 22 November 2022.
2. To appoint Councillor Andrew McGuire to the Audit Risk and Governance Committee as voting member and Chair.

5 SELF-ASSESSMENT SURVEY – RESULTS

The IJB considered a report (copies of which had been circulated) by the Project Officer informing members of the results of the self-assessment survey of the Board's administrative arrangements and activity. The Board was invited to discuss the results and identify any action required.

It was recommended that the IJB:

1. Note the results of the self-assessment survey; and
2. Discuss if any actions should arise from the results.

It was noted that members and senior officers would meet offline to discuss how to address areas of improvement; examples of good practice of communications and raising public awareness by other organisations would be taken into consideration.

Decision

To note the terms of the report.

6 CHIEF OFFICER REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updating members on emerging issues including those related to Covid-19.

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

Further communications to encourage vaccination uptake before the programme closed were suggested during discussion.

Decision

To note the terms of the report.

7 CODE OF CONDUCT – ANNUAL REPORT 2021/22

The IJB considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2021/22 in relation to the Board's Code of Conduct.

It was recommended that the IJB note the summary of the work carried out in 2021/22 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland, and of other significant events in the ethical standards regime, including the successful adoption by the Board of its new members' Code of Conduct.

Decision

To note the terms of the report.

8 2022/23 FINANCE UPDATE

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update on the 2022/23 budget forecast position for the IJB delegated health and social care functions. This would be updated further following the outcome of the Quarter 3 monitoring exercise.

It was recommended that the IJB: 2 3.

1. Consider the forecast outturn for 2022/23 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2022/23 budget; and
3. Note the update on key financial risk areas.

Decision

To note the terms of the report.

9 AUTUMN STATEMENT AND SCOTTISH BUDGET ANNOUNCEMENTS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Chancellor of the Exchequer's UK Autumn Statement and on the Scottish Budget announced on 15 December 2022. The report also provided an update on the IJB's medium term financial plan for 2023/24 to 2027/28.

It was recommended that the IJB:

1. Note the latest economic position outlined in the Autumn Statement 2022;
2. Note the issue of the Scottish Draft Budget 2023, which included departmental spending plans for 2023/24;
3. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Budget;
4. Note the initial funding implications for Local Government and Health Boards resulting from the 2023/24 Scottish budget;
5. Agree that the IJB Chief Officer and Chief Finance Officer should work with NHS Lothian and West Lothian Council to further assess the impact of the Scottish Budget and the funding related to the 2023/24 financial contribution to the IJB from partner bodies; and
6. Note the adverse movements in the projected medium term budget position since the issue of the IJB public consultation, with the increased estimated gap of £14.4 million for the period 2023/24 to 2025/26.

Decision

To approve the terms of the report.

10 DEVELOPMENT OF IJB STRATEGIC PLAN

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the approach and progress made in taking forward the development the new IJB Strategic Plan, which would be in place by 1 April 2023.

It was recommended that the IJB:

1. Note the approach taken to the development of the new IJB Strategic Plan;
2. Consider the draft Strategic Plan included in Appendix 1 of the report and note that there were some sections of the plan that would be updated when detailed information became available such as the finance section of the plan; and
3. Agree that that a public consultation and engagement exercise could be undertaken on the draft plan prior to its submission to the IJB for final approval on 21 March 2023.

It was noted that a more detailed medium-term financial plan would be developed based on emerging information as the Strategic Plan progressed.

Decision

To approve the terms of the report.

11 IJB PUBLIC CONSULTATION – MODERNISING ADULT SOCIAL CARE

The IJB considered a report (copies of which had been circulated) by the Project Officer informing members of the high-level findings of the recent IJB public consultation, Modernising Adult Social Care.

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

Decision

To note the terms of the report.

12 HEALTH AND SOCIAL CARE SYSTEM CHALLENGES

The IJB considered a report (copies of which had been circulated) by the Head of Health and by the Senior Manager, Older People Services providing an update on the pressures being experienced across the health and social care system and providing an overview of winter planning initiatives within the West Lothian Health and Social Care Partnership.

It was recommended that the IJB note the challenging situation, ongoing risks and the actions being taken to support the health and social care system over winter.

It was noted that additional funding might be received from the UK Government as well as the Scottish Government for additional care beds. Details of the funding process were still to be confirmed.

Decision

To note the terms of the report.

13 PRIMARY CARE PREMISES CAPITAL INVESTMENT PRIORITIES

The IJB considered a report (copies of which had been circulated) by the General Manager Primary Care and Community Services outlining the main priorities for capital investment in primary care premises in West Lothian following strategic assessment of the primary care estate. The paper also sought approval from the IJB to submit the priorities to NHS Lothian for inclusion in a Lothian-wide capital investment submission to the Scottish Government.

It was recommended that the IJB:

1. Approve the priorities outlined in the paper for submission to the NHS Lothian Primary Care Initial Agreement Programme Board; and
2. Agree that the priorities would be reflected in NHS Lothian's submission to the Scottish Government for capital funding for primary care premises.

Members were supportive of the proposed priority list but requested more information on factors that informed the list, such as population growth and pressure on GP practices. As there was no formal deadline for submission, it was agreed that the proposed list could be submitted in its current form; meanwhile, officers undertook to provide the further details requested, to be reviewed by the next IJB meeting on 21 March. If the IJB wished to change its decision on the basis of the information received, an

updated priority list could be submitted immediately following the March meeting.

Decision

To agree the terms of the report with the caveat that members had requested more detailed information on factors affecting priorities; if on the basis of that information the board wished to make changes to its submission, this would be confirmed at the IJB meeting on 21 March and a new submission would be made immediately afterwards.

14 OLDER PEOPLE DAY CARE PROVISION

Having declared an interest, Councillor Tom Conn did not participate in this item of business.

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Older People Services seeking a direction from the IJB to West Lothian Council for procurement of Older People Day Care provision to achieve Best Value.

It is recommended that the IJB direct West Lothian Council to implement new contractual arrangements for the delivery of day care services for older people in West Lothian that were within the allocated budget and ensuring best value.

Decision

To approve the terms of the report and provide direction to West Lothian Council.

15 COMMUNITY CONNECTIONS IMPLEMENTATION UPDATE

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services providing an update on the progress made with regard to the implementation of the Community Connections Hubs.

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

Decision

To note the terms of the report.

16 CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2021–2022

The IJB considered a report (copies of which had been circulated) by the Chief Social Work Officer providing the opportunity to note the contents of the Chief Social Work Officer's annual report. This report provided an overview of the statutory work undertaken during the period 2021–2022.

It is recommended that the IJB:

1. Note the contents of the Chief Social Work Officer's annual report for 2021–2022;
2. Note that the report had been presented to West Lothian Council on 22 November 2022; and
3. Note that the report had been submitted to the Scottish Government Chief Social Work Advisor.

Decision

To note the terms of the report.

17 WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP
WORKFORCE COMMUNICATION AND ENGAGEMENT STRATEGY

The IJB considered a report (copies of which had been circulated) by the Communication and Engagement Lead providing an update on the development of the West Lothian Health and Social Care Partnership's (HSCP) Workforce Communication and Engagement Strategy.

It was recommended that the IJB note the measures outlined in the Workforce Communication and Engagement Strategy that were aligned with the actions detailed in the HSCP Workforce Plan 2022–2025.

Decision

To note the terms of the report.

18 SCOTLAND'S DIGITAL HEALTH AND CARE STRATEGY – DELIVERY
PLAN 2022–23

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning & Performance informing members of the publication of the Scottish Government and COSLA's publication of Care

in Digital Age: Delivery Plan 2022–23.

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

Decision

To note the terms of the report.

19 MEDICATION ASSISTED TREATMENT AND A11 STANDARDS
IMPLEMENTATION PLAN

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services providing an update on West Lothian ADP commitments, governance, performance and financial position.

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

Decision

To note the terms of the report.

20 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within MSTEAMS VIRTUAL MEETING ROOM, on 21 DECEMBER 2022.

Present – Martin Connor (Chair) (NHS Lothian Non-Executive Director) and Councillor Tom Conn

Apologies – Katherina Kasper (NHS Lothian Non-Executive Director)

In Attendance – Alison White (Chief Officer); Kenneth Ribbons (IJB Internal Auditor); James Millar (IJB Standards Officer), Patrick Welsh (IJB Chief Finance Officer); Sharon Houston (Head of Strategic Planning and Performance), Linda Cunningham (NHS Staff Representative); and Kerry Taylor (Business Support Officer, HSCP)

Absent – Steve Dunn (West Lothian Council Staff Representative)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The committee approved the Minute of its meeting held on 7 September 2022.

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

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

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

Decision

1. To note the content of the report; and
2. To agree to hold all future meetings online using MSTEams with the exception being the June meeting which would be an in-person meeting.

4. IJB HIGH RISKS

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

It was recommended that the committee :-

1. Considers the high risks identified, the control measures in place, and the risk actions in progress to mitigate their impact;
2. Makes recommendations it thinks appropriate to the Chief Officer in relation to those risks, controls and actions; and
3. Makes recommendations it thinks appropriate to the Integration Joint Board in relation to the risk register and the degree of assurance it provides

Decision

To note the content of the report

5. INTERNAL AUDIT OF INTEGRATION JOINT BOARD GOVERNANCE

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the outcome of an internal audit of the IJB's governance arrangements.

It was recommended that the committee notes that control is considered to be effective.

Decision

To note the content of the report

6. NHS Lothian Risk Management Annual Report 2021/22

The committee considered a report (copies of which had been circulated) by the Chief Officer advising of the NHS Lothian Risk Management annual report for 2021/22, a copy of which was attached to the report.

It was recommended that the committee considers the NHS Lothian Risk Management annual report.

Decision

To note the content of the report and of the NHS Lothian Risk Management annual report 2021/22

7. NHS Lothian : Internal Audit Report 2021/22 Delayed Discharges

The committee considered a report (copies of which had been circulated) by the Internal Auditor asking committee to consider the NHS Lothian internal audit report on delayed discharges, a copy of which was attached to the report.

It was recommended that the committee :-

1. Considers the NHS Lothian internal audit report on delayed discharges; and
2. Asks the IJB Chief Officer to review the internal audit report to identify any potential areas of improvement for the West Lothian Health and Social Care Partnership

Decision

To approve the terms of the report

8. SCOTLAND'S PUBLIC FINANCES - CHALLENGES AND RISK

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the Scotland's Public Finances report published by the Auditor General, a copy of which was attached to the report.

It was recommended that the committee notes and considers the key messages contained in the report

Decision

To note the content of the report and of the "Scotland's Public Finances – Challenges and Risks" report

9. WORKPLAN

A workplan had been circulated for information.

Decision

To note the content of the workplan.

West Lothian Integration Strategic Planning Group

Meeting Held on 16 February 2023 at 14.00, Held virtually on Microsoft TEAMS

MINUTE & ACTIONS

Present:	Alison White(Chair), Sharon Houston, Yvonne Lawton, Karen Love, Stuart Barrie, Fiona Huffer, Jennifer White, Lisa Hunter, Andreas Kelch, Ashley Goodfellow, Kerry Taylor, Alison Wright, Mandie Millar, Elaine Duncan, Leo Gill, Neil Ferguson, Pamela Roccio
Apologies:	Katharina Kasper (Chair), Rob Allen, Jeanette Whiting, Jo MacPherson, , Linda Yule, Claire Ross

	Discussion/Decision	Action	By Whom	By When
1.	Introductions and Apologies Apologies were noted.			
2.	Order of Business including notice of urgent business			
3.	Declarations of Interest No declarations of interest.			
4.	Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 8th December 2022- Agreed.			
5.	IJB Financial Context Sharon Houston (SH), interim Head of Strategic Planning and Performance shared an update on the IJB Financial Context on behalf of Patrick Welsh, Chief Finance Officer for the IJB.			

	<p>Financial Context:</p> <ul style="list-style-type: none"> • Significant Inflation and increasing cost of providing care • Constrained Public Sector Funding • Future funding is insufficient to meet increasing costs of continuing to provide all existing models of care delivery • Substantial Budget Gap and Savings Requirement <p>It was noted that proposed efficiency measure focused on the following three key themes:</p> <ul style="list-style-type: none"> • 1. Service, Redesign, Efficiency and Modernisation • 2. Community Building Based Supports • 3. Digitalisation and Technology <p>Key Points:</p> <ul style="list-style-type: none"> • Current budget gap of £5 million over 3 years and £2.3 million in 2023/24 assuming all current savings agreed • It was noted that the Council and NHS Lothian still had to agree their funding contributions to IJB • Additional options will be needed to balance current 3-year position • 23/24 Budget & 3 Year Plan Report to IJB - 21 March 2023 			
6.	<p>Commissioning Plans Update</p> <p>Sharon Houston (SH), interim Head of Strategic Planning and Performance shared a report with an update on the commissioning plans with an overview of the progress made and discussed the areas that will be carried forward to the new strategic plan.</p>			

	Points raised from Mandie Millar regarding actions relating to transitioning and caring, and clarification from Elaine Duncan sought regarding the actions marked as falling behind under Learning Disabilities. Karen Love advised the main delays were due to tenancies being delayed because of the pandemic.			
7.	<p>Self-Assessment Questionnaire Results</p> <p>Kerry Taylor (KT), IJB Project Officer shared a report with the results of the self-assessment questionnaire.</p> <p>The survey was issued on Monday 23 January 2023 and members were asked to complete the survey by Monday 6 February 2023. 9 members completed the survey with the majority of the responses being positive.</p>			
8.	<p>Strategic Plan</p> <p>Sharon Houston (SH), interim Head of Strategic Planning and Performance shared a presentation and report providing an update on the development of the new strategic plan.</p> <p>The IJB Strategic Plan sets out the strategic direction for the delivery of its delegated functions and a new Strategic Plan must be in place by March 2023. The new plan will set out the IJB future vision for health and care in West Lothian from 2023.</p> <p>A draft plan was presented to the IJB on 10th January 2023. It was noted that a public consultation was underway to seek the views of the public on the strategic priorities identified. It was agreed that details of the consultation would be shared with the group.</p> <p>It was noted that the Strategic Plan would be submitted to the IJB on 21st March 2023 for approval.</p> <p>Discussion from the group regarding the delivery plans that will be developed to underpin the Strategic Plan. It was discussed that the delivery plans will be brought back to a future Strategic Planning Group.</p>	Share details of the public consultation with members of the SPG.	KT	ASAP

7.	<p>Strategic Plan Integrated Impact Assessment (IIA)</p> <p>Pamela Roccio, Equality and Diversity Officer was in attendance to facilitate the IIA discussion with Sharon Houston.</p> <p>PR shared an overview of IIA's and the importance of an IIA being completed.</p> <p>The main focus was on the potential impacts of protected characteristics which generated good discussion and input from the group.</p> <p>As the Strategic Plan is a high-level document, this will be a general overarching IIA with further IIA's to come at a later date with the development of delivery plans.</p>			
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Next meeting Thursday 30th March 2023 at 14.00, held virtually on TEAMS.

West Lothian Integration Joint Board

Timetable of Meetings 2023/24

Reports to Committee Services by noon	Agenda and Reports Issued	Meeting	Time	Venue
Wednesday 1 August 2023	Thursday 2 August 2023	Tuesday 8 August 2023	2pm	TBC
Tuesday 12 September 2023	Wednesday 13 September 2023	Tuesday 19 September 2023	2pm	TBC
Thursday 2 November 2023	Friday 3 November 2023	Thursday 9 November 2023	2pm	TBC
Tuesday 3 January 2024	Wednesday 4 January 2024	Tuesday 9 January 2024	2pm	TBC
Tuesday 19 March 2024	Wednesday 20 March 2024	Tuesday 26 March 2024	2pm	TBC
Tuesday 16 April 2024	Wednesday 17 April 2024	Tuesday 23 April 2024	2pm	TBC
Tuesday 18 June 2024	Wednesday 19 June 2024	Tuesday 25 June 2024	2pm	TBC

Draft

**West Lothian Integration Joint Board
Strategic Planning Group
2023/24**

Meeting Date (2.00–4.00pm)	Venue
Thursday 1 June 2023	TBC
Thursday 20 July 2023	TBC
Thursday 7 September 2023	TBC
Thursday 26 October 2023	TBC
Thursday 7 December 2023	TBC
Thursday 15 February 2024	TBC
Thursday 28 March 2024	TBC



Date	21 March 2023
Agenda Item	08

Report to: West Lothian Integration Joint Board

Report Title: Chief Officer's Report

Report By: Chief Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues including those related to Covid-19.
Recommendations	1. Note and comment on the key areas of work and service developments that have been taking place within West Lothian in relation to the work of the Integration Joint Board.
Directions to NHS Lothian and/or West Lothian Council	Not required.
Resource/ Finance/ Staffing	No specific matters relevant to the paper.
Policy/Legal	None.
Risk	Risks relevant to the IJB are set out in the risk register.
Equality, Health Inequalities, Environmental and Sustainability Issues	None.
Strategic Planning and Commissioning	The report is relevant to the IJB's Strategic Plan 2019-2023.

Locality Planning	No specific locality requirements.
Engagement	None – paper is for information.
Terms of Report	
<p>1. Vaccination Update</p> <p>1.1 Following the completion of the Winter Flu/Covid programme, in January 2023, focus switched to the non-seasonal programme, most notably Pneumococcal and Shingles vaccination, with over 5,000 vaccinations delivered since the start of the programme.</p> <p>1.2 On 27th March 2023 the Spring Booster programme will commence for housebound and care home residents, with clinic appointments being offered from 10th April 2023. This programme will provide Covid vaccinations for people aged 75 years or older and those with weakened immune systems of all ages, from 5 years and above, and also pregnant women.</p> <p>1.3 Following patient feedback, which showed that local delivery opportunities were more favourable, mini-mass vaccination sites will not feature as part of this programme. Clinics will take place primarily within GP practices and partnership buildings. It should be noted that some Community Pharmacy locations may be considered depending on the need for overall capacity, or specific capacity in hard to reach areas or for specific target communities to promote vaccine uptake.</p> <p>1.4 The Pneumococcal and Shingles programme will pause during the delivery of the Spring Booster programme which has a completion date of 30th June 2023. At that time routine offers for legacy 1st and 2nd Covid vaccination doses will also cease.</p> <p>2. St Michael's Update</p> <p>2.1 A public meeting was held on 7th February 2023 at Kirk Hall of St Michael's Parish Church, which launched the start of the early consultation process. Following the meeting, on the 8th February West Lothian Health and Social Care Partnership launched a public consultation inviting feedback from the local community on the ongoing closure of St Michael's Hospital and on its future in the context of the review of beds across West Lothian.</p> <p>2.2 The consultation was open for three weeks and closed on 22nd February and received a total of 164 responses. Further engagement work is scheduled to take place around Home First and Community Hospital Provision within West Lothian and a paper will be brought to a future IJB meeting.</p> <p>3. Single Point of Contact (SPoC)</p> <p>3.1 The SPoC pilot has formally come to an end and a comprehensive evaluation has been circulated to the Steering Group for consideration and comment. Scaling up to full implementation of phase 1 has commenced with the addition of District Nurses. SPoC is now open to all West Lothian GP practices and engagement with Scottish Ambulance Service (SAS) is ongoing.</p> <p>3.2 Two full-time SPoC Leads have been recruited to the service for the two-year test of change. A further 3 posts have recently been advertised for a mix of SPoC Lead's and Social Workers. In the meantime, the service has maintained a stable rota.</p> <p>3.3 SPoC is reporting an admission prevention rate of 91% of accepted referrals with a plan in place within 4 hours for 93% of accepted referrals.</p>	

4. Complaints and Information Requests

4.1 Complaints

4.2 There were no complaints received in quarter 3 of 2022/2023 or to date.

4.3 Information Requests

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

4.5 During quarter 3 of 2022/2023, there were two information requests received. Both of these requests were exempt in terms of Section 17 of the Freedom of Information (Scotland) Act 2002 on the basis that the IJB does not hold the information requested.

5. British Journal of Nursing Awards 2023

5.1 The British Journal of Nursing Awards celebrate the hard work and dedication of nurses and acknowledges their impact on patients' lives. West Lothian Health and Social Care Partnership is delighted to share that Arlene Dillon, Continence Nurse Specialist from Strathbrock Partnership Centre has been shortlisted for Continence Nurse of the Year.

5.2 Arlene has worked tirelessly over the last 6 years to promote the continence service within West Lothian both to improve the quality of life of patients and to ensure there is adherence to best practice. Arlene has worked to reduce costs through ensuring that product provision is not the default position and that patients are assessed fully creating opportunities for treatment and cure resorting to product provision only when appropriate to do so.

5.3 The awards ceremony is due to take place on 24th March 2023 in London.

6. West Lothian Health and Social Care Partnership Website

6.1 Work is ongoing to redesign the IJB pages on the HSCP website. Corporate Communications officers are developing a new template to allow further changes to be progressed. An overview of the proposed changes will be brought to the April IJB for approval to publish the changes on the website.

7. IJB Internal Audit Plan

7.1 On 8th March 2023, the West Lothian Integration Joint Board Internal Audit Plan 2023/2024 was approved at the Integration Joint Board Audit Risk and Governance Committee (ARGC).

7.2 The internal audit plan for 2023/24 sets out the planned internal audit work for the year to 31 March 2024. The purpose of the internal audit plan is to review the control framework and to ensure that effective controls are in place to mitigate the risks identified. It should be noted that separate internal audit arrangements are in place in relation to the operational arrangements within West Lothian Council and NHS Lothian.

7.3 Two risks are identified on the audit plan; Delayed Discharge and Sustainability of Primary Care, both with a timescale of December 2023. The full report that was presented to the ARGC is available to view on coins.

8. Internal Audit of the Sustainability of Primary Care

8.1 In accordance with the IJB's internal audit plan for 2022/23, an audit was undertaken of the sustainability of primary care and concluded that control is satisfactory. The resultant audit report is available to view on coins and an action plan agreed with management.

References	None
Appendices	None
Contact	Alison White Chief Officer Email: Alison.white@westlothian.gov.uk 21 March 2023



Date	21 March 2023
Agenda Item	09

Report to West Lothian Integration Joint Board

Report Title: 2022/23 Quarter 3 Finance Update

Report By: Chief Finance Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input type="checkbox"/>
	- is for discussion <input checked="" type="checkbox"/>
	The purpose of this report is to provide an update on the 2022/23 budget forecast position for the IJB delegated health and social care functions reflecting the outcome of the latest monitoring process.
Recommendations	<p>It is recommended that the Board:</p> <ol style="list-style-type: none"> 1. Considers the forecast outturn for 2022/23 taking account of delivery of agreed savings 2. Notes the currently estimated financial implications of Covid-19 on the 2022/23 budget and the latest position on funding provided for costs associated with the pandemic 3. Notes the current position in terms of year end management, consistent with the approved Integration Scheme, to allow the IJB to achieve a breakeven position for 2022/23
Directions to NHS Lothian and/or West Lothian Council	A direction is not required.
Resource/ Finance/ Staffing	The 2022/23 budget resources relevant to functions delegated to the IJB are £272.315 million.
Policy/Legal	None.

Risk	There are a number of risks associated with health and social care budgets, which will require to be closely managed. The financial risks resulting from Covid-19 will require to be closely monitored on an ongoing basis.
Equality, Health Inequalities, Environmental and Sustainability Issues	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
Strategic Planning and Commissioning	The 2022/23 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Locality Planning	None.
Engagement	Consultation with relevant officers in NHS Lothian and West Lothian Council.

Terms of Report

1. Background

- 1.1 This report sets out the overall financial performance of the 2022/23 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services.
- 1.2 Reporting on the performance of delegated resources is undertaken in line with the IJB's approved financial regulations and Integration Scheme. Increasing demands coupled with constrained funding and growing inflationary pressures means that a partnership working approach through the IJB, NHS Lothian and West Lothian Council will be vital in ensuring health and social care functions are managed within available budget resources.
- 1.3 This will require ongoing changes to current models of care delivery over the coming years as it is widely acknowledged that continuing with all existing models of care provision will not be sustainable going forward. The IJB as a strategic planning body for delegated health and social care functions is responsible for working with the council and NHS Lothian to deliver services taking account of its Strategic Plan and funding resources available for health and social care functions.
- 1.4 This report also provides the latest estimate on additional cost pressures for the year as a result of Covid-19 and sets out the latest position in respect of the return of unused IJB Covid funding at 31 March 2023 to be redistributed across the wider health and social care sector to meet Covid costs.

2. Responsibility for In Year Budget Monitoring

- 2.1 Budget monitoring of IJB delegated functions is undertaken by Finance teams within the council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme which

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

2.2 Both NHS Lothian and West Lothian Council then provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Section 95 officer, to provide reports to the Board on delegated health and social care functions.

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

3. 2022/23 Summary Forecast Outturn for IJB Delegated Functions

3.1 Taking account of the latest monitoring position available, the table below reflects the 2022/23 year-end forecast position against budget.

2022/23 Forecast Outturn Position	Budget £'000	Forecast £'000	Variance £'000
Core West Lothian Health Services	117,366	116,712	(654)
Share of Pan Lothian Hosted Services	24,352	23,587	(765)
Adult Social Care	92,052	92,052	0
Payment to IJB - Total	233,770	232,351	(1,419)
Share of Acute Set Aside	38,545	41,908	3,363
Total Delegated IJB Functions	272,315	274,259	1,944

3.3 The table above shows a currently forecast overspend of £1.944 million against IJB delegated functions for 2022/23. This position assumes that the costs of Covid-19 will be fully funded by IJB earmarked reserves and reflects pay awards provided for staff in 2022/23 are anticipated to be fully funded via Partner / Scottish Government funding.

3.4 The 2022/23 year end overspend forecast has increased by £445,000 since the previous position reported to the Board in January 2023. This is mainly due to additional prescribing costs and additional pressures in acute services. It should also be noted that the main overspend area within the IJB is acute services, which is forecasting a year end overspend of £3.363 million.

3.5 Appendix 1 provides a further breakdown of the forecast outturn position and more detail is provided around Covid-19 costs and funding in section 4 below.

4. Covid-19 Costs and Funding

4.1 The current estimated full year additional expenditure linked to the West Lothian Mobilisation Plan is £4.673 million for 2022/23, as per the Quarter 3 submission to the Scottish Government. At 1 April 2023, the IJB held earmarked reserves of £15.285 million carried forward from 2021/22 to be used against the ongoing costs of the pandemic and the forecast therefore assumes that the 2022/23 Covid costs will be fully funded from these reserves.

4.2 A summary of the key areas of additional anticipated costs included in the West Lothian plan are as below.

- Additional Staffing Costs – this includes additional costs of social care staff to help ensure services are maintained across internal care at home and care homes, and additional support in the community for mental health concerns and to reduce the backlog of service referrals.
- Additional Vaccination Costs – this includes local support for Flu and Covid-19 vaccinations.
- Additional Prescribing Costs – this includes the impact of increased volumes and price increases directly due to the pandemic. The pandemic has had a significant impact on unit price and volume and this area will continue to be subject to close monitoring.
- Additional Support to Care Homes – this reflects additional costs to external care homes to help ensure they are sustainable. Sustainability payments cover additional provider costs linked to staff sickness, additional staffing, PPE and other costs as resulting from Covid-19. Payments for voids ended in October 2021.

4.3 The Scottish Government have noted that no further Covid-19 funding will be provided by them and that IJB Covid-19 reserves funding should be targeted at meeting all additional costs of responding to the pandemic in Integration Authorities and NHS Boards. There has been a significant scale up to meet the challenges of Covid-19 in the last two financial years and while there is clearly a requirement to continue with some areas of investment, the Scottish Government have advised that these costs now need to be managed down where possible. Significant work has been undertaken with the objective of utilising reserves to meet non-recurring Covid-19 costs and working towards managing ongoing costs within core recurring funding available, including through additional Scottish Government funding provided to meet capacity and demand challenges.

4.4 The Scottish Government Director of Health Finance and Governance wrote on the 16 January 2023 to provide a further update on IJB Covid reserves and the arrangements to enable Covid reserves to be returned. This letter is attached in Appendix 2 and notes the reserves refund values for IJBs but also that a reconciliation exercise will take place at the year end to ensure final 2022/23 Covid-19 costs are funded.

5. Summary of Key Budget Pressures and Risks

5.1 Appendix 3 sets out the key 2022/23 budget risk areas that have been identified as a result of the budget monitoring undertaken to date and the current budget position in each. Highlights from each area are listed below.

5.2 Core West Lothian Health Services

These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social Care Partnership. The main pressure for core services is in Prescribing (£1.514 million overspend) due to a number of issues such as increased unit costs, short supply, and increased volumes. Prescribing is a volatile area and monthly data will continue to be closely monitored.

5.3 Hosted Services

These functions and resources represent a share of Lothian Hosted services delegated to the IJB, the majority of which are operationally managed outwith West Lothian Health and Social Care Partnership. Within hosted services, the main pressure relates to Rehabilitation Medicine (£291,000 overspend) and UNPAC (£263,000 overspend).

5.4 Adult Social Care

These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social Care Partnership. The main pressure is in internal Care Homes and Housing with Care (£722,000 overspend), which is partly linked to the ongoing impact of the pandemic and reflects use of agency staffing, locum and overtime costs to cover vacancies and sickness absence.

5.5 Acute Set Aside Services

These functions and resources represent a share of acute hospital services which although delegated to the IJB, are operationally managed outwith the West Lothian Health and Social Care Partnership. The forecast overspend for the West Lothian share of acute services is £3.363 million. The main pressures are mostly due to the cost of staff cover at St John's Hospital and also reflect higher drug costs, which has affected ED & Minor Injuries (£923,000 overspend), Gastroenterology (£605,000 overspend) General Medicine (£1.183 million overspend), Geriatric Medicine (£280,000 overspend) and Junior Medical staff (£439,000 overspend).

Nursing pressures around recruitment difficulties, sickness / absence and resulting requirement for bank and agency staff continue to be a key contributing factor. The ongoing use of medical locum and agency staff to provide necessary rota cover is also a key factor. High activity levels and increased acuity of patients is also impacting on staffing requirements across St John's and other acute hospital sites in Lothian.

5.6 A number of strategic financial risks are also included in Appendix 3 which will continue to be updated as the financial year progresses and into the next five-year period.

6. Approved Savings Relating to IJB Delegated Functions

6.1 As part of the 2022/23 budget contribution to the IJB from the council and NHS Lothian there are £6.797 million of budget savings identified. At this stage, the monitoring undertaken estimates that this will be over achieved by £193,000. The overall forecast position for the IJB takes account of the position on savings noted.

The summary split of these savings is shown in the table below along with the actual level of savings considered to be achievable at this stage.

2022/23 Budget Savings	2022/23 Budgeted Savings £'000	2022/23 Forecast Achievable £'000	2022/23 Variance £'000
Core West Lothian Health Services	2,045	2,375	(330)
Share of Pan Lothian Hosted Services	319	248	71
Adult Social Care	4,179	4,179	0
Share of Acute Set Aside	254	188	66
Total Savings	6,797	6,990	(193)

6.3 Appendix 4 provides further detail on the areas in which these savings are being delivered. This represents good progress on the delivery of 2022/23 savings. NHS Lothian and West Lothian Council have established processes in place for monitoring and reporting on the delivery of savings and regular updates will be provided to the Board on progress with delivery of savings. To ensure a joined up overall health and social care approach to financial planning and the delivery of savings, the Chief Officer, Chief Finance Officer and other key officers will continue to review progress on delivery of overall West Lothian saving proposals.

7.	Summarised Budget Position for 2022/23
7.1	<p>The monitoring position for IJB delegated functions delivered by the council and NHS Lothian is an overspend of £1.944 million. This is made up of a £1.419 million underspend on integrated functions and a £3.363 million overspend relating to acute set aside functions.</p> <p>The West Lothian Integration Scheme agreed with partner bodies and the Scottish Government sets out the action to be taken in the event of overspends and underspends against resources delegated to the IJB by partners. Taking account of this, actions are being progressed by the IJB and partner bodies with the objective of achieving a balanced IJB budget position for 2022/23 and these are set out below.</p>
7.2	<p>Health Functions</p> <p>NHS Lothian Finance and Resources Committee have previously agreed the key principles underpinning the year end arrangements for IJBs, based on the content of agreed Integration Schemes.</p> <p>Based on latest discussions with NHS Lothian finance colleagues, it is anticipated that NHS Lothian will achieve an overall breakeven position for 2022/23. Taking account of this, and in line with the Integration Scheme, this will enable NHS Lothian to make an additional payment to the IJB to meet the final IJB year end overspend, currently £1.944 million, which would mean a breakeven position is achieved in both the IJB and NHS Lothian.</p> <p>The next meeting of Finance and Resources Committee on 20 March 2023 will provide a further update on the NHS Lothian budget position for 2022/23.</p>
7.3	<p>Social Care Functions</p> <p>At this stage a breakeven position is forecast against social care resources. This will continue to be reviewed and monitored with any movement in the forecast position being subject to consideration by Council Executive taking account of the agreed Integration Scheme.</p> <p>Various management actions continue to be progressed within the West Lothian Health Social Care Partnership and at a wider NHS Lothian level to manage spend within available resources, and, taking account of this, it is anticipated that a breakeven position can be achieved in 2022/23.</p>

Appendices	<ol style="list-style-type: none"> 1. West Lothian IJB 2022/23 Budget Update 2. Update on IJB Covid Reserves – Letter from Scottish Government 16 January 2023 3. IJB Finance Risk Update 4. Delivery of 2022/23 Budget Savings
References	<ol style="list-style-type: none"> 1. West Lothian Integration Scheme
Contact	<p>Patrick Welsh, Chief Finance Officer, West Lothian Integration Joint Board Email: patrick.welsh@westlothian.gov.uk Tel. No: 01506 281320</p>

WEST LOTHIAN INTEGRATION JOINT BOARD - 2022/23 MONTH 9 BUDGET UPDATE

	2022/23 Budget	2022/23 Forecast	2022/23 Variance
Core West Lothian Health Services	£'000	£'000	£'000
Community Equipment	1,068	1,164	96
Community Hospitals	1,532	1,691	159
District Nursing	4,484	4,185	-299
General Medical Services	33,128	33,112	-16
Mental Health	18,473	18,361	-112
Other Core	6,775	4,864	-1,911
Prescribing	37,691	39,205	1,514
Resource Transfer	8,609	8,609	0
Therapy Services	5,606	5,521	-85
Core West Lothian Health Services - Total	117,366	116,712	-654
Share of Pan Lothian Hosted Services			
Hospices	961	966	5
Learning Disabilities	2,832	2,724	-108
Lothian Unscheduled Care Service	2,664	2,708	44
Mental Health	580	598	18
Oral Health Services	2,632	2,492	-140
Other Hosted Services	3,105	3,132	27
Psychology Service	2,949	3,084	135
Rehabilitation Medicine	1,872	1,581	-291
Sexual Health	1,495	1,529	34
Substance Misuse	946	858	-88
Therapy Services	2,936	2,798	-138
UNPAC	1,380	1,117	-263
Share of Pan Lothian Hosted Services - Total	24,352	23,587	-765
Adult Social Care			
Learning Disabilities	23,207	23,301	94
Physical Disabilities	7,435	7,187	-248
Mental Health	4,871	4,990	119
Older Peoples Assessment and Care Management	43,860	43,210	-650
Care Homes and Housing With Care	8,087	8,790	703
Occupational Therapy	1,459	1,485	26
Support and Other Services	3,133	3,089	-44
Adult Social Care - Total	92,052	92,052	0
PAYMENT TO IJB - TOTAL	233,770	232,351	-1,419
Acute Set Aside			
Acute Management	1,311	1,375	64
Cardiology	1,505	1,499	-6
Diabetes	929	1,092	163
ED & Minor Injuries	6,773	7,696	923
Gastroenterology	2,952	3,557	605
General Medicine	10,789	11,972	1,183
Geriatric Medicine	6,179	6,459	280
Infectious Disease	1,110	809	-301
Junior Medical	1,489	1,928	439
Outpatients	232	233	1
Rehabilitation medicine	639	613	-26
Respiratory Medicine	2,617	2,667	50
Therapies	1,250	1,238	-12
Release of Corporate Covid Reserves	770	770	0
Acute Set Aside - Total	38,545	41,908	3,363
TOTAL DELEGATED IJB FUNCTIONS	272,315	274,259	1,944

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Health Finance, Corporate Governance and
Value

Richard McCallum, Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: richard.mccallum@gov.scot

HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance

via email

16th January, 2023

Colleagues

UPDATE ON IJB COVID RESERVES

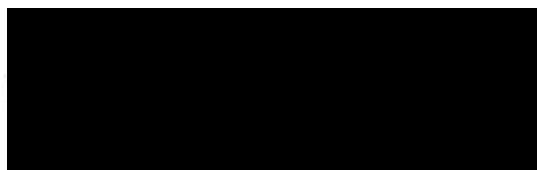
Following my letter dated 12 September 2022, setting out an update on IJB Covid reserve balances, I am writing to provide further detail on the arrangements we will put in place to enable Covid reserves to be returned. A breakdown of the figures by Integration Joint Board is shown at **Annex A** and is based on Month 8 FPR data. This will be carried out through a negative allocation to the value of the agreed return from the relevant NHS Board back to Scottish Government with local arrangements to be agreed with regards to the transactions between the IJB and NHS Board.

We are aware of the uncertainties over the current winter period, including demand led sustainability payments and IJBs are working on the principle of Covid being funded in 2022-23. It is on this basis that the reserve adjustment is taking place. We will work with CFOs in April 2023 to complete a reconciliation exercise between the Month 8 position and final outturn.

As set out in my letter of 15 December, from 2023-24 onwards there is no additional Covid funding and costs for programmes such as Test and Protect and Vaccinations will be agreed in the coming weeks.

I appreciate the ongoing work across the sector and your ongoing collaboration.

Yours faithfully



Richard McCallum
Director of Health Finance and Governance

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Annex A – IJB M8 Covid Reserve Position

IJB	HSCP Forecast Spend at M8 (£000s)	Reserve Balance at 31 March 2022 (£000s)	Balance to be Returned (£000s)
East Ayrshire	4,362	11,363	7,001
North Ayrshire	5,058	13,321	8,263
South Ayrshire	2,989	11,713	8,724
Scottish Borders	1,662	11,048	9,386
Dumfries and Galloway	11,282	16,346	5,064
Fife	14,506	35,993	21,487
Clackmannanshire and Stirling	4,901	13,153	8,252
Falkirk	4,583	16,265	11,682
Aberdeen City	10,057	19,741	9,684
Aberdeenshire	8,844	20,405	11,561
Moray	2,777	9,016	6,239
East Dunbartonshire	3,823	9,963	6,140
East Renfrewshire	4,766	9,266	4,500
Glasgow City	20,741	65,602	44,861
Inverclyde	3,206	8,130	4,924
Renfrewshire	3,120	17,242	14,122
West Dunbartonshire	3,358	9,213	5,855
Argyll and Bute	6,899	10,489	3,590
Highland*	5,764*	16,270*	10,506*
North Lanarkshire	7,570	31,621	24,051
South Lanarkshire	15,458	33,256	17,798
Edinburgh	12,618	44,937	32,319
East Lothian	5,549	9,182	3,633
Midlothian	3,864	9,703	5,839
West Lothian	4,673	15,285	10,612
Orkney Islands	1,357	2,363	1,006
Shetland Islands	2,375	2,283	- 92
Angus	3,376	15,759	12,383
Dundee City	5,246	15,595	10,349
Perth and Kinross	5,718	15,366	9,648
Western Isles	1,299	3,388	2,089
Total	191,801	523,277	331,476

** The figures shown for Highland are notional, given the Highland HSCP has adopted a Lead Agency Model.*

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Appendix 3

IJB Finance Risk Schedule

2022/23 Financial Risks

Risk Area	Value of Pressure	Impact / Description
Prescribing	£1,514,000	The prescribing overspend shown is the estimated non Covid-19 related overspend. It is driven by a number of issues including cost and volume pressures. This is a volatile area of expenditure and arrangements are in place to ensure spend is closely monitored on an ongoing basis.
ED and Minor Injuries	£923,000	There are significant overspends within SJH Medical areas due to staffing costs, and additional activity levels are also contributing to this pressure.
Gastroenterology	£605,000	The forecast overspend for Gastroenterology is largely due to staffing costs, high activity levels and increased drug costs.
General Medicine	£1,183,000	This is linked to the SJH overspend due to staffing costs, high activity levels and increased drug costs.
Geriatric Medicine	£280,000	The pressure in Geriatric Medicine appears across all the sites and reflects staffing difficulties, high activity and high acuity.
Junior Medical	£439,000	There continues to be a significant forecast overspend for Junior Medical. This is due to ongoing pressures due to gaps in rotas and rotas requiring additional staffing to be compliant. The position also reflects higher staffing costs due to Covid-19.
Internal Care Homes for Older People	£312,000	There is a significant recurring overspend for Internal Care Homes for Older People. This is partly due to an ongoing pressure from the requirement to cover core vacancies, staff sickness and other absences. Work is continuing to be progressed to identify a sustainable solution to this problem including review of staffing levels.
Internal Housing with Care	£391,000	There are staffing pressures including those related to sleepover costs in Housing with Care. Options to reduce costs are being progressed.

Appendix 3

Strategic Risks

Risk Area	Impact / Description
Covid Activity	The Covid pandemic impacted across the whole of Health and Social care with very significant implications for service delivery and associated financial consequences. Concerns around backlogs and increased activity resulting means there remains a great deal of uncertainty over the longer-term effects, including financial effects.
Wider Economy	Material supplies and staffing shortages have become increasingly evident over a period of time. In addition, inflationary pressures in the wider economy continue to be significant and this position is currently very volatile. Financial implications due to wider economic pressures and government policy decisions resulting will need to be considered as part of ongoing budget monitoring and medium-term financial planning.
Pay Awards / Costs	Ongoing high inflation will create pressure for future year pay awards to be in excess of current budget and funding assumptions. Any pay awards agreed will require to be fully funded to avoid further budget pressures arising.
Workforce Planning	Effective workforce planning will be important to ensuring health and social care services are delivered effectively and efficiently. Updates on workforce planning for health and social care functions will be considered further in future updates to the IJB.
Future Years Savings	Financial sustainability will continue to be challenging moving into future years and there will continue to be challenging savings targets for future years. Failure to identify transformation and deliver savings will put additional pressure on the sustainability of overall service provision. The process of identifying further potential efficiencies to address any funding gap in future settlements is being progressed across the Health and Social Care partnership.
Demographic Growth	Estimates have been made regarding demographic growth for adults requiring care provision. West Lothian is anticipated to have the highest growth in the elderly population, particularly for over-75s. These demographic forecasts will result in increased financial pressure and it will be important that forecast assumptions are kept under review.
Contributions Policy	Income generated by the Contributions policy is directly related to the level of service being delivered to Service Users. Some of these services have been impacted by Covid-19 and this is likely to continue in the short to medium term, which may result in an increased shortfall in the income generated.
Living Wage	The 2023 Living wage of £10.90 was announced on 22 September 2022 and the additional costs of this for social care contracts have been funded by the Scottish Government. It will be important that future living wage uplifts continue to be funded by the Scottish Government.
Prescribing	Prescribing continues to be a very volatile area with a number of significant risks. This area is particularly impacted by changes in supply and availability and will continue to be monitored closely throughout the year.
Mental Health	The demand for Mental Health services could be greater than the additional Scottish Government funding provided. Ongoing review of costs and funding in liaison with Scottish Government will be required going forward. Implications of the pandemic are being closely monitored.
Delayed Discharge	Management of the volume of delayed discharge will be essential going forward to enable new initiatives and deliver future reductions. This is dependent upon capacity being available in community care and managing demands.

WEST LOTHIAN INTEGRATION JOINT BOARD - 2022/23 MONTH 9 UPDATE ON DELIVERY OF SAVINGS

	2022/23 Budgeted Savings £'000	2022/23 Forecast Achievable £'000	2022/23 Variance £'000
Social Care Savings			
New Models of Adult care	1,106	1,106	0
Eligibility Assessment / Technology	1,960	1,960	0
Income and Contributions	389	389	0
Staffing Efficiencies	724	724	0
	4,179	4,179	0
Health Savings			
GP Prescribing	945	945	0
District Nursing	100	30	70
Homefirst	1,000	1,400	-400
Hosted Services Redesign	319	248	71
Acute Services Redesign	254	188	66
	2,618	2,811	-193
Total	6,797	6,990	-193

Note

Although a small number of savings have been impacted in the current year, the above reflects that savings delayed are anticipated to be achievable on a recurring basis



Date	21 March 2023
Agenda Item	10

Report to West Lothian Integration Joint Board

Report Title: West Lothian IJB 2023/24 Budget and Medium-Term Financial Plan

Report By: Chief Finance Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input type="checkbox"/>
	- is for discussion <input checked="" type="checkbox"/>
	<p>The purpose of this report is to set out the outcome of the financial assurance process on the budget contributions West Lothian Council and NHS Lothian have identified to be delegated to the IJB for 2023/24. The report also seeks approval for a three-year budget plan as part of an overall five-year strategy.</p> <p>In addition, the report seeks approval for the issue of Directions to Partner bodies for delivery of 2023/24 delegated functions and to implement and further progress work associated with 2023/24 to 2025/26 budget savings.</p>
Recommendations	<p>It is recommended that the Board:</p> <ol style="list-style-type: none"> 1. Notes the financial assurance work undertaken to date on Partner budget contributions for 2023/24 2. Agrees that West Lothian Council and NHS Lothian core budget contributions for 2023/24, as set out in Appendix 1 and 2, are used to allocate funding to Partners to operationally deliver and financially manage IJB delegated functions from 1 April 2023 3. Agrees that the 2023/24 Budget Directions attached in Appendix 3 to this report are issued to West Lothian Council and NHS Lothian respectively 4. Notes current assumptions around Covid-19 funding and expenditure for 2023/24 5. Agrees the 2023/24 to 2025/26 revenue budget plan and budget saving measures included in Appendix 4 as part of the wider five-year financial strategy prepared 6. Notes the risks to deliverability of the proposed budget reduction measures, as summarised in Appendix 5 7. Agrees the Directions included in Appendix 6 are issued to Partners in respect of operational delivery of saving measures

	8. Notes the result of the equality impact assessment of the proposed budget reduction measures as set out in Appendix 7 9. Notes the latest position in respect of Scottish Government plans to implement a National Care Service 10. Agrees the proposals in respect of use of IJB reserves 11. Notes the update on compliance with the CIPFA Financial Management Code as set out in Appendix 8 12. Agrees the updated IJB Annual Financial Statement attached in Appendix 9
Directions to NHS Lothian and/or West Lothian Council	Directions are required to be issued to Partner bodies.
Resource/ Finance/ Staffing	The 2023/24 core budget resources delegated to the IJB from 1 April 2023 total £260.788 million based on current contribution values proposed.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care budgets, which require to be closely managed.
Equality, Health Inequalities, Environmental and Sustainability Issues	The equality impact of the budget saving measures has been assessed in compliance with the public sector equality duty requirements as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and fairer Scotland Duty, Part 1 of the Equality Act
Strategic Planning and Commissioning	The 2023/24 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan and associated Delivery Plans.
Locality Planning	The 2023/24 budget resources delegated to the IJB will be used to support the delivery of Locality Planning.
Engagement	Consultation with relevant health and social care officers.

Terms of Report	
1.	Background
1.1	A key aspect in the ability of the IJB to deliver its Strategic Plan and improve health and social care outcomes is the level and adequacy of resources available. This report considers the proposed level of 2023/24 resources delegated to the IJB by West Lothian Council and NHS Lothian. The report also sets out a three-year budget plan and a five-year financial strategy for

the IJB including a range of proposed saving options over a three-year period to help meet the substantial financial challenges being faced within health and social care functions. An update on work continuing to progress in respect of the medium-term financial strategy for IJB delegated functions is also set out in this report.

As previously reported to the IJB, this process will also consider assumptions, risks and budget saving plans incorporated within the three-year budget plan set out for IJB delegated functions.

2. Purpose and Approach to Financial Assurance of 2023/24 Budget

2.1 As noted in Scottish Government guidance and approved IJB Financial Regulations, the purpose of undertaking financial assurance is to allow the IJB to understand the assumptions and risks associated with the annual resources allocated by West Lothian Council and NHS Lothian.

2.2 The council and NHS Lothian are, in accordance with legislation, responsible for agreeing the functions delegated to the IJB and setting their respective budgets, including the level of payments and set aside resources to the IJB.

2.3 The matters to be taken into account as part of this annual assurance process are:

- Assessment of prior year expenditure on IJB functions
- Information on assumptions regarding estimated budget to be delegated to the IJB for 2023/24, and comparison against previous year budgets and anticipated demands
- Information on key budget risks within functions that will be delegated to the IJB
- Information on the value of approved budget savings for 2023/24 that relate to IJB functions
- Details of any non-recurring funding in the budget resources delegated to the IJB

The above approach will form the basis of reviewing the 2023/24 resources identified in this report by West Lothian Council and NHS Lothian. In addition, the approved West Lothian Integration Scheme will also inform the approach taken on financial assurance.

3. West Lothian Council Resources

3.1 West Lothian Council approved a balanced 2023/24 budget on 21 February 2023. The approval of this budget included the specific recommendation that the level of resources associated with functions delegated to the IJB in 2022/23 is £95.208 million. This took account of additional Scottish Government funding in the Scottish Local Authority settlement specifically for IJB delegated social care functions.

3.2 For West Lothian, the share of this funding relevant to IJB functions is £2.805 million for 2023/24. This funding was fully allocated to IJB functions as part of the council's overall budget contribution to the IJB and, in line with Scottish Government requirements, will be used to meet additional costs associated with the following:

- Additional costs relating to the increase from £10.50 to £10.90 for the minimum hourly rate for 2023/24 for care workers in commissioned services
- Additional costs associated with Free Personal Care and Nursing Care

It should be noted that the additional funding provided by the Scottish Government for IJB adult social care functions for 2023/24 is much reduced in comparison to prior years despite the very significant levels of inflation experienced over the last year and ever-increasing demands due to demographic pressures.

3.3 West Lothian IJB's total share of this national funding is taken account of in the council's operational budget planning and contribution, given it relates to council provided social care services. It should be noted that the council's 2023/24 contribution to the IJB meets the conditions set out by the Scottish Government on budget contributions to IJBs.

4. Financial Assurance

- 4.1 The table below shows the 2023/24 budget contribution, in comparison to the previous three years. The figures in the table below reflect work undertaken to more accurately refine the level of resources associated with IJB functions to ensure a like for like comparison in each year.

Table 1 - West Lothian Council – Resources Associated with Delegated IJB Functions				
	2020/21 Budget £'000	2021/22 Budget £'000	2022/23 Budget £'000	2023/24 Budget £'000
WLC Delegated Functions	76,058	82,877	91,386	95,208
Growth in Resources		6,819	8,509	3,822

- 4.2 The net increase of £3.822 million (4.2%) in the council contribution for 2023/24 reflects the net budget increase, after savings. The increase incorporates the £2.805 million earmarked Scottish Government Health and Social Care funding and also a further £1.017 million of core council funding.

- 4.3 The gross 2023/24 budget increase, before 2023/24 savings, is £5.208 million. Taking account of proposed social care savings for 2023/24 totalling £1.386 million, the net budget growth for 2023/24 is the £3.822 million noted. Appendix 1 shows further details on the split of the above resources against the various adult social care functions / services in 2023/24.

- 4.4 In terms of the uplift over the three-year period, it should be noted that the budget increase equates to 25.2% - an average annual cash uplift over the three years of approximately 8.4%.

5 2022/23 Budget Position for Social Care Delegated Functions

- 5.1 A breakeven position is forecast against the 2022/23 budget contribution for social care IJB delegated functions after taking account of delivery of agreed savings and additional funding provided via the IJB Covid-19 reserve to meet the costs of Covid-19.

- 5.2 There continues to be a number of pressure areas throughout the service due to increasing demands for social care services. The key pressure areas in 2022/23 include additional costs of Covid-19 which are being funded by IJB reserves, but also core staffing pressures in council run care homes due to use of agency to meet staffing shortfalls. There are also growing costs in care placements for mental health clients, and in community care provision for learning disability clients where there has been a number of high cost placements in 2022/23.

- 5.3 Key risk areas include increasing numbers and costs associated with adult complex care and uplift increases and demands on a range of care contracts due to current high levels of inflation. Core cost pressures are being offset against good progress in delivery of 2022/23 saving plans and budget savings across various areas of the budget.

6 2023/24 Social Care Delegated Functions Budget

- 6.1 The 2023/24 budget resources total £95.208 million. This level of resource provides for the estimated additional expenditure associated with assumed staff pay awards, demographic and demand led pressures, and contractual inflation, including the estimated costs of continuing to deliver the living wage commitment.

- 6.2 The 2023/24 budget reflects savings of £1.386 million which will require to be delivered to manage spend within the budget resources of £95.208 million. As part of the proposed three-year programme of savings over the period 2023/24 to 2025/26, the phasing of the savings is matched to delivery timescales and the savings in 2023/24 reflect planned savings in areas such

as commissioned services, new models of care and efficiencies in staff costs. Work undertaken in developing these saving options has provided assurance that these savings can be achieved subject to approval.

- 6.3 Taking account of budget growth and savings, the budget contribution to the IJB is currently anticipated to meet 2023/24 care and spend demands. However, while comprehensive budget planning has been undertaken to realistically assess the additional cost and care capacity demands to be budgeted for in 2023/24, there are a number of key risks and uncertainties, as noted in Section 11, that will require to be closely monitored in 2023/24.

7 NHS Lothian Resources

- 7.1 The 2023/24 financial plan assumptions in this report take account of total funding confirmed by the Scottish Government, and the latest overall NHS Lothian budget figures and assumptions being prepared for NHS Lothian Finance and Resources Committee on 20 March 2023.

- 7.2 After taking account of cost pressures, additional funding, financial recovery plans and in year flexibility, but excluding Covid-19 implications, there was an estimated 2023/24 budget gap across NHS Lothian of £93.5 million reported to Finance and Resources Committee on 7 February 2023. This will be updated further in the 2023/24 budget report to the same committee on 20 March 2023, and it is anticipated the previously reported gap will have reduced, taking account of further updates to budget assumptions and additional budget efficiencies identified, but it is still anticipated there will be a budget gap.

- 7.3 It is important to note that NHS Lothian financial planning is undertaken at a combined Business Unit level and IJB level, and the focus of NHS Lothian is to achieve budget balance at an overall Lothian level in the first place, which reflects financial planning input from health and social care partnerships/IJBs. NHS Lothian is continuing to work with Partnership/IJB management teams with the objective of balancing the remaining gap and achieving an overall breakeven position against the budget resources available in 2023/24.

8 Financial Assurance

- 8.1 Based on the current assumptions and the NHS Lothian financial plan being prepared for Finance and Resources Committee on 20 March 2023, the draft 2023/24 recurring budget associated with NHS delegated functions for West Lothian IJB is £165.580 million.

This represents an uplift to recurring budget resources, excluding General Medical Services (GMS), for 2023/24 of £4.010 million (2.5% uplift). The uplift to GMS budgets is still to be confirmed by the Scottish Government and this is expected in the summer of 2023. The 2023/24 budget contribution also reflects that £10.133 million of NHS funding for social care spend commitments is shown, as in past years, within 2023/24 social care function budgets.

- 8.2 Based on current IJB spend forecasts and saving assumptions, combined with the latest NHS Lothian information, the proposed 2023/24 West Lothian budget contribution from NHS Lothian is currently estimated to result in a budget gap of £1.353 million.

The summarised 2023/24 budget contribution based on the current position is set out below along with the contribution in the previous three years adjusted for changes to the mapping of functions and budgets to ensure a like for like comparison of budget resources each year.

Table 2 – NHS Lothian – Resources Associated with Delegated IJB Functions

	2020/21 Budget £'000	2021/22 Budget £'000	2022/23 Budget £'000	2023/24 Budget £'000
NHSL Delegated Functions	151,648	155,908	161,570	165,580
Growth in Resources		4,260	5,662	4,010

- 8.3 Appendix 3 shows further details on the split of the above resources against the various Health services in 2023/24.

As noted, the 2023/24 uplift is net of the GMS uplift allocation. Based on currently available information, the baseline budget increase over the three-year period equates to 9.2% - an average annual uplift over the three years of over 3%. It is anticipated that the uplift for 2023/24 will increase through further budget allocations advised during 2023/24 such as the confirmed GMS uplift.

9 2022/23 Budget position for Health Delegated Functions

- 9.1 The Quarter 3 2022/23 monitoring position in respect of IJB delegated Health functions is that an overspend of £1.944 million is forecast. This reflects that full funding will be available to meet 2022/23 additional Covid-19 costs from IJB reserves.
- 9.2 The overspend position reflects significant pressures in core prescribing due to increased volumes and cost of drugs. There are very material pressures in acute services mainly relating to the cost of staff cover due to recruitment difficulties, sickness absence and the resulting requirement for bank and agency staff. The ongoing use of medical locum and agency staff to provide necessary rota cover is also a key factor contributing to the overspend along with higher drug costs.
- 9.3 As with social care functions, the increased costs of Covid-19 have continued in 2022/23 including increased prescribing volumes and additional costs associated with vaccinations.

10 2023/24 Budget

- 10.1 The current 2023/24 budget contribution from NHS Lothian is £165.580 million. The 2023/24 uplift at this point reflects additional budget to meet a 2% pay award for Health staff. A pay offer for Health staff governed by the Agenda for Change agreement that equates to an average 6.5% for all staff up to and including Band 8a staff has been made by the Scottish Government at the time of writing. At this stage, the final outcome of the pay award is not known with negotiations ongoing, however the Scottish Government has committed to fund the cost differential arising from this for NHS employed staff.
- 10.2 Saving plans currently totalling £5.203 million for 2023/24 are taken account of in arriving at the budget contribution of £165.580 million.
- 10.3 Based on the methodology agreed by NHS Lothian for allocating the currently assumed 2023/24 uplift in funding, and reflecting that NHS Lothian does not yet have a balanced budget for 2023/24, it is considered that the current contribution represents a fair share of resources to West Lothian IJB, albeit there currently remains a gap to be addressed which is considered further in this report. The uplift from NHS Lothian also meets the requirements of the Scottish Government regarding the 2023/24 contributions to IJBs.
- 10.4 Close management and monitoring of expenditure and budget risks through NHS Lothian and IJBs working in partnership will continue to be important in meeting the objective to break even for 2023/24.

11 Key Risks and Uncertainties

11.1 The following specific risks associated with overall health and social care functions will require to be closely monitored during 2023/24 and future years.

- Pay Awards - While budget assumptions have been made based on current Scottish Government funding uplifts and local authority staff pay award assumptions for 2023/24, negotiations will be required with relevant stakeholders and there is a risk that final pay awards agreed will not be fully funded, particularly for council employed staff.
- Demographics/Service Demands - West Lothian has the fastest growing elderly population in Scotland and there is a risk that demand and cost increases will outstrip the assumptions and resources available. In addition, there is a risk that insufficient capacity will be available through external care providers and through internal capacity. Difficulties in recruitment to key roles continues to be a risk at a local and national level.
- Covid-19 – The pandemic has impacted across the whole of health and social care with resulting significant financial implications associated with service delivery. There remains uncertainty around the future implications associated with Covid-19 and ongoing costs will require to be met through baseline budgets as the Scottish Government have confirmed that no further funding for Covid-19 will be available in future years. Unspent IJB Covid-19 reserves at the end of 2022/23 are to be refunded to the Scottish Government.
- Acute Services – based on recurring baseline 2022/23 pressures and the 2023/24 funding contribution to the IJB, there remains a substantial shortfall in the level of resources provided by NHS Lothian to deliver acute services. Close monitoring and collaborative working will be required with NHS Lothian colleagues during the year to ensure this funding shortfall is managed. Main pressure areas relate to staffing and also pressures in acute drugs.
- Prescribing - there is a significant budget pressure in the current year due to increased volumes and unit costs, and the high risk attached to GP prescribing will require to be closely monitored going forward.
- Delayed Discharge. Pressures in this area continue to be a budget risk and will require ongoing joint working to reduce bed days lost and increase community capacity.
- Delivery of savings required to ensure spend is managed within available 2023/24 resources and future year budgets. There are significant savings assumed for 2023/24 and the delivery of these will require to be closely monitored throughout the year.
- Mental Health. The continuing growing demand for mental health services could have additional cost implications, and funding provided by the Scottish Government may not be sufficient to achieve desired outcomes.
- Inflationary Pressures. There remains uncertainty around the ongoing impact of high inflation that has significantly affected areas such as pay, energy and fuel costs, and more generally across supplies and commissioned care services. Indications are that inflation will continue to be at a high level over the coming year which could increase costs in excess of budget available.

12 2023/24 Savings Relating to IJB Delegated Functions

12.1 As part of the current 2023/24 budget contributions to the IJB from West Lothian Council and NHS Lothian there is £6.589 million of proposed budget savings currently identified. Significant work has been undertaken towards the development of these proposed savings, including achievability and consideration of impacts across the wider health and social care system and also unpaid carers.

A summarised split of these proposed savings is shown in the table below.

Table 3 - 2023/24 Budget Savings		2023/24 Budgeted Savings £'000
Core West Lothian Health Services		3,768
Share of Pan Lothian Hosted Services		454
Adult Social Care		1,386
Share of Acute Set Aside		981
Total Savings		6,589

- 12.2 Appendix 4 provides further detail on the proposed savings for 2023/24 and the three-year period to 2025/26. Subject to approval of saving options, NHS Lothian and West Lothian Council have established processes in place for operationally monitoring and reporting on the delivery of savings by services and finance officers who also support the IJB, and regular updates on progress will be provided to the Board during 2023/24 on delivery of savings approved by the Board. To further ensure a joined-up approach to transformation and delivery of savings the Health and Social Care Finance, Performance and Transformation Board chaired by the Chief Officer regularly reviews progress of approved savings and also explores further options for more integrated and efficient service delivery across health and social care.

13 Ongoing Financial Implications of Covid-19

- 13.1 The financial implications of Covid-19 have been very significant during 2020/21 and 2021/22 and although they reduced in 2022/23, the spend is forecast to be £4.673 million. In 2022/23, the additional financial costs associated with the pandemic have again been reviewed and monitored on a monthly basis. Returns providing actual and forecast spend have been reported to the Scottish Government on a quarterly basis and regular updates have been provided to the Board as part of 2022/23 Finance reports.
- 13.2 The additional 2022/23 costs will be funded via IJB Covid-19 reserves representing monies provided by the Scottish Government in 2021/22. In terms of future years, the Scottish Government had previously confirmed that no further Covid-19 funding will be provided and that all unspent IJB Covid-19 reserves at end of 2022/23 should be refunded to the Scottish Government so they can be redistributed across the wider health and social care sector to meet Covid costs.
- 13.3 A further communication was issued on 16 January 2023 from the Scottish Government Director of Health Finance and Governance providing additional detail on the arrangements for the refund. The West Lothian IJB Covid Reserve balance to be returned based on forecast 2022/23 Covid-19 spend is estimated to be £10.612 million. It is noted that due to uncertainties around spend, a reconciliation exercise will be undertaken in April to take account of final Covid-19 spend that requires to be funded. This will ensure there is no financial detriment to the IJB in 2022/23.
- 13.4 There remains uncertainty around the ongoing impact of Covid-19 into 2023/24 and beyond however, and the expectation will be that any ongoing costs are required to be funded via baseline IJB budgets available, other than any costs relating to Test and Protect and vaccinations, which the Scottish Government have indicated will have funding made available. As a result, the estimated ongoing costs of Covid-19 have been built into the 2023/24 budget and expenditure assumptions contained in this report. The main Covid-19 cost risks for future years relate to support to social care providers, additional staffing costs, prescribing pressures and vaccination costs. The Board will continue to be updated on the position with ongoing Covid-19 costs through regular monitoring reports on the overall 2023/24 budget position.

14 Financial Assurance and Issue of Directions – Key Points

- 14.1 As noted, the purpose of the financial assurance process is to set out the assumptions and risks associated with the contributions provided by NHS Lothian and West Lothian Council. West Lothian Council and NHS Lothian are, in accordance with legislation, responsible for agreeing

the functions delegated to the IJB and setting their respective budgets, including the level of payments and set aside resources to the IJB.

14.2 The IJB is then responsible for considering these resources against its Strategic Plan and allocating the resources it has been provided to Partners to operationally deliver services. For governance, responsibility for delivery of 2023/24 delegated functions from 1 April 2023 is through Directions issued to West Lothian Council and NHS Lothian, who remain operationally responsible for delivering services within the resources available. The Directions to both bodies are appended to this report for approval and set out the functions covered and the required actions on Partner bodies from 1 April 2023.

14.3 As noted in the approved West Lothian Integration Scheme in respect of financial assurance, 'if any such (financial assurance) review indicates that the projected expenditure is likely to exceed the initial payments to the Board, then the relevant party will be notified.'

14.4 In such cases, the relevant party will be required to work with officers supporting the IJB to take action to ensure that services can be delivered within the available budget. Based on the financial assurance undertaken to date, the NHS Lothian budget contribution to the IJB is currently showing a gap compared to forecast spend. To provide assurance that a breakeven position can be achieved for the IJB in 2023/24, it is proposed that the budget gap is provisionally met through the application of uncommitted IJB reserves whilst work continues to be progressed with NHS Lothian to identify mitigating measures.

14.5 Taking account of the budget resources identified in this report the table below shows the current level of 2023/24 resources associated with IJB functions to be contained in Directions.

Table 4 - West Lothian IJB – 2023/24 Delegated Resources	
	£'000
Adult Social Care	95,208
Core Health Services	110,843
Share of Hosted Services	18,452
IJB Payment	224,503
Acute Set Aside	36,285
Total IJB Resources	260,788

14.6 It is anticipated that the final version of the NHS Lothian 2023/24 financial plan will be agreed by the NHS Lothian Board on 5 April 2023, and any updates on the level of IJB funding will be advised by the NHS Lothian Director of Finance thereafter.

14.7 In addition, financial assurance will be ongoing during the year as part of regular financial reporting on the 2023/24 resources associated with IJB functions. As noted in this report, there are a number of risks and uncertainties across health and social care that will require to be closely managed as part of the in-year monitoring process.

15. Five Year Financial Outlook and Strategy

15.1 Audit Scotland and the Chartered Institute of Public Finance and Accountancy (CIPFA) have both identified the need for public bodies to focus on their medium to long term financial sustainability. They have advised that public bodies should develop strategies that are based on defined priorities, providing a clear road map for service delivery within constrained budgets.

15.2 Audit Scotland and the Accounts Commission have emphasised in several reports that evidence shows that Public Sector bodies are finding financial pressures increasingly difficult to manage, and that effective leadership and robust planning are essential to help meet the challenges ahead. In addition, the Accounts Commission believe that all local government bodies should

have a long-term financial strategy covering a minimum of five years, and that these long-term strategies should be supported by financial plans covering a minimum of three years. This is also a requirement of the CIPFA Financial Management Code. The current financial headwinds and demand pressures facing health and social care, means that it is important the IJB takes urgent and sustainable actions to ensure ongoing financial sustainability.

15.3 Since the initial 2023/24 to 2027/28 financial outlook reported to the Board in March 2022, there have been a number of updates to Board meetings during 2022 and 2023 on the projected five-year budget gap. The most recent update to the Board on the 11 January 2023 showed a five-year gap of £25.7 million.

15.4 Following this and a further briefing of IJB Board members on 14 February 2023, the IJB has received additional confirmation of funding contributions from partner bodies and undertaken additional work to develop budget saving proposals. Based on this, the updated five-year budget outlook shows an estimated gap of £28.2 million over the period 2023/24 to 2027/28.

Table 5 – Five Year Outlook	23/24 £'m	24/25 £'m	25/26 £'m	3 Yr £'m	26/27 £'m	27/28 £'m	Total £'m
Health Functions							
Staffing	1.8	1.8	1.9	5.5	1.9	1.9	9.3
Inflation and Indexation	0.8	0.3	0.3	1.4	0.3	0.3	2.0
GP Prescribing	3.4	1.3	1.4	6.1	1.4	1.4	8.9
Other Growth and Demands	1.7	0.5	0.5	2.7	0.6	0.7	4.0
Baseline 2022/23 Pressures	2.8	0	0	2.8	0	0	2.8
Gross Expenditure Increases	10.5	3.9	4.1	18.5	4.2	4.3	27.0
Additional Funding	(4.0)	(1.6)	(1.7)	(7.3)	(1.7)	(1.7)	(10.7)
Health Estimated Budget Gap	6.5	2.3	2.4	11.2	2.5	2.6	16.3
Social Care Functions							
Staffing	1.4	0.7	0.7	2.8	0.7	0.7	4.2
Inflation and Indexation	2.7	2.1	2.3	7.1	2.4	2.5	12.0
Demographics and Demands	1.8	1.9	2.0	5.7	2.2	2.3	10.2
Gross Expenditure Increases	5.9	4.7	5.0	15.6	5.3	5.5	26.4
Additional Funding	(4.5)	(2.7)	(2.3)	(9.5)	(2.5)	(2.5)	(14.5)
Social Care Estimated Budget Gap	1.4	2.0	2.7	6.1	2.8	3.0	11.9
Total IJB Estimated Budget Gap	7.9	4.3	5.1	17.3	5.3	5.6	28.2

15.5 The five-year financial outlook above reflects the main elements of the budget model over a five-year strategy period. It shows that additional funding assumed from partners each year is not sufficient to meet the additional unavoidable costs of continuing to deliver all services as they are currently delivered, while meeting increasing demands. This reflects the significant funding constraints on wider NHS Lothian and West Lothian Council budgets based on the funding they are assuming to receive from the 2023/24 and future Scottish Public Sector budgets. The budget gap is most significant in 2023/24 which reflects substantial inflationary pressures over the past twelve months in particular, and also recurring baseline pressures in a number of areas including acute services, prescribing and social care.

In summary, the additional costs contained in the five-year strategy outlook reflect

- pay award assumptions for council and health employed staff
- increased number of people requiring care due to the increasing elderly population
- Inflationary increases in commissioned services, and supplies and services
- Cost and volume increases in drugs and prescribing
- Increased care demands due to increased acuity and complexity of care

	Officers will continue to closely monitor the five-year funding and cost assumptions to identify any potential impact on IJB budget assumptions.
16	Three Year Budget Plan
16.1	In addition to the five-year budget outlook and strategy, a more detailed revenue budget has been developed for the three years 2023/24 to 2025/26. This reflects that while a longer-term planning horizon is more challenging to forecast, there is a need to develop more detailed plans for the three-year period. This will provide clarity for staff and provides sufficient time to implement budget savings associated with changes to how some health and social care services are currently delivered.
16.2	At this stage it also remains uncertain what the new National Care Service (NCS) will mean in terms of the role of IJBs in the future. The Scottish Government legislation on the NCS was introduced in the Scottish Parliament in summer 2022 and the legislation set out the intention to establish the NCS by the start of the 2026/27 financial year. It is unclear at this stage what this means in terms of future responsibilities and roles in respect of health and social care services for existing statutory bodies, including IJBs, and new statutory bodies that may be introduced by the legislation. This creates additional uncertainty in terms of medium-term planning for the IJB. However, given the challenges around health and social care, it is considered important nonetheless that a three-year budget plan and multi-year savings covering the period 2023/24 to 2025/26 are provided to the Board for consideration, as this covers the period up to the currently intended establishment of the NCS.
16.3	<p>To ensure the IJB is operating on a sustainable financial footing and is able to meet growing care demands, significant budget savings will be required, including fundamental changes to some service delivery models. The IJB launched a public consultation on 7 October 2022, seeking the views of people in West Lothian on high level efficiency measures focused on the following themes:</p> <ul style="list-style-type: none"> • Service Redesign, Efficiency and Modernisation • Community Building Based Supports • Digitalisation and Technology <p>The consultation received a total of 176 responses from a range of respondents throughout West Lothian, and a number of key themes were identified which have been taken account of in the budget saving measures being proposed.</p>
16.4	<p>The budget saving options for 2023/24 to 2025/26 also reflect the findings of the Accounts Commission that all options for change need to be investigated, with rigorous challenge of existing service models, and identifying alternative approaches to service delivery. The extent of savings required means that there are a number of savings contained in the proposals that do make significant changes to how some care services are commissioned going forward, and this will have staffing implications for Partner bodies. The overriding objective in developing the saving measures has been to protect and maintain service delivery capacity for those that require health and social care services, and also to seek to ensure that growing demands can continue to be met. Taking account of this, the IJB's approach to financial and strategic planning:</p> <ul style="list-style-type: none"> • Provides a medium-term view which is essential when implementing effective service and workforce planning, allowing workforce changes to be made in a proactive way. • Provides as much certainty as possible for employees and trade unions on the plans and actions to deliver budget savings, service changes and associated staffing reductions, with all staffing changes being subject to Partner organisational change policies and procedures.

