



Date	25 March 2025
Agenda Item	08

Report to West Lothian Integration Joint Board

Report Title: 2025/26 Budget and Medium-term Financial Plan

Report By: Chief Finance Officer

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

	<p>9. Notes the update on compliance with the CIPFA Financial Management Code (Appendix 8).</p> <p>10. Agrees the updated IJB Annual Financial Statement (Appendix 9).</p>
Directions to NHS Lothian and/or West Lothian Council	<p>2025/26 Budget Directions are required to be issued to West Lothian Council and NHS Lothian (Appendix 3).</p> <p>Amended 2025/26 Savings Directions are required to be issued to West Lothian Council and NHS Lothian (Appendix 6).</p>
Resource/ Finance/ Staffing	The 2025/26 budget resources delegated to the IJB from 1 April 2025 total £297.947m based on the proposed contribution values.
Policy/Legal	None.
Risk	<p>IJB007 Inadequate budget resources to fully fund expenditure associated with the delivery of the Strategic Plan 2023/24 to 2027/28.</p> <p>SPCC005 - Increasing expenditure on commissioned care services for adults and older people resulting in significant budgetary overspend.</p> <p>There are several risks associated with health and social care budgets, which require to be closely managed.</p>
Equality, Health Inequalities, Environmental and Sustainability Issues	The equality impact of the saving measures has been assessed in compliance with the public sector equality duty requirements as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and fairer Scotland Duty, Part 1 of the Equality Act.
Strategic Planning and Commissioning	The 2025/26 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan and delivery plans
Locality Planning	The 2025/26 budget resources delegated to the IJB will be used to support the delivery of Locality Planning.
Engagement	Consultation with relevant officers.

Terms of Report	
1.	Background
1.1	This report considers the proposed 2025/26 budget contributions delegated to the IJB by West Lothian Council and NHS Lothian. Sufficient resources are essential for the Board to implement its Strategic Plan to improve wellbeing and reduce health inequalities across all communities in West Lothian.
1.2	The report also presents the 2025/26 budget plan and three-year financial outlook. Given the scale of the IJB recurring deficit, an unprecedented level of savings have been identified to ensure the ongoing financial sustainability of the IJB. An updated three-year medium-term financial plan is also set out, emphasising that due to the significant budget gap, the necessary savings required over the three-year period will likely impact service provision.

- 1.3 Key assumptions and risks around the 2025/26 budget, deliverability of savings and the medium-term financial outlook for the IJB feature throughout the report.
- 1.4 All saving measures have been full risk assessed (Appendix 5) and where relevant, Integrated Impact Assessments (IIAs) have been completed (Appendix 7).
- 2. Financial Assurance on proposed 2025/26 Budget Contributions**
- 2.1 The purpose of undertaking financial assurance work is so the Board can obtain assurance that the proposed budget contributions from West Lothian Council and NHS Lothian are adequate to allow it to carry out its functions. It also involves an assessment of the assumptions and risks associated with the proposed budget contributions.
- 2.2 West Lothian Council and NHS Lothian are responsible for agreeing which services are to be delegated to the Board and setting the budgets for those services. This is then used to calculate the budget contributions to the IJB each year.
- 2.3 To assist with the financial assurance process (and following Scottish Government guidance) it is recommended the following matters are considered:
- Assessment of prior year expenditure on IJB services.
 - Assumptions relating to the 2025/26 proposed budget contributions delegated to the IJB and comparison with prior year budgets.
 - Key financial risks within IJB services.
 - The value of savings for 2025/26 that relate to IJB services.
 - Any material non-recurring funding within the proposed budget contributions delegated to the IJB.
- 2.4 This approach forms the basis of reviewing the proposed 2025/26 budget contributions from West Lothian Council and NHS Lothian. The West Lothian Integration Scheme also informs the approach taken on financial assurance
- 3. West Lothian Council Agreed Budget Contribution 2025/26**
- 3.1 West Lothian Council approved a balanced revenue budget for 2025/26 on 25 February 2025. The approval of this budget included the specific recommendation that the level of resources associated with services delegated to the IJB in 2025/26 is £115.164m.
- 3.2 West Lothian Council have, as part of the budget contribution, passed through to the IJB additional funding from the Scottish Government for the following policy commitments:
- Increase in the real living wage to adult social care workers in the third and private sectors to £12.60 per hour.
 - Free personal nursing care uplift.
 - Additional voluntary sector short breaks for unpaid carers.
- 3.3 The West Lothian Council budget contribution to the IJB meets the Scottish Government conditions around budget contributions to IJBs. The Scottish Government funding referenced above has been allocated in full to the IJB and is additional to the 2024/25 recurring budget.
- 3.4 The table below shows the agreed 2024/25 budget contribution from West Lothian Council to the IJB compared to the previous three years. The figures in the table below reflect work undertaken to more accurately refine the level of resources associated with IJB services to ensure a like for like comparison in each year.

Table 1 - West Lothian Council Budget Contributions to the IJB	2022/23 Budget £'000	2023/24 Budget £'000	2024/25 Budget £'000	2025/6 Budget £'000
West Lothian Council Delegated Services	91,386	96,071	102,755	115,164
Growth in resources		4,685	6,684	12,409

3.5 The increase in the West Lothian Council contribution for 2025/26 is £12.409m. The budget increase is net of a savings assumption of £4.793m.

3.6 The cash increase in the budget contribution for 2025/26 is 12%. The budget contribution includes full pass through of the £4.082m allocated to West Lothian for Scottish Government commitments as described at 3.2. Also included within the budget is funding for pay awards for local authority employed staff and for increases in employer national insurance contributions.

3.7 West Lothian Council have allocated funding of £7.733m in 2025/26 for the anticipated recurring overspend within adult social care services. The savings target for social care services has been increased by £2.057m for 2025/26 because of this extra funding. The net funding increase from West Lothian Council to offset the recurring overspend is £5.676m in 2025/26.

4. Social Care 2024/25 Forecast Outturn

4.1 An overspend of £5.337m is projected in as at month 9 2024/25 for social care services. Mitigating actions to reduce the overspend were agreed at the September Board meeting and £0.615m of cost reductions have been delivered. However, the social care budget remains significantly overspent in year and the agreed recovery plan is that the year-end overspend within social care functions be funded equally by West Lothian Council and from IJB reserves.

4.2 As evidenced by the 2024/25 forecast outturn position, the budget pressures within social care remain significant and are driven by:

- Increasing demand, costs and complexity of care provision in commissioned adult services (both care at home and residential placements).
- High levels of sickness absence in internal services continuing to result in increased staff costs from reliance on agency staff and overtime.

4.3 Although the 2024/25 social care overspend is £5.337m, the recurring overspend for adult social care services is estimated to be £7.733m. The reason for the worsening recurring position is due to an increase in complexity as seen through the year and for the removal of budget relating to savings measures which have been delivered early in 2024/25. As described at 3.7, West Lothian Council have allocated a net amount of £5.676m in 2025/26 for recurring pressures. This is after deducting the additional £2.057m of savings to be delivered within adult social care in 2025/26.

5. Social Care 2025/26 Budget

5.1 The 2025/26 budget for social care is £115.164m. The budget provides for the anticipated additional expenditure associated with assumed staff pay awards, increases to employer national insurance, increases for demographic and demand led pressures and contractual inflation (including the full funding relating to Scottish Government commitments).

5.2 The budget is net of savings of £4.793m that will need to be delivered in full in 2025/26 to keep expenditure within budgeted level of £115.164m. The level of savings (4%) required within adult social care will be challenging to deliver in full.

5.3 West Lothian Council are passing through Scottish Government funding in full to the IJB, funding pay and national insurance contributions and allocating £5.676m (net of additional savings) in 2025/26 for recurring pressures within adult social care. On this basis it is considered that the proposed budget contribution for 2025/26 represents a fair share of resources to the IJB. Whilst

the annual budget planning process within West Lothian Council is robust, there are several key risks and uncertainties that require close monitoring throughout 2025/26. These risks are set out in more detail at section 9.

6. NHS Lothian Proposed Budget Contribution 2025/26

6.1 The NHS Lothian financial plan is due to be presented to the NHS Lothian Board on 23 April 2025 for approval, the budget contribution to the IJB remains indicative until the financial plan has been approved by the NHS Lothian Board. The proposed budget contribution from NHS Lothian is based on the latest NHS Lothian budget assumptions.

6.2 Following the Scottish draft Budget announcement on 4 December 2024 there was an estimated 2025/26 budget gap across NHS Lothian of £104m as reported to the NHS Lothian Finance and Resources Committee on 12 February 2025. It is anticipated that the budget gap will have reduced significantly following the identification of saving measures and application of one-off funding, but it is still anticipated there will be a budget gap for NHS Lothian in 2025/26.

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

6.4 Based on the current assumptions in the NHS Lothian financial plan, the draft budget contribution for health services delegated to the IJB in 2025/26 is £182.783m.

6.5 This represents an increase of £4.832m, recurring resources associated with the 2024/25 NHS pay deal had already been baselined in the revised 2024/25 IJB budget. The £4.832m uplift reflects the 3% increase in baseline funding for Health Boards (excluding General Medical Services) which has been passed through in full to the IJB. As in prior years, the NHS Lothian budget contribution reflects that £10.133m of funding for social care is shown in social care budgets.

6.6 General Medical Services (GMS) uplift is excluded from the budget offer as it has not yet been confirmed by Scottish Government for 2025/26 but it is anticipated to be fully funded. Funding and costs for employers national insurance increases are not included as part of the NHS Lothian financial plan. It is anticipated that the increase in employers national insurance costs for delegated health services will be fully funded.

6.6 Based on the latest IJB spend forecasts and saving assumptions, the proposed budget contribution from NHS Lothian results in a balanced budget on delegated Health services for 2025/26.

6.7 The proposed 2025/26 contribution from NHS Lothian is set out below along with the contribution in the previous three years adjusted for changes to the mapping of functions and budgets to ensure a like for like comparison of budget resources each year.

Table 2 - NHS Lothian Budget Contributions to the IJB	2022/23 Budget £'000	2023/24 Budget £'000	2024/25 Budget £'000	2025/26 Budget £'000
NHS Lothian Delegated Services	154,513	164,018	177,951	182,783
Growth in resources		9,505	13,933	4,832

6.8 The increase in the 2025/26 budget contribution excludes any uplift for GMS. The indicative budget contribution represents a budget increase of £4.832m. It is anticipated that the uplift for 2025/26 will increase during the financial year as further budget allocations are confirmed for

employer national insurance contributions and GMS uplift. Over the three-year period the cash increase in budget contributions is 18%.

7. Health 2024/25 Forecast Outturn

7.1 Based on the latest forecast position, a £2.004m overspend is projected against health services in 2024/25. The agreed recovery plan is that the final overspend will be funded from IJB reserves.

7.2 The budget pressures within health primarily relate to, GP prescribing, where volumes across West Lothian significantly higher than previously anticipated and acute services due to increased staffing and supplies costs over the peak winter period.

7.3 Although the health overspend for 2024/25 is projected at £2.004m, the Scottish Government 2025/26 budget provides 3% uplift for Health Boards which has been passed on in full to IJBs. This equates to £4.831m for West Lothian IJB with £2.161m relating to uplift for non-pay budgets. The uplift in non-pay budgets significantly reduces the GP prescribing overspend in 2025/26.

8. Health 2025/26 Budget

8.1 The proposed 2025/26 budget for delegated health services is £182.783m. At this stage there is no anticipated additional funding for employers national insurance contributions or GMS uplift, however both are assumed to be fully funded. Saving measures totalling £4.064m are accounted for within the proposed budget contribution.

8.2 It is likely that NHS Lothian will not be able to set a balanced budget for 2025/26. However, the proposed budget contribution to the IJB along with planned saving measures is anticipated to meet 2025/26 service and expenditure demands. On this basis it is considered that the proposed budget contribution represents a fair share of resources to the IJB.

8.3 Key risks and uncertainties will continue to require close monitoring throughout 2025/26. These risks are set out in more detail at section 9. Close monitoring of expenditure and strong collaboration between NHS Lothian and the Lothian IJBs will be crucial in achieving a break-even position for health services in 2025/26.

9. Financial Risks

9.1 The IJB risk register has two specific risks relating to finance (one of which is also a Council risk)

- IJB007 - Inadequate budget resources to fully fund expenditure associated with the delivery of the Strategic Plan 2023/24 to 2027/28.
- SPCC005 – Increasing expenditure on commissioned care services for adults and older people resulting in significant budgetary overspend.

9.2 The risk register is regularly reviewed by officers and in accordance with the Risk Management Strategy approved by the IJB, the Audit, Risk and Governance Committee reviews the IJB's risks and high risks at alternate meetings. A review of both risks relating to finance was conducted in advanced of the Committee considering the Boards risks, control measures and mitigation actions on 19 December 2024. Both risks are the joint highest risks on the risk register with risk scores of 25 out of 25. There are a significant number of control measures in place to mitigate both risks and the risk register is regularly reviewed by officers and presented to the Committee.

19 December 2024 - West Lothian Integration Joint Board Audit, Risk and Governance Committee

<https://coins.westlothian.gov.uk/Agenda.asp?meetingid=9703>

9.3 There are several specific financial risks associated with delegated health and social care services which are monitored closely as part of the in-year forecast updates to the Board and will continue to require close monitoring in 2025/26 and beyond:

- Pay awards - negotiations around pay settlements for 2025/26 are ongoing and there is a risk that the final pay award costs will be higher than the funding provided.
- Vacancies – the cost estimates for the year ahead reflect a number of vacancies (particularly in core health services). Should the vacancy position improve significantly then additional savings may be required. This position is regularly monitored and posts are subject to a vacancy control process.
- Prescribing – prescribing costs remain volatile due to global economic conditions and demographic pressures within West Lothian. The budget plan assumes that prescribing expenditure will increase by 4.2% in 2025/26. This excludes any costs for the emerging expanded weight management service which is subject to a business case process and would require approval by the IJB.
- Demographic growth – the population of West Lothian is ageing and there is a risk that the demand and cost increases will be greater than budgeted levels. As the population ages, residents are more likely to experience complex and interrelated health problems. Increasing complexity, particularly within adult social care services, has been a key driver of the 2024/25 budget overspend.
- Service demand – as demands increase there will be insufficient capacity across services. Recruitment to key care roles remains challenging.
- Inflation – and the effect this has on the ongoing cost of living, creates pressure across all services and particularly within commissioned services.
- Acute Set Aside Services – comparing the recurring 2024/25 pressures and the 2025/26 budget contribution for these services, there is still a significant shortfall in the level of resources required. Close collaboration with NHS Lothian and the other Lothian IJBs will be needed to manage these pressures.
- Savings – the savings requirement for the IJB in 2025/26 is significant and the delivery of savings will need to be closely scrutinised.

10. 2025/26 IJB Saving Measures

10.1 The budget contributions from West Lothian Council and NHS Lothian to the IJB for 2025/26 include identified savings measures totalling £8.857m. The HSCP management team have been involved in identifying and planning for most of these savings (£8.072m) as they relate to services operationally managed by the HSCP. These measures are summarised below:

Table 3 - 2025/26 Saving Measures	2025/26 £'000
Adult Social Care*	4,793
Core West Lothian Health Services	3,279
Pan Lothian Hosted Services	358
Acute Set Aside Services	427
Total Savings	8,857

10.2 Additional detail on 2025/26 savings is included at Appendix 4. NHS Lothian and West Lothian Council have processes in place for monitoring and reporting on the delivery of savings by services. Regular updates on progress will be provided to the Board during 2025/26 on delivery of savings. Within the HSCP, the extended management team regularly monitors and scrutinises progress on savings measures.

11. 2025/26 Budget Directions to West Lothian Council and NHS Lothian

- 11.1 The financial assurance process assesses key financial risks and assumptions as well as comparing prior year expenditure and considering anticipated savings associated with the budget contributions from West Lothian Council and NHS Lothian. The Partners are responsible for agreeing which services are delegated to the IJB and for establishing the budgets for these services, this determines the budget contribution to the IJB.
- 11.2 The IJB then prioritises the budget against its Strategic Plan and allocates the resources it has been provided back to West Lothian Council and NHS Lothian to operationally deliver services. Responsibility for delivery of 2025/26 delegated functions from 1 April 2025 is through Directions issued to West Lothian Council and NHS Lothian, who are operationally responsible for delivering services within the available budget. The Directions to both bodies are appended to this report for approval and set out the services covered and the required actions from the Partners from 1 April 2025.
- 11.3 Based on the agreed budget contribution from West Lothian Council and the proposed budget contribution from NHS Lothian the table below shows the 2025/26 budget associated with IJB services to be contained in Directions.

Table 4 - West Lothian IJB Delegated Budget 2025/26	2025/26 £'000
Adult Social Care	115,164
Core West Lothian Health Services	126,189
Pan Lothian Hosted Services	21,469
Acute Set Aside Services	35,125
Total IJB Budget	297,947

- 11.4 The NHS Lothian financial plan will be finalised on 23 April 2025, subject to approval by the NHS Lothian Board. Any further updates to the 2025/26 budget contribution for delegated health services would be advised by the Director of Finance.
- 11.5 Financial assurance will be ongoing as part of the routine financial reporting in 2025/26.
- 12. Three-year Financial Outlook**
- 12.1 The Accounts Commission and the Chartered Institute of Public Finance and Accountancy (CIPFA) have consistently emphasised the importance of medium to long-term financial sustainability for public bodies. Like all public services, the IJB is facing budgetary challenges amid rising demand, increasing costs, and workforce shortages. Given these pressures, ensuring long-term financial stability requires identifying and delivering substantial savings.
- 12.2 The Accounts Commission and Audit Scotland continue to emphasise that evidence shows that Public Sector bodies are finding financial pressures increasingly difficult to manage, and that effective leadership and robust planning are essential to help meet the challenges ahead. The Accounts Commission also emphasise the need for recurring saving measures and to avoid reliance on non-recurring savings to aid financial sustainability. In addition, the CIPFA Financial Management Code also requires that local government bodies should have a rolling multi-year medium term financial plan. The Code also requires that the IJB understands its prospects for financial sustainability in the longer term.
- 12.3 The previous four-year financial outlook presented to the Board on 26 March 2024 outlined a budget gap of £31.0m over the period 2024/25-2027/28. Excluding the 2024/25 gap from last year's budget report brings down the previously reported three-year budget gap down to £23.5m. The revised three-year financial outlook covering 2025/26 to 2027/28 shows an estimated budget gap of £30.4m. This represents a significant deterioration in the IJB medium term financial

outlook that is in keeping with the financial position reported throughout 2024/25 and the increases in demand and complexity reported to the Board.

Table 5 – Three Year Financial Outlook	25/26 £'m	26/27 £'m	27/28 £'m	Total £'m
<u>Social Care Services</u>				
Baseline Pressures	7.7	0.0	4.7	12.5
Staffing	1.7	1.0	1.1	3.8
Inflation and Indexation	5.6	2.6	2.7	10.8
Demographics and Demands	2.4	2.6	2.8	7.9
Gross Expenditure Increases	17.4	6.2	11.4	35.0
Additional Funding & Income	(12.6)	(1.5)	(2.9)	(16.9)
Social Care Budget Gap	4.8	4.7	8.6	18.1
<u>Health Services</u>				
Baseline Pressures	2.3	(0.0)	2.7	5.0
Staffing	2.8	2.9	3.0	8.7
Inflation and Indexation	1.8	0.5	0.6	3.0
GP Prescribing	1.9	2.0	2.1	6.0
Gross Expenditure Increases	8.9	5.4	8.4	22.7
Additional Funding	(4.8)	(2.8)	(2.8)	(10.4)
Health Budget Gap	4.1	2.7	5.5	12.3
Total IJB Budget Gap	8.9	7.4	14.1	30.4

- 12.4 The three-year financial outlook shows the budget model at a high level over the three-year strategy period. It shows that current budget contributions assumed from partners each year is not sufficient to meet the additional unavoidable costs of continuing to deliver all services as they are currently delivered, while meeting increasing demands. This reflects the significant funding constraints on wider West Lothian Council and NHS Lothian based on the funding they are assuming to receive from the 2025/26 and future Scottish Public Sector budgets. The budget gap is most significant in the final year of the strategic period which reflects the fact that the Board has not approved any savings plans for 2026/27 and 2027/28. As a result, the £7.4m gap in 2026/27 rolls over into 2027/28.
- 12.5 The budget offers from both partners for 2026/27 and 2027/28 are indicative and highly likely to change following on from UK Government and Scottish Government Budgets later in 2025. As described at section 3.7, West Lothian Council have provided additional funding to the IJB in 2025/26 totalling £7.773m for the estimated recurring pressure in adult social care, the current assumption is that the Board will deliver an additional £7.773m in savings across the three-year period to eradicate the recurring overspend. West Lothian Council have only agreed a one-year budget offer to the IJB and future year figures are currently indicative and only provided for planning purposes.
- 12.6 The key assumptions contained within the updated three-year financial outlook are:
- Assumed pay cost increases for Council employed staff.
 - Assumed pay cost increases for NHS Lothian 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.
- 12.7 The Chief Finance Officer will continue to assess the three-year budget and cost assumptions to identify any potential impact on IJB budget assumptions. Given the scale of the financial

sustainability challenge it is imperative that the Board focus on the medium-term savings programme required to ensure the ongoing financial sustainability of the IJB.

13. 2025/26 Budget Plan

13.1 An updated budget plan has been developed for 2025/26 as part of the three-year financial outlook.

13.2 As part of developing the three-year budget plan agreed by the Board in March 2023 the IJB completed a public consultation during October and November 2022. A total of 176 responses were received and key feedback was identified which was taken account of in the saving measures that were agreed as part of the 2023/24 and 2024/25 budget plans.

13.3 All saving measures that are proposed as part of the updated 2025/26 budget plan have once again taken account of that key feedback from the 2022 public consultation exercise. As agreed by the Board in November, an additional high-level consultation was conducted in February and March 2025 to inform the budget setting process for 2025/26 and shape the future delivery of health and social care services in West Lothian. Proposals have been developed around the following themes:

- Efficiency - Reducing cost of inputs e.g. supplementary staffing, medicines and equipment.
- Transformation - Reducing cost of outputs e.g. care at home, cost per bed day, intermediate care.
- Difficult Choices – Reducing or stopping services.

13.4 Savings measures prepared by officers continue to focus on efficiency and transformation activities. Looking forward to 2026/27 and beyond it is likely that service provision will have to reduce or in some cases be stopped because of the financial deficit faced by the Board.

13.5 All saving measures for the 2025/26 have been prepared to try and maintain service delivery capacity where possible. As in prior years some of the specific saving measures are definitively around improving service provision and quality, for example the mental health medical review which focuses on recruitment of additional permanent staff. This measure will increase medical capacity within mental health services whilst reducing costs (through reduced agency spend). In summary the IJB approach to budget planning:

- Takes a medium-term view which allows time for service and workforce change to be undertaken.
- Aims to protect, where possible, service delivery capacity across West Lothian.
- Provides as much certainty as possible for employees, partnership and trade unions on the plans and actions to deliver savings, service changes and associated staffing reductions, with all staffing changes being subject to West Lothian Council and NHS Lothian organisational change policies and procedures.
- Allows officers and Board members to consider the long-term implications of policy decisions and changes to service delivery.
- Provides stakeholders with advance notice of changes.
- Provides officers with time to implement changes to service delivery which require a significant lead in time and may be dependent on or linked to other saving options.

14. 2025/26 Saving Measures

14.1 Saving measures are detailed in Appendix 4, which sets out any actions that will be required, including further reporting to the Board and consultation with staff and trade unions/partnership. Savings delivered via the HSCP as well as the West Lothian share of savings identified by NHS Lothian hosted and acute set aside services are included at Appendix 4. Operational

implementation of hosted and set aside savings will be through the relevant NHS Lothian business units.

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

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

Table 6 - Saving Measures 2025/26 By Budget Heading	2025/26 £'000
Adult Social Care	4,793
Core West Lothian Health Services	3,279
Subtotal West Lothian HSCP	8,072
Pan Lothian Hosted Services	358
Acute Set Aside Services	427
Total Savings	8,857

Table 7 - Saving Measures 2025/26 By Theme	2025/26 £'000
Efficiency	4,454
Transformation	2,527
Difficult Choices	1,091
Subtotal West Lothian HSCP	8,072
Pan Lothian Hosted Services	358
Acute Set Aside Services	427
Total Savings	8,857

14.4 Savings have been identified totalling £8.857m in 2025/26 compared to a budget gap of £8.857m. For 2024/25 the identified saving measures result in a balanced budget across the IJB. Looking ahead to 2026/27 and beyond there is a significant budget gap across health and social care of £21.5m. The HSCP management team continue to focus on additional savings measures beyond 2025/26 and updates on progress with future year savings measures will be reported to the Board and at Board development sessions throughout the year. The revised IJB budget plan after savings measures are accounted for is shown below:

Table 8 - Budget Gap after Saving Measures	2025/26 £'000
Social Care Savings	(4,793)
Social Care Budget Gap	4,793
Remaining Social Care Budget Gap	0
Health Savings	(4,064)
Health Budget Gap	4,064
Remaining Health Budget Gap	(0)
Remaining IJB Budget Gap	(0)

- 14.5 The IJB can set a balanced budget for 2025/26 based on the budget contributions from West Lothian Council and NHS Lothian and factoring in the latest IJB cost estimates and saving measures. This position be closely monitored taking account of further Scottish Government funding, actual spend and the potential for additional saving measures to be identified during 2025/26. As noted in section 9, the fact that pay settlements have not been agreed yet for 2025/26 once gain poses a significant risk as funding to cover the increased costs may not be sufficient. There remains a significant budget gap in 2026/27 and 2027/28 and developing plans to close that gap will be a key focus of the management team throughout the year ahead. The transformational aspect of some of the 2025/26 saving measures will likely require refinement and there will be further consultation with key stakeholders, trade unions and partnership around any changes.
- 14.6 In terms of the remaining budget gap for 2026/27 to 2027/28, it is challenging to accurately forecast beyond the current one-year budget period in the current financial climate. To support IJB financial sustainability in the medium term the HSCP management team will continue to identify additional saving measures to close the gap. As noted above, further consultation with staff, service users and the Wider West Lothian public and stakeholders will be undertaken as required. The Chief Finance Officer will continue to liaise closely with colleagues in West Lothian Council and NHS Lothian to refine and review budget and cost assumptions and risks as part of updating the medium-term financial outlook.
- 14.7 To deliver the saving measures, Directions to West Lothian Council and NHS Lothian are attached in Appendix 6. Responsibility for delivery of savings over is through Directions issued to West Lothian Council and NHS Lothian who will work with the HSCP management team to implement saving measures. Subject to agreement by the Board, it is recommended that the Chief Officer issues these Directions to West Lothian Council and NHS Lothian. The Directions also set out the monitoring and reporting arrangements to be put in place to ensure the IJB has assurance on progress towards delivery of agreed savings.
- 15. Integrated Impact Assessment**
- 15.1 Assessing impact is a key part of the public sector's decision-making process. Integrated Impact Assessment (IIA) is a mechanism which enables consideration to be given to needs/barriers and to identify any adverse impacts on different groups. As part of the development of the 2025/26 budget, all new West Lothian saving measures have been subject to a review to determine whether a full IIA is required. Saving measures agreed as part of the 2023/24 three-year budget plan and the 2024/25 two-year budget plan were also subject to a review to determine whether a full IIA was required an all previously agreed measures have been reviewed as part of the 2025/26 budget setting process. The full IIA involves consideration of the following:
- The main aims, objectives and intended outcomes of the policy including the context or way in which the policy or change may be applied.
 - Needs and/or barriers which equality groups may have.
 - Needs and/or barriers which vulnerable groups falling into poverty may have.
 - Actions needed to further inform the process.
 - Details of any planned or completed consultation.
 - Data and information used to inform the assessment.
 - Mitigating actions.
 - Monitoring and review.
 - Recommendation and reasoning.
- 15.2 Taking account of this process, all Integrated Relevance Assessments (IRAs) and, as required, full IIAs are attached in Appendix 7. It should be noted that the IIA process is designed to identify

equality issues and potential interventions to address them rather than to raise a barrier to decision making.

16. Financial Resilience and Reserves

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

- There is an agreed approach to medium term financial planning for IJB services.
- There is a detailed 2025/26 budget which includes a savings programme and a three-year financial outlook.
- Financial assurance is undertaken on annual budget contributions from West Lothian Council and NHS Lothian to assess budget contributions against expenditure for IJB services.
- There is a well-established and effective approach to financial monitoring, including delivery of financial recovery plans that highlights pressures and financial risks at an early stage to allow action to be identified and implemented.
- There is good partnership working with West Lothian Council and NHS Lothian in respect of managing financial pressures, and in budget planning in line with the agreed West Lothian Integration Scheme.
- The IJB has a culture of continuous improvement supported by the HSCP management team which develops and implements service improvements and secure best value.
- The IJB has a Best Value Framework in place and completes an annual Best Value assessment.
- The Board has a full financial framework in place.
- Financial performance updates are reported monthly to various HSCP leadership groups. These reports focus on exceptions from budget plans which are discussed, and remedial actions agreed to bring costs back in line with budget.
- The IJB has never received any qualifications on the annual accounts.

