Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30 am Friday 13 May 2016

Meeting Room 7/8, Waverley Gate, 2-4 Waterloo
Place, Edinburgh

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This is a public meeting and members of the public are welcome to attend.

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1. Welcome and Apologies

1.1   Including the order of business and any additional items of business notified to the Chair in advance.

2. Declaration of interests

2.1.   Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

3.1.   None

4. Minutes

4.1.   Note of the meeting of the Edinburgh Integration Joint Board meeting of 11 March 2016 (circulated).

4.2.   Matters Arising

5. Reports

5.1.   Rolling Actions Log (circulated)

5.2.   Code of Conduct and Standing Orders May 2016 – report by the Chief Officer (circulated)

5.3.   Communications and Engagement Strategy 2016 to 2019 – report by the Chief Officer (circulated)

5.4.   IJB Visit Programme 2015/16 (circulated)

5.5.   Huddle Test of Change – report by the Chief Officer (circulated)

5.6.   Delayed Discharge – Recent Trends – report by the Chief Officer (circulated)

5.7.   Initial Set of Directions – report by the Chief Officer (circulated)

5.8.   Mainstreaming Equalities – report by the Chief Officer (circulated)

5.9.   Financial Plan – report by the Chief Officer (circulated)

5.10.   Formal Establishment of the Strategic Planning Group – report by the Chief Officer (circulated)

5.11. Sub-group updates – updates

5.11.1.   Audit and Risk Committee – minutes (circulated)

5.11.2.   Professional Advisory Group

5.11.3.   Performance Sub Group

5.11.4.   Strategic Planning Group

6. Any Other Business

Item 4.1 Minutes

Edinburgh Integration Joint Board

9.30 am, Friday 11 March 2016

Waverley Gate, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Kay Blair, Andrew Coull, Christine Farquhar, Councillor Ricky Henderson, Kirsten Hey, Alex Joyce, Angus McCann, Rob McCulloch-Graham, Michelle Miller, Moira Pringle, Gordon Scott, Ella Simpson, Richard Williams and Councillor Norman Work.

Officers: Kris Aitken, Lynne Barclay, Colin Briggs, Nikki Conway, Wendy Dale, Margaret Gray, Marna Green, Linda Irvine, Margaret-Ann Love, Ian McKay, Gavin King and David Whyte.

1.   Deputation – Edinburgh Health Forum

The Joint Board agreed to hear a deputation from Heather Goodare and Helen Ogg on behalf of the Edinburgh Health Forum. The deputation highlighted public health issues in relation to obesity and depression and requested that the Joint Board undertook early intervention within its remit as this would be cost-effective in the longer term.

Decision

To ask the Chief Officer to meet with the deputation to discuss future options.

2.   Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 15 January 2016.

3.   Appointment of Standards Officer

The Joint Board was required by the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003 to appoint a Standards Officer with responsibility for advising and guiding members of the Board on issues of conduct and propriety. The Standards Officer would also act as the

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Liaison Officer between the Joint Board and the Standards Commission. The Standards Commission would also be required to endorse any appointment and guidance was awaited on the mechanism to do so.

Decision

To appoint Gavin King, Committee Services Manager, the City of Edinburgh Council as the Standards Officer for the Edinburgh Integration Joint Board.

(Reference – report by the IJB Chief Officer, submitted.)

4.   Financial Regulations

The Joint Board was required by Section 95 of the Local Government (Scotland) Act 1973 to have adequate systems and controls in place to ensure the 'proper administration of their financial affairs', including the appointment of an officer with full responsibility for their governance. Financial regulations that detailed the responsibilities of the Chief Financial Officer, who had been appointed 'Proper Officer', along with the responsibilities of the Chief Officer and Joint Board members were submitted.

Decision

1)   To adopt the financial regulations as laid out in appendix one to the report by the Chief Officer.

2)   To delegate the responsibility for preparing the directives and instruction (to support the regulations) to the Interim Chief Finance Officer.

(Reference – report by the IJB Chief Officer, submitted.)

5.   Financial Assurance

Details on the indicative budget propositions received from both the Council and NHS Lothian and the implications for the Joint Board 2016/17 budget were provided. Based on available information, the draft budget was expected to be £574.4m, with a savings target of £32.4m.

Decision

1)   To note the report.

2)   To agree to proceed based on the draft budget outlined in the report.

3)   To receive the full due diligence report following receipt of final budget settlements from the Council and NHS Lothian.

4) To note that the report would be used to inform a detailed financial plan, aligned to the strategic plan, to the next formal meeting of the Joint Board.

(References – minute of the Integration Joint Board 25 September 2015 (item 11); report by the IJB Chief Officer, submitted.)

6. Partnership Tripartite Agreement and Interface Group

A proposed approach for the parties who comprised the Edinburgh Health and Social Care Partnership (Edinburgh Integration Joint Board, NHS Lothian, City of Edinburgh Council) to work together to deliver operationally on the statutory requirements of integration was outlined. This included key principles for joint working and proposals for the formation of an Interface Group for the three parties to come together informally to discuss relevant financial, operational and risk matters.

Decision

1) To agree the proposed Tripartite Agreement as a statement of principle and intention for joint working.

2) To agree to the purpose, remit and membership of the Interface Group

3) To agree that the Interface Group would be reviewed after one year.

4) To note that formal Council approval would be sought by report to the Corporate, Policy and Strategy Committee.

5) To include an Interface Group update under Joint Board standing reporting items.

(Reference – report by the IJB Chief Officer, submitted.)

7. Rolling Actions Log

The Rolling Actions Log for 11 March 2016 was presented.

Decision

1) To note the Rolling Actions Log and to approve the closure of items 8(1) and (2), 11, 12 and 16.

2) To circulate a programme of visits, including key dates, to the next formal meeting of the Joint Board.

3) To note that the Chair, Vice-Chair and Chief Officer would regularly review progress with outstanding actions.

(Reference – Rolling Actions Log – 11 March 2016, submitted.)

8.   Strategic Plan – Final Draft

The final draft of the Strategic Plan for Health and Social Care, as required by the Public Bodies (Joint Working)(Scotland) Act 2014 to set out delegated powers from the Council and NHS Lothian, was submitted. Approval was sought for the publishing of the plan and to allow services to be delegated from 1 April 2016.

Decision

1)   To approve the final draft of the strategic plan, attached as Appendix A to the report by the Chief Officer, for publication as the Strategic Plan for Health and Social Care in Edinburgh 2016-19.

2)   To note that further information would be provided on special needs housing.

3)   To thank officers who had worked on drafting the strategic plan and also the engagement of consultees and stakeholders.

(References – minute of the Edinburgh Integration Joint Board 15 January 2016 (item 6); report by the IJB Chief Officer, submitted.)

Declaration of Interests

Kay Blair declared a non-financial interest in relation to housing provision elements of the above item as Chair of the Scottish Housing Regulator.

9.   Workforce Strategy - Update

An update was provided on the development of a workforce strategy. Work was ongoing to ensure that organisational structures to deliver integration and change were managed well and that relevant opportunities and engagement with staff and leadership was in place. There was also a focus on ensuring that systems and processes were as integrated as possible and that strong partnerships were in place, in particular with the trade unions.

Decision

1)   To note the areas of workforce activity to ensure that health and social care integration was delivered in Edinburgh and the next steps in the development of a comprehensive Workforce Strategy aligned to the Joint Board Strategic Plan.

2)   To give further consideration to information on workforce matters that would provide re-assurance around the workforce agenda going forward.

3)   That regular updates on specific workforce changes (e.g. capacity, recruitment retention and care roles) be submitted to the Joint Board.

(Reference – report by the IJB Chief Officer, submitted.)

10.   Hub Test of Change

An update was provided on the approach and actions with regard to the implementation of the Locality Hub model for older people, agreed on a whole system basis as part of Lothian's Winter Plan 2015-16. The model was designed to progress improvements on the whole system pathway and hospital discharges.

Decision

1)   To note and support the whole system approach that the Edinburgh Partnership was taking to improve the whole system pathway and discharge from hospital.

2)   To request a further update on the roll out of the locality hub model.

(References – minute of the Integration Joint Board 15 January 2016 (item 2); report by the IJB Chief Officer, submitted.)

11.   Delayed Discharge Update

The latest Delayed Discharge Information Services Division (ISD) Census figures and the actions in place to support an increased number of discharges from hospital were outlined. Additional funding, made available from the Scottish Government to enable specific actions associated with increasing the number of discharges supported, was also detailed.

Decision

1)   To note the position and the actions associated with improving this performance.

2)   To note the ongoing discussions with the court service with regard to guardianship issues.

(References – minute of the Edinburgh Integration Joint Board 15 January 2016 (item 11); report by the IJB Chief Officer, submitted.)

12.   GameChanger Project Update

Decision

To note that the report would be considered at a future meeting of the Joint Board.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 8); report by the IJB Chief Officer.)

13.   Hospitals Plan - presentation

Colin Briggs (Site Director, Western General Hospital) provided a presentation on the development of the NHS Lothian Hospitals Plan. The following was highlighted:

- It was important to have a Lothian Hospitals Plan; to set out how specialist hospital services would respond to a range of changes, challenges and improvement agendas; to abide with legislation; as good practice and to fit with changes to the Scottish Capital Investment Manual.
- Principles that had informed the Plan were agreed by the Strategic Planning Group on 10 December 2016.
- The scope of the Hospitals Plan included NHS Lothian hospital services (including specialist and tertiary acute) and functions delegated to Joint Boards.
- Outcomes would include; proposed plans for individual sites (including capital, revenue and workforce), acute and specialist services; clarity with regard to how the balance of care would be shifted; and a clear response to Joint Board Strategic Plans.
- It was hoped that formal consultation on the draft Plan would take place from January to March 2017.
- The move to implementation of projects identified in the plan had begun and this would continue to be progressed.
- Although the plan impacted chiefly upon retained NHS services, there was interdependency between the functions of the NHS Lothian and those of the Joint Board.

Decision

1)   To note the presentation.

2)   To include an item on hospital plans in the schedule of Joint Board development sessions.

3)   To include links to reports on realistic medicine and national clinical strategy in the published minutes.

14.   Inclusive Edinburgh: Complex Care Homelessness Service Review Update

The 'Inclusive Edinburgh' review had been set up to tackle some of the problems faced by people with complex needs; who struggled with homelessness, unemployment, drug and alcohol problems, mental or physical ill-health, who were sometimes involved in crime, and who were often the

victims of violence. The combined services delivered by the Council, statutory partners and voluntary organisations to this group of vulnerable people were examined. The recommendations coming out of the review were detailed.

Decision

1) To note the progress made to develop an innovative, evidence-based 'Getting it Right for Everyone' approach to delivering services for homeless people with complex needs.

2) To approve in principle the proposal to:

2.1) Appoint a single manager to integrate and coordinate service delivery.
2.2) Establish a single location for the delivery of an inclusive homelessness service.

3) To note that a full business case for the funding, location, management and integration of a Complex Care Homelessness service would be brought back for approval once proposals for a City Centre location were agreed by NHS Lothian's Finance and Revenue Group in May 2016, and then the Council's Property Board.

4) That the Professional Advisory Group be consulted on the proposals.

(Reference – report by the Chief Social Work Officer, submitted.)

15. Health and Social Care Population and Premises - Presentation

David Whyte (Locality Manager, South West) provided an update on population and premises across the Edinburgh Health and Social Care Partnership. The following was highlighted:

- Edinburgh's population was expected to increase by 5000 per year until 2030. This equated to equivalent demand for one new medium-sized General Practitioner (GP) Surgery each year.
- Previous population increases between 1999 and 2013 had been mostly absorbed into existing primary health infrastructure.
- In 2013 the problem was analysed and a number of proposed solutions to increase capacity were implemented.
- Citywide mapping had taken place to establish GP surgeries that were experiencing pressures and where new capacity was expected be required in future years.
- Measures designed to meet capacity needs were ongoing, however, more would be needed in order to meet increasing requirements. An estimated £30-40m would be needed to meet increasing demand over the following five years.

- The consequences of not meeting capacity demands would include, approximately 70% of new citizens being unable to register with a GP Surgery, practice instability/safety concerns, patients travelling considerable distances and a loss of public confidence.

During discussion the following points were raised:

- House developers made a contribution towards local services through section 75 of the Planning etc (Scotland) Act. This was, however, minimal and still left a significant funding gap.
- The integration of health and social care services would provide new flexible opportunities to help solve problems.
- It would be necessary to engage with NHS Lothian and the Council regarding their existing, and the development of, estates to ensure that opportunities were not missed.

Decision

1)   To note the presentation.

2)   To note that the Chief Officer would report to a future Joint Board meeting on the scope for utilising the existing NHS Lothian/Council estate.

16.   Sub-group updates – verbal updates

15.1   Audit and Risk Committee

Angus McCann advised that work was underway to appoint a Chief Internal Auditor and that a to-do list, including the writing of key documents, had been formulated. Committee membership had been confirmed and training sessions were underway. Meeting dates would be circulated to Committee members early the following week.

15.2   Professional Advisory Group

Carl Bickler advised that an initial meeting had taken place, however, a number of business support and confidentiality requirement issues were still required to be resolved. This would be discussed with the Chief Officer.

15.3   Performance Sub Group

Shulah Allan advised that a remit, membership and date for the first meeting (21 April 2016) had been confirmed. The remit had been drawn from two half day working groups and the membership was wide ranging.

15.4   Strategic Planning Group

Councillor Henderson provided an update on the work of the Strategic Planning Group. Following the submission of the Strategic Plan, a refreshed remit for the group would be considered in May 2016.

Decision

1)   To note the updates

2)   That Committee and Sub-Group minutes be circulated to the Joint Board as available.

Item 5.1 – Rolling Actions Log – May 2016

13 May 2016

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	**Visits to Establishments**	17/07/15 and 25/09/15	Further information on visit options – including visits to acute facilities.	Chief Officer	12 February 2016	**Recommended for closure**. Item on agenda for May Board meeting.
2	**Deputations**	20/11/15	1) To agree to pilot deputations at the Joint Board and its committees for twelve months using the procedure outlined in appendix one of the report. 2) To note that following the pilot period, a report reviewing the procedure would be submitted to the Joint Board. 3) To note that the scope for deputations would be made available as part of the forthcoming communications strategy	Chief Officer/Gavin King	November 2016	
3	**Finance**	17/07/15	1) Further report on outcome of Internal Audit Teams work on due diligence. 2) To report on a budget consultation strategy as part of the 2016/17 budget process.	Hugh Dunn / Susan Goldsmith	Not specified.	
4	**Performance Sub-Group**	20/11/15	To request that the Sub-Group provide regular updates to the	Shulah Allan	Ongoing	**Recommended for closure** – regular updates now

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			Joint Board.			established
5	**Governance Arrangements, Capacity and Infrastructure**	25/09/15	1) To request further information on activity within hospital teams to support effective patient discharge 2) To agree to receive further information on the ongoing review of Council Occupational Therapist services.	Chief Officer	Not specified	
6	**Gamechanger – Public Social Partnership** **Development Sessions 2016/17**	25/09/15 15/01/16	1) To consider future options at a development session, to include localities and inequalities issues, and links with the draft Strategic Plan. 2) To include updates on Joint Board Structure and the Leadership Group to the 12 February 2016 Development Session. 3) To add hospital capacity as an additional topic.	Chief Officer	Not specified 12 February 2016	
7	**Financial Assurance for the IJB**	25/09/15	1) That the 11 December 2015 development session would focus on the budgets being delegated to the EIJB. 2) To agree to consider Finance at the December 2015 development session, alongside the draft Strategic Plan. 3) To request further information on the decision making process regarding the £1.1m reduction in mental health nursing spend.	Interim Management Team/ Moira Pringle	December 2015	decisions (1) and (2) reported to Joint Board on 15/01/16
8	**Information, Communication and Digital Technology: Position**	25/09/15	1) To note the current position on information governance and that a further report would be provided in due course. 2) To invite the Council's ICT Solutions Team and NHS Lothian e-Health services to review and comment jointly on the Draft Strategic Plan as part of the consultation.	Interim Programme Manager/ Angus McCann	Not specified	**recommended for closure** – Development session took place on 15-04-16

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Statement		3) To request that an appropriate approach be developed for ensuring that information governance and ICDT requirements could be considered for all major service/pathway re-design proposals to ensure improved information flows along the pathway. 4) To request that appropriate and affordable ICDT delivery/implementation plan(s) were developed in relation to these service/pathway re-design proposals 5) To use a future development session to address current issues, including shared protocols, and future development, and to ask Angus McCann to act as the Joint Board's member lead on this.			
9	**New Grant Programme for Prevention of Health Inequality from 2016/17**	25/09/15	To consider grants at the Joint Board meeting in February 2016 for grants starting in April 2016, with a phased approach aligned to partner funding cycles	Chief Officer	March 2016	Grants approved at the Health, Social Care and Housing Committee on 26 January, will be report to the IJB in due course.
10	**Communications Resource and Strategy for Edinburgh and Lothian's IJB**	15/01/16	1) To agree the initial communications and engagement priorities outlined in the report and draft communications plan. This would include the development of a communication and engagement strategy for the Joint Board and further programme of activity for 2016/17. 2) To agree to the development of a dedicated structure and resourcing budget for a new communications team to support the Edinburgh Integrated Joint Board. 3) To ensure that sufficient links with localities existed 4) To request further development of staff communication	Chief Officer/ Head of Communications (CEC and NHS)	Not specified	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			including: • Roles and Remits of the Joint Board and Executive Team. • Scope for newsletters and staff events.			
11	**Community Planning Arrangements**	15/01/16	1) To agree to option 2, becoming a formal member of the Edinburgh Partnership, as the way forward for supporting community planning arrangements in the city. 2) To request that the management/ support role associated with this work was suitably addressed through the Professional/ Technical and Administrative work stream.	Chief Officer	Not specified	
12	**EIJB Directions Policy**	15/01/16	To review the approach to making directions in light of Joint Board operations at the end of 16/17 or any guidance issued by Scottish Government.	Chief Officer	April 2017	

Report

Code of Conduct and Standing Orders – May 2016 Edinburgh Integration Joint Board

13 May 2016

Executive Summary

1. The Scottish Government wrote to the Chair of all Integration Joint Boards (IJBs) in April 2016 informing them that a template code of conduct for members had been prepared and requested that a draft code of conduct be approved by the IJB and submitted to the Scottish Government by 21 June 2016.

2. The IJB's Standing Orders currently stipulate that much of it applies to committees as well as the IJB but does not apply to working groups. However, concern has been raised that this is too formal an arrangement and the committee would be able to operate more effectively without the restrictions of standing orders. This is would align the committee with the other sub-groups of the IJB.

Recommendations

3. To agree to submit the draft Code of Conduct at appendix one to the Scottish Government for approval.

4. To delete Standing Order 14.5.

Background

5. In July 2015 the IJB agreed a Members' Code of Conduct based on the Standards Commission's Model Code for Devolved Public Bodies. This was to ensure there was an agreed code of conduct for the IJB commencing.

6. A code of conduct is a requirement of the Ethical Standards in Public Life etc (Scotland) Act 2000.

Main report

7. The Scottish Government has, in co-operation with the Commissioner for Ethical Standards and the Standards Commission, prepared a template for an IJB Code of Conduct. The government are expecting the code to be implemented in full but will consider amendments in exceptional circumstances.

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8. The Scottish Government's Code of Conduct is broadly similar to the current IJB Code of Conduct. The code previously approved by the IJB includes additional paragraphs to aid understanding but is not significantly different and the loss of these paragraphs would not change the ethos of the Code. Due to the instruction by the Scottish Government that they would only consider amendments in exceptional circumstances it is not recommended that the draft code is amended.

9. The template code of conduct is attached at appendix one and the IJB is asked to approve the draft code for submission to the Scottish Government by 21 June 2016.

Key risks

10. The IJB is required to submit a draft code of conduct to the Scottish Government for approval by 21 June 2016. The Code is expected to be implemented in full.

Financial implications

11. There are no financial implications arising from this report.

Involving people

12. The Scottish Government consulted with all IJBs on the template Code of Conduct.

Impact on plans of other parties

13. There is no known impact on the plans of other parties.

Background reading/references

Ethical Standards in Public Life etc (Scotland) Act 2000.

Report author

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CODE of CONDUCT

for

MEMBERS

of

The Edinburgh Integration Joint Board

CODE OF CONDUCT for MEMBERS of the *Edinburgh Integration Joint Board*

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, "the 2000 Act", provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, "The Standards Commission" to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are "devolved public bodies" for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of the Edinburgh Integration Joint Board, "the IJB", it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of the Edinburgh IJB and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at http://www.appointed-for-scotland.org/.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6   You should also familiarise yourself with how the Edinburgh IJB policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7   You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8   The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9   You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

Enforcement

1.10   Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1   The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the Edinburgh IJB and in accordance with the core functions and duties of the IJB.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of the Edinburgh IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the Edinburgh IJB uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the Edinburgh IJB and its members in conducting public business.