- Provides officers with sufficient time to implement what, in some cases, will be fundamental changes to service delivery which require a significant lead in time, and may be dependent on or linked to other saving options.
- Helps officers and Board members to consider the long-term implications of policy decisions and changes to service delivery.
- Creates greater planning certainty surrounding detailed financial plans for the first three years of the five-year financial strategy.
- Provides services and customers with advance notice of changes.
- Helps to integrate services and planning with community planning partners, especially where health and social care outcomes are longer term.

17 2023/24 to 2025/26 Budget Reduction Measures

17.1 Information on proposed budget saving measures is included in Appendix 4, which sets out any actions that will be required, including further reporting to the Board and consultation with staff and trade unions. The budget saving options included in Appendix 4 reflect West Lothian health and social care savings in core budget areas that are operationally managed by officers supporting the IJB, and also note a proportionate share of savings identified by NHS Lothian hosted and acute services delegated to the IJB. The operational implementation of these savings will be through relevant NHS Lothian Business Units.

17.2 In addition, an assessment of the risk to deliverability of each of the proposed budget saving measures identified by officers supporting the IJB is included in Appendix 5. This includes an assessment of the level of risk, the potential impact of the risk materialising, and mitigating actions to help manage the risk. The risk matrix and guidance used to assess the level of risk is included in Appendix 5.

17.3 A summary of the proposed budget saving options for 2023/24 to 2025/26 is shown in the table below, split across areas of the IJB budget and also across the saving themes identified in the IJB consultation:

Table 6 – IJB Budget Saving Options 2023/24 to 2025/26				
Budget Area Split	2023/24 £'000	2024/25 £'000	2025/26 £'000	3YR Total £'000
Core West Lothian Social Care	1,386	2,001	2,759	6,146
Core West Lothian Health	3,768	900	900	5,568
Core West Lothian – Sub Total	5,154	2,901	3,659	11,714
Share of Hosted Services	454	0	0	454
Share of Acute Services	981	0	0	981
OVERALL TOTAL	6,135	2,901	3,659	13,149
Consultation Theme Split				
Service Redesign, Efficiency & Modernisation	3,078	1,467	1,818	6,363
Community Building Based Supports	2,025	810	1,261	4,096
Digitalisation and Technology	51	624	580	1,255
Sub Total	5,154	2,901	3,659	11,714
Share of Hosted Services	454	0	0	454
Share of Acute Services	981	0	0	981
OVERALL TOTAL	6,135	2,901	3,659	13,149

17.4 Based on the savings shown above, the £13.149 million of proposed options over the three years compare to a forecast budget gap of £17.342 million over the same period. In terms of council delivered social care functions, the approval of the saving options identified would result in a balanced adult social care budget position over the three years. For Health delegated services,

the saving options identified, if agreed, would still leave an estimated recurring budget gap of £4.223 million over the three years.

Taking account of one off IJB funds available, it is proposed that the 2023/24 budget gap would be balanced as required by the use of one off IJB resources. This position is set out in the table below.

Table 7 – Proposed Budget Saving Options and Budget Gap				
Budget Area Split	2023/24 £'000	2024/25 £'000	2025/26 £'000	3YR Total £'000
Social Care Savings	(1,386)	(2,001)	(2,759)	(6,146)
Social Care Budget Gap	1,386	2,001	2,759	6,146
Remaining Budget Gap	0	0	0	0
Health Savings	(5,203)	(900)	(900)	(7,003)
Health Budget Gap	6,556	2,292	2,378	11,226
Remaining Recurring Budget Gap	1,353	1,392	1,478	4,223
One off Monies Required in 2023/24	(1,353)	0	0	(1,353)
Revised 2023/24 Budget Gap	0			

- 17.5 As above, Table 7 shows an assumption at this stage that £1.353 million of one off IJB resources would be required to achieve a fully balanced IJB budget position for 2023/24. As previously noted however, this position will continue to be closely monitored taking account of further Scottish Government funding, actual spend and the potential for additional saving opportunities to be identified during 2023/24. In addition, further saving plans will be developed by officers for future years, particularly within Health delegated functions, to balance the remaining gap in these years.
- 17.6 With regard to the balance of savings to be identified in future years, the complexity of developing a medium to long term financial strategy in the current financial climate, coupled with developments and ongoing uncertainty around the National Care Service, means that it can be challenging to forecast with certainty both the funding and expenditure elements of the budget model. To ensure that the IJB's medium term financial strategy is robust, and that a balanced budget position is achieved over the three-year budget period and wider five year strategy, officers will continue to review and update budget assumptions and undertake further work to identify potential additional saving measures to meet the estimated remaining future budget gaps. To this end, further consultation with staff, service users and the wider West Lothian public and stakeholders will be undertaken as required.
- 17.7 In terms of operational delivery of the proposed budget saving options, Directions to West Lothian Council and NHS Lothian are attached in Appendix 6. For governance, responsibility for delivery of budget savings over the three-year period is through Directions issued to Partner bodies who will work with officers supporting the IJB to plan and implement the budget saving measures. Subject to agreement by the Board, it is recommended that the Chief Officer issues these Directions to West Lothian Council and NHS Lothian. The Directions also set out the monitoring and reporting arrangements to be put in place to ensure the IJB has assurance on progress towards delivery of agreed budget savings.
- 18 Integrated Impact Assessment**
- 18.1 Assessing impact is a key part of the public sector's decision-making process. Integrated Impact Assessment (IIA) is a mechanism which enables consideration to be given to needs/barriers and to identify any adverse impacts on different groups. As part of the development of the three-year budget plan, the West Lothian budget saving measures have been subject to a review to determine whether a full IIA is required. The full IIA involves consideration of the following:

- Purpose of the policy i.e. the main aims, objectives and intended outcomes including the context in which the policy or change may be applied
- Needs and/or barriers which equality groups may have.
- Needs and/or barriers which vulnerable groups falling into poverty may have
- Any actions that are required to be undertaken to further inform the process
- Details of any consultation and engagement undertaken or planned
- Data and information used to inform the assessment
- Mitigating actions
- Monitoring and review
- Recommendation and reasoning

Taking account of this process, all Equality Relevance Assessments (EQAs) and, as required, full IIAs are attached in Appendix 7. It should be noted that the IIA process is designed to identify equality issues and potential interventions to address them rather than to raise a barrier to decision making.

19 Financial Resilience and Reserves

19.1 The CIPFA Financial Management Code requires integration authorities to outline an assessment of their financial resilience and sustainability. This includes a statement on financial reserves. In terms of best practice, it is appropriate for this to be included as part of the annual budget report.

19.2 In summary the key elements that demonstrate the IJB's resilience and sustainability are as follows:

- There is an agreed approach to medium term financial planning for IJB functions
- There is medium term financial planning in place that covers the period 2023/24 to 2027/28 and a three-year budget, including saving plans, over the three-year period 2023/24 to 2025/26. Work will continue to progress on the overall five-year financial period taking account of National Care Service developments.
- Financial assurance is undertaken of annual budget contributions from Partner bodies to assess the adequacy of the funding to meet planned expenditure for IJB functions.
- There is a well-established and effective approach to budget monitoring, including delivery of financial recovery plans that highlights pressures and financial risks at an early stage to allow action to be identified and implemented.
- There is close liaison with West Lothian Council and NHS Lothian in respect of managing budget pressures, and in developing financial planning in line with the agreed West Lothian Integration Scheme.
- Taking account of agreement with partners on funding requirements for cost pressures arising per the agreed Integration Scheme arrangements, the IJB has achieved a breakeven position in each year since inception.
- A Health and Social Care Finance, Performance and Transformation Board is in place to help drive forward service change and transformation and help to deliver services within available budgets.
- The ongoing implications of Covid-19 are being closely monitored to ensure that the additional financial costs are identified and steps taken in partnership with the Scottish Government to manage these costs.
- The IJB has never received any qualifications on the annual accounts.

19.3 The IJB has an approved Reserves Policy as agreed by the Board on 21 January 2020. As at 1 April 2022, the IJB's reserves balance was £30.080 million relating to £26.311 million of earmarked reserves and a £3.769 million uncommitted General Reserve balance.

The earmarked reserves included £15.285 million of funding provided by the Scottish Government to meet the ongoing costs associated with the pandemic which after meeting Covid-

19 spend in 2022/23, and with the balance returned to the Scottish Government, will become a zero balance at 1 April 2023.

Taking account of drawdown of other reserves to meet spend commitments during 2022/23, the current forecast balance of IJB reserves at 1 April 2023 is £9.068 million as shown in the table below.

Tabel 8 – Forecast IJB Reserves at 1 April 2023		£'000
Earmarked Reserves		
Primary Care Transformation		862
Community Living Change Fund		430
Alcohol and Drugs Partnership		225
Mental Health		470
Multi Disciplinary Teams – 2022/23 Carry Forward		435
Other Miscellaneous Earmarked Funds		319
Uncommitted Reserves		
General Reserve		3,769
Interim Care – Unused 2021/22 Carry Forward		1,249
Care at Home – Unused 2021/22 Carry Forward		739
Multi Disciplinary Teams – Unused 2021/22 Carry Forward		570
Total		9,068

19.4 As part of the total reserves forecast to be available at 1 April 2023, there is £6.327 million of uncommitted reserves. This includes the general reserve balance of £3.769 million and unused 2021/22 funding that was carried forward last year as earmarked values. As recurring funding has been confirmed for these areas by the Scottish Government from 2022/23 onwards, these amounts have been categorised as uncommitted funds available to the IJB, as there are no spend commitments against them.

19.5 This uncommitted balance of £6.327 million compares to the target minimum uncommitted general reserve included in the IJB Reserves Policy of £2 million. As outlined in this report the IJB is facing a period of ongoing uncertainty and change, and it is recommended that £2 million is retained as a minimum uncommitted balance. In line with the Accounts Commission's acknowledgement that reserves are a key tool to managing medium term planning risks, including Covid-19, the remaining uncommitted reserves anticipated of £4.327 million will be important in ensuring the IJB continues to manage spend within resources available given ongoing risks and uncertainties. The proposed Transformation Fund will give scope to invest in transformative service delivery projects and, importantly, can support one off costs that enable the delivery of the three year budget plan and associated budget savings. It is proposed that the use of this fund would be agreed via the Finance, Performance and Transformation Board with regular updates provided to the IJB.

19.6 Taking account of this it is recommended the forecast £6.327 million is allocated as follows:

Tabel 9 – Proposed Allocation of Uncommitted Reserves		£'000
General Reserve Retained at Target Minimum		2,000
Provisional Use of Reserves to Balance 2023/24 Budget		1,353
Inflation and Risk Reserve (including ongoing Covid-19 costs)		1,474
Transformation Fund (to support delivery of 3 Year Budget)		1,500
Total		6,327

The level of reserves and balances will be kept under review taking account of the final 2022/23 year end position and ongoing development of saving options during 2023/24. This review will also take account of the latest economic and fiscal circumstances, and financial demands on the IJB.

20	CIPFA Financial Management Code
20.1	The IJB agreed to adopt the CIPFA Financial Management Code at its meeting of 18 March 2021 for financial year 2021/22 onwards. The Code sets out a series of financial management standards which the IJB should seek to comply with and is designed to support good practice in financial management and assist in demonstrating financial sustainability. An action plan to help ensure compliance with the Code was also agreed by the Board.
20.2	As agreed by the Board, an annual review of compliance with the Code has been undertaken and an updated action plan is set out in Appendix 8. Based on this review it is considered that the IJB continues to be compliant with the Code.
21	Annual Financial Statement
21.1	Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must prepare an Annual Financial Statement on the resources delegated to the IJB. Scottish Government guidance states that the Annual Financial Statement should reflect the period of strategic and financial planning in place.
21.2	The IJB budget plan covers the period to 2023/24 to 2025/26 and accordingly the Annual Financial Statement attached in Appendix 9 reflects the proposed budget contributions contained in this report with indicative assumptions used beyond 2023/24. Assumptions around annual budgets for the period will continue to be reviewed and updated as necessary.

Appendices	<p>Appendix 1 – Social Care 2023/24 Delegated Functions and Resources</p> <p>Appendix 2 – Health 2023/24 Delegated Functions and Resources</p> <p>Appendix 3 – 2023/24 Budget Directions to Partners</p> <p>Appendix 4 – Proposed Budget Saving Measures 2023/24 to 2025/26</p> <p>Appendix 5 – Assessment of Risk of Deliverability of Budget Reduction Measures</p> <p>Appendix 6 – 2023/24 to 2025/26 Budget Saving Directions to Partners</p> <p>Appendix 7 – Equality Relevance Assessments (ERAs) and Integrated Impact Assessments (IIAs)</p> <p>Appendix 8 – Compliance with CIPFA Financial Management Code</p> <p>Appendix 9 – Annual Financial Statement</p>
References	<p>Public Bodies (Joint Working) (Scotland) Act 2014</p> <p>Local Government (Scotland) Act 1973</p> <p>West Lothian Integration Scheme</p>
Contact	<p>Patrick Welsh, Chief Finance Officer, West Lothian Integration Joint Board</p> <p>Email: patrick.welsh@westlothian.gov.uk</p> <p>Tel. No: 01506 281320</p>

SOCIAL CARE 2023/24 DELEGATED FUNCTIONS AND RESOURCES

	2022/23 Budget £'000	2023/24 Budget £'000
Learning Disabilities	23,739	24,280
Mental Health	4,924	5,288
Physical Disabilities	7,648	7,905
Older People Assessment and Care	42,545	44,865
Care Homes and Housing with Care	8,308	8,434
Occupational Therapy	1,441	1,417
Support and Other Services	2,781	3,019
Total Social Care Services	91,386	95,208
Annual Increase in Resources		3,822

HEALTH 2023/24 DELEGATED FUNCTIONS AND RESOURCES

	2022/23 Budget £'000	2023/24 Budget £'000
<u>Core Health Services</u>		
Community Equipment	1,075	1,075
Community Hospitals	2,468	2,601
District Nursing	4,340	4,594
General Medical Services	25,240	25,275
Mental Health	17,410	17,945
Prescribing	34,937	35,921
Resource Transfer	8,609	8,609
Therapy Services	4,843	4,843
Other Core	9,816	9,980
Total Core Health Services	108,738	110,843
<u>Hosted Health Services</u>		
Hospices	923	962
Learning Disabilities	2,935	2,953
Lothian Unscheduled Care Service	2,449	2,453
Oral Health Services	1,220	1,334
Hosted Psychology Service	1,968	1,738
Hosted Rehabilitation Medicine	1,456	1,936
Sexual Health	1,438	1,514
Substance Misuse	953	596
Hosted Therapy Services	2,401	2,554
UNPAC	1,380	1,380
Other Hosted Services	1,141	1,032
Total Hosted Health Services	18,264	18,452
TOTAL NHS PAYMENT TO IJB	127,002	129,295
<u>Acute Set Aside Services</u>		
ED and Minor Injuries	6,446	6,526
Cardiology	1,422	1,494
Diabetes & Endocrinology	614	802
Gastroenterology	2,429	2,212
General Medicine	9,846	10,325
Geriatric Medicine	5,571	5,827
Infectious Disease	2,508	2,640
Junior Medical	782	1,147
Rehabilitation Medicine	608	641
Respiratory Medicine	1,992	2,048
Therapies / Management	2,350	2,623
TOTAL SET ASIDE	34,568	36,285
OVERALL TOTAL	161,570	165,580
Annual Increase in Resources		4,010

Appendix 3

West Lothian Integration Joint Board – Directions to NHS Lothian

1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/NHS/D01-2023
3.	Integration Joint Board (IJB) authorisation date	21st March 2023
4.	Direction to	NHS Lothian Health Board
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

Appendix 3

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2022/23 Direction to NHS Lothian for the annual budget resources available for the delivery of core community health services.
7.	Type of function	Integrated function (Core West Lothian Health Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at St Michael's Hospital, Tippethill Hospital, Maple Villa – Community Learning Disability services

Appendix 3

		<ul style="list-style-type: none"> – Community Palliative Care services – Continence services provided outwith a hospital – Kidney dialysis services provided outwith a hospital – Services provided by health professionals that aim to promote public health <p>The Chief Officer in West Lothian will be the lead operational director for these services.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2023/24, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p>

Appendix 3

		<p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>																						
10.	2023/24 Resources	<table><tr><td>Core Budget 2023/24</td><td>(£'000)</td></tr><tr><td>Community Equipment</td><td>1,075</td></tr><tr><td>Community Hospitals</td><td>2,601</td></tr><tr><td>District Nursing</td><td>4,594</td></tr><tr><td>General Medical Services</td><td>25,275</td></tr><tr><td>Mental Health</td><td>17,945</td></tr><tr><td>Prescribing</td><td>35,921</td></tr><tr><td>Resource Transfer</td><td>8,609</td></tr><tr><td>Therapy Services</td><td>4,843</td></tr><tr><td>Other Core</td><td>9,980</td></tr><tr><td>Total</td><td>110,843</td></tr></table>	Core Budget 2023/24	(£'000)	Community Equipment	1,075	Community Hospitals	2,601	District Nursing	4,594	General Medical Services	25,275	Mental Health	17,945	Prescribing	35,921	Resource Transfer	8,609	Therapy Services	4,843	Other Core	9,980	Total	110,843
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Therapy Services	4,843																							
Other Core	9,980																							
Total	110,843																							
11.	Principles	<p>As a fundamental principle, any material changes to 2023/24 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>																						
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <p>1. People are able to look after and improve their own health and wellbeing and live in good health for longer</p>																						

Appendix 3

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

Appendix 3

		<p>3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan.</p> <p>4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes.</p> <p>5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</p>
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

Appendix 3

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

Appendix 3

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

Appendix 3

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

Appendix 3

		A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.																										
10.	2023/24 Resources	<table><tr><td>Hosted Budget 2023/24</td><td>(£'000)</td></tr><tr><td>Hospices</td><td>962</td></tr><tr><td>Learning Disabilities</td><td>2,953</td></tr><tr><td>Lothian Unscheduled Care Service</td><td>2,453</td></tr><tr><td>Oral Health Services</td><td>1,334</td></tr><tr><td>Hosted Psychology Service</td><td>1,738</td></tr><tr><td>Hosted Rehabilitation Medicine</td><td>1,936</td></tr><tr><td>Sexual Health</td><td>1,514</td></tr><tr><td>Substance Misuse</td><td>596</td></tr><tr><td>Hosted Therapy Services</td><td>2,554</td></tr><tr><td>UNPAC</td><td>1,380</td></tr><tr><td>Other Hosted Services</td><td>1,032</td></tr><tr><td>Total</td><td>18,452</td></tr></table>	Hosted Budget 2023/24	(£'000)	Hospices	962	Learning Disabilities	2,953	Lothian Unscheduled Care Service	2,453	Oral Health Services	1,334	Hosted Psychology Service	1,738	Hosted Rehabilitation Medicine	1,936	Sexual Health	1,514	Substance Misuse	596	Hosted Therapy Services	2,554	UNPAC	1,380	Other Hosted Services	1,032	Total	18,452
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12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none">1. People are able to look after and improve their own health and wellbeing and live in good health for longer2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community																										

Appendix 3

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

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

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

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

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

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

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

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West Lothian Integration Joint Board – Direction to West Lothian Council

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

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

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

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

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

Proposed Budget Reduction Measures 2023/24 to 2025/26**Integration Joint Board – Service Redesign, Integration and Modernisation**

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ1b	Social Care	SWIFT replacement review of support	0	0	20	20	0.5	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	No adverse impact on service performance and quality anticipated.
SJ2a	Social Care	Review of Social Policy business support	21	0	0	21	0.5	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	No impact on service delivery. Posts will be matched to support the services continuing to be provided.
SJ2b	Social Care	Review of community occupational therapy service	55	55	0	110	2.0	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	As part of the review, impact on performance will be fully assessed. Efficiency achieved through enhanced multi-disciplinary integrated working.

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ2c	Social Care	Servicing of equipment	100	0	0	100	0.0	Efficiency	Officers to deliver as operational measure.	It is unlikely that this would have any impact on performance as this option relates to the maintenance of equipment. Provision and installation, which is a statutory requirement, would continue to be provided.
SJ2d	Social Care	Review of Social Policy administrative support	0	51	37	88	2.7	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	As part of the review, impact on performance will be fully assessed. Posts will be matched to support the services continuing to be provided.
SJ3a	Social Care	Redesign of adults and older people social work teams	0	200	503	703	13.9	Efficiency	Further details on proposal to be presented to Board following consultation with staff and trade unions.	As part of the review, impact on performance will be fully assessed. The approach will focus on efficiencies achieved through redesign and amalgamation of related service areas. The council will continue to meet statutory duties.

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ3c	Social Care	Redesign of internal support at home service	251	261	358	870	37.8	Efficiency	Further details on proposal to be presented to Board following consultation with staff, trade unions and the independent sector.	As part of the service redesign, available capacity in the independent sector will be maximised, including via the new Care at Home contract being developed, to lessen any impact on performance and quality, with services continuing to be delivered in response to assessed needs.
SJ4a	Social Care	Review of existing contracts for commissioned care within adults and older people services	60	0	0	60	0.0	Efficiency	Officers to deliver as an operational measure, including engagement with third sector partners.	The impact will be limited as reductions will be targeted towards non- essential services with minimal impact on priorities. This will ensure continued focus on users with high level needs.
SJ6a	Social Care	Housing benefit for those who live in specified accommodation	391	0	0	391	0.0	Efficiency	Officers to deliver as operational measure.	Supporting individuals to claim additional housing benefit, to which they are entitled to, will have no impact on service performance and quality.
H1a	Health	Prescribing savings	1,200	900	900	3,000	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H1d	Health	Community Nursing Review	150	0	0	150	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
H1e	Health	Mental Health Nursing Review	350	0	0	350	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H1f	Health	Mental Health Medical Review	250	0	0	250	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H1g	Health	Opiate Substitution Treatment (OST) Dispensing	100	0	0	100	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H1h	Health	GP Cover Community Hospital	50	0	0	50	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
H1i	Health	Local Pharmacy Savings	100	0	0	100	0.0	Efficiency	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
		Total	3,078	1,467	1,818	6,363	57.4			

Integration Joint Board – Building Based Care

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ3b	Social Care	Increasing further the number of core and cluster sites to reduce the requirement for external placements	50	50	20	120	0.0	Efficiency	Officers to deliver as operational measure, following consultation with service users.	Will result in improved outcomes by supporting adults with disabilities whose needs require tenancy support to return to West Lothian.
SJ4b	Social Care	Review of commissioned older people day services	355	0	0	355	0.0	Efficiency	Officers to deliver as operational measure which takes account of consultation with service users and providers.	Service provision will be aligned with demand and will continue to be commissioned with no impact on performance and quality.
SJ5a	Social Care	Redesign adult day services	66	0	426	492	10.0	Efficiency	Further detailed proposal to rationalise day care services to be presented to IJB following consultation with service users and staff and trade unions.	As part of the review impact on performance will be further considered, however it is anticipated that there is the potential for improved outcomes from a new service model.
SJ5b	Social Care	Redesign of Deans House and Burnside facility	0	179	0	179	16.5	Efficiency	Officers to deliver as operational measure, following consultation with service users, staff and trade unions.	No impact on service performance and quality anticipated as modernised service delivery will continue to be provided at Deans.

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ5c	Social Care	Review of internal care homes	0	577	329	906	82.4	Efficiency	Further detailed proposals on Care home review to be presented to IJB following consultation with service users, staff and trade unions.	Commissioned services would continue to meet care inspectorate criteria with no impact on performance and quality.
SJ5d	Social Care	Review of housing with care	0	0	482	482	23.0	Efficiency	Further details on proposa to be presented to Board following consultation with service users, staff and trade unions	As part of the service review, impact on performance will be fully assessed, with increased use of technology enabled care lessening impact on performance and quality.
SJ5e	Social Care	Supporting people uplift	4	4	4	12	0.0	Efficiency	Officers to deliver as operational measure.	Inflationary income increases will have no negative impact on service performance and quality.
H1b	Health	Home First - Frailty	800	0	0	800	15.9	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	Solutions should improve outcomes allowing individuals to remain safely in their homes or a homely setting for longer. The impact will be fully assessed as the Home First programme progresses.

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
H1c	Health	Home First – Dementia	750	0	0	750	16.0	Efficiency	Officers to deliver as operational measure following consultation with staff and trade unions.	Solutions should improve outcomes for individuals and improve service performance and quality. Will allow people to live in a homely setting wherever possible.
		Total	2,025	810	1,261	4,096	163.8			

Integration Joint Board – Digital Transformation

Saving Ref	Area	Measure	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)	Prioritisation/ Efficiency	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
SJ1a	Social Care	Revised SWIFT replacement support and maintenance arrangements	0	44	0	44	0.0	Efficiency	Officers to deliver as an operational measure.	No adverse impact on service performance and quality anticipated.
SJ1c	Social Care	Further use of technology enabled care	33	580	580	1,193	0.0	Efficiency	Further details on proposal to be presented to Board.	Solutions should improve outcomes allowing individuals to remain safely in their homes for longer. There is no anticipated negative impact on performance.
H1j	Health	Mobile Phones Efficiency	18	0	0	18	0.0	Efficiency	Officers to deliver as an operational measure.	No adverse impact on service performance and quality anticipated.
		Total	51	624	580	1,255	0.0			

	2023/24 £'000	2024/25 £'000	2025/26 £'000	Three Year Total £'000	Estimated Staffing Reduction (FTE)
Total Integration Joint Board – West Lothian Health and Social Care Services Savings	5,154	2,901	3,659	11,714	221.2

Additional Proportionate Share of Savings Relevant to West Lothian IJB from NHS Lothian Hosted and Acute Services

Saving Ref	Hosted Services – IJB Share of Saving Options	2023/24 £'000	2024/25 £'000	2025/26 £'000	Total 3 Years £'000
Ho1	General Medical Services efficiencies	16	0	0	16
Ho2	Lothian Unscheduled Care efficiencies	47	0	0	57
Ho2	Oral Health Service efficiencies	82	0	0	82
Ho3	Public Health efficiencies	3	0	0	3
Ho4	Dietetic Service efficiencies	33	0	0	33
Ho5	UNPAC – Repatriation of Out of Area Placements	263	0	0	263
	TOTAL				454

Additional Proportionate Share of Savings Relevant to West Lothian IJB from NHS Lothian Hosted and Acute Services

Saving Ref	Acute Services - IJB Share of Saving Options	2023/24 £'000	2024/25 £'000	2025/26 £'000	Total 3 Years £'000
Ac1	Acute Management efficiencies	3	0	0	3
Ac2	Cardiology efficiencies	8	0	0	8
Ac3	Diabetes & Endocrinology efficiencies	21	0	0	21
Ac4	ED & Minor Injuries efficiencies	452	0	0	452
Ac5	Gastroenterology efficiencies	95	0	0	95
Ac6	General Medicine efficiencies	162	0	0	162
Ac7	Geriatric Medicine efficiencies	85	0	0	85
Ac8	Infectious Disease efficiencies	19	0	0	19
Ac9	Junior Medical Efficiencies	43	0	0	43
Ac10	Outpatients efficiencies	9	0	0	9
Ac11	Respiratory Services efficiencies	32	0	0	32
Ac12	Therapy Services efficiencies	53	0	0	53
	TOTAL	981	0	0	981

DATA LABEL: PUBLIC

Appendix 5 – Assessment of Risk of Deliverability of Budget Measures

To assist board members in considering risks associated with proposed budget reduction measures for 2023/24 to 2025/26 an assessment of the risk of deliverability of the budget reduction measures has been undertaken for West Lothian specific measures. The risks have been assessed on the basis that the proposed budget reduction measures are approved by Board on 21 March 2023.

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

RISK MATRIX

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

GUIDANCE

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

Likelihood – Measures the Likelihood of Failure

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

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

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

West Lothian Integration Joint Board

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Service Redesign, Integration and Modernisation						
SJ1b	Swift replacement review of support	20	Low (2)	No risk identified in current financial planning period as new system is being implemented.	No risk identified in current financial planning period.	No mitigating actions required.
SJ2a	Review of social policy business support	21	Low (4)	<p>As services change, support will be realigned. At this stage a fully revised model has not been finalised, making it difficult to assess the level of support required.</p> <p>The key risk identified relates to the potential inability to achieve staffing reductions through natural changes in workforce.</p>	<p>The revised support structure may not adequately support the service.</p> <p>Staff may have to be redeployed which would mean delays in achieving the saving.</p>	<p>Revised requirements will be determined in line with agreed changes to service delivery.</p> <p>Remaining activity will focus on delivering key outcomes.</p> <p>Workforce management policies will minimise the impact on staff.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ2b	Review of community occupational therapy service	110	Low (4)	<p>Increased levels of demand may mean the staffing reductions cannot be delivered through vacant posts.</p> <p>Service standard in relation to waiting times for assessment may be impacted</p>	The potential impact relates to the potential increase in waiting times for assessment.	<p>Review activity has been undertaken which included improving and streamlining of assessment processes. In support of this, there has been recurring additional investment in the Occupational Therapist service over the past 12 months.</p> <p>There is a full-service review planned relating to community social work teams. This will include community occupational therapy services.</p> <p>Re-design of the services will follow the review and will ensure resources are deployed in the most effective way, including multi-disciplinary team options.</p>
SJ2c	Servicing of equipment	100	Low (2)	No risk identified in current financial planning period as the contract will end.	No risk identified in current financial planning period.	No mitigating actions required
SJ2d	Review of Social Policy administrative support	88	Low (4)	<p>As services change support will be realigned. At this stage a fully revised model has not been finalised, making it difficult to assess the level of support required.</p> <p>The key risk identified relates to the potential inability to achieve staffing reductions through natural changes in workforce.</p>	<p>The revised administration structure may not adequately support the service.</p> <p>Staff may have to be redeployed which would mean delays in achieving the saving.</p>	<p>Revised requirements will be determined in line with agreed changes to service delivery.</p> <p>A substantial administration support team will remain in place to support professional staff.</p> <p>Workforce management policies will minimise the impact on staff.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ3a	Redesign of adults and older people social work teams	703	High (12)	<p>Increased levels of demand may mean that the staffing reductions cannot be fully delivered without impact on service standards and service provision.</p> <p>Reduced number of employees to support any future increase in demand for service provision.</p> <p>Inability to achieve staffing reduction via natural changes to the workforce</p>	<p>Increased waiting times for assessment and review.</p> <p>Potential for the requirement to employ additional social work staff to meet increased demand for service.</p>	<p>Proposal allows for a full review of current service delivery and practice. This will include analysis of current requests for service and projected resource required to meet future needs.</p> <p>The detailed review and analysis will ensure that the risks attached to the proposed model and associated staffing reductions are fully understood and measures to mitigate agreed.</p> <p>The review will include benchmarking with other health and social care partnerships to inform the design of best practice models.</p> <p>Specialist teams are in place to support high risk activities for example, Adult Support & Protection.</p> <p>Clear and consistent engagement with affected staff group and all other stakeholders regarding implementation of measure.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ3c	Redesign of internal support at home service	870	High (12)	<p>Stability and capacity of independent providers to deliver required level of care.</p> <p>Independent providers have faced significant challenges with the recruitment and retention of staff. Internal services have faced similar issues and challenges with recruitment and the retention of staff.</p> <p>Inability to achieve staffing reduction via natural changes to the workforce.</p>	<p>Increased delays in hospital discharges.</p> <p>Increased unmet need.</p> <p>Reduced internal capacity to support commissioned services contingency planning.</p>	<p>A new care at home framework will be in place 2023/24 informed by benchmarking and research to provide the best opportunity for increased care at home capacity.</p> <p>Test of change block contract(s) to be put in place from April 2023 to support providers develop capacity.</p> <p>Revised assessment and review model with focus on functional strengths and integration of technology enabled care, complementing provision of formalised care.</p> <p>Performance and oversight arrangements for care at home provision – internal and independent sector.</p> <p>Current vacancies and turnover within service will be used to support reduced staffing levels and mitigate impact of organisation change/redesign activity.</p> <p>Clear and consistent engagement with affected staff group and other relevant stakeholders regarding implementation of measure</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ4a	Review of existing contracts for commissioned care within adults and older people services	60	Low (2)	Pressure to continue to provide funding where it is assessed that the organisation no longer supports the IJB's priorities and key service delivery.	Any pressure to retain funding inconsistent with the strategic plan would mean saving is not deliverable.	A robust assessment process will be used to ensure value for money and alignment with strategic plan.
SJ6a	Housing benefit for those who live in specified accommodation	391	Low (2)	This proposal will have minimal impact on those accessing the services. The main risk will be in reviewing and supporting those identified in reviewing their housing benefit claim.	That potential impact would be the inability to generate the desired income as identified within the measure.	All identified individuals will have the care and support plan reviewed and will be supported to reapply for discretionary housing benefit.
H1a	Prescribing savings	3,000	Medium (5)	Market factors (short supply). Clinical staff having the time to focus on savings plan. Rebates not being achieved at forecast levels	Greater levels of short supply would drive prices up further. Several of the plans require clinical staff intervention so savings may not be achieved. Rebates not coming through as forecast would lead to non-delivery of savings	Regular review through the Lothian Prescribing Forum by clinical and service staff. Robust escalation processes in place via NHS Lothian and also to the IJB in the form of budget updates.

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H1d	Community Nursing Review	150	Low (3)	<p>This savings measure is focused on reducing reliance on supplementary nursing staff (bank and agency) within the community.</p> <p>Staffing levels will not be affected as the plan is focused on reducing reliance on supplementary staffing through reducing sickness absence levels, improving controls around escalation to agency and introducing new roles where we cannot recruit to existing posts.</p> <p>There is no adverse impact on the population as this scheme centres on reducing reliance on high cost supplementary staffing whilst maintaining existing staffing levels.</p>	No risk identified in current financial planning period	No mitigating actions required.

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H1e	Mental Health Nursing Review	350	Low (3)	<p>This savings measure is focused on reducing reliance on supplementary nursing staff (bank and agency) within mental health wards.</p> <p>Staffing levels will not be affected as the plan is focused on reducing reliance on supplementary staffing through reducing sickness absence levels, improving controls around escalation to agency and introducing new roles where we cannot recruit to existing posts.</p> <p>There is no adverse impact on the population as this scheme centres on reducing reliance on high cost supplementary staffing whilst maintaining existing staffing levels</p>	No risk identified in current financial planning period	No mitigating actions required.

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H1f	Mental Health Medical Review	250	Low (3)	<p>This savings measure is focused on reducing reliance high cost agency locum medical staff.</p> <p>Staffing levels will not be affected as the plan is focused on reducing reliance on agency locum medical staff by recruiting to substantive consultant roles and where this is not possible by introducing new medical roles e.g. Specialists or Specialty Doctors.</p> <p>There is no adverse impact on the population as this scheme centres on reducing reliance on high cost agency medical staff whilst maintaining existing staffing levels.</p>	No risk identified in current financial planning period	No mitigating actions required

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H1g	Opiate Substitution Treatment (OST) Dispensing	100	Low (4)	<p>This savings measure relates to the introduction of new medicines within opiate substitution treatment which patients only require on a monthly basis once titrated onto the new medication.</p> <p>As a result of this new treatment there is an anticipated reduction in patients receiving other forms of opiate substitution treatment.</p> <p>This will lead to a reduction in community pharmacy dispensing and supervision costs as some patients have switched to alternative treatment.</p> <p>The risk would be that not enough people would transition to alternative treatment options.</p>	The impact would be the non-delivery of the efficiency measure.	This will be managed through the standard medication review process.
H1h	GP Cover Community Hospital	50	Low (2)	No risk to delivery as this efficiency has been achieved.	No risk identified in current financial planning period.	No mitigating actions required.

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H1i	Local Pharmacy	100	Low (2)	<p>There is no adverse impact on the population as a result of the prescribing savings plan. All changes require patient consent and can be reversed if required.</p> <p>These savings are in addition to the savings achieved through the pan Lothian prescribing programme (Health H1a) and will focus on West Lothian specific projects identified by the local clinical teams.</p>	Efficiency won't be realised	A local prescribing group has been established that will feed into the Primary Care Management Group to oversee the delivery of this measure.
	Service Redesign, Integration and Modernisation - Total	6,363				
Building Based Care						
SJ3b	Increasing further the number of core and cluster sites to reduce the requirement for external placements	120	Low (6)	<p>That there will be insufficient properties available to meet the assessed needs.</p> <p>That there will be insufficient scope within the independent sector to provide the required level of service to meet the needs of the individuals</p>	<p>That individuals will be required to live out with their local communities resulting in the ongoing purchase of high value residential placements.</p> <p>Reduced opportunity for individuals to develop appropriate levels of independence skills.</p>	<p>A project board will be established and will include colleagues from housing services to support the identification of sufficient and appropriate housing.</p> <p>The will include engagement with independent providers.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ4b	Review of commissioned older people day services	355	Low (2)	No risk identified in current financial planning period as new contracts have been agreed.	No risk identified in current financial planning period as new contracts have been agreed.	Close partnership working with providers to ensure changing levels of demand are identified at earliest opportunity and mitigating actions considered.
SJ5a	Redesign adult day services	492	Medium (9)	<p>This proposal sees individuals accessing more community resources. There is a risk that there will be insufficient community resources to meet demand.</p> <p>Failure to access appropriate community resources may result in an inability to achieve the necessary staff saving.</p>	A continued requirement to provide building-based service which is likely to increase reliance on staff to meet the ongoing demand.	Project board will be established that will consider this risk in full and the mitigation to address this.

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ5b	Redesign of Deans House and Burnside facility	179	Medium (9)	<p>That there will be insufficient scope within the independent sector to provide the required level of service to meet the needs of the individuals.</p> <p>That individuals that are currently residing in Deans will not have an onward destination.</p> <p>That in reducing the number of respite beds there will be insufficient resource to meet demand for short breaks/respite provision.</p> <p>That there will be an impact on additional roles being identified for the displaced workforce.</p>	<p>That individuals will be required to live out with their local communities.</p> <p>That unpaid carers will be placed under additional stress due to being unable to source suitable breaks from caring.</p>	<p>A project board will be established that will consider this risk in full and the mitigation to address this.</p> <p>The use of Technology Enable Care will support this measure in particular in relation to overnight support.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ5c	Review of internal care homes	906	High (16)	<p>The costs of internally delivering residential care for older people is materially higher than commissioning the equivalent type of care from the independent sector.</p> <p>A review of internal care home provision for older people within West Lothian will be progressed to inform options to deliver an affordable and sustainable model of care home provision for older people looking forward, including consideration of any associated risks.</p>	<p>The level of saving detailed reflects the financial differential associated with reducing currently provided council care home placement costs to the cost of the National Care Home Contract rate for 50% of currently provided council care home placements.</p>	<p>A review of internal care home provision will be progressed to identify the most appropriate manner in which to achieve this objective. The review will link to the overall HSCP bed based review underway and findings on the way ahead will be reported to the IJB for decision making.</p> <p>This will assist in further development of mitigating actions to support delivery of this proposal.</p> <p>The impact of any proposed action will be carefully considered with staff, residents, their families and carers to ensure all mitigating measures have been considered.</p> <p>Actions to mitigate impact upon hospital discharge for those requiring interim care will continue to be developed within the Homefirst planning process.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ5d	Review of housing with care	482	Medium (9)	<p>Stability and capacity of independent providers to deliver required level of care.</p> <p>Independent providers have faced significant challenges with the recruitment and retention of staff.</p> <p>Internal services have faced similar issues and challenges with recruitment and the retention of staff.</p>	<p>Increased unmet need.</p> <p>Potential increased savings in other service areas if unable to achieve budget measure.</p> <p>Change in care delivery model impacts upon current housing with care residents with more complex needs i.e. removal of sleep over arrangements</p>	<p>Proposal allows for a review of current service delivery and practice, enabling an in-depth analysis of current requests for service and the collation of projected future needs/trends.</p> <p>Completing the detailed review and analysis will ensure the risks attached to the proposed model and associated staffing reductions are fully understood and measures to mitigate agreed.</p> <p>Clear and consistent engagement with affected staff group and other relevant stakeholders regarding implementation of measure.</p> <p>Greater integration of technology enabled care, complementing provision of formalised care.</p> <p>Revised assessment and review model (hospital & community) with focus on functional strengths and integration of technology enabled care, reducing reliance on formalised care provision.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ5e	Supporting people uplift	12	Low (2)	Increased charges for self-funded housing with care tenants – 3% inflationary increase.	Reduced income for affected residents	Early engagement with affected housing with care tenants. Income maximisation checks available to ensure all available benefits are in place for affected residents.
H1b	Home First - Frailty	800	Medium (6)	A key risk is the need to have the right number of beds to meet demand. Recruitment challenges and the national shortage of clinical roles also pose a risk to the delivery of this measure.	The impact of a change in demand could result in health and social operational flow system pressure, however, there is an opportunity to provide care in an alternative setting, aligned to needs and in the most cost-effective way.	Work continues within WL bed base review to assess and ensure that there are sufficient beds in the system to best meet the needs of the population. This work considers the bed utilisation across both health and social care facilities to ensure people are cared for in the best setting. Recruitment planning is in place to ensure all vacancies are filled.

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
H1c	Home First - Dementia	750	Medium (6)	<p>A key risk is the need to have the right number of beds to meet demand.</p> <p>Recruitment challenges and the national shortage of clinical roles also pose a risk to the delivery of this measure.</p>	<p>The impact of a change in demand could result in health and social operational flow system pressure, however, there is an opportunity to provide care in an alternative setting, aligned to needs and in the most cost-effective way.</p>	<p>Work continues within WL bed base review to assess and ensure that there are sufficient beds in the system to best meet the needs of the population.</p> <p>This work considers the bed utilisation across both health and social care facilities to ensure people are cared for in the best setting.</p> <p>Recruitment planning is in place to ensure all vacancies are filled.</p>
	Building Based Care - Total	4,096				
Digital Transformation						
SJ1a	Revised SWIFT replacement support and maintenance arrangements	44	Low (2)	No risk identified in current financial planning period as new system is being implemented.	No risk identified in current financial planning period as new system is being implemented.	No mitigating actions required.

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
SJ1c	Further use of technology enabled care	1,193	High (12)	<p>High value savings proposal and interdependency with proposals for creating alternative capacity for care delivery.</p> <p>The development of a comprehensive TEC programme is at very early stage to support alternative approaches to complement in person care delivery.</p> <p>TEC solutions may be unsuitable or unable to be supplied in necessary volume.</p>	<p>Low uptake of TEC solutions could result in more demand for in-person care, higher level of unmet need, and lower overall capacity to keep people in their own homes for longer.</p> <p>Lower overall capacity in care at home would have impact on other savings proposals which depend upon moving in-house care at home over to the independent sector (eg SJ3c Support at Home, SJ5d Housing With Care).</p> <p>Potential increased savings in other service areas if unable to achieve budget measure.</p>	<p>Specialist input from subject experts to progress analysis within West Lothian to identify all opportunities for TEC use. It is anticipated this will assist in understanding how best to target developments and infrastructure required to implement solutions.</p> <p>A TEC board established to oversee planning and development of a programme of improvement through digital innovation. The Board will have representation from across social policy and the wider health and social care partnership to ensure appropriate application of TEC solutions across service areas.</p> <p>Specialist input from sector leads will be sought at key stages of the project e.g. scope, application, testing</p> <p>Engagement with individuals and carers regarding use of TEC to meet assessed need.</p>

Ref	Measure	Total Three Year Value £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
						It is anticipated that the needs analysis and delivery of this measure will require additional investment to realise full potential of technology enabled care
H1j	Mobile Phone Efficiencies	18	Low (2)	No risk to delivery as this measure relates to mobile phones that are not currently in use.	No risk identified in current financial planning period.	No mitigating actions required.
	Digital Transformation - Total	1,255				

APPENDIX 6

West Lothian Integration Joint Board – Budget Saving Directions to NHS Lothian

1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/NHS/SAV-01
3.	Integration Joint Board (IJB) authorisation date	21 st March 2023
4.	Direction to	NHS Lothian Health Board – Core West Lothian Functions
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

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		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	No.
7.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at St Michael's Hospital, Tippethill Hospital, Maple Villa – Community Learning Disability services – Community Palliative Care services – Continence services provided outwith a hospital

APPENDIX 6

		<ul style="list-style-type: none">– Kidney dialysis services provided outwith a hospital– Services provided by health professionals that aim to promote public health <p>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer's Joint Management Team and in cooperation and partnership with NHS Lothian.</p>																																																																								
8.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following budget reduction proposals agreed by the Board.</p> <table><tr><th>Saving Ref</th><th>Saving Option</th><th>2023/24 £'000</th><th>2024/25 £'000</th><th>2025/26 £'000</th><th>Total 3 Years £'000</th></tr><tr><td>H1a</td><td>Prescribing Savings</td><td>1,200</td><td>900</td><td>900</td><td>3,000</td></tr><tr><td>H1b</td><td>Home First - Frailty</td><td>800</td><td>0</td><td>0</td><td>800</td></tr><tr><td>H1c</td><td>Home First - Dementia</td><td>750</td><td>0</td><td>0</td><td>750</td></tr><tr><td>H1d</td><td>Community Nursing Review</td><td>150</td><td>0</td><td>0</td><td>150</td></tr><tr><td>H1e</td><td>Mental Health Nursing Review</td><td>350</td><td>0</td><td>0</td><td>350</td></tr><tr><td>H1f</td><td>Mental Health Medical Review</td><td>250</td><td>0</td><td>0</td><td>250</td></tr><tr><td>H1g</td><td>Opiate Substitution Therapy Dispensing</td><td>100</td><td>0</td><td>0</td><td>100</td></tr><tr><td>H1h</td><td>GP Cover Community Hospitals</td><td>50</td><td>0</td><td>0</td><td>50</td></tr><tr><td>H1i</td><td>Local Pharmacy Savings</td><td>100</td><td>0</td><td>0</td><td>100</td></tr><tr><td>H1j</td><td>Mobile Phones Efficiency</td><td>18</td><td>0</td><td>0</td><td>18</td></tr><tr><td></td><td>TOTAL</td><td>3,768</td><td>900</td><td>900</td><td>5,568</td></tr></table>	Saving Ref	Saving Option	2023/24 £'000	2024/25 £'000	2025/26 £'000	Total 3 Years £'000	H1a	Prescribing Savings	1,200	900	900	3,000	H1b	Home First - Frailty	800	0	0	800	H1c	Home First - Dementia	750	0	0	750	H1d	Community Nursing Review	150	0	0	150	H1e	Mental Health Nursing Review	350	0	0	350	H1f	Mental Health Medical Review	250	0	0	250	H1g	Opiate Substitution Therapy Dispensing	100	0	0	100	H1h	GP Cover Community Hospitals	50	0	0	50	H1i	Local Pharmacy Savings	100	0	0	100	H1j	Mobile Phones Efficiency	18	0	0	18		TOTAL	3,768	900	900	5,568
Saving Ref	Saving Option	2023/24 £'000	2024/25 £'000	2025/26 £'000	Total 3 Years £'000																																																																					
H1a	Prescribing Savings	1,200	900	900	3,000																																																																					
H1b	Home First - Frailty	800	0	0	800																																																																					
H1c	Home First - Dementia	750	0	0	750																																																																					
H1d	Community Nursing Review	150	0	0	150																																																																					
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H1i	Local Pharmacy Savings	100	0	0	100																																																																					
H1j	Mobile Phones Efficiency	18	0	0	18																																																																					
	TOTAL	3,768	900	900	5,568																																																																					

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

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West Lothian Integration Joint Board – Budget Savings Direction to NHS Lothian

1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/NHS/SAV-02
3.	Integration Joint Board (IJB) authorisation date	21 st March 2023
4.	Direction to	NHS Lothian Health Board – Lothian Wide Hosted Functions
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none">– Maximise independent living

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		<ul style="list-style-type: none"> – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	No.
7.	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services are managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian</p> <p>The services are:</p> <ul style="list-style-type: none"> – Dietetics – Art Therapy – Lothian Unscheduled Care Service – Integrated Sexual and Reproductive Health service

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		<ul style="list-style-type: none">– Clinical Psychology Services– Continence Services– Public Dental Service including Edinburgh Dental Institute– Podiatry– Orthoptics– Independent Practitioners via the Primary Care Contracting Organisation– SMART Centre– Royal Edinburgh and Associated Services– Substance Misuse Ritson Inpatient Unit, LEAP and Harm Reduction																																																
8.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following share of budget reduction values relevant to the IJB and agreed by the Board, as part of the wider NHS Lothian budget saving proposals.</p> <table><tr><th>Saving Ref</th><th>Saving Option</th><th>2023/24 £'000</th><th>2024/25 £'000</th><th>2025/26 £'000</th><th>Total 3 Years £'000</th></tr><tr><td>Ho1</td><td>General Medical Services efficiencies</td><td>16</td><td>0</td><td>0</td><td>16</td></tr><tr><td>Ho2</td><td>Lothian Unscheduled Care efficiencies</td><td>47</td><td>0</td><td>0</td><td>57</td></tr><tr><td>Ho2</td><td>Oral Health Service efficiencies</td><td>82</td><td>0</td><td>0</td><td>82</td></tr><tr><td>Ho3</td><td>Public Health efficiencies</td><td>3</td><td>0</td><td>0</td><td>3</td></tr><tr><td>Ho4</td><td>Dietetic Service efficiencies</td><td>33</td><td>0</td><td>0</td><td>33</td></tr><tr><td>Ho5</td><td>UNPAC – Repatriation of Out of Area Placements</td><td>263</td><td>0</td><td>0</td><td>263</td></tr><tr><td></td><td>TOTAL</td><td></td><td></td><td></td><td>454</td></tr></table>	Saving Ref	Saving Option	2023/24 £'000	2024/25 £'000	2025/26 £'000	Total 3 Years £'000	Ho1	General Medical Services efficiencies	16	0	0	16	Ho2	Lothian Unscheduled Care efficiencies	47	0	0	57	Ho2	Oral Health Service efficiencies	82	0	0	82	Ho3	Public Health efficiencies	3	0	0	3	Ho4	Dietetic Service efficiencies	33	0	0	33	Ho5	UNPAC – Repatriation of Out of Area Placements	263	0	0	263		TOTAL				454
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APPENDIX 6

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

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West Lothian Integration Joint Board – Budget savings Direction to NHS Lothian

1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/NHS/SAV-03
3.	Integration Joint Board (IJB) authorisation date	21 st March 2023
4.	Direction to	NHS Lothian Health Board – Lothian Acute Functions
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

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		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	No.
7.	Function(s) concerned	<p>All adult acute hospital health services planned by West Lothian IJB and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014 and as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ol style="list-style-type: none"> 1. Accident and Emergency services provided in a hospital 2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> – General medicine – Geriatric medicine – Rehabilitation medicine – Respiratory medicine – Psychiatry of learning disability 3. Palliative care services provided in a hospital 4. Services provided in a hospital in relation to an addiction or dependence on any substance 5. Mental health services provided in a hospital except secure forensic mental health services <p>Services provided on the three acute hospital sites within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site director.</p>

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

APPENDIX 6

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

1.	Implementation date	1 st April 2023
2.	Reference number	WLIJB/WLC/SAV-04
3.	Integration Joint Board (IJB) authorisation date	21 st March 2023
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

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		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	No.
7.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> – Learning Disabilities – Physical Disabilities – Mental Health – Older People Assessment & Care – Care Homes & Housing With Care – Contracts & Commissioning Support – Other Adult social care services <p>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer's Joint Management Team and in cooperation and partnership with NHS Lothian.</p>
8.	Required Actions / Directions	West Lothian IJB directs West Lothian Council to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following budget reduction proposals agreed by the Board.

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Saving Ref	Saving Option	2023/24	2024/25	2025/26	Total 3 Years
		£'000	£'000	£'000	£'000
SJ1b	SWIFT Replacement review of support	0	0	20	20
SJ2a	Review of Social Policy business support	21	0	0	21
SJ2b	Review of community occupational therapy service	55	55	0	110
SJ2c	Servicing of Equipment	100	0	0	100
SJ2d	Review of Social Policy administrative support	0	51	37	88
SJ3a	Redesign of Adults and Older People social work teams	0	200	503	703
SJ3c	Redesign of internal support at home service.	251	261	358	870
SJ4a	Review of existing contracts for commissioned care within adults and older people services	60	0	0	60
SJ6a	Housing Benefit for those who live in specified accommodation	391	0	0	391
SJ3b	Increasing further the number of core and cluster sites to reduce the requirement for external placements	50	50	20	120
SJ4b	Review of commissioned older people day services	355	0	0	355
SJ5a	Redesign adult day services	66	0	426	492
SJ5b	Redesign of Deans House and Burnside Facility	0	179	0	179
SJ5c	Review of internal care homes	0	577	329	906
SJ5d	Review of housing with care	0	0	482	482
SJ5e	Supporting people uplift	4	4	4	12
SJ1a	Revised SWIFT replacement support and maintenance arrangements	0	44	0	44

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		<table><tr><td>SJ1c</td><td>Further use of technology enabled care</td><td>33</td><td>580</td><td>580</td><td>1,193</td></tr><tr><td></td><td>TOTAL</td><td>1,386</td><td>2,001</td><td>2,759</td><td>6,146</td></tr></table>	SJ1c	Further use of technology enabled care	33	580	580	1,193		TOTAL	1,386	2,001	2,759	6,146
SJ1c	Further use of technology enabled care	33	580	580	1,193									
	TOTAL	1,386	2,001	2,759	6,146									
		<p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources and deliver service changes and savings that will allow the IJB to meet care demands within available resources.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs West Lothian Council to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to further develop medium term financial planning and efficiency proposals.</p> <p>A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>												
9.	Monitoring of Delivery	<p>1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources.</p> <p>2. The IJB directs West Lothian Council officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed budget savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved budget savings.</p>												



**West Lothian Integration Joint Board
Service Redesign, Integration and Modernisation
Integrated Impact Assessments**



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ1b – SWIFT replacement review of support SJ2a– Review of Business Support Service SJ2d - Review of social policy administrative support
Service Area	Social Policy – Integration Joint Board
Lead Officer	Interim Head of Strategic Planning and Performance (WLHSCP)
Other Officers/Partners Involved	Senior Manager Adults Senior Manager Older People Senior Manager Children and Justice Senior Manager Children's Services
Date relevance assessed	8 th March 2023

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

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

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

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

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

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson Head of Social Policy
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ1b – SWIFT replacement review of support SJ2a– Review of Business Support Service SJ2d - Review of social policy administrative support
Details of Others Involved	Senior Managers
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The requirement of the council to deliver a balanced budget along with modernising processes and services delivered, has resulted in an identified staffing efficiency within the Social Policy Administrative Team and Business Support Team. This will require a review of staffing and structures within both teams.</p> <p>There will be a full review of service provision. The saving will be achieved through analysis and review of all vacant posts across the teams, the realignment of resources to ensure adequate cover to support the service as part of a full restructure. This will therefore impact on staff roles and responsibilities. These measures will result a reduction of 3.7 FTE over 3 years.</p> <p>Savings proposal in relation to administration, business and Swift support services were presented and approved by West Lothian Council on 21st February in relation to Non - IJB delegated services.</p>

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

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

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

The proposal is likely to result in changes to the number of roles within the Business Support and Administrative Teams. These changes will be managed through the Council workforce management policy and procedures.

How do you know that?

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

5. Action Plan

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

Actioner Name: Sharon Houston – Head of Strategic Planning and Performance (Interim)

Action Date: March 2023

What is the issue?

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

What action will be taken?

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

Progress against action

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

6. Details of consultation and involvement

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

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

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

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

7. Data and Information

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

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

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

The demographic profile of the Business Support Service and the Business Support Service Administrative Team show that:

- Business Support Service Admin Team – 93% of the roles within the team are undertaken by females and 92% of the posts are graded between Grades 2 and 3 (£21,679 - £25,246)
- Business Support Service – 70% of the roles within the team are undertaken by females and 33% of the posts are graded at band 5 (£30, 070 - £32,622).

8. Mitigating Actions

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

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

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

The council has a requirement to deliver best value, achieve performance standard and deliver this within a balanced budget. Therefore, the implementation of a restructure, focusing objectives on service delivery targets will support delivery of a balanced budget.

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

9. Monitoring and Review

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

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

10. Recommendation and Reasoning

Implement proposal, following the council's workforce management policy and procedures, as well as following up via PDPR on implementation.

Reason for Recommendation

By implementing the proposal, the council will achieve anticipated savings towards delivering a balanced budget through the removal of existing vacancies and team restructure. The changes will follow the council's approved approach to workforce management.

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ2b Review of Community Occupational Therapy Service
Service Area	Social Policy IJB
Lead Officer	Karen Love, Senior Manager Adult Services
Other Officers/Partners Involved	Pamela Roccio, HR Advisor Equality
Date relevance assessed	8 th March 2023

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Karen Love
Designation	Senior manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ2b Review of Community Occupational Therapy Service
Details of Others Involved	Head of Social Policy Senior Manager Older People Services Senior Manager Adult Services Group Manager Occupational Therapy Services Human Resources
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The Community Occupational Therapy service undertakes assessments across the life span of individuals. This includes assessments and interventions designed to support individuals to live as independently as possible through the provision of equipment, practical advice, support and sign posting to appropriate service provision.</p> <p>A review of the service will look to focus on previous activity relating to the streamlining of assessment processes. This measure is aligned to SJ3a – Redesign of Adults and Older People Social Work Teams which will progress a full review of social work services. The saving value of £100k is linked to an estimated reduction of 2FTE OT posts within the service.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people? Occupational therapists undertake functional assessments of all individuals. This proposal will not alter this function or the requirement to undertake an OT assessment for individuals referred into the service.</p> <p>How do you know that? There remains a statutory duty to assess the needs of individuals referred to the service for the provision of specialist equipment and adaptations. This proposal will not alter this statutory role.</p>
Disability	<p>What effect/difference will the policy have on people? Occupational therapists undertake functional assessments of all individuals. This proposal will not alter this function or the requirement to undertake an OT assessment for individuals referred into the service.</p> <p>How do you know that? There remains a statutory duty to assess the needs of individuals referred to the service for the provision of specialist equipment and adaptations. This proposal will not alter this statutory role.</p>

Gender Reassignment – Trans/Transgender Identity	What effect/difference will the policy have on people? The proposal is applicable to all adults and children who have been assessed as having eligible care and support needs and is therefore based on an individual's personal needs, irrespective of this protected characteristic.
	How do you know that? All work undertaken by the OT service is completed based on an individual's assessed need. Each individual is viewed independently with the outcome based on their assessed need.
Marriage or Civil Partnership	What effect/difference will the policy have on people? The proposal is applicable to all adults and children who have been assessed as having eligible care and support needs and is therefore based on an individual's needs.
	How do you know that? All work under taken by the OT service is completed based on an individual's assessed need. The service does not discriminate against any protect characteristic and each case is viewed independently with the outcome solely based on the individual's assessed need.
Pregnancy and Maternity	What effect/difference will the policy have on people? The proposal is applicable to all adults and children who have been assessed as having eligible care and support needs and is therefore based on an individual's assessed needs.
	How do you know that? All work under taken by the OT service is completed based on assessed need. Each individual is viewed independently with the outcome solely based on their assessed need.
Race	What effect/difference will the policy have on people? The proposal is applicable to all adults and children who have been assessed as having eligible care and support needs and is therefore based on the individual's needs.
	How do you know that? All work under taken by the OT service is completed based on assessed need. Each individual is viewed independently with the outcome solely based on their assessed need.
Religion or Belief	What effect/difference will the policy have on people? The proposal is applicable to all adults and children who have been assessed as having eligible care and support needs and is therefore based on an individual's assessed needs.
	How do you know that? All work under taken by the OT service is completed based on assessed need. Each individual is viewed independently with the outcome solely based on their assessed need.
Sex	What effect/difference will the policy have on people? The proposal is applicable to all adults and children who have been assessed as having eligible care and support needs and is therefore based on an individual's assessed needs.

	<p>How do you know that?</p> <p>All work under taken by the OT service is completed based on assessed need. Each individual is viewed independently with the outcome based solely on their assessed need.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>The proposal is applicable to adults and children who have been assessed as having eligible care and support needs and is therefore based on an individual's assessed needs.</p>
	<p>How do you know that?</p> <p>All work under taken by the OT service is completed based on assessed need. Each individual is viewed independently with the outcome based solely on their assessed need.</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

The proposal will have minimal impact on those accessing services. The assessment process is based on individual need and this will continue.

Work that has been progressed which focussed on the reviewing and streamlining of the assessment process which has resulted in a reduction in waiting times. There is a robust performance management process in place which monitors the length of time individuals wait for a service.

Previous activity has been undertaken which focussed on the reviewing and streamlining of the assessment process resulting in a reduction in waiting times. There is a robust performance management process in place which monitors the length of time individuals wait for a service.

Over the past year there has been recurring investment in the service, which has increased the number of community OT posts across Social Policy from 24.7FTE to 28.7FTE. This additional investment has led to the creation of a multidisciplinary team with a focus on improved assessment activity in relation to supporting older people. This proposed review of Community Occupational Therapy along with the wider Social Work services will consider a multi-disciplinary approach to service delivery.

Any proposed reduction in staffing will be managed through the council's workforce management policy and procedure and will include the option of non-filling of any vacant posts within the service.

How do you know that? Performance information demonstrates a reduction in OT waiting times which has been sustained for a prolonged period	
5. Action Plan What action/s will be taken, by whom and what is the timescale for completion?	
Actioner Name: Karen Love	Action Date: Ongoing
What is the issue? Review of community occupational therapy services to be undertaken. This will also take into consideration if there is any wider impact this staff reduction could have on other social policy teams.	
What action will be taken? The service will also be undertaking a review of all functions and processes within the community social work teams who undertake elements of the assessments for all adults and older people referred to the service. There are a range of interdependencies between the community occupational therapy team and social work practice team and therefore this review will also include the role and function of the community occupational therapy team.	
Progress against action This work will commence in April 2023	

Actioner Name: Karen Love	Action Date:
What is the issue? There is a risk that waiting times for assessments could increase.	
What action will be taken? As part of the overall service review, work will be undertaken to review and streamline processes to make them more efficient and to remove any unnecessary process steps that have been introduced over the years but have not been reviewed as the service developed and changed. Using this pragmatic approach will ensure the service will better meet the needs of the individuals using the service and help to mitigate/minimise the risk identified above.	
Progress against action? This work will commence in April 2023	

6. Details of consultation and involvement
<p>Who will be or has been involved in the consultation process?</p> <ul style="list-style-type: none"> a) State which service users and groups are involved in this process and describe their involvement. b) Describe any planned involvement saying when this will take place and who is responsible for managing the involvement process. c) Describe the results of the involvement and how you have taken this into account.
<p>An independently commissioned strategic needs assessment undertaken on behalf of the IJB was completed in August 2022. This consultation highlighted the work that had been progressed by the service on the management of waiting times and changes to how individuals are assessed specifically for equipment.</p> <p>The report also highlighted that individuals with long term conditions and complex needs were more likely to be living longer within communities, which could increase demand for occupational therapist assessments.</p> <p>To date there has been no wider consultation undertaken. The proposal is linked to a wider service review relating to all community social work teams as we progress we will embark on a range of consultative</p>

processes with key stakeholders around this proposal as well any wider links to other policies including use of the workforce management organisational change process when required.

7. Data and Information

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

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

Full use has been made of both local and national research available. The independent strategic needs assessment commissioned by West Lothian IJB provided further data specifically around the changing needs of individuals who required complex and specialist assessments and equipment.

A full review of the community occupational therapy service will be undertaken alongside the review of other social work teams which will identify further qualitative and quantitative data that will assist with the full development of the proposal.

8. Mitigating Actions

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

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

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

This policy has minimal impact on any particular group. There will be an impact on the workforce with an indicative staff reduction of 2 FTE. This will be managed using the council's workforce management policy for organisational change and ongoing consultation with Human Resources services and other relevant partners.

9. Monitoring and Review

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

Monitoring and Review of this proposal will be completed as part of the agreed governance structure of the Integration Joint Board. Progress of the proposal and the work of the associated project group will be monitored and guided through this governance route.

The project group will also be responsible for the monitoring of performance indicators which will include feedback from services users.

10. Recommendation and Reasoning

Implement proposal with no amendments

Reason for Recommendation

The proposal is designed to have minimal impact on individuals using the service.

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	SJ2c Servicing of equipment		
Service Area	Social Policy IJB		
Lead Officer	Karen Love, Senior Manager		
Other Officers/Partners Involved	Pamela Roccio, HR Advisors		
Date relevance assessed	8 th March 2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Karen Love
Designation	Senior manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ2c Servicing of Equipment
Details of Others Involved	Head of Social Policy Senior Manager Older People Serviced Senior Manager Adult Services Group Manager Occupational Therapy Services Housing Services.
Date Assessment Conducted	8 ^h March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>Prior to 2019 all straight stairlifts, regardless of tenure, were funded via the Occupational Therapy service, this included purchase, service and maintenance.</p> <p>In 2019 a decision was taken following a range of a benchmarking activity with other local authorities it was agreed that the funding of straight stairlifts should be treated in the same way as all other maintainable equipment, therefore all homeowners being assessed for a straight stairlift were required to access the Scheme of Assistance grant for this provision.</p> <p>In line with all other maintainable equipment via the Scheme of Assistance grant, the servicing and maintenance for straight stairlifts was the responsibility of the home owner. At the same time, all maintainable equipment within Housing Associations, including straight stairlifts, became the responsibility of the RSL to purchase, maintain and service via Stage 3 funding of the Scheme of Assistance grant.</p> <p>To ensure equity across all individuals the proposal relates to those individuals who had a straight stairlift installed prior to 2019 where the service continues to be responsible for the maintenance of the straight stairlift</p> <p>The saving will be achieved by the cessation of the social policy element of the council contract to deliver maintenance of serviceable equipment.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people?</p> <p>Individuals who are assessed for straight stairlifts are usually those in or approaching old age.</p> <p>There is and remains a statutory duty on the local authority to assess individual for equipment and adaptations. This policy will see no change to this. The proposed policy will see the financial costs of the maintenance of equipment for those assessed pre-2019 pass to the home owner or registered social landlord impacting on a small number of individuals.</p>

	<p>How do you know that? Since 2019 the responsibility for the ongoing maintenance of this equipment is the home owner. This proposal will bring alignment to those assessed pre-2019 to assume responsibility for the maintenance of their straight stairlifts.</p>
Disability	<p>What effect/difference will the policy have on people? Individuals who are assessed for such equipment usually have a level of infirmity or physical disability. The provision of such equipment is to prolong the individual's ability to remain living within their own tenancy. This proposed policy will see no change to the undertaking of the assessment. The proposed policy will see responsibility for the ongoing maintenance of this equipment move to those individuals who had straight stairlifts installed pre-2019 bringing them in line with all individuals assessed from 2019.</p> <p>How do you know that? Since 2019 it is the home owner's responsibility for the ongoing maintenance of this equipment. This proposal will bring alignment to those assessed pre-2019 to assume responsibility for the maintenance of their straight stairlifts.</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people? None Identified</p> <p>How do you know that? No evidence was found that there would be any hidden needs for this protected group. Those who have been assessed since October 2018 have been responsible for their maintenance costs and this policy would see this being aligned.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people? None Identified</p> <p>How do you know that? No evidence was found that there would be any hidden needs for this protected group. Those who have been assessed since October 2018 have been responsible for their maintenance costs and this policy would see this being aligned.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people? None identified.</p> <p>How do you know that? No evidence was found that there would be any hidden needs for this protected group. Those who have been assessed since October 2018 have been responsible for the maintenance costs and this policy would see this being aligned.</p>
Race	<p>What effect/difference will the policy have on people? None identified</p> <p>How do you know that? No evidence was found that there would be any hidden needs for this protected group. Those who have been assessed since October 2018 have been responsible for the maintenance costs and this policy would see this being aligned.</p>
Religion or Belief	<p>What effect/difference will the policy have on people? None Identified</p> <p>How do you know that? No evidence was found that there would be any hidden needs for this protected group. Those who have been assessed since October 2018 have been responsible for the maintenance costs and this policy would see this being aligned.</p>
Sex	<p>What effect/difference will the policy have on people? None identified</p> <p>How do you know that? No evidence was found that there would be any hidden needs for this protected group. Those who have been assessed since October 2018 have been responsible for the maintenance costs and this policy would see this being aligned.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people? None identified.</p>

	<p>How do you know that?</p> <p>No evidence was found that there would be any hidden needs for this protected group. Those who have been assessed since October 2018 have been responsible for the maintenance costs and this policy would see this being aligned.</p>
<p>4. Please outline any needs and/or barriers which may affect vulnerable groups falling into poverty and disadvantage in relation to this policy.</p> <p>Vulnerable groups may include the following:</p> <ul style="list-style-type: none"> • Unemployed • Single parents and vulnerable families • People on benefits • Those involved in the criminal justice system • People in the most deprived communities (bottom 20 SIMD areas) • People who live in rural areas • Pensioners • Looked After Children • Carers including young carers • People misusing services • Others e.g. veterans, students • Single adult households • People who have experienced the asylum system • Those leaving the care setting including children and young people and those with illness • Homeless people • People with low literacy/ numeracy • People with lower educational qualifications • People in low paid work • People with one or more protected characteristics 	
<p>What effect/difference will the policy have on people?</p> <p>This policy already exists for all individuals assessed after 2019 for serviceable equipment, including straight stairlifts, whereby it is the home owner's responsibility to maintain this equipment. The policy change proposed will bring into alignment those individuals assessed pre-2019.</p>	
<p>How do you know that?</p> <p>The ongoing servicing of an adaptation or maintainable equipment is not eligible for grant assistance via the scheme of assistance. Support and information are provided on sourcing a suitable repair or maintenance provider with onward signposting to the anti-poverty service for income maximisation when it is appropriate to do so.</p>	
<p>5. Action Plan</p> <p>What action/s will be taken, by whom and what is the timescale for completion?</p>	
Actioner Name: Karen Love	Action Date: Ongoing
<p>What is the issue?</p> <p>Detailed analysis will be required to establish the impact on RSL, and homeowners. services to establish impact on individuals and RSL's.</p>	
<p>What action will be taken?</p> <p>Project lead will be identified to undertake the necessary analysis of those individuals who are likely to be impacted.</p>	
<p>Progress against action</p> <p>This work will commence in April 2023</p>	
<p>What is the issue?</p> <p>Work will be required with colleagues in the antipoverty service to ensure sufficient resource pending a possible increase in referrals for income maximisation.</p>	
<p>What action will be taken?</p> <p>Project lead will be identified to undertake the necessary analysis of those individuals who are likely to be impacted, this will also include engagement and consultation with colleagues in the anti-poverty service.</p>	
<p>Progress against action</p> <p>This work will commence in April 2023</p>	

6. Details of consultation and involvement

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

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

Full consultation was undertaken pre-2019 along with the range of benchmarking. This proposal will look to build on this initial consultation and will ensure that the policy is equitable and any learning from this consultation will be considered.

7. Data and Information

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

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

There will be a requirement to ensure current data from social work services is available to ascertain those impacted by this proposal.

8. Mitigating Actions

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

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

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

For those individuals who were assessed pre-2019 for serviceable equipment the policy will see the maintenance costs transfer to the homeowner. In recognition that for some individuals there may be reasons why they will not be able to meet any associated maintenance costs and the service will reserve a budget to support this.

All affected individuals will be signposted to the Anti-Poverty service to ensure that they are in full receipt of appropriate benefits and incomes are sufficiently maximized.

9. Monitoring and Review

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

Monitoring and Review of this proposal will be completed as part of the agreed governance structure of the Integration Joint Board. Progress of the proposal and the work of the associated project group will be monitored and guided through this governance route.

The project group will also be responsible for of the monitoring performance indicators which will include feedback from services users.

