

# Notice of Meeting and Agenda

## **Additional Edinburgh Integration Joint Board**

**9.30am Friday 24 May 2019**

Dean of Guild Court Room, City Chambers, Edinburgh

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

### **Contacts:**

Email: [jamie.macrae@edinburgh.gov.uk](mailto:jamie.macrae@edinburgh.gov.uk) / [martin.scott@edinburgh.gov.uk](mailto:martin.scott@edinburgh.gov.uk)

Tel: 0131 553 8242 / 0131 529 4264

## 1. Welcome and Apologies

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

## 2. Declaration of Interests

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- 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

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- 3.1 If any

## 4. Minutes

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- 4.1 Minute of the Edinburgh Integration Joint Board of 29 March 2019 (circulated) submitted for approval as a correct record

## 5. Forward Planning

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- 5.1 Rolling Actions Log

## 6. Items of Strategy

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- 6.1 Draft Strategic Plan 2019-2022 Progress Report – report by the IJB Chief Officer (circulated)
- 6.2 Primary Care Transformation Programme – report by the IJB Chief Officer (circulated)

## 7. Items of Performance

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- 7.1 Finance Update – report by the IJB Chief Officer (circulated)

## 8. Items of Governance

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- 8.1 Ministerial Strategic Group Update – report by the IJB Chief Officer (circulated)
- 8.2 Older People Joint Inspection Improvement Plan – report by the IJB Chief Officer (circulated)
- 8.3 Update on the 2019 Health and Social Care Grants Programme – report by the IJB Chief Officer (circulated)
- 8.4 Standing Orders – Annual Review – report by the IJB Chief Officer (circulated)
- 8.5 Appointments to the Edinburgh Integration Joint Board and Strategic Planning Group – report by the IJB Chief Officer (circulated)
- 8.6 Calendar of Meetings – report by the IJB Chief Officer (circulated)

## 9. Motions

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- 9.1. None.

## Board Members

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### **Voting**

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice-Chair), Councillor Robert Aldridge, Michael Ash, Councillor George Gordon, Martin Hill, Councillor Melanie Main, Angus McCann, Councillor Susan Webber and Richard Williams.

### **Non-Voting**

Colin Beck, Carl Bickler, Andrew Coull, Lynne Douglas, Christine Farquhar, Helen FitzGerald, Kirsten Hey, Jackie Irvine, Ian McKay, Moira Pringle, Judith Proctor, Ella Simpson and Pat Wynne.



# Item 4.1 - Minutes

## Edinburgh Integration Joint Board

**9:30 am, Friday 29 March 2019**

Dean of Guild Court Room, City Chambers, Edinburgh

**Present:**

**Board Members:**

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Andrew Coull, Christine Farquhar, Helen Fitzgerald, Councillor George Gordon, Kirsten Hey, Martin Hill, Councillor Melanie Main, Angus McCann, Ian McKay, Moira Pringle, Judith Proctor, Ella Simpson, Councillor Susan Webber, Richard Williams and Pat Wynne.

**Officers:** Tom Cowan, Tony Duncan and Lesley Birrell.

**Apologies:** Carole Macartney and Alison Robertson.

### 1. Minutes

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**Decision**

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 8 February 2019 as a correct record subject to adding Pat Wynne to the list of members present.

### 2. Sub-Group Minutes

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Updates were given on Sub-Groups and Committee activity.

**Decision**

- 1) To note the minute of the meeting of the Audit and Risk Committee of 16 November 2018.
- 2) To note the minute of the meeting of the Professional Advisory Group of 8 January 2019.

- 3) To note the minute of the meeting of the Strategic Planning Group of 30 November 2018.
- 4) To note that the Chief Officer would provide a presentation on prescribing to a future meeting of the Joint Board.

### 3. Rolling Actions Log

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The Rolling Actions Log for March 2019 was presented.

#### Decision

- 1) To agree to close the following actions:
    - Action 11 – Recommendations from the Health and Social Care Grants Review Programme 2019
    - Action 14 – Performance Report – Sickness Absence.
  - 2) To otherwise note the remaining outstanding actions.
- (Reference – Rolling Actions Log – 29 March 2019, submitted.)

### 4. Carers Strategy

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The previous Edinburgh Joint Carer Strategy 2014-2017 had been reviewed independently by Edinburgh Voluntary Organisations Council (EVOC) in 2017 to measure its impact. The review had made six recommendations for the new Strategy as follows:

- Focus on Implementation
- Broaden ownership of the strategy
- Maintain the same priorities in the new strategy
- Recognise the fundamental differences of young carers
- Futureproof the strategy
- Measure Impact

The 2019-2022 Strategy had been developed in partnership with Edinburgh Health and Social Care Partnership, key stakeholder partners from the third sector, unpaid young and adult carers and incorporated the six recommendations and the new duties from the Carer (Scotland) Act 2016.