Respect

You must respect fellow members of the Edinburgh IJB and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of the Edinburgh IJB.

2.2   You should apply the principles of this Code to your dealings with fellow members of the Edinburgh IJB, employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the Edinburgh IJB.

SECTION 3: GENERAL CONDUCT

3.1   The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

Conduct at Meetings

3.2   You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for the Edinburgh IJB, which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

Relationship with IJB Members and Employees of Related Organisations

3.3   You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of the Edinburgh IJB you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4   You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5   You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term "gift" includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6   You must never ask for gifts or hospitality.

3.7   You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:

   (a)   isolated gifts of a trivial character, the value of which must not exceed £50;

   (b)   normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or

   (c)   gifts received on behalf of the IJB.

3.8   You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that the Edinburgh IJB may be involved in determining, or who is seeking to do business with your *IJB*, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of the Edinburgh IJB then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9   You must not accept repeated hospitality or repeated gifts from the same source.

3.10   As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11   There may be times when you will be required to treat discussions, documents or other information relating to the work of the Edinburgh IJB in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public.

You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12   It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring the Edinburgh IJB into disrepute.

Use of Health Board or Local Authority Facilities by Members of the IJB

3.13   Members of the Edinburgh IJB must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the Edinburgh IJB*.*

Appointment to Partner Organisations

3.14   In the unlikely circumstances that you may be appointed, or nominated by the Edinburgh IJB, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15   Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1   The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called "Registerable Interests". You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB's Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2   The Regulations[1] as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your

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[1] SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3   You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4   In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5   If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Related Undertakings".

4.6   If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7   When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8   When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9   Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10   When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11   Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12   You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13   You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14   The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15   You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16   You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17   You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18   The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19   You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

(i)   greater than 1% of the issued share capital of the company or other body; or

(ii)   greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20   You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non–Financial Interests

4.21   You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22   In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1   The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For

further detail on the declaration requirements of the Edinburgh IJB, you can refer to the IJB's Standing Orders.

5.2   IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the Edinburgh IJB and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3   In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the Edinburgh IJB.   You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4   If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exits, they should seek advice from the board chair in the first instance.

5.5   As a member of the Edinburgh IJB you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6   Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs

which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance.   In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9   You must declare, if it is known to you, any non-financial interest if:

      (i)   that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or

      (ii)   that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10   The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

      (i)   a spouse, a civil partner or a co-habitee;
      (ii)   a close relative, close friend or close associate;
      (iii)   an employer or a partner in a firm;
      (iv)   a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
      (v)   a person from whom you have received a registerable gift or registerable hospitality;
      (vi)   a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining "relative" or "friend" or "associate". Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(i)   a spouse, a civil partner or a co-habitee;
(ii)   a close relative, close friend or close associate;
(iii)   an employer or a partner in a firm;
(iv)   a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v)   a person from whom you have received a registerable gift or registerable hospitality;
(vi)   a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for the Edinburgh IJB to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the Edinburgh IJB conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You

should also familiarise yourself with the "Roles, Responsibilities and Membership" guidance for members of an Integration Joint Board.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the Edinburgh IJB or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the Edinburgh IJB.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the Edinburgh IJB*.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of the Edinburgh IJB in the first instance.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a)   Censure – the Commission may reprimand the member but otherwise take no action against them;

(b)   Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:

i)   all meetings of the public body;

ii)   all meetings of one or more committees or sub-committees of the public body;

(iii)   all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c)   Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;

(d)   Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

(a)   Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b)   Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

"Chair" includes Board Convener or any person discharging similar functions under alternative decision making structures.

"Code" code of conduct for members of devolved public bodies

"Cohabitee" includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

"Group of companies" has the same meaning as "group" in section 262(1) of the Companies Act 1985. A "group", within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

"Parent Undertaking" is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking**.**

"A person" means a single individual or legal person and includes a group of companies.

"Any person" includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

"**Public body**" means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Related Undertaking" is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

"Remuneration" includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

"Spouse" does not include a former spouse or a spouse who is living separately and apart from you.

"Undertaking" means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

**STANDING ORDERS FOR THE PROCEEDINGS
AND BUSINESS OF THE INTEGRATION JOINT BOARD**

1   General

1.1   These Standing Orders regulate the conduct and proceedings of the Edinburgh Integration Joint Board and its committees and sub-committees. The Integration Joint Board is the governing body for what is commonly referred to as the Health & Social Care Partnership.   These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order").   The Integration Joint Board approved these Standing Orders on 15 January 2016 to take effect from 1 February 2016.

Membership of the Integration Joint Board

1.2   The Integration Joint Board shall have two categories of members:

        (i) Voting Members; and
        (ii) Non-Voting Members

1.3   The City of Edinburgh Council and Lothian NHS Board have elected to nominate 5 members each to the Integration Joint Board, who shall be the voting members.

1.4   The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.

1.5   The City of Edinburgh Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board.

1.6   If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute , who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting.   If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting.

2   Varying, Revoking or Suspending Standing Orders

2.1   Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2.2   Any one or more of these Standing Orders may be varied, suspended or revoked at a meeting of the Integration Joint Board following a motion moved and seconded and with the consent of the majority of voting members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly indicates that there is a proposal to amend the standing orders, and the proposal itself does not result in the Integration Joint Board not complying with any statutory provision or regulation.

3   Chair

3.1   The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.

3.2   If both the Chair and Vice Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

4   Vice-Chair

4.1   The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.

4.2   In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

5   Calling and Notice of Integration Joint Board Meetings

5.1   The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.

5.2   The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.

5.3   A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the Chair refuses to call a meeting, or does not do so within 7 days of receiving the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

5.4   Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members' usual place of residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5   With regard to calculating clear days for the purpose of notice:

Delivery of the Notice	Days excluded from the calculation of clear days: ✓ The day the notice is sent ✓ The day of the meeting ✓ Weekends ✓ Public holidays Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.

5.6   Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7   Integration Joint Board meetings shall be held in public. The Clerk shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held.

5.8   While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

5.9   The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

5.9.1   The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

5.9.2   The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process

or contract negotiation.

5.9.3   The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

5.9.4   The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.

5.9.5   The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.10   The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.

5.11   A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

6   Quorum

6.1   No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.

6.2   If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

7   Authority of the Chair at meetings of the IJB and its Committees

7.1   The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

7.2   Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.

7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

8   Adjournment

8.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

9   Voting and Debate

9.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 9.2-9.10 would not need to be used.

9.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question.   A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.

9.3 Any voting member may move a motion or an amendment to a motion and it is expected that members will notify the Chair in advance of the meeting. The Chair may require the motion to be in writing and that the mover states the terms of the motion. Every motion or amendment is required to be moved and seconded.

9.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.

9.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.

9.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.

9.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine

himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.

9.8   A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

9.9   Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 9.

9.10   Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

10   Changing a Decision

10.1   A decision of the Integration Joint Board can not be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:

10.1.1 The Chair rules there has been a material change of circumstance: or

10.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

11   Minutes

11.1   The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded.   The names of any officers in attendance shall also be recorded.

11.2   The Clerk (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following meeting.

12   Matters Reserved for the Integration Joint Board

Standing Orders

12.1   The Integration Joint Board shall approve its Standing Orders.

Committees

12.2   The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.

12.3   The Integration Joint Board shall appoint all committee members, as well as the chair of any committees.

Values

12.4   The Integration Joint Board shall approve organisational values, should it elect to formally define these.

Strategic Planning

12.5   The Integration Joint Board shall establish a Strategic Planning Group (Section 32 of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).

12.6   The Integration Joint Board shall approve its Strategic Plan (Section 33) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan (Section 37).

12.7   The Integration Joint Board shall review and approve its contribution to the Community Planning Partnership for the local authority area. The Integration Joint Board shall also appoint its representative(s) at Community Planning Partnership meetings.

Risk Management

12.8   The Integration Joint Board shall approve its Risk Management Policy.

12.9   The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

Health & Safety

12.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

Finance

12.11 The Integration Joint Board shall approve its annual financial statement (Section 39).

12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

12.13 The Integration Joint Board shall approve its annual accounts.

12.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

Performance Management

12.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

12.16 The Integration Joint Board shall approve its performance report (Section 43) for the reporting year.

13   Integration Joint Board Members – Ethical Conduct

13.1   Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the Ethical Standards in Public Life etc (Scotland) Act 2000.   The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Clerk shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Clerk of the need to change the entry within one month after the date the matter required to be registered.

13.2   The Clerk shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

13.3   Members must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, before determining whether to take part in any discussion or decision on the matter.

13.4

13.4 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Clerk who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

14 Committees and Working Groups

14.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.

14.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.

14.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required.

14.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.

14.5 ~~The Standing Orders relating to the calling and notice of Integration Joint Board meetings, conduct of meetings, and conduct of Integration Joint Board members shall also be applied to committee meetings but not working groups.~~

14.~~6~~5 The Integration Joint Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.

14.~~7~~6 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

14.~~8~~7 A member may be regarded as being present at a meeting of a committee if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

Report

Communications and Engagement Strategy 2016 to 2019
Edinburgh Integration Joint Board

13 May 2016

Executive Summary

1. Each IJB is required to have a communications and engagement plan in place.

2. The attached high level plan sets out the principles and protocols for our communication and stakeholder engagement activity.

3. Only through effective stakeholder engagement will we be able to achieve our ambitious goals.

4. A series of more detailed communication action plans will be created for individual projects, campaigns and activities. This will include behaviour changing campaigns such as educating service users on visiting their GP, We will also actively support national awareness days and activities, for example Suicide Prevention Week

Recommendations

5. Support a proactive communication and engagement approach for the IJB and Edinburgh Health and Social Care Partnership's wide range of partners and stakeholders.

6. Agree the draft communication and engagement plan for 2016 to 2019.

Background

7. See attached communications and engagement plan for 2016 to 2019.

Main report

8. See attached communications and engagement plan for 2016 to 2019.

Key risks

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9. There is limited risk in engaging stakeholders. There is, however, a high risk that we will not achieve our objectives if we do not engage our wide stakeholder audience which includes employees, service users, delivery partners and many other groups.

Financial implications

10. This plan should not incur additional costs as it is about agreeing a consistent approach and range of protocols for engagement and communication.

Involving people

11. Involving people is a key objective of the plan and it sets out the principles for how we engage and the communication tools and channels we will mainly use.

Impact on plans of other parties

12. There is no known impact on the plans of other parties.

Background reading/references

None.

Report author

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

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Links to priorities in strategic plan

[Link 1]	[Details]
[Link 2]	[Details]

Edinburgh Health and Social Care Partnership

Draft Communication and Engagement Plan 2016 to 2019

Working together for a caring, healthier, safer Edinburgh

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

Introduction

Communication and engagement is critical to the success of the Edinburgh Integration Joint Board (EIJB) and the Edinburgh Health and Social Care Partnership (the Partnership). Only by truly working together with partners, colleagues and the general public will we be able to achieve our ambitious plans.

Strategic Plan

The Partnership and EIJB have produced and approved a strategic plan outlining its aspirations and priorities from 2016 to 2019.

The Partnership faces a number of challenges including the growing population, more people living with long term and complex conditions and a very difficult financial climate for the foreseeable future.

The plan identifies our key priorities which link together and are all equally important. They focus on:

- identifying those at risk
- preventing avoidable ill health
- providing timely and appropriate interventions that promote recovery
- using the resources and capacity of all partners effectively.

Our strategic plan sets out the Partnership's six priorities and 12 areas of focus which will allow us to deliver change. It also details an action plan containing 44 actions identified as required if we are to meet these priorities.

The strategic plan sets out in detail the challenges and the opportunities in delivering health and social care against Edinburgh's projected demographics and resources. The strategic plan and accompanying joint strategic needs assessment (JSNA) document will be updated on a regular basis and will be available online.

Key messages

We will have a series of different messages for various stakeholder groups throughout the three year period. We will develop individual communications plans to address specific issues, awareness and social marketing campaigns. Communications will be targeted both city-wide and to locality bases as appropriate. However, all communications will follow the protocols outlined in this plan and be in line with the Strategic Plan.

Our six key priorities from the Strategic Plan are:

1. **Tackling inequalities**
   Working with our partners to tackle the causes of inequality and health inequality by supporting those at greatest risk and focusing on:
   - mitigating the health and social consequences of inequalities
   - helping individuals and communities resist the effects of inequality on health and wellbeing.

2. **Prevention and early intervention**
   Supporting and encouraging people to achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing; making choices that increase their chances of staying healthy for as long as possible and where they do experience ill health, promoting recovery and self-management approaches.

3. **Person centred care**
   Placing 'good conversations' at the centre of our engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed.

4. **Providing the right care in the right place at the right time**
   Delivering the right care in the right place at the right time for each individual, so that people:
   - are assessed, treated and supported at home and within the community wherever possible and admitted to hospital only when clinically necessary
   - are discharged from hospital as soon as possible with support to recover and regain their independence at home and in the community
   - experience a smooth transition between services
   - have their care and support reviewed regularly to ensure these remain appropriate
   - are safe and protected.

5. **Making best use of capacity across the whole system**
   Developing and making best use of the capacity available within the city by working collaboratively across:
   - the statutory sector
   - third and independent sectors
   - housing organisations
   - communities
   - individual citizens, including unpaid carers
   to deliver timely and appropriate care and support to people with health and social care needs, including frail older people, those with long term conditions and people with complex needs.

6. **Managing our resources effectively**
   Making the best use of our shared resources (people, buildings, technology, information, procurement approaches) to deliver high quality, integrated and personalised services, which improve the health and wellbeing of citizens whilst managing the financial challenge.

Health and social care outcomes

Health and social care outcomes diagram: People and organisations working together for a caring, healthier, safer Edinburgh.

Outer ring text (clockwise): organisations · working · together · for · a · caring, · healthier, · safer · Edinburgh. · People · and

Outer blue circles:
- Locality working
- Tackling inequalities
- Prevention and early intervention
- People living with disabilities
- Mental health and substance misuse
- Frail older people and those with dementia
- Sustainable primary care
- Long term conditions
- Integrated workforce development
- Knowing our population better
- Technology
- Living within our means

Inner labels:
- Tackling inequalities
- Prevention and early intervention
- Managing our resources effectively
- Person centred care
- Making best use of capacity
- Right care, right place, right time

Communication protocols

We will undertake a wide range of communications which reflect our **vision** and **values**. Our communications will:

- ensure service users and their carers can have a genuine influence on how services are provided and who provides them

- ensure that any engagement is a positive experience for all those involved

- bring together knowledge and information from engagement in service planning and development in other areas, for example the work in Neighbourhood Partnerships

- ensure there is a clear explanation for service users and carers about their roles

- where possible, use venues preferred by service users and carers which are fully accessible

- ensure all activities will be recorded and made public

- recognise that large events may not encourage people to speak out and a range of opportunities to do so will be provided, that ensure the integrity of the consultation, through:

  o letter and/or response to other written or visual publications
  o provision of advice from user and carer led organisations
  o focus groups
  o user and carer forums involving different interest groups
  o surveys of service user and carer experience and views
  o support from advocacy workers for service users and carers to present their views and protect their interests.

Our vision

People and organisations working together for a caring, healthier, safer Edinburgh.

Our values

We will respect the principles of equality, human rights, independent living, and will treat people fairly.

The following principles will guide communications with our key audiences.

- **Clear, concise and inclusive**
  Language will be accessible, jargon free and easy to read. We will commission easy read versions of relevant print materials and the Interpretation and Translation Service can provide large print and translations if needed.

- **Open and honest**
  Ensure complete transparency and understanding by our target audience.

- **Sustainable**
  Maintain a regular dialogue with target audiences without it feeling onerous.

- **Targeted**
  Reach the right audience, in the right place and at the right time.

- **Tested**
  Check with service users to ensure we are using the right language to speak to our audiences. This is particularly relevant for those with low literacy, learning disabilities, older people and where English is not someone's first language. It is also a key to success for behaviour changing campaigns.

- **Timely**
  Respond to the need for information at the right time and ensure we give people enough time to respond to consultations and surveys.

- **Two-way**
  Listen to people and give them the opportunity to respond or ask questions in a way that suits them.

Communication and engagement objectives

Significant work has already taken place in engaging stakeholders in the development of the strategic plan for Edinburgh.

In addition the Partnership workforce has a very good track record of engagement with key stakeholders on both the health and social care sides.

Effective engagement with stakeholders is integral to the way we must work going forward. To succeed in our objectives we need to:

- ensure effective communications and engagement across the integrated workforce

- ensure the public and services users have an understanding of the services available and how to access these

- work closely with and engage partners and key stakeholders to achieve common goals

- protect and enhance the reputation of the Health and Social Care Partnership and the partner organisations.

In addition, as part of the Integrated Care Fund, funding has been identified to continue, and build on, previous health and social care campaign and engagement activities which focus on prevention work. In the past this has included dementia awareness and falls prevention campaigns as well as Live Well in Later Life activities. These campaigns rely on working closely with organisations and services that support these vulnerable audiences.

Communication approach and activities

We will employ a range of communications activities, methods and tools for two-way communication with our key audiences. These will include:

Branding

Maintaining a consistent visual identity, or look and feel, supports engagement with user groups and Edinburgh Health and Social Care Partnership colleagues.

The information we provide will be clear and easy to understand and as accessible as possible, following best practice guidelines.

The Partnership has adopted an icon-based look and feel, tested with target audiences. All leaflets will carry the "Happy to Translate" information and be available in large print and different languages.

Employee communications and engagement

It is a priority to ensure that everyone understands the vision and strategy for the new organisation, as well as their role in the integrated workforce so that they feel engaged.

We also need to provide colleagues with the opportunity to share their views and clearly demonstrate that they are part of a listening and responsive organisation.

Stakeholder engagement

A wide range of stakeholders exists across the health and social care spectrum. However, our two main target audiences are our service users and their carers along with partner organisations that help us deliver health and social care services. Our commitments to these audiences mean that:

- **public involvement**
  we will continue to carry out our duty of meaningful public involvement, participation and consultation with service users and their carers

- **partner involvement**
  we will work effectively with partner organisations to understand each other's needs and businesses, agree objectives and achieve our common goals.

Digital

While a range of communication channels will be adopted, there is an expectation that information is easily accessible in a digital format.

An easily available and accessible web presence, providing useful information and clear links to partner organisations, will be fundamental to our communicating effectively.

The Partnership will also engage with stakeholders through social media. This will help encourage participation and provide a channel to respond to feedback.

Media relations
Effective media relations offers the opportunity to enhance and protect the Partnership's reputation and to promote public confidence.

As the Partnership develops we will need to proactively manage the organisation's reputation and news agenda, and respond to questions regarding the decisions being taken and the strategic approach to the provision of services.

Social marketing and campaigns
The Partnership has a key role in championing prevention and supporting people to make lifestyle choices that reduce their longer term need for health and social care services.

A wide range of campaign or public information materials will be produced to reflect the strategic plan priorities. This may range from service specific leaflets to wider campaigns on for example public protection, smoking cessation and breast feeding and dementia awareness.

Audience segmentation and targeting

We can segment our audiences into several high level groups, as below.

Key stakeholder groups:

- EIJB members and sub-committee members

- Political/legislative stakeholders including Scottish Government, MSPs and MPs

- EHSCP workforce in locality hubs and premises throughout the city

- Patients/service users and carers

- NHS Lothian:
  - Board and sub-committees
  - Support services eg Organisational Development (OD), Finance, Communications
  - Acute services
  - Set aside services

- City of Edinburgh Council:
  - Elected members
  - Directors
  - Centralised services, eg OD, Workforce Planning, Finance, Committee Services, Business Intelligence and Communications.
  - Localities and related support services, eg delivery partners in Housing, Safer and Stronger Communities, locality workforce in each of the four localities, services to support children.

- Other IJBs, particularly those in Lothian with hosted services

- Third sector and interface organisations, for example EVOC, Edinburgh Social Enterprise Network, CCPS etc

- The independent sector

- Commissioned service providers of EHSCP services

- Community Planning Partnerships, including Neighbourhood Partnerships, Community Councils, Police Scotland, Scottish Fire and Rescue Service, community groups etc

- Regulatory bodies

- Representative bodies and groups, for example Edinburgh Health Forum and A City For All Ages

- Trade unions.

This list is not exhaustive and will continue to develop over time.