10. Recommendation and Reasoning

Implement proposal with no amendments

Reason for Recommendation

The proposal is designed to have minimal impact on individuals

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3a Redesign of adults & older people social work teams
Service Area (detail which service area and section this relates to)	Social Policy, IJB
Lead Officer (Name and job title)	Karen Love, Senior Manager Older People Services
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Head of Social Policy Senior Manager Older People Services Senior Manager Adult Services Group Manager Older People Services Group Manager Adult Services Group Manager Occupational Therapy Services HR Business Partner.
Date relevance assessed	8 th March 2023

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Karen Love
Designation	Senior Manager
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3a Redesign of Adults and Older People Social Work teams
Details of Others Involved	Head of Social Policy Senior Manager Older People Services Senior Manager Adult Services Group Manager Older People Services Group Manager Adult Services Group Manager Occupational Therapy Services HR Business Partner.
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>This proposal is looking to undertake a full redesign of both adults and older people statutory social work services to achieve efficiencies through more streamlined services for citizens.</p> <p>The Social Work (Scotland) Act 1968 places a duty on the council to assess any adult (person over 18 years of age) for potential needs and to determine whether these assessed needs call for the provision of services.</p> <p>The Social Work (Scotland) Act 1968 places a further duty on the council to make available advice, guidance and assistance. This will continue to be provided as part of the redesigned service to anyone who approaches social work services regardless of their eligibility status.</p> <p>West Lothian currently has a growing population of older people and this trend is projected to continue over the coming years. The council and Integration Joint Board (IJB) have made a commitment to supporting and maintaining individuals with complex needs to remain living within their own homes and communities for as long as possible.</p> <p>This proposal will see a review of all Adults and Older People's social work assessment teams is undertaken and completed. The proposed review will focus on the remit, core functions of the service, the teams and their management arrangements. The review will also consider whether there is the correct skill mix within these teams. The review will include consideration of models of social work practice including multi-disciplinary team approaches. The review will also consider any learning from the Covid-19 pandemic including the use of video conferencing platforms such as Near me when developing the operating model for the redesigned service.</p> <p>The outcome of this review will inform the re-development of the model of assessment and ongoing support. This redevelopment will look to reduce delays, provide a consistent approach to assessment ultimately creating efficiencies and delivering a more streamlined client focused service. The redesigned service will meet statutory requirements.</p> <p>In creating a more streamlined social work service with the correct mix of staff we would anticipate an estimated reduction in staffing of 13.9 FTE. The FTE reduction relates to the number of posts and not the number of employees.</p>

The project team delivering this proposal would work alongside Human Resources partners during the redesign process utilising the council's workforce management organisational change process and policy.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy

Age	<p>What effect/difference will the policy have on people?</p> <p>The proposal is looking to fully review and then redesign adult and older people social work teams. It is through this review that there will be full consideration of the impact on individuals including the workforce.</p> <p>Council's organisational change processes will be adhered to as part of the service redesign and restructure.</p> <p>The largest group of council staff are aged between 45-54 years followed by 35-44 years then 55-64 years. The smallest groups are 16-24 years and 65 years and over.</p> <p>There is not one specific age group who are expected to be impacted more than another. However, the proposals have the potential to see a shift to digital services and processes. Digital literacy can be a barrier for some age groups and internet usage and digital literacy has been shown to be lower among older populations in UK.</p> <p>The exact posts that will be impacted by the proposals are not yet known. Further equality assessments will be undertaken to identify and mitigate any impact that it may have on this group.</p> <p>How do you know that?</p> <p>Any redesign of social work teams will be undertaken in consultation with the staff utilising the support of HR partners and the council's workforce organisational change processes.</p> <p>Age has been cited through research as a key barrier to job opportunities in UK with the existence of ageism. Research suggests it is one of the most common forms of workplace discrimination. <u>Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</u></p> <p>Research suggests a decrease in internet usage and literacy in older groups.</p>
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Disability	<p>What effect/difference will the policy have on people?</p> <p>A full review of social work teams and the staff currently working within these teams will be undertaken. During this process there will be full consideration of any impact on staff or the individuals accessing the service.</p> <p>At this stage of the proposal it is felt that the greatest impact will be on the workforce working in the service. Council organisational change and workforce processes will be adhered to as part of the service redesign and restructure. All protected characteristics and the composition of the workforce will be reviewed to ensure where possible no-one is at a disadvantage. Consultation will be completed with all staff in the affected teams throughout the process.</p> <p>There may be staff with disabilities who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity or who experience worsening of health issues as a result of going through the change process. There may also be staff with disabilities who are absent during the process due to disability related health issues and face barriers to participating.</p> <p>Undertaking new ways of working and tasks may also present barriers for people with disabilities who require necessary adjustments, which may not be identified if all affected staff are not adequately consulted on the changes.</p> <p>A shift to more digital services and processes may present barriers in terms of accessibility for those less able to use digital resources due to disabilities/health impairments. However, research from the recent pandemic has shown that a shift to digital processes and working from home has been positive for many disabled people.</p> <p>The review of social work teams will maintain the statutory duty to undertake assessments of individuals.</p> <p>How do you know that?</p> <p>The proposal will look to progress a review and then redesign of adult's and older people social work team. The review will also identify key areas where there can be opportunities to streamline assessment processes. The review will include consideration of how support is provided for people with a disability. This will include how we foster better links with other community teams across the Health and Social Care Partnership to ensure more cohesive multi-disciplinary approaches and joined up outcomes for individuals</p> <p>Disabled people remain under-represented in the jobs market and only half of the 7.7 million people of working age with a disability or long-term health condition in the UK are in work. Guide for line managers: Recruiting, managing and developing people with a disability or health condition - GOV.UK (www.gov.uk)</p> <p>The Disability Employment Gap needs closing - on several fronts CIPD voice article</p> <p>Digital exclusion and online accessibility (webusability.co.uk)</p>
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Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations to.</p> <p>How do you know that?</p> <p>Research shows negative experiences of trans and non-binary people, including transphobia while seeking employment, a greater likelihood of experiencing workplace conflict or harassment and a lack of education over how to support trans and non-binary people or recognise transphobic behaviours in others.</p> <p><u>The lived experience of trans people in the workplace (culture-shift.co.uk)</u> <u>Inclusion at work: perspectives on LGBT+ working lives CIPD</u></p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>None Identified</p> <p>How do you know that?</p> <p>All individuals who request or require a social work assessment/service will continue to have access or receive this service based on their individual assessed needs.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>Employees from this protected characteristic will have the opportunity to engage with all consultation process as per the council's workforce management policy, this will include the opportunity to meet with their manager, accessing face to face support.</p> <p>There would be barriers if the organisational change process was not fully inclusive of pregnant employees or those on maternity leave. Failure to consult a woman on maternity leave about potential displacement and redundancy is likely to be unlawful discrimination. Women on maternity leave or on shared parental leave should be offered suitable alternative work if it exists, as priority over other employees.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>Research available evidences both the negative experiences and perceptions of pregnant women and women on maternity leave or returning from maternity to the workplace. Pregnancy and maternity-related discrimination and disadvantage: summary of findings (publishing.service.gov.uk)</p> <p>Pregnancy and maternity-related discrimination and disadvantage: final reports - GOV.UK (www.gov.uk)</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>

	<p>How do you know that? Research highlights negative experiences of BAME women as they engage with the Scottish labour market : Policymakers (closethegap.org.uk)</p> <p>Research sets out barriers to BAME employee career progression Addressing the barriers to BAME employee career progression to the top (cipd.co.uk)</p>
Religion or Belief	<p>What effect/difference will the policy have on people? There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that? Research shows disparities between religious and non-religious groups in terms of populations, pay, employment, education, mental health and experiences of crime is-britain-fairer-findings-factsheet-religion.pdf (equalityhumanrights.com)</p>
Sex	<p>What effect/difference will the policy have on people? There would be a risk of barriers due to sex if changes were made that required work to be carried out only in a prescriptive way such as on full time basis or office based with no flexibility.</p> <p>How do you know that? Women make up 78% of the part-time workforce in Scotland and are more likely to be in informal, temporary and part time work that is most at risk in times of recession and economic uncertainty Engender Gender Matters Employment and labour market.</p> <p>A recent survey by cipphr found gender was the second most common reason for discrimination reported: Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</p> <p>Evidence of on-going gender pay gaps is available; Chapter 2 Employment - Gender pay gap action plan: annual report - gov.scot (www.gov.scot)</p> <p>A range of research demonstrates the higher prevalence of sexual harassment and sex discrimination within communities and workplaces DAWR (engender.org.uk) as well as the increased disadvantages faced by women with other protected characteristics such as disability or race.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people? Should the organisational change process not fully consider those from this protected characteristic in making decision regarding the workforce, employees from this protected characteristic could be adversely impacted.</p> <p>How do you know that? LGBT in Britain - Work (stonewall.org.uk)</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

It is proposed that there is a full review of the roles and functions of community social work teams including community occupational therapy. This review will look to create more streamlined services with the aim of maximising any opportunities to improve service delivery and individual waiting times for assessment.

Any individual who requires a social work assessment will continue to be able to access this service after the review is complete as this will continue to be a core element of any future service delivered. Statutory responsibilities will continue to be met.

Currently across all social work teams there are different waiting times in relation to assessments for social work support. The redesign of the service will allow a targeted approach to this key activity allowing opportunities to address waiting times and minimise delays for individuals across the service.

It is anticipated that through the proposed review and service redesign that there will be an estimated staffing reduction of 13.9 FTE. The FTE reduction relates to the number of posts and not the number of employees.

The review will also consider the skills mix within teams to ensure there is the correct mix of skilled and qualified staff to enable delivery of services for all individuals referred into the service and that the service continues to meet all required statutory duties.

How do you know that?

This proposal focuses on the review and redesign of social work practice team to create efficiencies by delivering a streamlined service that meets the needs of individual's referred to the service, whilst continuing to meet statutory requirements.

5. Action Plan

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

Actioner Name: Karen Love

Action Date: Ongoing

What is the issue?

A full review of all community care social work teams to be undertaken. This will inform the future development of social work teams ensuring that they continue to meet all statutory functions and the needs of all individuals accessing the service.

What action will be taken?

A project lead will be identified to manage and take forward the necessary analysis of those individuals who are likely to be impacted.

Progress against action

This work has yet to commence.

6. Details of consultation and involvement

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

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

This proposal will require a full consultation process to be undertaken which will include consultation with;

- Members of the public who use or have used our services.
- Key Stakeholders from across the partnership
- Trade Unions

Work to develop and complete the consultation will be managed by the project lead who will be identified if the proposal is approved, with oversight and direction from the relevant project board.

7. Data and Information

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

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

Detailed research will be required to ensure the most up to date data is available from social work systems. This will allow the project team to consider fully the volume and nature of work undertaken across the social work teams being reviewed.

Another key aspect will be ensuring that there is a sufficiently skilled workforce with the correct skills mix required to deliver the service required of the redesigned teams and continues to meet the needs of the individuals accessing the service.

This initial analysis and review of data will assist in highlighting any gaps and where further work will be required to develop the action plan for delivery and implementation of the redesigned service.

The council's Managing Organisational Change policy and procedure ensures effective consultation is completed using an objective and robust process for all related decisions with safeguarding built in to minimise the impact of change. Key areas are redeployment, priority interviews and pension protection.

8. Mitigating Actions

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

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

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

It is anticipated that this proposal will see an estimated staff reduction of 13.9 FTE within a redesigned service. The FTE reduction relates to the number of posts and not necessarily the number of employees.

The review will look to identify any duplication of work across the wider Health and Social Care Partnership as well as ensuring there is a sufficiently skilled workforce with the correct skills mix required to deliver the new team's structure being proposed

The change process will be managed through the council's Managing Organisational Change policy and procedure, which has been subject to its own EIA and requires objective criteria for selection of posts and people for displacement.

The council's job evaluation scheme will be used for objective grading of any new or changed posts.

One to one consultation meetings will be utilised to understand which staff members affected by the changes have a protected characteristic, how the change process might impact them, how their work might be impacted and any support and reasonable adjustments they may require during the consultation and change process.

We will ensure there is full engagement with any staff members on leave at the time of the consultation and change process (maternity, shared parental, long term sickness absence for example,) to ensure they are fully informed, consulted with and considered equally for roles, with those on maternity leave having additional protected rights in law.

Face to face opportunities for meetings and support for staff on leave will be ensured with in person and online channels as appropriate.

All affected staff should be considered equally for opportunities / redundancy whatever their contract type or employment status – full time, part time, term time, etc.

Anyone involved in selection for new posts in the new model will be suitably trained to ensure objective decision making and removal of bias.

The employee assistance programme will be promoted and visible for all staff and managers.

Consideration will continue to be given to flexible ways of working allowing for part time and full-time

opportunities.

All affected employees will be directed to the Four Pillars of Well being framework in order to access any resources specific to their own needs such as mental health resources or financial support relating to access to benefits or pensions.

Any person pursuing redeployment will be assigned a named contact in the service for support and to ensure they are given information of all new opportunities within the council

It is expected that the non-filling of vacancies will meet some of the expected FTE reductions, for others business cases for Early Retirement Voluntary Severance will be considered using the criteria set out in the Discretionary Policy for ERVS.

Continued workforce monitoring/profiling will be necessary to identify any trends or groups more at risk of discrimination or negative impacts throughout the change process.

9. Monitoring and Review

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

Monitoring and Review of this proposal will be completed as part of the agreed governance structure of the Integration Joint Board. Progress of the proposal and the work of the associated project group will be monitored and guided through this governance route.

The project group will also be responsible for the monitoring of performance indicators which will include feedback from services users.

10. Recommendation and Reasoning

Implement proposal with no amendments

Reason for Recommendation

The proposal is designed to have minimal impact on individuals using the service.

Signed by Lead Officer	Karen Love
Designation	Senior Manager
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3c Redesign of internal support at home service
Service Area (detail which service area and section this relates to)	Social Policy, IJB
Lead Officer (Name and job title)	Robin Allen, Senior Manager Older People Services
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Head of Social Policy Senior Manager Group Manager for Home Support Services Financial Management Unit
Date relevance assessed	8 th March 2023

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3c Redesign of Internal support at home service
Details of Others Involved	Head of Social Policy Senior Manager Group Manager for Home Support Services Financial Management Unit
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>This measure relates to the redesign the support at home service which incorporates three services, Home Safety Service, Crisis Care Service and the Reablement Service. Redesign activity will focus on reablement element of the service. This reflects that all indications are that future funding increases for the IJB will not be sufficient to meet the additional costs associated with continuing to deliver all existing models of care as they are currently, particularly taking account of increasing demands.</p> <p>Reablement service is intended to provide a short-term assessment service, ordinarily for no longer than four weeks, to assess and establish individuals care needs. This support is provided upon discharge from hospital. After the assessment is completed and providing the person meets the required eligibility criteria for paid services, the Reablement team will discuss options regarding future provision of commissioned care.</p> <p>The service has evolved recently and is now providing longer term care at home provision which is a contrast to its original intention. Throughout the pandemic and as a result of capacity related issues within the external care at home market the number of care hours awaiting transfer from the Reablement service to commissioned care has increased.</p> <p>Delivery of care at home by local authority services is not a statutory requirement. Local data reflects that 93% of non-specialist care at home hours are provided by the independent sector.</p> <p>Redesign activity will focus on the transfer of the additional care currently held by Reablement to the independent sector. The internal service would retain sufficient direct care hours to meet current reablement demand for hospital discharges.</p> <p>Redesign activity would not impact upon current duty to assess any adult (person over 18 years of age) in need community care services nor existing eligibility criteria threshold for paid care being provided in West Lothian is set at substantial risk.</p> <p>Redesign activity will be aligned to relevant Homefirst workstreams to ensure whole system activities are considered.</p>

This proposal has an associated budget saving equivalent of 37.80FTE. There are currently 22.30 FTE vacant posts within reablement that will be utilised to support this reduction.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy

Age

What effect/difference will the policy have on people?

The social care assessment is based on an individual's assessed need which is then used to inform the decision around care requirements and does not discriminate between needs on the basis of any protected characteristic.

During the last 12 months the reablement service has supported 380 people

18 (31.05%) were under 65 years

360 (68.95%) were 65 years or over

There were 2 service users where this data was not recorded.

The service will continue to be provided for individuals who meet the required eligibility criteria, however the ongoing support (after the initial 4-week period) will be delivered by the independent sector.

Potential impacts relate to the stability and capacity of independent providers to deliver the required level of care and associated link to increase in unmet need.

How do you know that?

West Lothian demographic analysis notes that life expectancy has increased across both genders, showing that babies born in West Lothian during 2014/16 can expect to live 78.3 years for males and 80.8 years for females.

In addition, 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 year age groups increasing by 34.8% and persons aged 75 years 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.

Any redesign of services will be undertaken in consultation with staff, utilising advice of Human Resources service, relevant partners. The council's workforce organisational change processes will be adhered to.

Age has been cited through research as a key barrier to job opportunities in UK with the existence of ageism. Research suggests it is one of the most common forms of workplace discrimination. [Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph](#)

Research suggests a decrease in internet usage and literacy in older groups

Disability	<p>What effect/difference will the policy have on people?</p> <p>The aim of the proposal is to ensure individual assessed need is met by appropriately trained staff.</p> <p>There may be staff with disabilities who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity or who experience worsening of health issues as a result of going through the change process. There may also be staff with disabilities who are absent during the process due to disability related health issues and face barriers to participating</p> <p>How do you know that?</p> <p>Almost one in four (23.3%) people living in West Lothian report having a limiting long-term physical or mental health condition</p> <p>Disabled people remain under-represented in the jobs market and only half of the 7.7 million people of working age with a disability or long-term health condition in the UK are in work. Guide for line managers: Recruiting, managing and developing people with a disability or health condition - GOV.UK (www.gov.uk)</p> <p>The Disability Employment Gap needs closing - on several fronts CIPD voice article</p> <p>Digital exclusion and online accessibility (webusability.co.uk)</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that transfer of care to the independent sector will have any impact on gender identity/ transgender protected characteristics.</p> <p>The service is open to all genders. There could be cultural restrictions or preferences whereby a specific care worker is requested by gender. This issue will be considered when care is matched with proposed provider.</p> <p>There may be barriers if change processes do not ensure decisions, are not based on objective criteria or if decisions are perceived to be influenced by a protected characteristic including gender reassignment, trans/transgender identify.</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>

	<p>How do you know that?</p> <p>During the last 12 months the reablement service supported 380 people</p> <p>234 (61.5%) were female 136 (38.5%) were male</p> <p>The service is not based on any protected characteristic but on the assessed needs of the individual.</p> <p>Research shows negative experiences of trans and non-binary people, including transphobia while seeking employment, a greater likelihood of experiencing workplace conflict or harassment and a lack of education over how to support trans and non-binary people or recognise transphobic behaviours in others.</p> <p><u>The lived experience of trans people in the workplace (culture-shift.co.uk)</u> <u>Inclusion at work: perspectives on LGBT+ working lives CIPD</u></p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>None identified</p>
	<p>How do you know that?</p> <p>Service is currently delivered to people within this protected characteristic which will not be affected by a transfer of care arrangements.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>Should there be any pregnant employees or employees on maternity leave during the proposed change, they may be unable to participate in the change process in the same way as their colleagues. That may present a barrier to accessing the face to face support, meetings and consultation information in the way others can.</p> <p>This could apply to those at risk of displacement, those seeking opportunities and colleagues who are asked to input to consultation about the change.</p> <p>There may be barriers if processes do not ensure that decisions made as part of the organisational change process, are not based on objective criteria or if they are perceived to be influenced by a protected characteristic including pregnancy or sex.</p> <p>There would be barriers if the organisational change process was not fully inclusive of pregnant employees or those on maternity leave. Failure to consult a woman on maternity leave about potential displacement and redundancy is likely to be unlawful discrimination. Women on maternity leave or on shared parental leave should be offered suitable alternative work if it exists, as priority over other employees.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>
	<p>How do you know that?</p> <p>Key target area for delivery will be for older adults – currently 45% of provision is within the 75 to 84 year age range with further 20% of provision in 85+year age range.</p>

Race	<p>What effect/difference will the policy have on people?</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>2011 Census notes largest ethnic group in West Lothian is Scottish. 87.8% of people identify as white Scottish, 5.8% identity as white other British.</p> <p>Communication needs will be considered when promoting any potential changes or re-design in communities where English may not be a first language. Whilst there will have been demographic changes over this period, 2011 Census information note 98.4% of people in West Lothian speak English well or very well.</p> <p>Research highlights negative experiences of BAME women as they engage with the Scottish labour market : Policymakers (closesthegap.org.uk)</p> <p>Research sets out barriers to BAME employee career progression Addressing the barriers to BAME employee career progression to the top (cipd.co.uk)</p>
Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>There is potential for an individual's specific religious or cultural restrictions to result in the request for a specific care worker, this would be considered when individual care need is being assessed and matched to the most appropriate commissioned service.</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>Majority of West Lothian residents identify as having no religion at 40.2% with the majority of the remainder identifying themselves with the Church of Scotland.</p> <p>Research shows disparities between religious and non-religious groups in terms of populations, pay, employment, education, mental health and experiences of crime is-britain-fairer-findings-factsheet-religion.pdf (equalityhumanrights.com)</p> <p>Age Scotland detail - It is against your human rights to be discriminated against in any way because of your age, gender, gender reassignment, race, religion, disability or sexual orientation. This means that you should be able to live the way you want to live without fear of being treated differently to others. This is true wherever you live.</p>

Sex	<p>What effect/difference will the policy have on people?</p> <p>None Identified</p> <p>There is potential for a specific care worker to be requested by gender and this issue will be considered when individual care need is being matched to the commissioned service.</p> <p>Female employees will be disproportionately affected by this proposal – 95% of support at home staff are female.</p> <p>How do you know that?</p> <p>Current and historical care requests for gender specific workers.</p> <p>Women make up 78% of the part-time workforce in Scotland and are more likely to be in informal, temporary and part time work that is most at risk in times of recession and economic uncertainty Engender Gender Matters Employment and labour market.</p> <p>A recent survey by cipphr found gender was the second most common reason for discrimination reported: Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</p> <p>Evidence of on-going gender pay gaps is available; Chapter 2 Employment - Gender pay gap action plan: annual report - gov.scot (www.gov.scot)</p> <p>A range of research demonstrates the higher prevalence of sexual harassment and sex discrimination within communities and workplaces DAWR (engender.org.uk) as well as the increased disadvantages faced by women with other protected characteristics such as disability or race.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>The service is available to all Adults regardless of sexual preferences.</p> <p>There may be barriers if processes do not ensure that decisions made as part of the organisational change process, are not based on objective criteria or if they are perceived to be influenced by a protected characteristic including sexual orientation, or a perceived sexual orientation.</p> <p>How do you know that?</p> <p>Service is currently delivered to people within this protected characteristic which will not be affected by a transfer of care arrangements</p> <p>LGBT in Britain - Work (stonewall.org.uk)</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

Challenges within the independent care sector are well publicised, with providers facing significant challenges with the recruitment and retention of staff, which has impacted on their ability to deliver packages of care. The Reablement service continues to face similar issues and challenges with recruitment and the retention of staff.

Insufficient supply to meet service demands – care at home supply is currently subject of high-risk monitoring within both the Integration Joint Board and Social Policy. Insufficient supply of care at home to meet service demands arises from a lack of availability of carers.

This is both a national and local issue. The challenges relate to recruitment and retention of care at home staff impacting on capacity to deliver care for existing and new service users and may also lead to an overreliance on and an adverse impact on unpaid carers.

Currently this risk is highest in respect of older people's service. These capacity issues impact on people in the community needing care at home provision and also on capacity to discharge people from hospital where a care at home service is required. The risk is closely monitored by the Care at Home Oversight Group.

Provision of care at home is challenged when individuals have no fixed abode. This exists within current arrangements and will continue to be addressed in future contracting framework.

Challenges exist in matching care within specific geographical areas, often exacerbated by rural locations. Future contracting arrangements will consider this risk and consider options to address.

Redesign activity has the potential to impact on staffing levels and proposal reflects an equivalent 37.08FTE staffing reduction over the 3 years from 2023/24 to 2025/26. Vacancies and turnover within service could be used to support any reducing staffing requirements.

West Lothian Council workforce management policy and procedures will be implemented as required with any and all affected staff.

How do you know that?

West Lothian Health and Social Care Partnership have equality provision within its commissioned care at home contract, including

- The Provider will, in relation to Staff employed in the performance of the Contract, comply with the provisions of the Equality Act 2010, and any guidance and Code of Practice, statutory or otherwise, issued by the UK or Scottish Governments or the Equality and Human Rights Commission,

<p>including but not limited to, those provisions recommending the adoption, implementation and monitoring of an equal opportunities policy.</p> <ul style="list-style-type: none"> • The Provider hereby confirms that to the best of its knowledge and belief it has complied with the Equality Act 2010 (the “Act”) and hereby agrees to continue to comply with the Act in a manner which is proportionate and relevant to the nature of the Contract. • The Provider agrees to provide the Service in a non-discriminatory manner and shall promote equality and work towards the Service reflecting best practice as identified in the codes of practice issued by the Equality and Human Rights Commission. 	
5. Action Plan What action/s will be taken, by whom and what is the timescale for completion?	
Actioner Name: Robin Allen	Action Date: to be progressed
What is the issue? Impact redesign activity will have on capacity of independent care provision.	
What action will be taken? Redesign activity will assess impact on external provision and consider mitigating actions. Development of a care at home framework to meet current and developing care need. Engagement with providers to inform planning options, develop best practice and challenges within current delivery. Local and national benchmarking to inform learning and development of local framework, identify potential challenges and mitigating actions. Further development and evaluation of test of change in relation to contracting and procurement activity. Investment in assessment & review activity to ensure multidisciplinary focus on functional assessments/TEC to ensure in person care is directed where required. Ensuring we make use of available resource in most appropriate manner. Alignment of community teams to St Johns wards to promote predicted discharge and reduce hospital delays associated with care at home. Planning with independent sector to maximise opportunities to increase capacity via use of technology, recruitment and training opportunities. Project team developed to ensure whole system impact is understood and imbedding of Homefirst e.g. hospital discharge, Technology Enabled Care and avoidance of increased unmet need in the community	
Progress against action A revised care at home framework is being developed for implementation in October 2023. Targeted tests of change are being considered to explore future procurement of commissioned care in areas that have been historically challenging to deliver, due to assessed need or geographical location.	

6. Details of consultation and involvement

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

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

The West Lothian Integration Joint Board (IJB) has responsibility for planning most health and social care services for adults in West Lothian.

The IJB is developing a new Strategic Plan which will be in place from 2023- 2026 and will set out the future vision for health and social care in West Lothian.

To develop the new plan the IJB commissioned an independent consultant to undertake a strategic needs assessment to ensure we have a good understanding of the needs of our population. We have looked at data and consulted a range of stakeholders to identify what is currently working well, what we still need to do and where any gaps exist.

As part of the strategic needs assessment we have engaged key stakeholders such as:

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Commissioned providers of health and social care
- Members of the IJB's Strategic Planning Group
- Other community representatives

The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a greater proportion of the population over time. The numbers of people in West Lothian aged 65 to 74 years is expected to increase by 19% by 2028 with those aged over 75 years increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 years population and 25.4% increase in those aged over 75 years during the same time period.

7. Data and Information

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

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

There are a range of planning activities being progressed via the Home First programme that monitor and develop planning. There is a range of information available on a local level regarding unmet need and hospital discharge rates that will be used to inform planning.

8. Mitigating Actions

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

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

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

Insufficient supply to meet service demand within care at home is a high risk for the Council and IJB. This is a national and local issue. The challenges relate to recruitment and retention of care at home staff. This impacts on capacity to deliver care for existing and new service users. It is acknowledged that this can also lead to an overreliance on unpaid carers.

Currently this risk is highest in respect of older people's service. These capacity issues impact on people in the community needing care at home provision and also on capacity to discharge people from hospital where a care at home service is required. The risk is closely monitored by the Care at Home Oversight Group.

There are a range of mitigating actions in place to manage current risk that will be further developed as the project develops. This includes

- Weekly care at home oversight group comprising senior staff with analysis of unmet need and additional data to monitor trends, rising demand.
- Update on the position of each care at home provider in relation to staffing levels and capacity to deliver.
- Close working with care at home commissioned providers to explore measures to improve the situation and regular provider forums in place;
- Close links between Hospital integrated discharge hub, review team and commissioning team to ensure available resources are effectively managed and make best use of resources.
- Clear communication and escalation process in place between Council and commission service providers.
- Implementation of assessment and review team to ensure care is targeted in proportionate manner supported by technology care where possible - with robust monitoring of unmet need.
- Implementation of pilot volunteering project to support individuals awaiting a package of care
- Benchmarking and connections with other local authorities, Scottish Care and Social Work Scotland to identify effective care at home capacity building elsewhere and apply learning where appropriate
- Review current care at home framework arrangements to inform the future approach to the commissioning of care at home services;
- Development of block contract "test of change" to support delivery of care at home POCs that have been challenging to source

- Arrangements in place to ensure regular contact with unpaid carers pending implementation of care packages.

9. Monitoring and Review

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

Robust performance and oversight arrangements have been established for care at home provision, including both internal and commissioned services. These report to relevant commissioning board and Integrated Joint Board.

10. Recommendation and Reasoning

Reason for Recommendation – Reablement service is intended to provide a short-term assessment service, ordinarily for no longer than four weeks, to assess and establish individuals care needs. The service has evolved recently and is now providing longer term care at home provision which is a contrast to its original intention

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Service
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	SJ4a - Review of existing contracts for commissioned care within adults and Older People services		
Service Area (detail which service area and section this relates to)	Social Policy, IJB		
Lead Officer (Name and job title)	Robin Allen, Senior Manager		
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Head of Social Policy Senior Manager, Older People Services Group Manager Business Support Financial Management Unit		
Date relevance assessed	8 th March 2023		
2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	x	NO	
3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:			
<ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>			
Age – older people, young people and children	x		
Disability – people with disabilities/long standing conditions	x		
Gender reassignment – trans/transgender identity – anybody who's gender identity or gender expression is different to the sex assigned to them at birth			
Marriage or civil partnership – people who are married or in a civil partnership			
Pregnancy and maternity – woman who are pregnant and/or on maternity leave			
Race – people from black, Asian and minority ethnic communities and different racial backgrounds			
Religion or belief – people with different religions and beliefs including those with no beliefs			
Sex – Gender Identify – women and men (boys and girls) and those who self-identify their gender			
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight			

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ4a Review of existing contracts for commissioned care within adults and older people services
Details of Others Involved	Senior Managers, Group Managers
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The proposal relates to a review of all contracts and commissioning for discretionary activities to assess value for money and compatibility against the IJB Strategic Plan. There are currently contracts totalling £606,000 within the scope of this review with an estimated 10% reduction being proposed.</p> <p>Services will continue to be commissioned to meet assessed need and following the review, commissioned services will promote strength based and person-centred service delivery.</p> <p>The review will ensure we are delivering necessary services with clearly defined outcomes linked to commissioned services. This will provide a greater level of understanding, scrutiny and ensure third sector providers have clear outcomes to meet that can be assessed and monitored during the lifetime of the contracts.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people?</p> <p>Analysis will be required to ensure any changes to commissioned contracts does not result in unmanageable pressures across relevant service areas.</p> <p>How do you know that?</p> <p>The review will ensure contracted services are aligned to the IJB Strategic Plan.</p>
Disability	<p>What effect/difference will the policy have on people?</p> <p>Analysis will be required to ensure any changes to commissioned contracts does not result in unmanageable pressures across relevant service areas</p> <p>How do you know that?</p> <p>The review will ensure contracted services are aligned to the IJB Strategic Plan.</p>
Gender Reassignment –	<p>What effect/difference will the policy have on people?</p> <p>None identified at this time.</p>

Trans/Transgender Identity	<p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>None identified at this time.</p> <p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>None identified at this time.</p> <p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>None identified at this time.</p> <p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>None identified at this time.</p> <p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Sex – Gender Identity	<p>What effect/difference will the policy have on people?</p> <p>None identified at this time</p> <p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>None identified at this time.</p>

	<p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
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<p>4. Please outline any needs and/or barriers which may affect vulnerable groups falling into poverty and disadvantage in relation to this policy.</p> <p>Vulnerable groups may include the following:</p> <ul style="list-style-type: none"> • Unemployed • Single parents and vulnerable families • People on benefits • Those involved in the criminal justice system • People in the most deprived communities (bottom 20 SIMD areas) • People who live in rural areas • Pensioners • Looked After Children • Carers including young carers • People misusing services • Others e.g. veterans, students • Single adult households • People who have experienced the asylum system • Those leaving the care setting including children and young people and those with illness • Homeless people • People with low literacy/ numeracy • People with lower educational qualifications • People in low paid work • People with one or more protected characteristics 	
<p>What effect/difference will the policy have on people?</p> <p>The purpose of the proposed review of all existing contracts for commissioned services with adults and older people services is to ensure that the necessary services available meet the needs for the people in West Lothian. The reprioritisation of contracts in scope is not anticipated to negatively impact upon individual need.</p> <p>It should be noted however that as part of this proposal, some third sector partners who have their funding reduced may decide to reduce the amount of services they offer. This could impact on some customers who use the services of these partners.</p> <p>There will be early engagement with any affected providers to ensure any potential impact upon service delivery is identified and support provided to mitigate impact. Until the review is completed it is not possible to identify who could be potentially impacted by changes in funding.</p>	
<p>How do you know that?</p> <p>The review will ensure that commissioned services are aligned to the IJB Strategic Plan and are fully utilised, with any potential underutilisation identified and discussed with providers. The review will ensure that future commissioning of services is aligned to the IJB's strategic priorities.</p>	
<p>5. Action Plan</p> <p>What action/s will be taken, by whom and what is the timescale for completion?</p>	
<p>Actioner Name: Robin Allen, Senior Manager Older People's Services, Karen Love, Senior Manager, Adult Services and Sharon Houston, Head of Strategic Planning and Performance (HSCP) Interim)</p>	<p>Action Date: Beginning April 2023</p>
<p>What is the issue?</p> <p>There will be a review of all existing contracts for commissioned services within adults and older people services.</p>	

What action will be taken?

- A review will be undertaken of all third-party grants to ensure the provision is meeting the needs of adults and older people in West Lothian.
- The service provision required from commissioned services will be reviewed in line with the priorities of the IJB Strategic Plan.
- An assessment of the impact any changes made to the identified grants will be undertaken to ensure there will not be a negative impact on other parts of the system.
- The outcomes and expectations required from future contracts to be determined and documented.
- Communication will be held with commissioned services at the appropriate time.
- Communication will be developed and delivered to West Lothian Council staff detailing any changes or impact the proposal will have on commissioning process or practice.

Progress against action

Ongoing

6. Details of consultation and involvement

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

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

The West Lothian Integration Joint Board (IJB) has responsibility for planning most health and social care services for adults in West Lothian.

The IJB is developing a new Strategic Plan which will be in place from 2023- 2026 and will set out the future vision for health and social care in West Lothian.

To develop the new plan the IJB commissioned an independent consultant to undertake a strategic needs assessment to ensure a good understanding of the needs of the population. The IJB have looked at data and consulted a range of stakeholders to identify what is currently working well, what we still need to do and where any gaps exist.

As part of the strategic needs assessment there has been engagement with key stakeholders such as:

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Commissioned providers of health and social care
- Members of the IJB's Strategic Planning Group
- Other community representatives

The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a greater proportion of the population over time.

The numbers of people in West Lothian aged 65 to 74 years is expected to increase by 19% by 2028 with those aged over 75 years increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 year population and 25.4% increase in those aged over 75 years during the same time period.

7. Data and Information

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

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

The following research and evidence was used to inform the project:

- The Independent Review of Adult Social Care
- The National Care Service Proposal.
- Self-Directed Support Framework.
- The Coming Home Report and Coming Home Implementation Framework.
- West Lothian Unpaid Carers Survey 2022.

8. Mitigating Actions

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

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

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

The review will ensure that commissioned services are aligned to the IJB Strategic Plan and are fully utilised, with any potential underutilisation identified and discussed with providers. The review will ensure that future commissioning of services is aligned to the IJB's strategic priorities.

9. Monitoring and Review

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

Following the implementation of the proposal contract monitoring will be undertaken to ensure that best value is being achieved across all commissioned services.

10. Recommendation and Reasoning

It is recommended that the proposal is implemented to ensure that commissioned services are delivering best value and meeting the needs of adults and older people in West Lothian.

Reason for Recommendation

By implementing the proposal, the council will achieve anticipated savings of £60k towards delivering a balanced budget through the review of existing commissioned services.

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	SJ6a Housing benefit for those who live in Specified accommodation		
Service Area	Social Policy IJB		
Lead Officer	Karen Love Senior Manager Adult Services		
Other Officers/Partners Involved	Pamela Roccio HR Advisor		
Date relevance assessed	8 th March 2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ6a Housing Benefit for those who live in specified accommodation
Details of Others Involved	Head of Social Policy Senior Manager Adult Services Group Manager Adult Services Revenues
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The proposal is based on service users who are resident in supported accommodation/homes of multiple occupancy being supported to claim for supported housing benefit.</p> <p>Supported housing benefit allows additional monies to be claimed when the tenant is receiving support to maintain their tenancy. This excludes properties' where the council is landlord.</p> <p>By supporting residents to claim supported housing benefit the costs of care paid by the council will be reduced.</p> <p>Benchmarking with other Partnerships has clarified this proposed approach is in place in other areas and has been effective in reducing costs without negative impact on users of services.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? The proposal will have a limited impact on individuals as individuals will continue to receive their own care and support needs met.
Disability	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? The proposal will have a limited impact on individuals as individuals will continue to receive their own care and support needs met.
Gender Reassignment –	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.

Trans/Transgender Identity	How do you know that? No evidence was found through initial consultations.
Marriage or Civil Partnership	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? No evidence was found through initial consultations.
Pregnancy and Maternity	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? The proposal relates to everyone equally.
Race	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? No evidence or research to suggest otherwise.
Religion or Belief	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? No evidence or research to suggest otherwise
Sex	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? No evidence or research to suggest otherwise
Sexual Orientation	What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.
	How do you know that? No evidence or research to suggest

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

There will be limited impact on people. This proposal is based on those individuals who are currently assessed as requiring supported accommodation. The proposal relies on individuals or their guardians agreeing to reapply for housing benefit should they qualify.

There will be an initial impact on staff as individuals that qualify will need to apply for the housing benefit. Staff to complete this task will be identified.	
How do you know that? There is provision that individuals can have elements of their care and support needs funded through their housing benefit claim.	
5. Action Plan What action/s will be taken, by whom and what is the timescale for completion?	
Actioner Name: Karen Love	Action Date: Ongoing
What is the issue? That individuals will not be supported to undertake the necessary action in relation to reapplying for housing benefit.	
What action will be taken? A small team will be established to meet and consult with independent providers and service users. This team will meet to review individual's assessed needs as well as undertaking the necessary action to support individuals to reapply for housing benefit.	
Progress against action This work will commence in April 2023.	

6. Details of consultation and involvement Who will be or has been involved in the consultation process? a) State which service users and groups are involved in this process and describe their involvement. b) Describe any planned involvement saying when this will take place and who is responsible for managing the involvement process. c) Describe the results of the involvement and how you have taken this into account.
A small team will be established to meet and consult with independent providers and service users. This team will meet to review individual's assessed needs as well as undertaking the necessary action to support individuals to reapply for housing benefit. This small team will also foster close links with council revenues and the anti-poverty services to ensure that no individual is adversely affected and incomes are maximised where appropriate.

7. Data and Information What equality data, poverty data, research, information or other evidence has been used to inform this assessment? a) What information or other evidence has been used in the development of the policy? b) What does research, consultation and other data or information tell you about the impact of the policy? (describe the information and conclusions, and state where the information can be found) <ul style="list-style-type: none"> xi. Quantitative (numbers, percentages, statistical analysis) xii. Qualitative (written/spoken words, opinions, surveys) c) Describe any gaps in the available information, and record within section five (Action Plan), action you are taking in relation to this (e.g. new research, further analysis) and when this is planned. d) Give details of any existing local or national evidence which has been used to inform the development of your policy.
The identified team will work with individuals to review their current care and support hours.

8. Mitigating Actions

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

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

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

This proposal will not impact on how individuals access and receive services. Individuals will be encouraged and supported to reapply for their housing benefit entitlement. Working closely with the anti-poverty service will ensure that individuals' income is maximized ensuring no individuals are not financially worse off.

9. Monitoring and Review

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

Monitoring and Review of this proposal will be completed as part of the agreed governance structure of the Integration Joint Board. Progress of the proposal and the work of the associated project group will be monitored and guided through this governance route.

The project group will also be responsible for the monitoring of performance indicators which will include feedback from services users.

10. Recommendation and Reasoning	
Implement proposal with no amendments	
Reason for Recommendation	
The proposal is designed to have minimal impact on individuals using the service.	
Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	8/03/23
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8/03/23



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1a Prescribing Savings		
Service Area	Primary Care Prescribing		
Lead Officer	Neil Fergusson, General Manager		
Other Officers/Partners Involved	Carol Holmes, Lead Pharmacist		
Date relevance assessed	08/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>This savings measure focuses on improving the quality of pharmaceutical care and ensuring cost effective use of medicines in primary care. The savings will be achieved through a variety of projects that are overseen by the NHS Lothian Prescribing Forum with input from Pharmacy, General Practice, Finance and Management. All projects follow clinical guidance and aim to improve the quality of prescribing as well as cost effectiveness. Any changes made to treatment are done in partnership with the patient and are followed up after the change. There is no adverse impact on the population as a result of the prescribing savings plan. All changes require patient consent and can be reversed if required. A significant amount of the overall expected savings relates to nationally negotiated rebates which are commercially confidential and overseen by NHS National Services Scotland.</p>

Signed by Lead Officer	Neil Ferguson
Designation	General Manager
Date	09/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	09/03/2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1d Community Nursing Review		
Service Area	Primary Care		
Lead Officer	Neil Fergusson, General Manager		
Other Officers/Partners Involved			
Date relevance assessed	09/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>This savings measure is focused on reducing reliance on supplementary nursing staff (bank and agency) within the community. Staffing levels will not be affected as the plan is focused on reducing reliance on supplementary staffing through reducing sickness absence levels, improving controls around escalation to agency and introducing new roles where we cannot recruit to existing posts. There is no adverse impact on the population as this scheme centres on reducing reliance on high cost supplementary staffing whilst maintaining existing staffing levels.</p>

Signed by Lead Officer	Neil Ferguson
Designation	General Manager
Date	09/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	09/03/2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1e Mental Health Nursing Review		
Service Area	Mental Health		
Lead Officer	Mike Reid, General Manager		
Other Officers/Partners Involved			
Date relevance assessed	09/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
This savings measure is focused on reducing reliance on supplementary nursing staff (bank and agency) within mental health wards. Staffing levels will not be affected as the plan is focused on reducing reliance on supplementary staffing through reducing sickness absence levels, improving controls around escalation to agency and introducing new roles where we cannot recruit to existing posts. There is no adverse impact on the population as this scheme centres on reducing reliance on high cost supplementary staffing whilst maintaining existing staffing levels.

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	02/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	02/03/2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1f Mental Health Medical Review		
Service Area	Mental Health		
Lead Officer	Mike Reid, General Manager		
Other Officers/Partners Involved			
Date relevance assessed	09/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
This savings measure is focused on reducing reliance high cost agency locum medical staff. Staffing levels will not be affected as the plan is focused on reducing reliance on agency locum medical staff by recruiting to substantive consultant roles and where this is not possible by introducing new medical roles e.g. Specialists or Specialty Doctors. There is no adverse impact on the population as this scheme centres on reducing reliance on high cost agency medical staff whilst maintaining existing staffing levels.

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	09/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	09/03/2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1g Opiate Substitution Treatment (OST) Dispensing		
Service Area	Mental Health		
Lead Officer	Mike Reid, General Manager		
Other Officers/Partners Involved	Carol Holmes, Lead Pharmacist		
Date relevance assessed	08/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
This savings measure relates to the introduction of new medicines within opiate substitution treatment which patients only require on a monthly basis once titrated onto the new medication. As a result of this new treatment there is an anticipated reduction in patients receiving other forms of opiate substitution treatment. This will lead to a reduction in community pharmacy dispensing and supervision costs as some patients have switched to alternative treatment.

Signed by Lead Officer	Mike Reid
Designation	General Manager
Date	09/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	09/03/2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1h GP Cover at Tippethill		
Service Area	Primary Care		
Lead Officer	Neil Ferguson, General Manager		
Other Officers/Partners Involved			
Date relevance assessed	09/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Medical cover for Tippethill Hospital was previously provided by a local GP practice however during 2022/23 the practice indicated they would no longer be in a position to provide cover to the community hospital. The Rapid Assessment Elderly Care Team (REACT) have been able to provide the cover to Tippethill hospital through their existing Advanced Nurse Practitioners. As a result, the budget that was previously used to pay the GP practice is no longer required and can be taken as a saving.

Signed by Lead Officer	Neil Ferguson
Designation	General Manager
Date	09/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	09/03/2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1i Local Prescribing		
Service Area	Primary Care		
Lead Officer	Mike Reid, General Manager		
Other Officers/Partners Involved	Carol Holmes, Lead Pharmacist		
Date relevance assessed	08/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>This savings measure focuses on improving the quality of pharmaceutical care and ensuring cost effective use of medicines in primary care. These additional local prescribing savings will be achieved with input from Pharmacy, General Practice, Finance and Management. All projects follow clinical guidance and aim to improve the quality of prescribing as well as cost effectiveness. Any changes made to treatment are done in partnership with the patient and are followed up after the change. There is no adverse impact on the population as a result of the prescribing savings plan. All changes require patient consent and can be reversed if required. These savings are in addition to the savings achieved through the pan Lothian prescribing programme (Health H1a) and will focus on West Lothian specific projects identified by the local clinical teams.</p>

Signed by Lead Officer	Neil Ferguson
Designation	General Manager
Date	09/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	09/03/2023



**West Lothian Integration Joint Board
Building Based Care
Integrated Impact Assessments**



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3b Increasing further the number of Core and Cluster sites to reduce requirement for external placements
Service Area	Social Policy IJB
Lead Officer	Karen Love Senior Manager
Other Officers/Partners Involved	Pamela Roccio – HR
Date relevance assessed	8 th March 2023

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidence gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Karen Love
Designation	Senior manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3b Increasing the number of Core and Cluster sites to reduce requirement for external placements
Details of Others Involved	Head of Social Policy Senior Manager Adult Services Group Manager Adult Services Human Resources
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>There are currently two core and cluster sites within West Lothian supporting 8 individuals. This proposal looks to build on the approach already used to develop a further 3 core sites with the potential to support a further 20 individuals with complex learning or physical disabilities within West Lothian.</p> <p>The approval of this proposal would allow individuals with physical and complex learning disabilities who are currently placed in residential homes out with West Lothian to return and live close to their families and local communities. Individualised care and support will be commissioned based on individual's assessed needs.</p> <p>There is a clear body of evidence that individuals with Learning Disabilities are best supported in localised small communities with larger group residential resources no longer meeting the needs of this population.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people? There will be limited impact on individuals. Provision of the policy will be based on individuals assessed needs.</p> <p>How do you know that? Over the past five years there has been a clear body of evidence that individuals with learning disabilities are better supported in localised communities. This proposal would also see individuals receiving more individualised care as their support needs alter with age.</p>
Disability	<p>What effect/difference will the policy have on people? This proposal will support the ongoing work of supporting individuals who have been assessed as living with Learning Disabilities to remain living within their own communities moving away from larger less person specific residential settings.</p>

	<p>How do you know that?</p> <p>The publication of the “Keys to Life” in 2013 and “Coming Home” 2018 and “Coming Home: Implementation” in 2022 all support the approach taken by this proposal. Evidence suggests that individuals achieve better outcomes when they are supported to remain living within their own communities and out with large residential settings. This proposal has been developed in line with this body of evidence and will ensure individuals with Learning disabilities remain living in their local communities with individualised care packages which will alter as their individual support needs alter.</p> <p>Currently there is limited provision for individuals with physical disabilities. This proposal would look to address this thought the provision of wheelchair adapted properties.</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that?</p> <p>All individuals who require specialist accommodation or respite provision will continue to have access or receive this service based on their individual assessed needs.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that?</p> <p>All individuals who require specialist accommodation or respite provision will continue to have access or receive this service based on their individual assessed needs.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that?</p> <p>The policy relates to everyone equally.</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that?</p> <p>No evidence or research to suggest otherwise.</p>
Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that?</p> <p>No evidence or research to suggest otherwise</p>
Sex	<p>What effect/difference will the policy have on people?</p> <p>All individuals who require specialist accommodation or respite provision will continue to have access or receive this service based on their individual assessed needs.</p>
	<p>How do you know that?</p> <p>No evidence or research to suggest otherwise</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals. Provision of the policy will be based on individuals assessed needs. .</p>
	<p>How do you know that?</p> <p>No evidence or research to suggest</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

Overall the proposal would have a positive impact on those supported who experience a range of disabilities. This proposal will see residents moving to live within their own home, returning to West Lothian and having their assessed care and support needs met through a commissioned service.

This proposal will provide services for Individuals within their own tenancy with the necessary care delivered within their own home. This model of care and support is preferred to current residential models. Core and cluster resources allow for more individualised packages of supports allowing for continued interaction with family and friends within local communities which will increase and improve outcomes for this group of individuals.

How do you know that?

This proposal to expand the number of core and cluster facilities within West Lothian should contribute to improved quality of life and greater independence for service users and is in keeping with the national approach for supporting adults with a range of complex disabilities.

5. Action Plan

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

Actioner Name: Karen Love

Action Date: Ongoing

What is the issue?

A project board will be established to drive forward the proposal. There will be engagement with housing services and registered social landlords in the sourcing and development of suitable properties. This will also require a full review of all individuals who are currently residing within residential resources. There will be detailed engagement with all service users who could benefit from these proposals.

What action will be taken?

Full review of all service users' needs to be undertaken

Progress against action

This work will commence in 2023.

6. Details of consultation and involvement

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

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

An independently commissioned strategic needs assessment undertaken on behalf of the IJB in August 2022 considered the potential impact of increased specialist and complex individual needs. This proposal will look to create more capacity locally within West Lothian to meet and support individuals with complex care needs to remain living within their local communities.

As the proposal progresses there will be a range of consultative processes with key stakeholders required around this policy.

7. Data and Information

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

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

Both local and national research have influenced the development of this proposal and will continue to do so. Work is also progressing at a national level through the national 'Coming Home' implementation working group which West Lothian council officers are involved in.

8. Mitigating Actions

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

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

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

Whilst this policy is altering our approach to the delivery of care and support for adults with disabilities, this change in approach should contribute to improved quality of life and prolonged independence for service

users.

9. Monitoring and Review

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

Monitoring and Review of this proposal will be completed as part of the agreed governance structure of the Integration Joint Board. Progress of the proposal and the work of the associated project group will be monitored and guided through this governance route.

The project group will also be responsible for the monitoring of performance indicators which will include feedback from services users.

Good outcomes for adults have been delivered through the existing development of core and cluster living resources in West Lothian. This proposal builds on this success.

10. Recommendation and Reasoning

Implement proposal with no amendments

Reason for Recommendation

The proposal is designed to have minimal impact on individuals using the service. The proposal is designed to deliver positive outcomes for adults.

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ4b Review of commissioned older people day services
Service Area (detail which service area and section this relates to)	Social Policy IJB
Lead Officer (Name and job title)	Robin Allen – Senior Manager Older People Services
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Group Manager Business Support Group Manager Older People Service
Date relevance assessed	09.03.23

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager – Older People Services
Date	09.03.22
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	09.03.23



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ4b – Review of commissioned older people day services
Details of Others Involved	Head of Social Policy Senior Manager, Older People Services Group Manager, Older People Services Group Manager, Business Support Financial Management Unit
Date Assessment Conducted	09.03.23

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>A review of commission older people day services has been completed to ensure a sustainable model of delivery is implemented to reflect current demand for provision.</p> <p>Due to pending expiry of existing contractual arrangements the Integration Joint Board issued direction to West Lothian Council on 10th January 2023 to implement new contractual arrangements for the delivery of day care services for older people in West Lothian that are within the allocated budget and ensuring best value.</p> <p>West Lothian Council commission day care services from five Older People Day Centres in West Lothian to meet the assessed needs of older people in West Lothian.</p> <p>Individuals who are referred to attend day care provision have had their needs assessed by the older people social work team as being critical or substantial, in line with eligibility criteria. Day care services support individuals and carers to achieve their assessed outcomes, address care needs and support them to achieve independence</p> <p>A service specification and contract based on a cost and volume basis was commissioned and commenced on 1st February 2016 ending on 31st March 2021. This was subsequently extended until 30th September 2022 due to COVID19. A further 6-month direct award was agreed with the current contract arrangements for Older People Day Care provision due to end on 31 March 2023.</p> <p>From 2018/19, there has been a sustained reduction in the number of older people referred and attending day care services in West Lothian.</p> <p>As a result, engagement with providers has been progressed to review their business models and promote future sustainability. Older People Day Centres have engaged with commissioning officers and the Economic Development team to assist with business planning and to support organisational development with an aim to modernise their business models</p> <p>During the contractual period, providers have been paid at a minimum of 90% of the contract value and have not been impacted financially if the actual referred uptake was below 90%. Engagement with the Day Care centres has focused on a contract value to reflect the level of service provision being delivered. Procurement activity is being progressed on the basis of current performance.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Any	<p>What effect/difference will the policy have on people? The social care assessment to access support is based on an individual's needs and does not discriminate between needs on the basis of any protected characteristic, which will inform a decision around care requirements.</p> <p>There remains a statutory duty to continue to assess the needs of individuals for the provision of care. This policy does not alter this.</p> <p>How do you know that? The service will continue to be provided for individuals who meet eligibility criteria.</p>
Disability	<p>What effect/difference will the policy have on people? The aim of the proposal is to meet the developing needs of older people including those with a disability</p> <p>How do you know that? There remains a statutory duty to continue to assess the needs of individuals for the provision of care.</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people? None identified at this time.</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people? None identified</p> <p>How do you know that? No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people? None Identified</p> <p>How do you know that? Target area for delivery will be for older adults.</p>
Race	<p>What effect/difference will the policy have on people? None identified at this time.</p> <p>How do you know that? No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic. All services commissioned will be based on assessed need and outcome based.</p>

Religion or Belief	What effect/difference will the policy have on people? None identified at this time
	How do you know that? All services commissioned will be based on assessed need and outcome based.
Sex	What effect/difference will the policy have on people? None identified at this time
	How do you know that? No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic.
Sexual Orientation	What effect/difference will the policy have on people? None identified at this time
	How do you know that? No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic.

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

How do you know that?

An older person with assessed eligible needs who elects to have those needs met through day care will continue to have their needs met through the externally commissioned day care service.

There is currently sufficient capacity within the externally commissioned older people's day care service to meet demand for the service.

5. Action Plan

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

Actioner Name: Robin Allen

Action Date: 2023/24

What is the issue?

Sufficient day care placements to support assessed needs of older people

What action will be taken?

Regular review and monitoring in partnership with providers, social work and contracts officers.

Progress against action

Established monitoring arrangements successfully embed within relevant teams and individual providers

6. Details of consultation and involvement

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

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

The West Lothian Integration Joint Board (IJB) has responsibility for planning most health and social care services for adults in West Lothian.

The IJB is developing a new Strategic Plan which will be in place from 2023- 2026 and will set out the future vision for health and social care in West Lothian.

To develop the new plan the IJB commissioned an independent consultant to undertake a strategic needs assessment to ensure a good understanding of the needs of the population. We have looked at data and consulted a range of stakeholders to identify what is currently working well, what still needs to be done and where any gaps exist.

As part of the strategic needs assessment we have engaged key stakeholders such as:

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Commissioned providers of health and social care
- Members of the IJB's Strategic Planning Group
- Other community representatives

There has been extensive engagement and planning discussions with day care providers regarding proposal prior to direction being issued by the IJB in January 2023

7. Data and Information

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

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

There has been significant analysis of qualitative data and qualitative feedback from stakeholders relating to referrals and placements to the older people day services since 2018 which has developed the approach to the new contractual arrangements. This will ensure that services are more aligned to meet current

demand in the community and therefore achieve Best Value.

There is no change to the current providers delivering older people services with all 5 providers continuing to deliver services at their current location.

The future contractual performance activity will be closely monitored and take cognisance of demographic growth and demand ensuring that the new contractual arrangements align closely with community referrals therefore meeting demand.

Future contractual arrangements for older people day centres will also recognise outcomes from the Integrated Joint Board Strategic Plan which sets the aim for the continued development and improvement of health and social care services in West Lothian over the next 5 years.

8. Mitigating Actions

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

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

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

Each day care provider has a business support officer and continuing access to economic development officer. This will ensure close partnership working with providers to ensure changing levels of demand are identified at earliest opportunity and mitigating actions considered.

9. Monitoring and Review

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

Social work assessors and business support officers monitoring any increasing trends or demands for service provision with provides to identify - evolving need, changing demographics and evolving Homefirst project plan.

10. Recommendation and Reasoning	
Reason for Recommendation – progress as noted. Due to pending expiry of existing contractual arrangements the Integration Joint Board issued direction to West Lothian Council on 10 th January 2023 to implement new contractual arrangements for the delivery of day care services for older people in West Lothian that are within the allocated budget and ensuring best value.	
Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	09.03.23
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	09.03.23



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5a Redesign adult day care centre provision (Linked to Proforma F6d)
Service Area (detail which service area and section this relates to)	Social Policy IJB
Lead Officer (Name and job title)	Karen Love – Senior Manager Adult Services
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Group Manager Adults Services Day Service Manager
Date relevance assessed	8 th March 2023


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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	
Designation	Senior Manager – Adults Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5a Redesign Adult day services
Details of Others Involved	Head of Social Policy Senior Manager Adult Services Group Manager Adult Services HR Business Partner.
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>Within West Lothian there are four day services supporting adults with a range of physical and learning disabilities. Day Opportunities are available to those who are assessed as being in critical or substantial need of services to support them to remain independent, and to provide support to informal carers where required to help sustain individuals within their own homes.</p> <p>This proposal will focus on the ongoing redesign and modernisation of Adult Day services.</p> <p>As the service moves to supporting more individuals with complex needs and behaviours within local communities, there will be need to continue to provide a level of day support that will meet a range of needs and personal outcomes. It is proposed that this can be achieved through the provision of more community-based activities where staff will support individuals within their own communities rather than being transported into building based services or to out with authority settings.</p> <p>This proposal includes the move away from the provision of day services by Community Inclusion Team at Kirkton Business Centre.</p> <p>There are two main elements to this proposal, the first element seeks to increase the range of provision/access to day opportunity within local communities where individuals reside or through volunteering/employment opportunities.</p> <p>The second element would see those who are currently residing in residential/supported accommodation having their service altered so that a maximum of two days per week of support would be provided in the day service setting. There are currently up to 19 individuals who attend either Pathways or Eliburn day services who live in supported accommodation and attend the service over two days per week. In reducing the days, the individuals attending day services by the provision individuals will be supported within their home accommodation. Learning from the Covid-19 pandemic suggests that there is less reliance on five day per week building based day service provision with individuals being able to access a range of provision and care and support to meet their assessed needs within their own communities. Progressing this reduction of days for a minority of service users would support a reduction in staffing levels.</p> <p>It is not anticipated that shifting the focus of day support from building based to community support will adversely impact on current or future service users. This change if implemented will help to provide an improved and more effective method of engaging and developing life opportunities for those service users assessed as having the capability to utilise and flourish in a community based supported environment.</p>

As the focus on more individually tailored supports increases, with a move away from total building-based delivery model to models of community support and activities to support service users, it is anticipated that a reduction in staffing level will be required to deliver the service. Based on the proposed changes we estimate a reduction of 10 FTE. The FTE reduction relates to the number of posts and not necessarily the number of employees.

Any reductions in staffing will be considered under the council's workforce management organisational change policy and process.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy

Age	<p>What effect/difference will the policy have on people?</p> <p>Whilst the proposal will see the delivery model of support moving away from solely a building based to a hybrid model of both community & building based, any changes to how people's day support is delivered will be based on the assessed needs and outcomes of the individuals and whilst for some individuals this may result in a significant impact to their day support for others the impact will be less.</p> <p>There will be impact of this proposal on the workforce working in day services. This change will be managed through the council's organisational change process as part of the service redesign and restructure.</p> <p>There is not one specific age group who are expected to be impacted more than another.</p> <p>The exact posts that will be impacted by the proposals are not yet known. Further equality assessments will be undertaken to identify and mitigate any impact that it may have on this group.</p> <p>How do you know that?</p> <p>There is a range of research in relation to adults with disabilities and complex needs that supports the proposal. Keys to Life (2013) supports that individuals with a range of disabilities be supported to access activities that are of interest to them and meet their assessed needs and outcomes.</p> <p>Any redesign of day support will be undertaken in consultation with the staff utilising the support of Human Resources partners and the council's workforce organisational change processes, which will include engagement with Trade Unions.</p> <p>Age has been cited through research as a key barrier to job opportunities in UK with the existence of ageism. Research suggests it is one of the most common forms of workplace discrimination. <u>Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</u></p> <p>Research suggests a decrease in internet usage and literacy in older groups.</p>
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Disability	<p>What effect/difference will the policy have on people?</p> <p>This policy supports the ongoing work of supporting individuals who have been assessed as living with Learning & Physical Disabilities to remain living within their own communities. In doing so, there will be a requirement to have appropriate day opportunities which meet their assessed needs and personal outcomes.</p> <p>At this stage of the proposal it is felt that there will be impact on the workforce working in these teams. This change will be managed through the council's organisational change process as part of the service redesign and restructure. All protected characteristics and the composition of the workforce will be reviewed to ensure where possible no-one is at a disadvantage. Consultation will be completed with all staff in the affected teams throughout the process.</p> <p>There may be staff with disabilities who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity or who experience worsening of health issues as a result of going through the change process. There may also be staff with disabilities who are absent during the process due to disability related health issues and may face barriers to participating.</p> <p>Undertaking new ways of working and tasks may also present barriers for people with disabilities who require necessary adjustments, which may not be identified if all affected staff are not adequately consulted on the changes.</p> <p>A shift to more digital services and processes may present barriers in terms of accessibility for those less able to use digital resources due to disabilities/health impairments. However, research from the recent pandemic has shown that a shift to digital processes and working from home has been positive for many disabled people.</p> <p>The proposal will look to further modernise and redesign adult day services to secure best outcomes for service users.</p> <p>How do you know that?</p> <p>There is a wealth of research in relation to adults with a range of disabilities and complex needs that supports the proposal. Keys to Life (2013) supports that individuals with a range of disabilities be supported to access activities that are of interest to them.</p> <p>Disabled people remain under-represented in the jobs market and only half of the 7.7 million people of working age with a disability or long-term health condition in the UK are in work. Guide for line managers: Recruiting, managing and developing people with a disability or health condition - GOV.UK (www.gov.uk)</p> <p>The Disability Employment Gap needs closing - on several fronts CIPD voice article</p> <p>Digital exclusion and online accessibility (webusability.co.uk)</p>
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<p>Gender Reassignment – Trans/Transgender Identity</p>	<p>What effect/difference will the policy have on people?</p> <p>There may be barriers if change processes do not ensure decisions, are not based on objective criteria or if decisions are perceived to be influenced by a protected characteristic including gender reassignment, trans/transgender identity.</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>Research shows negative experiences of trans and non-binary people, including transphobia while seeking employment, a greater likelihood of experiencing workplace conflict or harassment and a lack of education over how to support trans and non-binary people or recognise transphobic behaviours in others.</p> <p><u>The lived experience of trans people in the workplace (culture-shift.co.uk)</u> <u>Inclusion at work: perspectives on LGBT+ working lives CIPD</u></p>
<p>Marriage or Civil Partnership</p>	<p>What effect/difference will the policy have on people?</p> <p>Whilst the proposal will see the delivery model of support moving away from solely a building based to a hybrid model of both community & building based support, any changes to how people's day support is delivered will be based on the assessed needs and outcomes of the individuals. Whilst for some individuals this may result in a significant impact to their day support, for others the impact will be less.</p> <p>How do you know that?</p> <p>All individuals who request or require a social work assessment/service will continue to have access to services based on their assessed needs.</p>

Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>Whilst the proposal will see the delivery model of support moving away from solely a building based to a hybrid model of both community & building based support, any changes to how people's day support is delivered will be based on the assessed needs and outcomes of the individuals. Whilst for some individuals this may result in a significant impact to their day support for others the impact will be less.</p> <p>Employees from this protected characteristic will have the opportunity to engage with all consultation process as per the council's workforce management policy, this will include the opportunity to meet with their manager, accessing face to face support.</p> <p>There would be barriers if the organisational change process was not fully inclusive of pregnant employees or those on maternity leave. Failure to consult a woman on maternity leave about potential displacement and redundancy is likely to be unlawful discrimination. Women on maternity leave or on shared parental leave should be offered suitable alternative work if it exists, as priority over other employees.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>There may be barriers if processes do not ensure that decisions made as part of the organisational change process, are not based on objective criteria or if they are perceived to be influenced by a protected characteristic including pregnancy or sex.</p> <p>There would be barriers if the organisational change process was not fully inclusive of pregnant employees or those on maternity leave. Failure to consult a woman on maternity leave about potential displacement and redundancy is likely to be unlawful discrimination. Women on maternity leave or on shared parental leave should be offered suitable alternative work if it exists, as priority over other employees.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>
	<p>How do you know that?</p> <p>All individuals who request or require a social work assessment/service will continue to have access to services based on their assessed needs.</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>Whilst the proposal will see the delivery model of support moving away from solely a building based to a hybrid model of both community & building based support, any changes to how people's day support is delivered will be based on the assessed needs and outcomes of the individuals. Whilst for some individuals this may result in a significant impact to their day support for others the impact will be less.</p>

	<p>How do you know that?</p> <p>All individuals who request or require a social work assessment/service will continue to have access to services based on their assessed needs.</p> <p>Research available evidences both the negative experiences and perceptions of pregnant women and women on maternity leave or returning from maternity to the workplace. Pregnancy and maternity-related discrimination and disadvantage: summary of findings (publishing.service.gov.uk)</p> <p>Pregnancy and maternity-related discrimination and disadvantage: final reports - GOV.UK (www.gov.uk)</p>
Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>Whilst the proposal will see the delivery model of support moving away from solely a building based to a hybrid model of both community & building based support, any changes to how people's day support is delivered will be based on the assessed needs and outcomes of the individuals and whilst for some individuals this may result in a significant impact to their day support for others the impact will be less.</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>All individuals who request or require a social work assessment/service will continue to have access to services based on their assessed needs.</p> <p>Research shows disparities between religious and non-religious groups in terms of populations, pay, employment, education, mental health and experiences of crime is-britain-fairer-findings-factsheet-religion.pdf (equalityhumanrights.com)</p>
Sex	<p>What effect/difference will the policy have on people?</p> <p>Whilst the proposal will see the delivery model of support moving away from solely a building based to a hybrid model of both community & building based support, any changes to how people's day support is delivered will be based on the assessed needs and outcomes of the individuals. Whilst for some individuals this may result in a significant impact to their day support for others the impact will be less.</p> <p>There would be a risk of barriers due to sex if changes were made that required work to be carried out only in a prescriptive way such as on full time basis or office based with no flexibility</p>

	<p>How do you know that?</p> <p>All individuals who request or require a social work assessment/service will continue to have access to services based on their assessed needs.</p> <p>Women make up 78% of the part-time workforce in Scotland and are more likely to be in informal, temporary and part time work that is most at risk in times of recession and economic uncertainty Engender Gender Matters Employment and labour market.</p> <p>A recent survey by cipphr found gender was the second most common reason for discrimination reported: Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</p> <p>Evidence of on-going gender pay gaps is available; Chapter 2 Employment - Gender pay gap action plan: annual report - gov.scot (www.gov.scot)</p> <p>A range of research demonstrates the higher prevalence of sexual harassment and sex discrimination within communities and workplaces DAWR (engender.org.uk) as well as the increased disadvantages faced by women with other protected characteristics such as disability or race.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>There may be barriers if processes do not ensure that decisions made as part of the organisational change process, are not based on objective criteria or if they are perceived to be influenced by a protected characteristic including sexual orientation, or a perceived sexual orientation.</p>
	<p>How do you know that?</p> <p>LGBT in Britain - Work (stonewall.org.uk)</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

Current Day service provision is available for adults with a Learning Disability, Physical Disability or Profound Multiple Learning Disability. The service is provided for adults aged 16-65 years where they are assessed as having critical or substantial needs.

There are three-day services that operate a building-based model of support and one where they support individuals to access community models of support.

The provision of day support is integral in supporting individuals to maintain their own health and well-being either through the provision of structured stimulating activities; activities that promote health and leisure or supporting access to core health provisions.

This range of activity could be impacted by the removal of a component of day provision which in turn would impact on their quality of life.

Day support is integral in supporting those undertaking an unpaid carer role. 69% of all those individuals who attend Day Support live at home with an unpaid carer.

Changes to the existing delivery model will not reduce the support given to unpaid carers. The delivery of day support will continue to provide individuals who undertake a caring role, a break from caring which will assist in sustaining them in their caring role.

How do you know that?

Day opportunities have already adapted their approach as part of changes made during the Covid 19 Pandemic and also through learning garnered during this period. Service users now have opportunities to engage in a range of activities available within the local communities and feedback from individuals states that this has been a benefit to them.

5. Action Plan

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

Actioner Name: Karen Love

Action Date: Ongoing

What is the issue?

A full review of all-day service provision including engagement with key stakeholders, service users and staff will be required.

What action will be taken?

A project lead will be identified to manage and undertake detailed analysis to identify those individuals who are likely to be impacted by this proposed service change. The outcome of this analysis will be used to inform the review and how the proposal is taken forward to implementation.

Progress against action

Detailed analysis work to review the full service will be required.

6. Details of consultation and involvement

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

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

The proposal will require a full engagement process to be undertaken which will include consultation with; Existing service users and their families/carers.

Members of the public who use or have used services

Key Stakeholders from across the partnership including voluntary groups

Trade Unions

Work to develop and complete the consultation will be led and managed by the relevant project lead with oversight and direction from a project board which will be established if the proposal is approved.

7. Data and Information

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

- What information or other evidence has been used in the development of the policy?

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

There is qualitative data available which confirms that adults want individualised day opportunities to engage in.

This is also supported by data available nationally, where individualised day opportunities result in improved outcomes for adults with Learning & Physical Disabilities.

8. Mitigating Actions

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

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

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

Whilst this proposal is altering our approach to the delivery of care and support for adults with disabilities, this change in approach should contribute to improved quality of life and independence for service users.

The change process for employees will be managed through the council's Managing Organisational Change policy and procedure, which has been subject to its own EIA and requires objective criteria for selection of posts and people for displacement.

The council's job evaluation scheme will be used for objective grading of any new or changed posts.

One to one consultation meetings will be utilised to understand which staff members affected by the changes have a protected characteristic, how the change process might impact them, how their work might be impacted and any support and reasonable adjustments they may require during the consultation and change process.

We will fully engage with any staff members on leave at the time of the consultation and change process (maternity, shared parental, long term sick for example) to ensure they are fully informed, consulted with and considered equally for roles, with those on maternity leave having additional protected rights in law.

Face to face opportunities for meetings and support for staff on leave will be ensured with in person and

online channels as appropriate.

All affected staff should be considered equally for opportunities / redundancy whatever their contract type or employment status – full time, part time, term time, etc.

Anyone involved in selection for new posts in the new model will be suitably trained to ensure objective decision making and removal of bias.

The employee assistance programme will be promoted and visible for all staff and managers.

Consideration will continue to be given to flexible ways of working allowing for part time and full-time opportunities.

All affected employees will be directed to the Four Pillars of Wellbeing framework in order to access any resources specific to their own needs, such as mental health resources or financial support relating to access to benefits or pensions.

Any person pursuing redeployment will be assigned a named contact in the service for support and to ensure they are given information of all new opportunities within the council

It is expected that the non-filling of vacancies will meet some of the expected FTE reductions, for others business cases for Early Retirement Voluntary Severance will be considered using the criteria set out in the Discretionary Policy for ERVS.

Continued workforce monitoring/profiling will be necessary to identify any trends or groups more at risk of discrimination or negative impacts throughout the change process.

9. Monitoring and Review

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

Monitoring and Review of this proposal will be completed as part of the agreed governance structure of the Integration Joint Board. Progress of the proposal and the work of the associated project group will be monitored and guided through this governance route.

The project group will also be responsible for the monitoring of performance indicators which will include feedback from services users.