The Strategy supported a shift towards supporting and enabling carers and aimed to have a positive impact on the sustainability of their caring role. Outcomes from the current pilots would also form the detail of an implementation plan.

#### Decision

- 1) To approve progress being made on the development of the strategy and implementation plan, which was being produced with third sector stakeholders and internal partners and led by the lead officer for carers.

- 2) To agree that the six priorities identified would meet the outcomes of the Carer Strategy.
- 3) To note the key performance indicators would be included in the Joint Board's overall performance framework.
- 4) To ask the Chief Officer to report to a future meeting of the Joint Board setting out clear timelines for delivering the implementation plan for the Strategy.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 10); report by the IJB Chief Officer, submitted.)

### **Declaration of Interests**

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

## **5. Short Break Services Statement (Unpaid Carers)**

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A short-life Working Group had been established to develop the Short Break Services Statement for Unpaid Carers in compliance with the requirements of the Carers (Scotland) Act 2016. The Group comprised a carer, two third sector representatives and an officer from the Edinburgh Health and Social Care Partnership Integrated Carers Team. The Statement had then been reviewed and approved by the Strategic Carers Partnership in December 2018.

The Short Break Services Statement for Unpaid Carers (SBSS) was presented. The Statement provided information about short breaks available both locally and across Scotland for unpaid carers and the person or persons they cared for.

### **Decision**

- 1) To approve the Short Break Services Statement (SBSS) for Unpaid Carers.
- 2) To recommend the publication of the SBSS.
- 3) To note that there were additional funds through the Carers (Scotland) Act 2016 five year financial settlement to implement additional short breaks support for carers.
- 4) To agree that the Chief Officer would provide a further update to the next meeting of the Joint Board on 24 May 2019; the report to include clarification on where responsibility for support for carers lay where caring was undertaken which cut across more than one local authority area.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 10); report by the IJB Chief Officer, submitted.)

### **Declaration of Interests**

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

## 6. Edinburgh Integration Joint Board Draft Strategic Plan 2019-2022

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The revised draft of the Joint Board's Strategic Plan 2019-2022 was presented. The earlier work conducted by Reference Groups considering Older People (Ageing Well), Mental Health (Thrive), Learning Disabilities, Physical Disabilities, and Primary Care had informed the process with outputs being mapped carefully to the planned Change Programme. Other aspects of these plans would be taken forward as part of normal business within relevant service areas.

An earlier version of the revised draft Strategic Plan 2019-2022 was considered at the Strategic Planning Group meeting held on 15 March 2019.

### **Decision**

- 1) To approve the revised draft Strategic Plan 2019-2022 for public consultation as set out in Appendix 1 of the report.
- 2) To recognise the essential work conducted by the Reference Groups which had shaped and informed the draft Strategic Plan 2019-2022.
- 3) To approve the draft EIJB Strategic Framework on a page as set out in Appendix 2 of the report.
- 4) To note that a report taking into account views expressed at this meeting and setting out the detailed consultation feedback and responses would be considered initially by the Strategic Planning Group and thereafter submitted to the Joint Board for approval.
- 5) To agree that the Chief Officer would write to the Chairs of the Reference Groups and Working Groups inviting them to actively participate in the consultation on the strategic plan with an assurance that they would be kept updated as the consultation progressed.

(References – Edinburgh Integration Joint Board 8 February 2019 (item 10); report by the IJB Chief Officer, submitted.)

### **Declaration of Interests**

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

## 7. Lothian Strategic Planning Forum

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Information was provided on a proposal to establish a Lothian Strategic Planning Forum comprising representatives from the four Integration Joint Boards across Lothian and the Board of NHS Lothian.

The Forum would provide an opportunity to discuss areas of focus common to all organisations and allow a more collective approach to be taken to significant issues of strategy.

The inaugural meeting of the Forum was scheduled for 4 April 2019 where its terms of reference and future agenda would be discussed.

### **Decision**

- 1) To note the implementation of a Lothian Strategic Planning Forum.
- 2) To note the membership and agenda of the Forum.
- 3) To agree that the Chair and Vice-Chair would represent the Edinburgh Integration Joint Board on the Lothian Strategic Planning Forum and that the Chief Officer and other relevant officers would also attend.

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

## **8. 2019/2020 Financial Plan**

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An update was provided on the financial plan for 2019/2020. The Board had received moderate assurance at its meeting on 8 February 2019 regarding achieving a balanced year end position for 2018/2019. There had been no material change since then and the status of moderate assurance remained.