Communications tools and resources

We will use these tools and resources to ensure understanding of the Edinburgh Health and Social Care Partnership:

Tool/channel	Audience	Purpose	Frequency
Branding			
The Edinburgh Health and Social Care Partnership visual identity	All audiences	Information is clear and easy to understand. Maintaining a consistent visual identity, or look and feel, can help support engagement with user groups and employees	On all publications
Employee communication and engagement			
EHSCP enewsletter	EHSCP workforce	To provide regular updates and allow two-way communication with the Chief Officer	Fortnightly
Transform Edinburgh website	EHSCP workforce	To inform and engage	Regular updates
FAQs in print form and hosted on the Transform Edinburgh website	EHSCP workforce	To inform and allay fears about change	As new questions arise
NHS Lothian and City of Edinburgh Council intranet sites	EHSCP workforce and Council/ NHS Lothian colleagues	For employment-related information, eg salary scales	Regular updates
Executive visibility programme	EHSCP workforce	To introduce EIJB and executive team members to frontline colleagues and allow two-way communication	Year round programme
Employee recognition	EHSCP workforce	To recognise the workforce for excellent performance	Annually
Employee survey	EHSCP workforce	To monitor engagement and analyse and respond to results	Annually

Tool/channel	Audience	Purpose	Frequency
Email healthsocialcareintegration@ edinburgh.gov.uk	EHSCP workforce and some external organisations	To provide an easy two-way communication method	As needed
Text alerts	EHSCP frontline colleagues	Instant short messages to frontline colleagues	Urgent business needs
Printed materials eg Connections	EHSCP workforce and NHSL colleagues	To inform and engage	Quarterly
Stakeholder engagement			
Consultations and consultation events	Service users and key stakeholders	Public involvement, engagement and consultation on strategy and services	As required
EHSCP enewsletter	Key stakeholder groups	To inform, engage and update	Monthly
Deputations to EIJB meeting	Interested bodies and groups	For the general public to present their views on agenda items	At EIJB meetings
Briefings	Target audiences, eg elected members, NHS Lothian and Council directors and senior management	To inform, engage and update on key issues	Ad hoc
FAQs (hosted online and in print)	All target audiences	To provide answers in an easy to digest format	As new questions arise
Digital			
Transform Edinburgh website friendly URL edinburgh.gov.uk/ehscpartnership Also links to and from NHS Lothian and City of Edinburgh Council website for specific information	All target audiences	To inform, engage and educate.	Regular updates
Email TransformEdinburgh@ edinburgh.gov.uk	Web visitors	To provide an easy two-way communication vehicle	Ongoing
Email healthsocialcareintegration@ edinburgh.gov.uk	EHSCP colleagues and some external organisations	To provide an easy two-way communication vehicle	Ongoing
Social media channels (predominantly Twitter and Facebook)	All target audiences	To inform, engage and educate	Planned content
Media relations			
Media engagement in the form of press releases, photocalls, case studies etc	Media	Reactive and proactive engagement to enhance and build the Partnership's reputation and promote confidence in the Partnership	Regular and as needed

Tool/channel	Audience	Purpose	Frequency
Social marketing and campaigns			
Series of campaigns and literature on relevant topics to encourage citizens to take responsibility for their health and change their behaviour	Targeted audiences	Will range from service specific leaflets to wider campaigns, for example public protection, falls prevention, smoking cessation, breast feeding or dementia awareness	Ongoing
Freedom of information/complaints process			
Complaints process	General public	Respond to complaints, issues and compliments	As needed
Freedom of information process	Media and general public	Receive and respond to Freedom of Information requests that may cut across both the local authority and health board	As needed

Risks, issues and dependencies

Risk, issue or dependency	Mitigation or comment
Web development needed	Make best use of and create links between Transform Edinburgh, City of Edinburgh Council and NHS Lothian websites until a way forward can be agreed.
Complex subject to communicate	Break down the strategy and complex structure and governance in to a story that people can understand. Use accessible channels and language. Create easy read versions of significant documents.
Expectation of changes immediately after 1 April	Manage expectations by communicating in terms of next steps and key milestones.
Changes creates uncertainty and anxiety	Clear and timely communications plan developed and implemented including monitoring and measurement to gauge effectiveness.
Wide range of stakeholders involved in the health and social care spectrum	Full stakeholder analysis to be undertaken to aid development of a comprehensive engagement plan.
Confusion over contact points	Roles and responsibilities to be agreed and communicated. Develop clear communications and contact points to target audiences.
Differences in culture and language used between the two organisations and service users	Service Level Agreements will be put in place to agree a robust approvals process.
Resource for communication	Communications resource in place to deliver the communications and engagement strategy.

Monitoring, measurement and evaluation

We will develop a range of metrics to measure the effectiveness of our communications against SMART objectives.

For each communication project or campaign we will set objectives and monitor throughout the campaign or project period.

We will establish and use a variety of methods to monitor, measure and evaluate including:

- Web and social media analytics to measure awareness, attitude, behaviour and action
- Focus groups and surveys to gauge opinion and feedback
- Consultation tools to develop services and engage key stakeholders
- Client and stakeholder feedback to monitor effectiveness
- Success of campaign calls to action (eg phone this number, visit this web page)
- Changes in behaviour for social marketing campaigns
- Media monitoring to evaluate media enquiries and coverage
- Employee surveys to measure engagement and satisfaction.

Edinburgh Health and Social Care Partnership – Visit Programme 2015-16

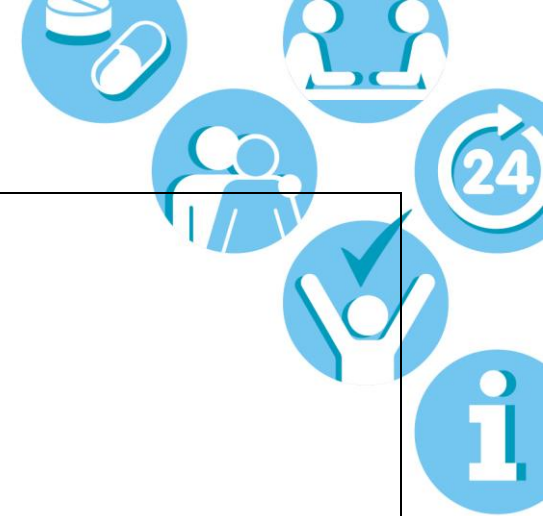| Visit Date/Time	Location of Visit	Description/focus of visit	Lead/Service Lead with responsibility to progress	Contact Details
Tuesday 3 May 2016 11.30 – 14.30	Royal Infirmary Edinburgh (RIE)	Emergency Department, Acute Medical Unit and Discharge Hub	Pat Straw/Andrew Coull/Janice Alexander	Pat.Straw@nhslothian.scot.nhs.uk Directorate Assistant 0131 242 6926
Monday 9 May 2016 10.00 – 11.30	Liberton Hospital	Integrated Older People's Service (IOPS)	Pat Straw/Andrew Coull/Janice Alexander	Pat.Straw@nhslothian.scot.nhs.uk Directorate Assistant 0131 242 6926
08.30 – 10.30 20th June *or* 8th August	Western General Hospital	To provide board members with an understanding of the WGH campus, the unscheduled care services and challenges associated with patient flow 08.20 Meet in the Meeting Room in Turner House 08.30 – 09.00 WGH Site Safety huddle 09.00 – 09.30 Visit to Minor Injuries unit, Medical Assessment Unit and Surgical Assessment Unit 09.45 – 10.00 Visit to Medicine of Elderly ward 10.00 – 10.30 RVB Seminar Room – discussion re unscheduled care flow, boarding , issues arising from visit	Chris Stirling/ Emma Wilson	Emma.E.Wilson@NHSlothian.scot.nhs.uk Personal Assistant 0131 537 1983
Part one: 6th & Part two: 9th June Part one: 14th & Part two: 16th June Part one: 27th & Part two: 30th June. Parts one and two will be 9am-11am	South East Locality Hub – Part One: Liberton Hospital Part two: East Neighbourhood Centre	To inform the IJB members of:- Progress to date in the development of the Hub and the direction of travel required to integrate the services. To demonstrate and evidence positive outcomes for service users To highlight some of the challenges in service provision and explore potential solutions. To enable the members to gain an insight into the diverse nature of the work undertaken This is a visit that needs to be undertaken in 2 parts. **Part One** • Welcome at Liberton hospital by Nikki Conway. • Observe the Huddle undertake it's daily screening • A wide variety of services attend and will be able to provide a brief overview of their input to the Huddle and Hub. • Question and answer session with Nikki Conway, Irene Thomson and Dawn Arundel This visit will take around 1.5 hours **Part Two**	Nikki Conway/ Irene Thomson	Irene.thomson@edinburgh.gov.uk Sector Manager 0131 553 8211

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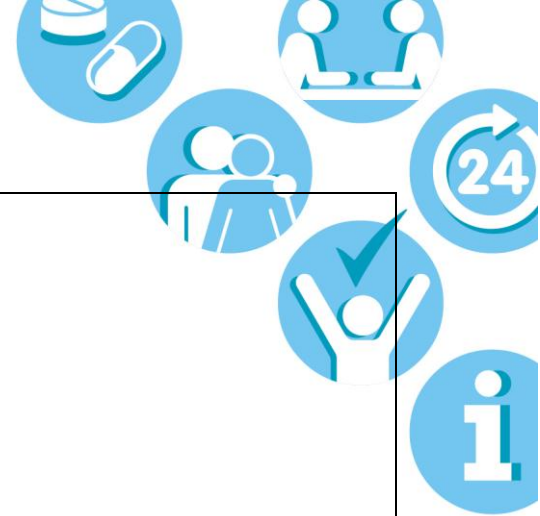
		• Welcome at is a visit to East Neighbourhood Centre, Craigmillar by Nikki Conway • Observation of the social work screening process. • Question and answer session with Screening senior Nikki Conway, Irene Thomson and Dawn Arundel • This opportunity will enable to the members to observe the overlaps between community social work and the work of the hub, thus giving a clear focus on the direction of travel for future development and the potential positive impacts for the prevention of admission and early discharge. This visit would be approximately 2 hours. **Ideally I would propose that the visit consists of no more than 5 members at a time.** Both events occur at 9 am and ideally I would propose that the group of 5 attend parts one and two on following days.		
Tuesday 5th July 13.30 – 17.00 **Monday 18th July** 9.30 – 12.00 **Tuesday 9th August** 9.00 – 12.00 **Tuesday 23rd August** 14.00 – 17.00	Royal Edinburgh Hospital (REH)	Can be varied: 1. To see new Phase 1 hospital and discuss progress to community models of care to support and link to whole campus redesign and IJB strategic plan 2. To visit inpatient services in one or more of: adult mental health, older adult MH, LD, CAMHS, substance misuse 3. To visit and understand the regional services: forensic, custody healthcare, prison healthcare, eating disorders, veterans and trauma, psychotherapy We will respond to IJB members wishes and can put a programme together for them depending on their emphasis. I have provided dates when Alex McMahon will be at REH.	Tim Montgomery	Tim.Montgomery@nhslothian.scot.nhs.uk Director of Operations 0131 537 6402
Monday 11 July **Friday 12 August** 9.00 – 12.00 or 13.30 -16.30	Astley Ainslie Hospital	Opportunity to understand the in-patient and out-patient services delivered in Astley Ainslie Hospital including SMART Centre	Sheena Muir	Sheena.Muir@nhslothian.scot.nhs.uk Assistant General Manager 0131 537 9202
Friday 9th September **Friday 7 October** 11.00am – 14.00pm	Westerhailes Healthy Living Centre	Tackling health inequalities through headroom and Westerhailes Living Initiative	David White/ Louise Crawford	Louise.crawford@nhslothian.scot.nhs.uk Personal Assistant
Thursday 22nd September 9.15am-12pm	HBCCC Setting Ellens Glen	Ellens Glen: 9.15 Tea & coffee on arrival 9.30 Dr Anderson – Overview of the service 9.50 Senior Charge Nurse Samantha Wight - Being a new member of HBCCC. 10.20 Digital Reminiscence – Deputy Charge Nurse Kirsty Jack 10.40 Project overview in Thistle Ward - Activities Co – ordinator	Maria Wilson, Caroline Lawrie	Linda.brown@nhslothian.scot.nhs.uk Caroline.lawrie@nhslothian.scot.nhs.uk

		and Senior Charge Nurse Annette Mohadeb		
		11.10 Link nurse role - Hawthorn Staff. 11.10-12pm Ward tours and Tea and coffee		
Friday 23rd September 9.15am -12pm	HBCCC Setting Findlay House	Findlay House: 9.15 Tea & coffee on arrival 9.30 Senior Charge Nurse Saro Mutebua Relative engagement Plan 9.50 Carer experiences 10.20 Senior Charge Nurse Fiona Ross - Fillieside 10.40 Patient centred care planning – both wards 11.10 Deputy Charge Nurse Anne Lyttle -The senses Framework and relationship centered Care 11.10-12pm Ward tours and Tea and coffee	Maria Wilson, Caroline Lawrie	Linda.brown@nhslothian.scot.nhs.uk Caroline.lawrie@nhslothian.scot.nhs.uk
Wednesday 19 October 2pm-4pm	Gylemuir Care Home	IJB visit, service overview, purpose and show round. 1. Meet with managers and depute/team leader to outline the service purpose, aims, outcomes, current team model. Tea/coffee and home baking will be available. 2. Walk round the service to see the care home and care delivery, meet the residents. 3. Groups would have to be no more than 5 to walk round, therefore split over 2 floors 5 in each group of 2. 4. Return to the office for questions.	Marna Green	Jamie.macrae@edinburgh.gov.uk
Wednesday 2nd November 2pm-4pm	Drumbrae Care Home	IJB visit, service overview, purpose and show round. 1. Meet with managers and selected staff to provide an outline of the service, objectives and how they are delivered, outcomes, team model. 2. Walk round the service to see the care home and care delivery, meet the residents. 3. Groups would have to be no more than 5 to walk round, therefore split into 2 groups of 5 with a manager showing them round 4. Return to the office for questions	Nikki Conway	Jamie.macrae@edinburgh.gov.uk
Wednesday 23rd November 9am – approx 12pm	North East Locality Hub – Bonnington Centre	To observe the NE locality hub in operation, meet members of staff involved in integrated working at the front line and to note progress made in addressing obstacles to integration and the impact this has had on productivity and outcomes for residents of the NE locality.	Angela Lindsay/ Anna Mitchell Fiona Stratton	Anna.Mitchell@nhslothian.scot.nhs.uk Personal Assistant Fiona.stratton@edinburgh.gov.uk

		To visit Hibernian Football Club and hear more about the GameChanger, the public social partnership between NHS Lothian, Hibernian Community Foundation and Hibernian Football Club, which aims to harness the power of football to help tackle inequalities and promote social justice 9:00 coffee/ tea – Bonnington Centre 9:15 meet members of multidisciplinary team (including 3rd sector agencies involved in developing hub and cluster working in the NE locality). Hear about progress in changing the model of care of at risk/ high resource individuals. Hear how the teams are developing their use of technology and information management to identify and monitor risk and to deliver appropriate plans/ support self management. Update on the impact of Integration Fund resources deployed to increase the deployment of anticipatory care plans which ensure delivery of care in the optimal setting. Opportunity to discuss the integration of the long term conditions and multimorbidity programmes within the wider community health and social care team. Opportunity to reflect with staff about new ways of working adopted and staff perceptions of the experience and impact of recent change. 10.00 – observe daily 'huddle' meeting – proactive meeting to identify all unscheduled admissions/ community dwelling residents who are immediate risk of admission and development of plans to support delivery of care as close to home as possible. Provides opportunities to discuss progress with improving integrated IT solutions, new ways of working across teams and disciplines, engagement with 3rd sector. 10:40– travel to Hibernian Football Club 11:00 – GameChanger: Opportunity to meet with key individuals involved in innovative models of health and social care delivery in the NE locality, particularly health promotion partnerships with the Hibernian Football Club, through the Public Social Partnership GameChanger.		
Tuesday 6th December **Thursday 15th December** 0930-1130	Leith Community Treatment Centre	To provide Board members of an understanding and awareness of the services on offer within the CTC, and the varying management structure. - Welcome and introductions – Angela Lindsay	Angela Lindsay/ Anna Mitchell	Anna.Mitchell@nhslothian.scot.nhs.uk Personal Assistant

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		• Clinical / Service Provision – Dr Mike Ryan • Older Peoples Rehabilitation and Assessment (OPRA) - Nina Szmaites • Physiotherapy – Sharon Strachan • Tea / Coffee and short tour of CTC – Pat Bennett • Medical Imaging – Judi Smith • OPD – Linda Wilson • ECG - Diane Smith • Dental – Jo Ballantyne • Victoria Practice – Dr Ian McKay • Speech & Language Therapy – Alison Sinclair		

Report

Huddle Test of Change

Edinburgh Integration Joint Board

13th May 2016

1. Executive Summary

1.1 The purpose of this report is to update the Edinburgh Integration Joint Board, (EIJB), Board on the approach and actions around the implementation of the Huddle model, to progress improvements on the whole system pathway and discharge from hospital.

1.2 It has come to this meeting as a current standing item.

2. Recommendations

1.3 To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP), is taking a whole system approach to improve the whole system pathway, including discharge from hospital.

3. Background

3.1 An early action that had been agreed on a whole system basis, through Lothian's Winter Plan 2015-16, was a test of change to develop a *Locality Huddle* model for older people. The approach fits with the Lothian partners' intention of 'doing something differently', and moving away from a bed based model of support for winter surge activity. The origins of the test in Edinburgh, is consistent with the Huddle models implemented in East Lothian, ELSIE, and Midlothian, MERRIT, which have both shown improvements in pathways for people.

3.2 The development of the Huddle model is a key action to meet the commitments in Edinburgh's Strategic Plan, ratified by the EIJB Board in March 2016, that will see each locality coordinating community resources more effectively, with a focus on prevention, early intervention, anticipating and planning for care needs and long term support, as well as the key priority within the plan of people having the right care, at the right time in the right place.

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3.3 The Huddle model also fits with the national *Living Well in Communities, September 2015,* priority areas on prevention, pathways and delayed discharges, which sees a key action to reduce the number of bed days occupied through delayed discharge, by testing and implementing innovative solutions to redesign whole system responses across all sectors.

3.4 Instead of the traditional long lead in time planning for change on a large scale across Edinburgh, improvement methodology has been utilised to test this Huddle model in the South East, (SE) locality, with a dynamic approach of direct application of iteratively developing, reviewing and improving the systems and processes to make the change happen successfully.

3.5 Now that progress on infrastructure set up and application is being achieved in South East, the spread of Huddle development will occur in a methodical way in the other three Edinburgh localities over the summer.

3.6 This action orientated work stream contribute to the six priorities agreed in Edinburgh's Strategic Plan:

- Right care, right place, right time
- Prevention and early intervention
- Managing our resources effectively
- Tackling Inequalities
- Person centred care
- Making best use of capacity across the whole system

3.7 It should be noted that the development of the Locality **Hub** model, is associated with the new integrated health and social care organisational and management structure proposals. This is currently being developed through due engagement, governance and consultation processes across NHS Lothian and City of Edinburgh Council health and social care. The Huddle is the triage/assessment function, receiving of referrals, with the various functions being proposed within the Hub providing the services and supports for the outcome required. Current services and supports are being accessed appropriately meantime.

4. Main report

4.1 The aim of the Huddle model is to improve and optimise a way of collaborative working in Edinburgh, to an assets based approach, optimising access to all the community resources from all providers, and improve

integrated working across Acute, Primary care and Health & Social Care services, ensuring people are in the right place at the right time by:

- preventing avoidable admission
- increasing the number of supported discharges in each locality
- developing a co-ordinated, responsive and preventative model of care through the locality hub approach

4.2 The Huddle development will allow people to:

- stay at home safely
- be discharged home safely, within 72 hours of discharge decision being made
- receive the right care and support in a responsive manner

4.3 The Edinburgh H&SC Partnership took ownership of the Huddle test of change in October 2015, and the South East team have been actively working strategically and operationally, through the key elements of the agreed Project Plan to:

- Develop <u>referral mechanisms and pathway</u>: this is complete, and is starting to be tested using real cases. Iterative improvements will be made moving forward, and will include the learning from the implementation in the other three locality areas as well.

- Identify the <u>Huddle infrastructure</u> requirements and costs: this is almost complete.   Final structural changes to the Liberton facility are underway.   Daily huddles are now operational in South East after having been tested to ensure timing and information availability is optimised, as well as being clear about where responsive support will occur. Cases are now being actively worked through in South East, with a portfolio of Case Studies being developed for future learning about different actions that may have been taken to support people in a more appropriate setting rather than being admitted to hospital, or actions to expedite discharge arrangements. These cases are also being used to test the tracking of information gathering that will be required moving forward, to measure impact. Huddles are being developed in the other three localities too, and will become more established over the summer months.