10. Recommendation and Reasoning	
Implement proposal with no amendments	
Reason for Recommendation The proposal will see a move away from solely building based services to a service designed to support individuals to access opportunities that are of interest to them more locally. This is will be achieved in consultation with individuals to consider their own personal and individual outcomes.	
Signed by Lead Officer	Karen Love
Designation	Senior Manager, Adult Services
Date	8/03/23
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8/03/23



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	SJ5b Re-design of Deans House and Burnside Respite Facility		
Service Area	Social Policy IJB		
Lead Officer	Karen Love – Senior Manager		
Other Officers/Partners Involved	Group Manager		
Date relevance assessed	8 th March 2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Karen Love
Designation	Senior manager Adult Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5b Re-design of Deans House and Burnside Respite Facility
Details of Others Involved	Head of Social Policy Senior Manager Adult Services Group Manager Adult Services Human Resources
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>This policy will see the re-design of both Deans House residential facility in Livingston and Burnside Respite Facility in Uphall.</p> <p>Currently Deans House is registered with the Care Inspectorate as a care home with the facility to accommodate 10 individuals with Learning Disabilities providing a range of care and support. There is a clear body of evidence to indicate that individuals with Learning Disabilities are best supported in localised small communities, with larger group residential resources no longer meeting the needs of this population.</p> <p>This proposal will see the re-designing of Deans House into four self-contained flats for permanent living. Individuals would be tenants on a Scottish Secured Tenancy basis.</p> <p>Burnside Respite facility provides respite and short breaks from caring for up to 8 individuals at a time. Respite provision is allocated to individuals throughout the year. Burnside currently operates from two ground floor properties leased from Ark Housing in Uphall.</p> <p>This proposal would see the provision of the short break provision moving to five en-suite bedrooms within Deans House. The provision of short break opportunities remains integral to current and future service provision. There would be a reduction in the number of respite beds from 8-5. It is projected that this would be sufficient to meet future demand.</p> <p>The proposal would also see the provision of one emergency bed to assist in times when individuals or their families are in a crisis situation.</p> <p>The proposal will also see care and support being provided by an independent commissioned provider.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals living within the resource with provision of the proposal being based on individuals assessed needs.</p> <p>The greatest impact of this proposal will be on the workforce working in these services. Change will be managed through the council's organisational change process as part of the service redesign and restructure.</p> <p>The biggest proportion of staff currently employed in the service are over 55 years old (43%), with a further 10% being between 50-55 years old.</p> <p>There is not one specific age group who are expected to be impacted more than another. The exact posts that will be impacted by the proposals are not yet known. Further equality assessments will be undertaken to identify and mitigate any impact that it may have on this group.</p> <p>How do you know that?</p> <p>Over the past five years there has been a clear body of evidence that individuals with learning disabilities are better supported in localised communities. This proposal would also see individuals receiving more individualised care as their support needs alter with age.</p> <p>The proposal also protects the continuation of short break provision which will assist those who live at home with unpaid carers. The proposal will continue to offer carers short breaks from caring within the local area.</p> <p>Any redesign of services will be undertaken in consultation with the staff. Advice from Human Resources partners will be sought and the council's workforce organisational change processes adhered to, which will include engagement with Trade Unions.</p> <p>Age has been cited through research as a key barrier to job opportunities in UK with the existence of ageism. Research suggests it is one of the most common forms of workplace discrimination. <u>Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</u></p>

Disability	<p>What effect/difference will the policy have on people?</p> <p>This proposal supports the ongoing work of supporting individuals who have been assessed as living with Learning Disabilities to remain living within their own communities, moving away from larger residential settings which can have a negative impact on the health and wellbeing of this target group.</p> <p>At this stage of the proposal it is felt that the greatest impact will be on the workforce working in these teams. Change will be managed through the council's organisational change process as part of the service redesign and restructure. All protected characteristics and the makeup of the workforce will be reviewed to ensure where possible no-one is at a disadvantage. Consultation will be completed with all staff in the affected teams throughout the process.</p> <p>There may be staff with disabilities who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity or who experience worsening of health issues as a result of going through the change process. There may also be staff with disabilities who are absent during the process due to disability related health issues and face barriers to participating.</p> <p>Undertaking new ways of working and tasks may also present barriers for people with disabilities who require necessary adjustments, which may not be identified if all affected staff are not adequately consulted on the changes.</p> <p>How do you know that?</p> <p>The publication of the "Keys to Life" in 2013 and "Coming Home" 2018 and "Coming Home: Implementation" in 2022 all support the approach taken in this proposal. Evidence suggests that individuals achieve better outcomes when they are supported to remain living within their own communities and out with large residential settings. This proposal has been developed in line with this body of evidence and will ensure individuals with Learning disabilities remain living in their local communities with individualised care packages which will alter as their individual support needs alter.</p> <p>The ongoing provision of regular access to short breaks also supports individuals with unpaid caring responsibility to continue in their unpaid caring role which keeps individuals at home and in the community.</p> <p>Disabled people remain under-represented in the jobs market and only half of the 7.7 million people of working age with a disability or long-term health condition in the UK are in work. Guide for line managers: Recruiting, managing and developing people with a disability or health condition - GOV.UK (www.gov.uk)</p> <p>The Disability Employment Gap needs closing - on several fronts CIPD voice article</p> <p>Digital exclusion and online accessibility (webusability.co.uk)</p>
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<p>Gender Reassignment – Trans/Transgender Identity</p>	<p>What effect/difference will the policy have on people?</p> <p>There may be barriers if change processes do not ensure decisions, are not based on objective criteria or if decisions are perceived to be influenced by a protected characteristic including gender reassignment, trans/transgender identify.</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>Research shows negative experiences of trans and non-binary people, including transphobia while seeking employment, a greater likelihood of experiencing workplace conflict or harassment and a lack of education over how to support trans and non-binary people or recognise transphobic behaviours in others.</p> <p><u>The lived experience of trans people in the workplace (culture-shift.co.uk)</u> <u>Inclusion at work: perspectives on LGBT+ working lives CIPD</u></p>
<p>Marriage or Civil Partnership</p>	<p>What effect/difference will the policy have on people?</p> <p>There will be limited impact on individuals. Provision of the proposal will be based on individuals assessed needs.</p> <p>How do you know that?</p> <p>All individuals who require specialist accommodation or respite provision will continue to have access or receive this service based on their individual assessed needs.</p>

Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>Employees from this protected characteristic will have the opportunity to engage with all consultation process as per the council's workforce management policy, this will include the opportunity to meet with their manager, accessing face to face support.</p> <p>There would be barriers if the organisational change process was not fully inclusive of pregnant employees or those on maternity leave. Failure to consult a woman on maternity leave about potential displacement and redundancy is likely to be unlawful discrimination. Women on maternity leave or on shared parental leave should be offered suitable alternative work if it exists, as priority over other employees.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>There may be barriers if processes do not ensure that decisions made as part of the organisational change process, are not based on objective criteria or if they are perceived to be influenced by a protected characteristic including pregnancy or sex.</p> <p>There would be barriers if the organisational change process was not fully inclusive of pregnant employees or those on maternity leave. Failure to consult a woman on maternity leave about potential displacement and redundancy is likely to be unlawful discrimination. Women on maternity leave or on shared parental leave should be offered suitable alternative work if it exists, as priority over other employees.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>Research available evidences both the negative experiences and perceptions of pregnant women and women on maternity leave or returning from maternity to the workplace. Pregnancy and maternity-related discrimination and disadvantage: summary of findings (publishing.service.gov.uk)</p> <p>Pregnancy and maternity-related discrimination and disadvantage: final reports - GOV.UK (www.gov.uk)</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>

	<p>How do you know that? Research highlights negative experiences of BAME women as they engage with the Scottish labour market : Policymakers (closesthegap.org.uk)</p> <p>Research sets out barriers to BAME employee career progression Addressing the barriers to BAME employee career progression to the top (cipd.co.uk)</p>
Religion or Belief	<p>What effect/difference will the policy have on people? There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that? Research shows disparities between religious and non-religious groups in terms of populations, pay, employment, education, mental health and experiences of crime is-britain-fairer-findings-factsheet-religion.pdf (equalityhumanrights.com)</p>
Sex	<p>What effect/difference will the policy have on people? There would be a risk of barriers due to sex if changes were made that required work to be carried out only in a prescriptive way such as on full time basis or office based with no flexibility.</p> <p>How do you know that? Women make up 78% of the part-time workforce in Scotland and are more likely to be in informal, temporary and part time work that is most at risk in times of recession and economic uncertainty Engender Gender Matters Employment and labour market.</p> <p>A recent survey by cipphr found gender was the second most common reason for discrimination reported: Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</p> <p>Evidence of on-going gender pay gaps is available; Chapter 2 Employment - Gender pay gap action plan: annual report - gov.scot (www.gov.scot)</p> <p>A range of research demonstrates the higher prevalence of sexual harassment and sex discrimination within communities and workplaces DAWR (engender.org.uk) as well as the increased disadvantages faced by women with other protected characteristics such as disability or race.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people? There may be barriers if processes do not ensure that decisions made as part of the organisational change process, are not based on objective criteria or if they are perceived to be influenced by a protected characteristic including sexual orientation, or a perceived sexual orientation.</p> <p>How do you know that? LGBT in Britain - Work (stonewall.org.uk)</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

Overall the proposal will have a positive impact on those in need of care and support who have Learning Disabilities. This proposal will see residents moving to live within their own home and having their assessed care and support needs met through a commissioned service.

Whilst the proposal will see a reduction in the number of beds within the short break provision it is assessed that this level of short break provision will meet continued and future demand for the service.

This proposal will provide services for people within their own tenancy with the necessary care delivered within their own home. This model of care and support is preferred to the current residential model and allows for more individualised package of supports and supports more independent living.

Whilst the proposal will see a reduction in three respite beds, it is anticipated that this will have minimal impact on service users and their families, with individuals being able to access appropriate levels of short breaks.

The proposal will see all provision of care and support needs provided through a commissioning approach which will result in a staff reduction of 16.5 FTE. The FTE reduction relates to the number of posts and not necessarily the number of employees.

How do you know that?

This change in approach should contribute to improved quality of life and greater independence for service users and is in keeping with the national approach for supporting adults with learning disabilities.

There will be an impact on staffing and this will be progressed using the council's workforce management policy and procedures.

5. Action Plan

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

Actioner Name: Karen Love

Action Date: Ongoing

What is the issue?

Work will be required to review the ongoing requirements of individuals within Burnside to determine the requirements for short breaks going forward.

Reviews of all residents within Deans will be required to consider their current and future needs and how best to meet these. This work will be undertaken by the recently established multi-disciplinary review meeting which is held on a monthly basis

What action will be taken?

Full review of services users' needs to be undertaken

Progress against action

This work will commence in April 2023.

6. Details of consultation and involvement

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

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

An independently commissioned strategic needs assessment undertaken on behalf of the West Lothian IJB in August 2022 considered the potential impact on increased specialist and complex individual's needs. This proposal will look to create more capacity locally to meet and support individuals with complex care needs to remain living within their local communities.

As we progress we will embark on a range of consultative processes with key stakeholders around this proposal as well as its wider links to other policies including undertaking workforce management utilising the organisational change policy and procedures.

7. Data and Information

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

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

Full use has been made of both local and national research available, and this will continue to be accessed. There is also work progressing at a national level through the national 'Coming Home' implementation working group which council officers are involved in.

8. Mitigating Actions

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

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

- a) How could you modify the policy to eliminate discrimination or to reduce any identified negative impacts? If necessary, consider other ways in which you could meet the aims and objectives.
- b) How could you modify the policy to create or maximise the positive aspects of the proposals and to increase equality and reduce poverty and socioeconomic disadvantage.

- c) Describe any modifications which you can make without further delay (for example, easy, few resource implications).
- d) If you propose to make any of the modifications shown above, describe any potential new negative impacts on other groups in society or on the ability to achieve the aims and how you will minimise these.
- e) Please describe the resource implications of any proposed modifications taking into account financial, people and property issues.

Whilst this proposal is altering the approach to delivery of care and support for adults with learning disabilities, this change in approach should contribute to improved quality of life and independence for service users.

A full appraisal of any adjustments required to deliver this project will be undertaken and the necessary capital budget identified to ensure the property is fit-for-purpose and remains suitable for future use. The current building at Deans House has self-contained independent living arrangements and therefore changes are anticipated to be manageable. Collaboration with property colleagues will continue as the proposal progresses.

The change process for employees will be managed through the council's Managing Organisational Change policy and procedure, which has been subject to its own EIA and requires objective criteria for selection of posts and people for displacement.

The council's job evaluation scheme will be used for objective grading of any new or changed posts.

One to one consultation meetings will be utilised to understand which staff members affected by the changes have a protected characteristic, how the change process might impact them, how their work might be impacted and any support and reasonable adjustments they may require during the consultation and change process.

We will ensure we fully engage with any staff members on leave at the time of the consultation and change process (maternity, shared parental, long term sickness absence for example) to ensure they are fully informed, consulted with and considered equally for roles, with those on maternity leave having additional protected rights in law.

Face to face opportunities for meetings and support for staff on leave will be ensured with in person and online channels as appropriate.

All affected staff should be considered equally for opportunities / redundancy whatever their contract type or employment status – full time, part time, term time, etc.

Anyone involved in selection for new posts in the new model will be suitably trained to ensure objective decision making and removal of bias.

The employee assistance programme will be promoted and visible for all staff and managers

Consideration will continue to be given to flexible ways of working allowing for part time and full-time opportunities.

All affected employees will be directed to the Four Pillars of Wellbeing framework in order to access any resources specific to their own needs, such as mental health resources or financial support relating to access to benefits or pensions.

Any person pursuing redeployment will be assigned a named contact in the service for support and to ensure they are given information of all new opportunities within the council

It is expected that the non-filling of vacancies will meet some of the expected FTE reductions, for others business cases for Early Retirement Voluntary Severance will be considered using the criteria set out in

the Discretionary Policy for ERVS.

Continued workforce monitoring/profiling will be necessary to identify any trends or groups more at risk of discrimination or negative impacts throughout the change process.

9. Monitoring and Review

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

Monitoring and Review of this proposal will be completed as part of the agreed governance structure of the Integration Joint Board. Progress of the proposal and the work of the associated project group will be monitored and guided through this governance route.

The project group will also be responsible for the monitoring of performance indicators which will include feedback from services users.

10. Recommendation and Reasoning

Implement proposal with no amendments

Reason for Recommendation

The proposal is designed to have minimal impact on individuals using the service.

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	8/03/23
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8/03/23



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5c Review of internal care homes (linked to F6c)
Service Area (detail which service area and section this relates to)	Social Policy, IJB
Lead Officer (Name and job title)	Robin Allen, Senior Manager, Older People Services
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Head of Social Policy Group Manager Older People Services Group Manager Older People Accommodation Services Legal Services Human Resources
Date relevance assessed	8 th March 2023

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager
Date	10 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	10 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5c Review of Internal Care Homes
Details of Others Involved	Head of Social Policy Group Manager Older People Services Group Manager Older People Accommodation Services Legal Services Human Resources
Date Assessment Conducted	10 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>It is proposed a review of internal care home provision for older people within West Lothian is progressed to inform options to deliver an affordable and sustainable model of care home provision for older people looking forward. This reflects that all indications are that future funding increases for the IJB will not be sufficient to meet the additional costs associated with continuing to deliver all existing models of care as they are currently, particularly taking account of increasing demands.</p> <p>A review of existing care home arrangements is necessary due to the materially significant higher costs involved in the provision of care in internal care homes in comparison to care commissioned from the independent care homes sector. This is linked to a number of factors including staffing costs, income and care home size.</p> <p>The level of saving detailed reflects the financial differential associated with reducing currently provided council care home placement costs to the cost of the National Care Home Contract rate for 50% of currently provided council care home placements.</p> <p>A review is also necessary due to the age of the buildings and the changing expectations and standards in relation to environment in care settings that have come into force since the current care homes were opened.</p> <p>It is also necessary in light of the Home First focus with the emphasis on people being supported in their own homes as far as is practically possible, to evaluate the requirement for the type of care that is projected to be needed in the future.</p> <p>The review will be progressed as part of the existing bed-based review activity to analyse requirements across community and acute settings to develop a sustainable future delivery model to meet the needs of older people.</p> <p>The bed based review has a clear emphasis on providing more care in the community, reducing pressure on inpatient services and investing in the right care in the most cost-effective way either at home or in a community bed setting.</p> <p>The review of internal care home provision alongside the above review work will include</p>

- exploration of any options to reduce the cost of internal care home provision and deliver identified efficiencies without reducing levels of provision.
- review of external capacity held by independent providers, including confirmed and proposed increases in provision e.g. care home construction or extension.
- analysis of the impact of any shift from internal care home provision to provision in part by the independent sector and options for management of such a shift.
- review of internal care home buildings infrastructure against current and future anticipated environmental standards.
- formulation of high-level actions required with associated costs that could be involved to adapt the physical environments, in terms of en-suite facilities for example, that standards require and future standards may further demand.
- consideration of specialist elements undertaken by the internal care homes in terms of interim care and mental health provision to identify options for the future, in line with the bed based review
- engagement with key relevant stakeholders as to the future and the requirement for delivery of savings alongside maintaining required level of residential support for older people when that is assessed necessary to meet their needs.

The review and its findings will present options to the IJB for delivery of the required level of savings.

The findings of the review and appraisal of potential delivery options will be presented for the Integration Joint Board's consideration.

The context to the review is the care home estate in West Lothian and it is as follows.

There are four directly provided internal care homes for older people in West Lothian. A total of 140 residents are supported by a complement of 178 FTE staff. Three of the care homes provide long term placements, one with a mental health focussed element of care. One care home provides interim placements, whilst individuals await a placement in their care home of choice or a package of care to return home.

An additional 13 independently operated external care homes provide the majority of older people placements in West Lothian. Payments to the independent sector are negotiated under the National Care Home Contract or via self-funding arrangements for those who have been financially assessed as able to pay their own care home fees.

A number of providers have submitted planning applications to increase bed numbers within existing resources and two new care homes planning applications have been approved. This includes a 66-bed nursing home currently under construction in Livingston and planning approved for a 65-bed care home in Linlithgow.

The Care Inspectorate is the independent body responsible for ensuring that people receive high-quality care, and that services promote and protect their users' rights. They regulate and inspect care homes to make sure they meet the correct standards. If required they will ask care homes to make improvements where necessary to ensure standards are maintained.

The Care Inspectorate grades the quality of care homes during their inspections and produces reports that are available for the public to view and use to inform their choice of care home. They also investigate any complaint raised regarding care services. All external care home providers are registered with the care inspectorate and are held to the same standard as directly provided internal facilities.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people?</p> <p>There is a growing population of older people within West Lothian who may require care home provision to meet their personal care and nursing needs.</p> <p>55% of care home staff are aged 50 years and over with 38% aged 55 years and over.</p> <p>How do you know that?</p> <p>West Lothian demographic analysis notes that life expectancy has increased across both genders, showing that babies born in West Lothian during 2014/16 can expect to live 78.3 years for males and 80.8 years for females.</p> <p>In addition, 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.</p> <p>Growth in the older population will be the most significant with the 65-74 year age groups increasing by 34.8% and persons aged 75 years 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.</p> <p>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.</p> <p>Any service restructure will be undertaken in consultation with staff. Human Resources services advice will be sought and the council's workforce organisational change processes adhered to.</p> <p>Age has been cited through research as a key barrier to job opportunities in UK with the existence of ageism. Research suggests it is one of the most common forms of workplace discrimination. <u>Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</u></p> <p>Research suggests a decrease in internet usage and literacy in older groups</p>
Disability	<p>What effect/difference will the policy have on people?</p> <p>There may be staff with disabilities who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity or who experience worsening of health issues as a result of going through the change process. There may also be staff with disabilities who are absent during the process due to disability related health issues and face barriers to participating.</p>

	<p>How do you know that?</p> <p>Disabled people remain under-represented in the jobs market and only half of the 7.7 million people of working age with a disability or long-term health condition in the UK are in work. Guide for line managers: Recruiting, managing and developing people with a disability or health condition - GOV.UK (www.gov.uk)</p> <p>The Disability Employment Gap needs closing - on several fronts CIPD voice article</p> <p>Digital exclusion and online accessibility (webusability.co.uk)</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the review and any proposed changes. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations to.</p>
	<p>How do you know that?</p> <p>The service is not based on any protected characteristic but on the assessed needs of the individual.</p> <p>Research shows negative experiences of trans and non-binary people, including transphobia while seeking employment, a greater likelihood of experiencing workplace conflict or harassment and a lack of education over how to support trans and non-binary people or recognise transphobic behaviours in others.</p> <p>The lived experience of trans people in the workplace (culture-shift.co.uk) Inclusion at work: perspectives on LGBT+ working lives CIPD</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>None identified – majority of residents living within care homes do so on a single basis. Where there is a request for a couple to live together this will be considered as part of the assessment process and appropriate provision identified.</p>
	<p>How do you know that?</p> <p>The Health and Care Standards say residents should have a single room in a care home if they want one. This means individuals should not be made to share a room with another person unless they (and the other occupant) have specifically asked to do so.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>Should there be any pregnant employees or employees on maternity leave during any proposed change process, employees may feel unable to participate in the change process in the same way as their colleagues.</p> <p>Employees from this protected characteristic will have the opportunity to engage with all consultation process as per the council's workforce management policy, this will include the opportunity to meet with their manager, accessing face to face support.</p>

	<p>How do you know that?</p> <p>Target area for delivery will be for older adults</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by any proposed changes. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>
	<p>How do you know that?</p> <p>2011 Census notes largest ethnic group in West Lothian is Scottish. 87.8% of people identify as white Scottish, 5.8% identity as white other British.</p> <p>Communication needs will be considered when promoting any potential changes or re-design in communities where English may not be a first language. Whilst there will have been demographic changes over this period, 2011 Census information note 98.4% of people in West Lothian speak English well or very well.</p> <p>Research highlights negative experiences of BAME women as they engage with the Scottish labour market : Policymakers (closesthegap.org.uk)</p> <p>Research sets out barriers to BAME employee career progression Addressing the barriers to BAME employee career progression to the top (cipd.co.uk)</p>
Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>There is potential for an individual's specific religious or cultural restrictions to result in the request for a specific care worker, this would be considered when individual care need is being assessed and matched.</p> <p>There may be staff who are directly impacted and who perceive a negative impact during any change process.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by any changes. As the review and the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>

	<p>How do you know that?</p> <p>Research shows disparities between religious and non-religious groups in terms of populations, pay, employment, education, mental health and experiences of crime is-britain-fairer-findings-factsheet-religion.pdf (equalityhumanrights.com)</p> <p>The majority of West Lothian residents identify as having no religion at 40.2% with the majority of the remainder stating they identify themselves with the Church of Scotland.</p> <p>Age Scotland detail - It is against your human rights to be discriminated against in any way because of your age, gender, gender reassignment, race, religion, disability or sexual orientation. This means that you should be able to live the way you want to live without fear of being treated differently to others. This is true wherever you live.</p> <p>In a care home you should be given the support you need to practice any beliefs you have and keep in touch with your community. This includes supporting you to attend places of worship or religious events outside the care home. The care home should also respect and recognise any religious or personal holidays and allow you to observe them however you choose.</p>
Sex	<p>What effect/difference will the policy have on people?</p> <p>Female employees will be disproportionately affected by this proposal – 90% of care home staff are female.</p> <p>How do you know that?</p> <p>Current and historical care requests for gender specific workers.</p> <p>Women make up 78% of the part-time workforce in Scotland and are more likely to be in informal, temporary and part time work that is most at risk in times of recession and economic uncertainty Engender Gender Matters Employment and labour market.</p> <p>A recent survey by cipphr found gender was the second most common reason for discrimination reported: Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</p> <p>Evidence of on-going gender pay gaps is available; Chapter 2 Employment - Gender pay gap action plan: annual report - gov.scot (www.gov.scot)</p> <p>A range of research demonstrates the higher prevalence of sexual harassment and sex discrimination within communities and workplaces DAWR (engender.org.uk) as well as the increased disadvantages faced by women with other protected characteristics such as disability or race.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>Should any organisational change process not fully consider those from this protected characteristic in making decision regarding the workforce, employees from this protected characteristic could be adversely impacted.</p>

	<p>How do you know that?</p> <p>The service is not based on any protected characteristic but on the assessed needs of the individual.</p> <p>LGBT in Britain - Work (stonewall.org.uk)</p>
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4. Please outline any needs and/or barriers which may affect vulnerable groups falling into poverty and disadvantage in relation to this policy.

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

A review of internal care home provision within West Lothian will be progressed to inform options to deliver an affordable and sustainable model of residential care for older people looking forward. It is anticipated this measure will have limited impact on those accessing services as the assessment process is based upon an individual's personal needs.

The measure may impact upon employees and the extent of this will be established within the findings of the review.

How do you know that?

The findings of the review and appraisal of potential delivery options will be presented for Integration Joint Board decision making.

5. Action Plan

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

Actioner Name: Robin Allen

Action Date:

What is the issue?

Requirement to deliver savings through agreement as to what the future provision of an affordable and sustainable model of residential care for older people will be.

What action will be taken?

A review of internal care home provision will be progressed to identify the most appropriate way to achieve this objective.

A proposed implementation plan will be presented to the Integration Joint Board for scrutiny and approval

Progress against action

A Bed based review has been commenced as part of the Home first programme to analyse bed base across community and acute to develop a sustainable future model.

The Home First Programme provides an opportunity to provide care in alternative settings and in the most cost-effective way by reaching people earlier, providing care and treatment in the community to prevent deterioration, avoidance of unnecessary hospital presentation and expansion of short-term step-up care. All supporting best outcomes for older people.

The Home First programme has made significant progress with a whole system review of the West Lothian bed base.

The review includes inpatient pathways, unscheduled acute hospital beds, community hospital beds, intermediate care provision and care homes. Reviewing the bed base across community and acute settings is allowing the partnership to direct resources to the provision of more care in the community thereby reducing pressure on inpatient services and promoting better outcomes for people.

6. Details of consultation and involvement

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

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

To develop the 2023-2026 strategic plan the IJB commissioned an independent consultant to undertake a strategic needs assessment to ensure a good understanding of the needs of the population. The IJB have looked at data and consulted a range of stakeholders to identify what is currently working well, what we still need to do and where any gaps exist.

As part of the strategic needs assessment there has been engagement with key stakeholders such as:

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Commissioned providers of health and social care
- Members of the IJB's Strategic Planning Group
- Other community representatives

The review of internal care home provision will include consultation and involvement with key stakeholders, residents, families and relevant others.

7. Data and Information

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

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

- d) Give details of any existing local or national evidence which has been used to inform the development of your policy.

Bed based review activity is being progressed to evaluate current and future demand for community-based bed provision.

This will inform future demand for care home beds both in number and type to support individual need across West Lothian.

External Care Home provision is operating at 98% capacity with the majority of available beds occupied.

Occupancy rates within internal care home is currently 99% capacity.

There are a number of planning applications in process that include both extensions to existing care homes and creation of new care homes.

Approval of two new care homes to be built in Livingston and Linlithgow has been granted. Building has commenced on one of these sites and expected to conclude summer 2024. The new provision and proposed extensions of existing care homes has the potential to increase the overall bed capacity by approximately 194 beds

8. Mitigating Actions

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

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

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

A review of internal care home provision will be progressed to identify the most appropriate manner in which to achieve this objective.

This will assist in further development of mitigating actions to support delivery of this proposal

The impact of any proposed action will be carefully considered with staff, residents, their families and carers to ensure all mitigating measures have been considered.

Actions to mitigate impact upon hospital discharge for those requiring interim care will continue to be developed within the Home first planning process.

9. Monitoring and Review

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

A proposed implementation plan will be presented to the Integration Joint Board for scrutiny and approval.

10. Recommendation and Reasoning

Reason for Recommendation – progress review to inform options to deliver an affordable and sustainable model of care home provision for older people.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5d – Review of Housing with care
Service Area (detail which service area and section this relates to)	Social Policy, IJB
Lead Officer (Name and job title)	Robin Allen, Senior Manager
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Head of Social Policy Senior Manager Group Manager, Older People Accommodation Services Financial Management Unit Human Resources Business Partner
Date relevance assessed	8 th March 2023

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?			
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5d Review of Housing with care
Details of Others Involved	Head of Social Policy Senior Manager Group Manager, Older People Accommodation Services Financial Management Unit Human Resources Business Partner
Date Assessment Conducted	8 th March 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The proposal is to review Housing with Care (HWC) to establish potential model of service to deliver that is both sustainable and affordable. The review will consider further integration of Assisted Living model and focus on ensuring tenancy-based support continues to provide assessed level of care. This reflects that all indications are that future funding increases for the IJB will not be sufficient to meet the additional costs associated with continuing to deliver all existing models of care as they are currently, particularly taking account of increasing demands.</p> <p>The level of saving detailed reflects the financial differential associated with reprovisioning three HWC developments to Assisted Living. Individuals supported within assisted living developments would continue to receive care based upon assessed need, however this would be delivered by independent sector aligned with associated self-directed support option.</p> <p>HWC is a housing model focused on enabling older people to retain independence in their own tenancy within a shared environment that provides additional supports. Seven Housing with Care developments are internally provided with care delivered by Council employees.</p> <p>In addition, there are internal Assisted Living and Sheltered Housing options. Within these developments individual tenants have their care needs met by staff from the independent care sector.</p> <p>The Social Care (Self Directed Support) Act 2013 to have choice and control over their support provision. Where assessments identify eligibility as being met, care and support will be provided from the independent sector.</p> <p>The Assisted Living model of support has already been implemented locally with positive feedback from residents. It will support emerging need whilst promoting independence and autonomy for older people within their own tenancies. If individual needs increase and additional support is required this would be provided within remaining housing with care developments or appropriate care home placements.</p> <p>The current capacity of the seven HWC sites is 177 tenants. The proposal is a reduction of around 75 (depending on sites chosen) Housing with Care tenancies to be replaced with 75 Assisted Living tenancies.</p> <p>The Social Work (Scotland) Act 1968 places a duty on the council to assess any adult (person over 18 years of age) for potential needs and to determine whether these assessed needs call for the provision of services. The Act places a further duty on the council to make available advice, guidance and assistance. This will continue to be provided as part of the redesigned service to anyone who approaches social work</p>

services regardless of their eligibility status.

HWC and Assisted Living developments are registered, regulated and inspected by the Care inspectorate. Any independent care or support provision for tenants is subject to registration requirements in a similar manner as other care at home providers.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy

Age	<p>What effect/difference will the policy have on people?</p> <p>The social care assessment to access support is based on an individual's needs and does not discriminate between needs on the basis of any protected characteristic, which will inform a decision around care requirements.</p> <p>There remains a statutory duty to continue to assess the needs of individuals for the provision of care. This policy does not alter this.</p> <p>The majority of individuals within HWC developments are aged over 75 years.</p> <p>Any impact on the workforce within these services as they will be supported via the Council's organisational change process as part of the service redesign.</p> <p>66% of employees within Housing with Care are over the age of 50 years. The exact posts that will be impacted by the proposals are not yet known. Further equality assessments will be undertaken to identify and mitigate any impact that it may have on this group.</p> <p>How do you know that?</p> <p>The service will continue to be provided for individuals who meet eligibility criteria. Potential impact regarding stability and capacity of independent providers to deliver required level of care in event of increased assisted living developments.</p> <p>Current age profile of tenants within HWC developments is</p> <ul style="list-style-type: none"> • Under 65 years = 7.41% • 65-75 years= 22.84% • Over 75 years = 69.75% <p>The review of HWC will be undertaken in consultation with staff. Human Resources service will be advising and the Council's organisational change processes adhered to.</p> <p>Age has been cited through research as a key barrier to job opportunities in UK with the existence of ageism. Research suggests it is one of the most common forms of workplace discrimination. <u>Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</u></p>
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Disability	<p>What effect/difference will the policy have on people?</p> <p>The aim of the proposal is to meet the developing needs of older people including those with a disability. Staff are trained and care is matched to meet these specific needs.</p> <p>There may be staff with disabilities who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity or who experience worsening of health issues as a result of going through the change process. There may also be staff with disabilities who are absent during the process due to disability related health issues and face barriers to participating.</p> <hr/> <p>How do you know that?</p> <p>There remains a statutory duty to continue to assess the needs of individuals for the provision of care. This policy does not alter this.</p> <p>The main overall resident disability profiles within HWC are</p> <ul style="list-style-type: none"> • Physical Disability = 45% of residents • Mental Health Problems = 10.49% of residents • Not affected by disability = 6.79% of residents • Learning Disability = 5.56% of residents <p>Disabled people remain under-represented in the jobs market and only half of the 7.7 million people of working age with a disability or long-term health condition in the UK are in work. Guide for line managers: Recruiting, managing and developing people with a disability or health condition - GOV.UK (www.gov.uk)</p> <p>The Disability Employment Gap needs closing - on several fronts CIPD voice article</p> <p>Digital exclusion and online accessibility (webusability.co.uk)</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by the review and any proposed changes. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations to.</p> <hr/> <p>How do you know that?</p> <p>The service is not based on any protected characteristic but on the assessed needs of the individual.</p> <p>Research shows negative experiences of trans and non-binary people, including transphobia while seeking employment, a greater likelihood of experiencing workplace conflict or harassment and a lack of education over how to support trans and non-binary people or recognise transphobic behaviours in others.</p> <p>The lived experience of trans people in the workplace (culture-shift.co.uk) Inclusion at work: perspectives on LGBT+ working lives CIPD</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>None identified</p>

	<p>How do you know that? Service is currently delivered to people within this protected characteristic which will not be affected by a transfer of care arrangements</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people? None identified for tenants within the service.</p> <p>Should there be any pregnant employees or employees on maternity leave during any proposed change process, employees may feel unable to participate in the change process in the same way as their colleagues.</p> <p>Employees from this protected characteristic will have the opportunity to engage with all consultation process as per the council's workforce management policy, this will include the opportunity to meet with their manager, accessing face to face support.</p>
	<p>How do you know that? Target area for delivery will be for older adults.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations</p>
Race	<p>What effect/difference will the policy have on people? There may be staff who are directly impacted and who perceive a negative impact when competing for roles during service redesign activity.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by any proposed changes. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>
	<p>How do you know that? 2011 Census notes largest ethnic group in West Lothian is Scottish. 87.8% of people identify as white Scottish, 5.8% identify as white other British.</p> <p>Communication needs will be considered when promoting any potential changes or re-design in communities where English may not be a first language. Whilst there will have been demographic changes over this period, 2011 Census information note 98.4% of people in West Lothian speak English well or very well.</p> <p>Research highlights negative experiences of BAME women as they engage with the Scottish labour market : Policymakers (closethegap.org.uk)</p> <p>Research sets out barriers to BAME employee career progression Addressing the barriers to BAME employee career progression to the top (cipd.co.uk)</p>

Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>There is potential for an individual's specific religious or cultural restrictions to result in the request for a specific care worker, this would be considered when individual care need is being assessed and matched.</p> <p>There may be staff who are directly impacted and who perceive a negative impact during any change process.</p> <p>It is not anticipated that staff from this protected characteristic will be disproportionately impacted by any changes. As the review and the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p> <p>How do you know that?</p> <p>Research shows disparities between religious and non-religious groups in terms of populations, pay, employment, education, mental health and experiences of crime is-britain-fairer-findings-factsheet-religion.pdf (equalityhumanrights.com)</p> <p>The majority of West Lothian residents identify as having no religion at 40.2% with the majority of the remainder stating they identify themselves with the Church of Scotland.</p> <p>Age Scotland detail - It is against your human rights to be discriminated against in any way because of your age, gender, gender reassignment, race, religion, disability or sexual orientation. This means that you should be able to live the way you want to live without fear of being treated differently to others. This is true wherever you live.</p>
Sex	<p>What effect/difference will the policy have on people?</p> <p>None identified for tenants within the service.</p> <p>There would be a risk of barriers due to sex if changes were made that required work to be carried out only in a prescriptive way such as on full time basis or office based with no flexibility.</p> <p>Female employees will be disproportionally affected by this proposal – 91% HWC employees are female.</p>

	<p>How do you know that?</p> <p>No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic.</p> <p>Women make up 78% of the part-time workforce in Scotland and are more likely to be in informal, temporary and part time work that is most at risk in times of recession and economic uncertainty Engender Gender Matters Employment and labour market.</p> <p>A recent survey by cipphr found gender was the second most common reason for discrimination reported: Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</p> <p>Evidence of on-going gender pay gaps is available; Chapter 2 Employment - Gender pay gap action plan: annual report - gov.scot (www.gov.scot)</p> <p>A range of research demonstrates the higher prevalence of sexual harassment and sex discrimination within communities and workplaces DAWR (engender.org.uk) as well as the increased disadvantages faced by women with other protected characteristics such as disability or race.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>None Identified for tenants within the service.</p> <p>Should any organisational change process not fully consider those from this protected characteristic in making decision regarding the workforce, employees from this protected characteristic could be adversely impacted.</p> <p>How do you know that?</p> <p>The service is not based on any protected characteristic but on the assessed needs of the individual.</p> <p>LGBT in Britain - Work (stonewall.org.uk)</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

The overarching aim of the proposed Housing with Care model is to continue to offer eligible tenants a safe, secure, accessible and well-designed living environment along with assistance to help sustain and maximise independent living and their overall quality of life. In doing so a primary focus of the assistance

available will be on enabling individuals to remain active contributors and participants who are fully engaged with their local community where it is their choice to do so.

Challenges within the independent care sector are well publicised, with providers facing significant challenges with recruitment and retention of staff, which has impacted on their ability to deliver packages of care. As a result, care at home supply is currently subject to high risk monitoring within both the Integration Joint Board and Social Policy. Increasing the use of TEC across service provision may have an impact as there will be less reliance on employees to provide direct services.

Insufficient supply to meet service demand within care at home is a high risk for the Council and IJB. This is a national and local issue. The challenges relate to recruitment and retention of care at home staff. This impacts on capacity to deliver care for existing and new service users. It is acknowledged that this can also lead to an overreliance on unpaid carers.

Currently this risk is highest in respect of older people's service. These capacity issues impact on people in the community needing care at home provision and also on capacity to discharge people from hospital where a care at home service is required. The risk is closely monitored by the Care at Home Oversight Group.

The level of saving detailed reflects the financial differential associated with reprovisioning three HWC developments to Assisted Living. Individuals supported within assisted living developments would continue to receive care based upon assessed need, however this would be delivered by independent sector aligned with associated self-directed support option.

West Lothian Council workforce management policy and procedures will be implemented as required with any and all affected staff.

How do you know that?

A review of HWC provision within West Lothian will be progressed to inform options to deliver an affordable and sustainable future model. It is anticipated this measure will have limited impact on those accessing services as the assessment process is based upon an individual's personal needs.

The measure may impact upon employees and the extent of this will be established within the findings of the review.

5. Action Plan

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

Actioner Name: Robin Allen

Action Date: 2023/24

What is the issue?

Requirement to deliver savings through agreement as to what the future provision of an affordable and sustainable model of Housing with Care.

What action will be taken?

A review of internal housing with care provision will be progressed to identify the most appropriate manner in which to achieve this objective.

A detailed analysis of existing housing with care provision will be undertaken to identify the potential for further integration of assisted living model. This will include issues such as the profile of residents, complexity of need and role of technology enabled care.

Regular communication with all affected employees, residents, families and carers.

There will be engagement with registered social landlords to establish any potential development opportunities within the West Lothian area aligned to this proposal.

Development of a care at home framework to meet current and developing care need.

Local and national benchmarking to inform learning and development of local framework, identify potential challenges and mitigating actions.

Project team developed to ensure whole system impact is understood and imbedding of Homefirst e.g. hospital discharge, Technology Enabled Care and avoidance of increased unmet need in the community

Progress against action

A revised care at home framework is being developed for implementation in October 2023.

Targeted tests of change are being considered to explore future procurement of commissioned care in areas that have been historically challenging to deliver due to assessed need or geographical location

6. Details of consultation and involvement

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

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

The West Lothian Integration Joint Board (IJB) has responsibility for planning most health and social care services for adults in West Lothian. The IJB is developing a new Strategic Plan which will be in place from 2023- 2026 and will set out the future vision for health and social care in West Lothian. To develop the new plan the IJB commissioned an independent consultant to undertake a strategic needs assessment to ensure a good understanding of the needs of the population. We have looked at data and consulted a range of stakeholders to identify what is currently working well, what still needs to be done and where any gaps exist.

As part of the strategic needs assessment we have engaged key stakeholders such as:

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Commissioned providers of health and social care
- Members of the IJB's Strategic Planning Group
- Other community representatives

The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a greater proportion of the population over time. The numbers of people in West Lothian aged 65 to 74 years is expected to increase by 19% by 2028 with those aged over 75 years increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 years population and 25.4% increase in those aged over 75 years during the same time period.

The review of Housing with Care provision will include consultation and involvement with key stakeholders, residents, families and relevant others.

7. Data and Information

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

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

The independent strategic needs assessment commissioned by West Lothian IJB provided further data specifically around the changing needs of individuals who required community-based building support.

A full review of the Housing with care service will be undertaken alongside the review of other community-based building supports which will identify further qualitative and quantitative data that will assist with the full development of the policy.

HWC has been subject to recent review and organisational change as a result of 2018/2022 Transforming Your Council requirements. Learning and data from this will be used to inform planning.

8. Mitigating Actions

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

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

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

A review of internal housing with care will be progressed to identify the most appropriate manner in which to achieve this objective. This will assist in further development of mitigating actions to support delivery of this proposal

There will be regular communication with all affected employees, residents, families and engagement with registered social landlords to establish any potential development opportunities within the West Lothian area aligned to this proposal.

Delivery of this measure is aligned with care at home provision. Insufficient supply to meet service demand within care at home is a high risk for the Council and IJB. This is a national and local issue. The challenges relate to recruitment and retention of care at home staff. This impacts on capacity to deliver care for existing and new service users. It is acknowledged that this can also lead to an overreliance on unpaid carers.

Currently this risk is highest in respect of older people's service. These capacity issues impact on people in the community needing care at home provision and also on capacity to discharge people from hospital where a care at home service is required. The risk is closely monitored by the Care at Home Oversight Group.

There are a range of mitigating actions in place to manage current risk that will be further developed as the project develops. This includes

- Weekly care at home oversight group comprising senior staff with analysis of unmet need and additional data to monitor trends, rising demand.
- Update on the position of each care at home provider in relation to staffing levels and capacity to deliver.
- Close working with care at home commissioned providers to explore measures to improve the situation and regular provider forums in place;
- Close links between Hospital integrated discharge hub, review team and commissioning team to ensure available resources are effectively managed and make best use of resources.
- Clear communication and escalation process in place between Council and commission service providers.
- Implementation of assessment and review team to ensure care is targeted in proportionate manner supported by technology care where possible - with robust monitoring of unmet need.
- Implementation of pilot volunteering project to support individuals awaiting a package of care
- Benchmarking and connections with other local authorities, Scottish Care and Social Work Scotland to identify effective care at home capacity building elsewhere and apply learning where appropriate
- Review current care at home framework arrangements to inform the future approach to the commissioning of care at home services;
- Development of block contract "test of change" to support delivery of care at home POCs that have been challenging to source
- Arrangements in place to ensure regular contact with unpaid carers pending implementation of care packages.

9. Monitoring and Review

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

A Project team will be established to progress a review and establish robust oversight arrangements to monitor progress and impact. Regular updates will be provided to the Integration Joint Board for scrutiny and approval where required.

10. Recommendation and Reasoning	
Reason for Recommendation – progress review of Housing with Care to consider further integration of Assisted Living model and focus on ensuring tenancy-based support continues to provide assessed level of care.	
Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	8 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5e Supporting people uplift
Service Area (detail which service area and section this relates to)	Social Policy IJB
Lead Officer (Name and job title)	Karen Love – Senior Manager Adult Services
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Group Manager Occupational Therapy
Date relevance assessed	9 th March 2023

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Karen Love
Designation	Senior Manager – Adult Services
Date	9 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	09.03.23



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5e Supporting people uplift
Details of Others Involved	Head of Social Policy Senior Manager Older People Services Group Manager Older People Accommodation Services Financial Management Unit
Date Assessment Conducted	09.03.23

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)	
<p>Housing with Care (HWC) is a housing model focused on enabling older people to retain independence in their own tenancy within a shared environment that provides additional supports. Seven Housing with Care developments are internally provided with care delivered by Council employees.</p> <p>As part of the application process, HWC tenants undertake a financial assessment to establish if they are self-funders (people who are assessed to have income/assets above a certain level) or housing benefit funded.</p> <p>The proposal is to apply a 3% annual inflationary increase to the supporting people charge for self-funded placements.</p> <p>The Supporting People charge dates back to the introduction of HWC and is a charge for the care component of HWC for self-funders. This is invoiced separately from the rent/service charge/meals and was set in the early 2000s. This charge is not included in the contributions policy and has never been increased despite the increasing cost of care to the council.</p> <p>Supporting People charges have not been subject to an inflationary uplift since introduction. This is in contrast to the other components of the HWC tenancy agreement where rent, meal and service charges are subject to an annual increase.</p>	

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people?</p> <p>HWC is a style of housing and support for older people. The inflationary increase will mean that some tenants will have increased charges. These charges will be for self-funding residents who have undergone a financial assessment.</p>

	<p>How do you know that?</p> <p>The number of self-funders tends to be around 30 out of 177 maximum residents.</p> <p>Current age profile within HWC developments is</p> <ul style="list-style-type: none"> • Under 65 = 7.41% • 65-75 = 22.84% • Over 75 = 69.75%
Disability	<p>What effect/difference will the policy have on people?</p> <p>Care will continue to be delivered to meet individual assessed need. Staff are trained and care is matched to meet these specific needs. The proposed measure will not impact upon this protected characteristic.</p>
	<p>How do you know that?</p> <p>There remains a statutory duty to continue to assess the needs of individuals for the provision of care. This policy does not alter this.</p> <p>The main overall resident disability profiles within HWC are</p> <ul style="list-style-type: none"> • Physical Disability = 45% of residents • Mental Health Problems = 10.49% of residents • Not affected by disability = 6.79% of residents • Learning Disability = 5.56% of residents
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that inflationary increase will have any impact on gender identity/transgender protected characteristics.</p>
	<p>How do you know that?</p> <p>The service is open to all genders.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>None identified</p>
	<p>How do you know that?</p> <p>Service is currently delivered to people within this protected characteristic which will not be affected by inflationary increase.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>None identified</p>
	<p>How do you know that?</p> <p>Target area for delivery will be for older adults</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>The policy is applicable to adults who have been assessed as having eligible care and support needs and is therefore based on an individual's personal needs.</p>
	<p>How do you know that?</p> <p>2011 Census notes largest ethnic group in West Lothian is Scottish 87.8% of people identify as white Scottish, 5.8% identity as white other British.</p> <p>Current age profile within HWC developments is</p> <ul style="list-style-type: none"> • White Scottish = 60.49% of residents • White Scottish/British = 8.64% of residents • White Other British = 3.70% of residents

Religion or Belief	What effect/difference will the policy have on people? None identified
	How do you know that? Service is currently delivered to people within this protected characteristic which will not be affected by inflationary increase.
Sex	What effect/difference will the policy have on people? None identified
	How do you know that? Service is currently delivered to people within this protected characteristic which will not be affected by inflationary increase.
Sexual Orientation	What effect/difference will the policy have on people? None Identified.
	How do you know that? Service is currently delivered to people within this protected characteristic which will not be affected by inflationary increase.

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

This measure is aimed at individuals residing within HWC tenancies under self-funding arrangements. These individuals will have completed a financial assessment confirming they have a level of income or assets to meet the cost of their care.

As there has been no supporting people inflationary increase for many years there may be a requirement for affected residents to adjust their financial commitments.

How do you know that?

The charges for resident recoveries and non-residential contributions are subject to financial assessment on an annual basis. Individuals then receive a revised invoice based upon this updated position. The maximum chargeable amount is calculated in line with the resident's income.

5. Action Plan

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

Actioner Name: Robin Allen

Action Date:

What is the issue?

Affected residents to be informed of inflationary increase and those who experience financial difficulties receive appropriate support.

What action will be taken?

Affected residents will be communicated with and revised payment schedule issued. Those residents who require financial support will initially be directed to the Advice Shop for support and guidance regarding income maximisation.

Progress against action

Affected residents being identified and necessary communication developed.

6. Details of consultation and involvement

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

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

Financial management unit have provided appropriate guidance regarding the appropriate inflationary increase.

7. Data and Information

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

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

Individuals affected by this measure have been identified.

Supporting People charges have not been subject to an inflationary uplift since introduction. This is in contrast to the other components of the HWC tenancy agreement where rent, meal and service charges are subject to an annual increase.

8. Mitigating Actions

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

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

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

Any residents who requires financial support will initially be directed to the Advice Shop for support and guidance regarding income maximisation.

The IIA will continue to be updated as the policy develops.

9. Monitoring and Review

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

Impact of this policy will be reviewed and reported to the IJB.

10. Recommendation and Reasoning

Reason for Recommendation – progress as noted. Measure is designed ot have minimal impact upon current residents with mitigating actions in place to support as required.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	9 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	9 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1b Home First – Frailty H1c Home First - Dementia		
Service Area	Home First Bed Based Review – Community Hospital Beds		
Lead Officer	Neil Ferguson, General Manager Primary and Community Services		
Other Officers/Partners Involved	All officers involved in the progression of the Home First Programme		
Date relevance assessed	07/03/2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Neil Ferguson
Designation	General Manager
Date	09/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	09/03/2023



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	H1b Home First – Frailty H1c Home First - Dementia
Details of Others Involved	Representatives from health and social care and all stakeholders involved in the Home First Programme.
Date Assessment Conducted	07/03/2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The Home First Programme focuses on supporting people to live at home or in a homely setting for as long as possible. The work promotes care and treatment being offered within local communities wherever possible to prevent deterioration and avoid unnecessary hospital presentations. Care at home will be the setting of choice for the majority of people as this enables individuals to live in a familiar environment with support networks nearby.</p> <p>Investment have already been made in enhancing community services to allow more people to be supported at home. Those investments include areas such as hospital at home, discharge to assess teams and social work services, building on existing provision in areas such as district nursing and care at home.</p> <p>The Home First programme is reviewing the provision of beds which fall within the scope of the Integration Joint Board. The review includes inpatient pathways, unscheduled acute hospital beds, community hospital beds, intermediate care provision and care homes. The emphasis is on delivering the best outcomes for people through direction of resources to the most appropriate place based on Home First principles. The focus of this proposal is on community hospital provision for older people, including those with dementia.</p> <p>The consequence of having enhanced community pathways in place has been a sustained reduction in community hospital bed occupancy and in the average length of stay. This supports the principle that hospitals should not be places where people go to live, even those with ongoing clinical needs, but should be places where people receive short-term specialist care when they need it. The type of care associated with community hospitals is known as Hospital Based Complex Continuing Care (HBCCC) which is for people whose care and treatment can only be given in hospital or specialist NHS unit. Other types of care sometimes offered in the same setting include end of life care and step-up or step-down care to provide short term interventions which enable a person to return home.</p> <p>Evidence available so far shows that overall demand for community hospital beds has fallen as community supports have developed and improved. It is likely that fewer community hospital beds will be required in the future, even factoring in demographic growth, end of life care and step-up/step-down pathways. The purpose of this proposal is to match demand for community hospital services with provision in the most cost-effective way and in the most appropriate setting.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age	<p>What effect/difference will the policy have on people? The proposal is intended to have a positive impact on older people by providing the right services, at the right time and in the right place.</p>
	<p>How do you know that? Analysis of bed occupancy levels over the past 5 years shows a reduction in demand. This is supported by Day of Care Audits which demonstrate that demand for bed-based services within West Lothian has been steadily reducing.</p> <p>There is a clear downwards trend in both total occupied bed days and average length of stay in all community hospital and HBCCC beds. This proposal will match provision with demand ensuring that resources are used in the most effective way.</p>
Disability	<p>What effect/difference will the policy have on people? The bed base review, within the context of the wider Home First Programme, is anticipated to improve outcomes for older people and older people with dementia. The proposal will ensure that services for those whose care needs cannot be met in any other setting are aligned with demand.</p>
	<p>How do you know that? Analysis of bed occupancy levels over the past 5 years shows a reduction in demand. This is supported by Day of Care Audits which demonstrate that demand for bed-based services within West Lothian's community hospitals has been steadily reducing.</p> <p>There is a clear downwards trend in both total occupied bed days and average length of stay in all community hospital and HBCCC beds. This proposal will match provision with demand ensuring that resources are used in the most effective way.</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people? No disproportionate impacts to groups with this protected characteristic have been identified. This will be kept under review as proposals are developed.</p>
	<p>How do you know that? Access to community hospital provision is based on individual assessment of need.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people? No disproportionate impacts to groups with this protected characteristic have been identified. This will be kept under review as proposals are developed.</p>
	<p>How do you know that? Access to services is based on individual need.</p>

Pregnancy and Maternity	What effect/difference will the policy have on people? No disproportionate impacts to groups with this protected characteristic have been identified. This will be kept under review as proposals are developed.
	How do you know that? Services are aimed at supporting people aged 65+ with ongoing complex care needs
Race	What effect/difference will the policy have on people? No disproportionate impacts to groups with this protected characteristic have been identified. This will be kept under review as proposals are developed.
	How do you know that? Access to services is based on an assessment of individual needs.
Religion or Belief	What effect/difference will the policy have on people? No disproportionate impacts to groups with this protected characteristic have been identified. This will be kept under review as proposals are developed.
	How do you know that? Care will be provided based on individual assessed need.
Sex	What effect/difference will the policy have on people? The proposal may impact where men and women receive care in a community hospital but the proposal aims to deliver positive outcomes for people through care provision in the most appropriate place.
	How do you know that? Community hospital provision for people with dementia is currently delivered in single sex accommodation. This will be factored in to future proposals. As at end September 2021, over three-quarters (76.5%) of NHS Lothian workforce (whole-time equivalent) were women. 87.6% of the Nursing and Midwifery and Allied Health Professionals staff groups in NHS Lothian were women. Women employees may be disproportionately impacted by decisions on where community hospital services will be delivered in the future.
Sexual Orientation	What effect/difference will the policy have on people? No disproportionate impacts to groups with this protected characteristic have been identified. This will be kept under review as proposals are developed.
	How do you know that? Access to services is based on assessment of individual needs.

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- People who live in rural areas
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- People who have experienced the asylum system
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/ numeracy
- People with lower educational qualifications
- People in low paid work
- People with one or more protected characteristics

What effect/difference will the policy have on people?

Depending on where community hospital bed provision is located in the future, this could disproportionately impact people whose family and support systems live further away from where they are placed in a bed. This may particularly affect those where they or their family/support system are facing financial hardship and may struggle with travel costs, those living in rural areas with poor public transport links, those who have a disability and/or long-term illness that makes it harder for them to travel. Additionally, single parents or those with caring responsibilities may not have the time to make a longer trip to visit a family member or close friend.

How do you know that?

Evidence indicates that demand for community hospital beds is reducing. Work will be done to determine options for the location of future services and level of provision required.

5. Action Plan

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

Actioner Name: Neil Ferguson

Action Date: 13/03/2023

What is the issue?

An understanding of bed usage and demand for community hospital provision is needed to enable options to be developed for the future provision of beds having regard to anticipated population growth.

What action will be taken?

The Home First Programme bed based review workstream is currently gathering data on bed usage, demand and population growth. This data will be used to inform future proposals.

Progress against action

Ongoing work

Action Complete

Date Complete

Actioner Name: Neil Ferguson

Action Date: 13/03/2023

What is the issue?

Stakeholders and communities will be involved in the planning process to determine future options.	
What action will be taken? An engagement plan is in the process of being developed.	
Progress against action Work is ongoing	
Action Complete	Date Complete

Actioner Name: Neil Ferguson	Action Date: 13/03/2023
What is the issue? Proposals on the future provision of community hospital beds require to be submitted to the Integration Joint Board for approval.	
What action will be taken? A report will be prepared following completion of the data gathering exercise and stakeholder engagement.	
Progress against action Still developed	
Action Complete	Date Complete
6. Details of consultation and involvement Who will be or has been involved in the consultation process? d) State which service users and groups are involved in this process and describe their involvement. e) Describe any planned involvement saying when this will take place and who is responsible for managing the involvement process. f) Describe the results of the involvement and how you have taken this into account.	
Proposals will be developed with comprehensive stakeholder engagement with the following groups: <ul style="list-style-type: none"> • Health and Social Care Partnership teams working in Acute, Community and Primary Care • Internal and external governance boards/bodies • Service users • Members of the public • Families and carers • Third Sector organisations/representatives • West Lothian Care Homes (LA and commissioned) <p>A communication plan will be developed to coordinate engagement around these proposals. This IIA will be updated to reflect any planned or completed consultation and involvement.</p>	

7. Data and Information

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

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

NHSScotland Workforce Equality Data September 2022

NIHR-funded study finds that caring for older people at home can be just as good, or even better, than hospital care – April 2021 - <https://www.nihr.ac.uk/>

Any gaps in available information will be reviewed when more detailed proposals are developed.

Existing evidence used:

- WHSCP conducted four day of care audits between June 2021 and November 2022 of all the people in community hospital, mental health, interim social care beds and rehabilitation ward 14 at St John's Hospital. The purpose of these audits was to take a snapshot of the number of people in the beds and whether the people met the criteria to be in those beds and assess whether their care could be better provided in an alternative setting.
- TRAK reports on occupied bed days, length of stay, patient category and demographic
- Bed availability vs occupancy
- Sustained Delayed Discharge performance (National Statistics)
- Population data

8. Mitigating Actions

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

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

- f) How could you modify the policy to eliminate discrimination or to reduce any identified negative impacts? If necessary, consider other ways in which you could meet the aims and objectives.
- g) How could you modify the policy to create or maximise the positive aspects of the proposals and to increase equality and reduce poverty and socioeconomic disadvantage.
- h) Describe any modifications which you can make without further delay (for example, easy, few resource implications).

- i) If you propose to make any of the modifications shown above, describe any potential new negative impacts on other groups in society or on the ability to achieve the aims and how you will minimise these.
- j) Please describe the resource implications of any proposed modifications taking into account financial, people and property issues.

As proposals are developed, this IIA will be updated to reflect mitigating actions against any arising disproportionate impacts.

9. Monitoring and Review

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

Ongoing activity and cost monitoring will be implemented to closely assess any impacts of the proposals when they are implemented.

Regular TRAK reports are produced by data analysts to monitor activity in both community hospitals and acute settings. The measures are agreed by the Home First Project 3b Working Group.

All results will be shared within the wider Home First Programme and HSCP to contribute to the development of future policies.

More detailed proposals will be developed over Spring 2023 – this sits under the governance of the Home First Programme.

10. Recommendation and Reasoning

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

Reason for Recommendation

It is anticipated that the development of proposals in relation to the future community hospital bed base in West Lothian will positively impact people who require HBCCC care, predominantly older people and people with Dementia.

The development of proposals is at an early stage, therefore, there are no specific mitigating actions currently. This IIA will be kept under review throughout the development of the proposals.

Signed by Lead Officer	Neil Ferguson
Designation	General Manager
Date	13/03/2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Service
Date	13/03/2023



**West Lothian Integration Joint Board
Digital Transformation
Integrated Impact Assessments**



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ1a – Revised SWIFT replacement support and maintenance
Service Area (detail which service area and section this relates to)	Social Policy Integration Joint Board
Lead Officer (Name and job title)	Robin Allen, Senior Manager Older People
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Karen Love, Senior Manager Adults
Date relevance assessed	09/03/23

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
There is no requirement for a full IIA for this proposed option. A new social care case management system has been provisioned to replace the existing SWIFT system. The new system will be fully implemented from April 2024. The current SWIFT system support and maintenance contract expires in April 2024. The new system will be fully functional at that point with a maintenance contract included as part of the system package commissioned. There will be no impact therefore on employees or service users. The replacement social care case management system will improve and modernise processes and the maintenance for it has been commissioned making the SWIFT maintenance agreement obsolete.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	9/03/23
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	09.03.23



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ1C Further use of technology enabled care
Service Area (detail which service area and section this relates to)	Social Policy IJB
Lead Officer (Name and job title)	Robin Allen – Senior Manager Older People Services
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Head of Social Policy Senior Manager Older People Services Group Manager Older People Services Group Manager Older People Accommodation Services Group Manager for Home Support Services Group Manager Business Support
Date relevance assessed	09.03.23

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
Based on the information and evidenced gathered, it is recommended that a full Integrated Impact Assessment is undertaken.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager – Older People Services
Date	09.03.23
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	09.03.23



Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ1c Further use of technology enabled care
Details of Others Involved	Head of Social Policy Senior Managers Group Manager Support at home services
Date Assessment Conducted	09.03.23

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>The purpose of Technology Enabled Care is to support people to remain as independent for as long as possible in the environment they choose to be in and empower them to have better choice and control over their care and support.</p> <p>Whilst there is expertise within the local staff group it is recognised that TEC solutions are driven nationally and via worldwide developments. It will be essential to be cited on these developments and understand how the align to current and future service requirements. To better understand possibilities, will engage with subject experts to progress a critical needs analysis within West Lothian. It is anticipated this will assist in understanding how best to target our developments and infrastructure required to implement solutions</p> <p>Carers UK note Telecare and telehealth can lead to a variety of positive outcomes for older and disabled people – promoting independence, acting to prevent or quickly identify health complications and providing reassurance.</p> <p>Strategic Priorities of West Lothian Integration Joint Board Strategic Plan 2019/23 include provision of Integrated & Coordinated Care, Managing our resources effectively, Prevention & Early Intervention.</p> <p>Key aim of developing use of technology enabled care (TEC) is meeting these strategic priorities and legislative requirements to enable people to live as independently as possible within their homes.</p> <p>TEC will be expanded throughout the service through thorough review and analysis of service user needs and enhanced understanding of the potential uses for new and emerging technology to support care and independence.</p> <p>The clear focus of this policy will be to appropriately support individuals to live and stay at home longer, remaining linked and part of their own communities through the implementation and rollout of technology enabled care at home. New emerging technologies have potential to deliver better outcomes for individuals by moving the service towards a model that allows services to be uniquely tailored to individual identified needs.</p> <p>It is acknowledged that TEC will not be able to meet the needs of all individuals. This proposal assumes models of mixed care with technology and digital solutions playing some part dependent on individual need. It is planned that TEC will complement in person service provision.</p>

In person care at home provision has historically experienced challenges to consistently deliver required capacity to meet people's developing needs in the community. This also contributes to people's discharge from hospital being delayed as a result of difficulty supplying care at home support and services. The main objective of this proposal is to ensure people's needs are met in a balanced and where possible less intrusive manner, whilst ensuring in person support is prioritised to those where there is no alternative provision available.

The Social Work (Scotland) Act 1968 places a duty on the council to assess any adult (person over 18 years of age) for potential needs and to determine whether these assessed needs call for the provision of services. The Act places a further duty on the council to make available advice, guidance and assistance. This will continue to be provided as part of the redesigned service to anyone who approaches social work services regardless of their eligibility status.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy

Age	<p>What effect/difference will the policy have on people?</p> <p>The social care assessment is based on an individual's needs and does not discriminate between needs on the basis of any protected characteristic, which will inform a decision around the need for TEC.</p> <p>The COVID-19 pandemic has accelerated the use of technology by all age groups due many people developing their technological skills and capabilities to work and keep in touch with friends and family during lockdown restrictions</p> <p>There is a recognition that many Technology Enabled Care devices are dependent on people having broadband and in some cases a landline in their homes and being confident in its use. There is a potential risk that some people aged 75 and over will have more limited access to Technology Enabled Care.</p>
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	<p>How do you know that?</p> <p>A similar assessment process is used for all people over the age of 18. Adult and Older People social work practice teams are structured to ensure that specialist information, advice and guidance can be provided in relation to needs. This is further enhanced via the current development of a centralised assessment and review team, with dedicated TEC specialist.</p> <p>Office for National Statistics reported that Internet users, UK 2019 found that</p> <ul style="list-style-type: none"> • Virtually all adults aged 16 to 44 years in the UK were recent internet users (99%) in 2019, compared with 47% of adults aged 75 years and over. • In 2019, the number of disabled adults who were recent internet users reached over 10 million for the first time, 78% of disabled adults. • 95% of adults aged 16 to 74 years in the UK in 2018 were recent internet users, the third-highest in the EU. • Since the survey began in 2011, adults aged 75 years and over have consistently been the lowest users of the internet. In 2011, of all adults aged 75 years and over, 20% were recent internet users, rising to 47% in 2019. <p>However, recent internet use in the 65 to 74 years age group increased from 52% in 2011 to 83% in 2019, closing the gap on younger age groups</p> <p>The social policy home safety service and other key practitioners will continue to engage with local/national partners to identify joint working opportunities and risk mitigations. This will include the testing of new and emerging TEC solutions to ensure they meet individuals assess need, prior to deployment.</p> <p>Access to a wide range of devices will ensure that people 's confidence and comfort with technology is considered at the point of assessing for technology, and that people are only given devices that are determined will meet their particular needs, outcomes and align with their ability to use the identified technology.</p> <p>West Lothian demographic analysis notes that life expectancy has increased across both genders, showing that babies born in West Lothian during 2014/16 can expect to live 78.3 years for males and 80.8 years for females.</p> <p>In addition, 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.</p> <p>Growth in the older population will be the most significant with the 65-74 year age groups increasing by 34.8% and persons aged 75 years and over increasing by 119.7% by 2041.</p> <p>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.</p> <p>The Telecare Benchmarking Impact report 2020-2021 noted that 73% of people in receipt of telecare were aged 75 years and over.</p> <p>This trend is comparable to West Lothian where 45% of provision is within the 75 to 84 year age range with further 20% of provision in 85+ year age range.</p>
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Disability	<p>What effect/difference will the policy have on people?</p> <p>Technology Enabled Care is not a replacement for care, it will enhance and give people more choice on how their care is delivered.</p> <p>Access to a wide range of devices will ensure that people's confidence and comfort with technology is considered at the point of assessing for technology, and that people are only given devices that are determined to meet their particular outcomes and align with their ability to use technology.</p> <p>How do you know that?</p> <p>Almost one in four (23.3%) people living in West Lothian report having a limiting long-term physical or mental health condition.</p> <p>Public Health Scotland note that for people with particular needs, including certain types of disability or those who potentially place themselves at risk due to issues such as advanced dementia or other mental health problems - technology can enable them to live safely and independently at home. This can provide reassurance to themselves, their carers and enhance personal choices.</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that TEC will have any impact on gender identity/ transgender protected characteristics</p> <p>How do you know that?</p> <p>The further development of Technology Enabled Care will deliver a wider range of Technology Enabled Care options to meet people's eligible needs and support preventative and earlier intervention help. People will have more choice and control about the technology they want to access and how it is used to support the outcomes that are important to them.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated Technology Enabled Care will impact upon this equality group and will be accessible to all West Lothian residents, regardless of marriage or civil partnership status.</p> <p>How do you know that?</p> <p>TEC can be used by all individuals regardless of characteristic and the use of TEC is determined by assessment and suitability to achieve the required outcomes for each individual.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>None identified</p> <p>How do you know that?</p> <p>Key target area for delivery will initially be for older adults – currently 45% of provision is within the 75 to 84-year age range with further 20% of provision in 85+ year age range.</p>
Race	<p>What effect/difference will the policy have on people?</p> <p>TEC is applicable to adults who have been assessed as having eligible care and support needs and is therefore based on an individual's personal needs, irrespective of this protected characteristic.</p> <p>Technology Enabled Care should not adversely affect groups based on their race and will be available to all West Lothian residents. However, targeted work may need to be undertaken with some minority ethnic groups and specific communities to ensure they have equitable opportunities to access the service and benefit from the outcomes that can be delivered via technology.</p>

	<p>How do you know that? 2011 Census notes the largest ethnic group in West Lothian is Scottish. 87.8% of people identify as white Scottish, 5.8% identity as white other British.</p> <p>Further work needs to take place to understand more about non-English-speaking persons and other groups such as Gypsy, Roma and Traveller community's use of a Technology Enabled Care Service. Many of the resources in the service will depend on people having a fixed address and access to broadband which may be a barrier for this group.</p> <p>Communication needs will be considered when promoting any potential changes or re-design in communities where English may not be a first language. Whilst there will have been demographic changes over this period, 2011 Census information notes 98.4% of people in West Lothian speak English well or very well.</p>
Religion or Belief	<p>What effect/difference will the policy have on people? There may be some religious groups for whom the use of technology is restricted or limited due to their faith. Practitioners will need to understand the individual needs of all people they are supporting, including those with religious beliefs which may impact on their ability to use technology, and consider how best to meet their individual outcomes. Access to a wide range of technological devices and alternative services will enable practitioners to support people using a person-centred approach.</p> <p>How do you know that? Majority of West Lothian residents identify as having no religion at 40.2% with the majority of the remainder identifying themselves with the Church of Scotland.</p>
Sex	<p>What effect/difference will the policy have on people? None Identified at this time</p> <p>How do you know that? No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people? No information available to suggest TEC will impact upon sexual orientation. TEC is applicable to adults who have been assessed as having eligible care and support needs and is therefore based on an individual's personal needs, irrespective of this protected characteristic.</p> <p>How do you know that? No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic.</p>

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

Vulnerable groups may include the following:

- Unemployed
- Single parents and vulnerable families
- People on benefits
- Those involved in the criminal justice system
- People in the most deprived communities (bottom 20 SIMD areas)
- Pensioners
- Looked After Children
- Carers including young carers
- People misusing services
- Others e.g. veterans, students
- Single adult households
- Those leaving the care setting including children and young people and those with illness
- Homeless people
- People with low literacy/numeracy
- People with lower educational qualifications
- People in low paid work

<ul style="list-style-type: none"> • People who live in rural areas • People who have experienced the asylum system • People with one or more protected characteristics 	
What effect/difference will the policy have on people? <p>There is an opportunity for Technology Enabled Care to make a significant positive difference to carers lives by giving them peace of mind through the provision of technology and monitoring for the person they support.</p> <p>Consideration should be given towards carers by ensuring the person they support receives all that they are entitled to. It is expected that carers may not initially have complete confidence in Technology Enabled Care and will need evidence of its success before trusting the provision.</p> <p>They may also require targeted support in terms of supporting the person they care for to access and use technology. Practitioners will need to understand the individual needs of all people they are supporting and consider how best to meet their individual outcomes.</p> <p>The approach being proposed should include consideration of what support friends, family and carers around a person may need during the introduction of any new technology as the wellbeing of the people providing informal caring support is vital.</p> <p>Access to a wide range of technological devices and alternative services will enable practitioners to support people using a person-centred approach, and this should include considering the needs and wellbeing of carers networks.</p> <p>There may be potential impact upon those experiencing homelessness due to nature of TEC and the requirement for an internet connection. TEC may not be an appropriate solution for individuals who have no fixed abode or very temporary living arrangements.</p> <p>There is potential that internet connections may be impacted in some rural areas but this would be checked as part of the assessment of suitability for any proposed TEC solutions</p>	
How do you know that? <p>As part of the assessment of technology, individuals are offered the opportunity to be referred to West Lothian Advice Shop for an income maximisation and benefits check to ensure all financial benefits are sought. This aims to support any associated costs where there may be a weekly fee, electricity consumption or connectivity costs.</p> <p>Depending on the individual piece of TEC being deployed, it often has multiple connection methods so can be applied in many situations either through broadband or a SIM card as a backup to offer a range of connectivity options. To date, there have been no instances where TEC has not been able to be deployed due to connectivity. The methods of connectivity support the diversity across West Lothian in terms of geography.</p>	
5. Action Plan <p>What action/s will be taken, by whom and what is the timescale for completion?</p>	
Actioner Name: Robin Allen	Action Date: TBC
What is the issue? <p>Ensure that TEC is considered and integrated into the care of individuals at point of initial contact with social care.</p> <p>Ensure existing/developing TEC options are considered, tested and deployed.</p>	

Increase awareness of TEC options across both staff groups and service users.

Further integration of TEC options across all adult client groups, for example within residential care provision.

Review new and emerging technology and suitability for use with West Lothian citizens

What action will be taken?

Whilst there is expertise within the local staff group it is recognised that TEC solutions are driven nationally and via worldwide developments. It will be essential to be cited on these developments and understand how they align to current and future service requirements. To better understand possibilities, will engage with subject experts to progress a critical needs analysis within West Lothian. It is anticipated this will assist in understanding how best to target our developments and infrastructure required to implement solutions.

Progress against action

A project team has been established to focus on the development, implementation of new and emerging technologies. Including the completion of user and staff research, test and pilot new TEC. It is anticipated that the needs analysis and delivery of this measure will require additional investment to realise full potential of technology enabled care

An assessment and review team has been developed with a dedicated TEC advisor to ensure support is developed from initial point of contact. Learning from this team will be used to further develop assessment process across services.

6. Details of consultation and involvement

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

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

The West Lothian Integration Joint Board (IJB) has responsibility for strategic planning in relation to most health and social care services for adults in West Lothian.

The IJB is developing a new Strategic Plan which will be in place from 2023- 2026 and will set out the future vision for health and social care in West Lothian.