16.2 The IJB has an approved Reserves Policy as agreed by the Board on 21 January 2020. As at 1 April 2024, the IJB reserves balance was £8.808m. The general reserve balance was maintained at the target level of £2.000m and earmarked reserves totalled £6.808m.

16.3 Taking account of drawdown of reserves to meet commitments during 2024/25, the current forecast balance of IJB reserves at 1 April 2025 is £2.774m as shown in the table below.

Table 9 - Forecast IJB Reserves 1 April 2025	£'000
<u>Earmarked Reserves</u>	
Primary Care Transformation	170
Primary Care Improvement Fund	0
Alcohol & Drug Partnership	46
Other Policy Related Earmarked Funds	250
Transformation Fund	144
Inflation & Risk Reserve	165
Infrastructure Fund	0
<u>Uncommitted Reserves</u>	
General Reserve	2,000
Total Forecast IJB Reserves	2,774

16.4 Board reserves will have been significantly depleted during 2024/25, mainly because of a likely £4.672m of reserves being drawn down to achieve breakeven. The reduced reserves balance

	<p>further stresses the need for the Board to agree the savings measures for 2025/26 to balance the budget and to focus on medium term financial sustainability. It is recommended that per the agreed IJB reserves policy £2.000m is retained as a minimum uncommitted balance.</p>
16.5	Reserve levels will be kept under review taking account of the final 2024/25 year-end position and final reserve amounts for 2024/25 will be presented to the Board in June as part of the Unaudited Annual Accounts.
17.	Annual Review of Compliance with the CIPFA Financial Management Code
17.1	The IJB agreed to adopt the CIPFA Financial Management Code at its meeting of 18 March 2021 for financial year 2021/22 onwards. The Code sets out financial management standards which the IJB should seek to comply with and is designed to support good practice in financial management and assist in demonstrating financial sustainability. An action plan to help ensure compliance with the Code was also agreed by the Board.
17.2	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.
18.	Annual Financial Statement
18.1	Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must prepare an Annual Financial Statement on the resources it plans to spend in implementing its Strategic Plan. Scottish Government guidance states that the Annual Financial Statement should reflect the period of strategic and financial planning in place.
18.2	The IJB financial outlook covers 2025/26 to 2027/28 and as such the Annual Financial Statement attached in Appendix 9 reflects the proposed budget contributions contained in this report.
Appendices	<ol style="list-style-type: none"> 1. Social Care Delegated Resources 2025/26 2. Health Delegated Resources 2025/26 3. 2025/26 Budget Directions to West Lothian Council and NHS Lothian 4. Saving Measures 2025/2026 5. Assessment of Risk of Deliverability of Saving Measures 6. Amended 2025/26 Saving Directions to West Lothian Council and NHS Lothian 7. Integrated Relevance Assessments and Integrated Impact Assessments 8. Annual Review of Compliance with the CIPFA Financial Management Code 9. Annual Financial Statement
References	<p>Public Bodies Joint Working (Scotland) Act 2014</p> <p>Local Government (Scotland) Act 1973</p> <p>West Lothian Integration Scheme</p>
Contact	<p>Hamish Hamilton, Chief Finance Officer Email: hamish.hamilton@nhslothian.scot.nhs.uk</p>

Appendix 1 – Social Care Delegated Resources 2025/26

	2024/25 Budget £'000	2025/26 Budget £'000
Adult Social Care Services		
Learning Disabilities	29,118	34,129
Physical Disabilities	8,263	9,578
Mental Health	6,251	7,762
Older People Assessment & Care	48,688	52,457
Care Homes & Housing with Care	7,644	8,392
Contracts & Commissioning Support	2,135	2,143
Other Social Care Services	656	703
Total Adult Social Care Services	102,755	115,164

Annual Increase in Resources	12,409
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Appendix 2 – Health Delegated Resources 2024/25

	2024/25 Budget £'000	2025/26 Budget £'000
<i>Core West Lothian Health Services</i>		
Community Equipment	1,075	1,075
Community Hospitals	3,027	2,814
District Nursing	4,812	4,951
General Medical Services (GMS)	29,385	29,385
Mental Health	19,463	20,017
Prescribing	38,610	38,610
Resource Transfer	8,609	8,609
Therapy Services	5,711	5,836
Other Core Services	12,149	14,891
Sub Total Core West Lothian Health Services	122,840	126,189
<i>Share of Pan Lothian Hosted Services</i>		
Learning Disabilities	2,692	2,770
Lothian Unscheduled Care Services	2,872	2,953
Oral Health Services	2,166	2,225
Other Hosted Services	3,664	3,740
Psychology Service	2,907	2,993
Rehabilitation Medicine	1,876	1,928
Sexual Health	1,677	1,719
Therapy Services	3,055	3,141
Sub Total Pan Lothian Hosted Services	20,910	21,469
<i>Acute Set Aside Services</i>		
ED & Minor Injuries	7,895	8,120
General Medicine	12,156	12,492
Geriatric Medicine	6,638	6,826
Other Acute Services	3,665	3,713
Respiratory Medicine	2,652	2,745
Therapy Services	1,194	1,229
Sub Total Acute Set Aside Services	34,201	35,125
Total Health Services	177,951	182,783

Annual Increase in Resources

4,831

Appendix 3 – 2025/26 Budget Directions to West Lothian Council and NHS Lothian

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

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/WLC/D04-2025
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission

		<ul style="list-style-type: none"> - Support timely hospital discharge - Prevent unnecessary admission to residential or institutional care - Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2024/25 Direction to West Lothian Council for the annual budget resources available for the delivery of adult social care services.
7.	Type of function	Integrated function (West Lothian Adult Social Care Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> - Learning Disabilities - Physical Disabilities - Mental Health - Older People Assessment & Care - Care Homes & Housing With Care - Occupational Therapy - Support and Other Services

		<p>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer’s Joint Management Team and in cooperation and partnership with West Lothian Council.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs West Lothian Council to provide adult social care services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2025/26, West Lothian IJB directs West Lothian Council to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs West Lothian Council to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB’s vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs West Lothian Council to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>

10.	2025/26 Resources	Adult Social Care Budget 2025/26	£'000
		Learning Disabilities	34,129
		Physical Disabilities	9,578
		Mental Health	7,762
		Older People Assessment & Care	52,457
		Care Homes & Housing with Care	8,392
		Contracts & Commissioning Support	2,143
		Other Social Care Services	703
		Total Adult Social Care Services	115,164
11.	Principles	<p>As a fundamental principle, any material changes to 2025/26 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 	

		<ul 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	<ul 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 West Lothian Council 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, West Lothian Council will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 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 West Lothian Council officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes. 5. The IJB directs West Lothian Council, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to West Lothian Council in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for

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

West Lothian Integration Joint Board – Budget Direction to NHS Lothian

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/NHS/D01-2025
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2024/25 Direction to NHS Lothian for the annual budget resources available for the delivery of core community health services.
7.	Type of function	Integrated function (Core West Lothian Health Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at Tippethill Hospital, Maple Villa – Community Learning Disability services

		<ul style="list-style-type: none"> – Community Palliative Care services – Continence services provided outwith a hospital – Services provided by health professionals that aim to promote public health <p>The Chief Officer in West Lothian will be the lead operational director for these services.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2025/26, West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB’s vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p>

		A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.																						
10.	2025/26 Resources	<table border="1"> <thead> <tr> <th>Core West Lothian Health Budget 2025/26</th> <th>£'000</th> </tr> </thead> <tbody> <tr> <td>Community Equipment</td> <td>1,075</td> </tr> <tr> <td>Community Hospitals</td> <td>2,814</td> </tr> <tr> <td>District Nursing</td> <td>4,951</td> </tr> <tr> <td>General Medical Services (GMS)</td> <td>29,385</td> </tr> <tr> <td>Mental Health</td> <td>20,017</td> </tr> <tr> <td>Prescribing</td> <td>38,610</td> </tr> <tr> <td>Resource Transfer</td> <td>8,609</td> </tr> <tr> <td>Therapy Services</td> <td>5,836</td> </tr> <tr> <td>Other Core Services</td> <td>14,891</td> </tr> <tr> <td>Total Core West Lothian Health Services</td> <td>126,189</td> </tr> </tbody> </table>	Core West Lothian Health Budget 2025/26	£'000	Community Equipment	1,075	Community Hospitals	2,814	District Nursing	4,951	General Medical Services (GMS)	29,385	Mental Health	20,017	Prescribing	38,610	Resource Transfer	8,609	Therapy Services	5,836	Other Core Services	14,891	Total Core West Lothian Health Services	126,189
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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 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 																						

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13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes.

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

West Lothian Integration Joint Board – Budget Direction to NHS Lothian

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/NHS/D02-2025
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2024/25 Direction to NHS Lothian for the annual budget resources available for the delivery of hosted community health services.
7.	Type of function	Integrated (Share of Lothian Hosted Services)
8.	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board’s Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. These services are managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian or by another Service Director within NHS Lothian.</p> <p>The services are:</p> <ul style="list-style-type: none"> – Dietetics – Art Therapy – Lothian Unscheduled Care Service – Integrated Sexual and Reproductive Health Service – Clinical Psychology Services – Continence Services – Public Dental Service – Podiatry – Independent Practitioners via the Primary Care Contracting Organisation – Royal Edinburgh and Associated Services

9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2025/26, West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined-up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>

10.	2025/26 Resources	Pan Lothian Hosted Budget 2025/26	£'000
		Learning Disabilities	2,770
		Lothian Unscheduled Care Services	2,953
		Oral Health Services	2,225
		Other Hosted Services	3,740
		Psychology Service	2,993
		Rehabilitation Medicine	1,928
		Sexual Health	1,719
		Therapy Services	3,141
		Total Pan Lothian Hosted Services	21,469
11.	Principles	<p>As a fundamental principle, any material changes to 2025/26 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 	

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

		forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.
15.	Relevance to or impact on other Lothian IJBs and / or other adjoining IJBs	<p>NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services” and identified in Section 8 of this Direction. As such there is not currently a separately managed budget for those services by local authority area.</p> <p>NHS Lothian has identified a budget for “hosted services” integrated functions based on an apportionment of the relevant NHS Lothian budgets.</p>

West Lothian Integration Joint Board – Budget Direction to NHS Lothian

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/NHSL/D03-2025
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2024/25 Direction to NHS Lothian for the annual budget resources available for the delivery of set aside health services.
7.	Type of function	Set aside (Share of Lothian Acute Services)
8.	Function(s) concerned	<p>All adult acute hospital health services planned by West Lothian IJB and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014 and as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ol style="list-style-type: none"> 1. Accident and Emergency services provided in a hospital 2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> – General medicine – Geriatric medicine – Rehabilitation medicine – Respiratory medicine 3. Palliative care services provided in a hospital 4. Services provided in a hospital in relation to an addiction or dependence on any substance <p>Services provided on the three acute hospital sites within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site Director. Other functions within acute are managed on a pan Lothian basis by a service director within the acute division.</p>

9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2025/26, West Lothian IJB directs NHS Lothian to work with the IJB Chief Officer and officers to support the implementation of the IJB Strategic Plan 2023-2028 and associated Delivery Plans.</p> <p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p>West Lothian Health and Social Care Delivery</p> <p>The IJB Delivery Plans for health and social care set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian IJB Strategic Plan and associated Delivery Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to implement medium term financial planning assumptions and further develop future budget plans.</p> <p>A robust approach to both aspects above, which take account of the new Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
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10.	2025/26 Resources	<table border="1"> <thead> <tr> <th data-bbox="701 228 1368 268">Acute Set Aside Budget 2025/26</th> <th data-bbox="1368 228 1554 268">£'000</th> </tr> </thead> <tbody> <tr> <td data-bbox="701 268 1368 308">ED & Minor Injuries</td> <td data-bbox="1368 268 1554 308">8,120</td> </tr> <tr> <td data-bbox="701 308 1368 347">General Medicine</td> <td data-bbox="1368 308 1554 347">12,492</td> </tr> <tr> <td data-bbox="701 347 1368 387">Geriatric Medicine</td> <td data-bbox="1368 347 1554 387">6,826</td> </tr> <tr> <td data-bbox="701 387 1368 427">Other Acute Services</td> <td data-bbox="1368 387 1554 427">3,713</td> </tr> <tr> <td data-bbox="701 427 1368 467">Respiratory Medicine</td> <td data-bbox="1368 427 1554 467">2,745</td> </tr> <tr> <td data-bbox="701 467 1368 507">Therapy Services</td> <td data-bbox="1368 467 1554 507">1,229</td> </tr> <tr> <td data-bbox="701 507 1368 547">Total Acute Set Aside Services</td> <td data-bbox="1368 507 1554 547">35,125</td> </tr> </tbody> </table>	Acute Set Aside Budget 2025/26	£'000	ED & Minor Injuries	8,120	General Medicine	12,492	Geriatric Medicine	6,826	Other Acute Services	3,713	Respiratory Medicine	2,745	Therapy Services	1,229	Total Acute Set Aside Services	35,125
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13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and associated Delivery Plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB, and NHS Lothian will provide performance information so that the IJB can continue to develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate Delivery Plan. 4. The IJB, through its officers, will meet on a regular basis with senior NHS Lothian officers to discuss cost, quality and performance matters linked to the Strategic Plan and associated Delivery Plans. This will be incorporated into regular updates to the IJB on the IJB's performance against key strategic outcomes. 5. The IJB directs NHS Lothian, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.

15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	NHS Lothian carries out functions across four local authority areas. The set aside hospital functions that will be delegated to the Lothian IJBs are currently provided as a Lothian-wide service. As such there is not currently a separately managed budget for those services by local authority area. NHS Lothian has identified a budget for set aside functions based on an apportionment of the relevant NHS Lothian budgets.
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Appendix 4 – Saving Measures 2025/26

Integration Joint Board – Efficiency

Area	Measure	2025/26 £'000	Estimated Staffing Reduction (FTE)	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
Social Care	SWIFT replacement review of support	20	0.5	Officers to deliver as an operational measure following consultation with staff and trade unions.	No adverse impact on service performance and quality anticipated.
Social Care	Business Support Review <i>new</i>	42	0.8	Officers to deliver as an operational measure following consultation with staff and trade unions.	No adverse impact on service performance and quality anticipated.
Social Care	Management of Income from Student Placements <i>new</i>	10	0.0	Officers to deliver as an operational measure.	No adverse impact on service performance and quality anticipated.
Social Care	Supporting people uplift	4	0.0	Officers to deliver as an operational measure.	Inflationary income increases will have no negative impact on service performance and quality.
Social Care	Review of Non-Statutory Commissioned Services <i>new</i>	136	0.0	Officers to deliver as an operational measure following consultation with service users and care providers.	Officers will review all non-statutory contracts using a nationally recognised risk assessment framework tool to support the review process and ensuring best value. Impact on performance will be monitored by officers on an ongoing basis.
Health	Occupational Therapy Review – Recovery from Occupational Therapy Over-establishment <i>new</i>	150	3.0	Officers to deliver as operational measure.	No adverse impact expected for core Occupational Therapy service delivery. Service redesign has identified efficiencies by improving resilience within teams and promoting new ways of working.

Area	Measure	2025/26 £'000	Estimated Staffing Reduction (FTE)	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
Social Care	Review of Group Manager Staffing <i>new</i>	88	1.0	Officers to deliver as an operational measure following consultation with staff and trade unions.	The impact on service performance and quality has been assessed in conjunction with SJ3a Review of Adults and Older People Social Work Teams. It is assessed that statutory duties will continue to be met. The impact of the management staffing reduction will be closely monitored.
Social Care	Redesign of Commissioned Day Services for Adults with Learning Disability <i>new</i>	84	0.0	Officers to deliver as an operational measure following consultation with service users and providers	No adverse impact on service performance and quality anticipated.
Social Care	Review of Transport across Adult Services <i>new</i>	245	0.0	Requires policy change to support full implementation and reporting to IJB and Council Executive.	As part of the review, impact on performance will be assessed. It is anticipated that service redesign will lead to improved outcomes for service users through the promotion of greater independence.
Social Care	Review of Social Care Charges <i>new</i>	150	0.0	Officers to deliver as an operational measure.	Review of charging will have no negative impact on service performance and quality. Individuals affected by revised social care charges will be offered a financial assessment and anti- poverty support.
Social Care	Completion of Transitional arrangements in Deans <i>new</i>	250	0.0	Officers to deliver as an operational measure	No adverse impact on service performance and quality anticipated.
Social Care	Review of care packages <i>new</i>	500	0.0	Officers to deliver as an operational measure.	No adverse impact on service performance and quality anticipated. Individuals will continue to receive care in line with assessed needs and outcomes, promoting independence and individual outcomes.

Area	Measure	2025/26 £'000	Estimated Staffing Reduction (FTE)	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
Social Care	Care at Home Block Contract <i>new</i>	196	0.0	Officers to deliver as an operational measure.	No adverse impact on service performance and quality anticipated. Individuals will continue to receive care in line with assessed needs, promoting independence and individual outcomes.
Social Care	Internal care homes – auxiliary staff <i>new</i>	150	0.0	Officers to deliver as an operational measure following consultation with staff and trade unions.	No adverse impact on service performance and quality anticipated.
Health	Prescribing savings	1,829	0.0	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
Health	Mental Health medical review <i>new</i>	300	0.0	Officers to deliver as operational measure.	Recruitment and retention of permanent medical staff will improve the quality and safety of the service.
Health	Community supplies review <i>new</i>	300	0.0	Officers to deliver as operational measure.	No adverse impact on service performance and quality anticipated.
	Total	4,454	5.3		

Integration Joint Board – Transformation

Area	Measure	2025/26 £'000	Estimated Staffing Reduction (FTE)	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
Social Care	Further use of technology enabled care	580	0.0	Officers to deliver as an operational measure.	No adverse impact on service performance and quality anticipated. TEC solutions will promote independence and individual outcomes, supporting individuals to remain safely in their homes for longer.
Social Care	Increasing further the number of core and cluster sites to	20	0.0	Officers to deliver as an operational measure, following	No adverse impact on service performance and quality anticipated. This will result in improved outcomes by supporting

Area	Measure	2025/26 £'000	Estimated Staffing Reduction (FTE)	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
	reduce the requirement for external placements			consultation with service users and providers.	adults with disabilities whose needs require tenancy support to return/remain in West Lothian.
Social Care	Redesign Adult Day Services	439	9.0	Officers to deliver as an operational measure, following consultation with service users and staff and trade unions.	No adverse impact on service performance and quality anticipated. The service redesign has been informed by a detailed review. It is assessed that statutory duties will be met. The impact of the redesign will be closely monitored.
Social Care	Review of Housing with Care	482	14.0	Officers to deliver as an operational measure, following consultation with service users, staff and trade unions.	Efficiencies have been achieved through redesign of Housing with Care services. Impact on performance and service quality will continue to be closely monitored.
Social Care	Review of Rosemount Café <i>new</i>	136	4.0	Officers to deliver as an operational measure, following consultation with service users, staff and trade unions.	No adverse impact on service performance and quality anticipated.
Social Care	Review of Resource Allocation System and Self-Directed Support Procedures <i>new</i>	145	0.0	Officers to deliver as an operational measure.	As part of the review, impact on performance will be assessed. It is anticipated that service redesign will lead to improved outcomes for service users. It is assessed that statutory duties will be met. The impact of the review process will be closely monitored.
Social Care	Development of a Responder Service <i>new</i>	100	0.0	Officers to deliver as an operational measure, following consultation with, employees, trade unions and service users.	No adverse impact on service performance and quality anticipated. Individuals will continue to receive care in line with assessed needs, promoting independence and individual outcomes.
Social Care	Risk Assessed Care - Supporting complex Manual Handling care requirements <i>new</i>	200	0.0	Officers to deliver as an operational measure following consultation with staff, trade unions and care providers.	As part of the review, impact on performance will be assessed. Individuals will continue to receive care in line with assessed needs, promoting independence and individual outcomes.
Health	Single Point of Contact (SPoC) and Respiratory Review <i>new</i>	425	7.0	Officers to deliver as operational measure.	The SPoC function will operate from within the new Integrated Access Point as part of the emerging Whole System Transformation Model. Staff skill-mixing has facilitated greater resilience from the emerging model. There is expected to be no detriment to the performance or quality of the existing service.

Area	Measure	2025/26 £'000	Estimated Staffing Reduction (FTE)	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
					The Respiratory service will be integrated into the existing H@H service model. The non-recurring funding has allowed implementation and transition of the service into the business-as-usual model. There is no expected adverse impact to performance or quality from this service.
	Total	2,527	34.0		

Integration Joint Board – Difficult Choices

Area	Measure	2025/26 £'000	Estimated Staffing Reduction (FTE)	Further Consultation/ Reporting or Delegation to Officers	Impact on Service Performance and Quality
Social Care	Redesign of Adults and Older People Social Work Teams	518	9.9	Officers to deliver as an operational measure following consultation with staff and trade unions.	Risks to service performance and quality mitigations include completion of a detailed service review, a multi-disciplinary team test of change and a service redesign process. It is assessed that statutory duties will be delivered by the new structure. The impact of the redesign will be closely monitored.
Social Care	Redesign of internal support at home service	298	13.0	Officers to deliver as an operational measure following consultation with staff and trade unions.	Equivalent levels of care at home support are to be commissioned from the independent sector. Capacity in the independent sector remains stable, with care at home providers continuing to meet assessed levels of need and overall demand.
Health	Scottish Government reduction in MDT funding <i>new</i>	275	4.0	Officers to deliver as operational measure.	No adverse impact expected for core service delivery. Service redesign has identified efficiencies by improving resilience within teams and promoting new ways of working.
	Total	1,091	26.9		

	2025/26 £'000	Estimated Staffing Reduction (FTE)
Total – West Lothian Health and Social Care Partnership Savings	8,072	66.2

Integration Joint Board – Summary of all Savings 2025/26

Saving Measures 2025/26 By Theme	2025/26 £'000
Efficiency	4,454
Transformation	2,527
Difficult Choices	1,091
Subtotal West Lothian HSCP	8,072
Pan Lothian Hosted Services	358
Acute Set Aside Services	427
Total Savings	8,857

Appendix 5 – Assessment of Risk of Deliverability of Saving Measures

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

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

RISK MATRIX

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

GUIDANCE

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

Likelihood – Measures the Likelihood of Failure

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

Impact – Measures the Value of Any Failure to Achieve the Saving 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

Integration Joint Board - Efficiency

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
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.
Business Support Review <i>new</i>	42	Low (2)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
Student Income <i>new</i>	10	Low (2)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
Supporting people uplift	4	Low (2)	Housing with care residents that self-fund their care default from payments.	Level of assessed income is not achieved, and alternative measure required to achieve saving.	Early engagement with affected housing with care tenants. Income maximisation checks available to ensure all available benefits are in place for affected residents.
Review of Commissioned Services <i>new</i>	136	Low (6)	Through review activity there may be limited opportunities to reduce contract values.	Impact on key strategic priority in relation to earlier intervention and prevention. There may be a risk that reduced funding may impact on provider viability resulting in a wider reliance of formal care provision.	Officers as part of regular contract monitoring role undertake risk assessment with individual providers. Further formal engagement will be required, including support to consider alternative funding stream with all impacted providers. Where appropriate there will also be formal engagement/consultation with individuals and communities.
Occupational Therapy Review <i>new</i>	150	Low (4)	There is a potential inability to achieve staffing reductions through natural changes in workforce.	Service provision within the financial envelope may not be achieved.	Active management of staff recruitment. Service redesign via OT/PT review.

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
				Staff displacement via organisation change may become necessary.	Robust scrutiny over vacancy reviews and recruitment plans. Appropriate Employee Relations policies used where applicable.
Group Manager Review <i>new</i>	88	Low (2)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
Redesign of Commissioned Day Services for Adults with Learning Disability <i>new</i>	84	Low (2)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
Review of Transport in Internal Day Services <i>new</i>	245	Low (6)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
Review of Social Care Charges <i>new</i>	150	Medium (9)	Increased levels of non-payment of social care charges.	Reduced income for affected service users. Full saving amount not being achieved if individuals default from payment arrangements.	Early engagement with affected service users. Review and update of adult social care policy on contributions for non-residential social care services to include Housing with Care. Policy requirement for a financial assessment to be undertaken for an individual which there could be a contribution due for. Policy requirement for a personal income check to provide individuals with information, advice and support to maximise and manage their income

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Transitional arrangements in Deans <i>new</i>	250	Low (3)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
Review of high-cost care packages <i>new</i>	500	Medium (9)	Through review there may be instances where formal care provision cannot be reduced or alternative care to meet assessed needs cannot be sourced.	Reduced financial saving from review activity. Some individuals may see an increase in care provision as a result of deteriorating assessed needs. Increase in complaints to services from individuals who may see a decrease in care provision.	Comprehensive review of service user needs and care provision to ensure care is appropriate and promotes greater levels of independence. Engagement with local providers to consider opportunities for shared support within local communities. Individuals will be supported through improved use of SDS budgets to have improved choice and control in how their care and support is delivered.
Care at Home Block Contract <i>new</i>	196	Low (3)	Insufficient supply from care at home framework to replace block contract hours. Providers unable to provide care in certain geographical locations or other factors.	Increased levels of unmet need Reduced independence for service users or overall increased care needs such as requiring residential or hospital care.	Continued monitoring of care at Home Framework activity and level of unmet need, including geographical locations. Targeted procurement of care at home provision where necessary to meet specific individual challenges.
Internal care homes – auxiliary staff <i>new</i>	150	Low (3)	No risk identified in current financial planning period.	No risk identified in current financial planning period.	No mitigating actions required.
Prescribing	1,829	Medium (8)	Market factors (short supply).	Greater levels of short supply would drive prices up further.	Regular review and support via the Lothian Prescribing Forum by clinical and service staff.