- Consider <u>workforce, recruitment and training</u> requirements and costs: Clinical Support Workers have been recruited to enhance the ability to respond to meeting needs at short notice.   Wider discussions are

underway to consider the wider workforce improvements associated with the Hub proposals being developed, with a high degree of enthusiasm and willingness encountered thus far within the Huddle environment, to optimise relationships, and contributions for various groups of staff.

- Identify how <u>impact will be measured</u>, and performance monitored, recorded and reported: a key set of measures have been identified for Huddle activity, with our Healthcare Improvement Scotland, (HIS), Local Integration Support Team, (LIST), member who is supporting the Edinburgh H&SCP, contributing to the development of the performance framework. The initial consideration for impact measures is identified in *Annex 1*, highlighting why these measures have been identified. It is clear that, as there are various methods of data collection across systems and sectors, this does create a challenge going forward. Currently Performance Team colleagues do have the outline recording and monitoring tracking sheets that are being developed in South East in order to determine the most effective, robust method of data collection for the baseline, impact evaluations, as well as refining the data collection mechanism for the whole of Edinburgh, moving forward.

- Develop a <u>communications strategy</u>, in order that staff and other stakeholders are informed of improvements: this is underway, and will be part of the overarching Strategic Plan communications to identify progress against the agreed priorities.

- Identify mechanism for <u>evaluation of the implementation process itself</u>: HIS colleagues are involved with the EHSCP on this, to evaluate how an action orientated iterative improvement method has impacted on staff, and their ability to do something differently.

4.4 To progress the South East Huddle Test to the whole of Edinburgh, there was a workshop for key clinical staff, managers and other stakeholders on the 29th January to share the early learning, Project Charter and Outline Project Plan. This included sharing the experience of some of the key challenges encountered. Key actions from this session included:

- Each of the Interim Locality Managers in the other three areas are now underway in identifying their Huddle base, and setting up their own operational groups
- The Huddle Operational and Steering Group membership reflecting the agreement to include older people with mental health within the

Huddle, and other key stakeholders such as the ambulance service, and workforce development.

- The importance of securing project management support, and a case being made for this
- Agreement on the core measures, and securing the support to develop and administer this
- Each Huddle ensuring local engagement with the third, independent and housing sectors to optimise opportunities for improved outcomes and effective use of resources
- Ensuring links with the professional advisory group
- Development of a communication strategy, in line with the Strategic Plan priorities, for both staff and wider communities to help keep people informed of new ways of working
- Agreement to have another learning event in three months to take stock on progress. This has been arranged for the 3rd May 2016, where a wider group of Edinburgh wide stakeholders will attend to share learning so far, and agree on refinements that require to be made.

4.5 The wider stakeholder Huddle learning event on May 3rd will draw on the feedback from the South East Team thus far, looking at:

- What is working well
- Where have the challenges been and how these are being overcome
- Progress on the referral pathway
- Points of access and relationship with Social Care Direct, General Practitioners, housing and third sectors
- Progress on responding to referrals, and how clinical/COMPASS, hospital at home and other functions are being deployed
- What needs further work and improvement
- How are the agreed measures being collected – what do the baselines look like?

4.6 The event will also highlight the next steps that need to be taken to consider:

- What do the Edinburgh wide Huddle Steering Group and wider whole system colleagues need to help with
- Evaluate how the continuous improvement and ongoing engagement approach has been applied

4.7 The level of willingness of staff in South East to do their jobs in a more collective and collaborative way has been evident through the energy they have brought to this innovation, with feedback thus far including a feeling of

empowerment to find solutions in this iterative improvement process, within current professional frameworks. Having third sector colleagues involved at the early planning and operational stages has also provided a key focus on prevention, key connections to seek advice and provide early intervention and support to avoid crisis occurring. Contributions from the housing and independent providers are being explored to optimise opportunities for improving outcomes and effective use of resource.

5. Key risks

5.1 By way of assurance, key risks are captured by the Huddle Steering Group, on a risk register, and managed accordingly.

5.2 Key risks are associated with patient experience, quality of care, and performance against standards and targets for delays in discharge. In time, the performance information will clearly identify progress made across Edinburgh, however there is pressure to deliver quickly, which is not always conducive to an iterative action orientated improvement process.

5.3 There was an early risk that the partners can't agree a process, principles or methodology for taking improvements forward. Based on the South East experience, thus far, the Edinburgh wide Huddle Steering Group and Learning events this now seems low.

5.4 If due process of engagement, involvement, consultation and communication about the wider Hub proposals are not robust, and don't include learning from the Huddle experience, to inform the process going forward, there is a risk that the there may be resistance to change operationally in the long term.

6. Financial implications

6.1 There has been start up costs associated with the South East Huddle Test of around £210k, for the clinical support worker posts, and SMART Boards for all four localities. There are likely to be additional infrastructure and project management and support costs moving forward, which will be developed.

7. Involving people

7.1 Edinburgh Partnership has engaged with, involved, and consulted with the local population, staff and other stakeholders and had in place a formal

consultation process as part of developing the Strategic Plan, with these work streams being key actions to deliver against the agreed priorities within the Strategic Plan.

7.2 Health and Social Care Locality Managers, and professional leads continue to engage and involve stakeholders across their localities and communities.

8. Impact on plans of other parties

8.1 The key impact of the Huddle development is on the whole system pathway for older people, which will impact partners within acute care. To this end, the IJB Chair arranged a whole system Whole System *Pathway Improvement* event for Edinburgh was arranged on the 8th March 2016, for the senior management teams across the Royal Infirmary and Western General Hospitals, and the IJB Executive Team, to consider the key priorities and impacts for discharge from hospital and other preventative measures.

8.2 Senior managers for across the system took ownership of the key actions from this event, which included:

- Exploring the use of the Key Information Summary,(KIS), and the Anticipatory Care Plan(ACP), to allow decision making for people who have a long term condition and are known to the services, in order that they can receive the right care at the right time in the right place.
- Considering admission avoidance options for people who may present at the front door of the hospital
- Improve the process of referral to social work, reducing delays between referral and assessment, and delays between assessment and matching
- Improving capacity and flow through our re-ablement function
- Improvements in the capacity and flow associated with ambulance and other transfers to and from hospital

8.3 This initial *Pathway Improvement* event is being followed up by a second stakeholder event on the 10th May 2016, that will include a wider group of stakeholders form health, social care, third and independent sector colleagues, as well as colleagues from East and Midlothian as there may be implications for their overarching pathway too, however, they both have locality huddle models now established, as highlighted above.

8.4 Additionally, there are links with the Anticipatory Care Plan and High Resource Individuals that is being undertaken across Edinburgh, and this has

actively been included win the Huddle development work, to ensure appropriate preventative responses too, for those small number of people who use 50% of the Health and Social Care resource a high level of service.

Background reading/references

Living Well in Communities 2015:
http://blogs.scotland.gov.uk/health-and-social-care-integration/2015/12/02/living-well-in-communities/

http://www.google.co.uk/url?url=http://www.ccpscotland.org/hseu/wp-content/uploads/sites/2/2015/10/LWiC-design-proposal.docx&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjw39Ly5fHKAhUJVhQKHWD4CGgQFggqMAQ&usg=AFQjCNG1dfB04c9fCl-iUENVhmS4Aq4bog

Report Author

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Links to priorities in strategic plan

Priority 1- Tackling Inequalities	In particular being an active partner in the locality based multi-agency Leadership Teams designed to tackle inequalities, and engaging with a wide range of community based organisations at the locality level in a preventative approach which recognises and works alongside community assets
Priority 2 – Prevention and Early Intervention	People will be supported through appropriate response, to remain at home or in a homely setting

Priority 3 – Person Centred Care	Care and interventions will be wrapped around the individuals, with the most appropriate response form the statutory, third or independent sectors being arranged.
Priority 4- Right Care, Right Time, Right Place	People will be supported at home for as long as possible, and will only remain in hospital for as long as is required, with timely discharge being arranged.
Priority 5 – Making best use of the capacity across the system	It is clear form previous recommendations associated with Living Well in Communities and delayed discharge management, that there is room for improvement to make better use of workforce, capacity and financial resources in a more cohesive way
Priority 6 – Managing our resources effectively	As priority 5

Outline Impact Measures for Testing Locality Huddle Model

The Measure	Why are we collecting this information

Referral source	• Identifies where in the pathway the person was considered for the service:
	    • Community – crisis interventions
	    • Community – prevention and maintenance interventions and supports
	    • Ward – risk of readmission
	    • Ward – supported discharge
	    • Urgent – review within a week
	    • Acute – risk of admission – review within 24 hours
	
	• Clarifies on-going issues and advice to referrers

Those: • At high risk of admission to hospital • With Anticipatory Care Plans (ACP) • Was ACP used	Identifies: • Appropriate referral to the Huddle • Impact on flow and appropriate avoidance of hospital use • Person's wishes about preferred place of care to be taken into consideration • Learning and potential increase in ACP use

The Measure	Why are we collecting this information
Outcome of referral: • Accepted – reason why • Not accepted – reason why, and any onward referral/sign posting	Identifies: • Data for service to be collated against criteria and pathway • Learning and communication with referrers to refine for appropriate referrals
The Measure	**Why are we collecting this information**
Those accepted to service: • Profile of service users • Response • Interventions • Duration • Outcomes • Numbers	Identifies: • Impact on community service resources, response and design • Impact on person receiving service
Data for 75+ Registered with South East GP • Inpatient • Discharge • Length of Stay • Emergency Department Attendances	Identifies: • Impact on flow into and from acute hospital • Information for the proposed Hub about potential discharge support activity
Liberton Day Hospital Interventions and length of stay • Current and • Future, once Hub operational	Allows: • Evaluation of change in ways of working • Impact on proposed Hub service resource, response and design

Rate of readmission for South East people, within 7, 14 and 28 days	Allows: • Review of cases • Learning about future interventions and case management
The Measure	**Why are we collecting this information**
Experience of: • Person receiving service • Staff providing service, including preparation, training and support	Allows: • Learning for spread • Impression of impact • Continuous improvement for comprehensive, integrated flexible team development for sustained change • Contributes to our learning organisation

Report

Delayed Discharge – Recent Trends
Edinburgh Integration Joint Board

13 May 2016

Executive Summary

1. This paper provides an overview of performance in managing hospital discharge, showing the total number of Edinburgh people who were delayed at each monthly census point over the past two years, alongside the target level for 2015-16. Further Scottish Government funding depends on achieving the target of 50 by May 2016. The target of 50 includes all reasons for delay other than the excluded codes (9s and Xs which relate to case complexity).

2. Key reasons for delay are also shown. Over the last year, people waiting for domiciliary care have accounted for at least 42% of the census total.

3. There is some evidence from the census figures that performance in ensuring timely discharge is improving. From the peak of 157 in September 2015, there has been a 48% reduction to date, to 82 in March 2016.

4. Following the flow workshop on 8 March 2016, a range of work streams to address delayed discharge is underway, targeted at the key pressure points across the care system. It will be overseen by the Patient Flow Programme Board which will meet for the first time on 12 May 2016. This supplements existing work streams and management action.

Recommendations

5. That the Edinburgh IJB note the progress in reducing the number of people waiting to be discharged and that a comprehensive range of actions is in place to secure further improvement.

Background

6. In January 2016 an agreement was reached with the Scottish Government which will provide £2m non-recurring, non-recoverable funding in 2015/16 towards the cost of reducing the number of people delayed in hospital. This money is being allocated in two separate tranches, with the final tranche dependent on a reduction to a total of 50 delays by May 2016. This target includes all reasons for delay other than the excluded codes (9s and Xs which relate to case complexity).

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7. A range of work streams to address delayed discharge was initiated at a workshop session on 8 March, attended by the Chief Officer, senior managers from the Edinburgh Health and Social Care Partnership, NHS Lothian, leads from the Scottish Government and Healthcare Improvement Scotland. Owners have been identified for each of the key work stream areas. Progress will be overseen by the Patient Flow Programme Board which will meet for the first time on 12 May 2016. This supplements existing work streams and management action.

8. This report provides a high level overview of the number of delayed discharge against targets, reasons for delay and trends in the number of people supported by the Edinburgh Health and Social Care Partnership to leave hospital.

Main report

Total number of people delayed

9. The total number of Edinburgh residents who were delayed in hospital over the past two years **as at the monthly official census** is illustrated in the graph below. The shaded area shows performance for 2014-15 and the red line shows levels for the current year (2015-16). Target levels are shown by the green line.

10. The target of 100 for February was exceeded by 5 (95 waiting) while March's was missed by 2. From the peak of 157 in September 2015, there has been a 48% reduction to date, to 82 in March 2016. The April 2016 census, with a target of 55, will take place on 28 April. The key target of 50 for May 2016 must be met to secure further Scottish Government funding.

Overall delayed discharge
April 2014 onwards

|	April	May	June	July	August	September	October	November	December	January	February	March	April	May
2014-15	97	133	139	133	147	114	151	108	141	101	107	99		
2015-16	125	133	140	154	129	157	148	145	121	122	95	82		
Target 2015-16	78	78	78	78	78	78	78	78	78	118	100	80	55	50
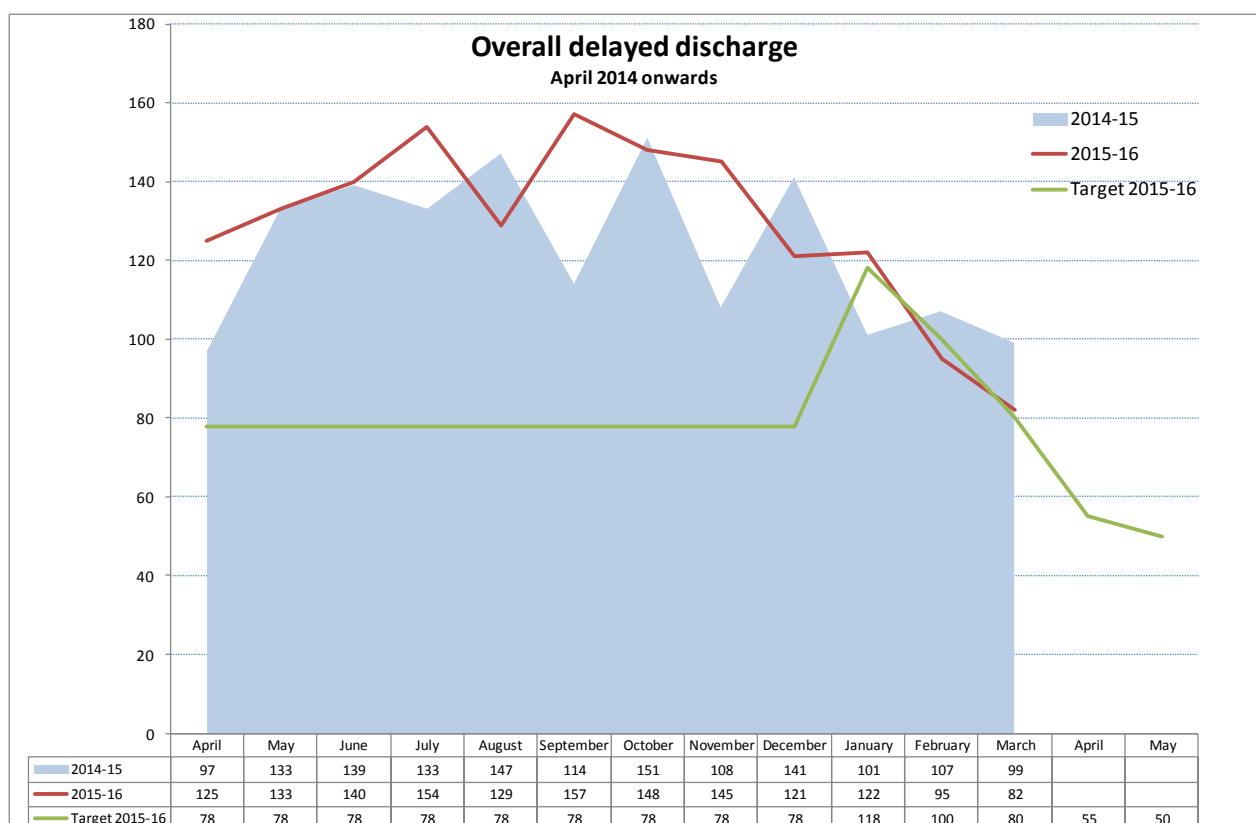
Reasons for delay, 2015-16

11. The broad reasons for delay at the census points in 2015-16 (excluding X codes and people who are unwell) are shown in the table below. The most common reason across this period has been waiting for domiciliary care, which peaked in October 2015 at 82, and then fell by over half to 36 by March 2016. Note that there have been no individuals recorded as being delayed for health care reasons at census points over the last year.

2015-16	April	May	June	July	August	September	October	November	December	January	February	March
Ongoing assessment	21	17	24	20	13	21	23	27	26	30	26	27
Care Home	39	40	32	39	34	41	30	36	26	26	16	14
Domiciliary Care	52	62	67	80	70	80	82	67	64	59	49	36
Other	13	14	17	15	12	15	13	15	5	7	4	5
Total	**125**	**133**	**140**	**154**	**129**	**157**	**148**	**145**	**121**	**122**	**95**	**82**
% Domiciliary Care	**42%**	**47%**	**48%**	**52%**	**54%**	**51%**	**55%**	**46%**	**53%**	**48%**	**52%**	**44%**

People supported to leave hospital

12. The main investments which will support a reduction in the number of people delayed in hospital relate to additional capacity for Gylemuir, staffing for reablement, development of the locality hubs and deployment of clinical support workers. The target for the total number of people supported each week is 60 (see appendix 1). This excludes packages of care which are restarted by ward staff when they leave hospital (an estimated total of 14 per week).

13. The graph below shows the average number of discharges per week supported by Health and Social Care, for each month during 2015-16. It shows a general overall increase since November 2015. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.

Average number of discharges supported per week 2015-16
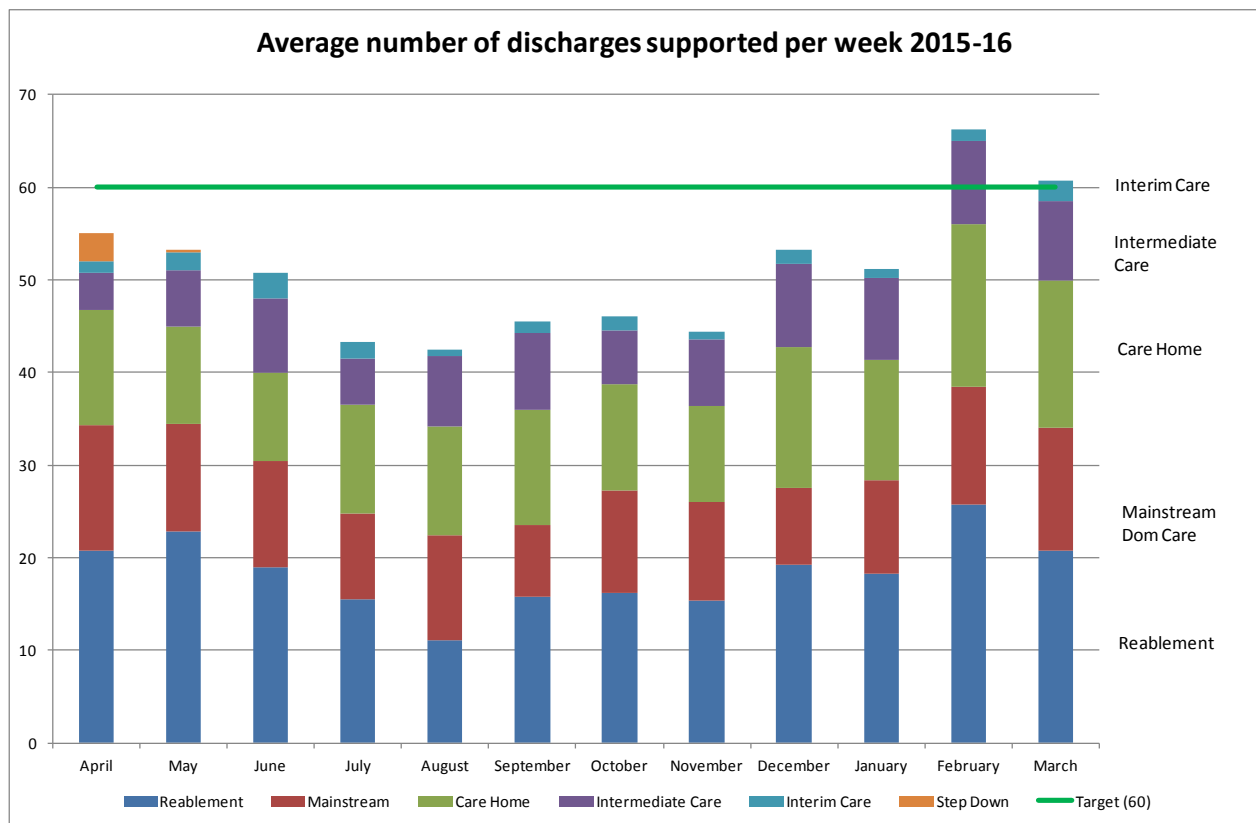
Key risks

14. The main risk is that the May 2016 target of 50 people waiting for discharge is not achieved. This will have a direct financial implication in that further Scottish Government funding is dependent on the target being achieved – see below.