To develop the new plan the IJB commissioned an independent consultant to undertake a strategic needs assessment to ensure there is a good understanding of the needs of the population. Available data has been considered in developing this proposal, a range of stakeholders have been consulted to identify what is currently working well, what we still need to do and where any gaps exist.

As part of the strategic needs assessment there has been engagement with key stakeholders such as:

People who use our services
 People who care for others
 Staff who deliver health and social care services
 Commissioned providers of health and social care
 Members of the IJB's Strategic Planning Group

Other community representatives

The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a greater proportion of the population over time. The numbers of people in West Lothian aged 65 to 74 years is expected to increase by 19% by 2028 with those aged over 75 years increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 year population and 25.4% increase in those aged over 75 years during the same time period.

Over the three-year period, from 2023/24 to 2025/26, it is expected that the IJB will have to make substantial savings as the funding available will be insufficient to meet the increasing cost of service delivery.

7. Data and Information

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

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

There is a wide range of information available via local and National bench marking to inform the future deployment of TEC. This includes links with the Digital Health and Care Directorate and Scottish Governments overarching Digital Health and Care Strategy.

8. Mitigating Actions

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

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

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

To better understand possibilities, will engage with subject experts to progress a critical needs analysis

within West Lothian. It is anticipated this will assist in understanding how best to target our developments and infrastructure required to implement solutions.

A TEC board has been developed to provide coordination and oversight of Technology Enabled Care. The group will align with the Home First Project and the wider digital improvement program – reporting to the Integration Joint Board.

The group will identify and test existing TEC options to support individual, ensuring there is a clear understanding of implications prior to full implementation.

Further development of a communication plan for potential service users will be required to ensure they have confidence in the capabilities of TEC

9. Monitoring and Review

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

A TEC board has been established to develop implementation of Technology Enabled Care across West Lothian. The group will monitor developments and inform requirement for any future policy development and progress will be reported through IJB governance processes.

10. Recommendation and Reasoning

Reason for Recommendation – Progress as detailed. There is significant opportunity for Technology Enabled Care to make a positive difference in people's lives and support increasing requirements for care provision.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	9 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	9 th March 2023



Integrated Relevance Assessment Form

1. Details of proposal			
Policy Title (include budget reference number if applicable)	H1j Mobile Phone Efficiencies		
Service Area	Management Team		
Lead Officer	Senior Management Team		
Other Officers/Partners Involved			
Date relevance assessed	8 th March 2023		

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

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

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
It is considered that this measure will not impact on any particular protected characteristic as the measure relates to mobile phone that are currently not being used.

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	8 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton Head of Health
Date	8 th March 2023

APPENDIX 8 – CIPFA FINANCIAL MANAGEMENT CODE EVIDENCE OF CURRENT COMPLIANCE - UPDATE

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

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

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<u>Financial Management Standard A</u> – The leadership team is able to demonstrate that the services provided by the authority provide value for money.	<p>The leadership team of the IJB utilise a number of frameworks and documents to ensure that the IJB provides value for money. These include:</p> <ul style="list-style-type: none"> • Ensuring compliance with the IJB's Best Value Framework • Review of financial business cases for service projects • Ensuring compliance with the Financial Regulations and the Reserves Policy • Monthly financial monitoring and risk-based monitoring providing necessary and required scrutiny and feedback. 	Continue with the existing systems of internal control and the management of risk. The Financial Regulations were reviewed to ensure that they fully reflect the requirements of the Code, and the amended regulations reported to the Board for approval.	<p>The Financial Regulations were reviewed and updated to reflect the requirements of the Code and were approved by the Board on 13 January 2022.</p> <p>The Financial regulations are required to be reviewed every three years and the next full review will take place in advance of January 2025.</p>

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<p><u>Financial Management Standard B</u> – The authority complies with the CIPFA Statement on the Role of the Chief Financial Officer in Local Government.</p>	<p>The role description of the Chief Financial Officer for West Lothian IJB, complies with the principles set out in the CIPFA statement; this is evidenced by the role, responsibilities and status of activities undertaken.</p> <p>Principle 1 – Is a key member of the Leadership Team (at West Lothian this is as a Board member and a member of the Health and Social Care Partnership Management Team)</p> <p>Principle 2 – Takes lead role in the IJB's financial strategy (the CFO reports to the Chief Officer and the Board on all financial strategy matters)</p> <p>Principle 3 – Leads and promotes good financial management (the CFO encourages and emphasises sound financial management via a variety of means)</p> <p>Principle 4 – Leads and directs the finance functions of the IJB which is fit for purpose (the CFO manages and is responsible for the financial management and reporting in respect of the IJB)</p> <p>Principle 5 – Is professionally qualified with suitable experience (the Section 95 Officer is a qualified accountant, with significant relevant experience)</p>	<p>The Scheme of Delegation has been updated to reflect the requirements of the Code.</p> <p>Ensure continued compliance with the principles set out in the CIPFA statement.</p>	<p>Ongoing review will be undertaken to ensure the IJB is compliant with the CIPFA statement.</p>

Section 2 – Governance and financial management style

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<u>Financial Management Standard C</u> – The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control.	The governance structure of the IJB demonstrates the actions and internal controls in place. This includes the IJB's Financial Regulations, Standing Orders, the Local Code of Corporate Governance and the Scheme of Delegation.	The relevant governance documents are reviewed per timescales agreed by the Board.	Governance documents continue to be reviewed in line with required timescales.
<u>Financial Management Standard D</u> – The authority applies the CIPFA/SOLACE Delivering Good Governance in Local Government: Framework 2016.	The IJB has a Code of Corporate Governance and a compliance process which is aligned to the CIPFA/SOLACE Delivering Good Governance in Local Government: Framework 2016. The Code of Corporate Governance is reported annually to the IJB Audit, Risk and Governance Committee and is reviewed on a bi-annual basis.	None. The IJB fully applies the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016.	The IJB continues to fully apply the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016.
<u>Financial Management Standard E</u> – The financial management style of the authority supports financial sustainability.	The financial management style of the IJB has been recognised by external auditors EY who are satisfied with the financial management arrangements in place although financial sustainability continues to be a risk.	Continue to work with partner bodies around financial sustainability of the IJB and development of medium-term financial plan for agreement by IJB.	Updated medium term financial plan covering three-year budget and five-year financial strategy has been prepared for agreement by the Board.

Section 3 – Medium to long-term financial management

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<u>Financial Management Standard F</u> – The authority has carried out a credible and transparent financial resilience assessment.	<p>The IJB is presented with regular finance updates from the Chief Officer which consider key budget risks both operational and strategic.</p> <p>A financial assurance process is undertaken each year on budget resources provided by partner bodies to identify any funding risks to the IJB which could impact on financial resilience.</p>	Continue to ensure robust financial resilience assessment is undertaken as part of the annual budget process.	The IJB's 2023/24 budget report includes information on financial resilience and sustainability.
<u>Financial Management Standard G</u> – The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members.	The IJB's Strategic Plan and commissioning plans set out the vision for the delivery of the IJB's priorities. The Strategic Plan and associated commissioning plans have gone through the necessary scrutiny and approval processes and take account of MTFP budget assumptions.	A five-year financial strategy will be developed during 2022/23 in conjunction with the Strategic Plan for 2023/24 to 2027/28 setting out a range of medium-term assumptions on expenditure and funding.	<p>A medium-term financial plan has been progressed for the IJB which sets out key considerations in terms of financial sustainability.</p> <p>The 2023/24 budget and medium-term financial plan will be reported to the Board on 21 March 2023 for approval.</p>
<u>Financial Management Standard H</u> – The authority complies with the CIPFA Prudential Code for Capital Finance in Local Authorities.	Not applicable.	Not applicable.	Not applicable

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<u>Financial Management Standard I</u> – The authority has a rolling multi-year medium term financial plan consistent with sustainable service plans.	<p>The IJB has a medium-term financial plan for the period 2018/19 to 2022/23 with budgets updated annually to ensure they reflect the latest circumstances and most up-to-date information.</p> <p>Commissioning plans are prepared that are consistent with financial resource assumptions and align with the IJB's Strategic Plan.</p>	A new financial strategy will be prepared for the five-year period 2023/24 to 2027/28 and will take account of the new Strategic Plan and Delivery plans.	An updated medium term financial plan has been prepared and will be reported to the IJB for approval on 21 March 2023.

Section 4 - The annual budget

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<u>Financial Management Standard J</u> – The authority complies with its statutory obligations in respect of the budget setting process.	The IJB's annual budget report, including issue of Directions, complies with statutory requirements included in the Public Bodies (Joint Working) (Scotland) Act 2014.	Continue to meet statutory obligations by approving Directions associated with annual budget resources agreed.	Continue to meet statutory obligations by approving Directions associated with annual budget resources agreed. The 2022/23 Directions were issued following Board agreement on 17 March 2022 and Directions for the 2023/24 budget have been prepared for approval.
<u>Financial Management Standard K</u> – The budget report includes a statement by the chief finance officer on the robustness of the	The budget report undertakes financial assurance on the robustness of estimates and assumptions for the annual budget.	The information in the IJB's budget report on robustness of estimates and statement of reserves will continue to be prepared on an annual basis.	The annual IJB budget report includes a section on IJB reserves.

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
estimates and a statement on the adequacy of the proposed financial reserves.	The IJB's annual budget report includes a section on reserves which notes reserves available and ongoing assumptions for use.		The 2023/24 budget report will set out the latest position on IJB financial reserves.

Section 5 – Stakeholder engagement and business cases

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<u>Financial Management Standard L</u> – The authority has engaged where appropriate with key stakeholders on long-term financial strategy, medium-term financial planning and annual budget.	The IJB engages on a collaborative basis with NHS Lothian and West Lothian Council in respect of medium-term financial planning and the annual budget process.	The IJB will continue to engage on financial plans and on specific elements of the financial plan. In particular, there will be engagement on the development of the medium-term financial plan from 2023/24 onwards.	An IJB budget consultation was undertaken during October / November 2022 and the outcome was reported to the Board. There will be continued engagement on financial plans including relevant budget savings developed for 2023/24 onwards.
<u>Financial Management Standard M</u> – The authority uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions.	The utilisation of business cases is an essential element of service delivery plans and transformation. The IJB considers key business cases related to IJB functions for agreement.	The IJB will continue to review and approve relevant strategic outline business cases to prioritise resources and demonstrate value for money.	The IJB will continue to review and approve relevant strategic outline business cases to prioritise resources and demonstrate value for money.

Section 6 – Monitoring Financial Performance

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2023
<u>Financial Management Standard N</u> – The leadership team takes action using reports enabling it to identify and correct emerging risks to its budget strategy and financial sustainability.	<p>The IJB has Financial Regulations and an approved Integration Scheme which includes the process for monitoring and reporting of budgets and the identification of risks which allows for mitigating actions being undertaken.</p> <p>This is completed in conjunction with reports being presented on the outcome of UK and Scottish Government budget announcements.</p>	There are regular reports to the HSCP SMT and Board on the progress on the current year budget and any changes to budget assumptions for future years. These will be reviewed to identify any potential improvements.	<p>Budget assumptions for 2022/23 reviewed as part of annual IJB budget process including monitoring reports to each Board meeting.</p> <p>Budget assurance on 2023/24 budget and future years will be a key aspect of budget report presented to Board on 21 March 2023.</p>
<u>Financial Management Standard O</u> – The leadership team monitors the elements of its balance sheet that pose a significant risk to its financial sustainability.	<p>The IJB adopts a monthly approach to monitoring with budget monitoring reported to each Board meeting during the year. Any balance sheet areas posing a risk to financial sustainability, are identified through the budget monitoring process.</p> <p>The IJB Audit, Risk and Governance Committee receive regular reports on high risks areas and risks relating to the delivery of the financial plan.</p>	In addition to regular monitoring, a statement on any risks to elements of the balance sheet will be included in the covering report to the IJB's annual accounts as required.	Section on balance sheet included in IJB Annual Accounts. No risks required to be highlighted to date.

Section 7 – External financial reporting

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – January 2022
<u>Financial Management Standard P</u> – The Chief Finance Officer has personal and statutory responsibility for ensuring that the statement of accounts produced by the local authority complies with the reporting requirements of the Code of Practice on Local Authority Accounting in the United Kingdom.	<p>The Scheme of Delegation includes the role and responsibility of the Chief Finance Officer for ensuring that the IJB complies with relevant legislation and guidance including the Code of Practice on Local Authority Accounting.</p> <p>The outturn and final accounts are reported to the Audit, Risk and Governance Committee for review and any recommendations prior to being reported to the Board for approval, with the final accounts being audited and signed off by an external auditor.</p>	This responsibility is clearly set out in the IJB's governance arrangements. Accounts will continue to be produced in accordance with the Code of Practice.	This responsibility is clearly set out in the IJB's governance arrangements. Accounts will continue to be produced in accordance with the Code of Practice.
<u>Financial Management Standard Q</u> – The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions.	The final outturn figures are presented to the IJB annually, as part of the unaudited accounts report presented in June each year. The accounts provide information on performance against budget and identify reasons for key variances.	There is a robust process in place for reporting final outturn figures to the IJB, and this allows Board members to consider strategic financial matters.	Final outturn figures for 2021/22 reported as part of unaudited accounts presented to the Board in September 2022.

WEST LoTHIAN INTEGRATION JOINT BOARD

ANNUAL FINANCIAL STATEMENT

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

The Scottish Government guidance notes that the Annual Financial Statement should be updated before the end of each financial year and should cover the period of the strategic planning and budget planning period. The new West Lothian IJB Strategic Plan covers the period to 2027/28 while the three-year budget plan including savings has been developed by the IJB. Accordingly, the updated Annual Financial Statement below covers the period 2023/24 to 2025/26. No financial settlement has been provided to NHS Lothian or West Lothian Council beyond 2023/24 and, taking account of this and remaining uncertainty over future years, current budget planning assumptions for 2024/25 and 2025/26 resources are shown for the purposes of the Annual Financial Statement.

The Annual Financial Statement is split into four areas:

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

Adult Social Care Services

West Lothian Council's approved 2023/24 contribution to the IJB is shown below along with indicative budget resources for 2024/25 and 2025/26.

NHS Delegated Services

The NHS Lothian contribution for 2023/24 is also shown below along with indicative budget resources for 2024/25 and 2025/26.

As part of anticipated ongoing public sector funding constraints, both West Lothian Council and NHS Lothian will face significant financial challenges over the period 2024/25 to 2025/26 which will in turn create a challenging financial environment for West Lothian IJB. Health

and social care demands are continuing to increase and, taken in conjunction with constrained funding, it will be important that available resources are used effectively to meet the priorities identified in the IJB Strategic Plan and the care needs of the West Lothian population.

West Lothian Integration Joint Board – Annual Financial Statement				
	2023/24	2024/25	2025/26	Total Three Year
	Budget	Indicative Budget	Indicative Budget	Indicative Budget
Social Care Services	£'000	£'000	£'000	£'000
Learning Disabilities	24,280	25,482	26,556	76,318
Mental Health	5,288	5,631	5,944	16,862
Physical Disabilities	7,905	8,385	8,862	25,152
Older People Assessment and Care	44,865	46,625	48,482	139,972
Care Homes and Housing with Care	8,434	7,272	5,592	21,298
Occupational Therapy	1,417	1,405	1,447	4,268
Support and Other Services	3,019	3,029	3,062	9,110
Total Adult Social Care Services	95,208	97,828	99,944	292,980
Core Health Services				
Community Equipment	1,075	1,075	1,075	3,225
Community Hospitals	2,601	2,652	2,704	7,957
District Nursing	4,594	4,686	4,780	14,060
General Medical Services	25,275	25,288	25,301	75,864
Mental Health	17,945	18,288	18,637	54,870
Prescribing	35,921	35,921	35,921	107,763
Resource Transfer	8,609	8,609	8,609	25,827
Therapy Services	4,843	4,921	5,001	14,765
Other Core	9,980	10,106	10,235	30,321
Total Core Health Services	110,843	111,546	112,262	334,651

	2023/24	2024/25	2025/26	Total Three Year
	Budget	Indicative Budget	Indicative Budget	Indicative Budget
Hosted Health Services	£'000	£'000	£'000	£'000
Hospices	962	962	962	2,886
Learning Disabilities	2,953	3,011	3,070	9,034
Lothian Unscheduled Care Service	2,453	2,500	2,548	7,501
Oral Health Services	1,334	1,360	1,387	4,081
Hosted Psychology Service	1,738	1,774	1,810	5,322
Hosted Rehabilitation Medicine	1,936	1,971	2,007	5,914
Sexual Health	1,514	1,536	1,559	4,609
Substance Misuse	596	606	617	1,819
Hosted Therapy Services	2,554	2,604	2,654	7,812
UNPAC	1,380	1,380	1,380	4,140
Other Hosted Services	1,032	1,049	1,066	3,147
Total Hosted Health Services	18,452	18,753	19,060	56,265
Acute Set Aside Services				
ED and Minor Injuries	6,526	6,654	6,785	19,965
Cardiology	1,494	1,523	1,552	4,569
Diabetes & Endocrinology	802	812	821	2,435
Gastroenterology	2,212	2,237	2,262	6,711
General Medicine	10,325	10,522	10,726	31,573
Geriatric Medicine	5,827	5,941	6,057	17,825
Infectious Disease	2,640	2,660	2,680	7,980
Junior Medical	1,147	1,171	1,195	3,513
Rehabilitation Medicine	641	653	667	1,961
Respiratory Medicine	2,048	2,080	2,112	6,240
Therapies / Management	2,623	2,676	2,730	8,029
Acute Set Aside - Total	36,285	36,929	37,587	110,801
TOTAL	260,788	265,056	268,853	794,697

Date	21 March 2023
Agenda Item	11



Report to: West Lothian Integration Joint Board

Report Title: The West Lothian IJB Strategic Plan 2023-2028

Report By: Head of Strategic Planning and Performance (Interim)

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input checked="" type="checkbox"/>
	The purpose of the paper is to provide the IJB with an update on the approach taken in developing the new IJB Strategic Plan and seek the Board approval to publish the draft plan included as Appendix 1 to this report.
Recommendations	<p>It is recommended that IJB members:</p> <ul style="list-style-type: none"> • Note the approach that was taken to the development of the new IJB Strategic Plan; • consider the draft Strategic Plan included in Appendix 1 of the report and note that detailed delivery plans will be developed for each of the plan's priorities and • approves the West Lothian IJB Strategic Plan 2023-2028 and agrees to its publication.
Directions to NHS Lothian and/or West Lothian Council	N/A.
Resource/ Finance/ Staffing	None identified at this stage.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014

Risk	Risks actions are currently being reviewed alongside the development of the new strategic plan
Equality, Health Inequalities, Environmental and Sustainability Issues	An Integrated Impact Assessment will be undertaken and published with the finalised plan on 21 st March 2023
Strategic Planning and Commissioning	The findings of the Strategic Needs Assessment will be used to inform the development of the new IJB Strategic Plan and future strategic commissioning approaches.
Locality Planning	The Strategic Needs Assessment has considered data across both localities and this will be reflected within the new Strategic Plan
Engagement	<p>As part of the Strategic Needs Assessment a comprehensive engagement plan was developed which included staff, partners, services users and the public. Regular updates have been provided to both the IJB Strategic Planning Group and to the Board.</p> <p>Engagement was undertaken with a range of forum including the West Lothian Senior People's Forum, Carer's Voice Forum and Provider Forums.</p> <p>The high-level structure of the Strategic Plan was considered by the Strategic Planning Group (SPG) at the meeting on 8th December 2022.</p> <p>SPG members were given the opportunity to consider and shape the key areas included within the new strategic plan.</p> <p>A further consultation and engagement exercise was undertaken on the draft plan between 10th January and 14th March 2023.</p>

Terms of Report

1. Background

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland. The role of the West Lothian Integration Joint Board (IJB) is to plan most health and social care services for adults in West Lothian.
- 1.2 The IJB Strategic Plan sets out the strategic direction for the delivery of its delegated functions and a new Strategic Plan must be in place by March 2023. The new plan will set out the IJB's future vision for health and care in West Lothian from 2023.
- 1.3 The first step in developing the new plan was the completion of the strategic needs assessment to ensure a clear understanding of the needs and priorities of our population. Through the strategic needs assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.
- 1.4 Alongside data analysis, a comprehensive engagement exercise has been undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exists.

- 1.5 Work was undertaken with the IJB Strategic Planning Group to review the current IJB Strategic Plan and identify potential priorities for the new plan. The new priorities identified were:

Improving Health Inequalities in Partnership	A 'Home First' Approach	Enabling Good Care and Treatment
<ul style="list-style-type: none"> • Focus on prevention and self-management • Supporting people to make informed choices • Working with communities in partnership with others to maximise impact • Alignment with the Local Outcomes Improvement Plan and locality priorities • Wider determinants 	<ul style="list-style-type: none"> • Investment in early intervention • A human-rights based approach • Self-management • care and treatment provided as close to home as possible • planned care rather than crisis care • specialist care in the right place 	<ul style="list-style-type: none"> • supporting our workforce to deliver high quality care • improvement through transformation including digital • support for carers • managing financial resources effectively through clear investment and disinvestment • sustainable service delivery

- 1.6 These potential priorities formed the basis of the Strategic Needs Assessment to determine, to what extent, these were considered key across all the IJB's stakeholder groups (partners, service users, carers, staff, commissioned service providers and community groups). The Needs Assessment also looked to identify any other needs which are considered to be a priority by each of the stakeholder groups.

- 1.7 As part of the Strategic Needs Assessment the following areas were explored:

- The strategic drivers for the development and delivery of health and social care services
- The profile of the West Lothian population including:
 - Risk factors –Demographic, Behavioural, Physiological
 - Health Inequalities
 - Overall life expectancy in West Lothian
 - The prevalence of a range of health conditions and where these are spread unequally across population groups
 - Access to care and support in West Lothian
- Current service provision
- Service trends and opportunities to do things differently based on staff feedback
- Partner Feedback on:
 - Their top three priorities for health and social care in West Lothian
 - The proposed, high level, Strategic Plan priorities
 - How health and social care provision could be improved in West Lothian
 - The role that key partners could play in delivering the aims
 - What new ways of working could be developed to support the delivery of health and social care services in West Lothian.
- Public and support service feedback – via survey - on:
 - The proposed strategic aims of:

- Tackling Health Inequalities,
- Taking forward a Home First Approach and
- Enabling good care and treatment,

- What the IJB current does well
- What the gaps are and what needs to be improved
- Their own top 3 priorities

- The way forward

2. Engagement with the IJB Strategic Planning Group

2.1 A presentation was delivered to the IJB Strategic Planning Group on 8th December 2022 which sought to facilitate discussion and seek the views of SPG members on the following areas to inform the development of the draft Strategic Plan:

- Approach to reducing health inequalities
- Approach to Locality Planning
- Financial context and challenges balanced with identified needs and priorities
- Results of the IJB Consultation – Modernising Adult Social Care Consultation
- Workforce and
- Risks

The feedback and contribution of SPG members has been incorporated into the draft IJB Strategic Plan 2023-28.

3. Consultation on the Draft Strategic Plan

3.1 The draft Strategic Plan was presented the IJB on 10th January and it was agreed that a further public consultation would be undertaken on the draft plan. This included:

- a public survey that was promoted through social media channels and through partner networks in particular through Carers of West Lothian and the Voluntary Sector Gateway
- engagement with the West Lothian Senior People, the West Lothian Carers Voice Group and Provider Forums
- engagement with staff to seek their views.

3.2 The draft plan has generally been positively received with 171 people responding to the public survey. People were supportive of the plan's proposed priorities with:

- 95.7% of respondents agreeing that **Improving Health Inequalities in Partnership** should be a priority for the IJB
- 97.2% of respondents agreeing that **A Home First Approach** should be a priority for the IJB and
- 95.5% of respondents agreeing that **Enabling Good Care and Treatment** should be a priority of the IJB.

The feedback and comments received through our engagement have been reflected in the draft IJB Strategic Plan 2023-28 included as Appendix 1 of this report.

4. Integrated Impact Assessment

4.1 The Public Sector Equality Duty (PSED) requires public bodies in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct

- Advance equality of opportunity between those who share a protected characteristic and those who do not; and
- Foster good relations between those who share a protected characteristic and those who do not

4.2 The Fairer Scotland Duty, part 1 of the Equality Act 2010 places a legal responsibility on public bodies to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

4.3 An Integrated Impact Assessment is a mechanism which enables us to identify and consider the needs, barriers and any adverse impacts on different groups of our strategic decision making.

4.4 An Integrated Impact Assessment of the new Strategic Plan was undertaken by the Strategic Planning Group on 16th February and is attached as Appendix 2 to this report.

5. Conclusion

5.1 The findings of the Strategic Needs Assessment and the public consultation exercise have been used to inform the development of the draft Strategic Plan. The IJB is asked to approve the West Lothian IJB Strategic Plan and agrees its publication.

References	IJB Report 10 January 2023 - Development of the Strategic Plan Report with Draft Strategic Plan and Strategic Needs Assessment
Appendices	Appendix 1 – Draft – West Lothian IJB Strategic Plan 2023-28 Appendix 2 – Integrated Impact Assessment
Contact	Sharon Houston Head of Strategic Planning and Performance (Interim) Sharon.Houston@westlothian.gov.uk 21 st March 2023

West Lothian Integration Joint Board Strategic Plan 2023-28



**INTEGRATED
HEALTH AND
SOCIAL CARE**

WEST LOTHIAN
WORKING FOR WELLBEING

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West Lothian
IJB Strategic Plan 2023/28

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Executive Summary

This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years.

The plan describes how the IJB intends to deliver its vision of:

"Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian"

The plan also outlines how we will deliver the nine national health and wellbeing outcomes through our strategic priorities and transformational change programmes against the background of demographic, and financial challenges.

West Lothian faces a growing and ageing population over the lifetime of this plan and beyond. The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a greater proportion of the population over time. The numbers of people in West Lothian aged 65 to 74 is expected to increase by 19% by 2028 with those aged over 75 increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 population and 25.4% increase in those aged over 75 during the same time period.

Almost one in five (19.5%) people living in West Lothian report having a limiting long-term 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 communities

The Strategic Plan recognises that both West Lothian Council and NHS Lothian were required to achieve substantial efficiencies over the life span of the previous plan and will face further significant financial challenges over the next five years. This 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.

The seven strategic aims of the plan are to:

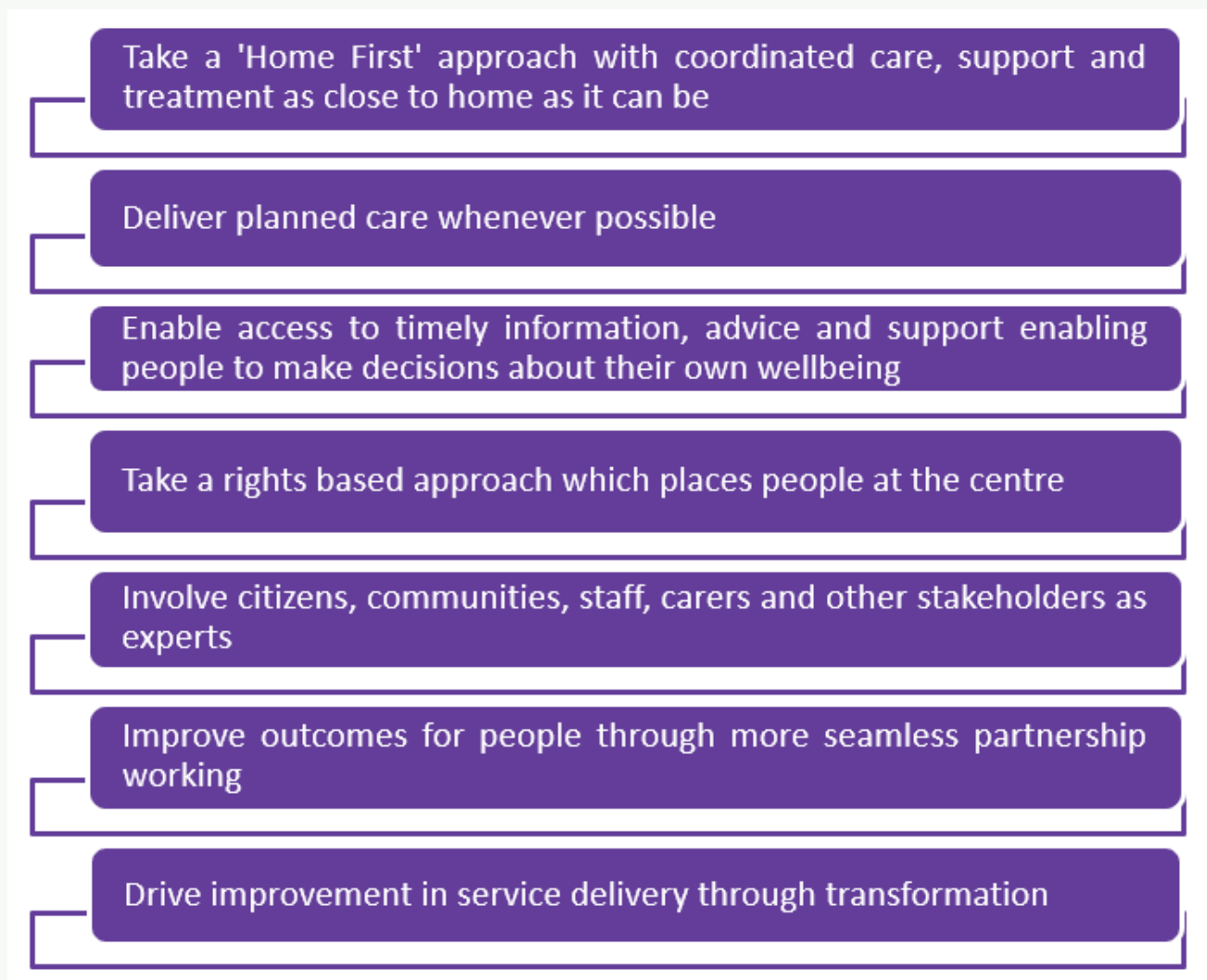


Figure 1 The seven strategic aims of the Strategic Plan

To achieve this, we have set the following strategic priorities for the duration of this Plan:



In order to achieve these aims and transform the way adult health and social care is provided, it is vital that resources are shifted from the traditional models of care to new models of care. As services develop and 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 a range of delivery plans underpinned by a medium-term financial planning framework. This will inform the IJB's planning and prioritisation of future health and social care services in West Lothian.

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 contribute to health inequalities, with poorer health outcomes in some population groups.

Our Performance Framework and approach to Clinical and Care Governance are set out in this Plan. These ensure that the IJB continuously measures progress against the 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.



Bill McQueen CBE
Chair of West Lothian Integration Joint Board



Section 1: The Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland. The Act requires each Health Board and Local Authority to delegate some of its functions to new Integration Authorities.

On 1st April 2016, an Integration Joint Board (IJB) was established in West Lothian. The IJB has responsibility for planning most of the integrated health and social care services for adults in the area.

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 was approved by West Lothian Council, NHS Lothian and the Scottish Government.



Figure 2: Functions Delegated to the West Lothian IJB

The Integration Joint Board's role is to set the strategic direction for functions delegated to it and to deliver the priorities set out in its Strategic Plan. It receives payments from West Lothian Council and NHS Lothian to enable delivery of local priorities for health and social care for adults.

The Board gives directions to the council and health board as to how they must carry out their business to secure delivery of the Strategic Plan. An overview of the functions delegated to the West Lothian IJB are detailed in figure 1.

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.

Section 2: Development of the Strategic Plan 2023-28

The Strategic Plan builds upon joint planning foundations established through our Community Planning and Health and Social Care Partnerships

The plan outlines the IJB's vision and ambitions for health and social care services in 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 of our partners, including housing and the third and independent sectors, to maximise our resources and deliver on our strategic priorities.

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

Tackling health inequalities has been identified as a priority 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 coordinated 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, using the right resource. The IJB recognises 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. This strategic plan aims to:

- **Take a rights based approach which places people at the centre**
- **Involve citizens, communities, staff, carers and other stakeholders as experts**
- **Enable timely information, advice and support enabling people to make decisions about their own wellbeing**
- **Deliver planned care wherever possible**
- **Take a 'Home First' approach with coordinated care, support and treatment as close to home as it can be**
- **Drive improvement in service delivery through transformation**
- **Improve outcomes for people through more seamless partnership working**



Figure 3: Strategic Plan Aims

Strategic Scope

In West Lothian we have defined two localities across which our health and care services will be planned, the East Locality and West Locality as detailed below. The importance of the localities in determining the strategic direction of health and social care planning is reflected in the plan.

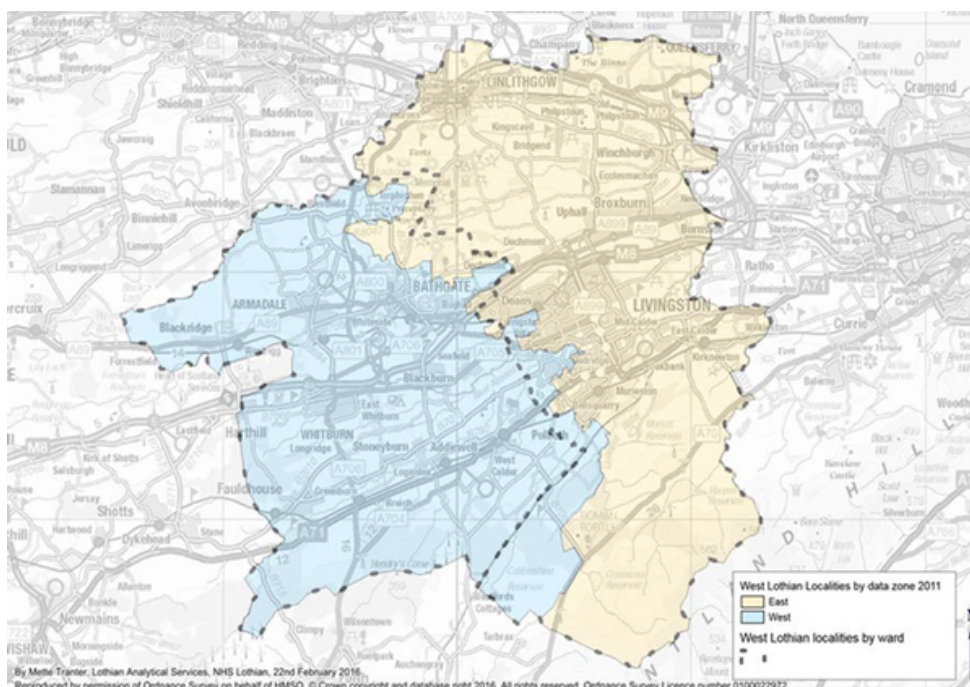


Figure 4: Map of East Locality and West Locality

With a focus on achieving the best outcomes for people living in West Lothian the IJB will build on its experience of 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.

Development of the Strategic Plan 2023-28

The strategic objectives and priorities of the plan have been identified through:

- the review of the IJB Strategic Plan 2019-23
- discussion and development sessions with the IJB and the Strategic Planning Group.
- engagement with our partner organisations and key stakeholders
- engagement with key staff groups
- engagement with people who use our services
- engagement with unpaid carers
- engagement with commissioned service providers.
- analysis of a wide range of demographic and other data.

The 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, representatives of service users, carers and their families.

The Strategic Plan aligns with West Lothian Community Planning Partnership's Local Outcome Improvement Plan, West Lothian Council's Corporate Plan, Our Health Our Care, Our Future, NHS Lothian's Strategic Plan 2014-24, the Lothian Strategic Development Framework 2022-27, West Lothian Council's Local Housing Strategy, West Lothian Carers Strategy, West Lothian Health and Social Care Partnership's Workforce Plan 2022-25

Delivery Plans will be developed to take forward the Strategic Plan's priorities and will cover all adult care groups. The Delivery Plans will inform our strategic commissioning and will be focused on ensuring that the IJB fulfils its statutory duty to achieve best value, while delivering, developing and commissioning services that are person centred, take a human rights-based approach and are outcome focused. To achieve this, we will work closely with our strategic partners as well as the third and independent sectors.

Review of the IJB Strategic Plan 2019- 2023

This Strategic Plan builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023. In conjunction with the IJB Strategic Planning Group the Strategic Plan 2019-23 was reviewed to reflect on the experience of managing through the pandemic with a focus on:

- **What had worked well and could be further developed?**
- **What had been challenging?**
- **What needed to change?**

Key themes that emerged from the review were:

- The negative impact of the pandemic on inequality
- The importance of partnership working
- The importance of early intervention and prevention
- The importance of good, clear and consistent communication
- Opportunities to enhance the use of technology and progress the digital agenda within health and social care services
- The importance of supporting the sustainability of independent and third sector organisations to enable them to provide high quality health and social care services
- The health and social care workforce in West Lothian
- The importance of exploring different ways of working and creating a culture of continuous improvement.

Consultation and Engagement

To inform the development of the Strategic Plan the IJB commissioned a Strategic Needs Assessment (SNA) to establish a clear understanding of the needs and priorities of people in West Lothian. Through the Strategic Needs Assessment, analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services. Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of our key stakeholders were captured to identify what is currently working well, what still needs to be done and where any gaps exist.

Through targeted surveys, focus groups and one to one meetings, we engaged with and sought the views of:

- People who use our services
- People who care for others
- Staff who deliver health and social care services
- Commission providers of health and social care services
- Members of the IJB Strategic Planning Group and
- Other community representatives.

Scope of the Strategic Needs Assessment

The Strategic Needs Assessment explored the following areas:

- **The strategic drivers for the development and delivery of health and social care services**
- **The profile of the West Lothian population including:**
 - Risk factors –Demographic, Behavioural, Physiological
 - Health Inequalities
 - Overall life expectancy in West Lothian
 - The prevalence of health conditions and where these are spread unequally across population groups
 - Access to care and support in West Lothian
- **Current service provision**
- **Service trends and opportunities to do things differently**
- **Partner Feedback on:**
 - Their top three priorities for health and social care in West Lothian
 - The proposed, high level, Strategic Plan priorities
 - How health and social care provision could be improved in West Lothian
 - The role that key partners could play in delivering the strategic aims
 - New ways of working that could be developed to support the delivery of health and social care services in West Lothian.
- **Public and support service feedback on:**
 - The proposed strategic aims of:
 - Tackling health inequalities,
 - Taking forward a Home First approach and
 - Enabling good care and treatment
 - What the IJB current does well
 - Where the gaps are and what needs to be improved
 - Their own top 3 priorities for health and social care in West Lothian

Overview of the Findings of the Strategic Needs Assessment

Through the Strategic Needs Assessment respondents agreed that the IJB should:

- be focused on tackling health inequalities in West Lothian in conjunction with key partners
- take forward the development and implementation of Home First
- focus on developing the structures and supports required to enable good care and treatment

The Strategic Needs Assessment also highlighted a range of challenges for the delivery of future health and social care services in West Lothian, in particular:

Demographic pressures:

- Inequality across the localities
- Increased demand for support due to an increasing elderly population
- Workforce challenges
- Financial constraints face by all public sector services in Scotland.



Section 3: Vision, Values and Outcomes

Our Vision

The IJB's vision is to:

Work in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian

To take forward this vision it is essential that we:

- recognise and take account of the different needs of vulnerable groups when we plan, design and deliver services
- ensure that all adults are supported to live their lives as well as possible
- support people to achieve their potential to live independently and
- enable people to exercise choice over the services they use in line with the principles of Self Directed Support (SDS)

Our Values

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



Figure 5: NHS Lothian and West Lothian Council values

Strategic Context

Health and social care services operate within an evolving and complex framework of legislation, policy and guidance (detailed in Appendix 2) that influence how we develop and deliver services that provide care and support to meet the needs of people in West Lothian.

Outcomes

The IJB is committed to delivering services that align with nationally and locally identified outcomes, in particular:

- **The National Health and Wellbeing Outcomes**

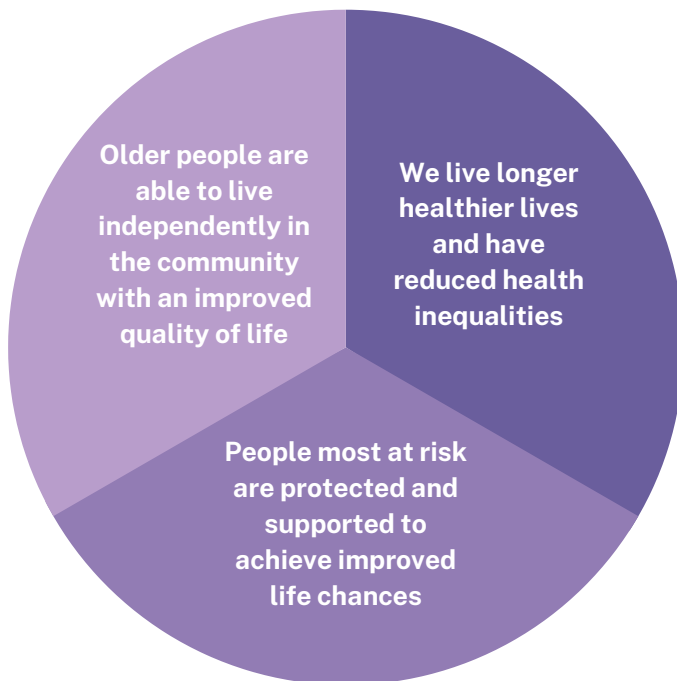
The Strategic Plan has been designed to deliver the nine National Health and Wellbeing Outcomes for integration. These are high-level statements outlining what health and social care partners are attempting to achieve through integration and improvement across health and social care. These are underpinned by a human rights-based approach.



Figure 6: National Health and Wellbeing Outcomes

The West Lothian Local Outcome Improvement Plan

Through delivery of this strategic plan we also aim to meet local outcomes identified within the West Lothian Local Outcome Improvement Plan (LOIP) in particular:



At the time of writing it should be noted that reviews of the LOIP and Community Planning Partnership's Locality Plans are currently underway. The Community Planning Partnership has agreed that the LOIP should focus on the 'added value' that the CPP can bring to particular issues, build on the value of working collaboratively whilst not duplicating activity that is currently ongoing. The new LOIP will therefore focus on the following four pillars:

Figure 7: West Lothian Local Improvement Outcomes



Figure 8: Four pillars identified in the West Lothian Local Outcome Improvement Plan

Independent Review of Adult Social Care in Scotland

In 2021 the Scottish Government published the findings of the Independent Review of Adult Social Care (IRASC) in Scotland. The review concluded that to secure better outcomes for people in Scotland there was a need to:

Shift the paradigm

The review stated that strong and effective social care support needed to be underpinned by a human rights-based approach. It specifically recommended that the approach taken to the delivery of health and social care services should:

- enable people's rights and capabilities
- be based on preventative and anticipatory collaboration and
- be a vehicle for supporting independent living.

Strengthen the Foundations

The review highlighted the need for system level change, with more effective problem solving and a scaling up of promising practice. It also recognised the need to strengthen the social care workforce, emphasising engagement, value and reward as well as increasing the focus on unpaid carers to enable them to continue to be a cornerstone of social care support.

Redesign the System

The review emphasised the need for a new delivery system for social care support, involving those with lived experience in its design. It recommended a National Care Service and highlighted the need to transform the planning, commissioning and procuring of social care support, based on partnership and relationships rather than competition.

Our approach to the planning and delivery of social care services in West Lothian is in line with the principles and themes highlighted in the findings of the IRASC, but there is still more that we need to do. The objectives and priorities identified in this Strategic Plan reflect the key themes from the report

National Care Service

The Independent Review of Adult Social Care also recommended the establishment of a National Care Service (NCS) with the aim of ensuring that people of all ages can access the support they need to live a full life by improving consistency and quality of provision. It is proposed that the NCS will be responsible for social work and social care support, including support for carers. It will also be responsible for planning and commissioning primary care and community health services.

The development of the NCS will have a significant impact on how community health and social care services are planned and delivered in the future. In particular, the intention to reform Integration Joint Boards into Community Health and Social Care Boards ('Local Care Boards') will impact directly on existing governance arrangements.

At this time much of the detail regarding the development of the NCS is still unclear. Progress on this significant policy development will be kept under review by the IJB.

Section 4: Understanding Our Population's Needs

Demographic Challenges

The latest population statistics for West Lothian (National Records Scotland), indicates the area's population stood at 185,580 in June 2021, the 5th highest population in Scotland. In the 10 years previous, the population in the local area had grown 19.5%, the second highest increase of all the local authorities in Scotland and two and a half times that of the Scottish average (7.6%).

Further increases in the local population are also projected, with a 5.9% increase predicted by 2028, three times the increase of the national average. The population is predicted to grow primarily by net migration into the area (4.9% rise, supplemented with births exceeding deaths by 0.8%). It is noted that there is projected to be approximately 12,000 new homes built in the West Lothian area by 2027.

Growth in the older population will be the most significant with the 65-74 age groups increasing by 19% and people aged 75 and over increasing by 39% by 2028.

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 five (19.5 %) people living in West Lothian report having a limiting long-term health condition. A long-term condition can have a significant impact on quality life and ability to carry out day to day activities and includes any condition which has lasted or is expected to last at least 12 months

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). This is the Scottish Government's official tool for identifying areas of multiple deprivation.

West Lothian has 239 data zones, 35 of which fall within the most deprived 20% (quintile 1) of the 2020 SIMD data zones. The SIMD pulls together data on 32 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.

Four of the data zones in West Lothian are within the most deprived 5% in Scotland, one each in Blackburn, Armadale South, and Whitburn Central in the West Locality and Craigshill, which is located within the East Locality. Armadale South – 04 (S01013395) is the lowest ranked data zone overall (rank 45).

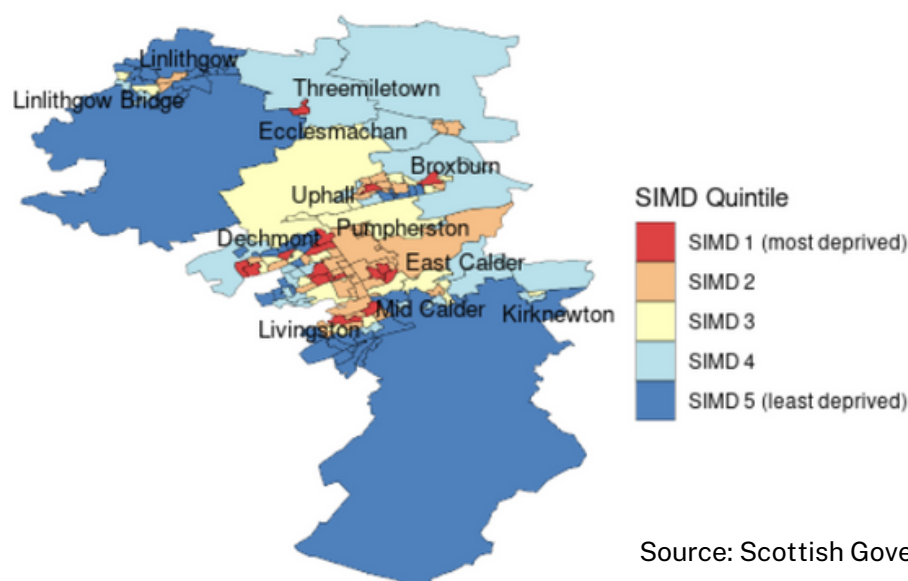
Deprivation Profile - East Locality

In 2020 within the East Locality 12.5 % of people lived in the most deprived SIMD Quintile, and 27% lived in the least deprived SIMD Quintile. The table provides a comparison of the population living in each Quintile in 2020 compared to 2016.

Quintile	Percentage of population 2016	Percentage of population 2020	Difference
SIMD 1	13.9%	12.5%	-1.4%
SIMD 2	22.6%	25.4%	2.8%
SIMD 3	19.7%	15.7%	-3.9%
SIMD 4	18.3%	19.5%	1.2%
SIMD 5	25.5%	26.9%	1.4%

Figure 9: % population living in the 2016 and 2020 SIMD Datazone Quintiles

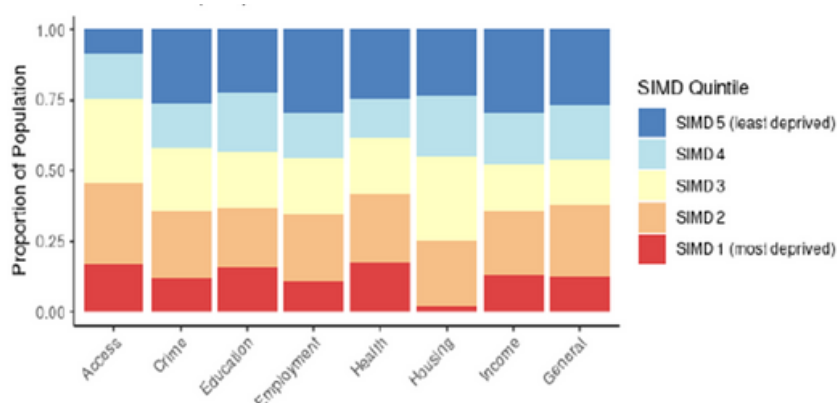
Map of Data Zones East Locality coloured by SIMD quintiles



Source: Scottish Government, Public Health Scotland

Proportion of the population residing in each 2020 SIMD quintile by domain

Source: Scottish Government, Public Health, National Records Scotland



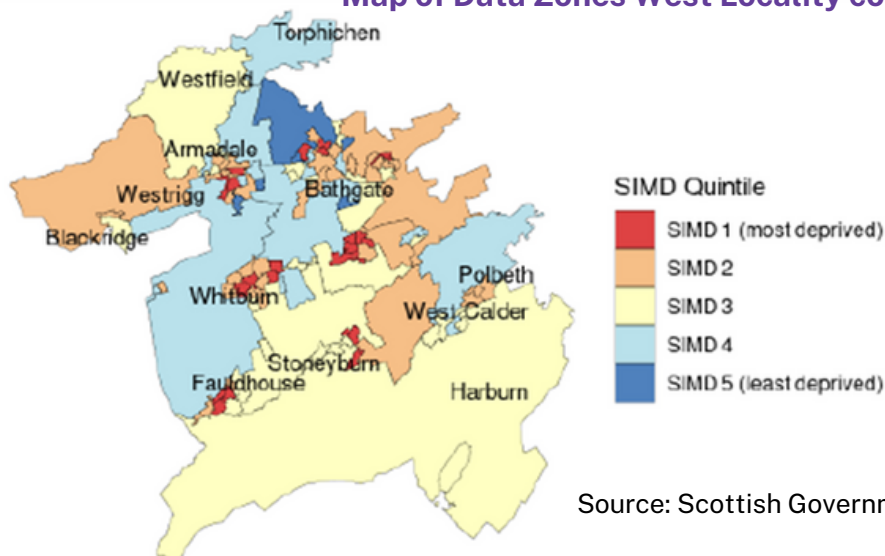
Deprivation Profile - West Locality

In 2020 within the West Locality 18.8 % of people lived in the most deprived SIMD Quintile, and 5.2% lived in the least deprived SIMD Quintile. The table provides a comparison of the population living in each Quintile in 2020 compared to 2016.

Quintile	Percentage of population 2016	Percentage of population 2020	Difference
SIMD 1	19.3%	18.8%	-0.6%
SIMD 2	31.9%	31.1%	-0.8%
SIMD 3	23.9%	22.9%	-1.0%
SIMD 4	17.3%	22.0%	4.8%
SIMD 5	7.6%	5.2%	-2.4%

Figure 10: % population living in the 2016 and 2020 SIMD Datazone Quintiles

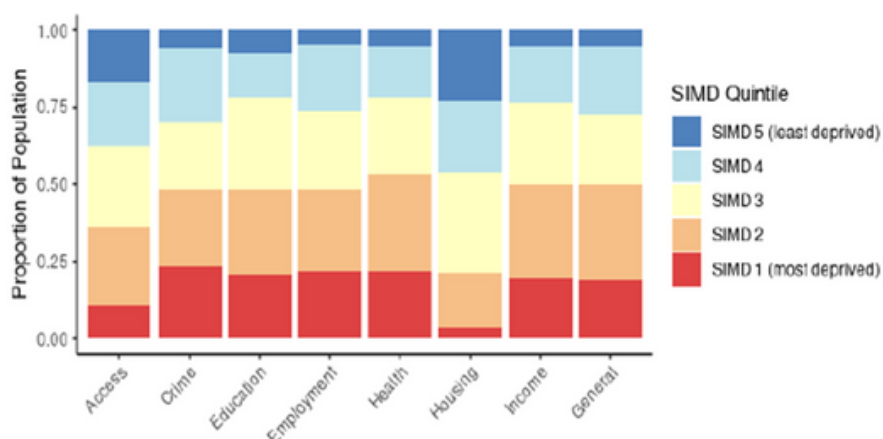
Map of Data Zones West Locality coloured by SIMD quintiles



Source: Scottish Government, Public Health Scotland

Proportion of the population residing in each 2020 SIMD quintile by domain

Source: Scottish Government, Public Health, National Records Scotland



Locality Planning

We have defined two localities across which health and social care services will be planned and delivered. 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.

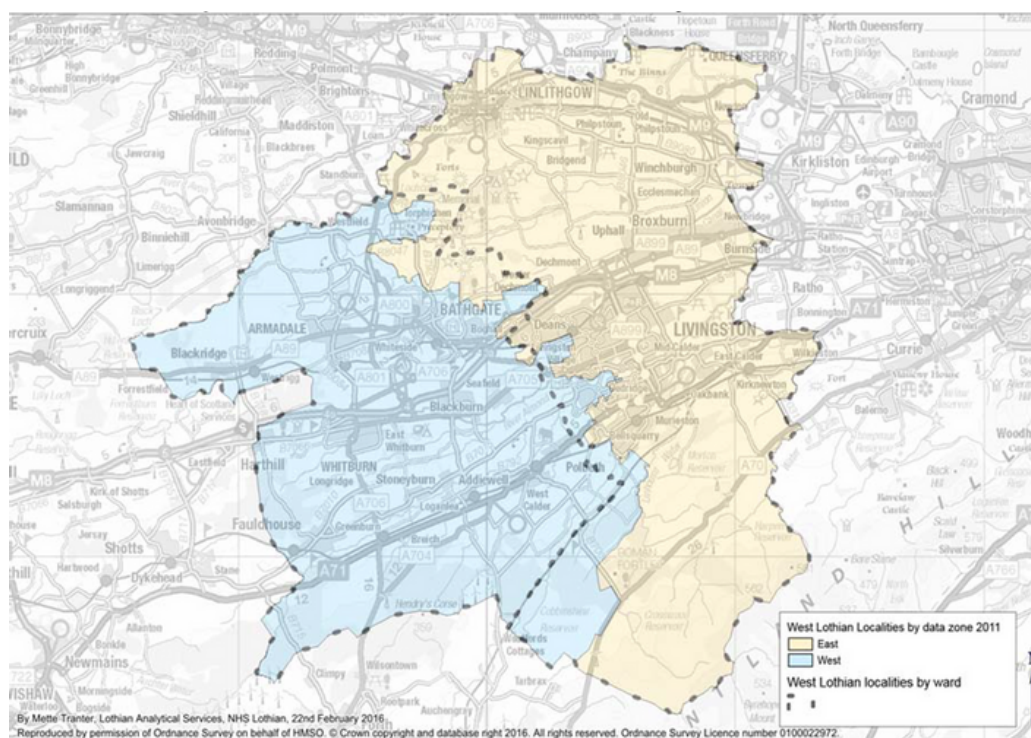


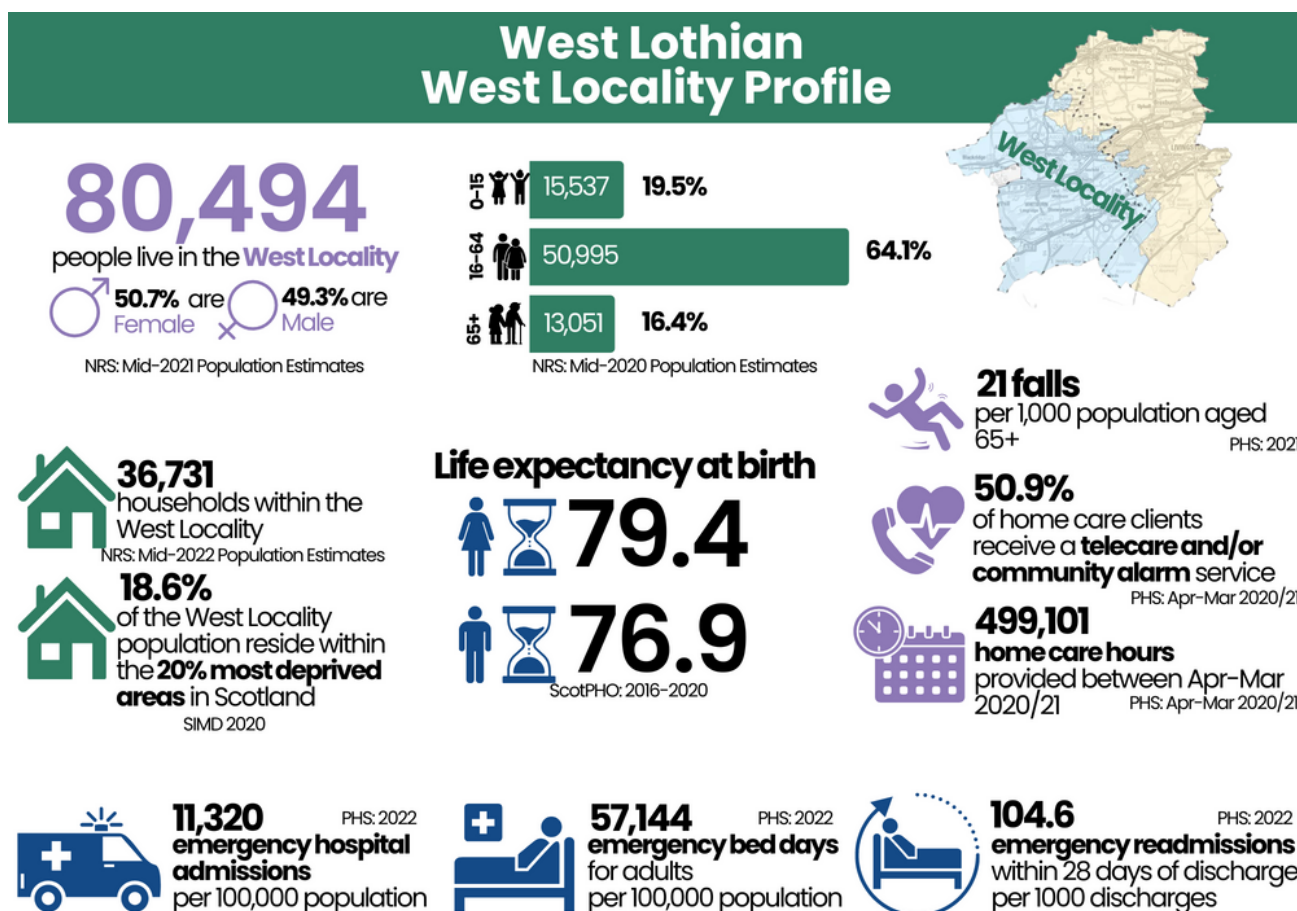
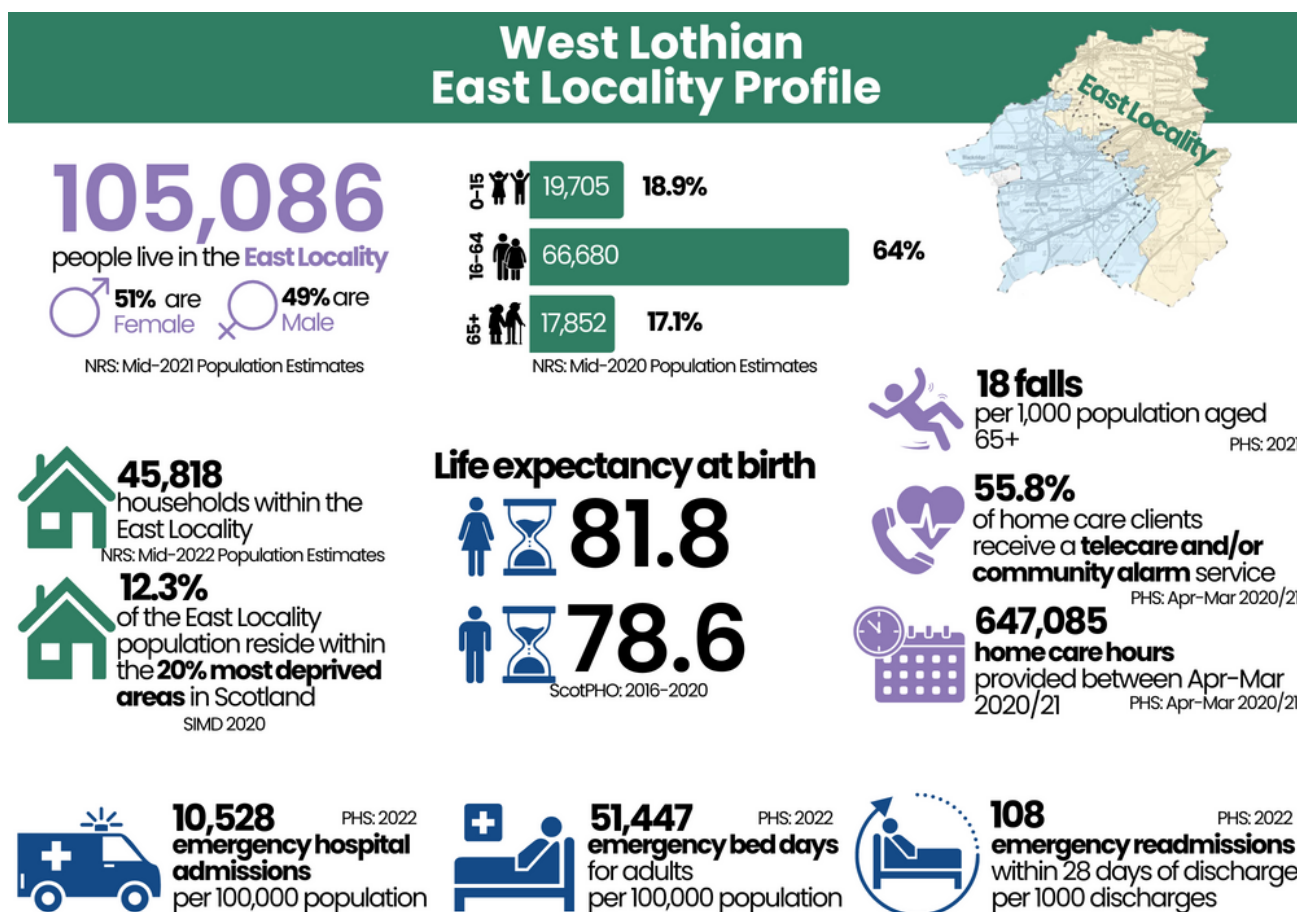
Figure 11: Map of East and West Localities: Lothian Analytical Services 2015: Ordnance Survey, HMSO 2015

The way health and social care services are delivered locally can have a significant impact on addressing the main health and wellbeing challenges. We will work with our partners to ensure local involvement in strategic planning with the direct involvement and leadership of:

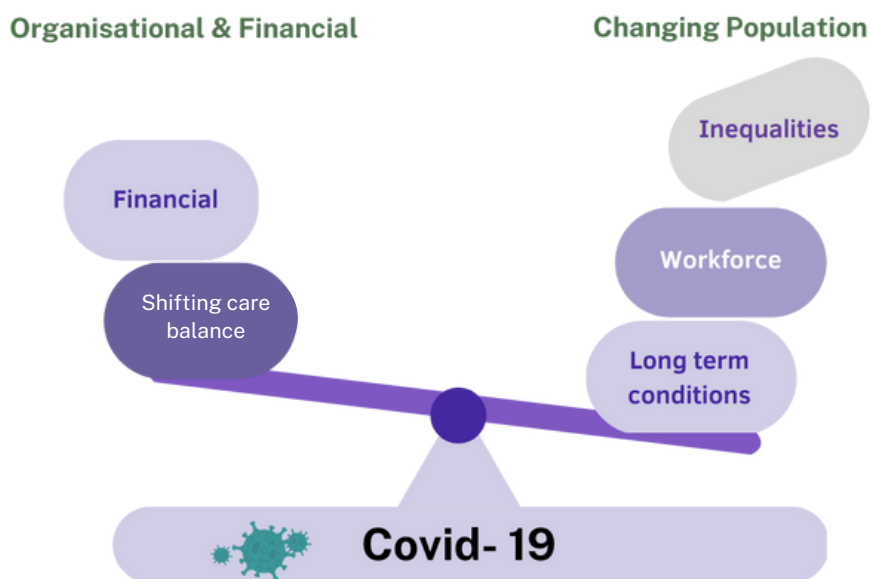
- Health and social care professionals involved in the care of people who use services
- Representatives of the housing sector
- Representatives of the third and independent sectors
- Carers and patients' representatives
- People managing services

The views and priorities within the localities will be taken into account in the development of our Delivery 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.

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



Why Does Health and Social Care Need to Change?



Impact of the Pandemic

The full, long-term impacts of the pandemic are still unclear, but we do know that our service users, carers, staff, and the wider community have all been impacted in some way. The strategic plan has been developed to take account of and address some of the inequality which has been exacerbated by the Pandemic.

In conjunction with the IJB Strategic Planning Group, we have reviewed and reflected on our experience of managing through the pandemic focus on:

- What had worked well?
- What had been challenging?
- What needed to change?

A range of themes resulted from this review in particular the importance of:

- partnership working
- early intervention and prevention
- good, clear and consistent communication
- further developing our approach to the use of technology
- our health and social care workforce

Economic Challenges

Both West Lothian Council and NHS Lothian are facing significant financial challenges over the next five years. The IJB will therefore need to make substantial savings and change the way that services are delivered as the funding available will be insufficient to meet the increasing cost of service delivery.

Growth and Change in Demographics

West Lothian's population is growing and continues to grow at a faster rate than the Scottish average. It is projected to increase to 192812 during the period of this strategic plan. At the same time, the numbers of people in West Lothian aged 65 to 74 is expected to increase by 19% by 2028 with those aged over 75 increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 population and 25.4% increase in those aged over 75 during the same time period. 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

Almost one in five people in West Lothian are living with a long-term condition that 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 health and social 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.

Section 5: Strategic Priorities

Our plan is focused on achieving a sustainable health and social care system for West Lothian which aims to balance organisational and financial pressures with those of increased demand for services. To improve health and wellbeing outcomes for people in West Lothian we need to change the way that we plan, develop and deliver health and social care services. To take forward the changes required we have set the following strategic priorities for the duration of this Plan:

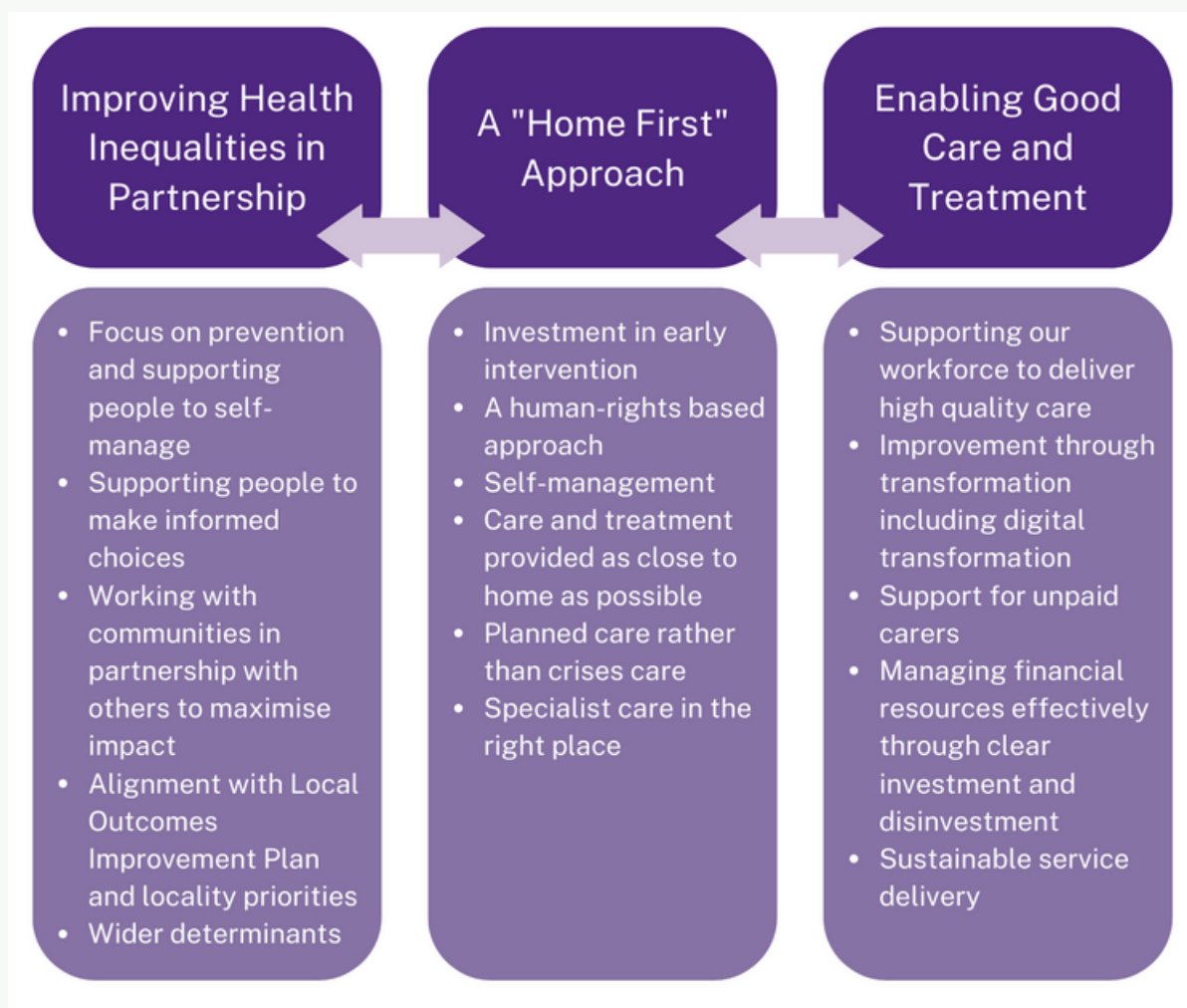


Figure 12: strategic priorities

Improving Health Inequalities in Partnership

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 around 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 causes of inequalities in health are complex and therefore can only be improved by working in partnership. The IJB will ensure its own services are sensitive to the needs of the most disadvantaged groups and will work with our partners in West Lothian, through the Community Planning Partnership, to collectively focus for tackling inequalities as well as focusing on prevention.

We will work with our partners to reduce the impacts of health inequalities by:

- Working with community planning partners to address underlying social inequalities that result in health inequalities such as poverty, low income, access to education and qualifications, access to appropriate housing etc.
- Focusing on prevention and supporting people to self-manage
- Ensuring that people are supported to make informed choices and direct their own care and support
- 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



A Home First Approach

Home First is the overall ambition of our programme to transform the way that we deliver care to adults and older people. In line with the Scottish Government's strategic direction we are working to ensure that people are supported to remain at home or in a community setting for as long as possible. Hospitals should not be places where people go to live, even people who have ongoing clinical needs. Hospitals are places for people who need specialist short-term care and should therefore only be considered when care cannot be delivered in any other care setting.

We are focused on developing new ways of working and models of care to manage people within their own communities, with admission to an acute hospital only where there is a clinical need for this to happen. Our aim is to ensure that people receive their care and support at home whenever possible with a focus on preventing deterioration and crisis.

Where hospital admission is necessary for clinical reasons, we will develop responsive supports to enable discharge from hospital, allowing people to return to community settings without delay. This is essential as staying longer in hospital than necessary can result in poorer outcomes for some people, particularly those who are frail.