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
			<p>Clinical staff having the time to focus on savings plan.</p> <p>Rebates not being achieved at forecast levels.</p> <p>Ability to recruit to project roles to support transformational elements of the programme.</p>	<p>Several of the plans require clinical staff intervention so savings may not be achieved.</p> <p>Rebates not coming through as forecast would lead to non-delivery of savings.</p> <p>Stretch plans require additional project support so savings may not be achieved.</p>	<p>Regular review through the West Lothian Primary Care Management Group.</p> <p>Robust escalation processes in place via NHS Lothian and to the IJB in the form of budget updates.</p>
Mental Health medical review <i>new</i>	300	Medium (8)	Inability to recruit and retain NHS employed medical staff at safe levels leading to use of agency locum staff.	Significant increase in costs meaning the saving cannot be achieved.	Recruitment to permanent medical roles to maintain or increase current staffing levels and increase the robustness of the service.
Community supplies review <i>new</i>	300	Low (5)	<p>Market factors (cost increases on specific products).</p> <p>Ability to free up clinical staff to support the project.</p> <p>Increase in demand for products to support home first principles.</p>	<p>Unable to drive costs down as planned.</p> <p>Unable to review cost effective switches in first choice products.</p>	Additional project management support identified to review ordering and authorisation processes to reduce waste.
Total	4,454				

Integration Joint Board - Transformation

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Further use of technology enabled care	580	High (12)	<p>TEC solutions being unable to reduce in person care hours at high enough volume to achieve saving.</p> <p>TEC being unable to support increasing complexity of care needs within older people.</p> <p>TEC first approach not being consistently implemented within individual assessments.</p> <p>Reluctance of individuals to use TEC solutions or lack confidence in there application.</p> <p>.</p>	Low uptake of TEC solutions could result in more demand for care at home provision and reduce ability to meet necessary level of saving.	<p>Senior oversight of TEC planning and development with access to specialist input from sector leads</p> <p>West Lothian representation at National events to ensure learning and innovation opportunities are maximised.</p> <p>Engagement with individuals and carers regarding use of TEC to meet assessed need.</p> <p>TEC advisors imbedded across the service to support a TEC first approach.</p> <p>Revised assessment and review model with focus on integration of technology enabled care complementing provision of direct care.</p> <p>Regular oversight of care at home provision, monitoring of demand and forecasting demand levels, enabling tracking of effectiveness of the savings plan.</p>

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Increasing further the number of core and cluster sites to reduce the requirement for external placements	20	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>Inability to deliver required saving which could result in having to reduce other aspects of the service.</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>Engagement with housing services to support the identification of sufficient and appropriate housing.</p> <p>Work in progress with the independent sector to identify potential residential care facilities that could be converted to Homes of Multiple Occupancy to ensure that individuals are supported to greater levels of independence.</p>
Redesign adult day services	439	Low (6)	<p>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>	<p>A continued requirement to provide building-based services which is likely to increase reliance on staff to meet the ongoing demand.</p>	<p>Service re-design work is being progressed, part of which includes a review of transport options.</p> <p>Supporting individuals to access community resources as part of their day support, reducing any over reliance on building based services.</p>

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Review of housing with care	482	Medium (9)	That the revised model does not meet the needs of all tenants.	<p>The revised delivery model being unable to meet the needs of housing with care tenants.</p> <p>Reduced levels of staff at key areas of the day may result in tenants experiencing longer waits for delivery of care</p>	<p>Detailed engagement with tenants and other key stakeholders to inform service review.</p> <p>Review of resident care plans to inform level of need within each development.</p> <p>This service has been redesigned to support ongoing delivery of care by social policy staff, including retention of overnight support.</p>

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Rosemount Café <i>new</i>	136	High (12)	<p>Concern amongst tenants and their families about how closure of café will impact upon opportunities for social activities and/or access to café facilities.</p> <p>Concern within local community about closure of the café and how it will impact the Bathgate area.</p>	<p>Reduced opportunities for tenants to have access to café facilities and opportunities for social activities.</p>	<p>Every tenant living within Rosemount Gardens has a permanent tenancy with full kitchen facilities. No tenant is reliant upon the café for dietary needs.</p> <p>There are a variety of alternative café providers in close proximity to Rosemount Gardens.</p> <p>Review of opportunities to deliver café function via alternative provider e.g. links with Economic Development & Community Wealth Building.</p> <p>Consideration of other ways for residents/visitors to access refreshments e.g. vending machines.</p> <p>Residents will continue to have full access to the cafe area and associated communal spaces.</p> <p>Onsite staff will provide support to residents, as required, to arrange social events/external catering.</p>
Review of Resource Allocation System and Self-Directed Support Procedures <i>new</i>	145	Medium (9)	<p>Revised system does not accurately reflect complexity of need.</p> <p>Inconsistent application of revised Resource Allocation System across the workforce.</p>	<p>Inability to manage demand for service within agreed budget.</p> <p>Full saving amount is not achieved through revised Resource Allocation System.</p> <p>Individuals not being supported to consider personal outcomes</p>	<p>Engagement with national organisation to support review and development of a revised Resource Allocation System.</p> <p>Review of approach to assessments, utilising strengths-based approach whilst ensuring that the provision of formal care</p>

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
			<p>Service Users confidence and understanding of RAS and links to personal outcomes.</p> <p>Cost led care planning.</p>	<p>and made decision based on costs of care.</p>	<p>is based on assessed needs and personal outcomes.</p> <p>Review of key SDS processes ensuring that they reflect key aims in relation to participation, choice and control.</p> <p>Workforce supported to adopt person centred and outcome focused approach to assessments and engagement with service users.</p> <p>Individuals will be supported through improved use of SDS budgets to have improved choice and control in how their care and support is delivered.</p> <p>Local SDS project board has representation of those with lived experience.</p>
Development of Responder Service <i>new</i>	100	Medium (9)	<p>Insufficient overnight care for service users.</p> <p>Insufficient capacity within new support service to manage care needs.</p>	<p>Reduced financial saving available and inefficient use of resources.</p> <p>Further demands upon out of hours services such as careline and hospital services.</p> <p>Individuals or families preferring traditional sleepover care and resist moving to a responder service.</p>	<p>Comprehensive review and planning through test of change period. Maximisation of TEC resources and consideration of individual contingency options.</p> <p>Engagement with Individuals at the earliest opportunity to explore the use of technology to support with overnight support.</p>
Risk Assessed Care - Supporting complex Manual	200	Medium (9)	<p>That there will be limited opportunities to reduce the number of carers where individuals have specific</p>	<p>Reduced financial saving as a result of the change of approach.</p>	<p>Training across the HSCP for those who are involved in manual handling assessments</p>

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Handling care requirements <i>new</i>			equipment to meet manual handling needs.		both within community and hospital settings. Engagement with independence sector in order to promote the use of Risk Assessed Care.
Single Point of Contact (SPoC) and Respiratory Review <i>new</i>	425	Low (4)	An inability to provide SPoC or the Respiratory services associated with this funding, would significantly impact on the HSCP's ability to prevent people presenting to A+E or being admitted to SJH.	SJH unscheduled care performance against the 95% target could be negatively impacted. Number of admissions to SJH could increase. Patients could experience sub-optimal patient journey or be exposed to unnecessary harm if utilisation of community pathways of care is hindered.	Service redesign as part of Whole System Transformation has allowed services to be maintained in future model within available financial resources. Non-recurring funding was utilised to implement service and transition to future model. Appropriate Employee Relations policies used where applicable.
Total	2,527				

Integration Joint Board – Difficult Choices

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
Redesign of adults and older people social work teams	518	High (12)	<p>Increased levels of demand and complexity mean that the staffing reductions cannot be fully delivered without adverse impact on service standards and capacity to fulfil statutory duties.</p> <p>Reduced number of social work employees adversely impacts capacity and resilience to manage future increases in demand.</p> <p>Inability to achieve staffing reductions through workforce turnover and managing of vacant posts.</p>	<p>Increased waiting times for assessment and review.</p> <p>Requirement to employ additional social work staff under fixed terms arrangements to meet increased demand for service and to meet statutory obligations.</p>	<p>Detailed service review has taken place with employees, key stakeholders and service users to inform the service redesign and practice model. Service demand data has been used to inform staffing requirements.</p> <p>A Small Test of Change centred on multi-disciplinary team locality working was progressed to inform service redesign activity. This demonstrated the potential to deliver more effective responses by providing an integrated model of service delivery.</p> <p>Specialist teams remain in place to support high risk social work statutory functions, for example, Adult Support & Protection and Mental Health Officers team.</p> <p>Engagement with staff and key stakeholders, including the joint trade unions, on the re-design process is ongoing to support effective implementation of the model and review of its impact on performance.</p>
Redesign of internal support at home service	298	Medium (9)	The stability and capacity of the independent providers sector to deliver the required levels of support at home service.	Increased number of people experiencing a delay in their discharge from hospital due to non- availability of care at home support.	Consistent evidence that the existing care at home framework provision has supported stability and delivery of care at home support.

Measure	2025/26 £'000	Level of Risk	Description of Main Identified Risks	Potential Impact of Identified Risks	Mitigating Actions to Manage Risk
				<p>Increased levels of unmet need.</p> <p>Reduced internal capacity to support commissioned services contingency planning.</p>	<p>Consistent evidence of reduced levels of unmet need, delays associated with hospital discharge and transfer of care from internal support service to independent providers.</p> <p>Regular senior oversight of care at home provision to identify any issues impacting upon care delivery and coordinate necessary improvement action(s).</p> <p>A revised assessment and review model that focuses on individual strengths and integration of technology enabled care, complementing provision of direct care.</p> <p>Service redesign activity is aligned with the development of an intermediate care model.</p>
Scottish Government reduction in MDT funding <i>new</i>	275	Medium (8)	There is a potential inability to achieve staffing reductions through natural changes in workforce.	<p>Service provision within the financial envelope may not be achieved.</p> <p>Staff displacement via organisation change may become necessary.</p>	<p>Active review of all MDT funded posts.</p> <p>Service redesign as part of Whole System Transformation program.</p> <p>Robust scrutiny over vacancy reviews and recruitment plans.</p> <p>Appropriate Employee Relations policies used where applicable.</p>
Total	1,091				

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

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

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/WLC/SAV-04
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission

		<ul style="list-style-type: none"> - Support timely hospital discharge - Prevent unnecessary admission to residential or institutional care - Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This is an amendment to Direction WLIJB/WLC/SAV-04 which reflects that savings for 2025/26 have been agreed by the Board as part of the updated IJB budget plan.
7.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> - Learning Disabilities - Physical Disabilities - Mental Health - Older People Assessment & Care - Care Homes & Housing With Care - Contracts & Commissioning Support - Other Adult social care services <p>The IJB Chief Officer will be the lead operational director for these services which are to be delivered through the Chief Officer's Joint Management Team and in cooperation and partnership with West Lothian Council.</p>

8.	Required Actions / Directions	West Lothian IJB directs West Lothian Council to work with the IJB Chief Officer and officers supporting the IJB to progress, implement and deliver the following saving measures agreed by the Board.																																																		
		<table border="1"> <thead> <tr> <th data-bbox="698 293 1350 373">Measure</th> <th data-bbox="1350 293 1581 373">2025/26 £'000</th> </tr> </thead> <tbody> <tr> <td data-bbox="698 373 1350 416">SWIFT replacement review of support</td> <td data-bbox="1350 373 1581 416">20</td> </tr> <tr> <td data-bbox="698 416 1350 459">Business Support review</td> <td data-bbox="1350 416 1581 459">42</td> </tr> <tr> <td data-bbox="698 459 1350 502">Student income</td> <td data-bbox="1350 459 1581 502">10</td> </tr> <tr> <td data-bbox="698 502 1350 545">Supporting people uplift</td> <td data-bbox="1350 502 1581 545">4</td> </tr> <tr> <td data-bbox="698 545 1350 588">Commissioned Services review</td> <td data-bbox="1350 545 1581 588">136</td> </tr> <tr> <td data-bbox="698 588 1350 632">Group Manager review</td> <td data-bbox="1350 588 1581 632">88</td> </tr> <tr> <td data-bbox="698 632 1350 675">LD commissioned day services review</td> <td data-bbox="1350 632 1581 675">84</td> </tr> <tr> <td data-bbox="698 675 1350 718">Review of transport in internal day services</td> <td data-bbox="1350 675 1581 718">245</td> </tr> <tr> <td data-bbox="698 718 1350 761">Review of social care charges</td> <td data-bbox="1350 718 1581 761">150</td> </tr> <tr> <td data-bbox="698 761 1350 804">Transitional arrangements in Deans</td> <td data-bbox="1350 761 1581 804">250</td> </tr> <tr> <td data-bbox="698 804 1350 847">Review of high cost packages</td> <td data-bbox="1350 804 1581 847">500</td> </tr> <tr> <td data-bbox="698 847 1350 890">Care at Home Block contract</td> <td data-bbox="1350 847 1581 890">196</td> </tr> <tr> <td data-bbox="698 890 1350 933">Internal care homes (auxiliary staff)</td> <td data-bbox="1350 890 1581 933">150</td> </tr> <tr> <td data-bbox="698 933 1350 976">Further use of technology enabled care</td> <td data-bbox="1350 933 1581 976">580</td> </tr> <tr> <td data-bbox="698 976 1350 1019">Increasing core & cluster sites</td> <td data-bbox="1350 976 1581 1019">20</td> </tr> <tr> <td data-bbox="698 1019 1350 1062">Redesign adult day care centre provision</td> <td data-bbox="1350 1019 1581 1062">439</td> </tr> <tr> <td data-bbox="698 1062 1350 1106">Review of housing with care</td> <td data-bbox="1350 1062 1581 1106">482</td> </tr> <tr> <td data-bbox="698 1106 1350 1149">Rosemount café</td> <td data-bbox="1350 1106 1581 1149">136</td> </tr> <tr> <td data-bbox="698 1149 1350 1192">Resource Allocation & SDS update</td> <td data-bbox="1350 1149 1581 1192">145</td> </tr> <tr> <td data-bbox="698 1192 1350 1235">Responder Service</td> <td data-bbox="1350 1192 1581 1235">100</td> </tr> <tr> <td data-bbox="698 1235 1350 1278">Risk assessed care</td> <td data-bbox="1350 1235 1581 1278">200</td> </tr> <tr> <td data-bbox="698 1278 1350 1321">Redesign of social work teams</td> <td data-bbox="1350 1278 1581 1321">518</td> </tr> <tr> <td data-bbox="698 1321 1350 1364">Redesign of internal support at home service</td> <td data-bbox="1350 1321 1581 1364">298</td> </tr> <tr> <td data-bbox="698 1364 1350 1337">Total</td> <td data-bbox="1350 1364 1581 1337">4,793</td> </tr> </tbody> </table>	Measure	2025/26 £'000	SWIFT replacement review of support	20	Business Support review	42	Student income	10	Supporting people uplift	4	Commissioned Services review	136	Group Manager review	88	LD commissioned day services review	84	Review of transport in internal day services	245	Review of social care charges	150	Transitional arrangements in Deans	250	Review of high cost packages	500	Care at Home Block contract	196	Internal care homes (auxiliary staff)	150	Further use of technology enabled care	580	Increasing core & cluster sites	20	Redesign adult day care centre provision	439	Review of housing with care	482	Rosemount café	136	Resource Allocation & SDS update	145	Responder Service	100	Risk assessed care	200	Redesign of social work teams	518	Redesign of internal support at home service	298	Total	4,793
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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 West Lothian Council to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to further develop medium term financial planning and efficiency proposals.</p> <p>A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Delivery Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
9.	Monitoring of Delivery	<ol style="list-style-type: none"> 1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources. 2. The IJB directs West Lothian Council officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings.

West Lothian Integration Joint Board – Saving Direction to NHS Lothian

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/NHS/SAV-01
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

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

		<p>– Services provided by health professionals that aim to promote public health</p> <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 saving measures agreed by the Board.</p> <table border="1" data-bbox="701 499 1581 863"> <thead> <tr> <th>Measure</th> <th>2025/26 £'000</th> </tr> </thead> <tbody> <tr> <td>Occupational Therapy review</td> <td>150</td> </tr> <tr> <td>Community supplies</td> <td>300</td> </tr> <tr> <td>Prescribing</td> <td>1829</td> </tr> <tr> <td>Mental Health medical review</td> <td>300</td> </tr> <tr> <td>SPOC/Respiratory review</td> <td>425</td> </tr> <tr> <td>MDT funding cut</td> <td>275</td> </tr> <tr> <td>Total</td> <td>3,279</td> </tr> </tbody> </table> <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>	Measure	2025/26 £'000	Occupational Therapy review	150	Community supplies	300	Prescribing	1829	Mental Health medical review	300	SPOC/Respiratory review	425	MDT funding cut	275	Total	3,279
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SPOC/Respiratory review	425																	
MDT funding cut	275																	
Total	3,279																	

9.	Monitoring of Delivery	<ol style="list-style-type: none"><li data-bbox="748 213 1989 379">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.<li data-bbox="748 400 2029 566">2. The IJB directs NHS Lothian officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings.
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West Lothian Integration Joint Board – Saving Direction to NHS Lothian

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/NHS/SAV-02
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

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

8.	Required Actions / Directions	<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 savings relevant to the IJB and agreed by the Board, as part of the wider NHS Lothian saving measures.</p> <table border="1" data-bbox="701 328 1581 450"> <tr> <td data-bbox="701 328 1350 408">Hosted Services – IJB Share of Savings</td> <td data-bbox="1350 328 1581 408">2025/26 £'000</td> </tr> <tr> <td data-bbox="701 408 1350 450">Total</td> <td data-bbox="1350 408 1581 450">358</td> </tr> </table> <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>	Hosted Services – IJB Share of Savings	2025/26 £'000	Total	358
Hosted Services – IJB Share of Savings	2025/26 £'000					
Total	358					
9.	Monitoring of Delivery	<ol style="list-style-type: none"> 1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources. 2. The IJB directs NHS Lothian officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings. 				

West Lothian Integration Joint Board – Saving Direction to NHS Lothian

1.	Implementation date	1 st April 2025
2.	Reference number	WLIJB/NHS/SAV-03
3.	Integration Joint Board (IJB) authorisation date	25 th March 2025
4.	Direction to	NHS Lothian
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within the West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

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

8.	Required Actions / Directions	<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 Acute services savings relevant to the IJB and agreed by the Board, as part of the wider NHS Lothian saving measures.</p> <table border="1" data-bbox="701 328 1581 448"> <tr> <td data-bbox="701 328 1350 408">Acute Set Aside Services - IJB Share of Savings</td> <td data-bbox="1350 328 1581 408">2025/26 £'000</td> </tr> <tr> <td data-bbox="701 408 1350 448">Total</td> <td data-bbox="1350 408 1581 448">427</td> </tr> </table> <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>	Acute Set Aside Services - IJB Share of Savings	2025/26 £'000	Total	427
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9.	Monitoring of Delivery	<ol style="list-style-type: none"> 1. Budget monitoring of IJB delegated functions is undertaken by Finance teams within West Lothian Council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme and reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources. 2. The IJB directs NHS Lothian officers to work in partnership with officers supporting the IJB, to provide financial analysis, and monitoring reports on delivery of agreed savings as and when requested by the IJB. The reports will set out the financial and operational position in respect of delivery of service changes associated with saving measures and highlight any risks or areas where further action is required to implement approved savings. 				



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ1b – SWIFT replacement review of support
Service Area	Integration Joint Board – Social Policy
Lead Officer	Sharon Houston, Head of Strategic Planning and Performance (Interim)
Other Officers/Partners Involved	Karen Love – Senior Manager, Adult Services Robin Allen – Senior Manager, Older People Services
Date relevance assessed	05/02/2025

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

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

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

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

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

YES	X	NO	
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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	05/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	05/02/2025

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ1b – SWIFT replacement review of support
Details of Others Involved	Senior Managers
Date Assessment Conducted	05/02/2025

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 IJB to deliver a balanced budget along with modernising processes and services delivered, has resulted in an identified proposed staffing efficiency within Social Policy Business Support Team. This will require a review of functions, staffing requirements and structures within the teams.</p> <p>The saving will be achieved through analysis and review of all vacant posts across the team, the realignment of resources to ensure adequate cover to support the service as part of a full restructure. This will therefore impact on staff roles and responsibilities.</p> <p>This savings proposal was agreed by the IJB as part of the budget setting process on 21st March 2023.</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?
Please note that if there are impacts on children you will need to consider which <u>articles</u> of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF	There are no indications that there may be an impact on this protected characteristic.
Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.

Disability	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Gender Reassignment – Trans/Transgender Identity	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Marriage or Civil Partnership	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Pregnancy and Maternity	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Race	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Religion or Belief	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Sex – Gender Identity	What effect/difference will the policy have on people? The information obtained to date indicates that women currently occupy the majority of posts within the Business Support Service Teams.

	<p>How do you know that?</p> <p>Payroll data indicates that the majority of roles that would be impacted by this change are occupied by female workers.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>There are no indications that there may be an impact on this protected characteristic.</p>
	<p>How do you know that?</p> <p>Analysis and understanding of the teams do not highlight any considerations required.</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>The proposal is likely to result in changes to the number of roles within Business Support Teams. These changes will be managed through Council workforce management policy and procedures.</p>	
<p>How do you know that?</p> <p>All change processes are managed through the existing Council workforce management policy and procedures.</p>	
<p>5. Action Plan What action/s will be taken, by whom and what is the timescale for completion?</p>	
<p>Actioner Name: Sharon Houston – Head of Strategic Planning and Performance (Interim)</p>	<p>Action Date: June 2025</p>
<p>What is the issue?</p> <p>Review of roles and responsibilities, including removal of vacant posts. Follow workforce management procedure.</p>	
<p>What action will be taken?</p> <p>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.</p>	

Progress against action

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

Action Complete

Date Complete

6. Details of consultation and involvement

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

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

Staff and Trade Unions will be involved in the standard consultation process in line with the workforce management policy and procedures. The outcome of the consultation process will be reviewed and where appropriate incorporated into the new structures within the team 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 Services shows that:

Business Support Service – 70% of the roles within the teams are undertaken by females and 33% of the posts are graded at band 5 (£33,298 - £36,020).

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 IJB 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

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

Following the implementation of the changes to the structure the impact of the changes will be monitored as part of 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 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

By implementing the proposal, the IJB 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	05/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	05/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Integration Joint Board – Social Policy Business Support Review
Service Area	Integration Joint Board – Social Policy
Lead Officer	Sharon Houston, Head of Strategic Planning and Performance (Interim)
Other Officers/Partners Involved	Karen Love – Senior Manager, Adult Services Robin Allen – Senior Manager, Older People Services
Date relevance assessed	05/02/2025

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

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

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

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

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

YES	X	NO	
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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	05/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	05/02/2025

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Integration Joint Board – Social Policy Business Support Review
Details of Others Involved	Senior Managers
Date Assessment Conducted	05/02/2025

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 IJB to deliver a balanced budget along with modernising processes and services delivered, has resulted in an identified proposed staffing efficiency within Social Policy Business Support Team. This will require a review of functions, staffing requirements and structures within the 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 team, the realignment of resources to ensure adequate cover to support the service as part of a full restructure. This will therefore impact on staff roles and responsibilities.</p>

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?
<p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>There are no indications that there may be an impact on this protected characteristic.</p>
	How do you know that?

Disability	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Gender Reassignment – Trans/Transgender Identity	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Marriage or Civil Partnership	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Pregnancy and Maternity	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Race	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Religion or Belief	What effect/difference will the policy have on people? There are no indications that there may be an impact on this protected characteristic.
	How do you know that? Analysis and understanding of the teams do not highlight any considerations required.
Sex – Gender Identity	What effect/difference will the policy have on people? The information obtained to date indicates that women currently occupy the majority of posts within the Business Support Service Teams.

	<p>How do you know that?</p> <p>Payroll data indicates that the majority of roles that would be impacted by this change are occupied by female workers.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>There are no indications that there may be an impact on this protected characteristic.</p>
	<p>How do you know that?</p> <p>Analysis and understanding of the teams do not highlight any considerations required.</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>The proposal is likely to result in changes to the number of roles within Business Support Teams. These changes will be managed through Council workforce management policy and procedures.</p>	
<p>How do you know that?</p> <p>All change processes are managed through the existing Council workforce management policy and procedures.</p>	
<p>5. Action Plan What action/s will be taken, by whom and what is the timescale for completion?</p>	
<p>Actioner Name: Sharon Houston – Head of Strategic Planning and Performance (Interim)</p>	<p>Action Date: June 2025</p>
<p>What is the issue?</p> <p>Review of roles and responsibilities, including removal of vacant posts. Follow workforce management procedure.</p>	
<p>What action will be taken?</p> <p>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.</p>	
<p>Progress against action</p>	

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

Action Complete

Date Complete

6. Details of consultation and involvement

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

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

Staff and Trade Unions will be involved in the standard consultation process in line with the workforce management policy and procedures. The outcome of the consultation process will be reviewed and where appropriate incorporated into the new structures within the team 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 Services shows that:

Business Support Service – 70% of the roles within the teams are undertaken by females and 33% of the posts are graded at band 5 (£33,298 - £36,020).

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 IJB 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

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

Following the implementation of the changes to the structure the impact of the changes will be monitored as part of 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 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

By implementing the proposal, the IJB 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	05/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	05/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Integration Joint Board – Management of income from student placements
Service Area	Integration Joint Board – Social Policy
Lead Officer	Sharon Houston, Head of Strategic Planning and Performance (Interim)
Other Officers/Partners Involved	Karen Love – Senior Manager, Adult Services Robin Allen – Senior Manager, Older People Services
Date relevance assessed	05/02/2025

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

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

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

Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	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		NO	X
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6. Decision rationale
 If you have ticked no above, use this section to evidence why a full IIA is not required

Signed by Lead Officer	Sharon Houston
Designation	Head of Strategic Planning and Performance (interim)
Date	05/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	05/02/2025



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)	HSCP Social Policy
Lead Officer (Name and job title)	Robin Allen, Senior Manager
Other Officers/Partners Involved (list names, job titles and organisations if applicable)	Karen Gracie, Group Manager Pamela Roccio, Equality & Diversity Officer
Date relevance assessed	25.02.25

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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

Signed by Lead Officer	Robin Allen
Designation	Senior Manager – Older People
Date	25.02.25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025



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	Karen Gracie, Group Manager Pamela Roccio, Equality & Diversity Officer
Date Assessment Conducted	25.02.25

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 are identified as individuals who can self-funded (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 has 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> <p>This measure was implemented in 2023/24 and IIA has been reviewed in advance of 2025/26 uplift.</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?
Please note that if there are impacts on children you will	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>need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>How do you know that?</p> <p>The number of self-funders tends to be around 35 out of 177 maximum residents.</p>
<p>Disability</p>	<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>Gender Reassignment – Trans/Transgender Identity</p>	<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>
<p>Marriage or Civil Partnership</p>	<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>
<p>Pregnancy and Maternity</p>	<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>
<p>Race</p>	<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? 2022 Census notes largest ethnic group in West Lothian is Scottish with 81.13% of people identifying as white Scottish, 7.15% identity as white other British, 2.79% Asian, Asian Scottish or Asian British, 0.70% African, African Scottish or African British, 0.09% Caribbean or Black and 0.49% other ethnic groups.</p>
Religion or Belief	<p>What effect/difference will the policy have on people? 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 inflationary increase.</p>
Sex	<p>What effect/difference will the policy have on people? 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 inflationary increase.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people? 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 inflationary increase.</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?

This policy 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.

This measure was implemented in 2023/24 and IIA has been reviewed in advance of 2025/26 uplift.

There has been no identified impacted upon groups falling into poverty and disadvantage in relation to this policy.

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: April 2025

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.

The number of self-funders tends to be around 35 out of 177 maximum residents.

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.

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 when necessary.

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

This policy 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. Any residents who requires financial support will initially be directed to the Advice Shop for support and guidance regarding income maximisation.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager
Date	25.02.25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ4c Review of Non-Statutory Commissioned Services for 2025/26 measure
Service Area	HSCP – Social Policy
Lead Officer	Karen Love Senior Manager Adults Robin Allen Senior Manager Older People Sharon Houston Interim Head of Strategic Planning
Other Officers/Partners Involved	Contracts and Commissioning Team Group Managers – Adults and Older People
Date relevance assessed	21/02/2025

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"/>

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

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

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

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

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

Decision not to proceed with Integrated Impact Assessment on the basis that these are historic arrangements which have ceased in previous financial years

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adults Services
Date	21/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	21/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Recovery from Occupational Therapy Over-establishment
Service Area	Community and Unscheduled Care
Lead Officer	Neil Ferguson – General Manager
Other Officers/Partners Involved	Acute Occupational Therapy Lead
Date relevance assessed	21/02/25

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

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:

- 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

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

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).

Age – older people, young people and children	No
Disability – people with disabilities/long standing conditions	No
Gender reassignment – trans/transgender identity – anybody who’s gender identity or gender expression is different to the sex assigned to them at birth	No
Marriage or civil partnership – people who are married or in a civil partnership	No
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	No
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	No
Religion or belief – people with different religions and beliefs including those with no beliefs	No
Sex – male, female and intersex	No
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	No

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	No
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	No
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	No
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	No
Socio-economic Background – social class i.e. parents' education, employment and income	No

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>In recent years, targeted over-establishment of the acute hospital occupational therapy team has supported service delivery over challenging periods, providing additionality for winter surge and cover for secondments or maternity leave absence. Traditionally, fixed-term posts were used to provide this cover, however following a series of unsuccessful recruitment attempts to fill temporary posts, a decision to over recruit permanently to a small number of posts was deemed necessary to maintain operational service delivery and patient safety. The financial risk to over-establishment was noted, but deemed low risk due to a consistently high level of staff turnover.</p> <p>The additional staffing has supported operational service delivery and contributed to service development by facilitating temporary trials of new ways of working, especially related to St John's Hospital's 'front door' focussing on maximising the use of appropriate community resources as an alternative to hospital admission.</p> <p>In the last year, the staffing group has remained more stable with lower levels of turnover, to a point where the financial risk is no longer manageable and the additional staffing levels are no longer required to maintain operational service delivery or patient safety.</p> <p>For these reasons, this proposal outlines the intention to return the occupational therapy department to its core level of staffing now that service stability can be maintained.</p> <p>The service model for the acute occupational therapy department is not changing as a result of the proposed efficiencies and therefore no detriment to the experience of service users is anticipated. It is anticipated that the savings will come from natural attrition and management of vacancies. Appropriate Employee Relations policies are available for use if required, though this is not expected to be necessary.</p> <p>As part of a whole system transformation programme, a specific review of the occupational therapy and physiotherapy services will allow further development of the existing core staff team.</p>

Signed by Lead Officer	Neil Ferguson
Designation	General Manager Community and Unscheduled Care Services
Date	21/02/2025
Counter Signature	Yvonne Lawton

(Head of Service or Depute Chief Executive responsible for the policy)	Head of Service
Date	26/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3d – Review of Group Manager Staffing
Service Area	HSCP Social Policy – Adults Services
Lead Officer	Karen Love & Robin Allen
Other Officers/Partners Involved	Senior HR Advisor
Date relevance assessed	14 th February 2025

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"/>

<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	<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 – male, female and intersex	<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	
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		NO	X
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6. Decision rationale
 If you have ticked no above, use this section to evidence why a full IIA is not required

The proposed measure will look to reduce from 5 Group Managers to 4. Group Managers have a key operational and strategic role for Social Work and Social Care services within West Lothian Health and Social Care Partnership. Over the past two years the services has completed a range of transformation work which has led to some efficiencies, reducing the requirement to have 5 Group Managers. The saving will be achieved through the non-filling of a vacancy.

Signed by Lead Officer	Karen Love
Designation	Senior Manager
Date	14/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	14/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5g – Redesign of Commissioned Day Services for Adults with Learning Disability
Service Area	HSCP Social Policy – Adults Services
Lead Officer	Karen Love
Other Officers/Partners Involved	James Foley Group Manager Real Life Options Contract Provider
Date relevance assessed	14 February 2025

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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	
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)	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		NO	X
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6. Decision rationale
 If you have ticked no above, use this section to evidence why a full IIA is not required

This proposed measure will look to end a historical block contract arrangement with provider Real Life Options relating to a day support resource, An Carina.
 An Carina is a day service for 12 adults with learning disabilities, with 10 individuals from West Lothian attending.
 The main change of the proposal relates to the commissioning of the service moving from a block contract to a spot purchase arrangement, resulting in the service being purchased on the basis of the assessed need.
 Individuals are assessed for day provision as part of the full All about Me Assessment. The proposed measure will see no material change to the provision. Individuals will continue to attend as they do currently.