Financial implications

15. Further funding of £500k from the Scottish Government is dependent on achieving the target of 50 for the May 2016 Census. The funding has been committed and costs incurred in order to meet the target. Therefore missing the target of 50 will lead to a £500k deficit.

Involving people

16. As we move towards the locality model and develop the locality hubs, there will be engagement with local communities and other partners to inform the further development of the model.

Impact on plans of other parties

17. This report outlines progress of the Edinburgh Health and Social Care Partnership in addressing the pressures within acute services as developed at an event involving key stakeholders from across the system.

Background reading/references

Lothian Delayed Discharge Partnership Monthly Data Report March 2016
Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

Report author

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Links to priorities in strategic plan

Priority 4	Providing the right care in the right place at the right time
Priority 6	Managing our resources effectively

Appendix

Target number of packages of support per week for people leaving hospital

Domiciliary care (excluding informal re-starts)	40
Care Homes	10
Intermediate Care and Interim Care	10
Total	**60**

Report

Initial Set of Directions

Edinburgh Integration Joint Board

13 May 2016

Executive Summary

1.1 The Public Bodies (Joint Working) (Scotland) Act places an obligation on Integration Joint Boards to give a direction to the Council and NHS Board in respect of out each function delegated to Integration Joint Board. The legislative timescales for integration dictate that directions must be issued by 1 April 2016.

1.2 The purpose of this report is to inform the Integration Joint Board of:

- the initial set of directions issued to the Chief Executives of NHS Lothian and the Council on 31 March 2016, attached as Appendix 1

- the actions that have taken place following the issuing of the directions

- proposed next steps

Recommendations

2.1 The Integration Joint Board is asked to:

- note the initial set of directions issued on 31/3/16 attached as Appendix 1

- note the work underway to move to a more detailed set of directions

Background

3.1 The Public Bodies (Joint Working) (Scotland) Act places an obligation on Integration Joint Boards to give a direction to the Council and NHS Board in respect of each function delegated to Integration Joint Board. The legislative timescales for integration dictated that directions should be issued by 1 April 2016.

3.2 Directions are the mechanism through which integration authorities' ensure that the actions set out in their strategic plans are implemented. The Good Practice Guide issued by the Scottish Government in March 2016 makes it clear that directions must set out:

NHS Lothian   ·EDINBVRGH·   Working together for a caring,
THE CITY OF EDINBURGH COUNCIL   healthier, safer Edinburgh

- a clear framework for the operational delivery of the delegated functions

- which delegated function each direction relates to

- detailed information on the financial resources available for carrying out the functions that are the subject of the directions

Where appropriate the same document can be used to give directions to carry out multiple functions.

3.3   There are no fixed timescales for the lifespan of directions. A direction remains in place until it is varied, revoked or superseded by a later direction in relation to the same function. The Good Practice Guide makes it clear that there is an expectation that directions issued at the start of the year should be reviewed during the year in response to developments

3.4   During 2015/16 the four Integration Joint Boards in Lothian worked together to develop a common understanding of requirements in terms of directions and where appropriate to agree a common approach.

Main report

4.1   In the main, the initial set of 35 directions issued by the Edinburgh Integration Joint Board are derived from the actions set out in the Strategic Plan for Health and Social Care 2016 -19. The only exceptions to this is the first direction which is a general direction instructing the City of Edinburgh Council and NHS Lothian to continue to provide the services delegated to the Board, to a high standard within current budgets and in accordance with extant statutory and regulatory obligations, policies and procedures unless a specific direction has been issued for that service. This general direction addresses the need for all delegated services to be covered by directions.

4.2   All directions have been given a reference to the related actions within the Strategic Plan and to the national health and wellbeing outcomes, integration planning and delivery principles and key priorities within the Strategic Plan. A link has also been made between each direction and the delegated functions it relates to. The description of the functions has been determined by the way in which the Council and NHS budgets are currently constructed and will change over time as the financial plan for the Integration Joint Board becomes more detailed. For ease of reference, the national health and wellbeing outcomes, integration planning and delivery principles and key priorities from the Strategic Plan are set out in tables on page 7 of the document attached as Appendix 1 and the budget linked to delegated functions is set out on page 8.

4.3   The majority of the directions issued are at a high level as further work is required with both the Council and NHS Lothian and in some cases other Integration Joint Boards to develop a greater level of detail. The main function of this initial set of directions is therefore to notify the Council and Health Board of the areas where the Integration Joint Board want to see change and to instruct the two organisations to support the Chief Officer to develop more detailed plans. These detailed plans will then lead to more detailed directions being issued in due course.

4.4   Examples of more specific directions are direction E8 which relates to specific GP premises that are to be built or extended and E12 which sets specific targets in relation to delayed discharge. In relation to E12, it is envisaged that a new direction will be issued with new targets for the remainder of 2016/17 once the existing target for May 2016 expires.

4.5   An initial meeting has already taken place with colleagues in NHS Lothian to discuss the next steps, following which the Health Board will formally respond to the Chief Officer identifying what it believes to be any significant gaps and areas where further clarification is required. In tandem with this work has commenced to identify the groups of people who need to be brought together to develop action plans leading to more detailed directions. The directions to the Council will be discussed with the Council Management Team to agree a similar approach. As each of the actions within the Strategic Plan Action Plan has now been allocated to a member of the Chief Officer's Executive Team the work to progress the Action Plan and develop more detailed directions will progress hand in hand.

4.6   Regular updates on the Action Plan and development of more detailed directions will be presented to future meetings of the Integration Joint Board.

Key risks

5.1   The high level nature of the current directions may result in a lack of clarity about the intentions of the Integration Joint Board. This risk is moderated to some extent by the general direction not to change service delivery unless specifically directed to do so. The work taking place with colleagues from the NHS Board and Council to develop more detailed directions through an iterative process will address the need for clarity.

Financial implications

6.1   There are no direct financial implications arising from this report.

Involving people

7.1   The directions issued by the Integration Joint Board arise from the Strategic Plan which has been developed in collaboration with a range of partners and been subject to a period of three months public consultation.

Impact on plans of other parties

8.1   The directions issued by the Integration Joint Board will impact on the plans of both NHS Lothian and the City of Edinburgh Council and may impact on the plans of East, Mid and West Lothian Integration Joint Boards, where they relate to services in which other Boards have a shared interest. The approach taken to the issuing and development of the initial directions through discussion with partners should ensure that the interests of all partners are taken into account before more detailed directions are issued.

Background reading/references

Scottish Government Good Practice Guide on Directions

Appendices

Appendix 1   Initial directions issued to the Chief Executives of the City of Edinburgh Council and NHS Lothian on 31/3/16

Report author

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Links to priorities in strategic plan

The content of this report is of relevance to all six key priorities.

Edinburgh Integration Joint Board Initial set of directions issued to the Chief Executives of The City Of Edinburgh Council and NHS Lothian on 31 March 2016

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	CEC						
E1	General	✓	✓	Continue to provide high quality services within current budgets and in accordance with statutory and regulatory obligations, policies and procedures for all delegated services where there is not a specific direction, with no change to services being made without the agreement of the Chief Officer of the Edinburgh Integration Joint Board.		• All delegated services	9	b) xii	F
E2	Locality working	✓	✓	Work with the Chief Officer to develop an integrated way of working at a locality level. Bringing together staff from a range of disciplines to coordinate community resources more effectively: • To reduce admission to hospital • Support timely discharge • Maximise independence This will include the development of a business case for the development of locality hubs building on the learning from the South East pilot.	1, 2	• Health and Social Care: o Local Area Co-ordination o Social work and OT support o Social Work assessment and care management • Health Services Core: o Mental health o Older people o Community AHPs o General Medical Services o Prescribing o District Nursing	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) I, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E3	Integrated structure	✓	✓	Support the Chief Officer to design and establish an integrated structure required to fully deliver the objectives in the strategic plan as effectively and efficiently as possible. This includes business support and ancillary services in relation to delegated functions and the provision of appropriate and adequate professional, administrative and technical support as required by the Integration Scheme.	2	• Health and Social Care: o All services • Health services core o All services	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) I, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E4	Tackling inequalities	✓		Public health services to be engaged in supporting the partnership to develop their understanding on health inequalities in order to shape the strategic approach.	8	• Health and Social Care o Health improvement/ health promotion	1, 4, 5, 8, 9	a), b) ii, iii, iv, xi, xii	A, B, E, F
E5	Tackling inequalities		✓	Support the partnership to engage with community planning partners to develop their understanding on health inequalities in order to shape the strategic approach.	8	• Health and Social Care o Health improvement/ health promotion	1, 4, 5, 8, 9	a), b) ii, iii, iv, vii, x, xi, xii	A, B, E, F
E6	Support for carers	✓	✓	Support the partnership to develop a new Edinburgh Integrated Carers' Strategy and establish our new priorities in line with National Carers Policy, New Carers Legislation and Integration Joint Board's priorities on Prevention and Early Intervention.	14	• Health and Social Care o Residential care o Self-directed support o Information and advice o Social work assessment and care management • Health Services Core: o Other core	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) I, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, E, F
E7	Ensuring a	✓		Support the partnership to improve the resilience of GP practices	17	• Community AHPs	1, 2, 3, 4, 5, 6,	a), b) I, ii, iii, iv,	D, E, F

Ref	Title	Recipient NHS	Recipient CEC	Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
	sustainable model of primary care			by facilitating different ways of working that build the capacity and capability of the wider primary care team.		• General Medical Services • Prescribing	7, 8, 9	v, vi, viii, ix, x, xi, xii	
E8	Primary care premises	✓		Work with the partnership to build and expand GP premises to increase capacity to meet increasing demand, including: • Starting construction of 2 new partnership centres in 2016, incorporating GP practices and community services at Firhill and establishing a new practice in North West Edinburgh; • Building new premises for Leith Walk and Ratho GP practices in 2016/17; • Exploring opportunities at up to 4 other practices to extend/refurbish practices to increase capacity; • Supporting a number of practices to create additional consulting space; and • Exploring potential development opportunities, particularly for incorporating practice reprovision in wider healthy living initiatives.	18	• Community AHPs • General Medical Services • Prescribing	1, 2, 3, 7, 8, 9	a), b) iii, v, vi, viii, ix, x, xi, xii	B, D,E,F
E9	Property strategy	✓	✓	Work with the partnership to develop an integrated asset management strategy to: • disinvest in sub optimal properties; • maximise opportunities for co location; • maximise use of the existing estate; and • support new ways of working	18	• All delegated services	1, 3, 7, 8, 9	a), b) iii, v, vi, viii, ix, x, xi, xii	D, E, F
E10	Co-location of services for people with complex needs	✓	✓	Work with the partnership and NHS Lothian to co-locate the Access Practice with a range of other services to support people with complex needs.	18	• General Medical Services	1, 2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, viii, ix, x, xi, xii	A, B, C, D, E, F
E11	Primary secondary care interface	✓	✓	To help achieve integration of care pathways at a locality level, work with all 4 partnerships to develop a single model for acute unscheduled care services. Including early assessment at hospital front doors and approaches that provide alternative to admission and which works effectively with local community services in Edinburgh.	20	• All delegated services	2, 3, 4, 5, 6,7,8,9	a), b) i, iii, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F

E12	Delayed discharge	✓	✓	Building on the Patient Flow workshop held on 8 March 2016; work with the Chief Officer of the Integration Joint Board to continue to reduce the number of delayed discharges initially focusing on achieving the target of 50 by May 2016, as set out in the Memorandum of Understanding with the Scottish Government. Following this, further targets will be agreed for the remainder of 2016/17.	3, 5, 19, 20, 22, 25, 29, 30, 31, 32	• Care at home
						• Intermediate care
						• Reablement
						• Residential care
						• Social work and OT support
						• Social work assessment and care management
						• Health services core
						  ○ Older people
						  ○ Mental health
						  ○ Community AHPs
						  ○ General Medical Services
						• Hosted:
							2, 3, 4, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, ix, x, xi, xii	B, C, D, E, F

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	CEC						
						o Mental health and substance misuse o Learning disabilities o Unscheduled care • Set Aside o Accident and Emergency o General medicine o Geriatric medicine			
E13	Frail older people		✓	Commission care at home on a locality basis through new contracts with the independent and third sector, ensuring that local care providers can work closely with local home care organisers and engage with the locality hubs to maximise flexibility and capacity to meet care needs.	21	• Care at home	2, 3, 4, 6, 7, 8, 9	a), b) i, ii, iii, v, vi, viii, ix, x, xii	C, D, E, F
E14	Whole system capacity plans	✓	✓	Support the partnership to develop whole system capacity plans to provide the right mix of services, including: • The longer term needs for interim care beds currently provided at Gylemuir and determine the future model for delivery of this service during 2016; • Update capacity plans for long stay nursing and residential care home places including those which care for older people with behaviours what challenge and provide specialist dementia care; • An HBCCC capacity plan for those people whose needs cannot be met anywhere but a hospital; and • Evaluate the need for an integrated care facility model to meet capacity requirements for the care and support of older people.	22	• Residential care • Housing support • Intermediate care • Community hospitals • A and E • Unscheduled care	2, 3, 4, 7, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, vii	D, E, F
E15	Site based options	✓	✓	Explore the opportunities to: • use the resources and assets associated with the Royal Victoria Hospital site; • use the resources and assets associated with the Royal Edinburgh Hospital site; • work with the partnership to deliver homes for older people with higher needs; • work with Partnership to examine the future provision of services currently on sites scheduled for disposal, and explore alternative use of sites • work with Edinburgh, East and Midlothian partnerships to allow the closer of the Liberton Hospital and release resources in community based services	22	• Residential care • Care at home • Self-directed support • Telecare • Housing support • Rehabilitation • Community hospitals • Health Services Core: o Older people o Mental health • Hosted: o Mental health and substance misuse	2, 3, 4, 7, 9	a), b)ii, iii, iv, v, vi, vii, viii, ix, xi, xii	D, E, F
E16	Old age psychiatry	✓	✓	Support the partnership to develop a plan in response to the intended reduction in old age psychiatry beds at the Royal Edinburgh Hospital to ensure adequate capacity and support in the community for older people with mental health problems including dementia. This includes the need to ensure appropriate discharge planning arrangements.	23	• Residential care • Self-directed support • Care at home • Social work assessment and care management • Health services core o Older people	1, 2,3,4,5,7,8,9	a), b)i, ii, iii, iv, v, vi, vii, viii, ix, xi, xii	C, D, E, F

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	CEC						
						○ Mental health • Hosted: ○ Mental health and substance misuse			
E17				*Commercially sensitive*					

E18	Integrated rehabilitation services reprovision	✓		Develop the business case for the reprovision of specialist and complex rehabilitation services.	27	• Hosted
						  ○ Rehabilitation medicine
						• Set aside
						  ○ Rehabilitation medicine
							1, 2,3,4,5,7,8,9	a), b) i, ii, iii, iv, v, vi, viii, ix, xi, xii	C, D, E, F

E19	Supporting people with long term conditions	✓		Work with the partnership to increase the quantity and quality of new and existing anticipatory care plans, ensuring these are created and shared using electronic key information summaries (KIS) and contain information based on person's wishes including preferred place of care.	32	• General Medical Services • Community AHPs • District nurses	1, 2, 3, 4, 5, 7, 8, 9	a), b)i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F
E20	Supporting people with long term conditions		✓	Work with the partnership and the Lothian Diabetes Managed Clinical Network to implement the national diabetes action plan to create an improved and consistent pathway for people with both type 1 and type 2 diabetes.	31	• General Medical Services • Community AHPs • AHP services • Diabetes	1, 2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, xi, xii	A, B, C, D, E, F

E21	Services associated with phase 1 of Royal Edinburgh Hospital reprovision	✓	✓	Prior to the opening of the new inpatient facilities, review the current service model for Rehab, Acute Psychiatry and Older People's Mental Health with inpatient service teams to ensure there is a coherent and effective model of care across community and hospital services in place.	33	• Social work assessment and care management
						• Health Services Core:
						  ○ Mental health
						• Hosted:
						  ○ Mental health and substance misuse
							2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	C, D, E, F

E22	Improving waiting times for psychological therapies	✓	✓	Direct West Lothian partnership to work with Edinburgh, East and Midlothian partnerships to explore options for reducing waiting times for psychological therapies to meet the Government standard of 18weeks	33	• Psychology	1, 2, 3, 4, 5, 7, 9	a), b) i, ii, iii, iv, v, vi, viii, ix, x, xi, xii	B, C, D, E, F

E23	Secure provision	✓	✓	Work with the Partnership to develop a range of provision for those who require relational, procedural and environmental security, to comply with new legislation from November 2015 to ensure that people are not cared for in conditions of excessive security	35	• Social work assessment and care management
						• Health Services Core:
						  ○ Mental health
						• Hosted:
						  ○ Mental health and substance misuse
						  ○ Learning disabilities
							2, 3, 4, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xii	C, D, E, F

E24	Support for women with complex needs	✓	✓	Work with the Partnership to develop a business case to commission and deliver a service for women with complex needs, for people placed outwith Edinburgh, or those who have contact with criminal justice service	35	• Health Services Core:
						  ○ Mental health
						• Hosted:
						  ○ Mental health and substance misuse
						•
							2, 3, 4, 5, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xii	C, D, E, F

E25	Wellbeing preventative services		✓	Work with the Partnership to design wellbeing preventive services by using an approach that engages citizens, service user and carer groups and all other partners who together will lead	34	• Social work assessment and care management • Health Services Core:	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	CEC						
				the coproduction and eventual procurement of services		o Mental health			
E26	Mental health locality partnership model	✓	✓	Implement the agreed mental health locality partnership model beginning in North East with a focus on the communities of Craigmillar, connecting to Total East and Leith, maximising the opportunities of the GameChanger Public Social Partnership.	33	• Social work assessment and care management • Health Services Core: o Mental health	1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F

E27	Substance misuse services	✓	✓	Work with the Partnership and EADP to review the treatment and recovery pathway for people with substance misuse issues including inpatient and recovery programmes (Ritson Clinic and Lothian and Edinburgh Abstinence Project (LEAP)) in line with the Royal Edinburgh Hospital campus redevelopment	37	• Health Services Core:
						  o Mental health
						• Hosted:
						  o Mental health and substance misuse
							1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F

E28	Alcohol Related Brain Damage	✓		Work with the Partnership to implement the recommendations arising from the Alcohol Related Brain Damage Unit pilot	37	• Health Services Core:
						  o Mental health
						• Hosted:
						  o Mental health and substance misuse
							1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	A, B, C, D, E, F

E29	Technology Enabled Care	✓	✓	Work with the Partnership to develop:
				• a strategy for the delivery of Technology Enabled Care (TEC)
				• business cases in respect of developments to be implemented in each of the three years from 2016/17; opportunities include:
				  o an increase in the use of pendant alarms
				  o the use of technology for overnight support
				  o automated medication prompting and daily wellbeing checks
				  o video conferencing within care homes
				  o scaling up the use of home monitoring for people with long term conditions
				  o exploring the potential of MyGov technology to support person held records
				• applications through the Scottish Government Technology Enabled Care Programme and other available sources of funding
					38	• Telecare
						• Health Services Core:
						  o Other core (Telehealth)
							1, 2, 3, 4, 5, 6, 7, 8, 9	a), b) i, ii, iv, v, vi, vii, viii, ix, x, xi, xii	B, C, D, E, F

E30	ICT to support integrated working	✓	✓	Work with the Partnership to: • understand the implications of the strategic plan in relation to ICT and wider technology which will allow us to develop an ICT Strategy and implementation plan for the Health and Social Care Partnership • develop a delivery plan in respect of the roadmap based on the areas of focus and assumptions for joint working set out above • ensure that any business cases developed in relation to the strategic plan clearly set out any ICT implications	39	• *Professional, Administrative and Technical services*	2, 3, 4, 7, 8, 9	a), b) i, ii, iv, v, vi, viii, ix, xi, xii	B, C, D, E, F
E31	Improving our understanding of	✓	✓	Work with the Partnership to continue to develop the Joint Strategic Needs Assessment	40	• *Professional, Administrative and Technical services*	3, 4, 7, 8, 9	a), b) ii, iii, iv, vii, ix, x, xi, xii	A, B, C, D, E, F

Ref	Title	Recipient		Description	Link to strategic plan action	Delegated functions Linked to budget breakdown on page 7	National health and wellbeing outcomes*	Planning and delivery principles*	IJB priorities* *See page 6 for details
		NHS	**CEC**						
	the strengths and needs of the local population								
E32	Integrated workforce development	✓	✓	Work with the Partnership to develop a workforce strategy in response to the strategic plan	41	• *Professional, Administrative and Technical services*	3, 4, 5, 7, 8, 9	a), b) i, ii, iii, iv, v, vi, viii, ix, xi, xii	A, B, C, D, E, F
E33	Prescribing costs	✓		Work with the Partnership to identify factors that will impact on prescribing patters to allow a more accurate prediction of future costs	43	• Prescribing	1, 2, 3, 4, 7, 9	a), b) ii, iv, viii, ix, xi, xii	D, E, F
E34	Achieving financial balance	✓	✓	Work with the Partnership to develop sustainable plans to achieve financial balance, including the delivery of savings plans to be delivered in 2016/17	43	• All delegated services	9	a), b)xii	F
E35	Investment in unscheduled care	✓		Discuss any proposals for further investment in unscheduled care with the Partnership prior to decisions being made	42	• Hosted services	2, 9	a), b)xii	D, E, F

	National Health and Wellbeing Outcomes *as set out in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes)(Scotland) Regulations 2014*
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.
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.