The Home First approach includes planning for acute hospital bed, unscheduled care, end of life care, dementia and community supports such as Care at Home to ensure a whole system approach as detailed below:

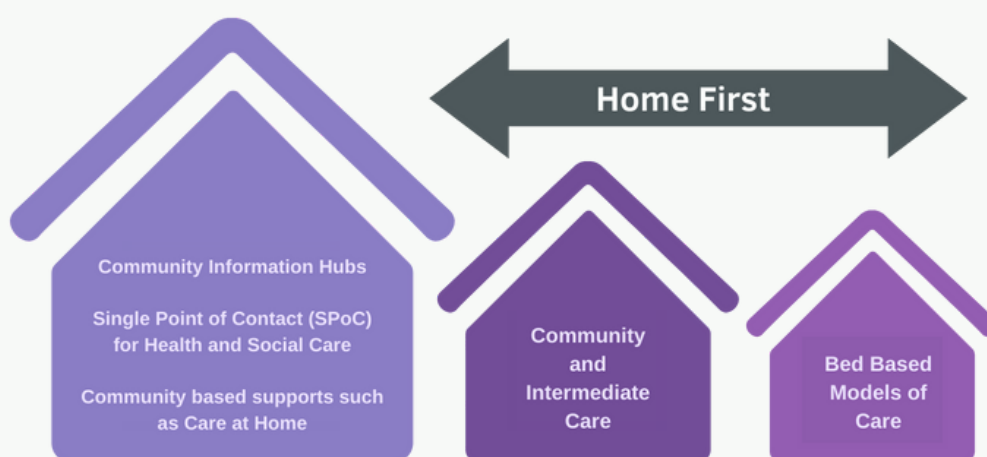


Figure 13: Home First whole system approach

To take forward our ambition of Home First we will:

- Invest in early intervention and prevention
- Take a human rights-based approach to the delivery of our services
- Support people to self-manage
- Develop services that enable care and treatment to be provided as close to home as possible
- Develop care models that move from crisis care to planned care where possible
- Ensure that people can access specialist care and support in the right place.

Enabling Good Care and Treatment

In order to deliver on the IJB's priorities of Improving Health Inequalities in Partnership and A Home First Approach, it is essential that we create an environment that enables the development and delivery of good care and treatment in particular:

Supporting and Developing the Health and Social Care Workforce

West Lothian's health and social care workforce is critical to the effective delivery of health and social care. Even in the most challenging of circumstances, our staff demonstrate their skills, flexibility and commitment to continue to provide critical services for our communities.

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 West Lothian HSCP Workforce Plan and the Workforce Communication and Engagement Strategy outline the approaches that we will taken to ensure that our staff are supported, informed, valued and involved

Progressing Technology and Digital Transformation

The IJB is committed to progressing with technology and implementing the digital transformation of the way that we deliver services. In responding to the pandemic there was a focus on the use of digital technology as services were adapted to enable them to be delivered remotely. There are opportunities to build on the lessons we learned from responding to the pandemic, in particular how we can further embed digital technology in the delivery of our services.

There are opportunities to increase the use of Technology Enabled Care (TEC) and further promote the use of smart technology within the home to support personalisation, choice and self-management to enable people to lead fulfilled lives and have more control over their care and support.

The IJB will develop a Digital Strategy, aligned to the Scottish Governments Digital Health and Care Strategy, with the aim of delivering digitally transformed health and social care services in West Lothian which will deliver positive outcomes for people who use our services through improvements in service delivery and efficiency.

Supporting Unpaid Carers

In West Lothian we recognise the crucial contribution that unpaid carers make to their communities across West Lothian and are committed to ensuring that they are supported to take a break from caring, look after their own health and also ensure that unpaid carers are not defined by their caring role.

Work is currently progressing on the development of the revised Carers Strategy that will be in place in 2023. We will continue to work with our partners to achieve a support network and deliver excellent services for carers of all ages to meet their own individual needs and those of the person they care for.

Managing Financial Resources Effectively

The IJB's Medium Term Financial Plan plays an important role in informing 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.

Our medium-term financial planning will take account of a range of risks including:

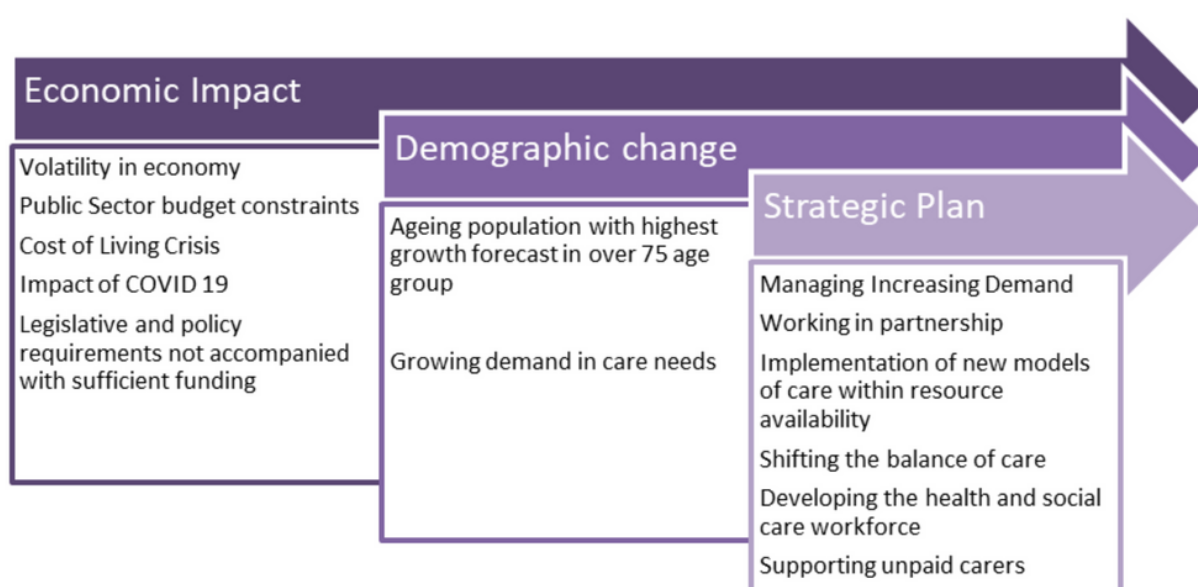


Figure 14: medium-term financial planning risks

We will develop a range of delivery plans that will be underpinned by our medium-term financial planning framework. This will enable us to inform the planning and prioritisation of future health and social care services in West Lothian.

Sustainable Service Delivery

To ensure that we develop and deliver sustainable services and ensure the best use of resources we will continue to work with our partners, communities, staff, people who use our services and their carers to inform where and how our services are delivered and consider if we can achieve this in a more efficient way.

As part of the Scottish Government's commitment for public bodies to show leadership on the global climate emergency we will support NHS Lothian's Sustainable Development Action Plan, West Lothian Council's Climate Change Strategy 2021-28, and the West Lothian Community Planning Partnership's pillar - Creating Net Zero Carbon Communities.

Section 6: 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. 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 delivery plans that will cover all adult care groups, inform our strategic commission and will be aligned with our strategic priorities of:



Our Programmes of 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. The focus is on:

- Ensuring that there are opportunities for personal growth, access to community services, networks and employment
- Taking a human-rights based approach, ensuring that people have choice and control over their care, support over their care, and ensuring that their carers are well supported
- Working with partners to ensure that a range of options is available to meet individual needs in local communities wherever possible
- Ensuring that health and social care services are focused on early intervention, prevention & reducing hospital admission

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:

- **Services for older people**
- **Services for adults with a physical disability**
- **Services for adults with a learning disability**
- **Mental Health services**
- **Substance misuse services**
- **Primary Care**
- **Unplanned Hospital Care**
- **Palliative Care**
- **Hosted Services – Podiatry**

All programme of changes take account of:

The role of Unpaid Carers

Each programme of change acknowledges the vital role that unpaid carers play in society. The IJB is committed to ensuring that support is available to carers within the caring role but also to enable them to lead a full life beyond their caring responsibilities. Our vision for carers in West Lothian is that

Carers are valued as equal and expert partners in care and that they are supported and empowered to manage their caring responsibilities with confidence. That carers remain in good health and have a life of their own outside of their caring role.

The West Lothian Carers Strategy sets out our vision and aims for unpaid carers and young carers in West Lothian and the support that they can expect. The strategic outcomes of the strategy are:

- Carers voices are heard and their views and experiences are taken into account in decisions that affect them
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- Carers access the financial support and assistance that they are entitled to.
- Carers are able to maintain meaningful employment alongside caring
- Carer can participate in and are valued by their community and wider society
- Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future development.

A new Carers Strategy will be developed in 2023 to ensure that progress continues to be made and will identify the key priorities for supporting carers in the future.

Commissioned Services

All of 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, care home services and other community-based supports play an essential role in the effective delivery of a whole system approach to transformational change. Our Delivery Plans will set out how we will work with commissioned services. In addition, the IJB's Market Facilitation Plan will set out how we will engage with 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 West Lothian HSCP Workforce Development Strategy 2022-25.



Section 7: 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 a high level financial strategy to cover the period of this Strategic Plan, from 2023/24 to 2027/28. As part of this a more detailed three year budget plan including saving options for this period has been prepared. The IJB's medium term financial plan (MTFP) over the three years 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. A range of saving options have been identified to help meet the estimated budget gap over the three years and further work will be undertaken with the objective of achieving a fully balanced budget over the medium term planning period. 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 informing the planning and prioritisation of future service delivery, 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 priorities outlined in this Strategic Plan is challenging and requires to be monitored and updated on a regular basis to take account of changing circumstances and events.

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

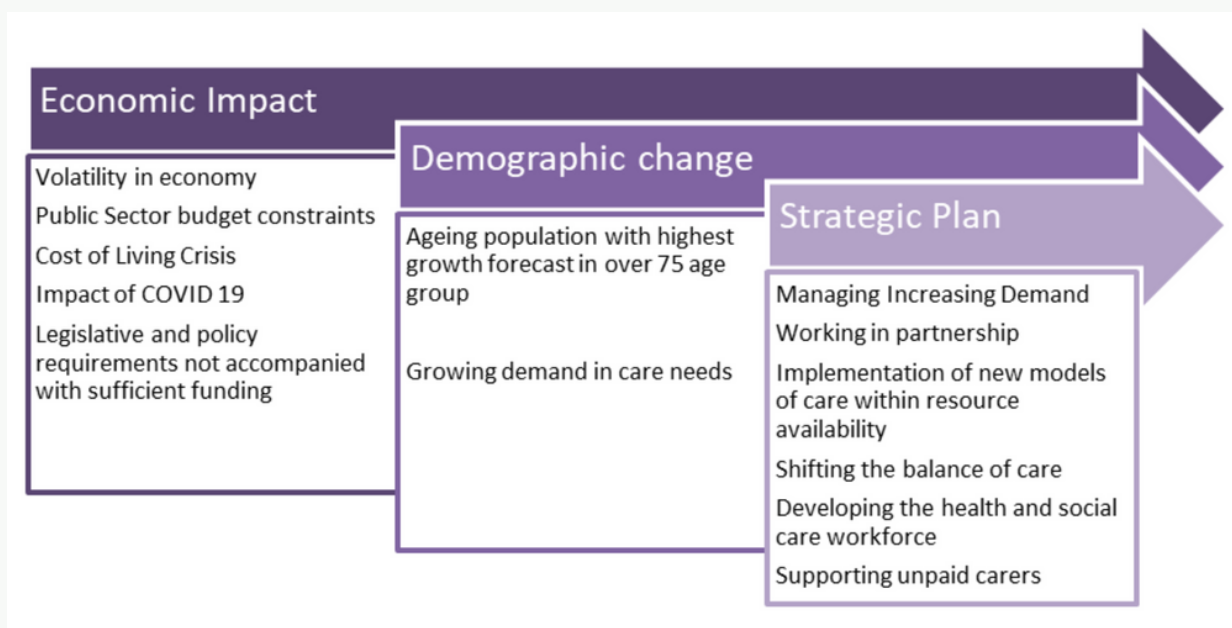


Figure 15: medium-term financial planning risks

IJB Medium Term Financial Plan

Audit Scotland and the Accounts Commission have emphasised in several reports that evidence shows that Public sector bodies are finding financial pressures increasingly difficult to manage and that effective leadership and robust planning are essential to help meet the challenges ahead. In addition, the Accounts Commission believe that all local government bodies should have a long term financial strategy covering a minimum of five years and that these long term strategies should be supported by financial plans covering a minimum of three years. This is also a requirement of the CIPFA Financial Management Code. The current financial headwinds and demand pressures facing health and social care, means that it is important the IJB takes urgent and sustainable actions to ensure ongoing financial sustainability.

In line with the Board's agreed approach to financial planning and consistent with best practice, the IJB has prepared a five year strategy and a three year budget plan for the period 2023/24 to 2025/26. The resources associated with the IJB 2023/24 to 2025/26 budget plan is set out below:

West Lothian Integration Joint Board Accounts

	2023/24	2024/25	2025/26	Total Three Year
	Budget	Indicative Budget	Indicative Budget	Indicative Budget
Social Care Services	£'000	£'000	£'000	£'000
Learning Disabilities	24,280	25,482	26,556	76,318
Mental Health	5,288	5,631	5,944	16,862
Physical Disabilities	7,905	8,385	8,862	25,152
Older People Assessment and Care	44,865	46,625	48,482	139,972
Care Homes and Housing with Care	8,434	7,272	5,592	21,298
Occupational Therapy	1,417	1,405	1,447	4,268
Support and Other Services	3,019	3,029	3,062	9,110
Total Adult Social Care	95,208	97,828	99,944	292,980
	2023/24	2024/25	2025/26	Total Three Year
	Budget	Indicative Budget	Indicative Budget	Indicative Budget
Core Health Services				
Community Equipment	1,075	1,075	1,075	3,225
Community Hospitals	2,601	2,652	2,704	7,957
District Nursing	4,594	4,686	4,780	14,060
General Medical Services	25,275	25,288	25,301	75,864
Mental Health	17,945	18,288	18,637	54,870
Prescribing	35,921	35,921	35,921	107,763
Resource Transfer	8,609	8,609	8,609	25,827
Therapy Services	4,843	4,921	5,001	14,765
Other Core	9,980	10,106	10,235	30,321
Total Core Health Services	110,843	111,546	112,262	334,651



Hosted Health Services				
Hospices	962	962	962	2,886
Learning Disabilities	2,953	3,011	3,070	9,034
Lothian Unscheduled Care Service	2,453	2,500	2,548	7,501
Oral Health Services	1,334	1,360	1,387	4,081
Hosted Psychology Service	1,738	1,774	1,810	5,322
Hosted Rehabilitation Medicine	1,936	1,971	2,007	5,914
Sexual Health	1,514	1,536	1,559	4,609
Substance Misuse	596	606	617	1,819
Hosted Therapy Services	2,554	2,604	2,654	7,812
UNPAC	1,380	1,380	1,380	4,140
Other Hosted Services	1,032	1,049	1,066	3,147
Total Hosted Health Services	18,452	18,753	19,060	56,265
Acute Set Aside Services				
ED and Minor Injuries	6,526	6,654	6,785	19,965
Cardiology	1,494	1,523	1,552	4,569
Diabetes & Endocrinology	802	812	821	2,435
Gastroenterology	2,212	2,237	2,262	6,711
General Medicine	10,325	10,522	10,726	31,573
Geriatric Medicine	5,827	5,941	6,057	17,825
Infectious Disease	2,640	2,660	2,680	7,980
Junior Medical	1,147	1,171	1,195	3,513
Rehabilitation Medicine	641	653	667	1,961
Respiratory Medicine	2,048	2,080	2,112	6,240
Therapies / Management	2,623	2,676	2,730	8,029
Acute Set Aside - Total	36,285	36,929	37,587	110,801
OVERALL TOTAL	260,788	265,056	268,853	794,697



Section 8: 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.

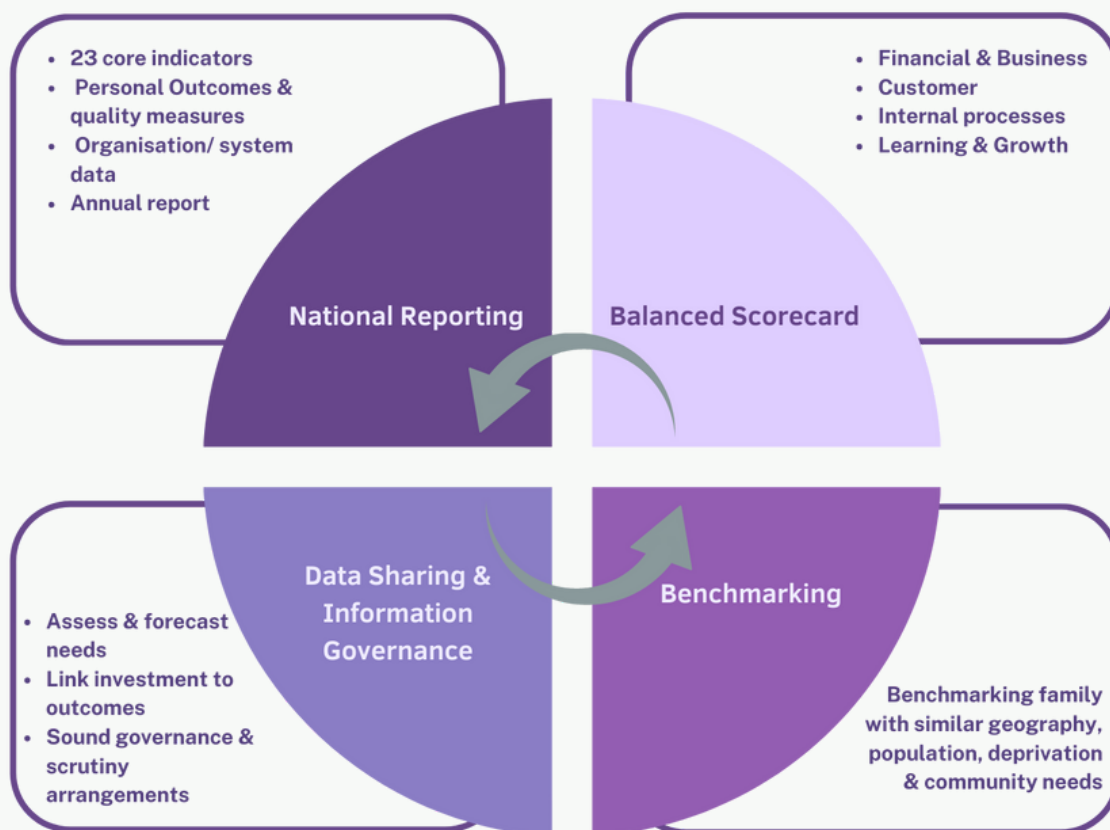


Figure 16: Model for monitoring the performance of the services

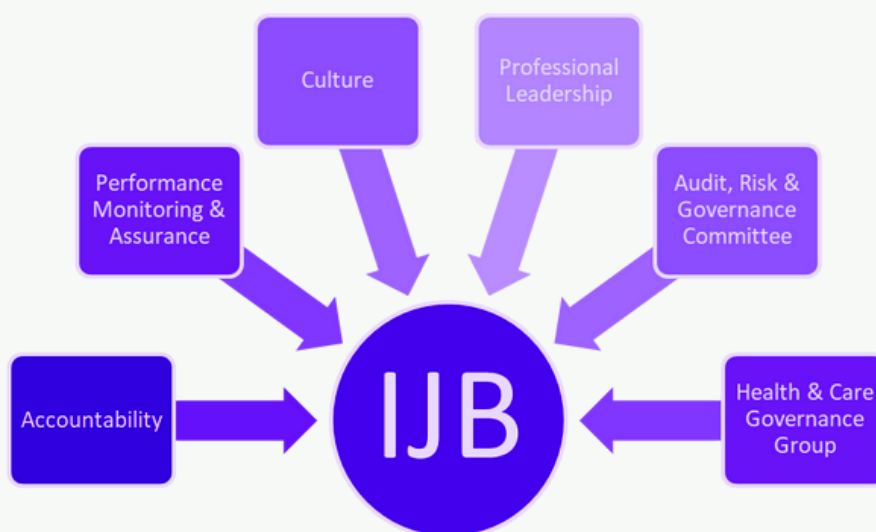
We will continue to develop local measures to provide a broader picture of performance and link our performance framework to strategic commissioning plans. This will ensure that we have appropriate arrangements in place for measuring progress against our strategic priorities.

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.

Section 9: 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 Integration Joint Board

Strategic Plan 2023/28

Alison White, Director West Lothian IJB

April 2023

Housing Contribution Statement 2023-2028

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Introduction

The Housing Contribution Statement sets out the role of social housing providers in West Lothian to achieving outcomes for health and social Care. The Housing Contribution Statement is an integral part of West Lothian Integration Joint Board's Strategic Plan and the purpose is to explain the way in which housing and related services in West Lothian support improvement in health and social care outcomes. 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.

National Health & Well Being Outcomes

The National health and wellbeing outcomes to be delivered through integration are defined as:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- Health and social care services contribute to reducing health inequalities
- Health and social care services are centre on helping to maintain or improve the quality of life of people who use those services.
- People who provide unpaid care and supported to look after their own health and wellbeing including to reduce any negative impact of their caring role on their own health and well-being.
- 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.
- Resources are used effectively and efficiently in the provision of health and social care services

Enabling independent living is of particular importance in defining the housing contribution through the provision of good quality housing to support a range of needs. This also aligns with objectives in the IJB Strategic Plan around the Home First approach. A contribution will also be made to other national outcomes such as the effective use of resources where effective housing solutions can prevent costly health and social care responses.

Strategic Plan Aims in the Housing Context

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

- Take a “Home First approach with coordinated care, support and treatment as close to home as it can be.
- Deliver planned care whenever possible
- Enable access to timely information, advice and support enabling people to make decisions about their own wellbeing.
- Take a rights based approach which places people at the centre
- Involve citizens, communities, staff, carers and other stakeholders as experts
- Improve outcomes for people through more seamless partnership working
- Drive improvement in service delivery through transformation

Strategic Commissioning

Strategic Commissioning is the term used for all the activities 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 IJB Strategic Plan aims to shift resources from traditional models of care to new models of care. The aim will be to support people to live in the community wherever possible. Delivery plans will be developed to align with strategic priorities

- Improving Health inequalities in partnership
- A “Home First” approach
- Enabling high quality care, support and treatment

Areas of Transformational Change

The programmes of change will determine the commissioning of future services

- Services for older people
- Services for adults with a physical disability
- Services for adults with a learning disability
- Mental Health Services
- Substance misuse services
- Primary Care
- Unplanned hospital care
- Palliative care
- Hosted services – Podiatry

Strategic Needs Assessment

A Strategic Needs Assessment was undertaken in 2022 to inform the new West Lothian IJB Strategic Plan 2023 to 2028. This along with consultation with IJB partners has identified the following gaps and work required in relation to the role of Housing and the provision of specialist housing.

- The role of Housing in the new 'Home First' approach identified as one of the three priorities of the IJB for 2023-2028 to avoid hospital admission and reduce delayed discharges;
- Gaps in specialist housing provision for people with long term neurological conditions;
- The Coming Home Agenda and the need to re provision people with learning disabilities and mental health issues from hospital or out of area placements into community settings;
- Compared to the national position West Lothian has an under provision of care homes for older people and adults. There are two current planning applications for care homes for older people in Livingston and Linlithgow.
- Individuals with high tariff care and support needs who cannot be sustain safely in the community in individual tenancies;
- Prevention of homelessness for people with addictions who are in recovery but do not have a permanent home
- Lack of suitable accommodation options for people with Alcohol Related Brain Damage (ARBD) who are under 65 years of age - only facility is milestone house, nursing home care or out of area placements

As noted in the IJB Strategic Plan, there are significant health inequalities in West Lothian. West Lothian has a higher proportion of people in the most deprived areas than other parts of Lothian. The requirement for joint working by a wide range of public services is noted in the Strategic Plan so that health inequalities can be challenged.

The two localities, East and West was adopted based on current multi-member wards. The West locality contains most of the former coalmining and heavy industrial areas of West Lothian and shows continuing impact of these industries and the process of de-industrialisation and long term unemployment. In general the issues of an ageing population poor health, deprivation and unemployment are more significant in the West than in the East.

Evidence base for Health and Housing in West Lothian

The need for housing to support a range of needs in West Lothian is based on the evidence of demographic and health trends noted below.

- West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth. The overall population will grow by 9.9% between 2018 and 2028. Between 2018 and 2028 the number of households in West Lothian is projected to increase from 77,953 to 85,634.
- West Lothian has an ageing population. Our oldest residents are most likely to experience complex and interrelated problems in their physical and mental health.
- Over the period 2018-28, the 64-74 age group will increase by 39.4%
- As the population ages, more individuals in the area are going to be living in poorer health. Consequently, there will be higher demand on health and social care services.
- According to the Scottish House Condition Survey Local Authority Analysis, 2017-2019, 46% of households in West Lothian have one or more members who is long term sick or disabled.
- 61% of households where one or more of the members are long term sick or disabled are in the social rented sector 38% are in the owner-occupied sector.
- Households containing pensioners comprised the highest percentage of households containing one or more long term sick or disabled members at 58% and 37% for families.

Since the development of the second IJB Strategic Plan, work has been undertaken to understand the accommodation requirements of specific client groups in West Lothian. This has been done through the various commissioning plans including older people, physical disability, complex care and mental health.

New Housing Supply

West Lothian Council has continued with its new build council housing programme. Between 2017/18 and 2021/22, 131 wheelchair bungalows were completed. All new build council houses are built to Housing for Varying Needs standards and this applies to both council and RSL properties. A review of Housing for Varying Needs is underway by Scottish Government and the outcome of this will inform future design standards for housing. As part of the new build programme a number of ground floor cottage flats have had wet floor showers installed so that they can be suitable for people with disabilities.

Registered Social Landlords built 15 homes for people with particular needs between 2017/18 and 2021/22. There are a number of specialist housing providers in West Lothian and these include Bield Housing and Care, Cairn Housing Association, ARK Housing Association and Horizon Housing Association.

Housing for older people at Almondvale, Livingston and Calderwood is being developed by Wheatley Group East and Places for People respectively.

ARK Housing Association is developing 20 homes for people with particular needs in Livingston.

Homes for West Lothian Partnership was set up to enable joint working between the council and RSLs to provide more affordable housing in West Lothian. There is regular discussion with RSLs on the need for specialist housing provision and they understand the requirement to provide housing that meets the needs of a range of households.

A new development of 16 homes for people with Complex Needs in Pumpherston is being developed by West Lothian Council, due for completion in spring 2023. This is a Social Policy led project and will enable people to move into a homely setting from hospital/care settings. There has been joint working with Social Policy, Health & Housing to ensure the development meets the needs of the clients and reflects the Coming Home agenda.

Consultation

The Housing Contribution Statement has been developed in consultation with Registered Social Landlords (RSLs) operating in West Lothian. There will be ongoing consultation with RSLs through the Homes for West Lothian Partnership to discuss links between housing and health and social care.

Links to the Draft Local Housing Strategy 2023-2028

The draft Local Housing Strategy 2023-2028 identified a number of priorities and outcomes that have direct relevance to the objectives of the IJB strategic Plan. A chapter of LHS is dedicated to Health and Social Care Integration and Specialist Provision that identifies the key housing priorities and actions that can contribute to health & social care integration.

Draft LHS Outcome

Housing responses for specialist housing provision will be determined based on need.

Draft LHS Priorities

- More accessible and specialist provision is likely to be required over the next five years
- There is a need to consider embedding accessible housing in all new housing developments and develop a tenure neutral approach
- Improved collaboration between health and social care is necessary to understand how these gaps can be identified and met and a joint understanding of the service redesign or new models of housing required. This includes more collaboration with NHS in relation to available sites that could be suitable for specialist housing provision.

Draft LHS Actions

- Continue to work closely with colleagues in Health and Social Policy and RSL partners to deliver housing options suitable for people with a range of needs.
- Develop the West Lothian Standard in line with the review of Housing for Varying Needs to ensure all new homes are accessible irrespective of tenure, flexible and adaptable
- Increase the number of wheelchair homes in West Lothian across all tenures
- Complete complex care housing development at Cawburn Road, Pumpherston
- Prioritise care and housing support to ensure that people can live independently
- Collaborative working with the Integration Joint Board to ensure that the need for specialist housing in West Lothian is planned for and met in line with the Commissioning Plans
- Improve understanding of the housing and support needs of veterans in West Lothian
- Improve understanding of the housing and support needs of Gypsy/Travellers in West Lothian.
- Improve Health and Wellbeing outcomes for people at risk of homeless and homeless through a range of actions including developing pathways for hospital discharge, mental health, domestic abuse and addictions and employing addictions working

Housing Related Challenges

By identifying the needs of different client groups for accommodation and housing support, the necessary actions can be set out to deliver a more integrated approach to service delivery. In some cases, this may require an alteration to policy or procedure

procedure and closer working between services. For other clients, specialist provision may be required and new models of care and support may have to be considered.

A model of specialist provision and the journey between the sectors for clients has been developed in conjunction with Social Policy. Most clients 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.

There are clearly a number of competing priorities that require to be addressed in relation to specialist housing support and provision. As noted above, there is extreme pressure on all accommodation with high numbers of people in Temporary Accommodation who are waiting for permanent housing. There is pressure on temporary accommodation for homeless households with particular difficulty in securing wheelchair accessible housing for the limited number of homeless people with this requirement. Whilst new homeless accommodation is being built and procured, this is likely to be an ongoing issue.

The key demographic influence in West Lothian is the ageing population. The challenge of balancing the aspiration for people to live independently for as long as possible with the range of complex needs that often present later in life affects both housing support provision and provision of specialist accommodation. A range of housing options is in place for older people in West Lothian but a key challenge is to ensure that these models remain viable and are used to their maximum potential. The need for core and cluster properties has been identified for people with mental health issues and for people with learning disability. These properties require to be sensitively located and managed to ensure the best outcomes for all concerned. There is a need to consider carefully the management and support arrangements that should be put in place to make effective use of these properties.

There are particular challenges in housing people with addictions and providing the housing support that they require on a consistent basis.

There is a need to ensure that cases of delayed discharge from hospital are minimised. Whilst this may not result directly in the provision of new accommodation, in some cases, it may mean significant resources are required to adapt an existing property.

Young people in transition are also a group that may have particular housing needs. The development of new supported housing for young people will attempt to meet some of the needs but there will be a requirement for ongoing support.

Families at risk of domestic violence face considerable issues in relation to housing. Whilst the emphasis is on moving the perpetrator some people at risk of domestic abuse prefer to move away from the family home and this can create issues in terms of schooling and family support networks. It is important that access can be given to housing on a temporary basis for families at risk.

Homelessness

Between 2018/19 and 2021/22 Homeless applications reduced from 1,516 to 1,188. Despite this decline there are record numbers of people in temporary accommodation due to the mismatch between the supply of affordable social housing and demand for homeless services. Average length of stay in temporary accommodation was 292.2 days in 2021/22. This has been further affected by the consequences of the pandemic in 2020/21 and 2021/22 which resulted in further reductions in the supply of permanent accommodation. These ongoing pressures in accommodation with high numbers of people living in temporary accommodation mean there is an increased and sustained usage of Bed & Breakfast type accommodation, which is considered Unsuitable Accommodation.

Key issues

- Recognition of homelessness as a shared societal issue
- Collaboration and joint approach essential to long term solutions
- Increasing housing solutions from all sectors (RSLs, Private etc)
- High sustainability creating low turnover of housing stock but continued high demand for homeless services
- Low turnover of housing stock for other allocation groups outwith homelessness
- Essential to have collaborative working across Health, Social Policy, RSLs etc to address the most challenging cases

Rapid Rehousing Transition Plan

Since 2017 the council and its partners have continued to focus on homeless prevention with the approach developed and prevention actions implemented through the West Lothian Rapid Rehousing Transition Plan (RRTP) 2019/20 – 2023/24.

The key aim of the RRTP is to reduce homelessness through early intervention and prevention, the provision of consistent advice and information and by offering a range of housing options to find a settled home with access to services and support where required to ensure sustainable solutions. Where homelessness does occur, the council and its partners will work with people to ensure they are housed as quickly as possible with reduced lengths of stay in temporary accommodation.

It is identified within the RRTP that despite implementing the actions within the plan, homelessness demand will remain high and rapid rehousing will not be achieved by 2023/24 based on modelling assumptions.

RRTP main actions:

- Review and implement new Housing Options Pathways to prevent homelessness
- Increasing access and supply of permanent housing
- Increase supply of suitable temporary accommodation and reduce use of B&B Accommodation
- Improve prevention of youth homeless and improve outcomes for young people
- Increase homeless prevention through improved health and wellbeing outcomes
- Increase homeless prevention through enabling housing first and rapid rehousing

Housing delivery mechanisms

Whilst the council provides some of the resources to address the range of needs identified, it cannot deliver a viable approach without the input of partners. These include Registered Social Landlords (RSLs), care providers and voluntary organisations. The council and RSL partners work together through Homes for West Lothian Partnership. There is good collaborative working with Social Policy, Housing & RSL partners to understand the need for specialist housing provision. RSLs have provided a range of accommodation that meets a range of needs including housing for older people, accessible housing for wheelchair users and housing for people with complex needs.

Dwellings with adaptations

According to the 2017-2019 Scottish House Condition Survey, 26% of dwellings in West Lothian had adaptations.

These range from major adaptations such as wet floor showers to the provision of grab rails. OT assessments are carried out to determine the requirement for adaptations.

Funding for fuel poverty and energy efficiency

The council administers a number of projects to address fuel poverty. Funding is secured from the Scottish Government for external wall insulation for area-based schemes in Livingston. The council coordinates work for homeowners, RSLs and for council properties to enable property condition to be improved. The Advice Shop also provides assistance to households at risk of fuel poverty. Recent rises in energy costs have pushed many more people into fuel poverty and this is a continuing challenge to tenancy sustainment.

Current and Future Resource Requirements

A number of accommodation requirements and support requirements have been identified through the development of the draft West Lothian Local Housing Strategy and in conjunction with Social Policy These relate to the following groups:

- People with Learning Disabilities
- People with Mental Health Issues
- Older People
- People with Physical Disability
- Homelessness and Housing Options
- Young people
- People at risk of Domestic Abuse
- Refugee Provision

Client Group	Additional Accommodation / Design Changes	Additional Support Requirements Policy	Change/Priority	Capital / Revenue Resources
Learning Disabilities	<p>Core and Cluster - four in a block type housing in a community setting for people with fairly significant levels of disability.</p> <p>Individual cluster tenancies located nearby.</p>	<p>Support can be provided from the core. Overnight support can be delivered on a shared basis.</p>	<p>Ensure ongoing effective management arrangements so that there is clarity of roles & responsibility.</p>	<p>Collaborative working with RSLs to consider any further opportunities for core & cluster.</p> <p>Care packages funded by Social Policy.</p>

Client Group	Additional Accommodation / Design Changes	Additional Support Requirements Policy	Change/Priority	Capital / Revenue Resources
Mental Health	<p>Accommodation Strategy for Mental Health has been completed</p> <p>Develop a range of supported accommodation models for adults with mental health problems.</p>	<p>Individuals with high tariff care and support needs who cannot be sustain safely in the community in individual tenancies</p> <p>Prevention of homelessness for people with addictions who are in recovery but do not have a permanent home</p> <p>Lack of suitable accommodation options for people with Alcohol Related Brain Damage (ARBD) who are under 65 years of age</p>	<p>Housing and support models to be examined with resources to be identified.</p>	<p>Collaborative working with RSLs to consider accommodation options.</p> <p>No additional capital or revenue funding identified at this stage.</p>

Client Group	Additional Accommodation / Design Changes	Additional Support Requirements Policy	Change/Priority	Capital / Revenue Resources
Older People	<p>Need to ensure future housing design incorporates design practice guidance: Improving the design of housing to assist people with dementia.</p> <p>Use of technology in relation to support.</p>	<p>New models of housing being developed by RSLs that offer supported to older people in tenancies.</p> <p>Link to Home First objectives.</p>	Housing and support models to be examined.	Liaison with RSLs through Homes for West Lothian partnership on housing provision specifically for older people.
People with Physical Disabilities	<p>Further provision of specialist housing and support for people with profound physical disability and sensory impairment.</p> <p>Lack of suitable accommodation for people who require re-housing.</p>	Support for people with an acquired brain injury.	Consider how this group is prioritised within the council allocations policy.	<p>No additional resources identified at this stage – tbc</p> <p>There will be additional pressure on budgets for adaptations.</p>

Client Group	Additional Accommodation / Design Changes	Additional Support Requirements Policy	Change/Priority	Capital / Revenue Resources
<p>People with Physical Disabilities continued</p>	<p>Shortage of ground floor accommodation for homeless people who are wheelchair users.</p> <p>Quantify emerging need for bariatric housing.</p> <p>It is estimated that the need for adaptations will increase as the population ages.</p> <p>Review of Housing for Varying Needs by Scottish Government which will inform future design of new housing by developers, RSLs & WLC.</p>			

Client Group	Additional Accommodation / Design Changes	Additional Support Requirements Policy	Change/Priority	Capital / Revenue Resources
Homelessness	Increase the number of housing options and solutions that are available to people who are homeless or at risk of homelessness.	Collaborative working required across Council Services and Public Bodies to prevent and respond to homelessness with prevention activities and housing solutions	Implementation of Prevention Duties on Public Bodies will place duty on all Public Bodies to respond to a risk of homelessness.	Additional capital will be required to implement and respond to prevention duties.
Young People	<p>The development of properties which support shared living arrangements going forward.</p> <p>New build facility proposed to meet the needs of young people who are at risk of homelessness.</p>	<p>Housing to support people in shared accommodation</p> <p>Collaborative working between Housing & Social Policy to ensure the new build facility provides a range of care & support for young people including supporting.</p>	<p>Care Leavers into sustainable accommodation.</p> <p>Review of transitional tenancy approach for young people leaving care to build a more robust approach e.g. Housing First.</p>	Develop a supported temporary accommodation strategy for younger people. Capital & revenue resources identified for supported housing for young people.

Client Group	Additional Accommodation / Design Changes	Additional Support Requirements Policy	Change/Priority	Capital / Revenue Resources
Domestic Abuse	<p>Requirements for emergency accommodation provision as part of the violence against women strategy and safe at home approach.</p> <p>Consideration of options for provision.</p>	<p>Support to victims – advocacy and legal support.</p> <p>Work with perpetrators.</p>		To be met from within existing resources.
Refugee Provision	<p>Quantify the number of housing units required for refugees in West Lothian.</p>	<p>Quantify the housing support required for refugees to ensure tenancy sustainment.</p>	<p>An RSL has provided accommodation for Ukrainians fleeing the war.</p>	<p>Additional resources for accommodation requirements and support to be identified.</p>

Housing Profile

Population	<ul style="list-style-type: none"> Population of 185,580 31,553 aged over 65 (17%)
Households	<ul style="list-style-type: none"> 80,932 households 3.1% increase from 2018
Household Composition	<ul style="list-style-type: none"> 30% single adult households (2018) 8.0% small family households (2018) 31% larger family households (2018)
Dwellings	<ul style="list-style-type: none"> 82,591 (2021) 3.3% increase 2018-2021
Completions	<p>Annual average 2017/18 to 2021/22</p> <ul style="list-style-type: none"> Market 588 Affordable 287 Target of 3000 new affordable homes by 2033
Occupancy	<ul style="list-style-type: none"> 98% Occupancy 2.0% Vacancy Rate
Tenure	<ul style="list-style-type: none"> 61% Owner Occupation 26% Social Rent (RSL & WLC) 11% Private Rent 1% Other
Specific Needs Housing	<ul style="list-style-type: none"> 26% of households have adaptations

Source:

- Housing Statistics Stock by Tenure
- Housing statistics: Stock by tenure - gov.scot (www.gov.scot)
- Council Area Profiles
- Council Area Profiles | National Records of Scotland (nrscotland.gov.uk)
- WLC records

Supporting Plans and Strategies

Lothian Strategic development Framework

The Lothian Strategic Development Framework sets out the approach that will be taken to the delivery of health and care services across the Lothian's for the next 5 years. It is a collaboration between the five organisations which form the Lothian Health and Care System (LHCS) which are:

- West Lothian Integration Joint Board
- East Lothian Integration Joint Board;
- Midlothian Integration Joint Board
- Edinburgh Integration Joint Board and
- NHS Lothian

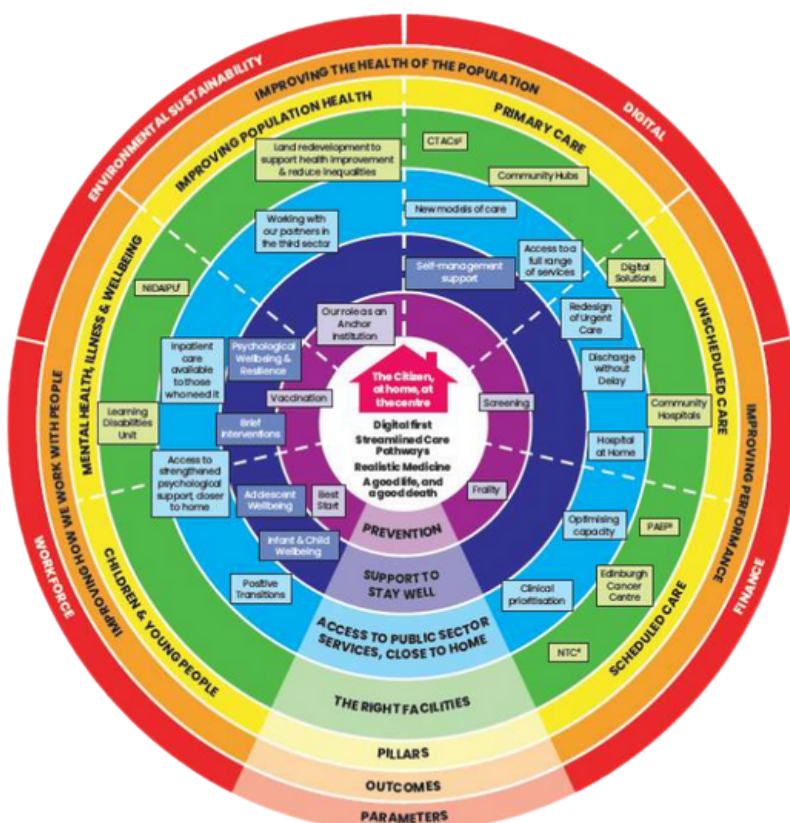
The collective vision for the system is that:

Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide;

We connect health and social care services seamlessly, wrapping around the citizen in their home

We improve performance across our system, with better experiences for citizens and those who work for and with us

An overview of the framework is detailed below:



West Lothian IJB will work with our partners across the Lothians to progress the Lothian Strategic Development Framework.

Public Health

Our plan also takes cognisance of the Public Health Priorities all of which are inter-related and reflect the complexity of Scotland health challenges. 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 are:

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
6. A Scotland where we eat well, have a healthy weight and are physically active

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 involve a process of continuous improvement to reflect strategic developments and respond to local needs and availability of resources. More information on this can be found in the West Lothian Health and Social Care 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 (CPP) and contributes to the CPP's Health and Wellbeing Sub-Group.

The Health and Wellbeing 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. It provides a platform for preventative efforts to be developed across the partnership and ensures that health inequalities and prevention is taken forward as a shared priority. This is part of a wider 'whole system' CPP approach to issues such as poverty, housing, education, employment and transport and includes a focus on community wealth building

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 which are:

- 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.
- Accurate, timely information is crucial for effective engagement.

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.

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.



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	West Lothian Integration Joint Board Strategic Plan 2023-2028
Service Area	West Lothian Health and Social Care Partnership
Lead Officer	Sharon Houston, Head of Strategic Planning and Performance (interim)
Other Officers/Partners Involved	Kerry Taylor, IJB Project Officer Pamela Roccio, HR
Date relevance assessed	16 th February 2023

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

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

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

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

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

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

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	16 th February 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton Head of Health
Date	16 th February 2023

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	West Lothian Integration Joint Board Strategic Plan 2023-2028
Details of Others Involved	<p>Alison White – Director of WL Health and Social Care Partnership</p> <p>Yvonne Lawton – Head of Health</p> <p>Karen Love – Senior Manager Adult Services</p> <p>Stuart Barrie – Voluntary Sector Gateway Representative</p> <p>Fiona Huffer – Chief Allied Health Professional</p> <p>Jennifer White – Carer Representative</p> <p>Lisa Hunter – West Lothian Leisure Representative</p> <p>Andreas Kelch – GP Representative</p> <p>Ashley Goodfellow – Public Health Consultant</p> <p>Alison Wright – Carers of West Lothian</p> <p>Mandie Millar – Service User Representative</p> <p>Elaine Duncan – Clinical Director</p> <p>Leo Gill – Mental Health Project Manager</p> <p>Neil Ferguson – Primary Care General Manager</p> <p>Pamela Roccio – HR Equalities and Diversity Advisor</p> <p>Sharon Houston – interim Head of Planning and Performance</p> <p>Kerry Taylor – IJB Project Officer</p>
Date Assessment Conducted	16 th February 2023

2. Set out a clear understanding of the purpose of the policy being developed or reviewed (what are the aims, objectives and intended outcomes including the context within which it will operate)
<p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years.</p> <p>The plan describes how the IJB intends to deliver its vision of:</p> <p>“Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian”</p> <p>The plan also outlines how we will deliver the nine national health and wellbeing outcomes through our strategic priorities and transformational change programmes against the background of demographic, and financial challenges.</p> <p>The Strategic Plan recognises that both West Lothian Council and NHS Lothian were required to achieve substantial efficiencies over the life span of the previous plan and will face further significant financial challenges over the next five years. This 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.</p>

The seven strategic aims of the plan are to:

- Take a 'Home First' approach with coordinated care, support and treatment as close to home as it can be
- Deliver planned care whenever possible
- Enable access to timely information, advice and support enabling people to make decisions about their own wellbeing
- Take a rights-based approach which places people at the centre
- Involve citizens, communities, staff, carers and other stakeholders as experts
- Improve outcomes for people through more seamless partnership working
- Drive improvement in service delivery through transformation

To achieve this, we have set the following strategic priorities for the duration of this Plan:

- Improving Health Inequalities in Partnership
- A 'Home First' Approach
- Enabling High Quality Care, Support and Treatment

In order to achieve these aims and transform the way adult health and social care is provided, it is vital that resources are shifted from the traditional models of care to new models of care. As services develop and 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 a range of delivery plans underpinned by a medium-term financial planning framework. This will inform the IJB's planning and prioritisation of future health and social care services in West Lothian.

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 contribute to health inequalities.

Our Performance Framework and approach to Clinical and Care Governance are set out in this Plan. These ensure that the IJB continuously measures progress against the 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.

Delivery Plans will be developed to assist the implementation of the Strategic Plan and how the Strategic Priorities will be delivered. A full Integrated Impact Assessment (IIA) will be undertaken for each Delivery Plan.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy

Age	<p>What effect/difference will the policy have on people?</p> <p>The strategic plan applies to all adults throughout West Lothian. The plan describes how the IJB intends to deliver its vision of, "Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian".</p> <p>West Lothian faces a growing and ageing population over the lifetime of this plan and beyond. The demographic and population projection data for West Lothian shows a population where older adults are increasing in number and will form a</p>
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	<p>greater proportion of the population over time. The numbers of people in West Lothian aged 65 to 74 is expected to increase by 19% by 2028 with those aged over 75 increasing by 39%. This is compared to the Scottish average growth of 14.4% in the 65 to 74 population and 25.4% increase in those aged over 75 during the same time period.</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need on an individual basis. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>Initial discussions and engagement of potential impacts have found areas for consideration around the progression of digitalisation and technology in care models. From our engagement with our stakeholders it has been highlighted that some people may not have access to the internet so cannot access online services and would benefit from in person services.</p> <p>In terms of self-management both individually and as carers, this can sometimes have the opposite desired impact, increase inequalities and make people feel more isolated. A range of communication methods will be used when implementing the strategic plan to ensure that people can engage and access materials.</p> <p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a Strategic Needs Assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the Strategic Needs Assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>
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Disability	<p>What effect/difference will the policy have on people?</p> <p>The strategic plan applies to adults throughout West Lothian. The plan describes how the IJB intends to deliver its vision of, “Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian”. This would include any person with a disability. This policy will ensure that there will be equity of treatment and that individuals will always get support that is right for them.</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need regardless of disability. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>The implementation of the strategic plan would intend to see a positive impact on individuals with a disability and aims to improve the health and wellbeing of all adults within West Lothian including those with physical impairments; learning disability; sensory impairment; mental health conditions and long-term medical conditions.</p> <p>Initial discussions and engagement of potential impacts, have found some key considerations given to digital impact for access to services, as well as accessibility access for people visiting services in person. It is also recognised that public transport may not be easily accessible depending on the location of services.</p> <p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic needs assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>
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<p>Gender Reassignment – Trans/Transgender Identity</p>	<p>What effect/difference will the policy have on people?</p> <p>The strategic plan applies to all adults throughout West Lothian. The plan describes how the IJB intends to deliver its vision of, “Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian”. It focuses on the individual needs of person including this protected characteristic.</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need regardless of gender reassignment status. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>Initial discussions and engagement of potential impacts, have found some key considerations given on how people access services and ensure that service users feel comfortable using trusted services.</p> <p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need’s assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>
<p>Marriage or Civil Partnership</p>	<p>What effect/difference will the policy have on people?</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need that considers marital status. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>Initial discussions and engagement of potential impacts, have found some key considerations in relation to marriage or civil partnership that also link with the protected characteristic of age, in particular where a person in a couple has been a carer but now requires a care packages themselves, consideration should be given to whether or not that person want to retain their caring role. Consideration should also be given when a person within a couple require a hospital bed to meet their care needs and how this could impact on their relationship and the steps to mitigate this. There was also awareness of issues around information sharing if someone is not listed as ‘next of kin’, there are exclusions when people need information.</p>

	<p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need's assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people?</p> <p>No disproportionate impacts are identified through the application of this strategy. The plan recognises flexible working policies within both West Lothian Council and NHS Lothian, as well as appropriate breast-feeding services available for staff.</p> <p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need's assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>

Race	<p>What effect/difference will the policy have on people?</p> <p>The strategic plan applies to all adults throughout West Lothian. The plan describes how the IJB intends to deliver its vision of, “Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian”.</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need on an individual basis. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>No disproportionate impacts are identified through the application of this policy. Cultural and language awareness will continue to be recognised and supported.</p> <p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need’s assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>
Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>The strategic plan applies to all adults throughout West Lothian. The plan describes how the IJB intends to deliver its vision of, “Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian”.</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need regardless of religion or belief. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>No disproportionate impacts are identified through the application of this strategy. Understanding of religious traditions, philosophies, and practices will continue to be recognised and supported.</p>

	<p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need's assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>
Sex	<p>What effect/difference will the policy have on people?</p> <p>The strategic plan applies to all adults throughout West Lothian. The plan describes how the IJB intends to deliver its vision of, "Working in partnership to improve wellbeing and reduce health inequalities across all communities in West Lothian".</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need on an individual basis. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>Initial discussions and engagement of potential impacts have found some key considerations that are required related to sex. It was discussed that although women have a higher life expectancy, it can be with poorer health.</p> <p>It is recognised that a high proportion of unpaid carers in West Lothian are female, which can sometimes feel challenging with having limited time or opportunities to have a break and recharge. This can also have an impact on social isolation, difficulty maintaining education or employment and increased financial pressures.</p> <p>There are also a high number of male unpaid carers who may not be used to being in a caring role, and may feel more uncomfortable helping with personal care. It was discussed there can often be a lack of support for men's group which can lead to men feeling more isolated, however it was recognised that more support is now becoming available.</p>

	<p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need's assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>The Delivery Plans for the Strategic Priorities have not yet been developed, however we will continue to deliver services in response to assessed need regardless of sexual orientation. Full details aligned to the strategic aims will be outlined in the IIA relevant to the appropriate Delivery Plan.</p> <p>No disproportionate impacts are identified through the application of this strategy. The importance of forming a strong, positive sense of sexual identity is recognised and supported.</p> <p>How do you know that?</p> <p>This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need's assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.</p> <p>Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.</p> <p>Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.</p>

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

Vulnerable groups may include the following:

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

What effect/difference will the policy have on people?

The Strategic Plan recognises the impact of low income on health and wellbeing and includes a commitment to work with partners to mitigate the impact of the wider determinants of health including poverty. We are mindful of the impact of Covid-19 and the Cost of Living crisis and will consider how we can reduce travel costs for people on low incomes delivering services close to their homes and in hubs where multiple services can be accessed in one visit. We are aware of the health impacts deprivation can bring and have committed to address key aspects of these within the Strategic Plan.

We have defined two localities across which health and social care services will be planned and delivered. 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.

Community Connections' community hubs were developed in 2022. The Development of Community Hubs has been identified as a key component of the West Lothian Health and Social Care Partnership's 'Home First' transformation programme. The programme aims to redesign the way in which health and social care services are delivered for adults and older people in West Lothian. The delivery of the hubs is undertaken in partnership with West Lothian Council's Antipoverty Service who were awarded funding from West Lothian Council to develop community hubs to support individuals as we mobilised out of the Covid-19.

Community Connections aims to support those who attend with accessing a range of statutory and volunteering services that may operate within their local communities. The intention is for the hubs to operate in informal locations throughout West Lothian, in places where people pass through naturally, to creating a relaxed environment for people to receive information and advice. It was proposed that a range of supports would be offered through a volunteering model with input from social work, carers organisations, the advice shop, and other partners. The cost of living crisis is a concern for many people and to support people's financial concerns all staff are being trained to offer benefit health checks to individuals attending the drop-ins to ensure individuals incomes are maximised and to seek additional financial advice if required.

In 2022, West Lothian Health and Social Care Partnership published the 2022-2025 Workforce Plan. West Lothian HSCP is committed to ensuring that people living in West Lothian are supported to live healthier lives as close to their own community as possible. Developing and supporting a dynamic and thriving workforce is a key factor to ensuring that this commitment is met. The plan is designed around the Five Pillars of Workforce Planning as outlined in the Scottish Government's National Workforce Strategy for Health and Care; Plan, Attract, Train, Employ & Nurture.

The West Lothian HSCP Workforce Plan 2022-2025 can be access here:
[HSCP Workforce Plan 2022-2025 \(westlothianhscp.org.uk\)](https://westlothianhscp.org.uk)

How do you know that?

This Strategic Plan, for the period 2023 to 2028, builds on the achievements of the West Lothian Integration Joint Board (IJB) Strategic Plan 2019 to 2023 and sets out the Boards ambition for the continued development and improvement of health and social care services in West Lothian over the next 5 years. To inform the development of the new plan a strategic needs assessment was undertaken to ensure that there is a clear understanding of the needs and priorities of our population. Through the strategic need's assessment analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services.

Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of partners, staff, unpaid carers and people who use our services were captured to identify what is currently working well, what we still need to do and where any gaps exist.

Further engagement and feedback from staff, partners and public consultations have developed the basis of this IIA.

5. Action Plan

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

Actioner Name: Sharon Houston

Action Date: 14th March 2023

What is the issue?

Delivery Plans will be developed to assist the implementation of the Strategic Plan and how the Strategic Priorities will be delivered.

What action will be taken?

Delivery Plans and a full Integrated Impact Assessment (IIA) will be undertaken for each Delivery Plan.

Progress against action

In progress.

Action Complete

27th June 2023

Date Complete

In progress

Actioner Name:

Action Date:

What is the issue?**What action will be taken?****Progress against action****Action Complete****Date Complete**

Actioner Name:

Action Date:

What is the issue?

What action will be taken?	
Progress against action	
Action Complete	Date Complete
6. Details of consultation and involvement Who will be or has been involved in the consultation process? a) State which service users and groups are involved in this process and describe their involvement. b) Describe any planned involvement saying when this will take place and who is responsible for managing the involvement process. c) Describe the results of the involvement and how you have taken this into account.	
Strategic Needs Assessment: To inform the development of the Strategic Plan the IJB commissioned Axiom Consultancy (Scotland) Ltd to undertake a Strategic Needs Assessment (SNA) to establish a clear understanding of the needs and priorities of people in West Lothian. Through the Strategic Needs Assessment, analysis has been undertaken of local and national data to identify current and future trends to support the planning and development of future services. Alongside data analysis, a comprehensive engagement exercise was undertaken to ensure that the views of our key stakeholders were captured to identify what is currently working well, what still needs to be done and where any gaps exist. Through targeted surveys, focus groups and one to one meetings, we engaged with and sought the views of: <ul style="list-style-type: none"> • People who use our services • People who care for others • Staff who deliver health and social care services • Commission providers of health and social care services • Members of the IJB Strategic Planning Group and • Other community representatives As part of the Strategic Needs Assessment the following areas were explored: <ul style="list-style-type: none"> • The strategic drivers for the development and delivery of health and social care services • The profile of the West Lothian population including: <ul style="list-style-type: none"> ○ Risk factors –Demographic, Behavioural, Physiological ○ Health Inequalities ○ Overall life expectancy in West Lothian ○ Health conditions affected by inequality in West Lothian ○ Access to care and support in West Lothian • Current service provision • Service trends and opportunities to do things differently based on staff feedback • Partner Feedback on: <ul style="list-style-type: none"> ○ Their top three priorities for health and social care in West Lothian ○ The proposed, high level, Strategic Plan priorities ○ How health and social care provision could be improved in West Lothian ○ The role that key partners could play in delivering the aims ○ What new ways of working could be developed to support the delivery of health and social care services in West Lothian. 	

- Public and support service feedback on:
 - The proposed strategic aims of:
 - Tackling Health Inequalities,
 - Taking forward a Home First Approach and
 - Enabling good care and treatment,
 - What the IJB current does well
 - What the gaps are and what needs to be improved
 - Their own top 3 priorities
- The way forward

Integration Joint Board Strategic Planning Group:

Members of the Strategic Planning Group (SPG) have been an integral part of the development of the Strategic Plan. Workshops, reports and presentations have been taken to the SPG on various occasions to provide updates, generate discussion and gain input and feedback. The SPG were also involved in a workshop to discuss and input into this IIA.

Public Consultation:

A public consultation was launched on 16 February 2023 to seek the views of the public on the Strategic Priorities identified within the Strategic Plan. The consultation was open to complete for three weeks, and closed on 9 March 2023. The consultation was electronic, and papers copies were made available upon request. 171 responses were received and the majority of responses were positive and in agreement with the strategic priorities identified.

Senior People's Forum:

Officers attended the Senior People's Forum, held at Strathbrock Partnership Centre on 23 February 2023 to discuss the draft Strategic Plan as well as sharing a presentation with the forum. This generated good discussion and feedback for the development of the plan. Officers also attended the Senior People's Forum in November 2022 to provide an overview of the Integration Joint Board and discuss a previous public consultation on proposed efficiency measures.

Carer's Voice Group:

Officers attended the Carer's Voice Group virtually on 07 March 2023 to discuss the draft Strategic Plan as well as sharing a presentation with the group. This generated good discussion and feedback for the development of the plan.

West Locality Cluster Group Meeting:

Officers attended the West Locality Cluster Group meeting at Blackburn Partnership Centre on 14 March 2023 to discuss the draft Strategic Plan as well as sharing a presentation with the group. This generated good discussion and feedback for the development of the plan.

External and Commissioned Care Providers

Sharon Houston (interim Head of Strategic Planning and Performance) attended various providers forums to discuss the draft Strategic Plan. All providers were updated through public consultation surveys and asked to share their views.

7. Data and Information

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

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

Strategic Needs Assessment (SNA)

As part of the SNA published data has been sourced from a variety of sources:

- The Scottish Public Health Observatory (ScotPHO) which is managed by Public Health Scotland and gathers and compares data from official sources including NHS Scotland, the Office for National Statistics and a range of Scottish Government commissioned health and social care surveys. The data is produced at a Health Board, HSCP and locality levels and allows comparison across Scotland, across all 14 Scottish Health Boards and 32 Scottish Local Authorities
- The Scottish Burden of Disease which is a national, and local, population health surveillance system which monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health. Burden of disease assessment help us to understand which diseases and injuries pose the greatest threat to population health and wellbeing, which is used to shape decisions on how to use limited resources for maximum population health benefit
- The Health and Social Care indicators, developed by Scottish Government to monitor integration, with data provided by all Scottish HSCPs
- Data provided by Health Boards on a range of care and treatment measures and published by Public Health Scotland on a monthly, quarterly or annual basis including NHS performs, waiting times, acute hospital activity and NHS bed information and Out of Hours activity

The development of the Strategic Plan and the Strategic Needs Assessment were presented to the IJB on 10th January 2023 which can be accessed here:

[Development of the Strategic Plan and Strategic Needs Assessment](#)

The Strategic Needs Assessment was reported to the IJB on 20th September 2022, accompanied with a presentation from Axiom Consultancy. The report can be accessed here:

[IJB Strategic Needs Assessment Report](#)

Demographic Risk Factors

The latest population statistics for West Lothian (National Records Scotland), indicates the area's population stood at 185,580 in June 2021, the 5th highest population in Scotland. In the 10 years previous, the population in the local area had grown 19.5%, the second highest increase of all the local authorities in Scotland and two and a half times that of the Scottish average (7.6%).

Further increases in the local population are also projected, with a 5.9% increase predicted by 2028, three times the increase of the national average. The population is predicted to grow primarily by net migration into the area (4.9% rise, supplemented with births exceeding deaths by 0.8%). It is noted that there is projected to be approximately 12,000 new homes built in the West Lothian area by 2027.

Growth in the older population will be the most significant with the 65-74 age groups increasing by 19% and people aged 75 and over increasing by 39% by 2028.

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 five (19.5 %) people living in West Lothian report having a limiting long-term health condition. A long-term condition can have a significant impact on quality life and ability to carry out day to day activities and includes any condition which has lasted or is expected to last at least 12 months.

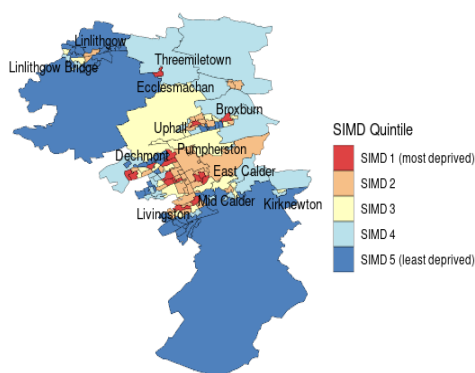
Health Inequalities Data

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). This is the Scottish Government's official tool for identifying areas of multiple deprivation.

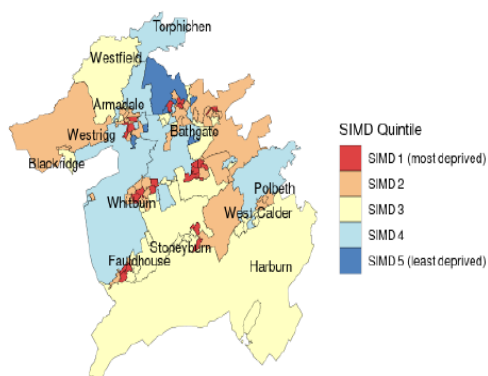
West Lothian has 239 data zones, 35 of which fall within the most deprived 20% (quintile 1) of the 2020 SIMD data zones. The SIMD pulls together data on 32 indicators covering seven domains: employment, income, housing, crime, health, education and access. Each of these domains are given their own individual ranking which makes it possible to compare different geographies based on individual domains.

Four of the data zones in West Lothian are within the most deprived 5% in Scotland, one each in Blackburn, Armadale South, and Whitburn Central, all are located within the West Locality. The fourth is located in the East Locality, Craigshill. Armadale South – 04 (S01013395) is the lowest ranked data zone overall (rank 45).

Map of Data Zones East Locality coloured by SIMD quintiles



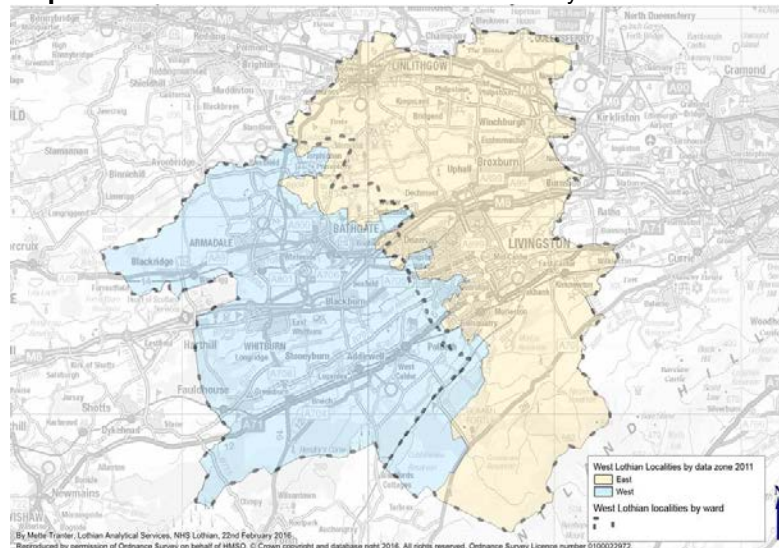
Map of Data Zones West Locality coloured by SIMD quintiles



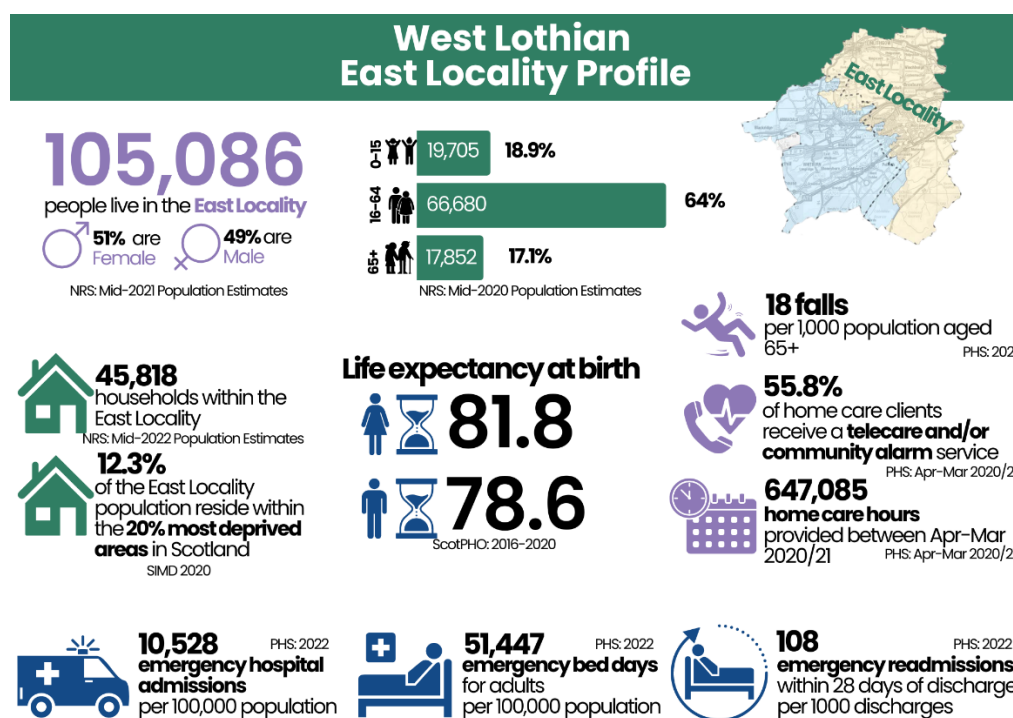
Locality Planning

We have defined two localities across which health and social care services will be planned and delivered. 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.

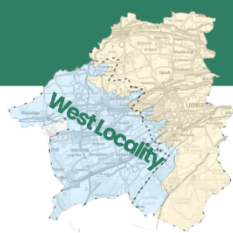
Map of East and West Localities: Lothian Analytical Services 2015: Ordnance Survey, HMSO 2015



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



West Lothian West Locality Profile



80,494

people live in the **West Locality**

50.7% are Female 49.3% are Male

NRS: Mid-2021 Population Estimates

0-15 15,537 19.5%

16-64 50,995 64.1%

65+ 13,051 16.4%

NRS: Mid-2020 Population Estimates



36,731

households within the

West Locality

NRS: Mid-2022 Population Estimates



18.6%

of the West Locality
population reside within
the **20% most deprived**
areas in Scotland

SIMD 2020

Life expectancy at birth



79.4



76.9

ScotPHO: 2016-2020



21 falls

per 1,000 population aged
65+

PHS: 2021



50.9%

of home care clients
receive a **telecare and/or**
community alarm service

PHS: Apr-Mar 2020/21



499,101

home care hours
provided between Apr-Mar
2020/21

PHS: Apr-Mar 2020/21



11,320

emergency hospital
admissions
per 100,000 population

PHS: 2022



57,144

emergency bed days
for adults
per 100,000 population

PHS: 2022



104.6

emergency readmissions
within 28 days of discharge
per 1000 discharges

PHS: 2022

8. Mitigating Actions

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

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

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

Members of the public were consulted through various engagement methods during the development of The Strategic Plan. This gave people an opportunity to share their views and have their opinions heard and considered.

Staff working West Lothian Health and Social Care Partnership were also consulted during the drafting process and had an opportunity to share their views and have their opinions taken-into account when developing the final draft of the strategy.

The delivery of the Strategic Plan will ensure that people are able to access materials and services through

various methods. It is also important to ensure that communication and engagement is continued to be offered through different routes to allow individuals to choose the most appropriate option to them. In person engagement will be in appropriate locations with accessible facilities for the intended audience. If any consultation is online, there will also be paper copies available for people to complete.

To ensure any negative impacts identified are reduced, Delivery Plans will be developed to assist the implementation of the Strategic Plan and how the Strategic Priorities will be delivered. A full Integrated Impact Assessment (IIA) will be undertaken for each Delivery Plan. The Strategic Plan will be a working document, with the Delivery Plans in place by June 2023.

9. Monitoring and Review

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

The Strategic Plan will be a working document and will be underpinned by Delivery Plans that will be developed by June 2023.

The progress of the Delivery Plans will be reported to the IJB Strategic Planning Group and the Integration Joint Board on a biannual basis. A quarterly Performance Report will also be reported to the Board as well as an Annual Performance Report.

10. Recommendation and Reasoning

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

Reason for Recommendation

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (Interim)
Date	14 th March 2023
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton, Head of Health
Date	14 th March 2023



Date	21 March 2023
Agenda Item	12

Report to: West Lothian Integration Joint Board

Report Title: Strategic Commissioning Plan Update

Report By: Head of Strategic Planning and Performance (Interim)

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	The purpose of the report is to provide the Board with an update on the progress made with regards to the actions detailed within each of the strategic commissioning plans.
Recommendations	It is recommended that the Board notes the progress made with regards to the actions detailed in strategic commissioning plans.
Directions to NHS Lothian and/or West Lothian Council	Not required.
Resource/ Finance/ Staffing	As set out in the Strategic Plan 2019 - 2023
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014
Risk	Risks in relation to non-delivery of the IJB's Strategic Plan are set out in the risk register.
Equality, Health Inequalities, Environmental and Sustainability Issues	An Integrated Impact Assessment was carried out during development of the Strategic Plan.
Strategic Planning and Commissioning	The report relates directly to the IJB's strategic plan and care group strategic commissioning plans.

Locality Planning	Meeting the needs of localities is incorporated is reflected in the strategic plan and strategic commissioning plans.
Engagement	Engagement with Planning and Commissioning Boards.

Terms of Report

1. Background

1.1 The IJB approved strategic commissioning plans for the following care groups during 2020:

- Mental Health
- Learning Disability
- Physical Disability
- Alcohol and Drugs Partnership (ADP)
- Older People

1.2 The plans set out a range of actions to be taken forward to develop health and social care services across West Lothian during the period 2019 to 2023.

3. Summary of Progress

3.1 Despite the significant staffing and operational challenges experienced as a result of Covid-19, planning and commissioning boards have continued to meet and progress the actions identified in all the plans. The Strategic Planning Group is asked to note, however, that timescales for some actions have been amended which are highlighted in the progress report at appendix 1.

3.2 The Board is asked to note the following progress with the actions across all plans:

Plan	Complete	Within timescale	Carried forward to the new Strategic Plan	Total
Alcohol & Drugs	37	12	1	50
Learning Disabilities	23	8	2	33
Mental Health	24	4	4	32
Older People	15	32	0	47
Physical Disabilities	18	7	1	26
Total	117	63	8	188

In summary, 63% of actions are complete, 34% within timescale and expected to be completed within the duration of the strategic plan or are ongoing activities and 4% of actions will be carried forward to the new Strategic Plan.

3.3 The actions that will be carried forward are:

- MH02 – This was initially delayed pending the publication of Scottish Government standards. A consultation on Adult Secondary Mental Health Services - Quality Standards was published on 14 December 2022. This will guide development of a performance and quality framework in the next planning cycle.
- MH16 - This action is partially complete. A tender for 3rd sector diagnostic input for Neuro Developmental Disorders (NDD) is open at present. Additional 'pharmacy prescribing' for

ADHD has been developed and started as an alternative to the use of consultant time. Further work to identify nurse / OT time to support diagnosis.