Signed by Lead Officer	Karen Love
Designation	Senior Manager
Date	14/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	14/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5h Review of Transport across Adult Services.
Service Area	HSCP – Social Policy
Lead Officer	Karen Love – Senior Manager Adult Services
Other Officers/Partners Involved	Matt Baxter – Group Manager Contracts and Commissioning James Foley – Group Manager Adults Service Lorraine Bolton – LD Day Services Manager Passenger Transport Services HR
Date relevance assessed	17/02/2025

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:

- 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

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

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).

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	
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)	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	
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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

Progress to full Integrated Impact Assessment

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adults Services
Date	17/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	17/02/2025

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5h Review of Transport across Adult Services.
Details of Others Involved	Matt Baxter – Group Manager Contracts and Commissioning James Foley – Group Manager Adults Service Lorraine Bolton – LD Day Services Manager Passenger Transport Services Manager HR Service Users Commissioned Services
Date Assessment Conducted	17/02/2025

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 looks to alter the approach to provision of community/assisted transport of individuals for the purposes of attending day service provision through a change in policy.</p> <p>The West Lothian Council Adult Social Care Policy on Assisted Travel/Transport will look to support and assist with providing a structured framework for assessing eligibility for council-funded transport across a range of adult social care services, including (but not exclusive to) support for individuals with learning disabilities, physical disabilities, mental health conditions, addictions, and older adults</p> <p>This policy will ensure that transport provision aligns with national and local priorities, whilst also promoting independence, personal responsibility, and community-based solutions to meet assess outcomes.</p> <p>A key principle of this policy is that West Lothian Health and Social Care Partnership (WLHSCP) supported transport will only be considered after all other options have been exhausted. This means that before council-funded transport is provided, an individual's access to alternative forms of transport must be fully explored. This includes:</p> <ul style="list-style-type: none"> • Support from family, friends, or carers who may be able to provide transport. • Personal financial means, including disability benefits that include a mobility component. • Access to a vehicle funded through the Motability Scheme. • Availability and suitability of public transport, including whether the individual can use it independently or with support. • Community transport options that may be available locally. <p>The policy also reflects the wider modernisation agenda for adult social care, which prioritises independent living and localised service provision to meet assessed needs and outcomes. Many individuals currently rely on council-provided transport, including community transport and mini-buses, to access services. However, long journey times and rigid transport arrangements can reduce personal independence and</p>

flexibility. This policy seeks to reduce reliance on council-funded transport by encouraging individuals to use personal, community, and public transport options wherever possible, ensuring they have greater choice and control over how they access services.

The policy has been informed by learning from the review of day opportunities, as well as engagement across adult social care services. It acknowledges that public transport infrastructure in West Lothian presents challenges, particularly in rural areas, which can create barriers to accessing support. Therefore, any request for transport support must be based on clear evidence that alternative options have been fully explored and are not viable.

A core principle of the policy is that services should be accessed as close to home as possible, minimising long travel times and ensuring individuals remain engaged in their local communities. This applies to all adults accessing social care services, from mental health and addiction support to day services for older adults and people with disabilities.

The policy also aligns with national strategies, including The Keys to Life Strategy, which promotes people with disabilities as active citizens who are fully engaged in their communities. It also incorporates best practice from other Health and Social Care Partnerships (HSCPs), ensuring West Lothian’s approach is consistent with national and regional policy developments.

Finally, the policy aligns with Self-Directed Support (SDS) principles, ensuring that it does not compromise individuals’ rights to choice and control over their support. Instead, it reinforces the importance of personal responsibility and local solutions, while still ensuring that essential transport support remains available for those with no other viable options.

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 policy is designed to apply equally across all adult age groups, ensuring that transport support is provided fairly and consistently based on individual need rather than age. However, there are some specific needs and barriers that different age groups may experience in relation to this policy.</p> <p>1. Older Adults:</p> <p>Older people may have mobility challenges or health conditions that make public transport difficult to use.</p> <p>They may experience digital exclusion, making it harder to access online travel planning tools or book community transport.</p> <p>Familiarity and routine are often important for older adults, meaning changes in transport provision may cause anxiety or require additional support.</p> <p>2. Younger Adults (18+):</p> <p>Younger adults with disabilities or additional support needs may have limited experience with independent travel, requiring structured support to transition away from council-provided transport.</p> <p>They may rely on family support for transport, but this could be inconsistent due to work or other commitments.</p> <p>There may be financial barriers, especially for those not yet receiving full benefits or who are in education/training.</p>
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	<p>The policy supports a shift towards greater independence and choice across all age groups with a moved away from the automatic provision of council transport instead promoting where appropriate self travel.</p> <p>How do you know that?</p> <p>The approach outlined in this policy aligns with national strategies and research/</p> <p>The Keys to Life published by the Scottish Government in 2013 is strategy for people with learning disabilities emphasising the importance of individuals being active citizens, participating in their communities, and having greater control over their lives. The policy supports this by reducing dependence on council-provided transport where possible and promoting independent and community-based travel solutions.</p> <p>A Fairer Scotland for Disabled People (2016) sets out the ambition for disabled people to have equal access to opportunities, including transport, and reinforces the need for personal independence.</p> <p>The Scottish Government's National Transport Strategy 2 (2020) Highlights the importance of an inclusive transport system that supports independent travel for older adults and disabled people.</p> <p>Self-Directed Support (SDS) Scotland Act 2013 Supports personal choice and control over care and access to services, aligning with this policy's focus on using personal and community-based transport first.</p> <p>Other Scottish HSCPs have implemented similar policies that prioritise independent travel and community transport, with evidence of improved service user confidence and integration into their local communities.</p>
Disability	<p>What effect/difference will the policy have on people?</p> <p>Some individuals will experience a change in how current transport is provided, with a greater focus on independent and community-based travel options where possible with the key aim to focus on supporting individuals to move to greater independence.</p> <p>Where no suitable alternative transport option is available, transport will be provided to ensure people can access essential health and social care services.</p> <p>The policy recognises that some individuals with physical disabilities, including wheelchair users or those who rely on walking aids, may require additional support with accessing public transport or alternative forms of transport.</p> <p>For individuals who cannot travel independently and where no viable alternative exists, the policy ensures that transport will continue to be provided to enable access to essential health and social care services to meet assessed needs and outcomes.</p> <p>By applying a balanced and needs-based approach, the policy supports independence while ensuring transport remains available for those who require it most.</p>

How do you know that?

The proposed policy aligns with national policy, legislation, and best practice to ensure that individuals with disabilities receive appropriate transport support while promoting independence and inclusion. The policy is grounded in key Scottish Government strategies, disability rights legislation, and social care frameworks that advocate for equitable access to transport and services.

1. The Equality Act 2010;_Protects individuals with disabilities from discrimination, including in relation to access to transport ensuring that reasonable adjustments are made to support people with disabilities, including those who use wheelchairs or walking aids.

The proposed policy upholds these principles by ensuring that accessible transport remains available where no alternative exists.

2. The Social Care (Self-Directed Support) (Scotland) Act 2013 -_Promotes choice and control for people accessing social care, reinforcing the need to consider alternative transport options before providing council-funded transport.

The policy aligns with SDS principles by encouraging self-travel, personal responsibility, and maximising the use of mobility benefits before funded transport is considered.

3. The Keys to Life (2013) Scotland's Learning Disability Strategy - Advocates for people with learning disabilities to be active citizens, participating fully in their communities, including through independent travel.

The policy supports this by providing transitional arrangements, including travel training and confidence-building measures, to help individuals adapt to new transport options.

4. A Fairer Scotland for Disabled People (2016) -Sets out Scotland's commitment to ensuring that disabled people have equal access to services and transport.

Reinforces the expectation that public, community, and personal transport options should be considered first before council-funded transport.

5. Scotland's National Transport Strategy 2 (2020)_Recognises the need for an inclusive and accessible transport system that supports disabled individuals to travel independently where possible.

The policy aligns with this by ensuring that transport remains available for those with no alternative, while encouraging greater use of community and public transport where feasible.

6_Health and Social Care Standards (2018) States that individuals should be able to access services in a way that maintains their dignity, independence, and personal control.

Benchmarking with Other Health and Social Care Partnerships (HSCPs) has shown that similar policies have been successfully implemented across Scotland.

The policy reflects this by ensuring a needs-based assessment that considers personal circumstances, mobility aids, and financial resources when determining transport provision.

<p>Gender Reassignment – Trans/Transgender Identity</p>	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the development of this policy, this will however be considered as the policy is implemented.</p> <hr/> <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>Marriage or Civil Partnership</p>	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the development of this policy, this will however be considered as the policy is implemented.</p> <hr/> <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>Pregnancy and Maternity</p>	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the development of this policy, this will however be considered as the policy is implemented</p> <hr/> <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>Race</p>	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the development of this policy, this will however be considered as the policy is implemented</p> <hr/> <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>Religion or Belief</p>	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the development of this policy, this will however be considered as the policy is implemented</p> <hr/> <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>

Sex – Gender Identity	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the development of this policy, this will however be considered as the policy is implemented</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>
Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the development of this policy, this will however be considered as the policy is implemented</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>

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 proposed policy is designed to enhance and support individuals to become more independent and ability exercise greater choice and control over how they access support to meet their assessed needs and outcomes.

For some individuals who rely on welfare benefits, transport costs could become a financial burden, individuals will be offered an income maximisation check where appropriate to ensure individuals are receiving their full entitlement, including the mobility component of Personal Independence Payment (PIP) or Attendance Allowance, which can contribute to transport costs.

Self-travel options, including the use of concessionary travel passes, community transport, and travel training, will be prioritised to minimise where possible any additional expenditure for individuals.

West Lothian has a number of isolated communities, that often have poorer public transport infrastructures than some of the larger towns, this will be considered when supporting people to consider how they will access their day support opportunities.

For those who do not have access to suitable alternative transport, the council will continue to provide transport support in line with the policy's set criteria.

Unpaid carers, play a significant role in supporting individuals. Over 74% of those attending day services provision being supported by unpaid carers, the policy recognises that changes to transport arrangements may adversely impact on this group. The proposal will look to ensure alternative transport solutions do not place additional strain on unpaid carers, particularly those with limited mobility, health conditions, or financial constraints, providing alternative transport options and respite support where needed.

The policy acknowledges that changes to transport provision may require a period of adjustment. To support individuals during this transition:

Personalised travel reviews will be conducted to assess individual transport needs and available options.

Transitional arrangements will include travel training, buddy systems, and phased support to help people become more confident in using alternative transport. Personalised travel reviews will be conducted to assess individual transport needs and available options. Transitional arrangements such as travel training, buddy systems, and phased support to help people become more confident in using alternative transport will be progressed as part of the implementation of the proposal minimising distress and anxiety where possible.

Ongoing communication and engagement with individuals, carers, and families will ensure a smooth transition.

The policy aims to balance fairness, financial sustainability, and the promotion of independence, while ensuring that individuals with significant transport barriers continue to receive the support they need. Through a combination of benefits checks, local service prioritisation, rural transport considerations, and transitional support, the policy will help people access services in a way that enhances their quality of life while maintaining dignity and choice.

How do you know that?

There are a range of policy and legislative frameworks which have been considered in the development of this policy such as

- The Social Care (Self-Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Keys to Life (2013) Scotland's Learning Disability Strategy
- A Fairer Scotland for Disabled People (2016)
- Scotland's National Transport Strategy 2 (2020)
- The Carers (Scotland) Act 2016.

Other Scottish HSCPs have implemented similar transport policies, focusing on: prioritising local service access to reduce long travel times; encouraging independent and self-funded travel where possible; providing transitional support, including travel training and phased adjustments; and evidence from these partnerships has shown that this approach increases independence, reduces financial strain on services, and improves long-term outcomes for individuals.

5. Action Plan

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

Actioner Name: Karen Love

Action Date: June 2025

What is the issue?

Development and Implementation of the policy.

What action will be taken?

The development and implementation of this policy is being considered as part of the wider programme in relation to the review and modernisation of day support provision. Initial engagement with WLC legal services and key stakeholders has commenced with service user engagement also being progressed, following which the draft policy will progress through relevant governance structures. Following which engagement with impacted individuals can commence.

Progress against action

Oversight of policy development sits with the wider Day service modernisation board.

Action Complete No

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.

The consultation and engagement process will involve service users, representatives, and key stakeholders from various adult social care groups, including adults with learning disabilities, physical disabilities, mental health conditions, older adults, individuals from deprived communities, and unpaid carers.

The consultation and engagement process will be led by the Group Manager Adult Services, this will be progressed in stages, with key dates for consultation to be agreed. The Group Manager will oversee the planning and execution of these activities, ensuring that all relevant groups have opportunities to engage meaningfully in the process.

As the consultation has not yet occurred, no specific results are available at this stage. However, once the consultations are completed, the findings will be thoroughly analysed and documented. The results will be used to adjust the policy as needed, ensuring that the needs and concerns of affected individuals are fully considered. The findings will also be reported through the appropriate governance routes, ensuring transparency and accountability in the process.

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.

The development of the policy has drawn from a variety of sources, including care management system data, feedback from key stakeholders, and benchmarking with other Health and Social Care Partnerships (HSCPs) that have implemented similar policies. The information used includes statistical data regarding

transport use, access to services, and the needs of various groups within the community. Additionally, policy documents such as Keys to Life and other relevant national strategies have informed the approach.

Evidence suggests that the policy will likely have a positive impact by supporting individuals to maximize independence, choice and control, and improve their quality of life, and access to local services. Benchmarking data from other HSCPs indicates that a similar approach has increased independence and improved outcomes for service users.

Qualitative research, including initial feedback from informal consultations, indicates that service users and carers value local and accessible transport options that promote independence. However, concerns have been raised about the availability of accessible transport for people with mobility challenges, particularly in rural areas.

Gaps in data exist concerning the availability of community-based transport options and how the implementation of self-travel support will be received by people with more complex needs or who live in rural areas. To address this, further consultation will be planned to gather more in-depth qualitative data on these challenges and to explore potential partnerships with local transport providers to ensure accessibility. This will be initiated within the next six months as part of the ongoing monitoring process.

National policies such as The Keys to Life (2013) and The Carers (Scotland) Act 2016 have been pivotal in shaping the development of this policy. Locally, benchmarking with other HSCPs that have successfully implemented similar policies helped inform the approach, showing benefits such as increased independence, reduced reliance on council-provided transport, and more sustainable models for transport access in rural areas.

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 support the implementation of the policy requires clear communication to explain that the intent of the policy is to increase independence and promote healthier, community-based living. The policy will also need to emphasise that support for those requiring continued transport will remain available.

To maximise the policy's positive impact, efforts will focus on promoting financial independence, ensuring benefit maximization checks are routinely offered, and encouraging the use of public transport and local

community options where possible. Additionally, specific attention should be paid to rural areas and people with physical disabilities to ensure they have access to appropriate transport options.

Early modifications include ensuring that transport training is provided to service users to ease the transition to more independent travel options, and enhancing communication efforts to ensure individuals fully understand the options available to them.

The promotion self-travel, may initially cause anxiety for some individuals who rely heavily on council-provided transport. However, this can be minimised by gradual transitions, personalised travel training, and ongoing support for individuals and carers to make informed choices about transport options.

The main resource implications would be in terms of staffing for travel training and additional consultation with transport providers. Financial resources may need to be allocated for these services, but this would be balanced by the long-term goal of reducing reliance on council-provided transport.

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

The implementation of the policy will be monitored regularly, with annual reviews assessing the impact on service users. Key performance indicators (KPIs) will be established to track improvements in independence, transport options, and service user satisfaction.

The Group Manager for Adult Services will lead the monitoring process, working with social care managers and transport providers to ensure that monitoring is ongoing. The process will begin once the policy has been fully implemented, with the first review taking place after six months.

Results will be used to assess areas for improvement in future policies. For example, if a lack of accessible transport is identified, the policy could be adjusted to address this gap by collaborating with local transport providers or exploring alternative models of service delivery.

The policy will be reviewed annually to assess its effectiveness and make necessary amendments based on monitoring results and consultation feedback.

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

This proposal looks to alter the approach to provision of community/assisted transport of individuals for the purposes of attending day service provision through a change in policy. Whilst there is likely to be some impact to current service users going forward this is likely to have a positive impact on individuals

through the offering of more person centred approach and supporting a move to greater independence for people who use services.

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	17/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	17/02/2025

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ6b Review of Social Care Charges
Service Area	HSCP Social Policy
Lead Officer	Robin Allen, Senior Manager
Other Officers/Partners Involved	Karen Gracie, Group Manager, Accommodation Services Pamela Roccio, Equality and Diversity Officer Brian Manderson, Benefit Assessment and Development Manager
Date relevance assessed	24.02.2025

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"/>

<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	<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 – male, female and intersex	<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	
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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	Robin Allen
Designation	Senior Manager, Older People Services
Date	20.02.2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ6b Review of Social Care Charges
Details of Others Involved	Karen Gracie, Group Manager, Accommodation Services Pamela Roccio, Equality and Diversity Officer Brian Manderson, Benefit Assessment and Development Manager
Date Assessment Conducted	20.02.2025

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 this measure is to include Housing with Care (HWC) within the existing Non-Residential Care Contributions policy (NRCC).</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. HWC developments are registered, regulated and inspected by the Care inspectorate.</p> <p>There are seven HWC developments with 172 tenancies and 177 tenants. Social Policy staff provide daytime and evening support daily between 7.30am to 10pm and a sleepover service out with these times with capacity to respond to any emergencies.</p> <p>Individuals access HWC provision through West Lothian Council housing application process. This is then passed to Social Policy service for an assessment decision. Following the outcome of assessment, the service link with housing allocations to enable the allocation process to be concluded.</p> <p>HWC is delivered within flatted developments with each individual having their own Scottish Secure Tenancy. HWC offers an alternative option to support escalating need and to prevent the requirement for care home provision. HWC forms an important part of the Home First programme by supporting individuals to live independently within their own communities for as long as possible.</p> <p>The measure aligns charging with the NRCC approach and policy. Each tenant would be financially assessed to determine their level of contribution. Anyone who receives a chargeable service will be assessed to determine how much they can afford to pay towards the cost of the services they receive. The care and support provided will always be based on assessed need and any contribution towards the cost of care and support is based on the individual's eligibility and ability to pay that contribution.</p> <p>The NRCC policy determines the charge applied to any non-residential care/non-personal care provision. All adults living within West Lothian receiving non-residential care are entitled to a financial assessment in line with the NRCC policy. This determines any charge to be applied for services other than free personal care.</p> <p>Tasks associated with personal care cannot have a charge applied and are delivered free to the individual in line with the Community Care and Health Act (Scotland) 2002.</p> <p>HWC is not included within the Charging for Residential Accommodation Guidance (CRAG) in the same way as Local Authority care homes. There is no national guidance regarding charging for HWC services.</p>

Tenants who claim housing support do not pay any contribution to support costs. The revised approach to charging and alignment of provision to the NRCC policy ensures all individuals in receipt of non-residential care support are financially assessed to determine their contribution towards their care costs. This proposal will ensure equity of charging with those in receipt of care at home provision living out with HWC developments.

The proposed change to charging will only affect tenants who do not currently pay a contribution to their HWC service.

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

<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<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 HWC provision to meet their care and support needs.</p> <p>The proposed charge for HWC services will be applied from 1st July 2025. This will apply to both existing and new tenants.</p> <p>Each tenant will be financially assessed, in line with the NRCC policy to determine their contribution towards the cost of their service.</p> <p>How do you know that?</p> <p>The option proposed does not involve any change to the criteria for HWC, nor does it involve any changes to the capacity of services.</p> <p>Individuals residing within West Lothian who require HWC services to meet their needs will still have the option of identifying their housing preference.</p> <p>Tenants will continue to have an individualised support plan which is reviewed annually. Financial circumstances are reviewed, and a further assessment completed for individuals whose capital falls below agreed thresholds.</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. In addition, West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth.</p> <p>Growth in the older population will be the most significant within the 65-74 age groups increasing by 34.8% and persons aged 75 and over increasing by 119.7% by 2041. Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. Although female life expectancy is higher than that of males, more years are spent in poorer health.</p>
<p>Disability</p>	<p>What effect/difference will the policy have on people?</p> <p>There will be no adverse effect as financial assessments determine an individual's contribution towards the cost of their care irrespective, of any protected characteristics.</p> <p>Individuals are assessed by the Housing with Care service to determine their needs can be met with the existing staff compliment. Individuals with complex needs cannot be supported within Housing with Care.</p>

	<p>How do you know that? Financial assessment process and procedures and National Assistance (Assessment of Resources) Regulations 1992.</p> <p>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? The service is open to all genders and there will be no adverse impact as financial assessments are completed irrespective of any protected characteristics.</p>
	<p>How do you know that? There is legislation National Assistance (Assessment of Resources) Regulations 1992 and internal financial assessment process and procedures which ensures all individuals are treated equitably.</p> <p>The 2022 Census collated information on LGBTQ+ people for the first time, identifying 0.44% of people over the age of 16 were trans or had a trans history with almost half 45.2% identifying as non-binary. 46.1% of trans people were aged 16 to 24 and 26.1% aged 25 to 34.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people? None identified – financial assessment processes take account of marital status.</p>
	<p>How do you know that? There is legislation National Assistance (Assessment of Resources) Regulations 1992 and internal financial assessment process and procedures which ensures all individuals are treated equitably.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people? None identified</p>
	<p>How do you know that? HWC tenancies are for individuals over the age of 55.</p>
Race	<p>What effect/difference will the policy have on people? The proposal 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>Financial assessments are completed irrespective of protected characteristics</p>
	<p>How do you know that? There is legislation National Assistance (Assessment of Resources) Regulations 1992 and internal financial assessment process and procedures which ensures all individuals are treated equitably.</p> <p>2022 Census notes largest ethnic group in West Lothian is Scottish with 81.13% of people identifying as white Scottish, 7.15% identity as white other British, 2.79% Asian, Asian Scottish or Asian British, 0.70% African, African Scottish or African British, 0.09% Caribbean or Black and 0.49% other ethnic groups.</p>
Religion or Belief	<p>What effect/difference will the policy have on people? Financial assessments are completed in line with policy and procedure, with individual contributions calculated irrespective of protected characteristics.</p>

	<p>How do you know that? There is legislation National Assistance (Assessment of Resources) Regulations 1992 and internal financial assessment process and procedures which ensures all individuals are treated equitably.</p> <p>The 2022 Census found the majority of people (51.1%) in Scotland had no religion. 20.4% of respondents noted Church of Scotland, remaining the largest group. The next largest religious groups were Roman Catholic (13.3%) and Other Christian (5.1%) and Muslim (2.2%).</p>
Sex – Gender Identity	<p>What effect/difference will the policy have on people? None identified</p>
	<p>How do you know that? Financial assessments are completed regardless of sex.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people? None Identified.</p>
	<p>How do you know that? Financial assessments are completed regardless of sexual preferences.</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 Housing with Care proposal 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.

Financial assessment process and procedures and National Assistance (Assessment of Resources) Regulations 1992 ensure each individual is assessed to contribute an affordable amount towards the cost of their care and support provision.

All tenants within HWC will now have a charge applied for their service, not just those who are ineligible for Housing Benefit. Individuals will then be financially assessed to determine their contribution towards support costs in line with the NRCC Policy. All individuals will contribute an affordable amount towards the cost of their care.

To date, individuals receiving HWC support (and not in receipt of Housing Benefit) have not had to contribute towards the cost of their support. Introducing a charge for the service will have a financial

impact, however each individual will be assessed to determine the financial contribution they are required to make, preventing financial hardship.

Individuals will be supported to maximise their income through the Advice Shop, including where appropriate, applications for Attendance Allowance (for those over the age of 66) which is a non-means tested benefit for individuals who need help caring for themselves or someone to supervise them for their own or others safety.

How do you know that?

All individuals in receipt of community-based care and support, (with the exception of those in HWC and eligible for Housing Benefit), are financially assessed in line with the NRCC Policy to determine their contribution towards the cost of their care provision.

5. Action Plan

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

Action Date: 2025/26

What is the issue?

Implementation of revised support charges.

What action will be taken?

19 th March 2025	Letter to tenants notifying of proposed charges	Karen Gracie
25 th March 2025	IJB Presentation	Rob Allen
26 th March 2025	Review of NRCC Policy (PDSP 3 rd April 2025 and Council Executive 29 th April 2025)	Karen Gracie
26 th March 2025	Written communication to tenants regarding new charge –	Karen Gracie
7 th April 2025	In person communication with tenants regarding charge. 7 Communication Sessions over 7 HWC services – completed by 18 th April 2025	Karen Gracie
	Commencement of financial assessments and income maximisation process	Brian Manderson
1 st July 2025	Implementation of new charge.	

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 benchmarking exercise was progressed in partnership with the Corporate Transformation Team and IJB Chief Financial Officer to compare housing with care and associated charges across all Local Authority areas. The responses received noted a range of similar models, including - sheltered housing, very sheltered housing, amenity housing and extra care housing.

Publicly available information on Local Authority web pages also detailed a lack of consistency in service models and charges. Not all areas published details of available support or charges.

The service has worked in partnership with Financial Management Unit, Housing & Building Services and the Housing Benefit Team, to inform development of charging for non-housing management/personal care tasks.

There will be further engagement with HWC tenants regarding the implementation of support charges following the outcome of IJB budget setting.

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.

A revised NRCC policy will ensure all individuals in receipt of non-residential/personal care support are financially assessed to determine their contribution towards their care costs. This will ensure equity of charging with those in receipt of care at home provision living out with HWC developments.

The alignment of charges for assisted living provision to HWC is currently being considered to ensure a consistent and equitable approach.

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.

- Engagement with all relevant tenants on proposed changes to inform the development of an Integrated Impact assessment;
- Review and update the NRCC policy to include HWC and assisted living;
- Approval for changes progressed via appropriate governance structures;

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 provide oversight and direction in the review and implementation of a revised non-residential contributions policy. This will include oversight tenant engagement, financial assessments and implementation of any necessary anti-poverty measures.

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

This policy is aimed at individuals residing within HWC tenancies. These individuals will have completed a financial assessment confirming they have a level of income or assets to meet the cost of their care. Any residents who requires financial support will initially be directed to the Advice Shop for support and guidance regarding income maximisation

Signed by Lead Officer	Robin Allen
Designation	Senior Manager
Date	24.02.2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5j – Completion of Transitional Arrangements for Deans
Service Area	HSCP- Social Policy
Lead Officer	Karen Love – Senior Manager Adults Services
Other Officers/Partners Involved	Group Manager – Adults Services Team Manager – Deans Support Service
Date relevance assessed	19 th February 2025

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

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

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>This measure relates to the requirement for transitional arrangements, including the need for some staffing post-delivery of the previously approved saving measure SJa Redesign of Deans House and Burnside Respite service.</p> <p>This measure has now been delivered in full with the required changes to the care and support model now implemented.</p>

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	19/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	19/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3f Review of Care Packages
Service Area	HSCP Social Policy – Adults Services
Lead Officer	Karen Love
Other Officers/Partners Involved	James Foley Group Manager Susan Reid Group Manager
Date relevance assessed	14 th February 2025

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:

- 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

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

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).

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	
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	

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>The Social Work (Scotland) Act 1968 places a duty on the council to assess any adult (person over 16 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.</p> <p>Where the requirement for the provision of formal care has been identified there is a further duty placed on local authorities to review care and support plans on an ongoing basis ensuring that the provision of formalised care and support continue to meet the individuals assessed needs and outcomes.</p> <p>Social Policy currently supports in the region of 400 individuals with a range of learning disabilities and complex needs, either within their own communities or in resources out with West Lothian The service has identified a number of individuals where their current care provision costs are in excess of £100,000 or there has not been a formal review within a set timescale. The proposal is for care provision to be reviewed to ensure that the care and support provided continues to be in keeping with the individuals assessed needs and outcomes.</p> <p>Through this process there may be opportunities to consider alternatives to the provision of formal support. This include the use digital solutions to reduce isolation or maintain links with friends and family or signposting to community support. For some individuals this may include a reduction in care being considered in line with their assessed needs.</p> <p>Any changes to care plans and packages will continue to meet individuals assessed needs and outcomes with no-one being left at risk as a consequence of the review process.</p>

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	14/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	14/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ4d Review of Care at Home Block Contract
Service Area	HSCP Social Policy
Lead Officer	Robin Allen, Senior Manager, Older People Services
Other Officers/Partners Involved	Matt Baxter, Business Support Group Manager Pamela Roccio, Equality and Diversity Officer, West Lothian Council
Date relevance assessed	17.02.2025

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"/>

<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	<input checked="" type="checkbox"/>
Disability – people with disabilities/long standing conditions	<input 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 – male, female and intersex	<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	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	
Socio-economic Background – social class i.e. parents’ education, employment and income	

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

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

Independent care at home providers deliver the majority of care at home services for older people within West Lothian. Individuals assessed as requiring care at home support access support via Self Directed Support (SDS) options.