Integration planning and delivery principles:
as set out in sections 4 (planning principles) and 31 (integration delivery principles) of the Public Bodies (Joint Working) (Scotland) Act 2014.

The integration planning and delivery principles are:

a)	that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
b)	that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:
i	is integrated from the point of view of service-users,
ii	takes account of the particular needs of different service-users,
iii	takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
iv	takes account of the particular characteristics and circumstances of different service-users,
v	respects the rights of service-users,
vi	takes account of the dignity of service-users,
vii	takes account of the participation by service-users in the community in which service-users live,
viii	protects and improves the safety of service-users,
ix	improves the quality of the service,
x	is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
xi	best anticipates needs and prevents them arising,
xii	makes the best use of the available facilities, people and other resources

Edinburgh integration Joint Board Key Priorities	
A - Tackling inequalities	B - Prevention and early intervention
C - Person centred care	D - Right care, right place , right time
E - Making best use of capacity across the whole system	F - Managing our resources effectively

	Indicative Payment to IJB*	Adjustments to payments to/from IJB				Indicative Payment to CEC/NHSL
		Integrated care fund	Delayed discharge funding	Resource Transfer	Social care fund	
	£k	£k	£k	£k	£k	£k
Health and social care services						
Care at Home	68,229	1,820	1,266			71,315
Community Equipment	1,219	182	-			1,401
Day Services	21,062	183	-			21,245
Health Improvement/Health Promotion	1,924	-	-			1,924
Information & Advice	3,317	-	-			3,317
Intermediate Care	1,536	122	-			1,658
Local Area Co-ordination	1,421	780	-			2,201
Management	1,839	-	-			1,839
Reablement	6,679	1,118	-			7,797
Rehabilitation	322	-	-			322
Residential Care	69,809	67	1,212			71,087
Self Directed Support	13,386	-	-			13,386
Social Work and OT Support	1,366	375	-			1,741
Social work assessment and care management	11,225	-	-			11,225
Support Services	3,327	238	-			3,565
Telecare	92	407	-			499
Resource transfer	(21,988)			21,988		0
	184,766	**5,291**	**2,478**	**21,988**	**0**	**214,523**

Payment based on original offer. Please note that this subject to due diligence, confirmation of savings plans, realignment following 15-16 outturn and further Council transformation budget transfers

	Indicative Payment to IJB*	Integrated care fund	Delayed discharge funding	Resource Transfer	Social care fund	Indicative Payment to CEC/NHSL
Health services						
Core						
Community hospitals	10,325		(21)			10,304
Mental health	9,411					9,411
Older people	11,525	743				12,268
Community AHPs	3,684					3,684
General medical services (GMS)	67,223					67,223
Prescribing	75,900					75,900
Resource Transfer	21,988			(21,988)		0
Delayed Discharge	2,457		(2,457)			0
Integrated Care Fund	8,190	(8,190)				0
Integrated Care Fund- to be allocated		2,156	Further directions to follow			2,156
Other Core	8,324					8,324
	219,027	**(5,291)**	**(2,478)**	**(21,988)**	**0**	**189,270**
Hosted						
Sexual health	2,436					2,436
AHP services	6,643					6,643
Mental health & substance misuse	22,379					22,379
Rehabilitation medicine	3,203					3,203
Learning disabilities	8,865					8,865
Oral health services	5,584					5,584
Psychology	2,988					2,988
Complex care	1,788					1,788
Unscheduled care	5,164					5,164
Strategic programmes	2,535					2,535
Other hosted	4,675					4,675
	66,260	**0**	**0**	**0**	**0**	**66,260**
Social care fund						
Edinburgh share	**20,180**	Further directions to follow				**20,180**
Total payment	**490,233**	**(0)**	**0**	**0**	**0**	**490,233**
Set Aside						
A & E (outpatients)	6,394					6,394
Cardiology	15,765					15,765
Diabetes	1,376					1,376
Endocrinology	1,097					1,097
Gastroenterology	4,638					4,638
General Medicine	25,226					25,226
Geriatric Medicine	19,059					19,059
Infectious Disease	8,166					8,166
Rehabilitation Medicine	1,951					1,951
Respiratory Medicine	482					482
Therapies	5,415					5,415
Other	(337)					(337)
	89,232	**0**	**0**	**0**	**0**	**89,232**
Grand total	**579,465**	**(0)**	**0**	**0**	**0**	**579,465**

Report

Mainstreaming Equalities

Edinburgh Integration Joint Board

13 May 2016

Executive Summary

1.1   In order to meet the obligations placed on public bodies by the Equality Act 2010 and associated regulations, the Integration Joint Board must publish a set of equality outcomes and a report setting out how it will mainstream the Public Equality Duty into its day-to-day functions by 1 April 2016.

1.2   In order to meet the legislative timescales the attached draft report has been published on the Transform Edinburgh website. This report seeks the Board's approval for this report following which the status of the published report will be changed to 'final'.

Recommendations

2.1   The Integration Joint Board is asked to approve:

    i.   the proposed Equality Outcomes detailed in section 4.2

    ii.   the equalities mainstreaming report attached as Appendix 1

    iii.   the recommendation that the progress in delivering the Equalities Outcomes is overseen by the Strategic Planning Group

Background

3.1   The Public Sector Equality Duty requires public bodies in the exercise of their functions to have due regard to the need to:

    i.   Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010

    ii.   Advance equality of opportunity between people who share a relevant protected characteristic and those who do not

    iii.   Foster good relations between people who share a protected characteristic and those who do not

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3.2   The term 'protected characteristic' refers to the following characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. The public sector equality duty also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination in employment.

3.3   Mainstreaming the equality simply means integrating equality into the day-to-day working of an authority. This means taking equality into account in the way the authority exercises its functions. For the Integration Joint Board this means taking of the three needs set out in section 3.1 when producing the strategic plan, setting budgets and planning significant changes to services without revising the strategic plan.

Main report

4.1   Tackling inequalities is one of the key priorities within the Strategic Plan approved by the Board on 11 March 2015. The development of the plan, the production of the Joint Strategic Needs Assessment and the Integrated Impact Assessment, that is the subject of a separate report mean that the Board is in a good position to comply with the requirements of the equalities legislation.

4.2   The draft Equalities and Rights mainstreaming report is attached as Appendix 1 and includes the following proposed outcomes:

- **Equality Outcome 1 -** Effective and Visible Leadership is in place to ensure all health and social care policies, plans and decisions take account of the diversity of needs and characteristics of the community.

- **Equality Outcome 2 –** People with protected characteristics are directly able to influence the way in which Health and Social Care services are planned and delivered at both local and citywide level.

- **Equality Outcome 3 –** All health and social care services are accessible, appropriate and inclusive to the needs of all with no barriers which can limit access for those with protected characteristics.

- **Equality Outcome 4 –** Awareness and understanding of the challenges and needs faced by those with protected characteristics is raised.

- **Equality Outcome 5 -** Prevention measures and activities to reduce inequalities are inclusive to all.

4.3   A set of actions have been identified in order to deliver these outcomes drawn largely from the actions contained within the strategic plan itself and the

associated Integrated Impact Assessment action plan. The actions are set out in the table beginning on page 7 of the Mainstreamingf Report attached as Appendix 1.

4.4 Delivery of the action plans in order to achieve the five outcomes will be monitored through the performance assessment framework and overseen by the Strategic Planning Group.

Key risks

5.1 Failure to publish an Equalities mainstreaming report will mean that the Integration Joint Board is not meeting its obligations under the Equality Act 2010.

5.2 Failure to take account of the impact of the strategic plan on people with protected characteristics may lead to the Integration Joint Board unwittingly acting unlawfully.

Financial implications

6.1 There are no specific financial implications arising from this report.

Involving people

7.1 This report details proposals for ensuring that all citizens including those with protected characteristics can be involved in the planning of health and social care services.

Impact on plans of other parties

8.1 The recommendations in this report have no adverse impact on the plans of other parties and take account of the Equality Outcomes of botgh the City of Edinburgh Council and NHS Lothian.

Background reading/references

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

Equality and Human Rights Commission Non-statutory guidance for Scottish public authorities

Appendices

Appendix 1   Draft equalities mainstreaming report

Report author

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Links to priorities in strategic plan

This report impacts on all priorities within the strategic plan.

Edinburgh Integration Joint Board

Equality and Rights - Mainstreaming and Outcomes

Introduction

1.   As a listed public authority in Schedule 19 of the Equality Act 2010 the
Edinburgh Integration Joint Board (EIJB) must report on how it proposes to
meet the equality duty and set out the equality outcomes and mainstreaming
actions for the coming year.

2.   As the Edinburgh IJB does not currently have any employees of its own it is
not required to meet the various employee reporting regulations, which only
apply to listed authorities with 150 or more employees.

The General Equality Duty

3.   The general equality duty requires public authorities, in the exercise of their
functions, to have due regard to:
   - Eliminate unlawful discrimination, harassment and victimisation and other
conduct that is prohibited by the Equality Act 2010.
   - Advance equality of opportunity between people who share a relevant
protected characteristic and those who do not.
   - Foster good relations between people who share a protected characteristic
and those who do not.

4.   The public sector equality duty covers the following protected characteristics;
age, disability, gender, gender reassignment, pregnancy and maternity, race,
religion or belief and sexual orientation. The EIJB also considers the impact
of intersectionality and poverty on all protected characteristics.

Meeting the Equality Duty

What does "mainstreaming the equality duty" mean?

5.   Mainstreaming the equality duty means integrating equality and rights into the
day-to-day working of the integration authority. The benefits include:
   - Equality becomes part of the structures, behaviours and culture of the
authority
   - in carrying out its functions the authority can demonstrate how, it is
promoting equality
   - Mainstreaming equality contributes to continuous improvement and better
performance.

<u>Board structure</u>

6.   The Public Bodies (Joint Working) (Act) 2014 sets out who the members of IJBs should be as a minimum and which members should have a vote. Membership includes citizens with lived experience of using health and care services and/or experience of caring for those who use health and care services. Responsibility for chairing the Edinburgh Board rotates between the Council and NHS Lothian every 2 years. The Board membership is set out in Appendix 1.

7.   The Board meets every 2 months and these meetings are open to the public. Deputations can be made by an office bearer or spokesperson of an organisation or group. Every alternative month is a development session which is closed to the public. All EIJB papers are on the Council web-site. The IJB has 4 sub-groups these are given in Appendix 1.

<u>Partnership Working</u>

8.   Edinburgh is a diverse city with many different equality communities that have varying levels and types of needs in terms of health, social care and wellbeing. In many cases these needs can best be addressed by a range of services and agencies. The Edinburgh Partnership (EP), the community planning partnership for the City, brings together partners such as Health Board, the City of Edinburgh Council, Fire and Rescue Service and Police. The EP's vision for Edinburgh is as a thriving, successful and sustainable capital city in which all forms of deprivation and inequality are reduced. In January 2016 the EIJB agreed to become a formal member of the Edinburgh Partnership Board. In order to empower communities and work more closely with local people and existing groups, all members of the Edinburgh Partnership have agreed to focus service planning and delivery in localities. Partners have adopted the same four geographic locality boundaries.

9.   Operating in localities will help health and social care teams to work more effectively with other service providers and community groups and build on local knowledge and connections. The aim is to foster healthy neighbourhoods and resilient communities that respond to wishes expressed in the strategic plan consultation.

10. Locality plans will be prepared during 2016/17 for each of the 4 localities. They will include consideration of those with protected characteristics

<u>Leadership</u>

11.   Within its Strategic Plan, the EIJB sets out its core value to "respect the principles of equality, human rights, independent living and will treat people fairly". The EIJB is committed to integrating equality and rights and will ensure equality and rights are reflected in corporate reporting, corporate plans and target setting.

12.   Senior managers will give clear and consistent messages about the importance of the public sector equality duty and ensure that it is given an appropriate profile and emphasis and that equality and rights becomes embedded in day-to-day activities.

<u>Staff Training, Awareness and Understanding</u>

13.   The EIJB will build the capacity of all staff to ensure that they recognise the relevance and importance of considering and promoting the public sector equality duty when carrying out their own roles. Staff will feel empowered to broaden their understanding of the people they work with and the issues they face as well as the range of services available to them. Building expertise across the authority will help ensure that equality and rights is embedded in design and service delivery

14.   All staff will have access to appropriate equality and rights training to develop the knowledge and skills they require, including, training courses, equality awareness campaigns, on-line training and guidance, mentoring and on-the-job support.

Development of an Integrated Impact Assessment (IIA)

15.   In 2015 the Councils, Health & Social Care Partnerships and Health Services in the Lothians jointly developed an Integrated Impact Assessment. The Integrated Impact Assessment (IIA) aims to enable the partners to meet the legal duties to consider equality, human rights, sustainability and the environment in planning decisions. It also creates an opportunity to identify and tackle unanticipated impacts on wider causes of poor outcomes in our communities, such as inadequate housing, low educational achievement, low income, transport and pollution, poverty, stigma and social inequality. Guidance on the use of the IIA and templates are available on-line.

16.   The EIJB has undertaken an IIA on the Strategic Plan and will introduce procedures to ensure that an Integrated Impact Assessment is carried out before any new policy the IJB.

Procurement

17.   Procurement and monitoring procedures will be implemented which will ensure that partner organisations and suppliers operate in a way that is consistent with the EIJB's approach to the promotion of equality and rights and comply with the Procurement Reform (Scotland) Act (2014).

Engagement

Consultation Strategy

18.   The EIJB has a dedicated structure and resourcing budget for a new communications team to support the EIJB to develop a communication strategy. The strategy will ensure that promotional campaigns, consultations and engagements are inclusive to all. Any additional efforts which may be required to reach specific groups of the community will be considered and implemented where practical. Procedures are in place in CEC and NHS to monitor the engagement of individuals with protected characteristics to help ensure participation from all members of the community. All people who need social care and health services will be able to access good quality information and advice appropriate to their needs, with account taken of disabilities, language barriers, literacy, numeracy and digital exclusion to enable equitable access to information.

Research and Evidence

Joint Strategic Needs Assessment (JSNA)

19.   To inform the first draft of the EIJB's Strategic Plan, a Joint Needs Assessment was carried out which provided a comprehensive local picture of health and wellbeing needs.

20.   The needs assessment consisted of 2 phases:
   i.   a desktop analysis of data; and
   ii.   engagement with a wide range of stakeholders to discuss the findings of phase 1, and more broadly, to use the knowledge and experience of clinicians, practitioners, residents, third sector organisations, service providers etc to form a broader and more complete assessment of needs and priorities.

21.   The findings of the needs assessment covered four broad themes:

- A profile of Edinburgh and its four localities: its current and forecast population structure incorporating levels of poverty, the labour market, housing, education, children in need and the health of the population
- An overview of the current and forecast levels of need of specific groups together with a summary of current priorities for each group including older people, people with disabilities, people with mental health problems, unpaid carers, people with addictions, people in the LGBT community, people with complex needs and people with palliative care needs –
- Profiles of current resource use and activity including:
  - spending profiles on NHS and social care services and the third and independent sectors in Edinburgh
  - activity profiles for health and social care, and analyses of specific groups – those people who are at risk of emergency hospital admission, and people who use relatively high levels of support
- A summary of known pressures within the health and social care system.

Strategic Plan

22.   A first draft of the Edinburgh Health and Social Care Partnership Strategic was subject to a 3 month public consultation from August to October 2015. This provided an opportunity to identify equality and rights issues. The draft plan set out the vision and key priorities for the Partnership together with the high level actions to deliver them.

23.   To encourage the engagement of as wide a range of audiences as possible in the consultation process three separate versions of the draft strategic plan were produced (full, summary and easy read). The consultation was advertised through the distribution of 10,000 fliers, 400 posters and a local press release. People and organisations could take part in the consultation online through the Council's Consultation Hub, by requesting and completing a paper copy of the consultation documents and questionnaire or through one of the 75 groups and meetings where the plan was discussed. Workshops for staff working in the Council, NHS Lothian and the voluntary and independent sectors were also held in each of the four localities.

24.   Feedback received was considered and used to inform the development of the final Strategic Plan and help shape the Equality and Rights outcomes and mainstreaming actions.

Equality and Rights Outcomes 2016/17

25. The Equality and Rights outcomes and mainstreaming actions have been developed in tandem with the development of the Strategic Plan and have been chosen based on a number of considerations namely;

- Information, feedback and intelligence gathered whilst preparing the Strategic Needs Assessment and the Strategic Plan including feedback from engagement with people with protected characteristics.
- The National Health and Wellbeing Outcomes
- The priorities of the strategic plan and the action plan
- CEC equality Outcomes
- NHS Equality Outcomes

26. There are 5 Equality outcomes as follows:

- **Equality Outcome 1 -** Effective and Visible Leadership is in place to ensure all health and social care policies, plans and decisions take account of the diversity of needs and characteristics of the community.

- **Equality Outcome 2 –** People with protected characteristics are directly able to influence the way in which Health and Social Care services are planned and delivered at both local and citywide level.

- **Equality Outcome 3 –** All health and social care services are accessible, appropriate and inclusive to the needs of all with no barriers which can limit access for those with protected characteristics.

- **Equality Outcome 4 –**Awareness and understanding of the challenges and needs faced by those with protected characteristics is raised.

- **Equality Outcome 5 -** Prevention measures and activities to reduce inequalities are inclusive to all.

Presenting Equality Outcomes

27. The key activities and outputs to deliver the Equality Outcomes are set out in the table below. Performance measures will be contained in the IJB's annual performance reports.