- MH28 - Work is underway by CAMHS to finalise the policy and a workgroup has been set up under the CYP Mental Health Oversight Group to look at transitions.
- MH29 – This action will be taken forward by the Home First board in the next cycle of commissioning.
- ALD42 - There is now education representation on the ADP and this will support development by the ADP lead officer of a Delivery Plan for Prevention activity to cover schools and colleges.
- LD07 Continue the development of the Core and Cluster model of housing to ensure additional core services are available in West Lothian.
- LD18 - Develop complex needs housing development that will support those that demonstrate stressed and distressed behaviour as a result of their complex needs.
- PD03 - Deliver a model of acute complex rehabilitation services. Covid had impacted on timescales but we are working on this in updating the Bed Base review and a new workstream has been created to support

4. Conclusion

- 4.1 The Board is presented with a progress report on the strategic commissioning plans which indicates that 96% of actions are likely to be completed within timescales and within the duration of the current strategic plan.

References	N/A
Appendices	Appendix 1 – Commissioning Plans Progress Report
Contact	Sharon Houston Head of Strategic Planning and Performance (Interim) Sharon.Houston@westlothian.gov.uk 21 st March 2023

Plan	Complete	Within timescale	Carried forward to the new Strategic Plan	Total
Alcohol & Drugs	37	12	1	50
Learning Disabilities	23	8	2	33
Mental Health	24	4	4	32
Older People	15	32	0	47
Physical Disabilities	18	7	1	26
Total	117	63	8	188

Complete	117	62%
Within timescale	63	34%
Carried forward to the new Strategic Plan	8	4%

Plan	Plan/ Ref	Actions	Timescale	RAG
Mental Health	MH02	Develop performance framework for measuring the impact of the teams through the cycle of the commissioning plan. Falling behind as a result of lack of analytical support - discussing West Lothian reporting of national data with NHS Lothian and working to create the HSCP Mental Health Dashboard which is the only way to get published data. Some local data available for planning but unverified. Will review position with new performance lead on commencement.	Jun-20	Carried forward to the new Strategic Plan
Mental Health	MH16	Explore staffing resource required and synergies with national and pan-Lothian developments. This work relates to work stream which is managed by NHS Lothian. COVID-19 has delayed progress. We continue to feedback to the group and explore pan-Lothian resource. Crossover with LD and PD plan. Work in this area likely to continue into the new strategic plan.	Dec-20	Carried forward to the new Strategic Plan
Mental Health	MH28	Undertake a review of operation of the Lothian wide transitions policy from CAMHs to adult services in West Lothian - CAMHS working on this.	Mar-22	Carried forward to the new Strategic Plan
Mental Health	MH29	Consider further work to be done in relation to early onset dementia linking in the commissioning plan for older people - fully embedded in Home First programme.	Mar-22	Carried forward to the new Strategic Plan
Alcohol & Drugs	ALD42	Work with our colleagues in education linking in with national developments to support toolkits in schools. Delayed timescale to be revised & representation from Education Services still to be secured.	Sep-22	Carried forward to the new Strategic Plan
Learning Disabilities	LD07	Continue the development of the Core and Cluster model of housing to ensure additional core services are available in West Lothian, having regard for the efficiency of £774,000 detailed in the West Lothian Transforming your Council Strategy. Impacted by Covid - challenges in identifying appropriate core sites - work continuing with RSL and housing colleagues.	Mar-23	Carried forward to the new Strategic Plan
Learning Disabilities	LD18	Develop complex needs housing development that will support those that demonstrate stressed and distressed behaviour as a result of their complex needs. Delays associated with site, impacting upon procurement of contractor. Development of care provider running tandem with build. Tender was £1.5m over budget and additional monies approved by WLC. Build completion date now slipped til Jan 23 with phased occupancy targeted for Jan 23.	44927	Carried forward to the new Strategic Plan
Physical Disabilities	PD03	Deliver a model of acute complex rehabilitation services. Covid had impacted on timescales but we are working on this in updating the Bed Base review and a new workstream has been created to support.	Mar-23	Carried forward to the new Strategic Plan



Date	21 March 2023
Agenda Item	13

Report to West Lothian Integration Joint Board

Report Title: Interim Performance Report

Report By: Chief Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	The purpose of the report is to provide the Integration Joint Board (IJB) with a quarterly performance report based on the latest data available on the Core Suite of Integration Indicators the Ministerial Strategic Group (MSG) integration indicators and social care benchmarked data.
Recommendations	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> Note the content of the performance report and confirm assurance
Directions to NHS Lothian and/or West Lothian Council	A direction is not required.
Resource/ Finance/ Staffing	The resources allocated to the delivery of the Integration Joint Board's functions are set out in the Strategic Plan 2019 to 2023.
Policy/Legal	Performance Reports will be prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
Risk	Current vacancies within the performance team present a risk to the future development and delivery of integrated performance reports to the IJB. The IJB is asked to agree that this risk will be reflected on the Risk Register.

Equality, Health Inequalities, Environmental and Sustainability Issues	A full integrated impact assessment was carried out on the IJB's Strategic Plan 2019-2023. The performance data supports delivery of that plan and does not require a separate impact assessment to be completed.
Strategic Planning and Commissioning	Performance reporting is designed to provide assurance to the IJB on delivery of the Strategic Plan.
Locality Planning	Reporting is currently done on a West Lothian basis and data is not broken down by localities. Two locality profiles have been created for the East and West of West Lothian using 2019/20 data.
Engagement	Senior Management Team

Terms of Report	
1.	Background
1.1	The Integration Joint Board (IJB) asked to be provided with a quarterly performance report to demonstrate progress against the priorities outlined in the Strategic Plan 2019 to 2023 and in relation to supporting strategic commissioning plans. To ensure data validity and enable comparisons across Scotland there remains a focus on reporting measures available publicly.
2.	National Indicators
2.1	Integration Indicators <p>The Scottish Government identified a core suite of 23 integration indicators (with 20 being reported on) to demonstrate progress with integration and with achievement of the nine national health and wellbeing outcomes. Performance in relation to the indicators has been reported regularly to the Integration Joint Board and has been summarised in the IJB's annual performance report. Appendix 1- The Performance Pack includes an overview of performance against the National Performance Indicators.</p>
2.2	Ministerial Strategic Group for Health and Community Care <p>The Ministerial Strategic Group for Health and Community Care (MSG) set out six areas, common to all integrated bodies, to be reported on and allow progress in shifting the balance of care under integration to be measured. These measures cover: unplanned admissions, occupied bed days for unscheduled care, accident and emergency performance, delayed discharges, end of life care and balance of care across institutional and community settings. The data for MSG indicators is collated and validated centrally by Public Health Scotland. A summary of performance in relation to MSG Integration Indicators is attached at (Appendix 2).</p>
2.3	Local Government Benchmarking Framework (LGBF) <p>The Local Government Benchmarking Framework offers a high-level benchmarking tool designed to support senior management teams and elected members to ask questions about key council services. The LGBF helps councils compare their performance against a suite of efficiency, output and outcome indicators that cover all areas of local government activity. The framework now has 8 years of data and includes a range of measures for adult social care. Some</p>

	of the LGBF measures are also reported in the core suite of integration indicators reported within (Appendix 1)
2.4	There is a range of work ongoing nationally to progress reporting in relation to mental health, learning disability, social care (known as SOURCE), care at home/care home data etc. In addition, during the pandemic extended reporting to the Scottish Government was introduced around care at home and other social care measures.
3.	Local Performance Reporting
3.1	Performance data in relation to health and social care services is provided through a range of governance structures including: the IJB, West Lothian Council, NHS Lothian, the Community Planning Partnership, etc. Work was undertaken to identify all health and social care performance measures in West Lothian which are reported publicly, where they are reported and to align those measures with the IJB's Strategic Plan and supporting strategic commissioning plans. A summary of all public facing health and social care indicators in West Lothian is included at (Appendix 3).
3.2	The West Lothian Health and Social Care Partnership is supported by staff from the Local Intelligence Support Team (LIST) at Public Health Scotland who make use of data from the SOURCE platform and local datasets to support planning and improvement. Wherever possible, work is shared with other LIST analysts on a 'once for Scotland basis' so that analyses produced for one partnership may be replicated in others if required. Joint working with other national organisations is common with, for example, with NHS Health Scotland and NHS Healthcare improvement Scotland (HIS). There are some restrictions around publication and comparison of data and publication at individual level is not always possible.
3.3	In recognition of the importance of data in informing planning decisions and monitoring performance, the West Lothian Health and Social Care Partnership invested in creation of a dedicated Performance and Analytical Lead. Work is now underway to develop the performance framework that will underpin the new strategic plan.
6.	Conclusion
6.1	The IJB is asked to note the latest performance report and to note the work that is underway to develop the performance framework that will underpin the new strategic plan.

Appendices	<ol style="list-style-type: none"> 1. Performance Pack 2. MSG Slide Pack 3. Summary of public facing performance indicators
References	<ul style="list-style-type: none"> • Public Bodies (Joint Working) (Scotland) Act 2014
Contact	Sharon Houston, Head of Strategic Planning and Performance (Interim) Email: Sharon.Houston@westlothian.gov.uk

Core Indicator Summary

Indicator	2021/22	2019/20	Comp. 2019/ 20	Scot 2021/ 2022	Comp. to Scot	Data updated	Commentary / Actions
NI - 1	89%	93%	↓	91%	↓	Biannual	In financial year 2020/21, the percentage in West Lothian was 89%, lower than Scotland.
NI - 2	70%	79%	↓	79%	↓	Biannual	The result for West Lothian is below the Scottish average.
NI - 3	81%	71%	↑	71%	↑	Biannual	In West Lothian, 81% of people surveyed in 2021/22, agreed that they had a say in how their help, care or support was provided. The result for West Lothian is 10 percentage points higher than the Scotland average of 71%.
NI - 4	72%	76%	↓	66%	↑	Biannual	In financial year 2021/22, 72% of adults supported at home agreed that their health and social care services seemed to be well co-ordinated. West Lothian is above the Scottish average of 66%.
NI - 5	81%	75%	↑	75%	↑	Biannual	The percentage of adults receiving any care or support, who rated it as excellent or good was 81% in 2021/22. The Scottish average was 75%.

Indicator	2021/22	2019/20	Comp. 2019/ 20	Scot 2021/ 2022	Comp. to Scot	Data updated	Commentary / Actions
NI - 6	62%	75%	↓	67%	↓	Biannual	In 2021/22, the percentage of adults who had a positive experience of the care provided by their GP practice was 62%, below the Scottish average of 67%.
NI - 7	79%	75%	↑	78%	↑	Biannual	The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life was 79% in 2021/22. The Scotland response rate was 78%.
NI - 8	25%	36%	↓	30%	↓	Biannual	25% of carers responded saying that that they feel supported to continue in their caring role in 2021/22. This is a decrease from 36% in 2019/20, and below the Scotland figure of 30%.
NI - 9	80%	87%	↓	80%	→	Biannual	The percentage of adults in West Lothian who responded to the survey, and agreed that they felt safe was 80% in 2021/22. This is in line with the Scottish average.

Indicator	2021/22	2020/21	Comp. 2020/ 21	Scot 2021/22	Comp. to Scot	Data updated	Commentary / Actions
NI - 11	462 (2021)	438 (2020)	↑	466 (2021)	↓	Annual	Generally West Lothian is performing well against the Scotland and peer group averages for Premature mortality rate, though increased compared to the 2020/21 figure.
NI - 12	11,966	11,658	↑	11,618	↑	6 months	The rate of emergency admissions in adults per 100,000 in West Lothian increased between 2017/18 and 2019/20 and overtook the Scotland level. While both saw an decrease in the rate in 2019/20, both West Lothian and Scotland rates increased in 2021/22 with West Lothian remaining above the Scotland level
NI - 13	91,071	84,540	↑	112,720	↓	6 months	West Lothian has consistently outperformed Scotland's emergency bed day rate
NI - 14	107	123	↓	107	→	6 months	The re-admission rate to hospital for adults within 28 days in 2021/22 was 107 per 1,000 admissions. The trend had been increasing since 2017/18 and has consistently been above the Scotland level, though both the West Lothian and Scotland rates saw a decrease in 2021/22 and are now at the same level
NI - 15	90%	91%	↓	90%	→	6 months	The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 88% in 2018/19, to 91% 2020/21, before a decrease in 2021/22 to 90%.

Indicator	2021/22	2020/21	Comp. 2020/ 21	Scot 2021/22	Comp. to Scot	Data updated	Commentary / Actions
NI - 16	19.8	19.0	↑	22.6	↓	6 months	It is encouraging that West Lothian is performing better than the Scotland average since 2014/15. Since 2015/16 the figure has fluctuated between 19 and 22 falls per 1,000 population, though overall the trend is increasing.
NI - 17	81% (2021/22)	84%	↓	76% (2021/22)	↑	Annual	The overall quality of care as good (4) or better in Care Inspectorate inspections was 81% in 2021/22, which is 5 percentage points higher than the Scottish average of 76%. There is a general downward trend in the grades from 87% in 2017/18, to 81% in 2021/22, which is reflect in the national picture too. Not all services are inspected each year.
NI - 18	67% (2021)	64% (2020)	↑	65% (2021)	↑	Annual	The percentage of adults with intensive care needs was 67% in 2021, which was an increase of 3 percentage points from 2020. The trend has remained fairly constant, fluctuating between 65% and 70%. The trend for the Scottish average has remained below the West Lothian rate since 2013, and is currently 65%
NI - 19	426	360	↑	748	↓	6 months	The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2021/22, was 426 per 1,000 population. This is lower than the national rate of 748, and the trend in West Lothian shows a decrease since 2018/19 to below the Scottish rate. Both West Lothian and Scotland saw an increase in 2021/22
NI - 20	N/A	N/A		N/A		6 months	Figures for this indicator haven't been updated since 2019/20. Prior to that the data showed that West Lothian performed better than the Scottish average, remaining relatively constant between 20% and 22% since 2015/16. The national average fluctuated between 23% and 24% over the same time frame.

Appendix A: Indicator Descriptions

NI - 1	Percentage of adults able to look after their health very well or quite well
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good
NI - 6	Percentage of people with positive experience of care at their GP practice
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
NI - 8	Percentage of carers who feel supported to continue in their caring role
NI - 9	Percentage of adults supported at home who agreed they felt safe
NI - 11	Premature mortality rate per 100,000 persons
NI - 12	Emergency admission rate (per 100,000 population)
NI - 13	Emergency bed day rate (per 100,000 population)
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
NI - 15	Proportion of last 6 months of life spent at home or in a community setting
NI - 16	Falls rate per 1,000 population aged 65+
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
NI - 18	Percentage of adults with intensive care needs receiving care at home
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

National Indicators 1 - 9 HACE Survey 2021/22

National Indicator (NI)		2019/20		2021/22	
		West Lothian	Scotland	West Lothian	Scotland
NI-1	Percentage of adults able to look after their health very well or quite well	93.4%	92.9%	89.5%	90.9%
NI-2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	79.4%	80.8%	70.4%	78.8%
NI-3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	70.7%	75.4%	80.6%	70.6%
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	75.7%	73.5%	71.7%	66.4%
NI-5	Total percentage of adults receiving any care or support who rated it as excellent or good	75.4%	80.2%	80.5%	75.3%
NI-6	Percentage of people with a positive experience of the care provided by their GP practice	74.6%	78.7%	62.2%	66.5%
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	75.3%	80.0%	79.0%	78.1%
NI-8	Total combined % carers who feel supported to continue in their caring role	36.4%	34.3%	25.2%	29.7%
NI-9	Percentage of adults supported at home who agreed they felt safe	86.7%	82.8%	79.8%	79.7%

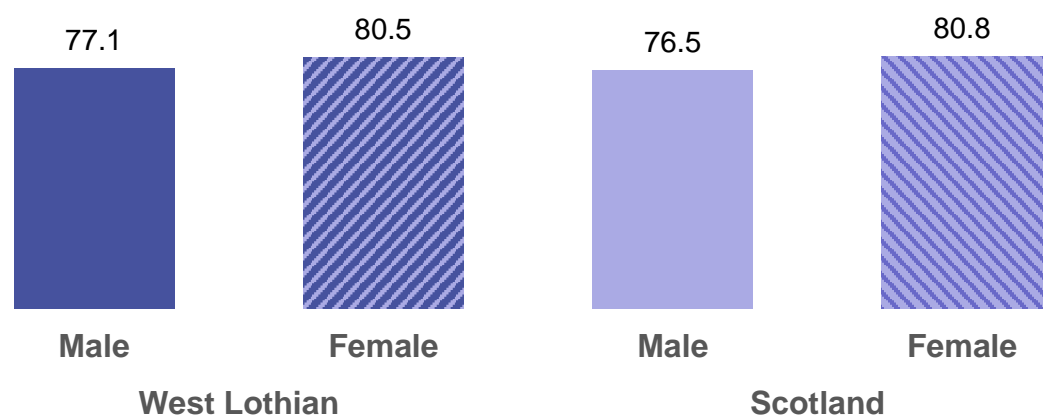
***Please note that 2021/22 results for indicators 1, 2, 3, 4, 5, 7 and 9 in the Core Suite Integration Indicator update may differ from those recently released in the HACE publication.**

Life expectancy at birth by sex, 2013-2020 (3-year aggregates)

		2014-16	2015-17	2016-18	2017-19	2018-20	2019-21
West Lothian	Male	78.3	78.1	77.8	77.9	77.5	77.1
	Female	80.8	81.0	80.8	81.0	80.5	80.5
Scotland	Male	77.1	77.0	77.1	77.2	76.8	76.5
	Female	81.1	81.1	81.1	81.1	81.0	80.8

Source: NRS

Life expectancy at birth by sex, 2018-20 (3-year aggregate)



Life expectancy at birth by sex and deprivation, 2017-21 (5-year aggregate)

	SIMD Scotland quintile				
	1	2	3	4	5
Female	77.6	79.2	80.2	82.6	85.3
Male	72.9	75.3	76.8	79.5	83.3

Source: NRS

Life expectancy at birth by sex and deprivation, 2017-21 (5-year aggregate)



Performance at a Glance



1. Adults are able to look after their health very well or quite well

Performance decreased by 4 percentage points
from 93% in 2019/20
Scotland rate is **91%** in 21/22

West Lothian	89%
Scotland	91%

In financial year 2021/22, the percentage of people in West Lothian who thought that they could look after their health very well or quite well was 89%. This is 4 percentage points lower than 2019/20 and two percentage points lower than Scotland.



2. Adults supported at home agreed that they are supported to live as independently as possible

Performance decreased by 9 percentage points
from 79% in 2019/20
Scotland rate is **79%** in 21/22

West Lothian	70%
Scotland	79%

The percentage of adults supported at home who agreed that they are supported to live as independently as possible was 70% in 2021/22. Results for both West Lothian and Scotland have decreased since 2019/20.



3. Adults supported at home agreed they had a say in how their help care or support was provided

Performance increased by 10 percentage points
from 71% in 2019/20
Scotland rate is **71%** in 21/22

West Lothian	81%
Scotland	71%

In West Lothian, 81% of people surveyed in 2021/22 agreed that they had a say in how their help, care or support was provided, 10 percentage points higher than the 2019/20 figure and the 2021/22 Scotland average.



4. Adults supported at home agreed that their health and social care services seemed to be well coordinated

Performance decreased by 4 percentage points
from 76% in 2019/20
Scotland rate is **66%** in 21/22

West Lothian	72%
Scotland	66%

In financial year 2021/22, 72% percentage of adults supported at home, agreed that their health and social care services seemed to be well coordinated, 4 percentage points lower than in 2019/20. The response for West Lothian sits above the Scottish average of 66%.



5. Adults receiving any care or support rated it as excellent or good

Performance increased by 6 percentage points
from 75% in 2019/20
Scotland rate is **75%** in 21/22

West Lothian	81%
Scotland	75%

The percentage of adults receiving any care or support, who rated it as excellent or good was 81% in 2021/22, an improved result from the previous survey in 2019/20. The response for West Lothian sits above the Scottish average of 75% in 2021/22.

Performance at a Glance



62%

In 21/22

6. Adults had a positive experience of the care provided by their GP practice

Performance decreased by 13 percentage points from 75% in 2019/20
Scotland rate is **67%** in 21/22

West Lothian	62%
Scotland	67%

In 2021/22, the percentage of adults who had a positive experience of the care provided by their GP practice was 62%. The Scotland average was 5 percentage points higher for the same year.



79%

In 21/22

7. Adults supported at home agreed their services and support had an impact on improving or maintaining their quality of life

Performance increased by 4 percentage points from 75% in 2019/20
Scotland rate is **78%** in 21/22

West Lothian	79%
Scotland	78%

The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life was 79% in 2021/22, 4 percentage points higher than in 2019/20. The Scotland response rate was slightly lower at 78% in 2021/22.



25%

In 21/22

8. Carers feel supported to continue in their caring role

Performance decreased by 11 percentage points from 36% in 2019/20
Scotland rate is **30%** in 21/22

West Lothian	25%
Scotland	30%

In the 2021/22 survey, 25% of carers responded saying that they feel supported to continue in their caring role. West Lothian and Scotland's rate have decreased since the survey in 2019/20.



80%

In 21/22

9. Adults supported at home agreed they felt safe

Performance decreased by 7 percentage points from 87% in 2019/20
Scotland rate is **80%** in 21/22

West Lothian	80%
Scotland	80%

The percentage of adults in West Lothian who responded to the survey and agreed that they felt safe was 80% in 2021/22. This reflects the Scottish average which is also 80%.

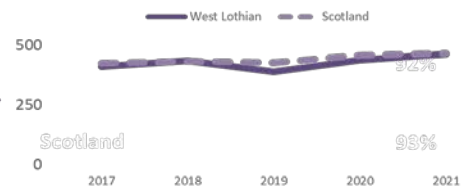


462

In 2021

11. Premature mortality rate

Performance decreased by 5% from **438** in 2020
Scotland rate is **466** in 2021



The premature mortality rate, which is the number of people dying before the age of 75, for West Lothian was 462 deaths per 100,000 in 2021. This rate was steadily worsening from 2017 to 2018, the rate is now at its highest value of deaths per 100,000. West Lothian's premature mortality rate has routinely outperformed the Scotland average since 2019. Scotland's premature mortality rate was 466 deaths per 100,000 in 2021.

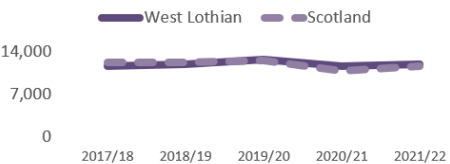


11,966

In 2021/22

12. Emergency admission rate

Performance decreased 3% from **11,658** in 2020/21
Scotland rate is **11,618** in 2021/22



The rate of emergency admissions in adults per 100,000 in West Lothian increased between 2017/18 and 2019/20 and overtook the Scotland level. While both saw an decrease in the rate in 2019/20, both West Lothian and Scotland rates increased in 2021/22 with West Lothian remaining above the Scotland level

13. Rate of emergency bed days for adults; financial year

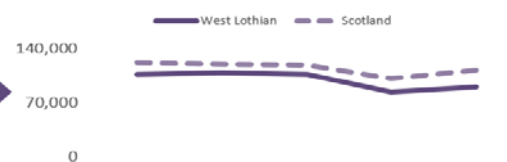


91,071

In 2021/22

13. Emergency bed day rate

Performance increased 8% from **85,540** in 2020/21
Scotland rate is **112,720** in 2021/22



Performance at a Glance

2017/18 2018/19 2019/20 2020/21 2021/22

The emergency bed day rate of adults, per 100,000 population, was 91,078 for West Lothian in 2021/22. This was an increase of 6,531 bed days compared to 2020/21. The Scotland rate in 2021/22 is 112,720, which is also an increase compared to 2020/21. West Lothian has consistently outperformed Scotland's emergency bed day rate. **The recent increase in the emergency bed day rate is likely to be due to the national lockdown in 2020, which reduced rates for 2020/21.**



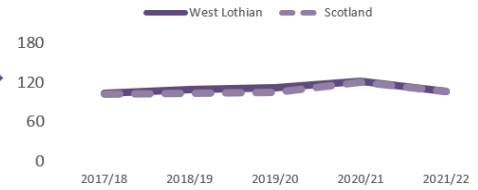
107

In 2021/22

14. Readmission rate to hospital within 28 days

Performance increased 13% from rate of 123 per 1,000 in 2020/21

Scotland rate is **107 per 1,000** in 2021/22



Performance at a Glance

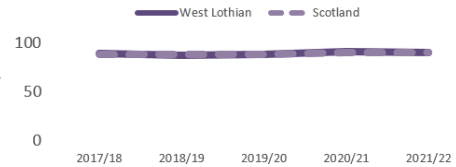
The re-admission rate to hospital for adults within 28 days in 2021/22 was 107 per 1,000 admissions. The trend has been fluctuating since 2017/18, with the highest rate of 123 in 2020/21, and low of 104 in 2017/18. The Scotland rate has followed a very similar trend.



90%
In 2021/22

15. Proportion of the last 6 months of life spent at home or in a community setting

The percentage has **decreased** 1 percentage point from **91%** in 2020/21
Scotland rate is **90%** in 2021/22



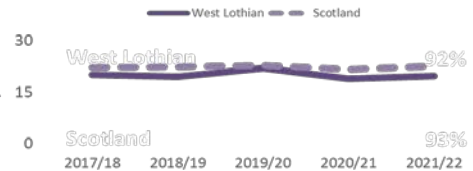
The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 88% in 2018/19 to 90% 2021/22. The trend reflects that of Scotland which has also increased from 88% in 2017/18 to 90% in 2021/22.



20
In 2021/22

16. Falls rate (65+)

Performance decreased 4% from 19 per 1,000 in 2020/21
Scotland rate is **23** in 2021/22



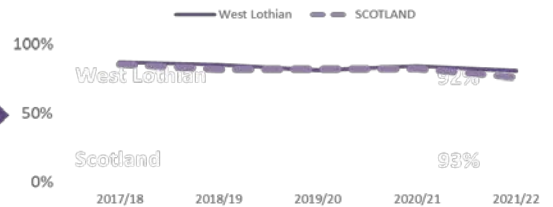
The falls rate for adults aged 65 years and older has been fluctuating since 2017/18, with the highest level of 22 in 2019/20, to the lowest 19 in 2020/21. West Lothian's rate per 1,000 of the population has increased from 19 in 2020/21 to 20 in 2021/22. It is also good news that West Lothian has been performing better than the Scotland average.



81%
In 2021/22

17. Care services graded GOOD (4) or better in Care Inspectorate inspections

The percentage has **decreased** 3 percentage points from **84%** in 2020/21
Scotland rate is **76%** in 2021/22



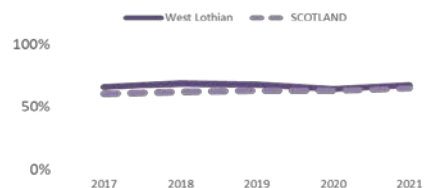
The overall quality of care as good (4) or better in Care Inspectorate inspections was 81% in 2021/22, which is 5 percentage points higher than the Scottish average of 76%. **Not all services are inspected each year and inspections in 2020 were different than in previous years due to the COVID-19 pandemic.**



67%
In 2021

18. Adults with intensive care needs are receiving care at home

The percentage has **increased** 3 percentage points from **64%** in 2020
Scotland rate is **65%** in 2021



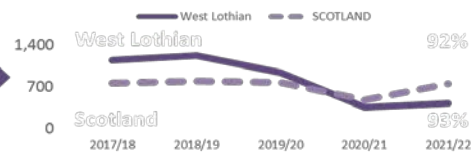
The latest data we have for this indicator is calendar year 2021, where 67% of adults with intensive care needs are receiving care at home. The trend has remained consistent, fluctuating between 64% and 69%. The trend for the Scottish average has remained below the West Lothian rate since 2017.



426
In 2021/22

19. The number of days people aged 75+ spend in hospital when they are ready to be discharged

Performance increased 18% from 360 per 1,000 in 2020/21
Scotland rate is **748** in 2021/22



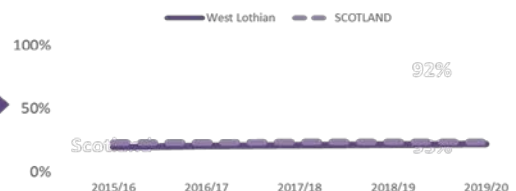
The number of days which people aged 75 and over spent in hospital when they were ready to be discharged, per 1,000 population, in 2021/22 was 426. This is lower than the Scottish average of 748 but is an increase of 18 % compared to 2020/21. **This area remains a challenge, however, some of the improvement in 2020/21 is likely due to the COVID-19 pandemic that began in 2020 where it was essential hospitals had more capacity for patients with COVID-19.**



22%
In 2019/20

20. Health and care resource spent on hospital stays where patient was admitted as an emergency

The percentage has **not changed** from **22%** in 2018/19
Scotland rate is **24%** in 2019/20

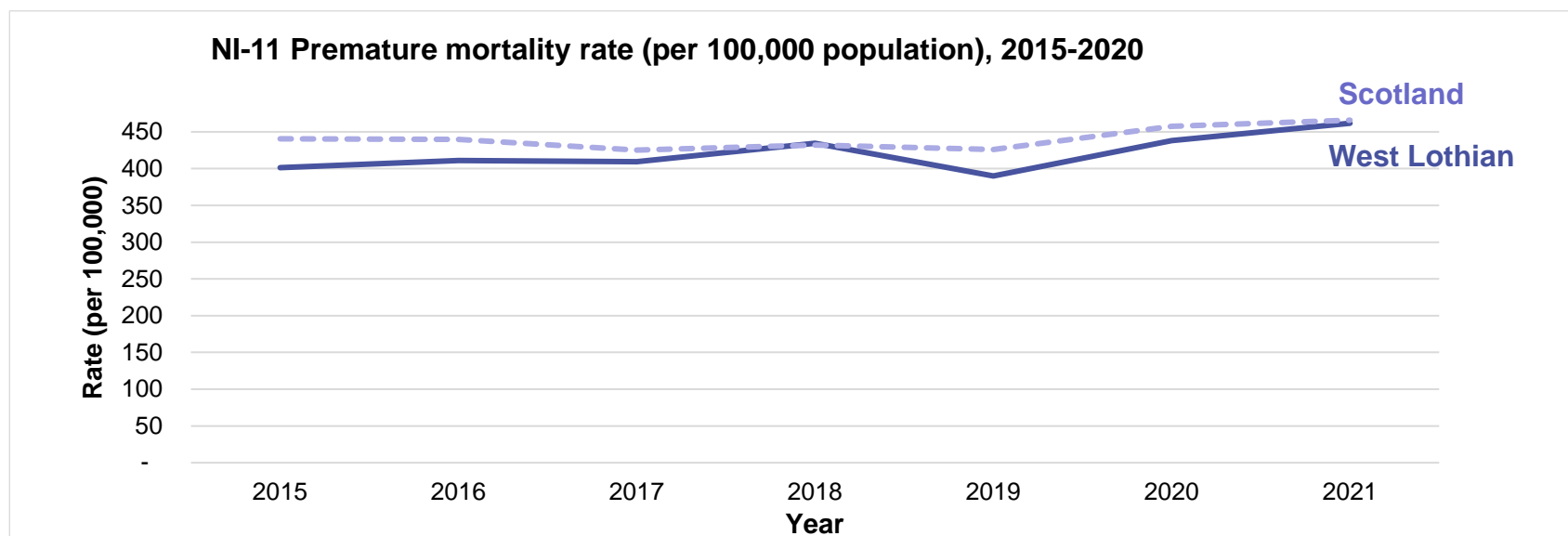


In 2019/20, the percentage of health and care resources which were spent on hospital stays for emergency admissions was 22%. The Scottish average is slightly higher at 24% in 2019/20. The trend for West Lothian has remained relatively constant between 20% and 22% since 2015/16. The Scottish average has fluctuated between 23% and 24% over the same time frame.

National Indicators 11 - 20: Time series

NI-11 Premature mortality rate (per 100,000 population), 2015-2020

	2015	2016	2017	2018	2019	2020	2021
West Lothian	402	411	410	434	390	438	462
Scotland	441	440	425	432	426	457	466



Notes:

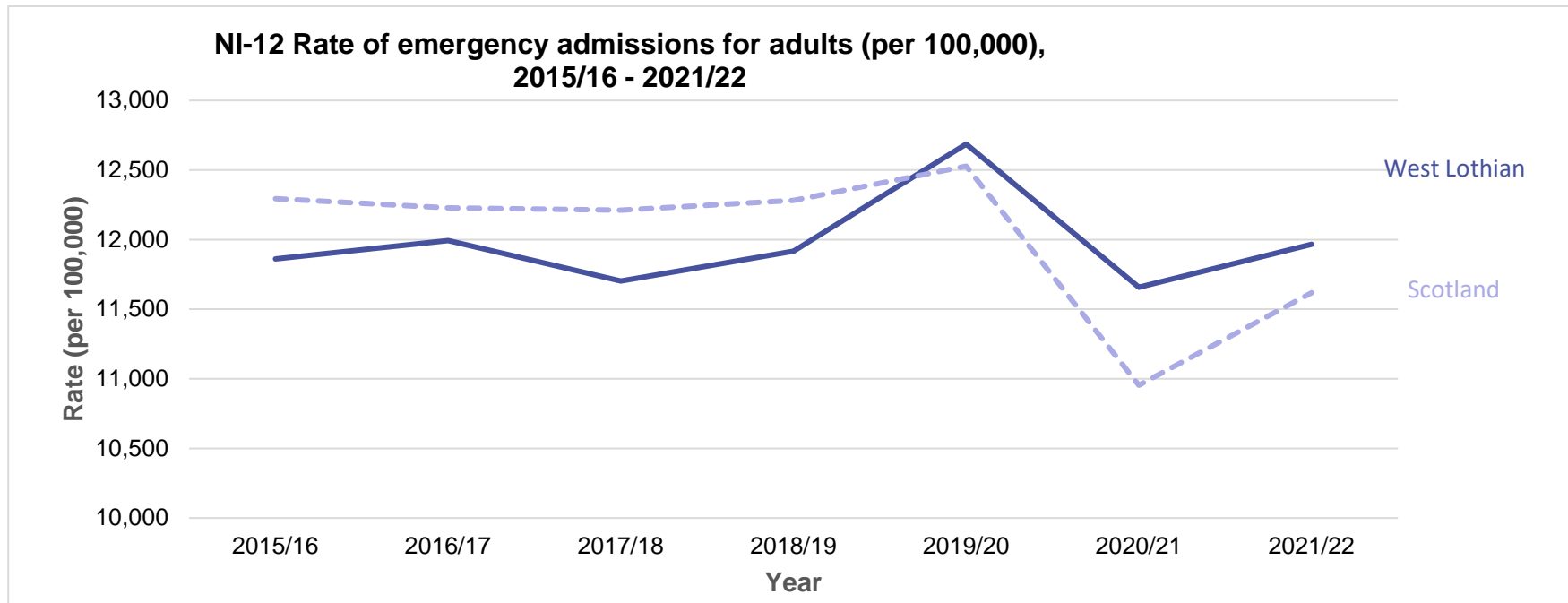
The chart shows that generally West Lothian is performing well against the Scotland and peer group averages for Premature mortality rate. The 2021 figure for West Lothian puts it just below that of Scotland though both have increased since 2019.

Source: National Records for Scotland (NRS)

National Indicators 11 - 20: Time series

NI-12 Rate of emergency admissions for adults (per 100,000), 2015/16 - 2021/22

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
West Lothian	11,861	11,994	11,703	11,918	12,687	11,658	11,966
Scotland	12,295	12,229	12,213	12,283	12,528	10,954	11,618

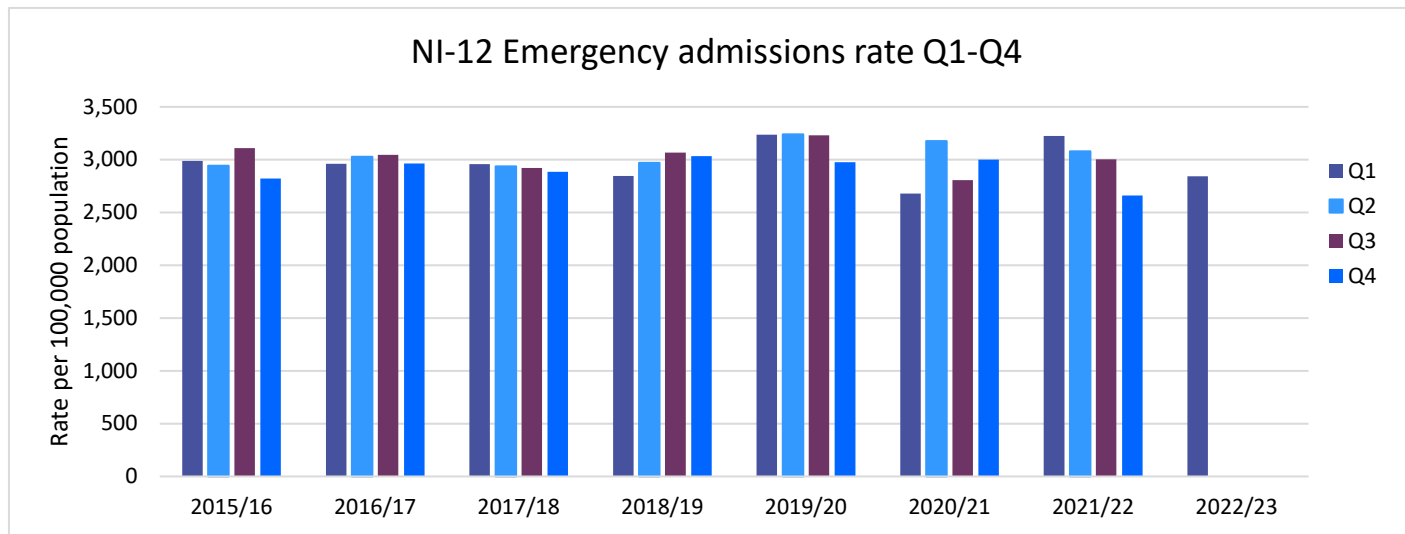


The rate of emergency admissions in adults per 100,000 in West Lothian increased between 2017/18 and 2019/20 and overtook the Scotland level. While both saw an decrease in the rate in 2020/21, both West Lothian and Scotland rates increased in 2021/22 with West Lothian remaining above the Scotland level

National Indicators 11 - 20: Time series

NI - 12 Emergency admission rate by quarter

Year	Q1	Q2	Q3	Q4
2015/16	2,989	2,944	3,108	2,821
2016/17	2,960	3,027	3,044	2,964
2017/18	2,957	2,938	2,921	2,886
2018/19	2,844	2,971	3,068	3,035
2019/20	3,238	3,239	3,232	2,977
2020/21	2,679	3,175	2,805	2,999
2021/22	3,224	3,078	3,003	2,661
2022/23	2,842			

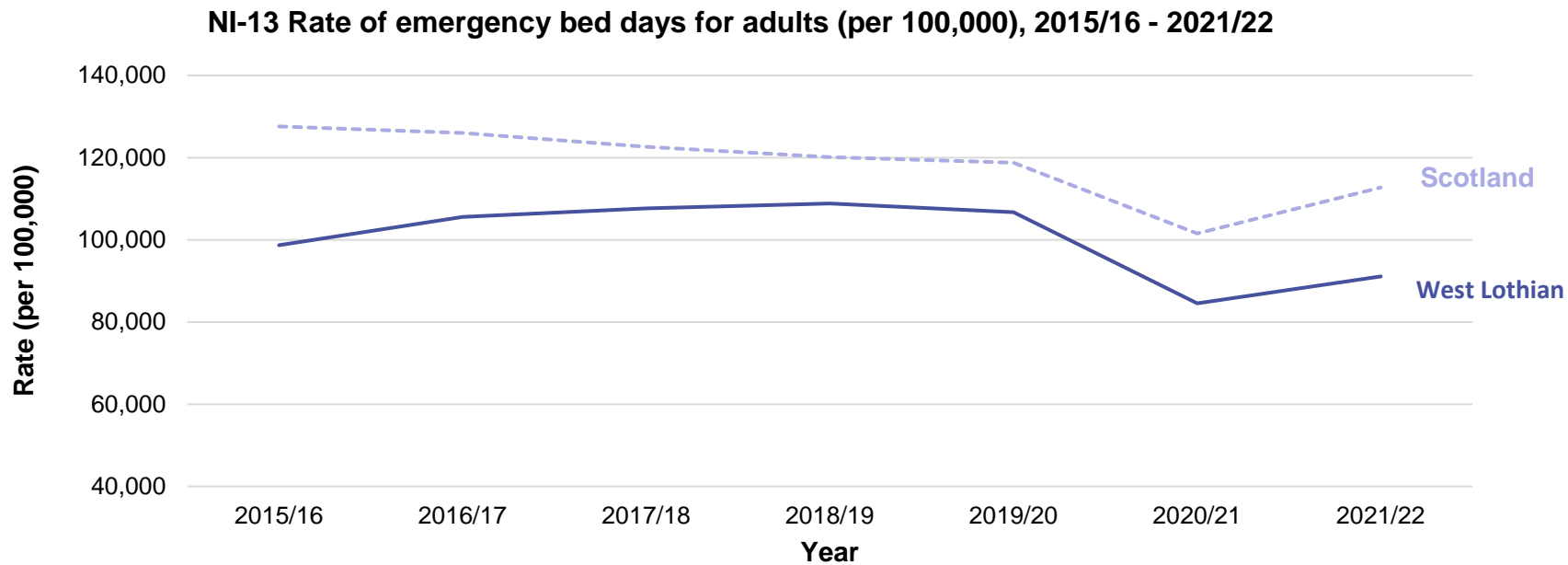


The chart and table above shows the emergency admission rate by quarter from 2015/16 until Q1 in 2022/23. The decrease in emergency admissions can be seen when the first lockdown was announced, and people were actively avoiding hospital. The admissions increased in Q2 when the lockdown was being lifted.

National Indicators 11 - 20: Time series

NI-13 Rate of emergency bed days for adults (per 100,000), 2015/16 - 2021/22

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
West Lothian	98,718	105,584	107,630	108,829	106,714	84,540	91,071
Scotland	127,576	125,979	122,626	120,105	118,773	101,532	112,720

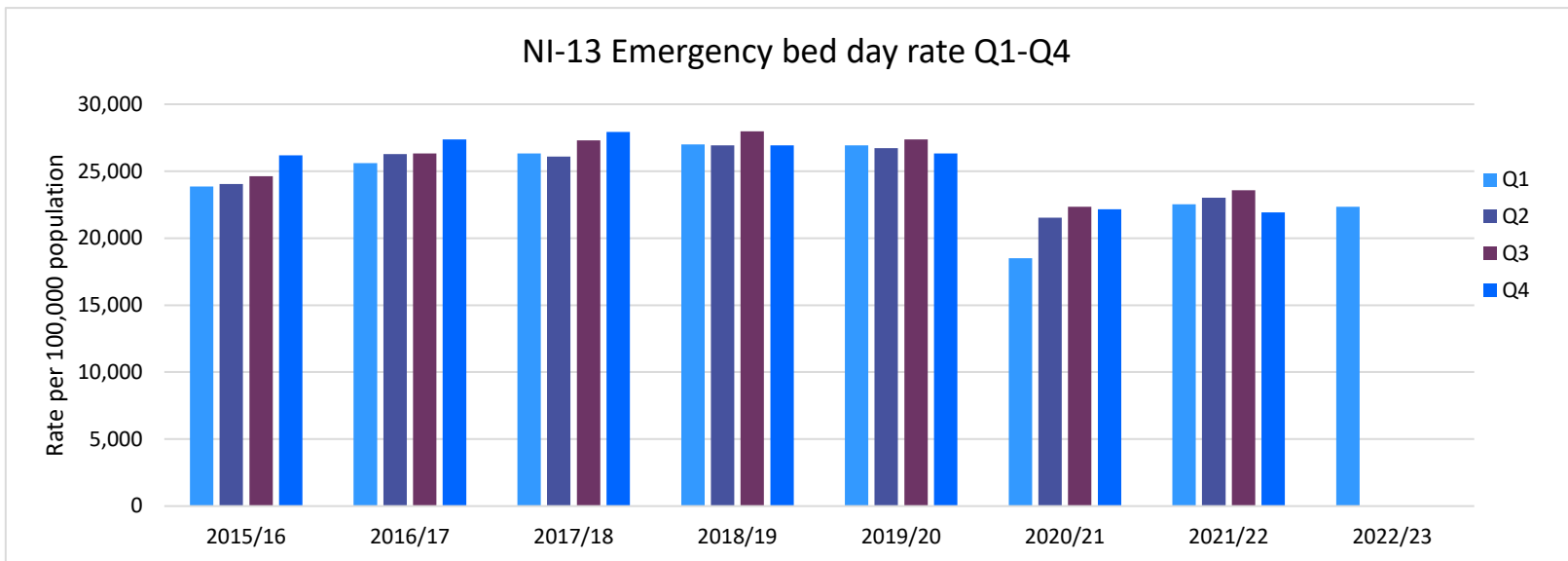


The emergency bed day rate of adults, per 100,000 population, was 91,071 for West Lothian residents in 2021/22. West Lothian has consistently outperformed Scotland's emergency bed day rate

National Indicators 11 - 20: Time series

NI - 13 Emergency bed day rate by quarter

Year	Q1	Q2	Q3	Q4
2015/16	23,859	24,038	24,626	26,196
2016/17	25,605	26,278	26,315	27,384
2017/18	26,318	26,100	27,292	27,920
2018/19	26,995	26,940	27,968	26,926
2019/20	26,927	26,719	27,371	26,326
2020/21	18,513	21,536	22,339	22,152
2021/22	22,531	23,032	23,574	21,934
2022/23	22,348			



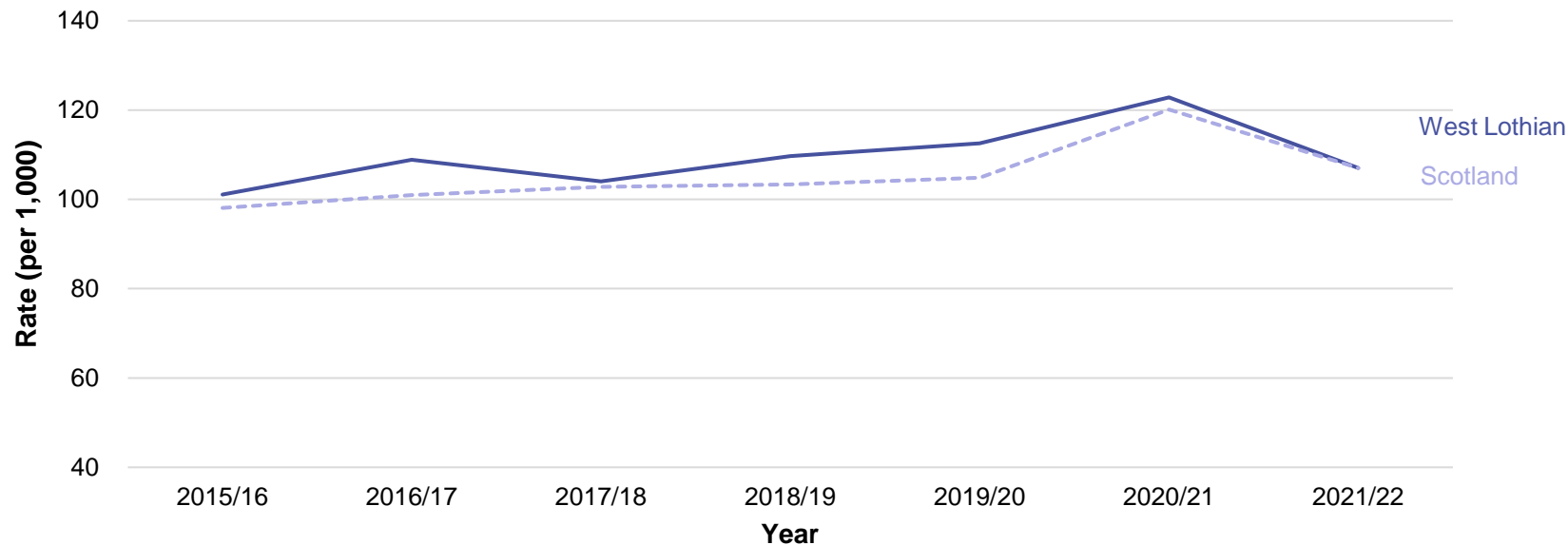
The chart and table above shows the emergency admission rate by quarter from 2015/16 until Q1 in 2022/23. The decrease in emergency admissions can be seen when the first lockdown was announced, and people were actively avoiding hospital. The admissions increased in Q2 when the lockdown was being lifted.

National Indicators 11 - 20: Time series

NI-14 Readmissions to hospital within 28 days of discharge (per 1,000 admissions), 2015/16 - 2021/22

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
West Lothian	101	109	104	110	113	123	107
Scotland	98	101	103	103	105	120	107

NI-14 Readmissions to hospital within 28 days of discharge (per 1,000 admissions), 2015/16 - 2021/22

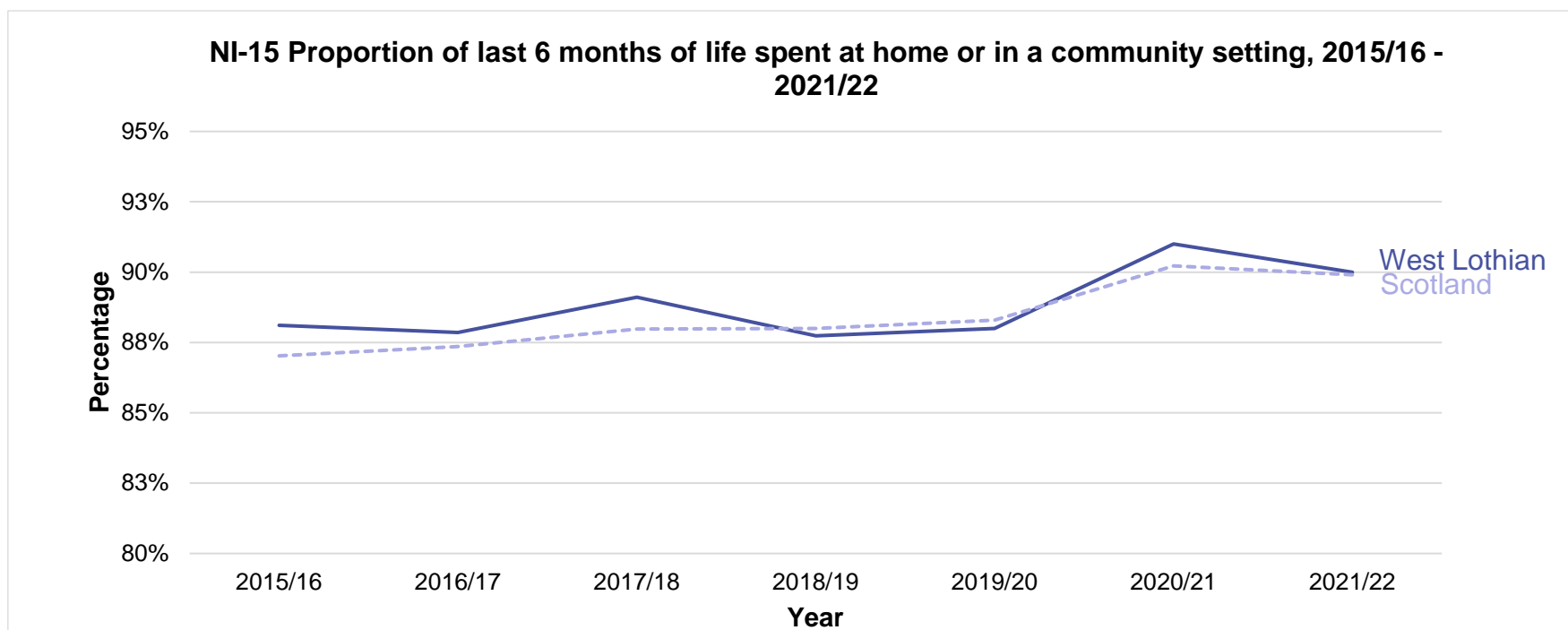


The re-admission rate to hospital for adults within 28 days in 2021/22 was 107 per 1,000 admissions. The trend had been increasing since 2017/18 and has consistently been in line with or above the Scotland level, though both the West Lothian and Scotland rates saw a decrease in 2021/22 and are now at the same level

National Indicators 11 - 20: Time series

NI-15 Proportion of last 6 months of life spent at home or in a community setting, 2015/16 - 2021/22

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
West Lothian	88%	88%	89%	88%	88%	91%	90%
Scotland	87%	87%	88%	88%	88%	90%	90%



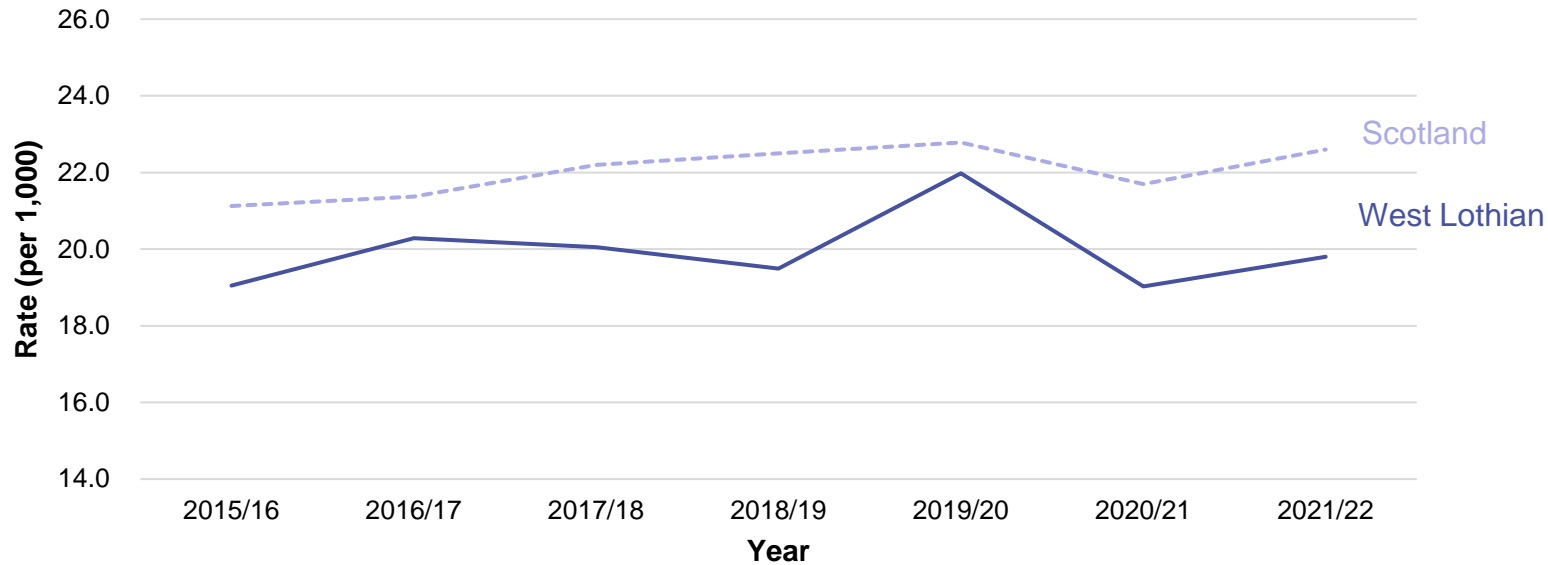
The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 88% in 2018/19, to 91% 2020/21, before a decrease in 2021/22 to 90%. The trend reflects that of Scotland, with West Lothian being higher or equal since 2019/20.

National Indicators 11 - 20: Time series

NI-16 Falls rate per 1,000 population aged 65+, 2015/16 - 2021/22

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
West Lothian	19.1	20.3	20.1	19.5	22.0	19.0	19.8
Scotland	21.1	21.4	22.2	22.5	22.8	21.7	22.6

NI-16 Falls rate per 1,000 population aged 65+, 2015/16 - 2021/22

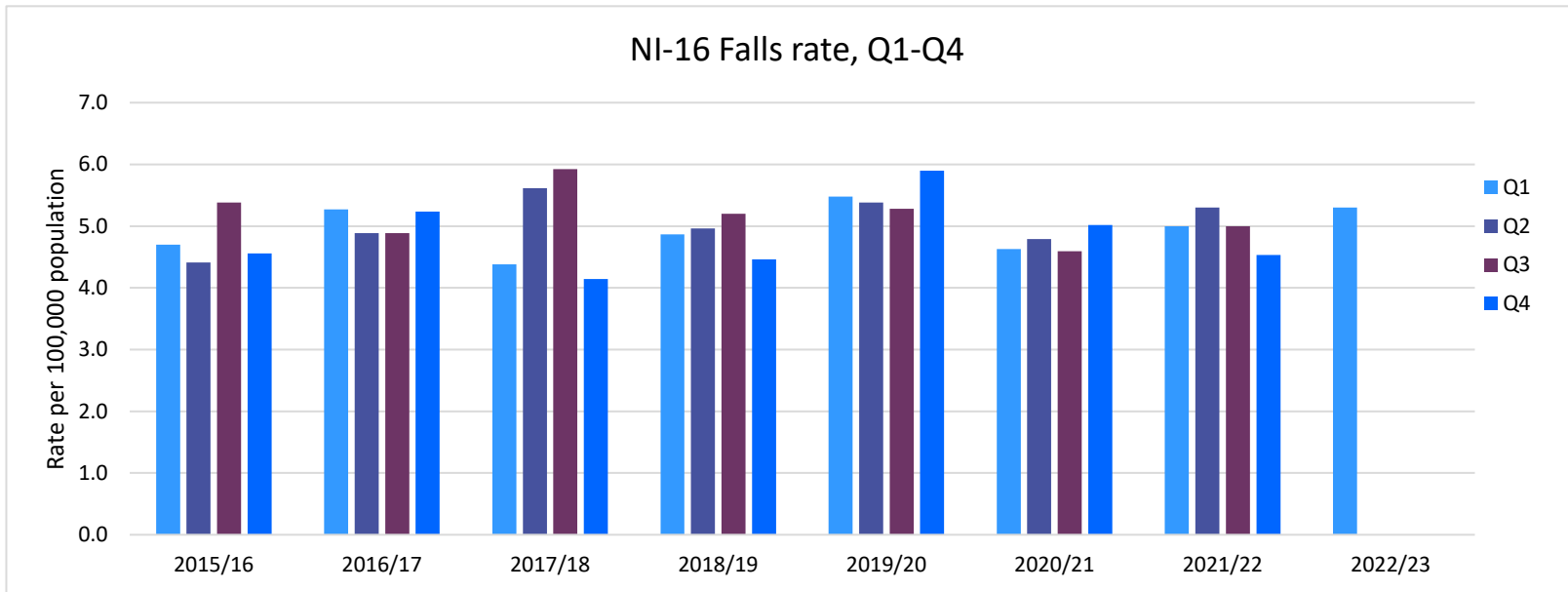


It is encouraging that West Lothian is performing better than the Scotland average since 2015/16. Since 2015/16 the figure has fluctuated between 19 and 22 falls per 1,000 population, with an increase being seen between 2020/21 and 2021/22 figures.

National Indicators 11 - 20: Time series

NI - 16 Falls rate per 1,000 population aged 65+ by quarter

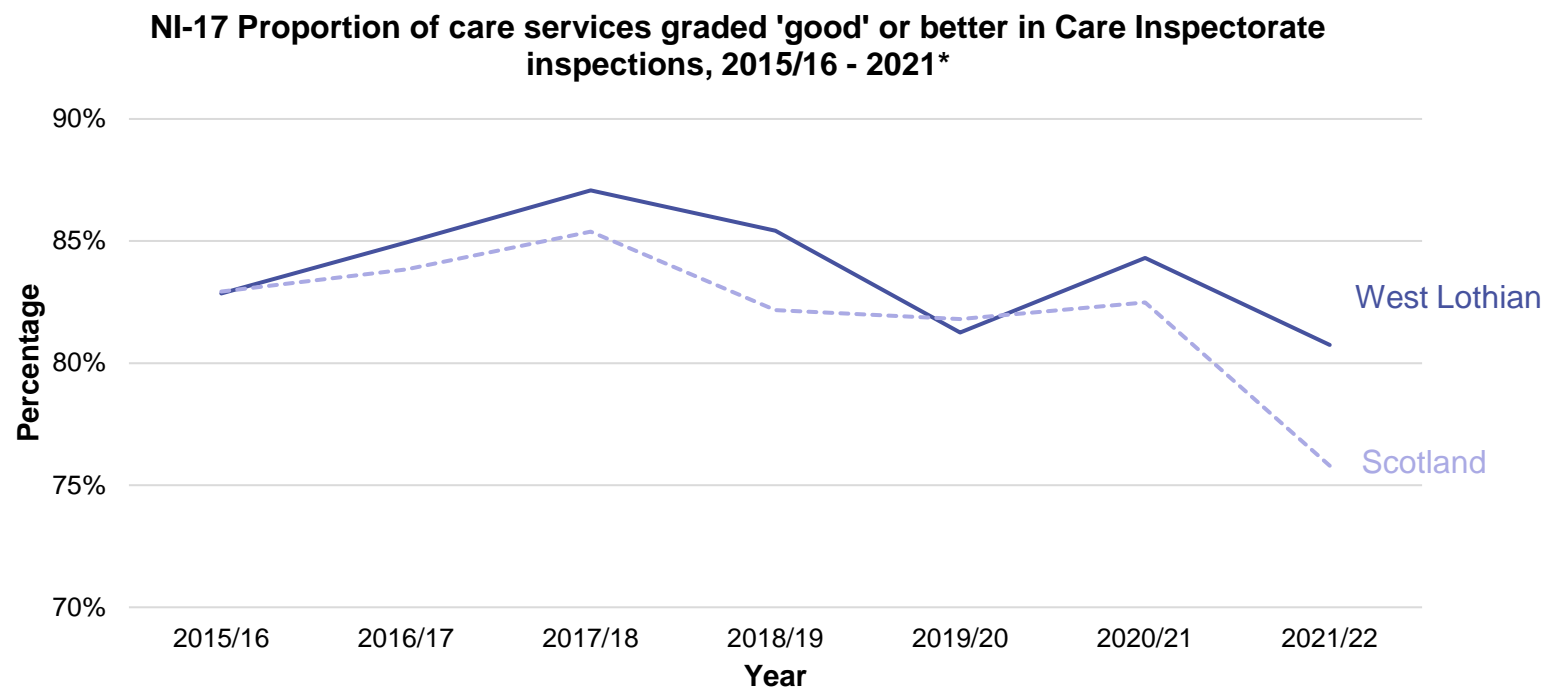
Year	Q1	Q2	Q3	Q4
2015/16	4.7	4.4	5.4	4.6
2016/17	5.3	4.9	4.9	5.2
2017/18	4.4	5.6	5.9	4.1
2018/19	4.9	5.0	5.2	4.5
2019/20	5.5	5.4	5.3	5.9
2020/21	4.6	4.8	4.6	5.0
2021/22	5.0	5.3	5.0	4.5
2022/23	5.3			



National Indicators 11 - 20: Time series

NI-17 Proportion of care services graded 'good' or better in Care Inspectorate inspections, 2015/16 - 2021*

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
West Lothian	83%	85%	87%	85%	81%	84%	81%
Scotland	83%	84%	85%	82%	82%	82%	76%



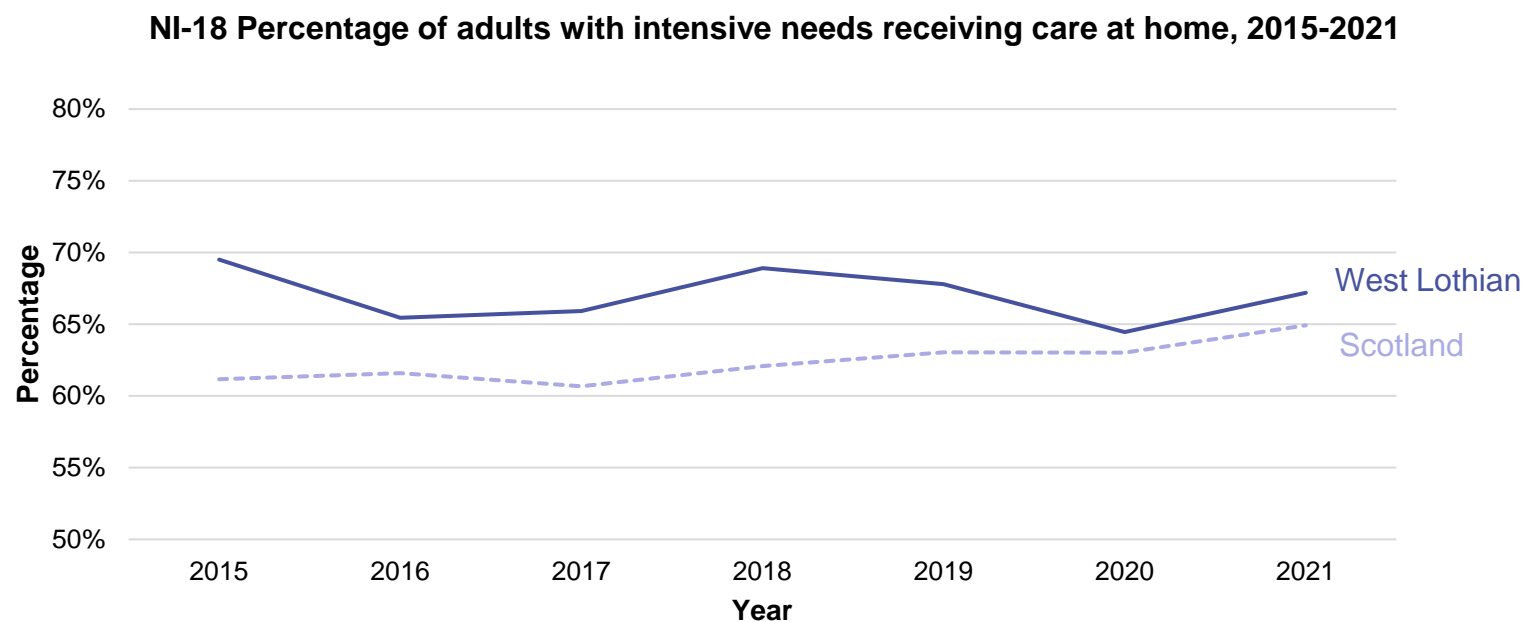
*Calendar year

The overall quality of care as good (4) or better in Care Inspectorate inspections was 81% in 2021/22, which is 5 percentage points higher than the Scottish average of 76%. There is a general downward trend in the grades from 87% in 2017/18, to 81% in 2021/22, which is reflect in the national picture too. Not all services are inspected each year.

National Indicators 11 - 20: Time series

NI-18 Percentage of adults with intensive needs receiving care at home, 2015-2021

	2015	2016	2017	2018	2019	2020	2021
West Lothian	70%	65%	66%	69%	68%	64%	67%
Scotland	61%	62%	61%	62%	63%	63%	65%

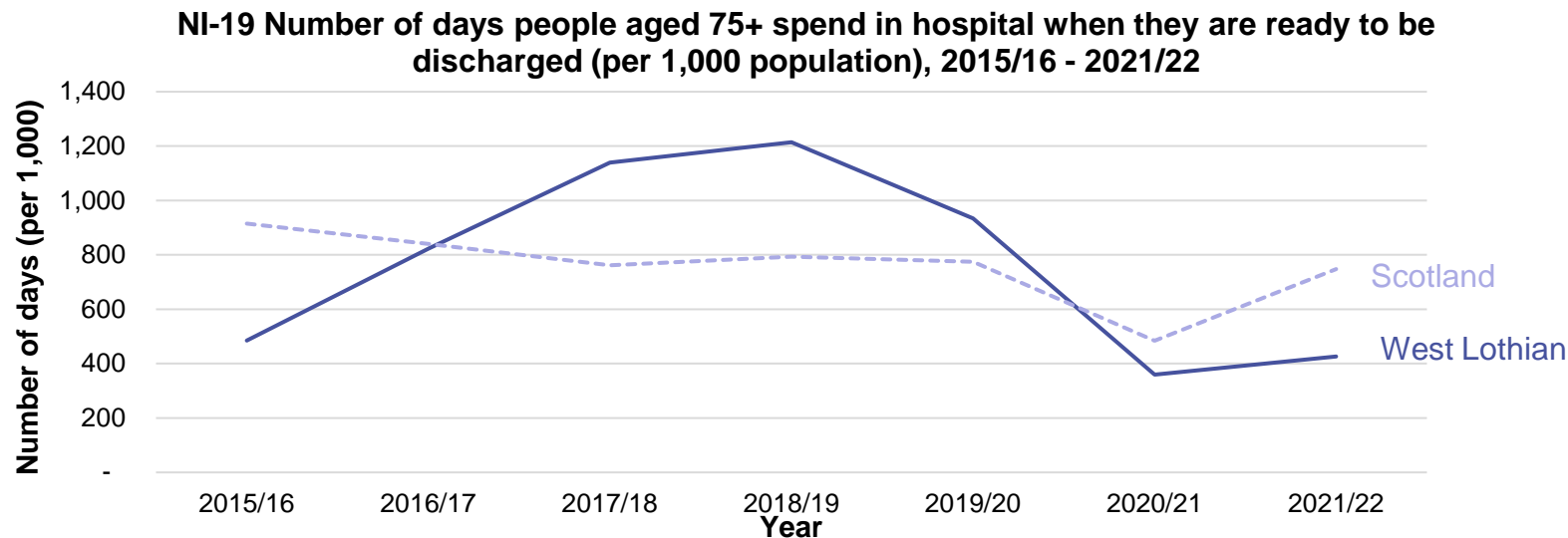


The percentage of adults with intensive care needs was 67% in 2021, which was an increase of 3 percentage points from 2020. The trend has remained fairly constant, fluctuating between 65% and 70%. The trend for the Scottish average has remained below the West Lothian rate since 2013, and is currently 65%

National Indicators 11 - 20: Time series

NI-19 Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population), 2015/16 - 2021/22

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
West Lothian	485	822	1,139	1,214	934	360	426
Scotland	915	841	762	793	774	484	748

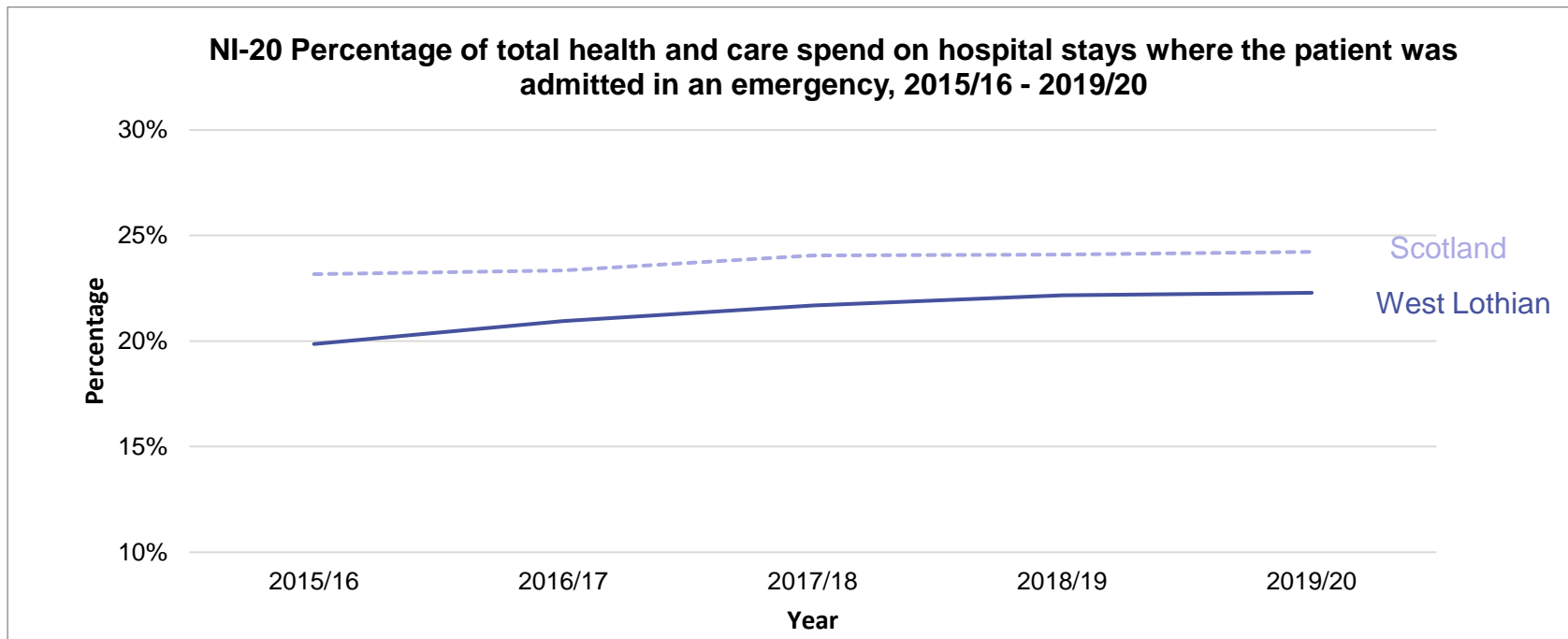


The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2021/22, was 426. This is lower than the national rate of 748, and the trend in West Lothian shows a decrease since 2018/19 to below the Scottish rate. Both West Lothian and Scotland saw an increase in 2021/22

National Indicators 11 - 20: Time series

NI-20 Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency, 2015/16 - 2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20
West Lothian	20%	21%	22%	22%	22%
Scotland	23%	23%	24%	24%	24%

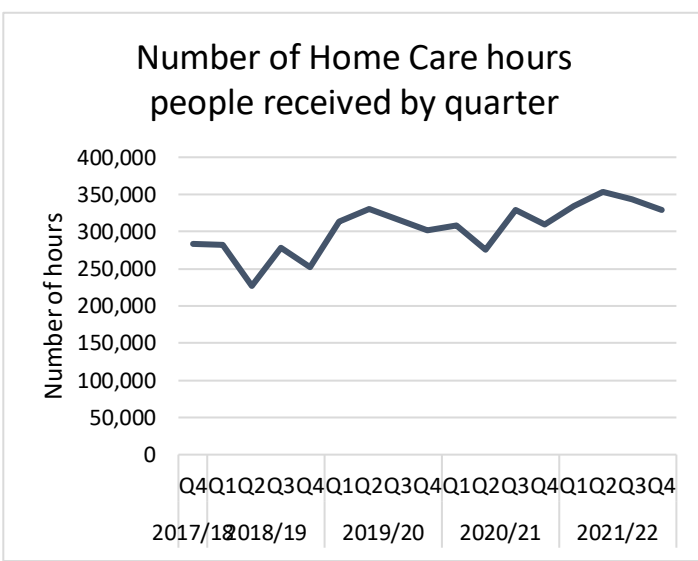


Figures for this indicator haven't been updated since 2019/20. Prior to that the data showed that West Lothian performed better than the Scottish average, remaining relatively constant between 20% and 22% since 2015/16. The national average fluctuated between 23% and 24% over the same time frame.