Social policy commissions care at home via a framework to support the delivery of services for individuals that select SDS option 3: the authority chooses and arranges support.

A review of the approach to commissioning care at home services for older people was undertaken in 2022 with new contractual arrangements implemented in 2023. This, in combination with other factors, resulted in an increase of care capacity in the care at home market and a reduction of unmet care need in the community and hospital transfer delays.

The care at home block contract was designed to support the older people care at home framework, targeting packages of care which could not be picked up by the framework due to resource capacity and/or geographical issues.

The block contract commenced on 1 April 2023 for one year as a ‘test of change’ with an option to extend for a further year to January 2025. The block was reduced from 300 hours per week to 150 hours per week at the end of the first contracting year. This followed successful implementation of the new care at home framework in October 2023, which increased providers and care capacity in West Lothian.

Since January 2023 there has been increased care at home capacity to meet the needs of those assessed as requiring a package of care. This increased capacity has reduced unmet need and has reduced the number of people whose discharge from hospital is delayed as a result of a lack of care at home provision. The reduction in block hours has had no impact on the care at home hospital delay position in West Lothian.

Reliance and use of the block contract has continued to reduce in 2024 due to increased capacity within independent care at home providers.

The care at home block contract ended on the 31.01.25.

The risk associated with the removal of the block contract relates to the availability of care at home provision in geographical areas of West Lothian where care at home services are less available, with the potential for increasing unmet need or hospital delays.

Advice from the Corporate Procurement Unit confirms it is competent to use alternative provision where the framework is unable to meet an individual's assessed need. This may involve an agreement for a provider to deliver care to an individual at an enhanced rate similar to the current block contract rate.

Current demand suggests there will be a limited requirement to utilise such provision. Where necessary procurement of services would be managed within existing arrangements.

The removal of the care at home block contract is assessed as have no impact upon the General Duty of the Equality Act 2010. Care at home provision will continue to be delivered in compliance with Self Directed Support options with no assessed impact upon individuals who receive the service.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager, Older People Services
Date	17.02.2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Community Supplies
Service Area	Health
Lead Officer	Neil Fergusson – General Manager
Other Officers/Partners Involved	Mike Reid – General Manager, Sharon Houston – Interim Head of Strategic Planning and Performance
Date relevance assessed	28/02/25

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:

- 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

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

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).

Age – older people, young people and children	No
Disability – people with disabilities/long standing conditions	No
Gender reassignment – trans/transgender identity – anybody who’s gender identity or gender expression is different to the sex assigned to them at birth	No
Marriage or civil partnership – people who are married or in a civil partnership	No
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	No
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	No
Religion or belief – people with different religions and beliefs including those with no beliefs	No
Sex – male, female and intersex	No
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	No

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	No
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	No
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	No
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	No
Socio-economic Background – social class i.e. parents' education, employment and income	No

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

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

Signed by Lead Officer	Neil Ferguson
Designation	General Manager Community and Unscheduled Care Services
Date	28/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton Head of Service
Date	03/03/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Prescribing
Service Area	Primary Care
Lead Officer	Neil Fergusson – General Manager
Other Officers/Partners Involved	Carol Holmes – Lead Pharmacist
Date relevance assessed	28/02/25

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"/>

<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	No
Disability – people with disabilities/long standing conditions	No
Gender reassignment – trans/transgender identity – anybody who’s gender identity or gender expression is different to the sex assigned to them at birth	No
Marriage or civil partnership – people who are married or in a civil partnership	No
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	No
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	No
Religion or belief – people with different religions and beliefs including those with no beliefs	No
Sex – male, female and intersex	No
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	No

<p>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</p>

Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	No
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	No
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	No
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	No
Socio-economic Background – social class i.e. parents' education, employment and income	No

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>This 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 Community and Unscheduled Care Services
Date	28/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton Head of Service
Date	03/03/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Mental Health Medical Review
Service Area	WLHSCP Psychiatry
Lead Officer	Mike Reid
Other Officers/Partners Involved	HSCP Senior Managers
Date relevance assessed	14/2/25

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"/>


<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	N
Disability – people with disabilities/long standing conditions	N
Gender reassignment – trans/transgender identity – anybody who’s gender identity or gender expression is different to the sex assigned to them at birth	N
Marriage or civil partnership – people who are married or in a civil partnership	N
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	N
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	N
Religion or belief – people with different religions and beliefs including those with no beliefs	N
Sex – male, female and intersex	N
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	N

<p>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</p>

Socio-economic Disadvantage	Impact (Please Tick as Appropriate)
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	N
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	N
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	N
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	N
Socio-economic Background – social class i.e. parents' education, employment and income	N

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
The measure is not proposing a change of staffing level, but seeking substantive staff to be recruited instead of agency staff. If achieved this would be an improvement across the categories above

Signed by Lead Officer	
Designation	General Manager
Date	14/2/25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton
Date	14/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5i Internal care homes – auxiliary staff
Service Area	HSCP Social Policy
Lead Officer	Robin Allen, senior manager
Other Officers/Partners Involved	Jamie Fisher, Operational Services, West Lothian Council Pamela Roccio, Equality and Diversity Officer, West Lothian Council
Date relevance assessed	17.02.2025

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

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

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

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

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

YES		NO	X
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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

Social Policy operates three residential care homes for older people, providing a total of 110 beds.

Social Policy staff deliver care, catering and cleaning function within each care home.

A review of the arrangements for the provision of catering and cleaning services in the three care homes has been progressed in conjunction with West Lothian Council Operational Services.

Operational services provide cleaning and catering services within another Social Policy resource (Housing with Care) and within West Lothian schools. The review focused on retaining quality of service and achieving efficiencies in delivery where possible.

The outcome of the review confirmed a more efficient delivery model could be achieved through transfer of catering and cleaning function to Operational Services. This analysis was based on the scale of staffing resilience and capacity available within Operational Services in comparison to Social Policy services. Operational Services have the capacity to cover periods of absence as a consequence of having a larger staff pool with the relevant skills with the potential for efficiencies and improvements to food purchasing.

The employees who deliver catering and cleaning services within the care homes will transfer over to Operational Services from 01.01.2025 and transfer of budget from 01.4.2025 in line with agreed staffing budgets.

Care staff within the three care homes will continue to complete audit activity to ensure the physical environment of each care home is maintained in line with infection prevention and control requirements. Feedback will be provided to operational services, with advice and guidance for improvements where required. Similar arrangements will be in place to ensure nutritional standards are maintained and specific dietary needs are catered for as required.

A collaborative approach will be adopted between the three care homes and operational services staff to establish protocols and communication guidance. Thereafter, regular communication meetings will be held to ensure the smooth running of the catering and cleaning function within the care homes.

The transfer of catering and cleaning service is assessed as having no impact upon the General Duty of the Equality Act 2010. The function will continue to be delivered by West Lothian Council staff with no assessed impact upon individuals who deliver or receive the service.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager, Older People Services
Date	17/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	17/02/2025



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)	Aileen Maguire, Group Manager Sharon Houston, Senior Manager Lomai Rodden, Senior Business Change Lead Pamela Roccio, Equality & Diversity Officer
Date relevance assessed	25.02.25

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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	
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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	Robin Allen
Designation	Senior Manager – Older People Services
Date	25.02.2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025



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	Aileen Maguire, Group Manager Sharon Houston, Senior Manager Lomai Rodden, Senior Business Change Lead Pamela Roccio, Equality & Diversity Officer
Date Assessment Conducted	25.02.25

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>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 2023-28 include Improving Health Inequalities in Partnership; a Home First Approach; Enabling High Quality Care, Support and Treatment.</p> <p>Key aim of developing use of technology enabled care (TEC) is meeting these strategic priorities to enable people to live as independently as possible within their homes.</p> <p>TEC continues to be expanded throughout the service via review and analysis of individual need and potential uses for new and emerging technology to support care and independence.</p> <p>There is a clear focus on supporting 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> <p>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.</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>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<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>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> <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 assessment and review team, with dedicated TEC specialist.</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>The Telecare Benchmarking Impact report 2020-2021 noted that 73% of people in receipt of telecare were aged 75 years and over.</p>
<p>Disability</p>	<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>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>Gender Reassignment –</p>	<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>

Trans/Transgender Identity	<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 be for older adults.</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>How do you know that?</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>
Religion or Belief	<p>What effect/difference will the policy have on people?</p> <p>Practitioners assess 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.</p>
	<p>How do you know that?</p> <p>Access to a wide range of technological devices and alternative services will enable practitioners to support people using a person - centred approach.</p>
Sex	<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 identified 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?</p> <p>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?</p> <p>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)
- 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?

Carers including young carers - 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.

Consideration is given towards carers by ensuring the person they support receives all that they are entitled to. It is anticipated that some carers may not initially have complete confidence in Technology Enabled Care and will need evidence of its success before trusting the provision.

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.

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.

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.

Homeless people – 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.

People who live in rural areas – 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

How do you know that?

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. The methods of connectivity support the diversity across West Lothian in terms of geography.

5. Action Plan	
What action/s will be taken, by whom and what is the timescale for completion?	
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> <p>Increase awareness of TEC options across both staff groups and service users.</p> <p>Further integration of TEC options across all adult client groups, for example within residential care provision.</p> <p>Review new and emerging technology and suitability for use with West Lothian citizens</p>	
What action will be taken?	
<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>	
Progress against action	
<p>A project board 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 an analysis and delivery of this measure will require additional investment to realise full potential of technology enabled care</p> <p>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.</p>	
Action Complete	Date Complete

6. Details of consultation and involvement
<p>Who will be or has been involved in the consultation process?</p> <p>a) State which service users and groups are involved in this process and describe their involvement.</p> <p>b) Describe any planned involvement saying when this will take place and who is responsible for managing the involvement process.</p> <p>c) Describe the results of the involvement and how you have taken this into account.</p>
<p>There is ongoing engagement with a wide range of stakeholders to ensure West Lothian are cited on developing TEC. This includes other Local Authority areas, Scottish Government Digital office and other specialist groups.</p> <p>TEC opportunities are fully explained to individuals, their families and carers during the assessment process. This enables all relevant parties to clearly understand how TEC will be deployed and any role cares/family may have in supporting its use.</p> <p>The Home Safety Team attend key groups and facilitate pop up event to highlight current TEC and how this can be utilised to support individuals.</p>

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.

The home safety service provide regular updates to the TEC project board on the impact of deployment TEC devices to meet individual outcomes. This enables further deployment of devices or identification of areas of limitation.

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 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

- 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

TEC has been successfully implemented to support independence across older people services. There are a number of mitigating actions to support delivery and promote ongoing use of TEC solutions.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	25.02.25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025



Integrated Relevance 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
Service Area	Social Policy IJB
Lead Officer	Karen Love Senior Manager
Other Officers/Partners Involved	Pamela Roccio – HR
Date relevance assessed	25 November 2022 Update February 2025

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 – 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	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	
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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

Decision to proceed to full Integrated Impact Assessment.

Signed by Lead Officer	Karen Love
Designation	Senior Manager Adult Services
Date	30/11/2022
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	30/11/2022

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 March 2023 Update February 2025

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 in 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 in West Lothian.</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> <p>There have been challenges in sourcing suitable housing to develop core and cluster sites. As an alternative to this, the service is working with local providers to consider the opportunities to de-register 6 small residential care facilities into homes of multiple occupancy, supporting individuals to live independently, whilst also achieving the required saving through a change in contractual arrangements from a block contract funding to a spot purchase arrangement which will see care commissioned on the basis of assessed needs.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
Age Please note that if there are impacts	<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>on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children’s Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>How do you know that? There is 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 and support in order to meet their individual outcomes.</p>
<p>Disability</p>	<p>What effect/difference will the policy have on people? This proposal will support the ongoing work of supporting individuals with learning disabilities to remain living in their own communities moving away from larger less person specific residential settings. West Lothian Council currently commission/provide a number of similar arrangements for adults with learning disabilities. Individuals are supported to participate in activities based on their individual outcomes leading in some cases to being more active citizens within their communities. This model also supports individuals to have greater independence and control in their lives.</p> <p>How do you know that? 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 in 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>Gender Reassignment – Trans/Transgender Identity</p>	<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? 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>Marriage or Civil Partnership</p>	<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? 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? 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? The policy relates to everyone equally.</p>
Race	<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? No evidence or research to suggest otherwise.</p>
Religion or Belief	<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? No evidence or research to suggest otherwise.</p>
Sex – Gender Identity	<p>What effect/difference will the policy have on people? 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? No evidence or research to suggest otherwise.</p>
Sexual Orientation	<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? No evidence or research to suggest otherwise.</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?

This proposal is likely to have a positive impact on individuals. It will provide supported living services for individuals, with the assessed care delivered on an individualised basis supporting greater independence. This model of care and support is preferred over current residential models. Core and cluster/Homes of Multiple Occupancy will allow for more individualised packages of support, maintaining interaction with family and friends, which will increase and improve outcomes for this group of individuals.

How do you know that?	
This proposal will look to expand the number of supported living facilities in West Lothian, thus contributing 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 has been established to drive forward the proposal.	
There has been engagement with relevant care providers and mobilisation plans to support the transition from a registered care facility to a home of multiple occupancy. The service will also undertake reviews of all individuals impacted to ensure that assessed needs and personal outcomes continue to be met.	
What action will be taken?	
Full review of all service users' needs to be undertaken. Continued engagement with identified providers.	
Actioner Name: Karen Love	
Action Complete	Date Complete

6. Details of consultation and involvement
Who will be or has been involved in the consultation process?
<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.
This proposal will look to create more capacity locally in West Lothian to meet and support individuals with complex care needs to remain living in their local communities.
The service has worked alongside identified providers to agree mobilisation plans to support the deregistration of the registered care facilities. This has included engagement with the Care Inspectorate. The service is progressing the required review/reassessment activity with individuals to ensure that assessed outcomes and care needs continue to be met. This has also included engagement with family members and, where appropriate, welfare guardians with views being considered as part of this process.

7. Data and Information
What equality data, poverty data, research, information or other evidence has been used to inform this assessment?
<ul style="list-style-type: none"> 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"> 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.

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, including using the established Dynamic Support Register to support, where appropriate, individuals who may return to West Lothian.

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 board will also be responsible for the monitoring of performance indicators which will include feedback from service 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
- 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

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

14/02/2025

Counter Signature

(Head of Service or Depute Chief Executive responsible for the policy)

Jo MacPherson

Date

14/02/2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5a Redesign of Adult Day Services
Service Area	Social Policy IJB
Lead Officer	Karen Love
Other Officers/Partners Involved	James Foley Group Manager Learning Disabilities Day Service Manager Senior HR Advisor Passenger Transport Manager Equality and Diversity Officer
Date relevance assessed	8 th March 2023 Updated February 2025

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non-Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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	
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	
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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

Full Integrated Impact Assessment to be progressed.

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)	SJ5a Redesign of Adults Day Services
Details of Others Involved	James Foley Group Manager Learning Disabilities Day Service Manager Senior HR Advisor Passenger Transport Manager Equality and Diversity Officer
Date Assessment Conducted	March 2023 Updated March 2024 Updated February 2025

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)

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.

This proposal will focus on the ongoing redesign and modernisation of Adult Day Services.

As the service moves to supporting more individuals with complex needs and behaviours within local communities, there will be a 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.

This proposal includes the move away from the provision of day services by the Community Inclusion Team at Kirkton Business Centre and Unit 4 Fairburn Road.

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.

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 service who live in supported accommodation and attend the service over two days per week will see their support provider facilitating access to the individual's community support, therefore meeting their personal outcomes. 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.

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.

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

<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>What effect/difference will the policy have on people?</p> <p>There is not one specific age group who are expected to be impacted more than others. Individuals who attend services usually range between 18 & 65.</p> <p>The relocation to Quigley House by CIT is part of the agreed proposal of the delivery model of support moving away from solely a building based to a hybrid model of both community & building based support. These changes to where people's day support is delivered, have been assessed and each individual consulted with at this time and extensive planning carried out and agreed, to ensure individuals experience minimal impact.</p> <p>For individuals living in in supported accommodation, full care plan reviews have been progressed. For some individuals this has seen a reduction to the days that they attend the day service. This has however been mitigated by the identified provider supporting them to access local provision to ensure that they are not disadvantaged by this reduction in attendance.</p> <p>The final stage of transition has been commenced with some building-based activities moved to run from Quigley House. A joint event was held in December 2024 and carers were invited and spaces identified within Quigley House for use as pick up / drop off points, as well as for displays of CIT activities. All service users and staff are now familiar with the building and all carers have had the opportunity to visit for a look around. An easy read update is to be sent out confirming the date of the move by February 2025.</p> <p>There will be impact of this proposal on the workforce in day services. This change has been managed without the need for organisational change process. The service restructure has been agreed and staffing mitigations complete. There will be opportunities for these people and people on fixed term contracts to apply for alternative posts that have been agreed in the restructure.</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 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 is being undertaken to align with National models and following engagement exercises carried out within the LD day support services. In addition, there was 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. Workplace discrimination statistics in 2021 (ciphr.com) 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 modernisation approach 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>The relocation of Community Inclusion Team (CIT) to Quigley House is part of the agreed proposal of the delivery model of support, shifting from only a building based to a hybrid model of both community & building based. These changes to where people's day support is delivered have been assessed and affected individuals consulted with. This included extensive transitioning planning, ensuring individuals experience minimal impact.</p> <p>There are many positive outcomes for individuals in terms of people being meaningfully involved in local communities and accessing community facilities as well as aligning more with personal outcomes.</p> <p>For individuals living in supported accommodation, full care plan reviews have been progressed. For some individuals, this has seen a reduction to the days that they attend the day service. This has however been mitigated by the identified provider supporting them to access local provision to ensure that they are not disadvantaged by this reduction in attendance.</p> <p>At this stage of the proposal, it has been assessed that there will be minimal impact on the workforce working in these teams. This change is now not required to go through the council's organisational change process as part of the service redesign and restructure.</p> <p>All protected characteristics and the composition of the workforce will be reviewed to ensure, where possible, no-one is at a disadvantage. Consultation has been completed with all LD staff in the affected teams throughout the process and is planned for the PD staff.</p> <p>There will be impact of this proposal on the workforce in day services. This change has been managed without the need for organisational change process. The service restructure has been agreed and staffing mitigations complete. There will be opportunities for these people and people on fixed term contracts to apply for alternative posts that have been agreed in the restructure.</p> <p>While it is not anticipated that staff concerned will be directly impacted at this final stage, if a negative impact during the end stages of the service redesign activity or any individuals experience worsening of health issues as a result of going through the change process, this will be addressed at an individual level.</p> <p>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 this will also be addressed on an individual basis.</p> <p>Undertaking new ways of working and tasks may also present barriers for people with disabilities who require necessary adjustments, which may not have been previously identified. Any staff who may be impacted in this manner will be supported with reasonable adjustments to participate.</p>
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	<p>Both staff and users of the services have been consulted both formally and informally throughout the implementation of the proposal and have been afforded the opportunity to fully participate and contribute to the redesign process.</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 service will look to further modernise and redesign services to secure best outcomes for individuals. Staff teams will also continue to be involved in this process.</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.</p> <p>Guide for line managers: Recruiting, managing and developing people with a disability or health condition - GOV.UK (www.gov.uk) The Disability Employment Gap needs closing - on several fronts CIPD Digital exclusion and online accessibility (webusability.co.uk)</p>
<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 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 any individual from this protected characteristic will be disproportionately impacted by the proposed changes to the staffing levels. As the proposal develops, continual equality impact assessments will be monitored and updated to reflect known impacts 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, and a greater likelihood of experiencing workplace conflict or harassment with 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>

<p>Marriage or Civil Partnership</p>	<p>What effect/difference will the policy have on people?</p> <p>The relocation of Community Inclusion Team (CIT) to Quigley House is part of the agreed proposal of the delivery model of support shifting from only a building based to a hybrid model of both community & building based. These changes to where people’s day support is delivered, have been assessed and consulted with individuals affected. This included extensive transitioning planning, ensuring individuals experience minimal impact.</p> <p>There are many positive outcomes for individuals in terms of people being meaningfully involved in local communities and accessing community facilities as well as aligning more with personal outcomes.</p> <p>For individuals residing in supported accommodation, individual reviews have been progressed with transitional plans implemented for those who would see their day opportunities being facilitated by their identified support provided.</p> <p>At this time there has been minimal impact on the workforce. This proposal will not be required to go through the council’s organisational change process as part of the service redesign and restructure due to the management of vacancies across the services.</p> <p>All protected characteristics and the composition of the workforce will be reviewed to ensure, where possible, no-one is at a disadvantage. Consultation has been completed with all staff in the affected teams throughout the process.</p> <p>There will be an impact of this proposal on the workforce in day services and this change has been managed without the need for organisational change process. The service restructure has been agreed and staffing mitigations complete. There will be opportunities for these people, and people on fixed term contracts, to apply for alternative posts that have been agreed in the restructure.</p> <p>While it is not anticipated that staff concerned will be directly impacted at this final stage, if a negative impact during the end stages of the service redesign activity or any individuals experience worsening of health issues as a result of going through the change process, this will be addressed at an individual level.</p> <p>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, this will also be addressed on an individual basis.</p> <p>It is not anticipated that service or staff users from this protected characteristic will be disproportionately impacted by the proposed relocation.</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>The relocation of Community Inclusion Team (CIT) to Quigley House is part of the agreed proposal of the delivery model of support, shifting from only a building based to a hybrid model of both community & building based. These changes where people’s day support is delivered have been assessed and consulted on with individuals affected. This included extensive transitioning planning, ensuring individuals experience minimal impact.</p> <p>There are many positive outcomes for individuals in terms of people being meaningfully involved in local communities and accessing community facilities as well as aligning more with engagement report outcomes.</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the proposed relocation.</p> <p>For individuals living in supported accommodation, full care plan reviews have been progressed. For some individuals, this has seen a reduction to the days that they attend the day service. This has however been mitigated by the identified provider supporting them to access local provision to ensure that they are not disadvantaged by this reduction in attendance.</p> <p>There will be impact of this proposal on the workforce in day services. This change has been managed without the need for organisational change process. The service restructure has been agreed and staffing mitigations implemented. There will be opportunities for those on fixed term contracts to apply for alternative posts that have been agreed in the restructure.</p> <p>While it is not anticipated that staff concerned will be directly impacted at this final stage, if a negative impact during the end stages of the service redesign activity is noted or any individuals experience worsening of health issues as a result of going through the change process, this will be addressed at an individual level.</p> <p>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, this will also be addressed on an individual basis.</p> <p>All protected characteristics and the composition of the workforce will be reviewed to ensure where possible no-one is at a disadvantage. Consultation has been completed with all LD staff in the affected teams throughout the process and is planned for the PD staff.</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 leave to the workplace. Pregnancy and maternity-related discrimination and disadvantage: summary of findings 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>The relocation of Community Inclusion Team (CIT) to Quigley House is part of the agreed proposal of the delivery model of support shifting from only a building based to a hybrid model of both community & building based, these changes to where people's day support is delivered have been assessed and affected individuals consulted with. This included extensive transitioning planning, ensuring individuals experience minimal impact.</p> <p>In addition, there are many positive outcomes for individuals in terms of people being meaningfully involved in local communities and accessing community facilities as well as aligning more with engagement report outcomes.</p> <p>For individuals living in supported accommodation, full care plan reviews have been progressed. For some individuals this has seen a reduction to the days that they attend the day service. This has however been mitigated by the identified provider supporting them to access local provision to ensure that they are not disadvantaged by this reduction in attendance.</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the proposed relocation.</p> <p>There will be impact of this proposal on the workforce in day services and this change has been managed without the need for organisational change process. The service restructure has been agreed and staffing mitigations implemented. There will be opportunities for those on fixed term contracts to apply for alternative posts that have been agreed in the restructure.</p> <p>While it is not anticipated that staff concerned will be directly impacted at this final stage, if a negative impact during the end stages of the service redesign activity is noted or any individuals experience worsening of health issues as a result of going through the change process, this will be addressed at an individual level.</p> <p>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, this will also be addressed on an individual basis.</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 highlights negative experiences of BAME women as they engage with the Scottish labour market : <u>Policymakers (closethegap.org.uk)</u></p> <p>Research sets out barriers to BAME employee career progression</p>

<p>Religion or Belief</p>	<p>What effect/difference will the policy have on people?</p> <p>The relocation of Community Inclusion Team (CIT) to Quigley House is part of the agreed proposal of the delivery model of support shifting from only a building based to a hybrid model of both community & building based, these changes to where people’s day support is delivered have been assessed and affected individuals consulted with. This included extensive transitioning planning ensuring individuals experience minimal impact.</p> <p>In addition, there are many positive outcomes for individuals in terms of people being meaningfully involved in local communities and accessing community facilities as well as aligning more with engagement report outcomes.</p> <p>For individuals living in supported accommodation, full care plan reviews have been progressed. For some individuals, this has seen a reduction to the days that they attend the day service. This has however been mitigated by the identified provider supporting them to access local provision to ensure that they are not disadvantaged by this reduction in attendance.</p> <p>It is not anticipated that service users from this protected characteristic will be disproportionately impacted by the proposed relocation.</p> <p>There will be impact of this proposal on the workforce in day services. This change has been managed without the need for organisational change process. The service restructure has been agreed and staffing mitigations implemented. There will be opportunities for those on fixed term contracts to apply for alternative posts that have been agreed in the restructure.</p> <p>While it is not anticipated that staff concerned will be directly impacted at this final stage, if a negative impact during the end stages of the service redesign activity or any individuals experience worsening of health issues as a result of going through the change process, this will be addressed at an individual level.</p> <p>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 this will also be addressed on an individual basis.</p> <p>As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations. 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>
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<p>Sex – Gender Identity</p>	<p>What effect/difference will the policy have on people?</p> <p>This policy supports the ongoing modernisation approach 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 minimal impact on the workforce working in these teams. This change is now not required to go through the council's organisational change process as part of the service redesign and restructure.</p> <p>All protected characteristics and the composition of the workforce will be reviewed to ensure where possible no-one is at a disadvantage. Consultation has been completed with all staff in the affected teams throughout the process.</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 a full time basis or office based with no flexibility</p> <hr/> <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. They are also more likely to be informal, temporary contracts. Part-time work 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 statistics in 2021 (ciphr.com)</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>
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Sexual Orientation	<p>What effect/difference will the policy have on people?</p> <p>This policy supports the ongoing modernisation approach 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 minimal impact on the workforce working in these teams. This change is now not required to go through the council's organisational change process as part of the service redesign and restructure.</p> <p>All protected characteristics and the composition of the workforce will be reviewed to ensure where possible no-one is at a disadvantage. Consultation has been completed with all staff in the affected teams throughout the process.</p> <p>There is not one specific age group who are expected to be impacted more than another.</p> <p>There may be barriers if processes do not ensure that decisions are 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 Report (2018) Stonewall</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>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. The services historically have operated a solely building based model of support with the proposal looking to alter this to a hybrid model of both community and building based support.</p> <p>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.</p>

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. 74% 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.

The relocation of the Community Inclusion Team (CIT) to Quigley House as part of the agreed proposal of the delivery model of support moving away from solely a building based to a hybrid model of both community & building based. Where people's day support is delivered, this has been assessed and consulted on with each individual concerned. Extensive transitional planning has been agreed, ensuring individuals experience minimal impact and is monitored with appropriate mitigations put in place.

There are many positive outcomes for individuals in terms of people being meaningfully involved in local communities and a significant increase accessing community facilities for the physical activities as well as aligning more with engagement report outcomes.

For some individuals, the proposal has seen a reduction in number of days of attendance, particularly those who live within supported accommodation.

This has however been mitigated by the identified provider supporting them to access local provision to ensure that they are not disadvantaged by this reduction in attendance.

The relocation of the remaining service users who use CIT to Quigley House is progressing. These who access the workshop at Kirkton Service Centre will continue to do so.

As result of the reduction of number of service users, work has been progressed by the service in order to rationalise mini-bus usage with a full Integrated Impact Assessment having been progressed specifically in relation to this.

At this time, people who access community transport to get to and from their day support will continue to do so.

How do you know that?

Day opportunities have adapted their approach to service delivery in part as a result of the changes made during the Covid 19 Pandemic and 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.

In addition, while it is acknowledged that change can be difficult for people, this move has many benefits including a more accessible & purpose-built environment when being used as a base or pick up point, significant increase in provision of activities using local community facilities and improved accessibility of these for people that cannot climb stairs, as well as increase in volunteering opportunities.

Both of these were identified in the engagement exercise carried out in Spring 2023 as part of the redesign consultation initial stages.

Transition to Quigley House has been planned and changes have been implemented in consultation with those affected to support this transition all these have gone well and the final stage of this will be completed by 31March 2025. Easy read updates have been prepared to keep people updated and anyone impacted by any community transport will have had the opportunity to discuss this.