Equality Outcome	Key Activities/Outputs	Link to Strategic Plan Action Plan
Equality Outcome 1 Effective and Visible Leadership is in place to ensure all health and social care policies, plans and decisions take account of the diversity of needs and characteristics of the community	Adequate staff is identified to carry out the Equality Act 2010 legal duties.	
	Ensure that the emphasis on equality and rights is connected from the strategic level through to the operational level.	
	Managers give clear and consistent messages re the importance of the public sector equality duty.	
	Equality training is included in the Leadership Development Programme. Training to include competency around all aspects of equality and diversity and the use of tools such as "teach back" to support staff in the delivery of high quality person centred care.	Contained in Strategic Plan Integrated Impact Assessment (IIA) Action Plan
	Equality and rights will be an integral part of corporate reporting, communication plans, corporate plans and target setting.	IIA
	A communication and engagement strategy for the Partnership for 2016/17 will be developed.	
	Procurement and monitoring procedures should ensure that partner organisations and suppliers operate in a way that is consistent with the IJB's approach to the promotion of equality and rights.	
	Develop an integrated workforce strategy which will pay due regard to equality and rights.	41b
Equality Outcome 2: People with protected characteristics are directly able to influence the way in which Health and Social Care services are	Continue to develop the Joint Strategic Needs Assessment to improve understanding of emerging needs and strengths, such as the needs of asylum seekers and refugees.	40
	Utilise the knowledge, experience and information held by all partners, including local people and those with protected characteristics, to ensure that all people are able to fully participate in service delivery planning, co-production and locality level partnerships on an equal footing and without discrimination.	8c,

| Equality Outcome	Key Activities/Outputs	Link to Strategic Plan Action Plan
planned and delivered at both local and citywide level.	Use locality level forums to assist organisations, including those which represent people with protected characteristics, to come together	6, 11c
Equality Outcome 3: All health and social care services are accessible, appropriate and inclusive to the needs of all, with no barriers which can limit access for those with protected characteristics.	Increased person centred care which will take account of individuals' specific needs and circumstances.	12b
	Continue to support the 17 Headroom practises to explore new ways of working with economically disadvantaged communities and to test arrangements which can inform the 2017 GP contract.	16b
	Understand better the issues for minority ethnic communities through the development of the JSNA and as part of service delivery plans	6, IIA
	Monitor the impact of redesigned services on different sections of the population through the new performance framework	8 c, IIA
	Maintain and strengthen links with Community planning, Neighbourhood Partnerships and other service delivery partnerships.	1, IIA
	Develop improved pathways for people with autism, physical disabilities, diabetes, alcohol related brain injury and mental health problems and dementia, from assessment, diagnosis and post-diagnostic support to ensure individuals get the specialist support they require in a timely way.	23a, 25a, 26b, 27, 28,31, 33, 35 & 37
Equality Outcome 4: Awareness and understanding of the challenges and needs faced by those	Raise awareness and provide training on key initiatives identified in the Strategic Plan such as autism, mental health, dementia, LGBT and older people services.	23c,26a,12
	Raise awareness of and provide training in the use of tools developed by projects such as Edinburgh LGBT Age.	12a,
	Continue to develop the award winning Dementia Friendly Edinburgh Programme	23d

Equality Outcome	Key Activities/Outputs	Link to Strategic Plan Action Plan
with protected characteristics is raised	Work with housing providers to support the development of dementia friendly, accessible and affordable housing.	23e, 21e,27
	Deliver a programme of activity using the Scottish Government's sensory awareness training tools.	28
	Work with partners to support people with a range of needs such as young adult carers, people with learning disabilities and people with autism, and people with mental health problems to be able to access work, training or volunteering.	
Equality Outcome 5: Prevention Measures and activities to reduce inequalities are inclusive to all.	Build on the experience of the Headroom practices and other initiatives to develop the benefits and applications of social prescribing.	9
	Support initiatives such as Inclusive Edinburgh, the Patient experience and Anticipatory Care Team (PACT) and the Health Inequalities and Learning Disability Group to address health inequalities.	10
	Develop coproduced and fully inclusive innovative solutions to build community capacity, tackle social isolation and promote healthy lifestyles.	13e
	Build on the development of the LOOPS (Local Opportunities for Older People) initiative to enhance the opportunities for older people to retain socially connected and independent lives within the localities where they live and continue to raise awareness across the public, staff and volunteers of opportunities locally.	13c

Authors: Pamela Roccio and Sarah Bryson, City of Edinburgh Council
Date: April 2016

Appendices:

1   The EIJB Board Structure and sub groups
2   The Edinburgh Partnership Vision and Strategic Outcomes
3   Existing related outcomes

The EIJB Board Structure
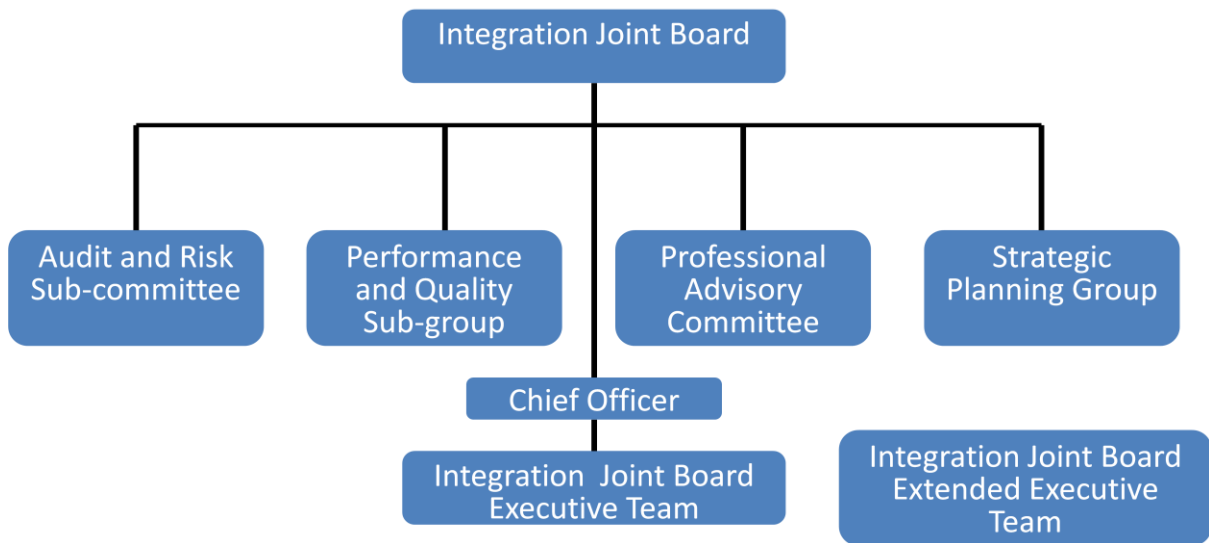
The Edinburgh Partnership Vision and Strategic Outcomes
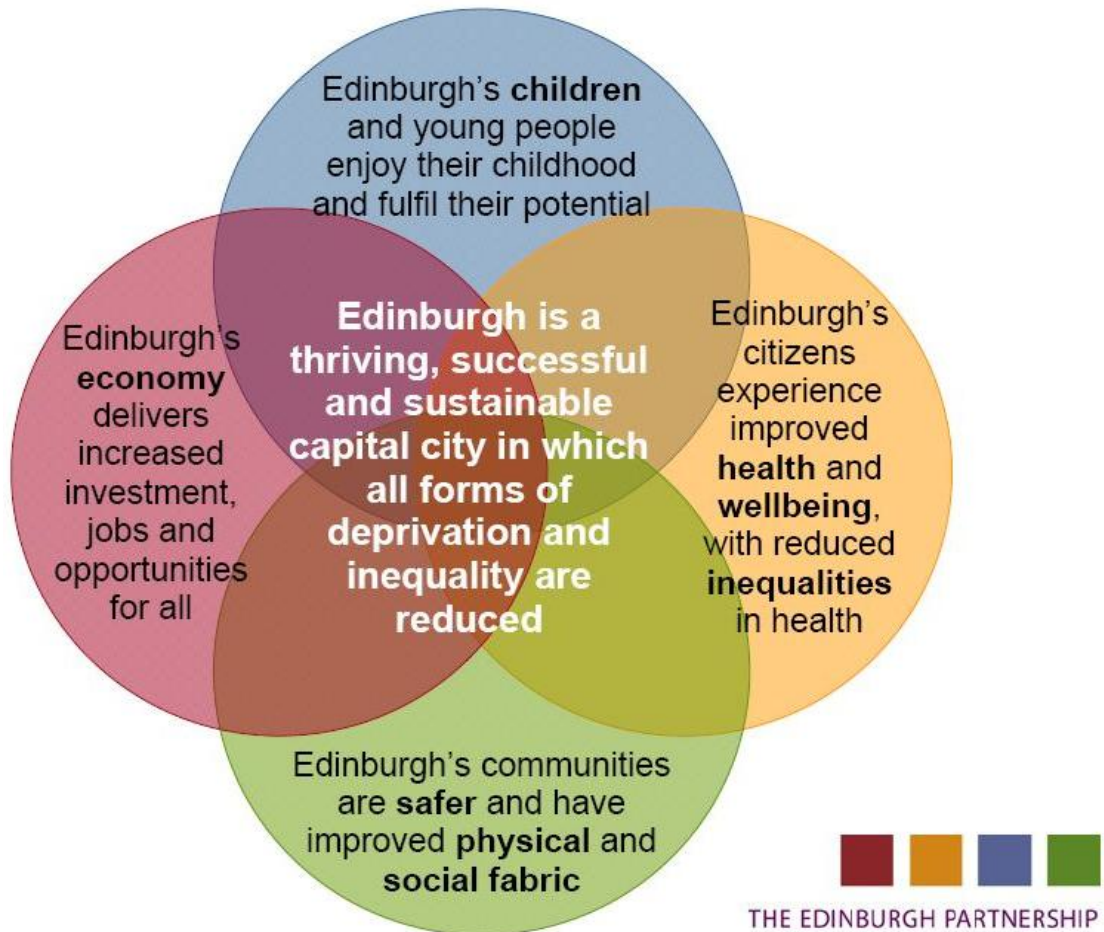
Existing related outcomes

The priorities of the EIJB Strategic Plan i.e.:

The equality and rights outcomes, and associated mainstreaming actions, are aligned to the IJB's Strategic Plan key priorities:
- Tackling priorities
- Managing resources effectively
- Making best use of capacity across the system
- Right care, right place, right time
- Person centred care
- Prevention and early intervention

These priorities will be delivered through actions listed under the 12 areas of focus set out in the Strategic Plan:
- Localities
- Tackling inequalities
- Consolidating our approach to prevention and early intervention
- Ensuring a sustainable model of primary care
- Improving care and support for frail older people and those with dementia
- Transforming services for people with disabilities
- Supporting people living with long term conditions
- Redesigning mental health and substance misuse
- Using technology to support independent living and efficient and effective ways of working
- Improving our understanding of the strengths and needs of the local population
- Integrated workforce development
- Living within our means

City of Edinburgh Council Equality and Rights Outcomes

The Council is an efficient and effective organisation and a great place to work	Improved employee equality and rights data collection		Ensuring equal pay		Improved diversity of the Council's workforce	Improved knowledge of city population equality and rights issues		Council services and information meet communication and accessibility needs
Edinburgh's children and young people enjoy their childhood and fulfil their potential	Sustained positive destinations for young people across protected characteristics	All children achieve their potential regardless of race, disability, sex or looked after status	Improving children's mental health and wellbeing	Improving parents confidence	Children in Council schools say their school is good at dealing with bullying, racism and homophobia	The school and life experience for children with a disability is improved	Other achievement of children with protected characteristics is improved	Children's outcomes and life chances are not undermined by poverty
Health and wellbeing are improved in Edinburgh and there is a high quality of care and protection in place for those who need it	The impact of Welfare Reform change is monitored and vulnerable clients are supported		People receive personalised services which maintain independence		Good advice and guidance networks in place for vulnerable clients to maintain choice and safety	Improved quality of life for people across all protected characteristics through reductions in social isolation		The rights, health and wellbeing of the Gypsy Traveller community are understood and met
Edinburgh is an excellent place in which to live, study, work, visit and invest	Individuals and communities who are vulnerable to, or victims of, hate crime feel safe and secure.		Adults vulnerable to, and survivors of, domestic abuse feel safe, have access to support and feel confident in reporting issues of domestic abuse and forced marriage. Children affected by domestic violence are identified and have access to support.		People can live in a home they can affords that meets their needs			There are accessible and inclusive transport systems ensuring people feel safe using the City's public transport, road, footway and cycle networks
Edinburgh's Economy Delivers increased investment, jobs and opportunities for all	Across the protected characteristics people are able to access job opportunities in Edinburgh							

NHS Equality Outcomes

Outcomes relating to the way NHS Lothian develop their policies and strategies, and the way it employs its workforce:

1.1 All healthcare developments, policies and plans take account of the diversity of needs and characteristics of patients and the community

1.2 The NHS Lothian workforce better reflects the diversity of the population it serves, and staff with protected characteristics are represented more appropriately at all levels of the organisation

1.3 The pay gap between staff of different genders, ethnicity and for disabled staff is reduced

1.4 There is improved dignity at work for all staff and volunteers Outcomes relating to access to NHS Lothian's healthcare services.

2.1 Access to health services is more equitable for people with protected characteristics

2.2 NHS Lothian has minimised architectural, environmental and geographical barriers to its services

2.3 Health promotion and public health campaigns are inclusive, reach all intended audiences and address stigma in the community

Outcomes relating to equitable quality of care for all patients:

3.1 Patients with a protected characteristic have a more personalised, individualised service where they are better able to exercise their independence, control and autonomy with an advocate if needed, and where their Human Rights or Children's Rights are protected

3.2 People in Lothian are more assured that health services will respect their dignity and identity

3.3 Staff are better equipped to deliver health care that takes into account patients' protected characteristics, health literacy needs and dignity

Outcomes relating to the way NHS Lothian involves and consults with people when developing services or policies:

4.1 NHS Lothian involves with people in a more inclusive and equitable way, including people with all protected characteristics and from across the socio-economic spectrum

4.2 NHS Lothian ensures that any individual can provide feedback or make a complaint and this is addressed equitably and transparently

Outcomes relating to the way NHS Lothian promotes equality and diversity in its work with partners, in its contracts and in its procurement of goods and services:

5.1 NHS Lothian's partner organisations and suppliers operate in a way that is consistent with its approach to the promotion of equality

5.2 Individuals and communities who are vulnerable to, or victims of hate crime feel safer and more secure

Report

Financial Plan

Edinburgh Integration Joint Board

13th May 2016

Executive Summary

1.   City of Edinburgh Council and NHS Lothian have both issued updates to the indicative resources to be allocated to the IJB. This is a marginal (0.4% for £2.5m) increase over the levels reported to the Board in March.

2.   Positive dialogue is continuing with both partners with only 1 material issue still outstanding.

Recommendations

3.   It is recommended that the Committee:

   - Notes the update to the indicative resources to be allocated to the IJB by the City of Edinburgh Council and NHS Lothian;

   - Agrees the allocation of the social care fund resources, taking account of Scottish Government requirements; and

   - Agrees the issue of updated directions to the City of Edinburgh Council to reflect the proposed social care fund investments.

Background

4.   At it's meeting on 11th March the Integration Joint Board agreed to proceed on the basis of indicative allocations from the City of Edinburgh Council (CEC) and NHS Lothian (NHSL).

5.   Subsequently, both organisations have updated their financial models and issued revisions which remain subject to ongoing discussion.

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Sources of funding

6.   Table 1 below sets out the updated funding propositions from CEC and NHSL. This shows a small net increase of £2.5m representing 0.4% of the total budget.

7.   The CEC offer has been increased by £0.5m to address a few minor matters identified through the due diligence process. Whilst progress with financial assurance continues to be positive, there is one outstanding issue of potential significance relating to the conditions associated with the social care fund. Whilst the use of this fund is laid out in the formal offer letter to Scottish Local Authorities dated 27th January from Mr John Swinney, the detailed requirements are open to interpretation. The Chief Officer and Interim Chief Finance Officer are in dialogue with the Scottish Government to resolve this.

8.   A combination of factors has led to an increase of £2.0m in the NHSL financial settlement. These include: an increased share of uplift; an increase in the share of pan Lothian hosted services; and a share of the reduction in "bundled" allocations introduced by the Scottish Government. NHSL is due to conclude its financial planning process with a final version of the plan being presented to its Finance and Resources Committee in May, following which a final offer letter is expected.

	Financial assurance paper	Update	Difference
	£k	£k	£k
City of Edinburgh Council	184,766	185,226	460
NHS Lothian core and hosted	280,231	282,380	2,149
Social Care Fund	20,180	20,180	0
Subtotal	**485,177**	**487,786**	**2,609**
NHS Lothian set aside	89,387	89,232	(155)
Total	**574,564**	**577,018**	**2,454**

Table 1: Summary IJB budget 16/17

Social care fund

9.   Edinburgh's share of the £250m available nationally to enhance social care is £20.2m. As reported above, further work is required to confirm that the proposed CEC settlement meets the criteria laid out by the Scottish Government. However what is clear is that the £250m is to be considered in two halves: one half for additionality or growth and the second for meeting additional pressures, including the implementation of the living wage from 1st October 2016.

10. From these monies the following investments are proposed:

- *Learning disability demographic growth* - £1.9m to cover the increased cost of people as they transition through services. This includes an allowance for children leaving school and for people moving from the family home to supported accommodation. A further piece of work is being undertaken to review the options for people with high support needs; forensic, supervisory or challenging behaviour, or a combination of disabilities;

- *Charging thresholds* – £0.5m to meet the additional cost of increasing charging thresholds for non-residential care clients;

- *Care at home* - in line with the provision built in to the proposed new care at home contract, £0.5m to reduce unmet need. The contracts include. The contract, which incorporates a requirement for the waiting list to be reduced by 2,500 hours per week over a two year period, is in the final stages of the tendering process. A report recommending contract awards is being presented to the CEC Finance and Resources Committee on 12th May 2016;

- *Living wage* - £5.2m to address low pay in the care sector, the full year cost of this is estimated at £8.8m. Details are included in a separate report to the committee; and

- *Non recurring contribution to savings plans* - £3.5m (representing the difference between the in year and full year cost of implementing the living wage) to be offset against the savings target. This is discussed in more detail in paragraph 16 below.

11. These proposed investments total £11.6m and are summarised in table 2 below, leaving an unallocated balance of £8.6m. Based on the modelling undertaken by CEC, a further £3.5m could be required to fully fund anticipated demographic pressures, giving a residual balance of £5.1m. Proposals, in line with the commitments in the strategic plan, will be presented to the IJB as and when they are developed and it is recommended that these are considered in the context of the prevailing financial position.

	Growth £k	Pressures £k
Available funding	**10,090**	**10,090**
Learning disabilities	(1,855)	
Charging thresholds	(522)	
Reduction in care at home waiting list	(470)	
Implementation of living wage (from 1st Oct)		(5,209)
Non recurring contribution to savings		(3,543)
Potential commitments	**(2,847)**	**(8,752)**
Balance	**7,243**	**1,338**

Table 2: proposed social care fund investments

Directions

12. The financial statement which accompanies the directions is the mechanism by which the IJB allocates the resources it has been provided back to partners to operationally deliver services. This statement shows indicative budgets on a service basis and will require to be adjusted as and when any investment or disinvestment decisions are made. The statement which accompanied the directions issues on 31st March 2016 is included as an appendix to this report.

Savings programme

13. Inherent in the indicative funding settlements from CEC and NHSL is the assumption that IJB will have to realise savings of £32.9m in 2016/17 for the combined budget to balance. This is compounded by the impact of 20% funding reduction for the Edinburgh Drug and Alcohol Partnership, giving a total savings target of £34.3m as summarised in table 3 below:

	£k
NHS Lothian	
Core	(6,847)
Hosted	(5,366)
Set aside	(5,877)
Sub total	**(18,090)**
CEC	**(14,793)**
Edinburgh Drug and Alcohol Partnership	**(1,380)**
Total	**(34,263)**

Table 3: IJB savings targets for 2016/17

14. Whilst the IJB has responsibility for the full £34.3m, an element of which will be operationally delivered either through NHSL or one of the other Lothian partnerships. This applies where services are hosted (either by NHSL or one of the other Lothian IJBs) and for set aside services, managed on our behalf by NHS Lothian: in total this accounts for savings of £9.3m, leaving Edinburgh Health and Social Care Partnership (EHSCP) with responsibility for delivering savings of £25.0m on behalf of all 4 IJBs.

15.   To support delivery, the partnership has developed a programme which is considered to be achievable although, at this stage, many business cases have still to be completed. The schemes identified at this stage are summarised in table 4 below:

	£k
Demand management	3,200
Reablement	761
Organisational review (CEC transformation programme)	5,709
Commercial savings	1,400
Minor CEC schemes	663
Social care fund	3,543
Service reviews (sexual health, rehabilitation, continence)	2,330
Prescribing	1,706
Reduction in management costs	500
HBCCC	1,000
Supplementary staffing	1,000
General Medical Services running costs	500
Edinburgh Drug and Alcohol Partnership	1,380
Total identified	**23,692**
Outstanding balance	**1,344**

Table 4: IJB savings programme

16.   This proposes a £3.5m contingency from the Social Care Fund on a non recurring basis to allow time for savings from reablement, demand management and alternative business models to be developed an implemented.

17.   Full achievement of the savings programme is identified as one of the key risks facing the IJB and, as such, the executive team will ensure a focus on delivery.

Involving people

18.   The successful implementation of these recommendations will require the support and co-operation of both CEC and NHSL personnel.