Social Care Indicators: Home Care

Homecare - Care at Home hours

Year	Quarter	Number of hours
2017/18	Q4	282,845
	Q1	282,795
	Q2	226,915
	Q3	278,455
2018/19	Q4	252,400
	Q1	313,595
	Q2	330,665
	Q3	315,640
2019/20	Q4	301,265
	Q1	307,880
	Q2	276,050
	Q3	328,745
2020/21	Q4	310,070
	Q1	334,100
	Q2	353,420
	Q3	343,060
2021/22	Q4	328,685

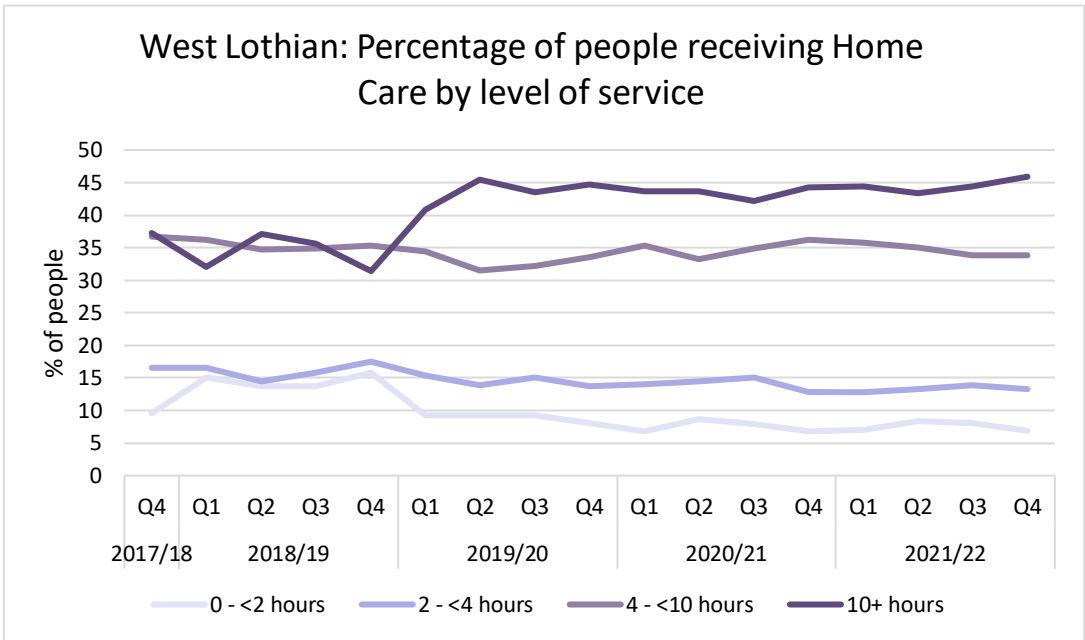


Homecare hours were stable at around 280,000 at the start of 2018/19, before dipping in Q2 and increasing again to a peak in Q2 2019/20 of 330,665, and now is generally fluctuating around an average of around 330,000.

Home care hours collected are actual hours from 2019/20 onwards (where submitted) which may not be directly comparable to planned hours previously collected prior to 2019/20

Percentage of people receiving Home Care by level of service

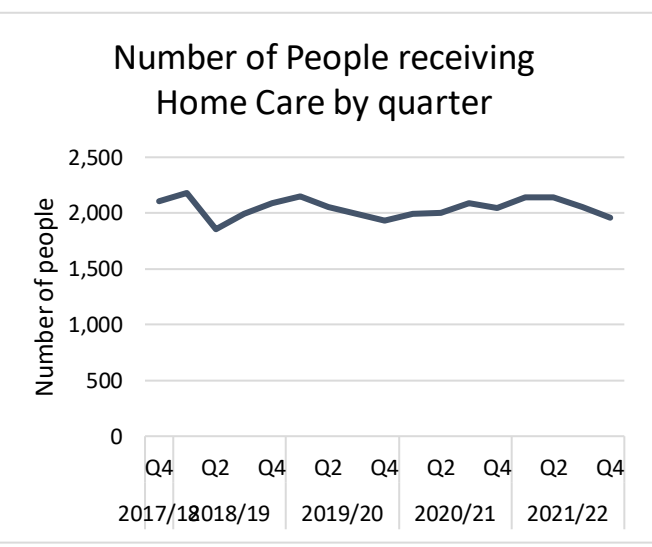
Year	Quarter	0 - <2 hours	2 - <4 hours	4 - <10 hours	10+ hours
2017/18	Q4	9.5	16.6	36.7	37.2
	Q1	15.1	16.5	36.2	32.1
	Q2	13.7	14.5	34.7	37.1
	Q3	13.8	15.8	34.8	35.6
2018/19	Q4	15.8	17.5	35.3	31.4
	Q1	9.3	15.3	34.4	40.9
	Q2	9.3	13.9	31.5	45.4
	Q3	9.3	15.1	32.2	43.5
2019/20	Q4	8	13.7	33.6	44.7
	Q1	6.8	14	35.3	43.6
	Q2	8.7	14.5	33.2	43.7
	Q3	7.9	15.1	34.9	42.1
2020/21	Q4	6.8	12.9	36.2	44.2
	Q1	7	12.8	35.7	44.4
	Q2	8.4	13.3	35	43.4
	Q3	8	13.9	33.9	44.4
2021/22	Q4	6.9	13.3	33.9	45.9



Home care hours collected are actual hours from 2019/20 onwards (where submitted) which may not be directly comparable to planned hours previously collected prior to 2019/20

Home Care - Care at Home: Number of People

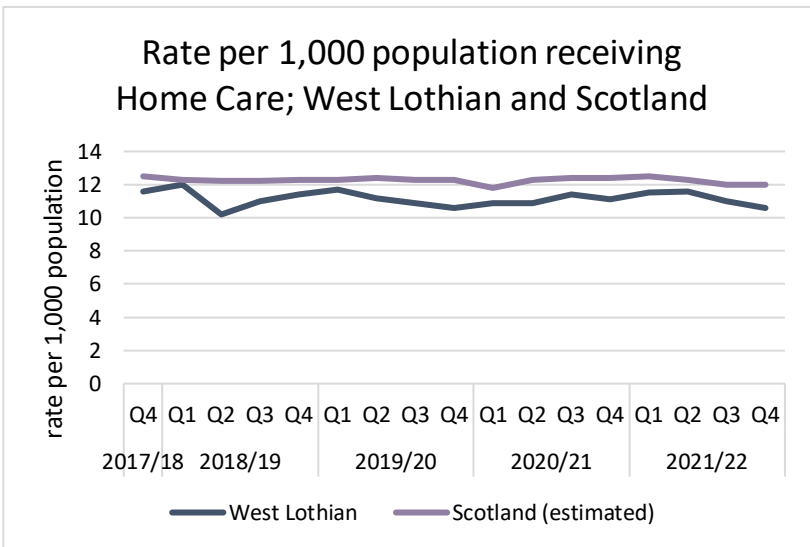
Year	Quarter	Number of people
2017/18	Q4	2,110
	Q1	2,180
	Q2	1,855
	Q3	1,995
2018/19	Q4	2,085
	Q1	2,150
	Q2	2,050
	Q3	1,990
2019/20	Q4	1,935
	Q1	1,995
	Q2	2,000
	Q3	2,090
2020/21	Q4	2,045
	Q1	2,140
	Q2	2,145
	Q3	2,050
2021/22	Q4	1,960



The number of people receiving Care at Home services has fluctuated at around 2,000 people since 2017,18, with a peak of 2,150 in Q1 of 2019/20

Rate per 1,000 population receiving Home Care; financial year

Year	Area	Rate
2017/18	Q4	11.6
	Q1	12.0
2018/19	Q2	10.2
	Q3	11.0
	Q4	11.4
	Q1	11.7
2019/20	Q2	11.2
	Q3	10.9
	Q4	10.6
	Q1	10.9
2020/21	Q2	10.9
	Q3	11.4
	Q4	11.1
	Q1	11.5
2021/22	Q2	11.6
	Q3	11.0
	Q4	10.6

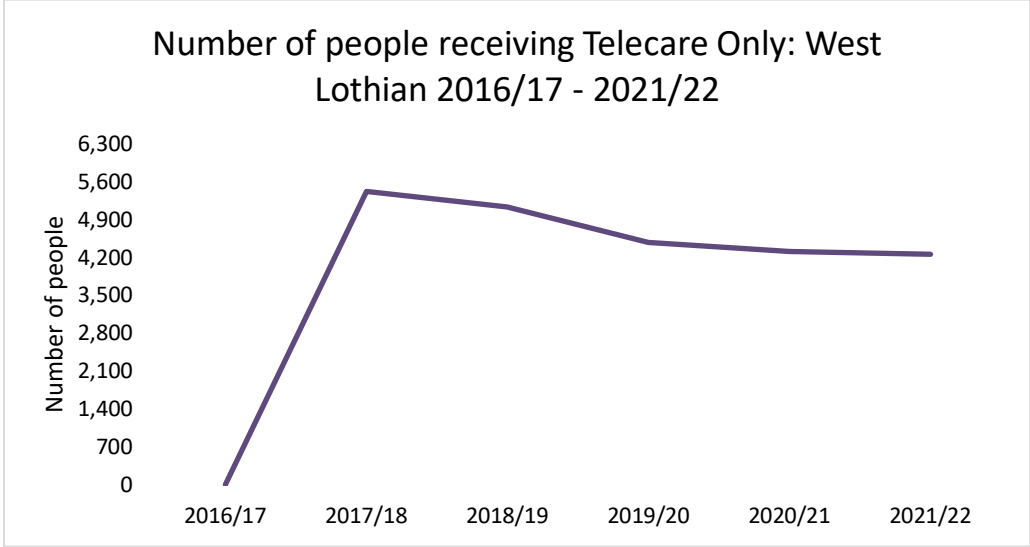


2017/18	Q4	Scotland (Estimated)	12.5
	Q1	Scotland (Estimated)	12.3
	Q2	Scotland (Estimated)	12.2
	Q3	Scotland (Estimated)	12.2
2018/19	Q4	Scotland (Estimated)	12.3
	Q1	Scotland (Estimated)	12.3
	Q2	Scotland (Estimated)	12.4
	Q3	Scotland (Estimated)	12.3
2019/20	Q4	Scotland (Estimated)	12.3
	Q1	Scotland (Estimated)	11.8
	Q2	Scotland (Estimated)	12.3
	Q3	Scotland (Estimated)	12.4
2020/21	Q4	Scotland (Estimated)	12.4
	Q1	Scotland (Estimated)	12.5
	Q2	Scotland (Estimated)	12.3
	Q3	Scotland (Estimated)	12
2021/22	Q4	Scotland (Estimated)	12

Social Care Indicators: Telecare

Number of People Receiving Telecare Only; financial year

Year	Number of people
2016/17	0
2017/18	5,425
2018/19	5,140
2019/20	4,475
2020/21	4,310
2021/22	4,265

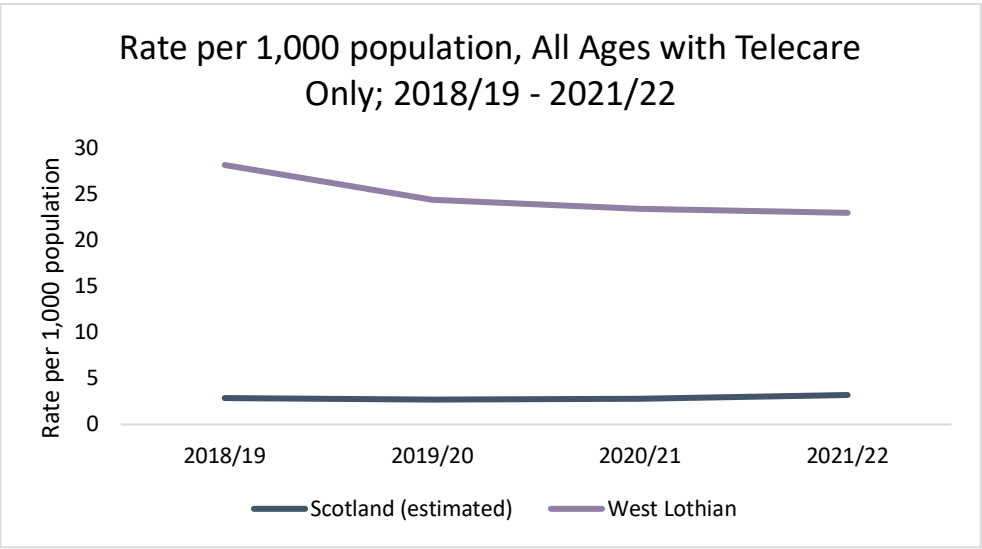


This indicator measures the total number of households receiving telecare, enabling people to stay independently in their own homes for as long as possible where it meets their needs, is based on choice and is safe for them and their carers. This is a key performance measure in the government's Reshaping Care for Older People programme.

Source: <https://www.publichealthscotland.scot/publications/insights-in-social-care-statistics-for-scotland/insights-in-social-care-statistics-for-scotland-support-provided-or-funded-by-health-and-social-care-partnerships-in-scotland-202122/technology-enabled-care/>

Rate per 1,000 population receiving Telecare only; financial year

Year	Area	Rate
2018/19	Scotland (All Areas Submitted)	2.9
2019/20	Scotland (All Areas Submitted)	2.7
2020/21	Scotland (All Areas Submitted)	2.8
2021/22	Scotland (All Areas Submitted)	3.2
2018/19	West Lothian	28.2
2019/20	West Lothian	24.4
2020/21	West Lothian	23.4
2021/22	West Lothian	23.0



Notes and Data Completeness

Information relates to all active community alarms and or telecare services and not just new installations.

Technology enabled care data is collected on an annual basis therefore figures cannot be presented by quarter.

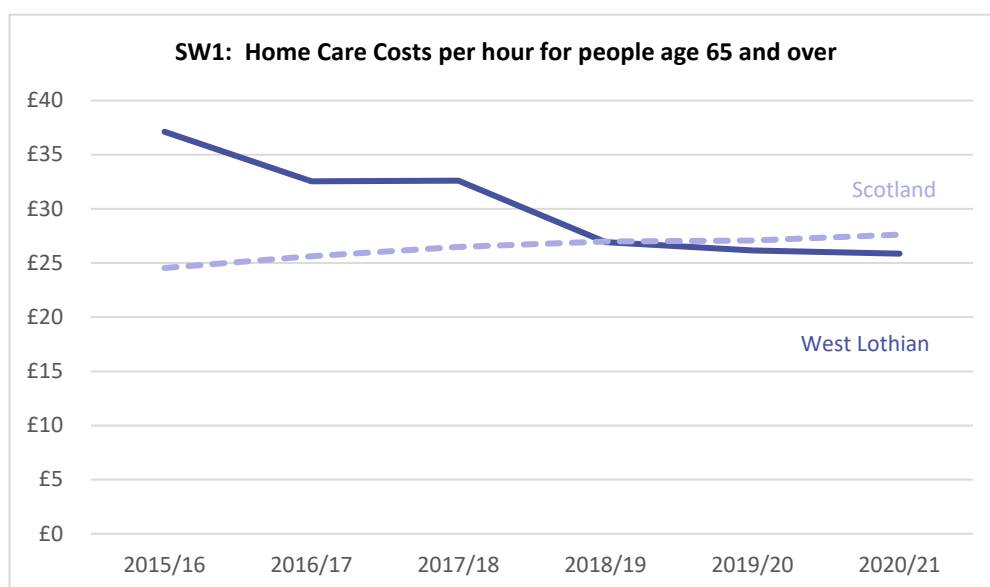
Some Health and Social Care Partnerships were unable to provide information for all the services and support reported on in this section therefore to reflect data completeness a Scotland 'All Areas Submitted' has been provided.

Please consider data definitions and completeness when interpreting the data presented in this dashboard. Full details on data completeness and guidance can be found in the Information tab.

Social Care Indicators: SW1 Home Care Costs

SW1: Home care costs per hour for people aged 65 or over

Local Authority	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
West Lothian	£37.12	£32.54	£32.61	£26.94	£26.15	£25.86
Scotland	£24.54	£25.64	£26.47	£26.98	£27.09	£27.62



West Lothian costs have been decreasing steadily over time. However, the Home Care costs will increase when this indicator is recalculated as more people receive personalised and specialised care in their own home, as we aim to increase the use of such services as an alternative to residential care, where possible

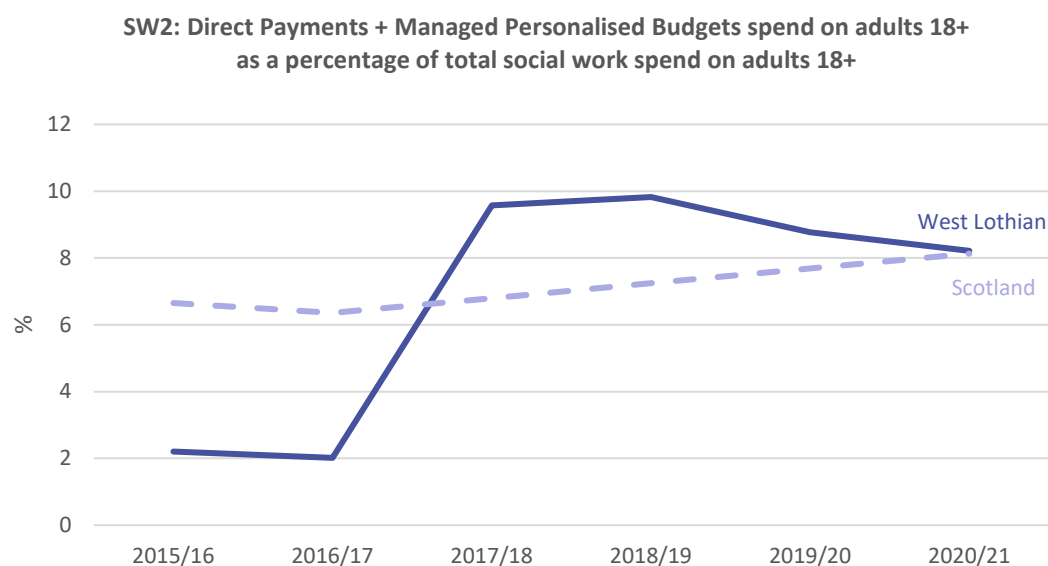
LGBF Ranking

Local Authority	Rank 2018-19	Rank 2019-20	Rank 2020-21	Ranking difference
West Lothian	17	17	13	+4

Social Care Indicators: SW2 Direct payments

SW2: Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+

Local Authority	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
West Lothian	2.2	2.0	9.6	9.8	8.8	8.2
Scotland	6.7	6.4	6.8	7.2	7.7	8.1



Direct payments are a funding choice in personal budgets. They allow you to purchase your own care and support services, with the aim of maximising your involvement and control over how your needs are met. This percentage needs to improve in West Lothian as we want more people to be in control of their own funding choices.

LGBF Ranking

Local Authority	Rank 2018-19	Rank 2019-20	Rank 2020-21	Ranking difference
West Lothian	3	6	7	-1

Cost increases can be seen in both a positive and negative way. An increase in costs can imply that there is better care, but this cannot be evidenced, or an inefficient use of funds.

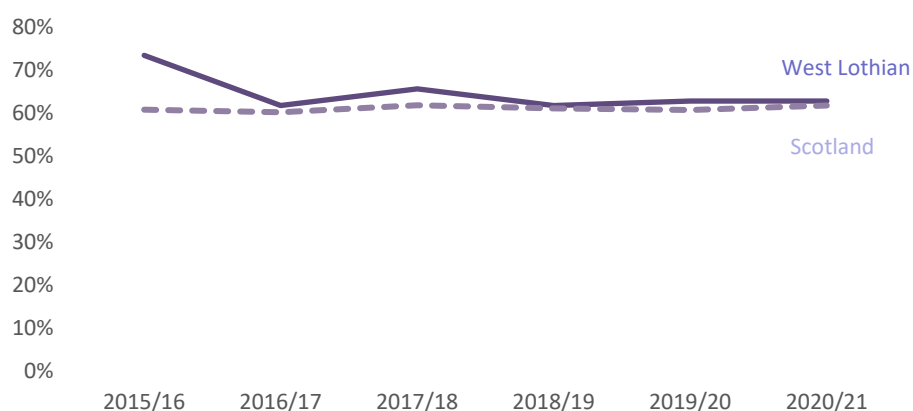
Source: Local Government Benchmarking Framework

[Explore the data | Benchmarking \(improvementservice.org.uk\)](https://improvementservice.org.uk)

Social Care Indicators: SW3a Long-term Care needs

SW3a: Percentage of people aged 65 or over with with long-term care needs receiving personal care at home

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
West Lothian	73%	62%	66%	62%	63%	63%
Scotland	61%	60%	62%	61%	61%	62%



In 2020/21 the percentage of people age 65 + with long term needs receiving personal care at home was 63%. This percentage has been fluctuating between 73% and 62% over the past five years. The national average has remained relatively steady at around 61%. Currently, West Lothian has a higher proportion of people who receive this service, and could continue to increase with the aging population in the area.

LGBF Ranking

	Rank 2018-19	Rank 2019-20	Rank 2020-21	Ranking difference
West Lothian	17	14	15	-1

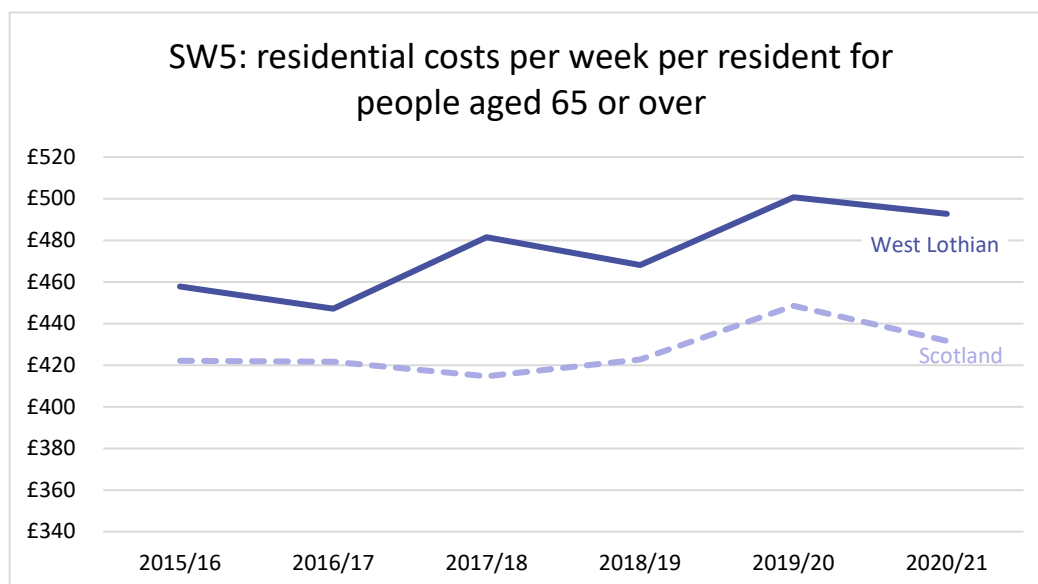
Source: Local Government Benchmarking Framework

[Explore the data | Benchmarking \(improvementservice.org.uk\)](https://improvementservice.org.uk)

Social Care Indicators: SW5 Residential Costs

SW5: Residential costs per week per resident for people aged 65 or over

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
West Lothian	£457.74	£447.15	£481.53	£468.15	£500.68	£492.73
Scotland	£422.10	£421.67	£414.68	£422.67	£448.51	£431.59



The residential costs per week in West Lothian has continued to grow from £457.74 in 2015/16, to £492.73 in 2020/21. The national average has only increased by £9.49 over the same time frame, and is currently £61.13 lower than the West Lothian cost.

LGBF Ranking

	Rank 2018-19	Rank 2019-20	Rank 2020-21	Ranking difference
West Lothian	18	22	19	+3

Source: Local Government Benchmarking Framework

[Explore the data | Benchmarking \(improvementservice.org.uk\)](https://improvementservice.org.uk/)

West Lothian HSCP MSG Indicators

Performance from April 2017 to September
2022, with 2019/20 MSG targets and trends

Local Intelligence Support Team (LIST),
February 2023

**Management information –
not for onward distribution**

Contents

1. Methodology
2. Data completeness
3. 2019/20 MSG targets and actuals
4. 2021/22 actuals
5. A&E attendances
 - 4 hour performance
6. Emergency admissions
7. Unplanned bed days
 - Acute
8. Delayed discharges occupied bed days

Data completeness

Source: MSG data release Dec-22, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Sep-22	n/a	-
2. Emergency admissions	Mar-22	Sep-22	(SMR01) Sep-22 = 99%
3a. Unplanned bed days (acute)	Mar-22	Sep-22	(SMR01) Sep-21 = 99%, Dec-21 = 99%, Mar-22 = 99%, Jun-22 = 98%, Sep-22 = 99%
4. Delayed discharges occupied bed days	Sep-22	n/a	-

2019/20 targets and actuals

Source: MSG objectives 2019-20 template - West Lothian IJB; MSG data release Dec-22, PHS

Indicator	2019/20 target	2019/20 target (rate per 100,000)		2019/20 (rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	
1. A&E attendances	3% increase	30,049	2,504	31,875	2,656	X
2. Emergency admissions	Maintain	11,187	932	12,278	1,023	X
3a. Unplanned bed days (acute)	Maintain	70,520	5,877	73,615	6,135	X
4. Delayed discharges occupied bed days	15% reduction	11,559	963	11,361	947	✓

(p) = provisional

2021/22 actuals

Source: MSG data release Dec-22, PHS

Indicator	2021/22 running monthly average (rate per 100,000)
1. A&E attendances	2,532
2. Emergency admissions	908
3a. Unplanned bed days (acute)	5,492
4. Delayed discharges occupied bed days	653

Data Sources

2019/20 MSG Targets

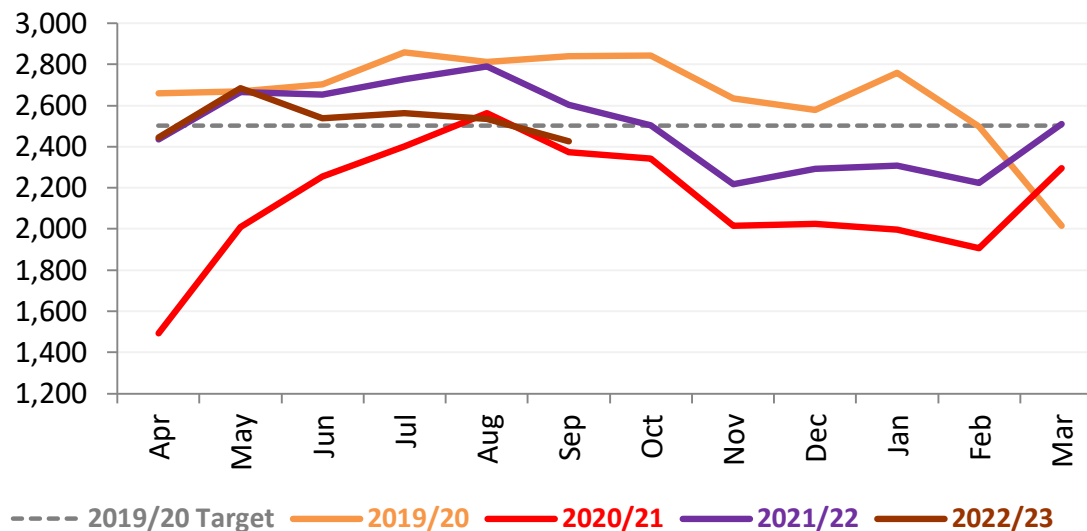
- Source: MSG data release v1.60, December-22; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: March-23

A&E Attendances

Source: MSG data release Dec-22; data published up to Sep-22

Target = 3% increase	Annual	Monthly
2017/18 Baseline Rate (per 100,000)	29,174	2,431
2019/20 Target Rate (per 100,000)	30,049	2,504
2019/20 Rate (per 100,000)	31,875	2,656
2020/21 Rate (per 100,000)	25,674	2,139
2021/22 Rate (per 100,000)	29,932	2,494
2022/23 Running Average (Sep)		2,532

No. of A&E attendances per 100,000 (18+)

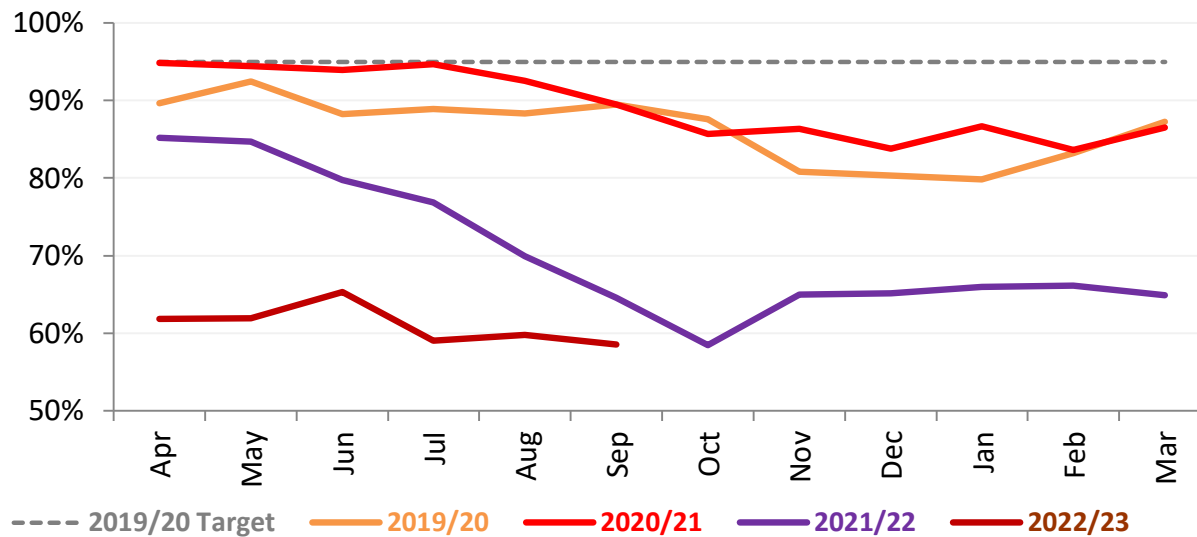


- **The 2019/20 target was not met**
- The rate of attendances in 2019/20 was 1.9% higher than 2018/19, and **3.0% higher than the 2017/18 baseline year.**
- Due to covid-19, the rate of attendances in Apr-20 was 44% lower than in Apr-19.
- The rate of attendances had increased back to typical levels by Aug-20, then steadily decreased again until Mar-21 when it started increasing.
- From Apr-21 onwards it has been close to the 2019/20 target level.

A&E 4 hour performance

Source: MSG data release Dec-22; data published up to Sep-22

A&E % discharged, admitted or transferred within 4 hours



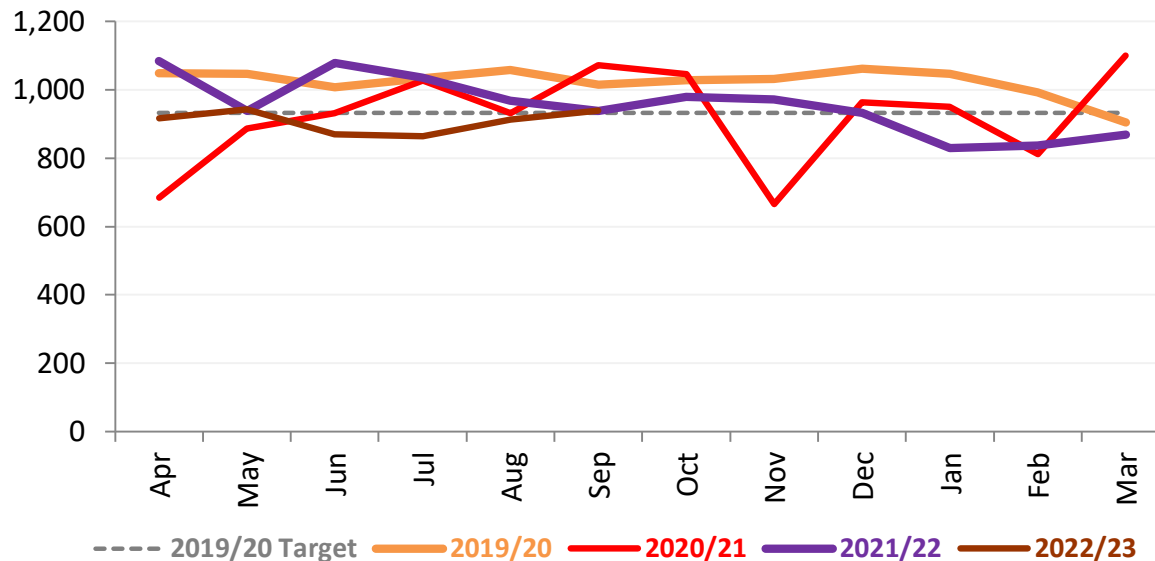
- Four hour performance was steady through the winter of 2020-21
- **Overall four-hour performance for 2020/21 was 89.4%**, an increase from the 2019/20 level (86.3%), and the 2018/19 level (85.3%) but below 90.2% in 2017/18
- Performance rose slightly in Nov-21 after dropping from April-21 to Oct-21, where it reached less than 60%. It has changed little since then.

Emergency Admissions

Source: MSG data release Dec-22; data published up to Mar-22

Target = maintain	Annual	Monthly
2017/18 Baseline Rate (per 100,000)	11,187	932
2019/20 Target Rate (per 100,000)	11,187	932
2019/20 Rate (per 100,000)	12,278	1,023
2020/21 Rate (per 100,000)	11,072	923
2021/22 Rate (per 100,000)	11,464	955
2022/23 Running Average (Sep)		908

Number of emergency admissions per 100,000 (18+)



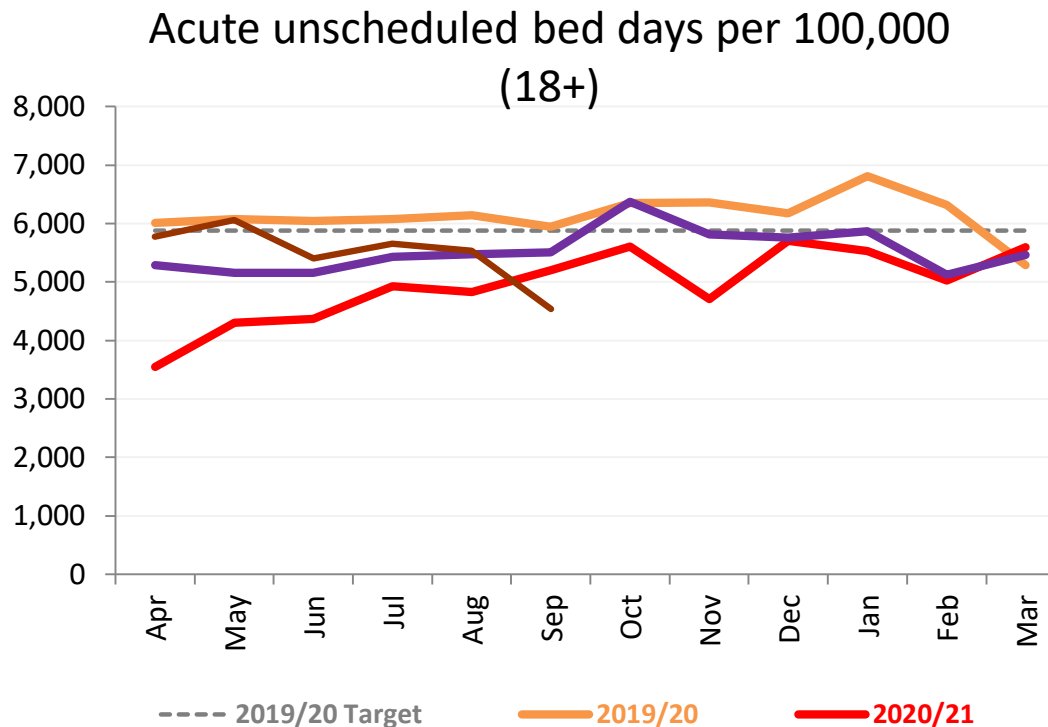
- The 2019/20 target was not met
- The rate of emergency admissions for 2019/20 was **9.6% higher** than the 2017/18 baseline rate
- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to typical levels
- There is a (likely) completeness-related dip in Nov-20
- Since March-21 the admissions rate has remained close to the 19/20 target level (note that data from Apr-22 onwards is provisional and not yet published)

Unplanned Bed Days - Acute

Source: MSG data release Dec-22; data published up to Mar-22

Target = maintain	Annual	Monthly
2017/18 Baseline Rate (per 100,000)	70,520	5,877
2019/20 Target Rate (per 100,000)	70,520	5,877
2019/20 Rate (per 100,000)	73,615	6,135
2020/21 Rate (per 100,000)	59,336	4,945
2021/22 Rate (per 100,000)	66,413	5,534
2022/23 Running Average (Sep)		5,492

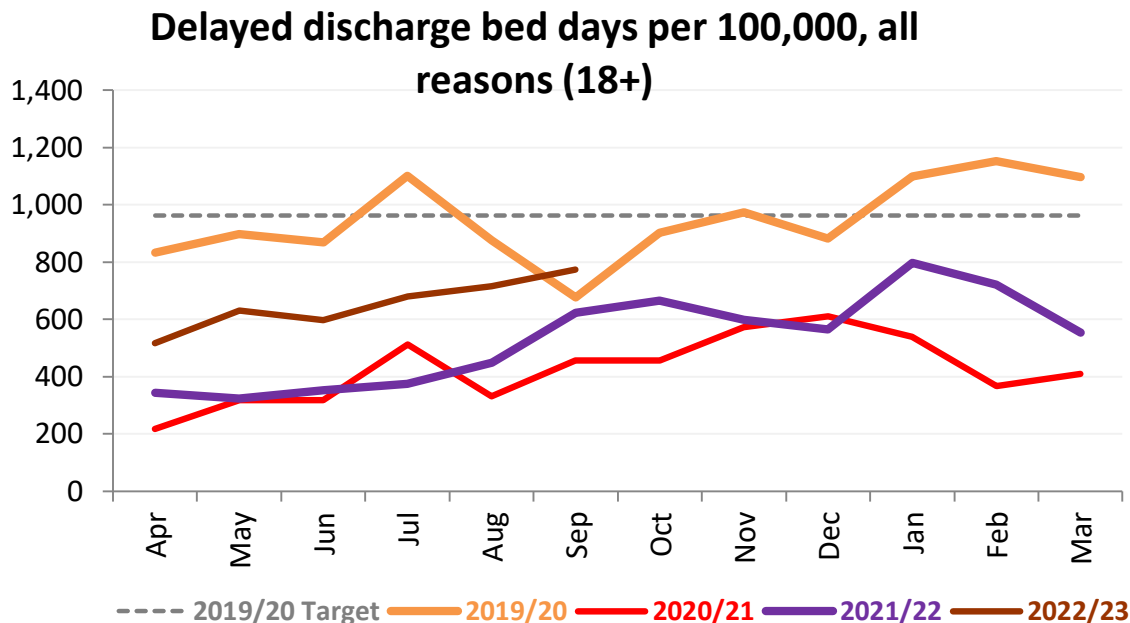
- **The 2019/20 target was not met**
- The rate of unplanned acute bed days in 2019/20 was **3.6% higher** than the 2017/18 baseline year.
- The rate dropped drastically in Apr-20 due to Covid-19, and remained substantially lower than usual throughout 2020/21.
- The average rate in 2021/22 was just below the 2019/20 target level



Delayed Discharges Occupied Bed Days

Source: MSG data release Dec-22; data published up to Sep-22

Target = 15% reduction	Annual	Monthly
2017/18 Baseline Rate (per 100,000)	13,599	1,133
2019/20 Target Rate (per 100,000)	11,559	963
2019/20 Rate (per 100,000)	11,361	947
2020/21 Rate (per 100,000)	5,114	426
2021/22 Rate (per 100,000)	6,372	531
2022/23 Running Average (Sep)		653

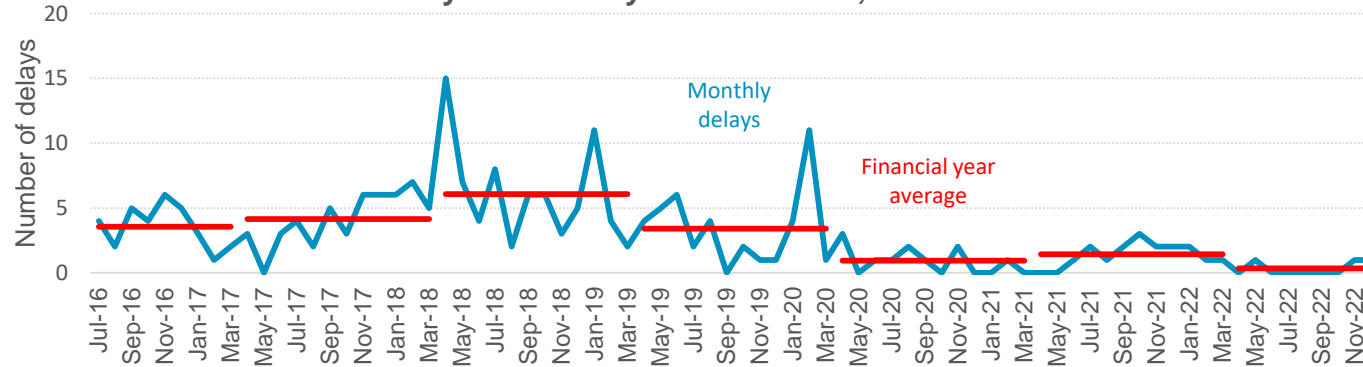


- The 2019/20 target was met
- The delayed discharge occupied bed day rate for 2019/20 was **16.5% lower** than the baseline year 2017/18
- The rate of delayed discharge occupied bed days in Apr-20 was about 75% lower than the previous April's rate due to Covid-19
- The rate has remained substantially lower than previous years ever since, although the 2022/23 rate appears to be increasing again

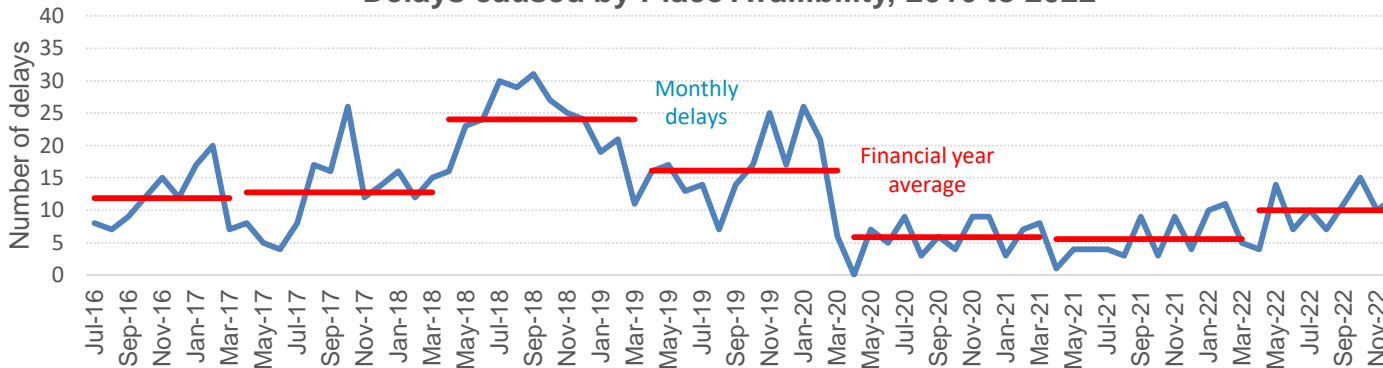
Delayed Discharges: Trends by Reason for Delay

Data Source: Public Health Scotland Delayed Discharge Census February 2023 Publication

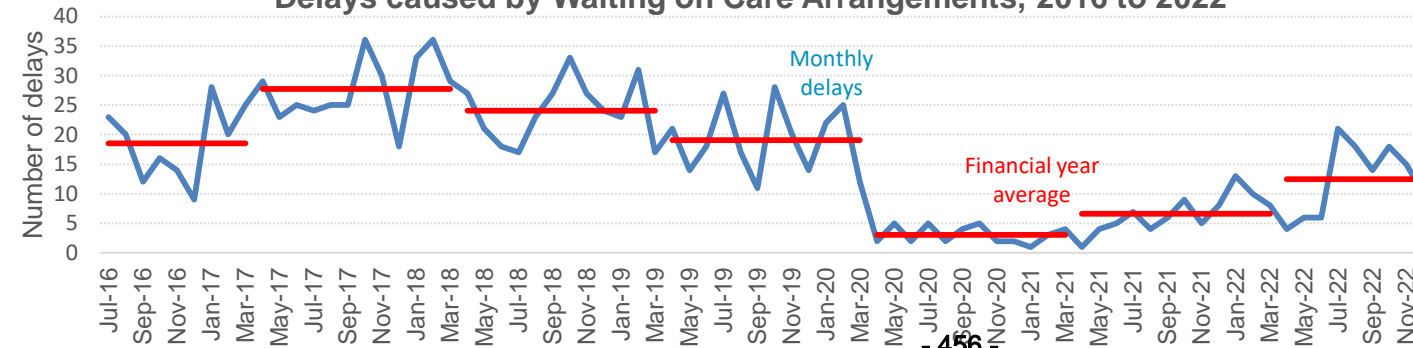
Delays caused by Assessments, 2016 to 2022



Delays caused by Place Availability, 2016 to 2022



Delays caused by Waiting on Care Arrangements, 2016 to 2022

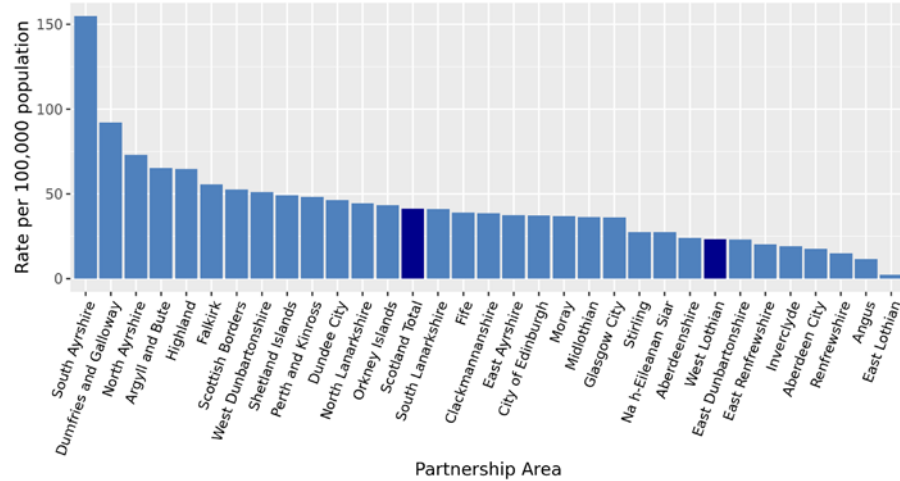


- These charts show the long term trend and the yearly average of the number of delays caused by: Assessments; Place Availability and Waiting on Care Arrangements.
- Data has been taken from the monthly Census from Public Health Scotland.
- Performance was improving before the Covid-19 pandemic, and delays have dropped further since the start of the pandemic across these categories.

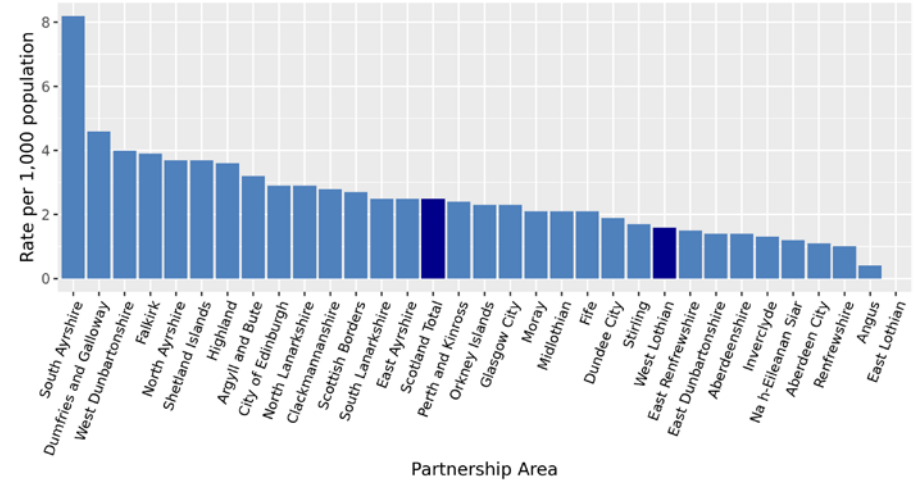
Delayed Discharges (all reasons): West Lothian Position

Data Source: Public Health Scotland Delayed Discharges February 2023 Publication

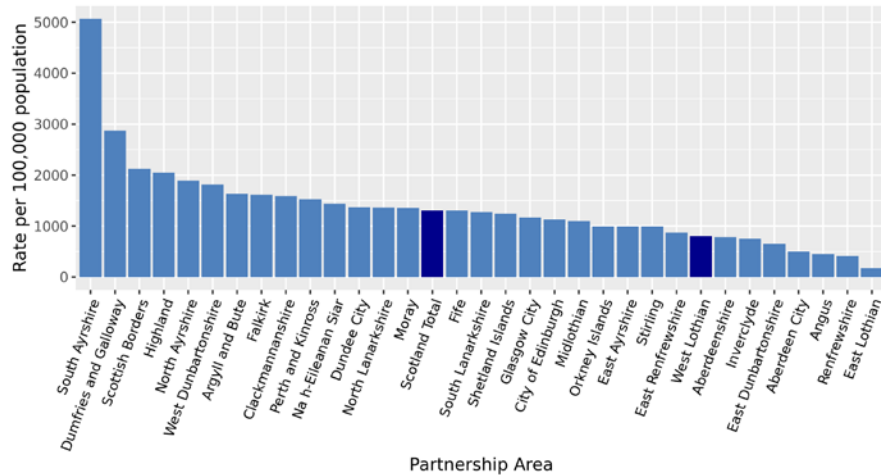
Delayed Discharge Rates per 100,000 Population, Aged 18+
Dec 22



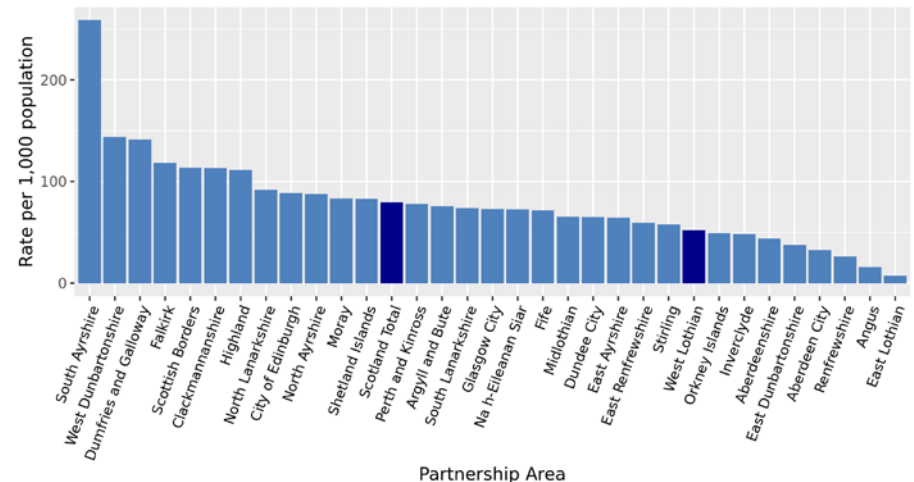
Delayed Discharge Rates per 1,000 Population, Aged 75+
Dec 22



Occupied Bed Days for Delayed Discharges - Rate per 100,000 Population, Age
Dec 22



Occupied Bed Days for Delayed Discharges - Rate per 1,000 Population, Aged 7
Dec 22



West Lothian Integration Joint Board

List of Indicators

Core Suite Indicators

Indicator		Frequency of update	Reported to	Strategic Plan	Commissioning Plan				
					Older people	Learning Disabilities	Physical Disabilities	Alcohol and Drugs	Mental Health
NI - 1	Percentage of adults able to look after their health very well or quite well	Biannual	IJB						
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Biannual	IJB						
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	Biannual	IJB						
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	Biannual	IJB						
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	Biannual	IJB						
NI - 6	Percentage of people with positive experience of care at their GP practice	Biannual	IJB						
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	Biannual	IJB						
NI - 8	Percentage of carers who feel supported to continue in their caring role	Biannual	IJB						
NI - 9	Percentage of adults supported at home who agreed they felt safe	Biannual	IJB						
NI - 11	Premature mortality rate per 100,000 persons	Annual	IJB						

NI - 12	Emergency admission rate (per 100,000 population)	Quarterly	IJB						
NI - 13	Emergency bed day rate (per 100,000 population)	Quarterly	IJB						
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	Quarterly	IJB						
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	Quarterly	IJB						
NI - 16	Falls rate per 1,000 population aged 65+	Quarterly	IJB						
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	Annual	IJB						
NI - 18	Percentage of adults with intensive care needs receiving care at home	Annual	IJB						
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	Quarterly	IJB						
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Quarterly	IJB						

MSG Indicators

Indicator		Frequency of update	Reported to	Strategic Plan	Strategic Plan				
					Older people	Learning Disabilities	Physical Disabilities	Alcohol and Drugs	Mental Health
1. Emergency Admissions	1a. Number of emergency admissions	Monthly	IJB						
2. Unplanned bed days	2a. Number of unscheduled hospital bed days; acute	Monthly	IJB						
	2b. Number of unscheduled hospital bed days; geriatric long stay (GLS)	Monthly	IJB						
	2c. Number of unscheduled hospital bed days; mental health	Monthly	IJB						
3. A&E	3a. Number of A&E attendances 3b. % seen within 4 hours 1b. Number of admissions from A&E 1c. A&E conversion rate (%)	Monthly	IJB						
4. Delayed Discharges	4. Number of delayed discharge bed days	Monthly	IJB						
5. End of Life Care	5a. Percentage of last six months of life by setting	Monthly	IJB						
	5b. Bed days in last six months of life by setting	Monthly	IJB						
6. Balance of Care	6. Percentage of population in community or institutional settings	Monthly	IJB						

Social Care

Indicator		Frequency of update	Reported to	Strategic Plan	Commissioning Plan				
					Older people	Learning Disabilities	Physical Disabilities	Alcohol and Drugs	Mental Health
Homecare	Number of homecare hours.	Biannually	IJB						
Telecare	Number of people receiving telecare.	Biannually	IJB						
SW1	Home care costs per hour for people aged 65 or over	Annual	IJB						
SW2	Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+	Annual	IJB						
SW3a	Percentage of people aged 65 or over with with long-term care needs receiving personal care at home	Annual	IJB						
SW5	Residential costs per week per resident for people aged 65 or over	Annual	IJB						

Other Social Care Indicators

Code	Indicator	Frequency of update	Reported to	Corporate Plan	Strategic Plan				
					Older people	Learning Disabilities	Physical Disabilities	Alcohol and Drugs	Mental Health
P:SPCC001_6a.7	Percentage of respondents who rated the overall quality of Learning Disability (adults) service as good or excellent.	Annual	PPR Public Performance Reporting						
P:SPCC002_6b.5	Percentage of Care Inspectorate Inspections undertaken within Registered Learning Disability Services graded good or above.	Annual	PDSP - Social Work and Health PPR Public Performance Reporting						
P:SPCC003_9b.1c	Number of adults with learning disability provided with support to enable them to obtain employment or training for employment.	Annual	PPR Public Performance Reporting						
CP:SPCC004_9b.1a	Percentage of all clients waiting no longer than three weeks from referral to appropriate drug or alcohol treatment (HEAT A11)	Annual	CPPR Corporate Plan Public Performance Reporting						
P:SPCC006_9b.1a	Percentage of adults with a severe and chronic alcohol misuse issue maintaining or improving their health and wellbeing.	Quarterly	PDSP- Social Work and Health PPR Public Performance Reporting						

P:SPCC007 _9b.1a	Percentage of adults with substance misuse problems who demonstrate a reduction of harmful use of substances.	Quarterly	PPR Public Performance Reporting						
P:SPCC008 _6b.5	Number of Alcohol Brief Interventions sessions delivered in West Lothian in one of the priority setting areas of Primary Care.	Quarterly	PPR Public Performance Reporting						
P:SPCC009 _6a.7	Percentage of respondents who rated the overall quality of the Physical Disability Service as good or excellent.	Annual	PDSP- Social Work and Health PPR Public Performance Reporting						
P:SPCC011 _6a.7	Percentage of respondents in the Housing with Care annual survey who rated the overall quality of the service as good or excellent.	Annual	PDSP- Social Work and Health PPR Public Performance Reporting						
P:SPCC012 _6b.5	Percentage of Care Inspectorate Inspections undertaken within Registered Housing with Care/Sheltered Housing graded good or above.	Annual	PDSP – Social Work and Health PPR Public Performance Reporting						
CP:SPCC014 _6b.5	Percentage of Occupational Therapy assessments allocated within 6 weeks of referral.	Annual	PDSP – Social Work and Health CPPR Corporate Plan Public Performance Reporting						
P:SPCC015 _9b.2a	Number of households receiving telecare.	Annual	PPR Public Performance Reporting						
P:SPCC016 _9b.1a	Number of new Telecare installations.	Quarterly	PPR Public Performance Reporting						

P:SPCC017 _6a.7	Percentage of customers who rated overall satisfaction with the Older People's service they received as good or excellent.	Annual	PPR Public Performance Reporting						
P:SPCC018 _6b.5	Average number of weeks Older People's service users are currently waiting to be assessed.	Monthly	PPR Public Performance Reporting						
CP:SPCC01 9_9b.1a	Average number per month of West Lothian patients whose discharge from hospital is delayed	Annual	CPPR Corporate Plan PDSP- Social Work and Health Public Performance Reporting						
P:SPCC020 _9b.2a	Percentage of people 65+ with intensive needs receiving 10 hours+ care at home.	Annual	PPR Public Performance Reporting						
P:SPCC024 _9a.1a	Net cost per head of population of services for older people.	Annual	PDSP- Social Work and Health PPR Public Performance Reporting						
P:SPCC025 _9a.1c	Average annual cost per person receiving community based Learning Disability services.	Annual	PDSP- Social Work and Health PPR Public Performance Reporting						
P:SPCC027 _9b.1a	Percentage of people who have a physical disability (under 65 yrs) with intensive needs receiving 10 hours+ care at home.	Annual	PDSP- Social Work and Health PPR Public Performance Reporting						
P:SPCC028 _9b.1a	Percentage of people with a Learning Disability supported in their own tenancies.	Annual	PDSP- Social Work and Health PPR Public Performance Reporting						

P:SPCC038_6b.3	Total number of complaints received by the Community Care Services	Quarterly	PDSP- Social Work and Health PPR Public Performance Reporting						
P:SPCC041_6b.4	Percentage of complaints received by the Community Care Service that were upheld or partially upheld against the total complaints closed in full.	Quarterly	PDSP- Social Work and Health PPR Public Performance Reporting						
CP:SPCC062_6a.2	Percentage of customers who rated the service delivered by Learning Disability (adults) services as good or excellent.	Annual	CPPR Corporate Plan Public Performance Reporting						
CP:SPCC072_6a.2	Percentage of customers who rated the service delivered by Physical Disability (adults) services as good or excellent.	Annual	CPPR Corporate Plan Public Performance Reporting PDSP- Social Work and Health						
CP:SPCC092_6a.2	Percentage of customers who rated the service delivered by Older Peoples services as good or excellent.	Annual	CPPR Corporate Plan Public Performance Reporting PDSP- Social Work and Health						
CP:SPCC100_9b.2a	The number of people aged 75+ supported by technology to remain at home	Annual	CPPR Corporate Plan Public Performance Reporting						
CP:SPCC101_9b.2	The number of carers of older people who have an adult carer support plan.	Annual	CPPR Corporate Plan Public Performance Reporting PDSP- Social Work and Health						

CP:SPCC10 2_9b.2	Percentage of hospital readmissions rate for mental health patients	Annual	CPPR Corporate Plan Public Performance Reporting						
CP:SPCC10 4_9b.2	Percentage of people aged 65+ supported in their own home with care at home services	Annual	CPPR Corporate Plan Public Performance Reporting						

Date	21 March 2023
Agenda Item	14



Report to West Lothian Integration Joint Board

Report Title: Primary Care Premises Capital Investment Priorities Follow Up

Report By: Neil Ferguson, General Manager, Primary Care and Community Services

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input type="checkbox"/>
	- is for information <input type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	<p>To provide the West Lothian Integration Joint Board (IJB) with the additional information requested at the meeting on 10th January 2023 in relation to priorities for capital investment in primary care premises. The IJB asked for further information to be presented on:</p> <ul style="list-style-type: none"> • The data used to determine the priorities and consideration of whether a more appropriate source was available • The NHS Lothian capital planning process <p>The additional information requested is outlined in this paper.</p>
Recommendations	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1. Approve the identified priorities for submission to the NHS Lothian Primary Care Initial Agreement Programme Board 2. Agree that the identified priorities will be reflected in NHS Lothian's submission to the Scottish Government for capital funding for primary care premises 3. Note that work to determine the impact of ongoing housebuilding will continue and be used to inform future business cases and delivery options
Directions to NHS Lothian and/or	A direction(s) is not required.

West Lothian Council	
Resource/ Finance/ Staffing	Capital investment levels still to be determined but the funding implications generated from the findings of this report fall within the scope of capital planning and investment.
Policy/Legal	The works link to GP contract requirements to ensure the strain on GP capacity is reduced by ensuring suitable accommodation is provided.
Risk	Inadequate premises pose a risk to service delivery and to staff retention and wellbeing. Accommodation and associated risks are held and reviewed via the HSCP risk register.
Equality, Health Inequalities, Environmental and Sustainability Issues	A full integrated impact assessment was carried out on the IJB's Strategic Plan 2019-2023. Future construction will have regard to environmental and sustainability requirements. Further assessment will be required once capital investment decisions have been made and business cases are being developed.
Strategic Planning and Commissioning	West Lothian Primary Care Improvement Plan
Locality Planning	Reporting is currently done on a West Lothian basis and data is not broken down by localities. Two locality profiles have been created for the East and West of West Lothian.
Engagement	Primary Care Management Group NHS Lothian Primary Care Initial Agreement Programme Board Consultation with all GP practices in West Lothian Consultation with Winchburgh Developments West Lothian Council Planning

Terms of Report	
1. Background	
1.1	A paper outlining the main priorities for capital investment in primary care premises in West Lothian was presented at the IJB meeting held on 10 th January, 2023.
1.2	The paper highlighted four priority practices for inclusion in a Lothian-wide investment submission to the Scottish Government by NHS Lothian. The four practices identified were:- <ul style="list-style-type: none"> • Barbaucław practice consisting of sites at Armadale and Blackridge. • Almond Group practice consisting of sites at Winchburgh and Kirkliston. • Whitburn Medical Group • Howden Health Centre
1.3	It was noted that East Calder Medical Practice had previously been identified as the highest priority within West Lothian and work on an Outline Business Case for submission to the Scottish Government for capital investment is already underway. It is for this reason East Calder Medical Practice does not appear on the above list.

1.4	<p>While the four practices were broadly accepted as the current priorities, further clarity was sought to provide assurance and allow the board to confidently endorse the recommendations of the paper.</p> <p>In response to previous discussions:</p> <ol style="list-style-type: none"> 1. Consideration was given to the data source used and whether an alternate or updated source would prove to be more appropriate, and whether the highlighted priorities would change accordingly. 2. Information was gathered to provide further information on the NHS Lothian Capital Planning process.
2.	Data Sources
2.1	<p>In reviewing the data source used, consultation was undertaken with West Lothian Council's Planning, Economic Development and Regeneration service. Discussion also took place with Winchburgh Developments Limited regarding population growth in Winchburgh in particular. It was concluded that the data source used to inform the original paper was comparable with that used by West Lothian Council to determine population growth. It was noted, however, based on recent experience of growth and house completions in Winchburgh, that the population figures may be underestimated for that area. It has not yet been possible to obtain more up to date data than that used in the original paper, but it was agreed that the overall prioritisation of practices was unlikely to be affected to a significant degree by this.</p>
2.2	<p>The intention is to continue to engage with West Lothian Council, updating the relevant population growth and housebuilding projections as they become available, and using the data to inform future business cases as required.</p>
3.	NHS Lothian Capital Planning Process
3.1	<p>Following approval by the Integration Joint Board, the four practices identified as priorities will form part of an NHS Lothian submission for the whole of Lothian to the Scottish Government for capital funding.</p> <p>The key meetings for this process are:-</p> <ol style="list-style-type: none"> 1. NHS Lothian Capital Investment Group (LCIG) – March 2023 2. NHS Lothian Finance and Resources Committee – March 2023 3. Scottish Government Capital Investment Group – April 2023
4.	Next Steps
4.1	<p>NHS Lothian will progress the submission for capital funding and the IJB will be advised of the outcome in due course.</p>
4.2	<p>It is important to clarify that the four identified GP practices are currently for noting as the priorities in West Lothian for consideration within the wider NHS primary care capital investment programme. Potential outcomes or solutions are not in scope at this time and are therefore not included in the paper. Business cases and options for delivering future improvements to the primary care estate will be developed through full consultation and engagement with stakeholders and local communities.</p>
5.	Conclusion
5.1	<p>The Integration Joint Board is asked to consider the additional information provided in this paper and approve the submission of the highlighted priorities to the NHS Lothian Primary Care Initial</p>

	Agreement Program Board. The board is also asked to agree to the priorities being included in the overall NHS Lothian submission to the Scottish Government for capital funding.
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Appendices	Nil
References	Public Bodies (Joint Working) (Scotland) Act 2014
Contact	<p>Neil Ferguson, General Manager, Primary Care and Community Services</p> <p>Email: Neil.Ferguson4@nhslothian.scot.nhs.uk</p>



**WEST LOTHIAN INTEGRATION JOINT BOARD
WORKPLAN
MEETING DATE: 21 March 2023**



Month	Item	Lead Officer	Meeting Date	Recurrence	Reason
March 2023	Chief Officer Report	Chief Officer	21 March 2023	Standing item	
	WL IJB Budget and Medium-Term Financial Plan	Chief Finance Officer	21 March 2023		
	Minutes Minutes of previous meeting for approval Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	21 March 2023	Standing item	
	Commissioning Plans Update	Head of Strategic Planning and Performance	21 March 2023	Biannual Reports – March and September	
	Quarterly Performance Report	Head of Strategic Planning and Performance	21 March 2023	Quarterly – including Annual Performance Report in June	
	Complaints and Information Requests	Project Officer	21 March 2023	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO) included with C.O.R
	Timetable of meetings for IJB and SPG	Committee Services	21 March 2023	Annually in March	
	Update on implementation of CIPFA Financial Management Code (2019)	Chief Finance Officer	21 March 2023	Annual Update	Moved from January 2023 as advised by CFO this will be part of IJB Budget Report in March
	Chief Officer Report	Chief Officer	18 April 2023	Standing item	
	Chief Financial Officer Budget Update	Chief Finance Officer	18 April 2023	Standing item	
	Minutes Minutes of previous meeting for approval Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	18 April 2023	Standing item	

April 2023	Coming Home Report Update	Senior Manager Adult Services	18 April 2023	Update requested by board	
	Communication and Engagement Strategy Update	Head of Strategic Planning and Performance	18 April 2023	Annually in April (Full review in 2023)	
	Primary Care Improvement Plan	Head of Health	18 April 2023		April / June Agenda - follow on from Jan IJB
	Carer Strategy Update	Senior Manager Adult Services	18 April 2023		
	Public Health Update	Public Health Consultant	18 April 2023		
	ASP Update	Senior Manager Adult Services	18 April 2023		
June 2023	Chief Officer Report	Chief Officer	27 June 2023	Standing item	
	Chief Financial Officer Budget Update	Chief Finance Officer	27 June 2023	Standing item	
	Minutes Minutes of previous meeting for approval Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	27 June 2023	Standing item	
	Annual Performance Report	Head of Strategic Planning and Performance	27 June 2023	Before 30 June each year	Agreed by Board on 21 November 2018 Include impact of Covid-19 on PIs including Primary Care
	Clinical Governance Report	Clinical Director	27 June 2023	To be presented annually – June each year	Requirement of Integration Scheme and Local Code of Corporate Governance
	Complaints and Information Requests	Project Officer	27 June 2023	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
	Self-assessment Questionnaire	Project Officer	27 June 2023	Annual report	
	Workforce Plan Update (including Staff Engagement Strategy)	Head of Strategic Planning and Performance	27 June 2023	Draft report for submission	As requested at meeting on 29 June 2022
	Chief Officer Report	Chief Officer	TBC August 2023	Standing item	
	Chief Financial Officer Budget Update	Chief Finance Officer	TBC August 2023	Standing item	

August 2023	Minutes Minutes of previous meeting for approval Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	TBC August 2023	Standing item	
	Carer Strategy Update	Senior Manager Adult Services	TBC August 2023	Annually reported on implementation	Approved by IJB 11 August 2020
	Records Management Report	Project Officer	TBC August 2023	Annual update	To update the IJB
	Self-assessment Questionnaire	Project Officer	TBC August 2023	Annual report	
OTHER TBC	Developing a new Mental Health and Wellbeing Primary Care Service	General Manager Mental Health	TBC		Moved from September 2022 to November 2022 - further delay due to awaiting further information from Scottish Government.
	Civil Contingencies (Scotland) Act 2004 – IJBs as first responders	Chief Officer	TBC September 2023	Annual	
	Annual Review of Support Services	Chief Officer	TBC January 2024		
	Role Descriptions for Members	Project Officer	TBC March 2024		