5. Action Plan What action/s will be taken, by whom and what is the timescale for completion?	
Actioner Name: Karen Love	Action Date: April 2023-March 2025
What is the issue? The full review of all-day service provision to consider how the service continues to meet assessed needs of individuals with learning and physical disabilities, taking fully cognisance of national drivers as well as well a local key priorities.	
What action will be taken? <ul style="list-style-type: none"> • Establishment of a project board chaired by relevant senior manager to include all key stakeholders. • Consultation events to be held with service users and their families • Consultation and engagement with staff • Consultation providers and independent sector • Engagement with third sector and community partners to support in the delivery of a community programme. 	
Progress against action The project board has been in existence since April 2023, meeting on a four-weekly basis. This board takes a key role the oversight of the delivery of the proposal, considering all risks and mitigations.	
Action Complete	Date Complete
Actioner Name: James Foley Lorraine Bolton	
Action Date: 1st February 2024	
What is the issue? Progress relocation of Community Inclusion Team to Quigley House.	
What action will be taken? The first phase of the relocation of CIT will concern Unit 4 Fairbairn Road Engagement with impacted service users and staff Easy Read newsletters to be produced detailing of the changes to the wider service Attendance at the West Lothian Access Committee Group to discuss proposal	
Progress against action Attendance at Access Committee was progressed on 13 March 2024 with feedback provided in relation to the proposal. Engagement event with impacted individuals, parents and carers held on 5 Feb 2024 Transition process commenced including visits by impacted service users to Quigley House completed by 25 March 2024	
Action Complete Yes	Date Complete 25th March 2024
Actioner Name: James Foley Lorraine Bolton	
Action Date: April 2024	
What is the issue? Through the course of the review, an alternative staffing structure has been identified and work will be required to implement this. WLC's workforce management policy will be implemented alongside consultation with Trade Unions.	
What action will be taken? Full organisational change will not be required due to how the service has managed staffing vacancies. There are however a number of individuals on fixed term contracts, recruitment will therefore be required to move people into permanent posts.	

Progress against action Regular engagement with staff, HR and Trade Unions Progress of recruitment to vacant posts or those where someone is on a fixed term basis.	
Action Complete	Date Complete

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.

Actioner Name: James Foley Lorraine Bolton	Action Date: April 2024
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What is the issue?
Identification of those currently living in supported accommodation
Progression of required review activity, identifying personal outcomes and how these can be met
Engagement with independent providers to ensure sufficient capacity within the service to be able to meet access to day opportunities

What action will be taken?
The service will undertake a full review of each individual who currently attends day supports and lives in supported accommodation.
In conducting these reviews, the service will identify personal outcomes for the individuals where appropriate individuals will continue to engage with their identified community support with their support provider facilitating this.

Progress against action
All review activity has now been progressed and transition plans agreed and progressed.
Engagement has progressed with WLC Passenger Transport services identifying efficiencies within the transport model.

Action Complete Ongoing	Date Complete Ongoing
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7. 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.

In Spring 2023 the service undertook an extensive consultation exercise engaging with all those who attend Day Services, capturing what experiences they would like from day their day opportunities. A community mapping exercise was also progressed to identify opportunities within individuals own communities that they could access that could support their own personal outcomes.

Further engagement was undertaken with those people who are impacted directly at each stage. This took the form of both individual and/or group consultations and transition visits with service users and their families/carers and those involved in their care & support.

Extensive mitigative planning has been carried out based on each impacted individuals' level of ability, mode of transport and specific support requirements and then discussing arrangements with individuals and carers to facilitate a smooth person-centred transition.

The service has also mapped each person's journey with bus routes, bus stops & self-travel paths identified and given.

While some of these paths are not direct, they are through areas populated with houses and using well-lit/short underpasses, which is comparable to existing journey to Fairburn Road from bus stop. When a comparison has been done of walking distance from bus stops times, some are shorter than those used to get to Fairburn Road and some are 2 to 3 mins longer but all within the physical capability of those requiring to do these. For one person who is being dropped off by car it is 3 miles longer from home but this is minimal impact.

For those individuals who require it, additional support is being offered for self-travel and this has been in the form of showing or shadowing to ensure that they are able get off at the correct stop and navigate the routes. Alternative plans are available for anyone not able to transition to new arrangements i.e. pick up at St John's Hospital which is currently in place for some people who cannot manage to change buses. Some individuals and carers have chosen to do this planning themselves.

Support is also being offered to people to transition with visits and space/usage planning. Carers have also been invited to visit the setting. In terms of individuals activities, the CIT assistant manager has worked with the Manager & Staff team to identify community-based venues that can facilitate people keeping the same programme of activities unless they choose to do otherwise as the range of choice grows.

While it is acknowledged that change can be difficult for people, this move has many benefits including a more accessible & purpose-built environment when being used as a base or pick up point, significant increase in provision of activities using local community facilities and improved accessibility of these for people that cannot climb stairs as well as increase in volunteering opportunities. Both of these were identified in the engagement exercise carried out in Spring 2023 as part of the redesign consultation.

8. 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 qualitative data available which confirms that adults want individualised day opportunities to engage in. An engagement report was carried out Spring 2023 within the LD service for modernisation.

This is also supported by data available nationally, where individualised day opportunities result in improved outcomes for adults with learning and / or physical disabilities.

9. 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 the delivery of care and support for adults with disabilities, this change in approach should contribute to improved quality of life and greater independence for service users.

Whilst for some services users they are likely to see a reduction in their formal day support, through careful and person-centred planning, it is identified that for number of those impacted they can continue to attend their identified community activity with their support provider as an alternative to the day support provision.

The relocation of Community Inclusion Team to Quigley House, support the progression to a hybrid approach of building and community support. It will also allow for staff to have an office base, thus providing support for their roles. The intention is at this stage that the workshop area at Kirkton will remain and potential explored in terms of training for supported employment.

To commence this move it was agreed by the redesign project board that a phased approach would enable a more individually focused and supported transition for people. The decision to relocate those people who utilise Unit 4 Fairburn Road first was based on the fitness of and accessibility within the environment of Unit 4, numbers and purpose of people using this facility as well as the ease of transferability of activities to community venues.

To mitigate against any upset that this change may have, a letter was sent out early Feb 2024, from LD day services manager to individuals and carers to update of plans for all who attend the LD services.

Extensive mitigative planning has been carried out by CIT assistant manager based on each individual current level of ability, mode of transport and specific support requirements and then discussing arrangements with individuals and carers to facilitate a smooth person-centred transition.

This work has involved mapping of each person's journey with bus routes, bus stops & self-travel paths identified and given. While some of these paths are not direct, they are through areas populated with houses and using well-lit/short underpasses, which is comparable to existing journey to Fairburn Road from a bus stop.

When a comparison has been done of walking distance from bus stops times, some are shorter than those used to get to Fairburn Road and some are 2 to 3 mins longer but all within the physical capability of those requiring to do these. For one person who is being dropped off by car it is 3 miles longer from home but this is minimal impact.

For those individuals that will require it, additional support is being offered for self-travel and this has been in the in the form of showing or shadowing to ensure that they are able get off at the correct stop and navigate the routes. Alternative plans are available for anyone not able to transition to new arrangements i.e. pick up at St John's Hospital which is currently in place for some people who cannot manage to change buses. Some individuals and carers have chosen to do this planning themselves.

Support is also being offered to people to transition with visits and space/usage planning. Carers have also been invited to visit the setting. In terms of individuals activities, the CIT assistant manager has worked with the Manager & Staff team to identify community-based venues that can facilitate people keeping the same programme of activities unless they choose to do otherwise as the range of choice grows.

While it is acknowledged that change can be difficult for people, this move has many benefits including a more accessible & purpose-built environment when being used as a base or pick up point, significant increase in provision of activities using local community facilities and improved accessibility of these for people that cannot climb stairs as well as increase in volunteering opportunities. Both of these were identified in the engagement exercise carried out in Spring 2023 as part of the redesign consultation.

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 IIA 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.

10. 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.

11. 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

The proposal will support the redesign of day services from one solely building based looking at the delivery of care to one that supports individuals to access opportunities that are of interest to them more locally. Such an approach is in keeping with key national and local drivers for adults with disabilities.

Signed by Lead Officer

Karen Love

Designation

Senior Manager Adult Services

Date

14th February 2025

Counter Signature

(Head of Service or Depute Chief Executive responsible for the policy)

Jo MacPherson

Date

14th February 2025



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)	Karen Gracie, Group Manger Pamela Roccio, Equality & Diversity Officer
Date relevance assessed	24.02.25

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"/>

<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	<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		NO	
	x		

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	Robin Allen
Designation	Senior Manager
Date	24.02.25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025



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	Karen Gracie, Group Manger Pamela Roccio, Equality & Diversity Officer
Date Assessment Conducted	24.02.25

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 this measure was to review Housing with Care (HWC) to achieve savings via a revised staffing model.</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. HWC developments are registered, regulated and inspected by the Care inspectorate.</p> <p>There are seven HWC developments with 172 tenancies and 177 tenants. Social Policy staff provide daytime and evening support daily between 7.30am to 10pm and a sleepover service out with these times with capacity to respond to any emergencies.</p> <p>Individuals access HWC provision through West Lothian Council housing application process. This is then passed to Social Policy service for an assessment decision. Following the outcome of assessment, the service link with housing allocations to enable the allocation process to be concluded.</p> <p>HWC is delivered within flatted developments with each individual having their own Scottish Secure Tenancy. HWC offers an alternative option to support escalating need and to prevent the requirement for care home provision. HWC forms an important part of the Home First programme by supporting individuals to live independently within their own communities for as long as possible.</p> <p>The budget savings proposal agreed at IJB budget setting in March 2023 was based on outsourcing care and support in 3 HWC developments with the savings to be achieved through reduced council staffing levels. Through engagement with tenants, their families and staff, alternative means of achieving the savings was identified.</p> <p>A review of the existing staffing establishment was undertaken to inform delivery of the savings measure.</p> <p>This identified an overall reduction of 14.01FTE would be required. Staffing within scope for the savings were those employed within care roles as all other staff deployed within HWC are employed through West Lothian Council Operational Services.</p>

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal</p>	<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>impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>Staffing reductions were achieved through natural turnover in staff.</p> <p>How do you know that? The service continues to be provided for individuals who meet eligibility criteria, the support service continues to be delivered by West Lothian Council staff.</p> <p>The redesign of these services was completed in consultation with staff, Trade Unions and Human Resources</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. 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 within the 65-74 age groups increasing by 34.8% and persons aged 75 and over increasing by 119.7% by 2041. Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. Although female life expectancy is higher than that of males, more years are spent in poorer health.</p>
<p>Disability</p>	<p>What effect/difference will the policy have on people? The aim of the proposal was 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 has been limited impact on the workforce as a result of the redesign of the service. All protected characteristics and the make-up of the workforce has been reviewed to ensure no-one was disadvantaged.</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. This policy does not alter this.</p>
<p>Gender Reassignment – Trans/Transgender Identity</p>	<p>What effect/difference will the policy have on people? It is not anticipated that the review of care, for tenants, will have any impact on gender identity/transgender protected characteristics.</p> <p>There are no staff within HWC who identify as trans.</p> <p>How do you know that? 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>For employees - 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 2022 Census collated information on LGBTQ+ people for the first time, identifying 0.44% of people over the age of 16 were trans or had a trans history with almost half 45.2% identifying as non-binary. 46.1% of trans people were aged 16 to 24 and 26.1% aged 25 to 34.</p>
<p>Marriage or Civil Partnership</p>	<p>What effect/difference will the policy have on people? 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>There were no pregnant staff employed during the period of the consultation and review.</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? 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>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? 2022 Census notes largest ethnic group in West Lothian is Scottish with 81.13% of people identifying as white Scottish, 7.15% identity as white other British, 2.79% Asian, Asian Scottish or Asian British, 0.70% African, African Scottish or African British, 0.09% Caribbean or Black and 0.49% other ethnic groups.</p>
Religion or Belief	<p>What effect/difference will the policy have on people? None identified - There is potential for specific religious or cultural restrictions requested for a specific care worker, this be considered when individual care need is being matched to the commissioned service.</p>
	<p>How do you know that? The 2022 Census found the majority of people (51.1%) in Scotland had no religion. 20.4% of respondents noted Church of Scotland, remaining the largest group. The next largest religious groups were Roman Catholic (13.3%), other Christian (5.1%) and Muslim (2.2%).</p>
Sex	<p>What effect/difference will the policy have on people? None identified for tenants within the service.</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> <p>For employees, 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 ciph 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? None Identified for tenants within the service.</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? No relevant evidence has been found through research to suggest that there would be any disproportionate impact on this protected characteristic.</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.

<p>A review of the existing staffing establishment was undertaken to inform delivery of the savings measure.</p> <p>This identified an overall reduction of 14.01FTE would be required. Staffing within scope for the savings were those employed within care roles as all other staff deployed within HWC are employed through Council Operational Services.</p> <p>This is a reduced impact from previous projections within the 2023-24 medium term financial plan of an estimated reduction in staffing to deliver the agreed budget of 23FTE.</p> <p>To minimise impact on current employees, the service ceased all permanent recruitment in September 2023 in light of the planned service restructure.</p> <p>It is anticipated tenants will experience limited impact as a result of the proposed changes. They will continue to receive support to meet their assessed needs and staff will continue to be available to respond to general wellbeing requests or emergency situations. The main impact will be reduced flexibility to provide care out with core periods, this reflects similar arrangements to general care at home provision.</p>	
<p>How do you know that?</p> <p>The project board undertook a robust review of existing provision, identifying the potential to restructure the staffing rota to achieve the savings measure and resolve the budget pressure.</p> <p>Staff participated in the development of the proposed service model, ensuring it delivers the required outcomes, the necessary savings and minimises disruption to tenants and staff. It is assessed the revised model will meet the needs of tenants.</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</p>	<p>Action Date: 2025/26</p>
<p>What is the issue?</p> <p>Monitor impact of the delivery of measure and achievement of savings target.</p>	
<p>What action will be taken?</p> <ul style="list-style-type: none"> • Regular budget monitoring with Financial Monitoring Unit • Feedback from staff meetings and engagement with Group Manager • Monitoring level of service complaints and tenant feedback. 	
<p>Progress against action</p> <p>Measure implemented in October 2024</p>	
<p>Action Complete</p>	<p>Date Complete</p>
<p>6. Details of consultation and involvement</p> <p>Who will be or has been involved in the consultation process?</p> <ol 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>A range of engagement activity with key stakeholders was progressed to inform the future delivery model.</p> <p>Understanding the views of tenants, their families and staff was a key element of the review. A series of engagement sessions were held across each of the seven HWC developments.</p> <p>Through engagement work, tenants and their families identified:</p> <ul style="list-style-type: none"> • sleepover provision was noted as the most important element of their housing with care provision. • closely followed by retaining the staff who currently provide their service as they are knowledgeable about their needs. 	

- having a staff presence within the building out with their direct support times was also important as a reassurance for their emotional wellbeing

Engagement and collaboration with employees formed an essential element of review activity. There was regular engagement with Trade Unions throughout the review process to ensure they and their members are aware of proposed changes to service provision.

Feedback from staff concentrated on the wellbeing of the tenants they supported, with a clear message they did not want the review to have a major impact on tenants. Whilst staff focused on the needs of tenants rather than themselves, they did comment their concerns about job security and place of work.

Staff, including the management team, have been integral to producing the revised model of support, exploring and designing work/shift patterns that minimises impact on tenants and employees.

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.

The proposed model retains 24-hour care and support within all current HWC sites, delivered by council staff in all developments, with current sleepover arrangements retained.

The review of previous staffing rota arrangements and tenants needs noted that the majority of care was delivered during concentrated periods - mornings, meal times and evenings - with reduced activity out with these periods.

The revised model continues a staff presence within developments at all times, however reduces the number of staff out with periods of increased activity.

The Care Inspectorate have been involved in the engagement process, are fully aware of the proposed changes and no concerns in relation to these have been noted.

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.

There was regular communication with all affected employees, tenants, families and engagement with registered social landlords within the West Lothain area aligned to this proposal.

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 was established to progress the review and establish robust oversight arrangements to monitor progress and impact. The IJB received updates for scrutiny and approval where required.

The revised staffing model was implemented in October 2024 with established performance monitoring reports via Group Manager and Financial Management Unit.

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
 Revised model of delivery has been implemented with management oversight monitoring arrangements in place.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Services
Date	24.02.25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5f Rosemount Cafe
Service Area	HSCP Social Policy
Lead Officer	Robin Allen, Senior Manager Older People Services
Other Officers/Partners Involved	Jamie Fisher – Service Manager, Operational Services Alison Egan – HR Business Partner Pamela Roccio – Equality and Diversity Officer Karen Gracie – Group Manager, Accommodation Services David Baird – Property Services Manager Clare Stewart – Community Wealth Building Martin Thomson – Economic Development
Date relevance assessed	24.02.2025

1. 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"/>

<p>2. 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	<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 – male, female and intersex	<input type="checkbox"/>
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	<input type="checkbox"/>

3. 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	

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

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

Signed by Lead Officer	Robin Allen
Designation	Senior Manager, Older People Services
Date	25.02.2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ5f Rosemount Cafe
Details of Others Involved	Jamie Fisher – Service Manager, Operational Services Alison Egan – HR Business Partner Pamela Roccio – Equality and Diversity Officer Karen Gracie – Group Manager, Accommodation Services David Baird – Property Services Manager Clare Stewart – Community Wealth Building Martin Thomson – Economic Development
Date Assessment Conducted	20.02.2025

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)

This proposal is to consider options for the transfer of Rosemount Gardens café to either an internal or external provider.

Rosemount Gardens is an assisted living environment situated in Bathgate. There are a total of 30 tenancies, offered to individuals with varying degrees of support needs. Tenancies are allocated by Housing and Property Service via housing application, with no prior assessment from Social Policy.

There is staff presence (1 or 2) within the service 5 days a week between 9am and 4pm. The individual needs of tenants are met by visiting care at home providers. On site staff provide ad hoc advice and guidance relating to the maintenance of the tenancy. This includes; reading of letters, re-directing enquiries to relevant resources, reporting repairs, welfare checks in an emergency situation and health and safety of the building.

Social Policy currently fund and operate a Community Café within Rosemount Gardens. The Café offers a community resource for both tenants living within the complex and members of the general public. The Café is open 6 days (not Saturday) per week, offering snacks and meals between 10am and 3pm.

Whilst there is no specific data, the Café is described as being busy Monday to Friday, but less so on a Sunday. Staff report there are approximately 6 tenants from Rosemount Gardens who use the Café on a daily basis, with the remaining customers coming from the wider community. Whilst not exclusively used by older people, the majority of users will be within this category.

Tenants from Rosemount Gardens have facilities within their own homes to prepare food, and if needed, support can be provided from visiting care at home providers to meet meal preparation needs.

Rosemount Gardens has 2 rooms available for community groups to rent, these are well used, with those attending often accessing the Café. The Café offers entertainment on a monthly basis, where entertainment and meals are offered. These events are always sold out.

It is proposed that Tenants from Rosemount Gardens are supported by the on-site staff to develop a tenant-led forum to ensure entertainment opportunities continue within Rosemount Gardens. Vending Machines are being considered as an alternative to the Café, however, in the interim, tea and coffee provision will be provided free of charge to those who wish to come together in the communal areas or who are attending community groups.

Options to transfer the café to either an internal or external provider continue to be under consideration. Initial discussions with colleagues in Community Re-generation and Economic Development identified no opportunity for an alternative provider to deliver the café function at this time.

If there is no option of another provider taking over running of the café, the communal areas and meeting rooms will remain available for use by tenants and members of the community.

This measure will impact a total of 4FTE (5 individuals), the workforce management policy and procedure will be utilised where necessary. It has been confirmed with Operational Services that they have capacity for all staff to be transferred to equivalent roles in their service.

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

<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children’s Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>What effect/difference will the policy have on people?</p> <p>Rosemount Café is used by the community of Bathgate and tenants living in Rosemount Gardens. Alzheimer’s Memory Café meets within Rosemount Gardens once per month – they will continue to have access to a meeting space.</p> <p>The café provides opportunities for individuals to meet socially, albeit there are other facilities available within the locality. Individuals from Rosemount Gardens and arranged visitors will still be able to utilise communal areas where the cafe is located.</p> <p>Staff report it is predominately older people who access the Café.</p> <p>How do you know that?</p> <p>There is no specific data available that relates to the demographic of users. Indications are that the majority of individuals who access the Café are older people.</p> <p>If there is no option of another provider taking over running of the café, the communal areas and meeting rooms will remain available for use by tenants and members of the community.</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. 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 within the 65-74 age groups increasing by 34.8% and persons aged 75 and over increasing by 119.7% by 2041. Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. Although female life expectancy is higher than that of males, more years are spent in poorer health.</p>
<p>Disability</p>	<p>What effect/difference will the policy have on people?</p> <p>Staff report that they majority of individuals who access the café are older people, therefore there is an assumption that a proportion will have a related disability.</p> <p>If there is no option of another provider taking over running of the café, the communal areas and meeting rooms will remain available for use by tenants and members of the community.</p>

	<p>How do you know that? The main need the café is providing is a community space for individuals to come together, there are other facilities within the locality that can offer the same.</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people? The café is open to all individuals, although the majority are described as older people, therefore there is likely to be minimal to no impact on those with this characteristic.</p>
	<p>How do you know that? The 2022 Census collated information on LGBTQ+ people for the first time, identifying 0.44% of people over the age of 16 were trans or had a trans history with almost half 45.2% identifying as non-binary. 46.1% of trans people were aged 16 to 24 and 26.1% aged 25 to 34.</p>
Marriage or Civil Partnership	<p>What effect/difference will the policy have on people? None identified</p>
	<p>How do you know that? The café is open to all individuals, although the majority are described as older people, therefore there is likely to be minimal to no impact on those with this characteristic.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people? None identified</p>
	<p>How do you know that? The café is open to all individuals, although the majority are described as older people, therefore there is likely to be minimal to no impact on those with this characteristic.</p>
Race	<p>What effect/difference will the policy have on people? The café is open to all individuals, although the majority are described as older people, therefore there is likely to be minimal to no impact on those with this characteristic.</p>
	<p>How do you know that? 2022 Census notes largest ethnic group in West Lothian is Scottish with 81.13% of people identifying as white Scottish, 7.15% identity as white other British, 2.79% Asian, Asian Scottish or Asian British, 0.70% African, African Scottish or African British, 0.09% Caribbean or Black and 0.49% other ethnic groups.</p>
Religion or Belief	<p>What effect/difference will the policy have on people? None identified</p>
	<p>How do you know that? The café is open to all individuals, although the majority are described as older people, therefore there is likely to be minimal to no impact on those with this characteristic.</p> <p>The 2022 Census found the majority of people (51.1%) in Scotland had no religion. 20.4% of respondents noted Church of Scotland, remaining the largest group. The next largest religious groups were Roman Catholic (13.3%) and other Christian (5.1%) and Muslim (2.2%).</p>

Sex – Gender Identity	What effect/difference will the policy have on people? None identified
	How do you know that? The café is open to all individuals, although the majority are described as older people, therefore there is likely to be minimal to no impact on those with this characteristic.
Sexual Orientation	What effect/difference will the policy have on people? None Identified.
	How do you know that? The café is open to all individuals, although the majority are described as older people, therefore there is likely to be minimal to no impact on those with this 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

What effect/difference will the policy have on people?

This proposal will impact upon the community of Bathgate and tenants living in Rosemount Gardens.

Options to transfer the café to either an internal or external provider are under consideration.

If there is no option of another provider taking over running of the café, the communal areas and meeting rooms will remain available for use by tenants and members of the community.

The available operational information suggests there is limited regular use of the café by tenants who reside within Rosemount Gardens.

Although there will be an impact, this is likely to be minimal as the café is a non-statutory provision and individuals are not dependent on the service. Individuals from Rosemount Gardens and arranged visitors will still be able to utilise communal areas where the cafe is located.

All tenants within Rosemount Gardens have kitchen facilities to prepare food and if necessary assistance can be provided by a care at home provider to meet lunchtime meal provision. A pre-order/pre-paid meal provision will be available for tenants, with meals being delivered from a local Housing with Care service.

There are other cafés within the locality where individuals can come together socially and if required purchase lunch provision.

How do you know that?

The views and experiences of staff have been used to determine there will be minimal impact on tenants at Rosemount Gardens. There will be further engagement with tenants and other community groups as required to inform delivery of this measure.

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5. Action Plan			
What action/s will be taken, by whom and what is the timescale for completion?			
Actioner Name: Robin Allen		Action Date: 2025/26	
What is the issue?			
Implement measure			
What action will be taken?			
March 2025	Communication with staff and tenants regarding options to transfer the café to either an internal or external provider	Karen Gracie	
25 th March 2025	IJB Budget setting	Rob Allen	
26 th March 2025	Written communication to tenants regarding outcome of budget setting	Karen Gracie	
26 th March 2025	Communication (press/social media) to wider community regarding options to transfer the café to either an internal or external provider	Karen Gracie	
26 th March 2025	Staff Organisational Change if/as required	Karen Gracie	
1st April 2025	Tenants Meeting		
1 st May 2025 or sooner	Options to transfer the café to either an internal or external provider concluded.		

6. Details of consultation and involvement
Who will be or has been involved in the consultation process?
<p>a) State which service users and groups are involved in this process and describe their involvement.</p> <p>b) Describe any planned involvement saying when this will take place and who is responsible for managing the involvement process.</p> <p>c) Describe the results of the involvement and how you have taken this into account.</p>
<p>Communication with Community Regeneration, Operational and Human Resources Services has informed this proposal. A member of the management team met with tenants, their families, groups and members of the community on 13th March 2025. There were 45 attendees at the meeting, comprised of -</p> <ul style="list-style-type: none"> • 14 Tenants • 4 Family Members representing a tenant • 19 members of the public of which: <ul style="list-style-type: none"> ○ 6 were members of the 50+ Coffee Club ○ 1 visits the Café daily ○ 4 were members of the 50+ Network ○ 2 are members of the Community Dance Class • 6 staff and volunteers from Rosemount Café <ul style="list-style-type: none"> • 2 Assisted Living Staff Members <p>Attendees were provided with a detailed summary of the points raised.</p>

Key points raised by tenants, their families, Groups and members of the public:

- Mental health and wellbeing – this was the primary concern raised by participants as Rosemount Café provides a social environment for individuals to meet with friends, family or as part of a group. The social engagement this provides has had positive outcomes for individuals with their mental health and wellbeing improving.
- Social isolation – many of those present stated they live on their own and therefore the Café provides opportunities to meet with others to relieve social isolation and loneliness.
- Meals – meals are of excellent quality and meet specific dietary requirements. Concerns provision of alternative meals will have an additional cost to the Council, therefore not achieving the full saving identified.
- Accessibility – Rosemount Café is accessible for all. There are limited to no alternative meeting places within Bathgate for those who require a wheelchair, scooter or mobility aid.
- Impact Assessment – Significant discontent that tenants, their families and members of the public were not consulted during the development of this proposal, and therefore have been unable to contribute their thoughts, views and opposition. Disbelief that the impact on individuals, including staff, had been taken into account, otherwise the proposal would not have been progressed. Those present were clear they wanted their views, opinions, comments and opposition to the proposal included and considered by decision makers.
- Vending Machines – Vending machines are difficult for individuals to use, particularly if they have dementia or physical disabilities. Individuals do not want to have vending machines as an alternative.

All participants in the engagement session were not in favour of the Council ceasing funding to Rosemount Café. There was consensus, from all, that the needs of tenants, their families and members of the public was not taken in to account when the proposal was being prepared, nor was the impact of the proposal fully considered.

Those in attendance, were disappointed and angry to hear of the proposal to cease funding to Rosemount Café. They stated they felt older people were disrespected, not given recognition for their contribution through the years and were disregarded and not prioritised for services and support. They stated, withdrawal of funding for the Café would have a significant impact on their health and wellbeing.

Each individual conveyed they wanted decision makers to be aware of their strong/total opposition to the proposal. Key words/statements used by attendees to express their response to the proposal included: incensed, angry, ignored, disrespected, unconsidered and that the proposal was only focused on budgets and funding and gave no consideration to the health and wellbeing of Café users.

Those in attendance at the meeting were informed:

- their views would be represented in the IIA,
- that communal areas would remain available to tenants and community members to come together as friends or as formal groups,
- individuals were welcome to bring their own food into the communal areas,
- tea and coffee facilities would be made available,
- meal provision would still be available for tenants on a pre-order/pre-paid basis
- monthly social events would continue

In addition to the verbal feedback received at the meeting, a petition, keep our café open was presented. The petition held 305 signatures in support of funding to allow the Café to continue in its current function. 17 written statements were submitted detailing the positive benefits of Rosemount Café and negative impact ceasing funding would have.

Rosemount Café staff have been consulted regarding this proposal. Staff are disappointed about the proposed changes; however, the majority have been pragmatic in their response. They are aware they will be supported to transfer to equitable roles within Operational Services.

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 no data associated with Rosemount café, including analysis of footfall. Income data indicates there is minimal footfall within the café, therefore limited impact on tenants and the wider Bathgate community.

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.

- Engagement with all relevant tenants on proposed change.
- Support tenants in the use of existing communal areas for social/planned events.

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 provide oversight to explore options to transfer the café to either an internal or external provider. This will include oversight tenant engagement and organisational change processes.