Impact on plans of other parties

19.   As above.

Background reading/references

20.   None.

Report author

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Links to priorities in strategic plan

Managing our resources effectively

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

	Indicative Payment to IJB*	Adjustments to payments to/from IJB				Indicative Payment to CEC/NHSL
		Integrated care fund	Delayed discharge funding	Resource Transfer	Social care fund	
	£k	£k	£k	£k	£k	£k
Health and social care services						
Care at Home	68,229	1,820	1,266			71,315
Community Equipment	1,219	182				1,401
Day Services	21,062	183				21,245
Health Improvement/Health Promotion	1,924					1,924
Information & Advice	3,317					3,317
Intermediate Care	1,536	122				1,658
Local Area Co-ordination	1,421	780				2,201
Management	1,839					1,839
Reablement	6,679	1,118				7,797
Rehabilitation	322					322
Residential Care	69,809	67	1,212			71,087
Self Directed Support	13,386					13,386
Social Work and OT Support	1,366	375				1,741
Social work assessment & care management	11,225					11,225
Support Services	3,327	238				3,565
Telecare	92	407				499
Resource transfer	(21,988)			21,988		0
	184,766	**5,291**	**2,478**	**21,988**	**0**	**214,523**

Payment based on original offer. Please note that this subject to due diligence, confirmation of savings plans, realignment following 15-16 outturn and further Council transformation budget transfers

	Indicative Payment to IJB*	Integrated care fund	Delayed discharge funding	Resource Transfer	Social care fund	Indicative Payment to CEC/NHSL
Health services						
Core						
Community hospitals	10,325		(21)			10,304
Mental health	9,411					9,411
Older people	11,525	743				12,268
Community AHPs	3,684					3,684
General medical services (GMS)	67,223					67,223
Prescribing	75,900					75,900
Resource Transfer	21,988			(21,988)		0
Delayed Discharge	2,457		(2,457)			0
Integrated Care Fund	8,190	(8,190)				0
Integrated Care Fund- to be allocated		2,156	Further directions to follow			2,156
Other Core	8,324					8,324
	219,027	**(5,291)**	**(2,478)**	**(21,988)**	**0**	**189,270**
Hosted						
Sexual health	2,436					2,436

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AHP services	6,643					6,643
Mental health & substance misuse	22,379					22,379
Rehabilitation medicine	3,203					3,203
Learning disabilities	8,865					8,865
Oral health services	5,584					5,584
Psychology	2,988					2,988
Complex care	1,788					1,788
Unscheduled care	5,164					5,164
Strategic programmes	2,535					2,535
Other hosted	4,675					4,675
	66,260	**0**	**0**	**0**	**0**	**66,260**
Social care fund						
Edinburgh share	**20,180**	Further directions to follow				**20,180**
Total payment	**490,233**	**(0)**	**0**	**0**	**0**	**490,233**
Set Aside						
A & E (outpatients)	6,394					6,394
Cardiology	15,765					15,765
Diabetes	1,376					1,376
Endocrinology	1,097					1,097
Gastroenterology	4,638					4,638
General Medicine	25,226					25,226
Geriatric Medicine	19,059					19,059
Infectious Disease	8,166					8,166
Rehabilitation Medicine	1,951					1,951
Respiratory Medicine	482					482
Therapies	5,415					5,415
Other	(337)					(337)
	89,232	**0**	**0**	**0**	**0**	**89,232**
Grand total	**579,465**	**(0)**	**0**	**0**	**0**	**579,465**

Report

Formal Establishment of the Strategic Planning Group
Edinburgh Integration Joint Board
13 May 2016

Executive Summary

1.1 The Public Bodies (Joint Working) Scotland Act 2014 places a requirement on Integration Authorities to establish a Strategic Planning Group as a means of engaging stakeholders in:

- the production of the strategic plan; and

- any decisions about significant changes to services to be made without revising the strategic plan

1.2 This report seeks the approval of the Integration Board to formally establish the Strategic Planning Group.

Recommendations

2.1 The Integration Joint Board is asked to approve:

- the proposed remit for the Strategic Planning Group set out in section 4.5 below

- the proposed membership of the Strategic Planning Group set out in section 4.6 below

- the proposed frequency of meetings set out in section 4.7

- the proposed arrangements for the payment of expenses set out in section 4.8 below

Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires integration authorities to establish a Strategic Planning Group before preparing their first strategic plan. Given the tight timescales for the production of the plan, the Edinburgh Shadow Health and Social Care Partnership agreed that the Strategic Planning Group should be

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established on a shadow basis prior to the formal establishment of the Edinburgh Integration Joint Board and remain in place until the first plan had been approved by the Board.

3.2 Following the approval of the Strategic Plan for Health and Social Care 2016 – 19 by the Integration Joint Board on 11 March 2016, the Shadow Strategic Planning Group has fulfilled its remit. In order to comply with the legislative requirements a new Strategic Planning Group needs to be formally established by the Board.

Main report

4.1 The role of the Strategic Planning Group as set out in the legislation is to be consulted and provide feedback:

- at each stage of the production of the Edinburgh Integration Joint Board's strategic plans (Public Bodies (Joint Working) (Scotland) Act section 33)

- in respect of any significant decision about the arrangements for carrying out the "integration functions" that the Partnership proposes to implement without revising the strategic plan (Public Bodies (Joint Working) (Scotland) Act section 36)

An extract from the Public Bodies (Joint Working) (Scotland) Act 2014 relating to the establishment and role of the Strategic Planning Group is attached as Appendix 1.

4.2 In December 2012 the Shadow Health and Social Care Partnership agreed that the strategic plan for Edinburgh should be produced in collaboration with the Strategic Planning Group rather than simply consulting the Group.

4.3 The Shadow Strategic Planning Group was established in February 2014 and met 12 times over the period during which the plan was produced working to the following remit:

To:

- collaborate in the preparation of the strategic plan, including:

- developing recommendations about the content

- developing the plan itself, including being part of sub-groups working on aspects of the plan

- consultation on the plan within the groups they represent and through wider public consultation

- act as a critical friend to the Integrated Joint Board when consulted on any decisions that need to be made outside the strategic planning framework or when consulted on any other matter

4.4   Individual members of the Shadow Strategic Planning Group undertook to:

- ensure that the views and interests of the stakeholder group they represent on the Strategic Planning Group are taken into account in the development of the Strategic Plan for Edinburgh

- engage actively with a wider constituency of stakeholders (groups, forums, organisations) in order to ensure that as wide a range of stakeholders as possible is able to influence the development of the Strategic Plan for Edinburgh

- make every effort to attend all meetings, workshops and other events arranged for the Group

- identify other stakeholders from their wider constituency with relevant knowledge and experience to join working groups involved in producing specific sections of the strategic plan

- commit to working in a collaborative way with other members of the Strategic Planning Group, officers of the Council and NHS Lothian and other stakeholders

- actively facilitate and participate in public consultation on the draft strategic plan for Edinburgh

4.5   **Proposed remit of the Strategic Planning Group**

Following discussion at the Strategic Planning Group on 11 January 2016 it was proposed that the remit of the Group going forward should be to:

- review detailed business cases and change plans on behalf of the Integration Joint Board to ensure they are robust and meet the aims of the strategic plan

- provide assurance to the Integration Joint Board that there has been appropriate consultation and engagement in line with the statutory responsibilities of the IJB for any service changes

- review the planning structures in place and provide assurance to the Integration Joint Board that appropriate planning mechanisms exist within the partnership, and between the partnership and key stakeholders

- provide a forum for discussion and debate in relation to emerging themes and national or local initiatives which emerge following the finalisation of the 2016-2019 strategic plan

- receives updated Joint Strategic Needs Assessment and performance information as this emerges to inform the annual review of the Strategic Plan

- collaborate on the production of future iterations of the strategic plan

- oversees delivery of the strategic plan on behalf of the Integration Joint Board

In order to undertake this remit it was also suggested that the Strategic Planning Group should develop a set of decision making criteria and framework for the review and prioritisation of business cases early in 2016/17.

4.6 **Proposed membership of the Strategic Planning Group**

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a list of bodies that must be represented on the Strategic Planning Group each integration authority can determine how members of the Strategic Planning Group will be appointed and can add to this membership if it chooses to do so. The bodies that must be represented are detailed in Appendix 2.

It is proposed that the approach taken to establishing the Shadow Strategic Planning Group is continued so that:

- there are clear links between the membership of the Integration Joint Board and the Strategic Planning Group

- where appropriate members of the Strategic Planning Group are nominated by the bodies they are representing and are supported to actively engage with their wider constituency of groups and individuals

- the role of individual members of the Strategic Planning Group remains as set out in section 4.4 above

The proposed arrangements for establishing membership of the Strategic Planning Group are detailed in the table below:

Group represented	Arrangements for appointment from 1 April 2016
Chair	Vice chair of the Integration Joint Board will be appointed
Vice Chair	Chair of the Integration Joint Board will be appointed
NHS Lothian	NHS Lothian to be asked to nominate an appropriate officer

Group represented	Arrangements for appointment from 1 April 2016
City of Edinburgh Council	City of Edinburgh Council to be asked nominate an appropriate officer
Users of health services	The two service users who are non-voting members of the Edinburgh Integration Joint Board will be appointed
Users of social care services	
Carers of users of health services	The two unpaid carers who are non-voting members of the Edinburgh Integration Joint Board will be appointed
Carers of users of social care services	
Social care professionals	The Professional Advisory Committee (PAC) to be asked to nominate a health and a social care professional. Ideally the representatives will be the co-chairs of the PAC
Health professionals	
Commercial providers of health care	To be decided
Commercial providers of social care	Scottish Care which is an interface organisation for the independent sector to be asked for a nomination
Non-commercial providers of social care	EVOC (Edinburgh Voluntary Organisations Council) and CCPS (Coalition of Care and Support Providers) which are interface organisations for the third sector to be asked for nominations
Non-commercial providers of health care	
Non-commercial providers of social housing	Edinburgh Affordable Housing Partnership which is a an interface group for providers of social housing to be asked for nominations
Third sector organisations carrying out activities related to health or social care	The third sector representative who is a non-voting members of the Edinburgh Shadow Health and Social Care Partnership will be appointed
Localities	Pending the full establishment of the four localities it is proposed that the Community Engagement Manager from the City of Edinburgh Council undertakes this role. To be reviewed in December 2016
Chief Officer of the Edinburgh Health and Social Care Partnership	
Chief Finance Officer of the Edinburgh Health and Social Care Partnership	
Strategic Planning Leads for the Edinburgh Health and Social Care Partnership	
Performance Lead Edinburgh Health and Social Care Partnership	
Public Health Consultant working with the Edinburgh Health and Social Care Partnership	

4.7   **Frequency of meetings**

It is proposed that the Strategic Planning Group should meet monthly for 2 – 3 hours.

4.8   **Payment of expenses**
It is proposed that reasonable expenses should be paid to those members of the Strategic Planning Group who incur additional expenditure in connection with attendance at meetings of the Group.

Key risks

If the Strategic Planning Group is not formally established by the Integration Joint Board the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 will not be met.

Financial implications

The Strategic Planning Group will require a small budget to meet the cost of room hire and the expenses incurred by individual members. Whilst every effort will be made to hold regular meetings at venues where no cost is incurred it may be necessary to pay for room hire in connection with special events such as consultation exercises. During 2015 costs associated with the operation of the Strategic Planning Group and production of the strategic plan were just short of £3,000.

Involving people

The report contains proposals for the formal establishment of the Strategic Planning Group which is a key mechanism for ensuring that stakeholders including those who receive and provide health and social care services are involved in the planning of those services.

Impact on plans of other parties

There is no impact on the plans of other parties.

Background reading/references

Public Bodies (Joint Working) (Scotland) Act 2014

Public Bodies (Joint Working) (Scotland) Act (Membership of Strategic Planning Group) Regulations

Appendices

Appendix 1   Extract from the Public Bodies (Joint Working) (Scotland) Act 2014 relating to the establishment of Strategic Planning Groups

Appendix 2   Statutory members of the Strategic Planning Group

Report author

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Links to priorities in strategic plan

Whilst having no direct link to any specific priority the proposals in this report set out the arrangements for the establishment of a Strategic Planning Group that will have oversight of progress in delivering all priorities.

Extract from the Public Bodies (Joint Working) (Scotland) Act 2014 relating to the establishment of Strategic Planning Groups

32   Establishment of strategic planning group

(1)   Before preparing its first strategic plan, an integration authority in relation to the area of a local authority is to establish a group (its "strategic planning group") comprising—

     (a) where the integration authority is an integration joint board—

          (i)   at least one person nominated by the Health Board which is a constituent authority in relation to the integration joint board,

          (ii) where one local authority is a constituent authority in relation to the integration joint board, at least one person nominated by the local authority,

          (iii) where two or more local authorities are constituent authorities in relation to the integration joint board, at least one person nominated by the local authorities,

     (b) where the integration authority is a Health Board, at least one person nominated by the local authority or authorities with which the integration authority prepared the integration scheme in pursuance of which the integration authority acquired its functions,

     (c) where the integration authority is a local authority, at least one person nominated by the Health Board with which the integration authority prepared the integration scheme in pursuance of which the integration authority acquired its functions,

     (d) one person in respect of each of the groups mentioned in subsection (2), being a person who the integration authority considers to be representative of that group, and

     (e) such other persons as the integration authority considers appropriate.

(2)   The groups referred to in subsection (1)(d) are such groups of persons appearing to the Scottish Ministers to have an interest as may be prescribed.

(3)   The integration authority is to determine—

     (a) the number of members of its strategic planning group,

     (b) so far as not set out in this section, the processes for appointment, removal and replacement of members.

(4)   The integration authority may—

     (a) appoint members of its strategic planning group from persons nominated under subsection (1),

     (b) in such circumstances as the authority considers appropriate, remove persons appointed under paragraph (a) from membership of the group,

     (c) appoint members in place of members who resign or are removed from membership of the group.

(5)   A constituent authority may—

(a) remove from a strategic planning group a member appointed to represent it,

(b) nominate under subsection (1) another person in place of a member of the group appointed to represent it.

(6) A member of a strategic planning group may resign at any time.

(7) During the period to which any strategic plan of an integration authority relates, its strategic planning group is also to comprise a person to represent the interests of each locality set out in the plan in pursuance of section 29(3)(a).

(8) It is for the integration authority to—
(a) decide which persons are suitable to represent the interests of a locality, and
(b) select the representative.

(9) An integration authority may under subsection (8)(b) select a single person in respect of two or more localities.

(10) The validity of anything done by an integration authority's strategic planning group is not affected by any vacancy in its membership.

(11) The procedure of an integration authority's strategic planning group is to be such as the authority determines.

(12) An integration authority may pay to members of its strategic planning group such expenses and allowances as the authority determines.

33 Preparation of strategic plan
(1) This section applies where an integration authority in relation to the area of a local authority is preparing a strategic plan.

(2) The integration authority is to—
(a) prepare proposals for what the strategic plan should contain, and
(b) *seek the views of its strategic planning group* on the proposals.

(3) Taking account of any views expressed by virtue of subsection (2)(b), the integration authority is then to—
(a) prepare a first draft of the strategic plan, and
(b) *seek the views of its strategic planning group* on the draft.

(4) Taking account of any views expressed by virtue of subsection (3)(b), the integration authority is then to—
(a) prepare a second draft of the strategic plan,
(b) send a copy to—
    (i) the persons mentioned in subsection (5), and
    (ii) such other persons as it considers appropriate, and

(c) invite the recipients to express views (within such period as the integration authority considers appropriate) on the draft.

36   Significant decisions outside strategic plan: public involvement

(1)   This section applies where the integration authority for the area of a local authority—
    (a) proposes to take a significant decision about the arrangements for the carrying out of the integration functions for the area of the authority, and
    (b) intends the decision to take effect other than by virtue of revising its strategic plan under section 37.

(2)   In subsection (1)(a), "significant decision" means a decision which the integration authority considers might significantly affect the provision of a service provided in pursuance of the integration functions in the area of the local authority.

(3)   The **integration authority must**—
    (a) *seek and have regard to the views of its strategic planning group*, and
    (b) take such action as it thinks fit with a view to securing that persons mentioned in subsection (4) are involved in and consulted on the decision.

(4)   Those persons are users of the service which is being or may be provided.

The Public Bodies (Joint Working) (Membership of Strategic Planning Group) (Scotland) Regulations 2014

Prescribed groups of persons to be represented in strategic planning group
2.—(1) Subject to paragraph (2) the groups of persons prescribed for the purposes of section 32(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 (establishment of strategic planning group) are—
    a) health professionals;
    b) users of health care;
    c) carers of users of health care;
    d) commercial providers of health care;
    e) non-commercial providers of health care;
    f) social care professionals;
    g) (users of social care;
    h) carers of users of social care;
    i) commercial providers of social care;
    j) non-commercial providers of social care;
    k) non-commercial providers of social housing; and
    l) third sector bodies carrying out activities related to health care or social care.

(2) For the purposes of paragraph (1)—
   a) in the case of users of health care or social care, they must reside within the area of the local authority;
   b) in the case of carers of users of health or social care, they must care for a person who resides within the area of the local authority; and
   c) in any other case, they must operate within the local authority area.

(3) In this regulation, "third sector" includes representative groups, interest groups, social enterprises and community organisations.

Appendix 2

Bodies that must be represented on the Strategic Planning Group

a) City of Edinburgh Council
b) NHS Lothian
c) health professionals;
d) users of health care;
e) carers of users of health care;
f) commercial providers of health care;
g) non-commercial providers of health care;
h) social care professionals;
i) (users of social care;
j) carers of users of social care;
k) commercial providers of social care;
l) non-commercial providers of social care;
m) non-commercial providers of social housing
n) third sector bodies carrying out activities related to health care or social care

Minutes

Audit and Risk Committee

9.30 am, Friday 29 April 2016
City Chambers, Edinburgh

Present:

Angus McCann (Chair), Councillor Elaine Aitken, Kay Blair,
Councillor Joan Griffiths, Alex Joyce and Ella Simpson.

Officers: Magnus Aitken (Acting Chief Internal Auditor), Richard
Bailes (PricewaterhouseCoopers) Ross Murray (Committee
Services), Stephen O'Hagan (Audit Scotland) and Moira Pringle
(Chief Finance Officer)

Apologies: Alex Joyce

1. Remit

The Audit and Risk Committee Terms of Reference including details on
membership, chair, quorum, substitution and remit was submitted. The Terms
of Reference were approved by the Integration Joint Board on 20 November
2015.

Decision

1) To note the Audit and Risk Committee Terms of Reference.

2) To request that Committee Members provide sufficient advance notice when
   unable to attend a Committee meeting to allow for a suitable substitute to be
   arranged.

3) The Clerk to confirm the formal arrangements in place regarding the sharing of
   information for internal and external audit purposes between constituent
   organisations.

2. Work Programme

Decision

To note the Work Programme and Upcoming Reports.

(Reference – Audit and Risk Committee Work Programme – March 2016,
submitted.)

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healthier, safer Edinburgh

3. Update on the status of items identified in the 'Audit and Risk Committee – Update' briefing note.

In February 2016, the City of Edinburgh Council Committee Services manager authored a briefing note entitled 'Audit & Risk Committee – Update" with the purpose of setting out a list of 11 actions and 8 documents that required to be undertaken or prepared to allow the Audit and Risk Committee to function appropriately. An update was provided on the status of the actions and documents set out in the briefing note.

Decision

1)   To make the update a standing item (to be included as part of the regular Work Programme item) until all actions had been completed.

2)   To note that procedural advice for the Service Level Agreement process (action 6) would be provided by Committee Services.

3)   To liaise with pan-Lothian Joint Board Chief Officers and Chairs to express desire for a similar meeting of IJB Audit Chairs to discuss and coordinate information sharing.

4)   To note that relevant Joint Board Audit Reports would be referred to NHS Lothian and City of Edinburgh Council.

5)   To note that the Chief Internal Auditor would request that relevant reports scrutinised by NHS Lothian Audit and City of Edinburgh Council Governance, Risk and Best Value Committee would be referred to the Joint Board Audit and Risk Committee.

(Reference – report by the Chief Internal Auditor, submitted.)

4. Risk Initiative Update

An update on the risk initiative being undertaken by the Integration Joint Board Senior Management Team was submitted.

Decision

To note the update and the process being used and to agree to stage a workshop to include the IJB Board to finalise the Risk Register.

(Reference –report by the Chief Finance Officer, submitted.)

5. Internal Audit Charter

An Internal Audit Charter setting out the scope, roles, responsibilities, objectives and reporting structures of the Internal Audit function; as required by the Public Sector Internal Audit Standards(PSIAS); was submitted.

Decision

To approve the Internal Audit Charter of the Edinburgh Integration Joint Board subject to minor amendments by Chief Internal Auditor in relation to Joint Working.

(Reference – report by the Chief Internal Auditor, submitted.)

6. Any Other Business

6.1 Co-option of additional Committee member

Ella Simpson provided an update on the search to find a suitable candidate with finance expertise for co-option to the Committee. Richard Bailes offered to assist with this process.

Decision

To note the update and the ongoing work.

6.2 Audit Scotland Report

Kay Blair advised that there had been an Audit Scotland report on the integration of Health and Social Care that would be of interest for Committee members. This had been published in December 2015.

Decision

That the Clerk would circulate a link to the Audit Scotland report on Health and Social Care Integration to Committee members.

6.3 IJB – External Auditor

Moira Pringle advised that discussions were ongoing regarding the appointment of an External Auditor for the Edinburgh Integration Joint Board. This was being undertaken by Audit Scotland on behalf of the Accounts Commission. The views of the Audit and Risk Committee were sought.

Decision

To note the update and the Interim Chief Finance Officer's intention to feed back comments raised by the Audit and Risk Committee to Audit Scotland.