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

Tenants within Rosemount café have the necessary facilities to prepare meals and are not dependent upon the cafe for this purpose. Rosemount Gardens is situated within a central area of Bathgate where there are a range of café style facilities. Tenants will continue to have access to communal areas in the café area and can be supported with social event if required.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager, Older People Services
Date	17.03.2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Alison White
Date	18.03.2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3e Review of Resource Allocation System and Self-Directed Support Procedures
Service Area	HSCP – Social Policy
Lead Officer	Karen Love- Senior Manager Robin Allen – Senior Manager
Other Officers/Partners Involved	Group Manager – Adults Services Group Manager – Older People Services Group Manager – Community OT and Assessment and review Group Manager – Contracts and Commissioning Service Accountant Financial Management Unit
Date relevance assessed	17 February 2025

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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	
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	X
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	
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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

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
Date	17/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	17/02/2025

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3e Review of Resource Allocation System and Self-Directed Support Procedures
Details of Others Involved	Karen Love – Senior Manager Robin Allen – Senior Manager Group Manager – Adults Services Group Manager – Older People Services Group Manager – Community OT and Assessment and review Group Manager – Contracts and Commissioning Service Accountant Financial Management Unit
Date Assessment Conducted	February 2025

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>Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, by putting choice and control over their support enabling individuals to live their lives in ways that are meaningful to them.</p> <p>The Social Care (Self-Directed Support) (Scotland) Act 2013 came into effect in April 2014. The act sets out the principles for Self-Directed Support and imposes a number of duties on local authorities including a requirement to offer 4 options to people eligible for support or who are in receipt of services to allow individual choice on how their support is delivered. The 4 options are:</p> <p>Option 1: The supported person or unpaid carer chooses and arranges the support and manages the budget as a direct payment</p> <p>Option 2: The supported person or unpaid carer chooses the support and the authority or other organisation arranges the chosen support and manages the budget</p> <p>Option 3: The authority chooses and arranges the support.</p> <p>Option 4: A mixture of options 1, 2 and 3.</p> <p>The national Self-Directed Support Framework of Standards (2021) were published to support an improvement of consistency in Self-Directed Support practice across Scotland. Eleven standards were developed and a twelfth standard was added to the framework in September 2022. The standards are written specifically for local authorities, to provide them with an overarching structure for further implementation of the Self-Directed Support approach and principles.</p> <p>Since 2022 there has been a local project board consisting of key staff groups from across the health and social care partnership, key stakeholders and individuals with lived experience. Over this period the board has engaged with national organisations to consider the approach taken within West Lothian to Self-Directed Support, which included a self-evaluation activity, creating a self-directed support webpage and designing training for staff.</p>

Further to this it has been identified that a full review of the approach taken in respect of SDS within West Lothian is required, this includes a review of internal systems which support the creation of individual budgets and the wider assessment process.

The service has commenced a range of benchmarking activity with other health and social care partnerships initially in respect of individual resource allocation systems which has led the service to engage a national organisation to support in the review and redesign of the internal system within West Lothian.

It is anticipated that through improved and consistent use of Self-Directed Support legislation that individuals' indicative budgets will be better aligned to the costs associated with the delivery of direct care.

This proposal will not impact on statutory duties under Social Work Scotland (Scotland) Act 1968.

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

<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>What effect/difference will the policy have on people? The proposal will fully review the current policies and procedures in relation to the implementation of Self Direct Support ensuring that this is consistently applied regardless of an individual's age or disability. It is through this review that there will be full consideration of the impact on individuals.</p> <p>How do you know that? Throughout Scotland there have been national challenges with the implementation of Self-Directed Scotland legislation. The Scottish Government developed a national improvement plan with the following key actions;</p> <p>Supported person and carer's choice over their support; where success means access to information, advice and advocacy, access to quality support, and control and involvement for supported people over how it is delivered.</p> <p>Enhanced worker skills, practice and autonomy; where success means workers across all aspects of social care support have improved knowledge skills and in line with Self-Directed Support statutory duties.</p> <p>Systems and culture; where success means national and local Self-Directed Support system and planning design is more person-centred and person-led, including through involving supported people and carers.</p> <p>Leaders understand and help staff realise Self-Directed Support principles and values; where success means duty-bearers and senior staff supporting their workforce and creating the culture and conditions for supported people to have choice and control over their social care support.</p> <p>The progress of the review will take cognisance of this, with any amended policy or procedure reflecting the national position.</p>
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Disability	<p>What effect/difference will the policy have on people? The proposal will fully review the current policies and procedures in relation to the implementation of Self Direct Support ensuring that this is consistently applied regardless of an individual's age or disability. It is through this review that there will be full consideration of the impact on individuals.</p> <p>How do you know that? Throughout Scotland there have been national challenges with the implementation of Self-Directed Scotland legislation. The Scottish Government developed a national improvement plan with the following key actions;</p> <p>Supported person and carer's choice over their support; where success means access to information, advice and advocacy, access to quality support, and control and involvement for supported people over how it is delivered.</p> <p>Enhanced worker skills, practice and autonomy; where success means workers across all aspects of social care support have improved knowledge skills and in line with Self-Directed Support statutory duties.</p> <p>Systems and culture; where success means national and local Self-Directed Support system and planning design is more person-centred and person-led, including through involving supported people and carers.</p> <p>Leaders understand and help staff realise Self-Directed Support principles and values; where success means duty-bearers and senior staff supporting their workforce and creating the culture and conditions for supported people to have choice and control over their social care support.</p> <p>The progress of the review will take cognisance of this, with any amended policy or procedure reflecting the national position.</p>
Gender Reassignment – Trans/Transgender Identity	<p>What effect/difference will the policy have on people? It is not expected that the review of Self-Directed Support will have any direct impact on this protected characteristic. Provision of the policy will be based on individuals assessed needs.</p> <p>How do you know that? Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, and therefore it is not expected that this protected characteristic will be disproportionality from other protected characteristics.</p>

Marriage or Civil Partnership	<p>What effect/difference will the policy have on people? It is not expected that the review of Self-Directed Support will have any direct impact on this protected characteristic. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that? Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, and therefore it is not expected that this protected characteristic will be disproportionality from other protected characteristics.</p>
Pregnancy and Maternity	<p>What effect/difference will the policy have on people? It is not expected that the review of Self-Directed Support will have any direct impact on this protected characteristic. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that? Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, and therefore it is not expected that this protected characteristic will be disproportionality from other protected characteristics.</p>
Race	<p>What effect/difference will the policy have on people? It is not expected that the review of Self-Directed Support will have any direct impact on this protected characteristic. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that? Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, and therefore it is not expected that this protected characteristic will be disproportionality from other protected characteristics.</p>
Religion or Belief	<p>What effect/difference will the policy have on people? It is not expected that the review of Self-Directed Support will have any direct impact on this protected characteristic. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that? Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, and therefore it is not expected that this protected characteristic will be disproportionality from other protected characteristics.</p>

Sex – Gender Identity	<p>What effect/difference will the policy have on people? It is not expected that the review of Self-Directed Support will have any direct impact on this protected characteristic. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that? Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, and therefore it is not expected that this protected characteristic will be disproportionality from other protected characteristics.</p>
Sexual Orientation	<p>What effect/difference will the policy have on people? It is not expected that the review of Self-Directed Support will have any direct impact on this protected characteristic. Provision of the policy will be based on individuals assessed needs.</p>
	<p>How do you know that? Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, and therefore it is not expected that this protected characteristic will be disproportionality from other protected characteristics.</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?

Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, by putting choice and control over their support enabling individuals to live their lives in ways that are meaningful to them.

A locally established project board established which includes individuals with lived experience. These individuals advise of issues in understanding local processes at times feeling this to be complicated and bureaucratic.

In reviewing current policies, the service will ensure that and revised policy and procedure is aligned to the key outcomes of the national implementation plan principally that individuals who require social care support will have choice and control on how this support will meet their assessed needs and outcomes, this is likely to have a positive impact on individuals.

How do you know that?

The Scottish Government developed a national improvement plan to support local authority areas to drive consistency of practice whilst also ensuring that individuals themselves were fully involved in the process offering choice and control on how to meet their assessed needs and outcomes.

5. Action Plan

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

Actioner Name: Karen Love

Action Date: 20th February 2024

What is the issue?

Review of full Self-Directed Support procedure and processes including the resource allocation system supporting a consistent approach in the application of the legislation to support individuals in identifying care and support to meet their assessed outcomes.

What action will be taken?

Establish a project board to support the delivery of all review activity, which will monitor progress as well as identifying risks and associated mitigations.

Progress against action

Board has been established with key officers across the health and social care partnership. This board is chaired by senior manager for adults' services who also chairs the established SDS board providing the necessary oversight.

The service is currently working with In Control Scotland to review and develop the Resource Allocation System which will support this policy going forward. This is taking the form of in person sessions with managers and workers across services who are involved in undertaking assessments of individuals needs and outcomes.

Project plan is currently being drafted.

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.

The senior officer for Adults services currently chairs and SDS board which has a range of practitioners, key stakeholder and those with lived experience in attendance. Feedback from these meetings has helped shaped the proposal to date. A self-evaluation session will also be progressed with the same key stakeholders which will also provide an opportunity for further feedback to assist in the further development of the proposal.

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.

A range of national and local data has been used in the initial development of the proposal. As the review of processes progresses then further data will be required.

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 currently in reviewing existing processes in respect of Self-Directed support, it is anticipated that any changes in approach should contribute to individuals being fully participative and having choice and control around how their assessed needs and outcomes are met.

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
- 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

Self-Directed Support, (SDS), is the way in which social care should be arranged and delivered for carers, adults, children and families, by putting choice and control over their support enabling individuals to live their lives in ways that are meaningful to them.

Signed by Lead Officer	Karen Love
Designation	Senior Manager
Date	17/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	17/02/2025

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3g Development of a Responder Service
Service Area	Social Policy
Lead Officer	Karen Love – Senior Manager Adults Services
Other Officers/Partners Involved	James Foley – Group Manager Karen Gracie, Group Manager Aileen Maguire Group Manager
Date relevance assessed	18/02/25

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

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

<p>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</p>
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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	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	Karen Love
Designation	Senior Manager – Adults Services
Date	18/02/25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	18/02/2025

Full Integrated Impact Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3g Development of a Responder Service
Details of Others Involved	Karen Love – Senior Manager James Foley – Group Manager Karen Gracie, Group Manager Aileen Maguire Group Manager
Date Assessment Conducted	18/02/25

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)

The proposal supports the development of responder service for people in West Lothian with a learning disability, where it is assessed that on-site sleepover provision is not required and any overnight needs can be safely managed in alternative ways.

Individuals will have access to overnight support/reassurance through digital monitoring and visiting support when required. In developing this service, it is anticipated that there will be a less intrusive overnight presence allowing individuals more privacy and control over their personal living space. The use of technology will enhance a flexible and responsive model of support maintaining high quality and proportionate interventions alongside delivery of a reduction in expenditure.

This proposed model aligns with the shift towards technology-enabled care (TEC) and person-centred support, ensuring that individuals with learning disabilities receive the right level of assistance without unnecessary intrusion.

The use of assistive technology such as motion sensors, two-way communication devices, and alert systems to monitor, will support the required proportionate response to an individual where appropriate.

It is proposed that the service develop a responder service that will responsive to undertake visits to individual when this is required, which will ensure timely assistance.

The development of the service will support the strategic approach to person centre planning with a focus on promoting an individual's choice and control with support being provided based on assessed needs and when in is most required rather than blanket over night care that is not always required.

To support effective development of the service there will be early engagement with individuals and families to provide assurance that individuals will not be left at risk. To support this the service will develop a test of change, identifying a small number of individuals who currently have underutilised sleepover support and this process will test out the use of TEC to support individual overnight needs, with internal services responding to any call outs that may be required. Undertaking this test of change will help the wider development of the service.

3. Please outline any needs and/or barriers which equality groups (people with protected characteristics) may have in relation to this policy	
<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>What effect/difference will the policy have on people?</p> <p>The proposal looks to develop a responder service to support adults with learning disabilities aged 18 years + living within their own homes, with the support of the digital solutions.</p> <p>Impact on individuals will be assessed on an individual basis. For some individuals the impact will be minimal, for others there may be a significant impact particularly for those who may not be used to utilising technology.</p> <p>Where the use of digital systems presents as a barrier the service will work with the individual to ensure that any operating instructions are clear and accessible with any training being provided on an ongoing basis.</p> <p>Where the individualised assessment suggests that there is a risk to the individual in utilising technology with this aspect of their care and support then the individual will continue to receive in person support.</p> <p>How do you know that?</p> <p>There is 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 and support in order to meet their individualised outcomes.</p> <p>The Keys to Life published by the Scottish Government in 2013 is a strategy for people with learning disabilities emphasising the importance of individuals being active citizens, participating in their communities, and having greater control over their lives. The policy supports this by reducing dependence on the provision of formal support during the night, supporting individual to have control over their own space.</p>
<p>Disability</p>	<p>What effect/difference will the policy have on people?</p> <p>The proposal looks to develop a responder service to support adults with learning disabilities aged 18+ living within their own homes. The proposal will look to support individuals to have greater independence supporting them to have more control over their own space and fostering self-reliance.</p> <p>This will also support more personalised care planning for individuals with the provision of care being based on actual need rather than a fixed schedule.</p> <p>While the model offers significant benefits to the individual, it will be crucial to manage the transition carefully, addressing concerns and ensuring that individuals continue to feel safe, supported, and valued.</p> <p>How do you know that?</p> <p>The publication of the "Keys to Life" in 2013 promotes supporting individuals living with learning disabilities and complex care needs to live within their own communities. This includes supporting people with the right and proportionate level of care that promotes independence and positive risk taking. Human Rights legislation also supports that people should be able to live with dignity and respect within their own homes, this includes but is not exclusive of the right to privacy. This is also supported by the he UN Convention on the rights of people with disabilities. This proposal supports this approach and legislative requirements.</p>

Gender Reassignment – Trans/Transgender Identity	<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? All individuals who currently receive overnight support will be reviewed/reassessed which will support the development of the service.</p>
Marriage or Civil Partnership	<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? All individuals who currently receive overnight support will be reviewed/reassessed which will support the development of the service.</p>
Pregnancy and Maternity	<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? All individuals who currently receive overnight support will be reviewed/reassessed which will support the development of the service.</p>
Race	<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? All individuals who currently receive overnight support will be reviewed/reassessed which will support the development of the service.</p>
Religion or Belief	<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? All individuals who currently receive overnight support will be reviewed/reassessed which will support the development of the service.</p>
Sex – Gender Identity	<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? All individuals who currently receive overnight support will be reviewed/reassessed which will support the development of the service.</p>
Sexual Orientation	<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? All individuals who currently receive overnight support will be reviewed/reassessed which will support the development of the service.</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 introduction of digital overnight support and a responder service for people with learning disabilities may have a range of effects on individuals who are on benefits, have low literacy/numeracy, lower educational qualifications, or low-paid work. These effects could be both positive and challenging, depending on personal circumstances and the level of support provided during the transition.

The shift to digital overnight support will require individuals care and support needs to be individually assessed, individuals receiving disability-related benefits could see changes in their awards. This could be positive if independent living skills improve, but there is also a minimal risk of reduced entitlements if authorities determine less support is required.

Assessments will also need to consider the infra structure to the individuals homes ensuring that there is stable and sufficient broadband capacity to support any TEC that will be required, this could result in individuals facing additional costs, which could be challenging for those on low incomes.

The development and implementation of this proposal may see individuals developing greater independence leading to increased confidence and capability ultimately having greater control over many aspects of their lives.

The proposal may require additional assistance to manage digital systems and therefore the service will need to consider that individuals are provided with clear, accessible instructions and training. There is also a risk of misunderstanding emergency procedures - If individuals have difficulty understanding how the responder service works, there could be a risk of delayed help-seeking in critical situations. Training and ongoing support would be needed to address this.

The proposal will see a reduced need for carers within individuals' homes where it has been assessed as appropriate. Some individuals may rely on family or paid carers staying overnight, the proposal would reduce the financial or practical burden on relatives who work low-paid jobs.

For many, the move to digital overnight support will increase independence and confidence while reducing unnecessary reliance on in-person carers. However, for those with lower literacy, education, or financial stability, extra measures would be needed to prevent exclusion and ensure they fully benefit from the new system.

To support this the service will develop a test of change, identifying a small number of individuals who currently have underutilised sleepover support and test out the use of TEC to support individual overnight needs, with internal services responding to any call outs that may be required. Undertaking this test of change will help the wider development of the service. Initially TEC will be used alongside existing hands on support until we are confident that the individual can use the TEC and that it meets their needs.

How do you know that?

The publication of the "Keys to Life" in 2013 promotes individuals living with learning disabilities and complex care needs to live within their own communities. This includes supporting people with the right and proportionate level of care that promotes independence and positive risk taking. Human Rights legislation also supports that people should be able to live with dignity and respect within their own homes which is echoed within the UN Convention on the rights of people with disabilities. This proposal supports this approach and legislative 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: February 2025

What is the issue?

To conduct a small test of change to consider the wider viability of this approach.

What action will be taken?

A project board will be established to support this action this will monitor progress as well as identifying risks and associated mitigations.

Progress against action

Work is currently being progressed by officers to identify individuals assessed as likely to benefit from the planned change, following which there will be a series of engagement sessions with provider organisations and where appropriate welfare guardians.

Action Complete

Date Complete

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.	
A range of engagement will be progressed as the proposal is further developed, this will include engagement with individuals, families and providers.	

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.
Care management system information, benchmarking with other HSCPs and feedback from key stakeholders will support the development of this proposal. There is evidence to suggest that the proposal will support individuals to maximise independence, prevention, choice and control, healthy living, improved quality of life, dignity, and provision of local accessible services.

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 publication of the “Keys to Life” in 2013 promotes individuals living with learning disabilities and complex care needs to live within their own communities. This includes supporting people with the right and proportionate level of care that promotes independence and positive risk taking. Human Rights legislation also supports that people should be able to live with dignity and respect within their own homes. It is anticipated that the proposal improve efficiency, and enhanced independence for people with learning disabilities. Successful implementation will require careful planning, staff engagement, and clear and inclusive communication to address concerns and ensure a smooth transition.

For some individuals this proposal may represent some challenges and anxieties they may lack confidence in using the technology or are unsure about being left without in-person support.

The provision of the policy will be based on individual needs. Where the use of digital systems presents as a barrier the service will work with the individual to ensure that any operating instructions are clear and accessible with any training being provided on an ongoing basis.

Where the individualised assessment suggests that there is a risk to the individual in utilising technology with this aspect of their care and support then the individual will continue to receive in person support.

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 board 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
- 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

The service is undertaking a small test of change that will help inform the future development of this proposal it is therefore recommended that the proposal is implemented to taking account of mitigating actions.

Signed by Lead Officer	Karen Love
Designation	Senior Manager
Date	25 th February 2025

Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25 th February 2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	SJ3h Risk Assessed Care - Supporting Complex Manual Handling Care Requirements
Service Area	Across Health & Social Care Partnership
Lead Officer	Karen Love – Senior Manager – Adults Services
Other Officers/Partners Involved	Susan Reid – Group Manager OT Services Lorna McGuire, West Lothian Lead Moving & Handling
Date relevance assessed	17.02.25

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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	
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	

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

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

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

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

Risk Assessed Single Handed Care is a personalised approach to assessing an individual's moving and handling requirements, ensuring individuals receive the right amount of care and support in the correct environment.

By adopting Risk Assessed Care, the focus is on delivering precise care in the appropriate setting, all while optimising resource allocations within the system.

Benefits for the individual can include:

- Enhanced well-being
- Improved Dignity
- Social Connection

Scottish Government equipment and adaptations guidance recognises concerns about the adoption of generalised practice, which assumes double-handed care as the standard response in all circumstances. The Health & Safety Executive (HSE) is clear in their guidance that blanket solutions should not be applied and highlights the importance of the individual assessment in determining the appropriate number of care workers required to safely move and handle the person.

This guidance highlights that unnecessary use of additional care workers has implications, not just in terms of costs, and best use of valuable resources, but can be more intrusive for the person who requires moving and handling support. This can prevent the person from being encouraged or supported to maximise or regain any functional potential they may have.

NHS Lothian Moving and Handling (M&H) policy supports the safe moving and handling of an individual. The policy does not stipulate the number of care workers required to undertake specific moving and

handling, focusing on the individualised risk assessment of need. As such, there is no requirement for a policy review or update.

The implementation of a Risk Assessed Care approach will be supported through relevant engagement and training of key staff and stakeholders.

The approach will have no adverse impact on vulnerable groups, with a robust assessment and moving and handling risk assessment undertaken to identify people's care and support needs, with all equipment will be used in line with manufacturer guidance. Where manufacture guidance continues to stipulate 2 carers this will continue to be adhered to.

Both care provision and equipment required to support a person's needs will be assessed and currently has no financial implications to an individual.

Signed by Lead Officer	<i>Susay Reid.</i>
Designation	Group Manager
Date	17.2.2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	1702/2025

Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	Single Point of Contact (SPoC) and Respiratory review
Service Area	Community and Unscheduled Care
Lead Officer	Neil Ferguson – General Manager
Other Officers/Partners Involved	West Lothian Chief AHP Integrated Discharge Hub Manager Respiratory Consultant Hospital @ Home Consultant
Date relevance assessed	21/02/25

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

<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	No
Disability – people with disabilities/long standing conditions	No
Gender reassignment – trans/transgender identity – anybody who’s gender identity or gender expression is different to the sex assigned to them at birth	No
Marriage or civil partnership – people who are married or in a civil partnership	No
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	No
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	No
Religion or belief – people with different religions and beliefs including those with no beliefs	No
Sex – male, female and intersex	No
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	No

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	No
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	No
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	No
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	No
Socio-economic Background – social class i.e. parents' education, employment and income	No

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>Under the oversight of NHS Lothian's Unscheduled Care Programme Board, temporary funding was provided to West Lothian HSCP to improve elements of unscheduled care performance.</p> <p>Specifically, separate proposals were prepared to develop a single point of contact (SPoC) model to be able to respond quickly to people at risk of avoidable hospital admission, and enhanced specialty respiratory services running alongside the Hospital at Home Team.</p> <p>Both services were implemented and impacted unscheduled care performance positively by maintaining patients within the community setting or supporting earlier discharge from hospital.</p> <p>The SPoC service primarily takes referrals from GP practices or the hospital emergency department for patients in a period of crisis. Patients are assessed and a wide range of community-based services are considered for rapid intervention with a view to maintaining or returning people to their own home.</p> <p>The respiratory service has enhanced the existing Hospital at Home Service by preventing admission or supporting individuals with specialist respiratory needs. Respiratory conditions are prevalent nationally, and enhancement of West Lothian's services has allowed more people to be managed at home with these conditions.</p> <p>The unscheduled care funding associated for both services will come to an end in 2024/25. Robust forward planning, however, has allowed the services to be integrated into the emerging whole system models without detriment to service delivery.</p> <p>The SPoC function will operate from within the new integrated access point as part of the emerging whole system transformation model. Skill-mixing will allow more individuals to</p>

undertake roles which will improve resilience within the emerging model. There are no existing SPoC staff members at risk of displacement.

The respiratory service will be integrated into the existing Hospital at Home service model. The temporary funding has allowed implementation and transition of the service into a business as usual model by utilising additional consultant sessions to upskill and support respiratory Advanced Nurse Practitioners (ANPs). Additionally, utilisation of support worker roles has allowed clinicians to focus on specialty tasks, improving clinical capacity within the team. There are two existing respiratory ANPs on temporary contracts who will be managed via the appropriate Employee Relations policy.

The processes and mechanisms described above indicate that service users and professionals referring to either the SPoC or Respiratory Service will not experience any detriment to quality or performance of the respective services.

Signed by Lead Officer	Neil Ferguson
Designation	General Manager Community and Unscheduled Care Services
Date	21/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton
Date	26/02/2025

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	Social Policy, IJB
Lead Officer	Karen Love, Senior Manager Adult Services
Other Officers/Partners Involved	Robin Allen Senior Manager Older People Services Mike Reid General Manager MH Addiction Service Neil Ferguson General Manager Primary Care Group Manager Adults Services Group Manager Occupational Therapy & Assessment and Review Group Manager Older People Services
Date relevance assessed	13.07.22 Update January 2024 Updated February 2025

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

<p>3. The General Duty of the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct • Advance equality of opportunity between those who share a protected characteristic and those who do not; and • Foster good relations between those who share a protected characteristic and those who do not <p>NB: In this section you must also consider the Human Rights Act and the key PANEL (Participation, Accountability, Non-Discrimination, Empowerment and Legality) principles of Human Rights</p> <p>Which groups of people do you think will be, or potentially could be, impacted upon by the implementation of this policy? You should consider employees, clients, customers and service users (please tick below as appropriate).</p>	
Age – older people, young people and children	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	X
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	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	
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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

Decision to proceed with Integrated Impact Assessment on the basis of the evidence above.

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	March 2023 Update January 2024 Updated February 2025

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 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 16 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.</p> <p>These statutory functions 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. As well as this, there is both a national and local commitment to support adults with learning disabilities and complex care needs to remain living within their own communities, either within their own tenancy or within localised supported accommodation.</p> <p>A review of all Adults and Older People's social work assessment teams was progressed and completed in November 2023. A number of key themes were identified through this process;</p> <ul style="list-style-type: none"> • Increased demand for social work services have resulted in resource and crisis led service provision. • Services have faced staffing retention challenges. • Lack of an integrated service structure. • Inconsistent implementation of Self-Directed Support legislation, with assessment frameworks not promoting outcome focused discussion. • Lack of consistent approach to use of technology supporting care. • Lack of training and development opportunities.

In January 2024 the Health and Social Care Partnership progressed a small Test of Change with one community in West Lothian.

The key focus of this was to support

- Multi-Disciplinary and Integrated approach to supporting individuals
- Improved Multi-disciplinary working.

This test of change occurred over a 12-week period. The data and information collated during the test of change provided opportunity to help shape the redesign of social work services; ultimately supporting the development of service that will reduce delays in people accessing services and provide a consistent approach to assessment processes. The revised model will also need to realise efficiencies in staffing to achieve the required saving whilst also ensuring that statutory duties continue to be met.

The review identified a staffing reduction of 11.9 FTE across all teams in scope.

Throughout 2024, officers across the health and social care partnership have worked to design and develop an integrated community model which addresses the key themes from the review of social work as well as the learning from the Test of Change.

Over the course of the past 12 months, officers have proactively managed vacancies across teams which has negated the need to progress to full organisational change.

Engagement sessions have and will continue to be held with the workforce as we work to implement an integrated model.

The 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. The service will continue to apply robust monitoring of the impact of this measure on the quality of service and associated performance with any threat to fulfilment of statutory duties being addressed.

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

<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you</p>	<p>What effect/difference will the policy have on people?</p> <p>The proposal will fully review and then redesign adult and older people social work teams. Through this review that there will be full consideration of the impact on individuals.</p> <p>The greatest impact of this proposal will be on the workforce working in these teams.</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 the UK.</p> <p>There will be impact of this proposal on the workforce. This change has been managed without the need for organisational change process. Individuals will be asked to complete a preference sheet of the roles that they would be interested in</p>
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<p>to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>and for these to be returned to senior managers who, alongside senior HR advisor, commence the matching process of people into suitable roles.</p> <p>How do you know that? 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. Workplace Discrimination in 2021 - UK Statistics and Figures - Ciph</p> <p>Research suggests a decrease in internet usage and literacy in older groups.</p>
<p>Disability</p>	<p>What effect/difference will the policy have on people? A full review of social work teams and the staff currently working within these teams has been completed with a number of key themes identified. Throughout 2024 the service has progressed redesign activity taking account of the learning from the review and locality test of change.</p> <p>The greatest impact will be on the workforce working in identified teams. This change has been managed without the need for organisational change process. Individuals will be asked to complete a preference sheet of the roles that they would be interested in and for these to be returned to senior managers who, alongside senior HR advisor, will commence the matching process of people into suitable roles.</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 and redesign of social work teams will maintain the statutory duty to undertake assessments of individuals.</p>

	<p>How do you know that? 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>
<p>Gender Reassignment – Trans/Transgender Identity</p>	<p>What effect/difference will the policy have on people? 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 further 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 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>
<p>Marriage or Civil Partnership</p>	<p>What effect/difference will the policy have on people? None Identified</p> <p>How do you know that? 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? Should there be any pregnant employees or employees on maternity leave during the proposed change, they will be provided with opportunities to meet with senior officers to discuss the changes.</p> <p>Employees from this protected characteristic will have the opportunity to engage with all consultation processes as per the council's workforce management policy. This will include the opportunity to meet with their manager and 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? 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? 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 (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. Like many other aspects of social care and social work services, there is a higher proportion of social workers female and therefore females could be more disproportionately impacted by this policy.</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 ciphf found gender was the second most common reason for discrimination reported: Workplace Discrimination in 2021 - UK Statistics and Figures - Ciphf</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 a more streamlined service 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. This function 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 FTE reduction of 11.9 FTE. The FTE reduction relates to the number of posts, not necessarily the number of employees, which is impacted upon by a number of issues including role and staff vacancies.

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 action has been completed

Action Complete
Yes

Date Complete
November 2023

Actioner Name: Stuart Bell; James Foley; Susan Reid

Action Date: 1 February 2024

What is the issue?

Full implementation of recommendations from social work review

What action will be taken?

Development of improved HSCP website to support with signposting and self-management. This will ensure individuals receive adequate information preventing any unnecessary contacts with Health and Social Care services.

Work with partners across the health and social care partnership to develop and design the integrated service model which will support improved service user experience whilst also achieving required savings.

To continue to consult and engage with the workforce and key stakeholders

Progress against action

Work is continuing to progress with online forms now having been developed to support and improve how individuals can access the service

Model agreed that will support the delivery of an integrated health and social care system that should support improved service user experience.

Staff engagement/briefing sessions have been arranged

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.

Throughout the review and re-design process full consultation and engagement sessions have been progressed including;

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

Engagement and briefing sessions will continue as the work progresses to full implementation

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.

Through the review and Test of Change, a range of data was collated and analysed, including;

- Number of referrals including the number of repeat referrals;
- Waiting times for assessments
- Average caseloads across individual teams
- Overall demand across services
- Outcomes for individuals

This data has supported the development of the revised integrated model. Going forward there will be a

range of quantitative and qualitative collated to assist with full implementation of the revised model and to ensure there is robust review of the impact of the new model.

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 a staff reduction of 11.9 FTE within a redesigned service. The FTE reduction relates to the number of posts and not necessarily the number of employees, which is impacted by a number of issues including role and staff vacancies.

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.

This change has been managed without the need for organisational change process. Individuals will be asked to complete a preference sheet of the roles that they would be interested in and for these to be returned to senior managers who, alongside senior HR advisor, will commence the matching process of people into suitable roles.

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 – for example full time, part time, term time

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.

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
- 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

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

Signed by Lead Officer	Karen Love
Designation	Senior Manager
Date	18 th February 2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	18 th February 2025



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)	Aileen Maguire, Group Manager Pamela Roccio, Equality & Diversity Officer
Date relevance assessed	24 th February 2025

2. Does West Lothian Council or NHS Lothian have control over how this policy will be implemented?		
YES	<input checked="" type="checkbox"/>	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	<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	
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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	Robin Allen
Designation	Senior Manager
Date	24.02.25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	24.02.2025



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	Aileen Maguire, Group Manager Pamela Roccio, Equality & Diversity Officer
Date Assessment Conducted	24.02.25

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)

The support at home service incorporates 3 services, Home Safety Service, Crisis Care Service and the Reablement Service. This measure relates specifically to the Reablement Service. The reablement service has evolved over recent years to provide longer term care at home provision which is a contrast to its original intention. The service has retained a high number of care at home hours that would usually be provided within the independent sector.

The role of the Reablement Service as originally intended is 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.

The overall purpose of the Reablement service is to support people to maximise their level of independence, improve their health and well-being and enhance their quality of life whilst continuing to live within their own homes. The service actively encourages individuals to fully participate in the planning, delivery, monitoring and reviewing of their service.

Individuals are empowered to make their own choices and to take reasonable risks in all aspects of their daily living routine. Individuals are actively encouraged to rebuild and improve existing skills as well as learning and developing new skills when required.

This measure was agreed as part of the 3-year IJB financial plan in 2022/23. The budget saving measure SJ3c Redesign of internal support at home service relates to this service area and has been fully achieved for 2025/26 via staffing vacancies.

Redesign activity is focusing on the development of an intermediate care model to ensure most efficient use of available resource. Current activity is considering opportunities to integrate existing services and maximise shared functions. The intermediate care service will seek to support individuals to remain at home wherever possible or be supported home from hospital in a timely manner

The measure will continue to see the efficient transfer of care currently held by Reablement service to the independent sector, as long-term support should not be part of the Reablement Service role. The internal service will retain sufficient direct care hours to meet current reablement demand for hospital discharges.

This proposal would mean a reduction of staffing levels within the service by 13FTE. The FTE reduction relates to the number of posts and not necessarily the number of employees, which is impacted by a number of issues including role and staff vacancies. There are currently sufficient 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	
<p>Age</p> <p>Please note that if there are impacts on children you will need to consider which articles of the UNCRC does the proposal impact on? Here is a link to a Plain English version - The Convention on the Rights of the Child - UNICEF</p> <p>Depending on the extent of any potential impact on Children's Rights, it may be necessary for you to complete a Child Rights and Wellbeing Impact Assessment See IIA Guidance for more information</p>	<p>What effect/difference will the policy have on people?</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>How do you know that?</p> <p>There will be sufficient resource retained within the service to support service provision throughout the assessment phase. Post assessment, if needed on-going care will be provided by the independent sector.</p> <p>There are robust arrangements in place to monitor the stability, capacity and level of unmet need within the independent sector</p>
<p>Disability</p>	<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>How do you know that?</p> <p>Staff within the service are appropriately qualified for the roles and registered, where applicable with the relevant professional governing bodies – i.e. SSSC.</p> <p>There is an infrastructure within the service that supports continued professional development and identification of learning needs to ensure staff are equipped to deliver the service to appropriate standards</p>
<p>Gender Reassignment – Trans/Transgender Identity</p>	<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>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? 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. As the proposal develops, individual service equality impact assessments will be updated to reflect any known impact and mitigations.</p>
<p>Pregnancy and Maternity</p>	<p>What effect/difference will the policy have on people? None identified at this time as the reduced FTE will be achieved via staffing vacancies.</p>
	<p>How do you know that? Key target area for delivery will be for older adults.</p>
<p>Race</p>	<p>What effect/difference will the policy have on people? 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% 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>

<p>Religion or Belief</p>	<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>The workforce is made up of a diverse group of staff to ensure that personal needs and preferences can be considered when commissioning care.</p>
<p>Sex</p>	<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>How do you know that?</p> <p>There is a mixed staffing group to ensure the service is able to match specific care workers in line with stated personal preferences</p>
<p>Sexual Orientation</p>	<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>

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 	
<p>What effect/difference will the policy have on people?</p> <p>The measure will continue to see the efficient transfer of care currently held by Reablement service to the independent sector, as long-term support should not be part of the Reablement Service role. The internal service will retain sufficient direct care hours to meet current reablement demand for hospital discharges.</p>	
<p>How do you know that?</p> <p>West Lothian Health and Social Care Partnership have equality provision within its commissioned care at home contract, including</p> <ul style="list-style-type: none"> • 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, including but not limited to, those provisions recommending the adoption, implementation and monitoring of an equal opportunities policy. • 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. 	
<p>5. Action Plan What action/s will be taken, by whom and what is the timescale for completion?</p>	
<p>Actioner Name: Robin Allen</p>	<p>Action Date: 2025/26</p>
<p>What is the issue?</p> <p>Sufficient capacity to transfer care from Reablement service to independent care providers.</p>	
<p>What action will be taken?</p> <p>Fortnightly review of care at home performance information by senior HSCP staff, including levels of unmet need.</p> <p>Daily review of any care at home issues impacting discharge from hospital.</p>	
<p>Progress against action Establish oversight group in place.</p>	
<p>Action Complete</p>	<p>Date Complete</p>

<p>6. Details of consultation and involvement</p> <p>Who will be or has been involved in the consultation process?</p> <ol 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.

There was formal consultation when the measure was originally agreed by the IJB.

There is ongoing consultation and engagement with service users in line with Self Directed Support, at the point of transference of care from reablement service to an independent provider. This ensures that there is individual choice in how care needs are met.

Individuals in receipt of care at home provision have their care needs regularly reviewed to ensure existing support continues to meet assessed needs.

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.

Detailed performance information is reviewed by senior staff on a fortnightly basis. This provides detailed oversight on level of unmet need and capacity for independent providers to meet demand for care at home provision. A dedicated business support officer maintains regular contact with independent providers to monitor levels of service delivery or address issues that may impact upon their ability to deliver commissioned 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.

Insufficient supply to meet service demands - care at home is monitored as a MEDIUM risk. Risk impacts (mainly older) people in the community requiring care at home provision and those awaiting discharge from hospital. The risk level was reduced from HIGH January 2024, where it had remained for over 10 years.

There are range of well-established mitigating actions that are informed and maintained via a fortnightly care at home oversight group. They include

- 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 integrated discharge hub, review team and commissioning team to ensure available resources are effectively managed and make best use of resources, including geographical matching.
- Arrangements in place to ensure regular contact with unpaid carers pending implementation of care packages - via the assessment and review team/practice team.
- Internal care home provision adjusted to provide interim care for individuals being discharged from hospital awaiting a package of care.
- Twice weekly Resilience Group meeting of senior officers to keep up to date and address key issues or matters arising.

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

Robust performance and oversight arrangements have been established for care at home provision, including both internal and commissioned services.

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

This measure will be delivered via existing vacancies within the internal support at home service. There is currently stable position across independent care at home providers to support transfer necessary levels of care at home provision.

Signed by Lead Officer	Robin Allen
Designation	Senior Manager Older People Service
Date	24.02.25
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Jo MacPherson
Date	25.02.2025



Integrated Relevance Assessment Form

1. Details of proposal	
Policy Title (include budget reference number if applicable)	MDT Funding cut
Service Area	Community and Unscheduled Care
Lead Officer	Neil Ferguson – General Manager
Other Officers/Partners Involved	Clinical Nurse Managers and Service Leads within Community and Unscheduled Care Directorate
Date relevance assessed	21/02/25

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

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:

- 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

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

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).

Age – older people, young people and children	No
Disability – people with disabilities/long standing conditions	No
Gender reassignment – trans/transgender identity – anybody who’s gender identity or gender expression is different to the sex assigned to them at birth	No
Marriage or civil partnership – people who are married or in a civil partnership	No
Pregnancy and maternity – woman who are pregnant and/or on maternity leave	No
Race – people from black, Asian and minority ethnic communities and different racial backgrounds	No
Religion or belief – people with different religions and beliefs including those with no beliefs	No
Sex – male, female and intersex	No
Sexual Orientation – lesbian, gay, bisexual, heterosexual/straight	No

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	No
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	No
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	No
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	No
Socio-economic Background – social class i.e. parents' education, employment and income	No

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

6. Decision rationale If you have ticked no above, use this section to evidence why a full IIA is not required
<p>In 2021-22, the Scottish Government provided significant investment for health boards via the Multi-Disciplinary Teams (MDT) funding stream.</p> <p>In recognising the benefits of MDT working, the funding stream was intended to promote integrated working by bringing members of various professions together with a view to increasing the efficiency of assessments and improve patient centred planning. Specifically, the funds were to be aligned to initiatives augmenting hospital-to-home transitions by establishing integrated discharge hubs, supporting mechanisms for social care assessment and developing hospital-to-home teams.</p> <p>Intended outcomes were to positively impact the number of patients delayed in hospital and the length of time delayed patients wait for transition to the community. The fund hoped to increase the number of skilled Healthcare Support Workers (HSCW's) across the community and acute settings, and provide evidence of a higher proportion of assessments for care being carried out in the community rather than the acute setting.</p> <p>Since inception the Scottish Government has provided yearly uplifts to this fund, however in response to the challenging financial climate, health boards received notification that the 2024-25 allocations would be reduced to the original 2021-22 amount and would be baselined at that level.</p> <p>This proposal involves mitigating actions being put in place to account for the reduction in MDT funding.</p> <p>Within West Lothian the MDT funding has been allocated to a wide number of services, and no significant impact will be experienced in any one area. A robust review of all roles funded from the existing MDT resource has allowed any adverse service impact to be minimised,</p>

with opportunities for service redesign taken to promote efficiencies and reduce any adverse impact further.

A whole system transformation programme has facilitated the identification of efficiencies by promoting integration and new ways of working.

Displacement of staff is not expected from this proposal as the reduction in funding will be managed through service redesign and non-filling of vacancies. However appropriate employee relation staffing policies are available if necessary.

Signed by Lead Officer	Neil Ferguson
Designation	General Manager Community and Unscheduled Care Services
Date	21/02/2025
Counter Signature (Head of Service or Depute Chief Executive responsible for the policy)	Yvonne Lawton Head of Service
Date	26/02/2025

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

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

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

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard A</u> – The leadership team can demonstrate that the services provided by IJB provide value for money.</p>	<p>The leadership team of the IJB have the following in place to ensure that the IJB provides value for money:</p> <ul style="list-style-type: none"> • Ensuring compliance with the IJB's Best Value Framework. • Ensuring compliance with the IJB's Financial Regulations and the Reserves Policy. • Regular financial monitoring providing necessary and required scrutiny and feedback. • Reports to the IJB for decisions are clear and can include: <ul style="list-style-type: none"> ○ Implications for service users and patients ○ Equality impacts ○ Financial consequences ○ Results of consultations ○ Contributions to savings plans • The IJB has a culture of continuous improvement supported by the HSCP management team which develops and implements service improvements and secure best value. 	<p>Continue with the existing systems of internal control and the management of risk. The Financial Regulations were updated and approved by the Board on 11 February 2025. The Financial Regulations continue to fully reflect the requirements of the Code.</p>	<p>The Best Value Framework was reviewed and approved by the Board in April 2024. No changes to the Framework were made and the next review will take place in 2027.</p> <p>Updated Financial Regulations were approved by the Board in February 2025. The Regulations will be reviewed again in 2028.</p> <p>The HSCP extended management team meeting has oversight and responsibility for approving service improvements as well as monitoring and scrutiny of savings plans.</p>

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard B</u> – The IJB complies with the CIPFA Statement on the Role of the Chief Financial Officer in Local Government.</p>	<p>The Chief Finance Officer for West Lothian IJB, complies with the principles set out in the CIPFA statement:</p> <p>Principle 1: The CFO is a key member of the HSCP senior management team.</p> <p>Principle 2 – The CFO actively involved in all material decisions and offers challenge and influence on decisions made as a key member of the senior management team and by participating in key meetings and programmes such as the IJB, strategic planning group, delivery boards and the management team.</p> <p>Principle 3 – The CFO leads and promotes good financial management. This is evidenced by the reporting of financial information to all management groups and change programmes and by leading on the budget savings plan.</p> <p>Principle 4 – The CFO is responsible for the financial management and reporting in respect of the IJB.</p> <p>Principle 5 – The CFO is a professionally qualified accountant, with significant relevant experience.</p>	<p>The Scheme of Delegation has been updated to reflect the requirements of the Code.</p> <p>Ensure continued compliance with the principles set out in the CIPFA statement.</p>	<p>Ongoing review to ensure the IJB is compliant with the CIPFA statement.</p>

Section 2 – Governance and financial management style

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard C</u> – The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control.</p>	<p>The governance structure of the IJB demonstrates the actions and internal controls in place. This includes the IJB’s Financial Regulations, Standing Orders, the Local Code of Corporate Governance and the Scheme of Delegation.</p> <p>Internal audit reviews provide assurance on a range of internal controls. The outcome of these is reported to IJB Audit, Risk and Governance Committee with actions identified where required and progress in delivering actions monitored.</p> <p>Annually External Audit assess these arrangements to ensure arrangements are appropriate and operate effectively. The most recent audit concluded that there were no issues with arrangements in place.</p>	<p>The relevant governance documents are reviewed per timescales agreed by the Board.</p>	<p>Governance documents continue to be reviewed in line with required timescales.</p> <p>Internal audit and external audit annual plans were considered and approved by the IJB Audit, Risk and Governance Committee on 17 March 2025.</p>
<p><u>Financial Management Standard D</u> – The IJB applies the CIPFA/SOLACE Delivering Good Governance in Local Government: Framework 2016.</p>	<p>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.</p>	<p>None. The IJB fully applies the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016.</p>	<p>The IJB continues to fully apply the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016.</p>
<p><u>Financial Management Standard E</u> – The financial</p>	<p>The financial management style of the IJB has been recognised by external</p>	<p>Continue to work with partner bodies around financial sustainability of the</p>	<p>Updated medium term financial plan covering the 2025/26 budget</p>

<p>management style of the IJB supports financial sustainability.</p>	<p>auditors Audit Scotland who are satisfied with the financial management arrangements in place although financial sustainability continues to be a risk.</p> <p>The IJB has a full financial framework in place including:</p> <ul style="list-style-type: none"> • Financial regulations • Scheme of delegation • Standing orders • Medium term financial plan • Reserves policy • Financial frameworks within both partner bodies <p>A two-year budget was approved by the Board in March 2024 which set a balanced budget for 2024/25 and agreed savings of £11.4m across the two-year period.</p> <p>The HSCP senior management team collaborate on developing and implementing financial strategies. This can be evidenced by the participation and support from all HSCP services in the development of the updated medium term financial plan each year.</p> <p>As part of agreeing the 2024/25 budget the Board reviewed it's reserves position and earmarked/increased reserves to:</p> <ul style="list-style-type: none"> • support infrastructure needs. • cover risks around high inflation. 	<p>IJB and continuous development of the rolling medium-term financial plan for agreement by IJB.</p>	<p>and three-year medium term financial plan has been prepared for agreement by the Board on 25 March 2025.</p>
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Section 3 – Medium to long-term financial management

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard F</u> – The IJB has carried out a credible and transparent financial resilience assessment.</p>	<p>The IJB is presented with regular finance updates from the Chief Finance Officer which consider key budget risks.</p> <p>A financial assurance process is undertaken each year on budget resources provided by partner bodies to identify any funding risks to the IJB which could impact on financial resilience.</p>	<p>Continue to ensure robust financial resilience assessment is undertaken as part of the annual budget process.</p>	<p>The IJB’s 2025/26 budget report includes information on financial resilience and sustainability.</p>
<p><u>Financial Management Standard G</u> – The IJB understands its prospects for financial sustainability in the longer term and has reported this clearly to members.</p>	<p>The IJB’s Strategic Plan for 2023-2028 and delivery plans set out the vision for the delivery of the IJB’s priorities. The Strategic Plan and associated delivery plans have gone through the necessary scrutiny and approval processes and take account of medium-term financial plan budget assumptions.</p> <p>The IJB annual budget, annual accounts, medium term financial plan and risk register all highlight the main risks to financial sustainability. These risks are reviewed regularly and reported to the Board.</p> <p>Development sessions with Board members and the HSCP senior management team take place as part of the annual budget process, and these include an overview of the longer-term financial sustainability of the IJB.</p>	<p>Continue to ensure that delivery plans are fully costed and in line with the IJB medium term financial plan.</p>	<p>The 2025/26 budget and medium-term financial plan will be reported to the Board on 25 March 2025 for approval.</p>

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<u>Financial Management Standard H</u> – The IJB complies with the CIPFA Prudential Code for Capital Finance in Local Authorities.	Not applicable as the IJB does not have capital programmes or borrowing powers.	Not applicable.	Not applicable
<u>Financial Management Standard I</u> – The IJB has a rolling multi-year medium term financial plan consistent with sustainable service plans.	<p>The IJB has a medium-term financial plan for the period 2024/25 to 2027/28 and an agreed two-year savings plan for 2024/25-2025/26. The medium-term financial plan is updated annually in support of delivering the IJB’s strategic plan.</p> <p>Delivery plans are prepared that are consistent with financial resources as set out in the medium-term financial plan assumptions and align with the IJB’s Strategic Plan.</p> <p>The medium-term financial plan is prepared in partnership with HSCP service areas and reflects demand and cost pressures and demographic increases for West Lothian. The plan also includes the strategy for responding to these challenges including savings plans which are key to the sustainability of the IJB.</p>	The medium-term financial plan is updated annually and will take account of the strategic delivery plans as well as updated demand and demographic projections.	An updated medium term financial plan has been prepared and will be reported to the IJB for approval on 25 March 2025.

Section 4 - The annual budget

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard J</u> – The IJB complies with its statutory obligations in respect of the budget setting process.</p>	<p>The IJB’s annual budget report, including issue of Directions, complies with statutory requirements included in the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>The IJB agreed a balanced budget for 2024/25.</p>	<p>Continue to meet statutory obligations by approving Directions associated with annual budget resources.</p> <p>Continue to aim to set a balanced budget for the year ahead.</p>	<p>Directions for the 2025/26 budget have been prepared for approval by the Board on 25 March 2025.</p> <p>A balanced budget for 2025/26 has been prepared for approval by the Board on 25 March 2025.</p>
<p><u>Financial Management Standard K</u> – The budget report includes a statement by the Chief Finance Officer on the robustness of the estimates and a statement on the adequacy of the proposed financial reserves.</p>	<p>The requirement for a Chief Finance Officer statement in relation to this is a specific legislative requirement in England and Wales, but not in Scotland.</p> <p>The budget report undertakes financial assurance on the robustness of estimates and assumptions for the annual budget.</p> <p>The IJB’s annual budget report includes a section on reserves which notes reserves available and ongoing assumptions for use.</p>	<p>The information in the IJB’s budget report on robustness of estimates and statement of reserves will continue to be prepared on an annual basis.</p>	<p>The 2024/25 budget report which has been prepared for approval by the Board on 26 March 2024 includes a statement on reserves.</p>

Section 5 – Stakeholder engagement and business cases

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

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard M</u> – The IJB uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions.</p>	<p>The utilisation of business cases is an essential element of service delivery plans and transformation. The IJB considers key business cases related to IJB functions for agreement.</p> <p>In developing the two-year savings plan consideration was given to options for savings. This process included detailed assessments, where relevant, which included an assessment of impacts on service users, patients, operational delivery and financial risks.</p> <p>Where relevant, the Board will also be presented with options and a recommended preferred option with regards to savings proposals.</p>	<p>The IJB will continue to review and approve relevant strategic outline business cases to prioritise resources and demonstrate value for money.</p>	<p>The IJB will continue to review and approve relevant strategic outline business cases to prioritise resources and demonstrate value for money.</p> <p>The 2025/26 budget prepared for approval by the Board on 25 March 2025 includes detailed assessments, where relevant, on impacts on services users, patients, operational delivery and financial risks.</p> <p>Where relevant, the Board will continue to be presented with options regarding savings proposals.</p>

Section 6 – Monitoring Financial Performance

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard N</u> – The leadership team takes action using reports enabling it to identify and correct emerging risks to its budget strategy and financial sustainability.</p>	<p>The medium-term financial plan is prepared in partnership with HSCP services and teams are asked to identify any emerging risks for consideration as part of this process. This includes identifying actions needed to be taken to mitigate risks going forward.</p> <p>Financial performance updates are reported monthly to various leadership groups including the HSCP senior management team and the various subgroups underneath it. These reports focus on exceptions from budget plans which are discussed, and remedial actions agreed to bring costs back in line with budget.</p> <p>The IJB has Financial Regulations and an approved Integration Scheme which includes the process for monitoring and reporting of budgets and the identification of risks which allows for mitigating actions being undertaken. Regular reports are presented formally to the IJB which provides the IJB with an opportunity to agree actions to resolve issues in year.</p>	<p>There are regular reports to HSCP management and Board on the progress on the current year budget and any changes to budget assumptions for future years. These will be reviewed to identify any potential improvements.</p>	<p>Reports on the Forecast year-end position for the IJB were presented at the August, September, November and February meetings of the Board during 2024/25. Early in the financial year it was clear that the Board was not going to be able to achieve a breakeven position and the forecast reports highlighted corrective action being taken by the management team to reduce costs. Ultimately the Board has approved recovery plans proposed by the Chief Finance Officer as part of the forecast reports to achieve a breakeven position in 2024/25.</p> <p>The forecast outturn reports have also highlighted the risks to ongoing financial security of the IJB given the scale of budget pressures faced in 2025/26 and that reliance on use of reserves and additional payments from partners to breakeven is not sustainable.</p>
<p><u>Financial Management Standard O</u> – The leadership team monitors the elements of its balance</p>	<p>The IJB adopts a regular approach to monitoring with budget monitoring reported to each relevant Board meeting during the year. Any balance sheet areas posing a risk</p>	<p>The statement of reserves will continue to be prepared on an annual basis as part of the IJB's budget report for the year ahead.</p>	<p>A statement of reserves has been prepared as part of the 2025/26 budget prepared for approval by the Board on 25 March 2025.</p>

<p>sheet that pose a significant risk to its financial sustainability.</p>	<p>to financial sustainability, are identified through the budget monitoring process.</p> <p>The IJB Audit, Risk and Governance Committee receive regular reports on high risks areas and risks relating to the delivery of the financial plan.</p> <p>Use of reserves are referenced in the finance report to the Board (where applicable) as well as in the medium-term financial plan and annual accounts.</p>		
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Section 7 – External financial reporting

Financial Management Standard	Evidence of Compliance	Actions and Timescale	Update on Actions – March 2025
<p><u>Financial Management Standard P</u> – The Chief Finance Officer has personal and statutory responsibility for ensuring that the statement of accounts produced by the IJB complies with the reporting requirements of the Code of Practice on Local Authority Accounting in the United Kingdom.</p>	<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> <p>The IJB met its statutory reporting deadline for the submission of draft accounts 2023/24 with the external auditor by 30 June 2024.</p>	<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.</p>	<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.</p>
<p><u>Financial Management Standard Q</u> – The</p>	<p>The final outturn figures are presented to the IJB annually, as part of the unaudited accounts</p>	<p>There is a robust process in place for reporting final outturn figures to</p>	<p>Final outturn figures for 2023/24 were reported as part</p>

<p>presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions.</p>	<p>report presented in June each year. The accounts provide information on performance against budget and identify reasons for key variances. Information from the final outturn is used strategically to inform future budget setting exercises.</p> <p>The accounts also including information on achievement of savings throughout the year including any reasons for slippage or over delivery on savings plans.</p>	<p>the IJB, and this allows Board members to consider strategic financial matters.</p>	<p>of unaudited accounts presented to the Board in June 2024.</p>
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Appendix 9 - Annual Financial Statement

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

The Scottish Government guidance notes that the Annual Financial Statement should be updated before the end of each financial year and should cover the period of the strategic planning and budget planning period. The new West Lothian IJB Strategic Plan covers the period to 2027/28. Accordingly, the updated Annual Financial Statement below covers the period 2025/26 to 2027/28. No financial settlement has been provided to NHS Lothian or West Lothian Council beyond 2025/26 and, taking account of this and remaining uncertainty over future years, current budget planning assumptions for 2026-2028 resources are shown for the purposes of the Annual Financial Statement.

The Annual Financial Statement is split into four areas:

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

Adult Social Care Services

West Lothian Council's 2025/26 contribution to the IJB is shown below along with indicative budget resources for 2026/27 and 2027/28.

NHS Delegated Services

The NHS Lothian planned contribution for 2025/26 is also shown below along with indicative budget resources for 2026/27 and 2027/28.

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

West Lothian IJB Annual Financial Statement	2025/26 Budget	2026/27 Indicative Budget	2027/28 Indicative Budget	Total Three Year Indicative Budget
	£'000	£'000	£'000	£'000
Adult Social Care Services				
Learning Disabilities	34,129	36,240	38,511	108,880
Physical Disabilities	9,578	9,840	10,116	29,534
Mental Health	7,762	8,060	8,376	24,198
Older People Assessment & Care	52,457	55,471	58,702	166,650
Care Homes & Housing with Care	8,392	8,691	9,036	26,119
Contracts & Commissioning Support	2,143	2,203	2,271	6,617
Other Social Care Services	703	773	852	2,328
Unallocated Savings	0	(4,744)	(8,552)	(13,296)
Sub Total Adult Social Care Services	115,164	116,534	119,312	351,030
Core West Lothian Health Services				
Community Equipment	1,075	1,075	1,075	3,225
Community Hospitals	2,814	2,904	2,997	8,714
District Nursing	4,951	5,094	5,242	15,288
General Medical Services (GMS)	29,385	29,385	29,385	88,156
Mental Health	20,017	20,588	21,176	61,782
Prescribing	38,610	38,610	38,610	115,829
Resource Transfer	8,609	8,609	8,609	25,826
Therapy Services	5,836	5,965	6,098	17,899
Other Core Services	14,891	15,181	15,479	45,550
Sub Total Core West Lothian Health Services	126,189	127,411	128,671	382,270

	2025/26 Budget	2026/27 Indicative Budget	2027/28 Indicative Budget	Total Three Year Indicative Budget £'000
	£'000	£'000		£'000
<i>Share of Pan Lothian Hosted Services</i>				
Learning Disabilities	2,770	2,850	2,932	8,551
Lothian Unscheduled Care Services	2,953	3,036	3,121	9,110
Oral Health Services	2,225	2,286	2,349	6,860
Other Hosted Services	3,740	3,819	3,899	11,458
Psychology Service	2,993	3,081	3,172	9,245
Rehabilitation Medicine	1,928	1,982	2,038	5,948
Sexual Health	1,719	1,763	1,808	5,290
Therapy Services	3,141	3,229	3,320	9,689
Sub Total Pan Lothian Hosted Services	21,469	22,045	22,638	66,151
<i>Acute Set Aside Services</i>				
ED & Minor Injuries	8,120	8,352	8,591	25,064
General Medicine	12,492	12,838	13,194	38,524
Geriatric Medicine	6,826	7,020	7,219	21,066
Other Acute Services	3,713	3,802	3,895	11,410
Respiratory Medicine	2,745	2,799	2,855	8,399
Therapy Services	1,229	1,265	1,302	3,797
Sub Total Acute Set Aside Services	35,125	36,077	37,057	108,259
Total Delegated IJB Services	297,947	302,067	307,678	907,711