The City of Edinburgh Council agreed its financial plan for 2019/20 on 21 February 2019. NHS Lothian had not yet concluded its financial planning process and an update was expected to their Finance and Resources Committee in March 2019.

Based on the financial information available, the Joint Board had developed its financial plan and associated savings programme.

### **Decision**

- 1) To note that there was no change to the moderate assurance given in relation to achieving a balanced year end position for 2018/19.
- 2) To note the anticipated budget offers from the City of Edinburgh Council and NHS Lothian.
- 3) To note the resultant financial plan based on the anticipated delegated budgets.
- 4) To agree the draft savings and recovery programme for 2019/20 as outlined in appendix 1 of the report.
- 5) To note the efforts being made to reach a balanced position and remit the Chair, Vice-Chair, Chief Officer and Chief Finance Officer to meet with senior representatives from City of Edinburgh Council and NHS Lothian to progress the options to support a balanced financial plan.
- 6) To remit to the Chief Officer, in consultation with the Chair and Vice-Chair, to determine if an additional meeting of the Joint Board was required pending the outcome of discussions with the Council and NHS Lothian.



- 7) To agree that a framework for a medium term financial strategy be developed and presented to the next meeting of the Joint Board on 24 May 2019; the report to also include information on the level of funding in the Joint Board's reserves not yet targeted and funding which had already been committed by the Joint Board.
- 8) To agree that a paper be submitted to the next meeting of the Joint Board on 24 May 2019 on funding plans for the following Scottish Government projects: Seek, Keep & Treat Framework and Action 15 (Increase the Workforce) of the Mental Health Strategy 2017-2027.

(References – Edinburgh Integration Joint Board 8 February 2019 (item 7); report by the IJB Chief Officer, submitted.)

## 9. Performance Report

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An overview was provided of the activity and performance of the Edinburgh Health and Social Care Partnership and certain set aside functions of the Joint Board. An overview of performance covering key local indicators and national measures to the end of January 2019 was also provided.

### Decision

- 1) To note the performance of Edinburgh Health and Social Care Partnership and Edinburgh Integration Joint Board against a number of indicators for the period to January 2019.
- 2) To agree the objectives for the Ministerial Strategic Group indicators for 2019-2020.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 17); report by the Chief Finance Officer, submitted.)

## 10. Review of Progress within Integration of Health and Social Care – Ministerial Strategic Group

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The “*Health and Social Care Integration – Update on Progress*” report from Audit Scotland published on 15 November 2018 explored the impact public bodies were having on integration of health and social care services.

The report highlighted good progress with integration, but recognised some challenges that needed to be resolved including financial planning, governance, strategic planning and leadership capacity.

An overview was provided of the proposals set out in the Ministerial Strategic Group – Review of Progress with Integration of Health and Social Care report.

It was proposed to submit an update report to the Joint Board's Audit and Risk Committee in six months on the action taken with the recommendations from the

Audit Scotland report and proposals from the Ministerial Strategic Group Review of progress with integration of health and social care.

### **Decision**

- 1) To note the findings and proposals from the Ministerial Strategic Group review report attached as Appendix 1 to the report by the Chief Officer.
- 2) To note the actions on other organisations as set out in the report and the letter from the NHS Director General and Chief Executive of CoSLA as set out in Appendix 2 and in doing so, direct the Chair, Vice Chair and Chief Officer to work with NHS Lothian, the City of Edinburgh Council, CoSLA and Scottish Government as appropriate and to take part in the self-assessment exercise proposed in the review.
- 3) To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the MSG report in relation to the Edinburgh Integration Joint Board and request a further report on this to the Joint Board meeting on 24 May 2019.

(Reference – report by the Chief Officer, submitted)

## **11. Update on the Edinburgh Integration Joint Board Grants Review**

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An update was provided on progress with the implementation of the health and social care grants programme following the decisions taken by the Joint Board on 14 December 2018.

### **Decision**

- 1) To note the progress outlined in the report by the Chief Officer.
- 2) To agree to defer a decision of the use of £100k set aside for the innovation fund in order to ensure alignment with the £200k transition fund established by the City of Edinburgh Council.
- 3) To agree to receive a report to a future meeting of the Joint Board on those projects which had been successful in securing grant funding.
- 4) To agree that a report be brought back to a future meeting of the Joint Board on work being carried out to address how inequalities were being tackled across all services in the Partnership together assurance that the Board were meeting their legal obligations under the Equality Act 2010.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 5); report by the Chief Officer, submitted)

### **Declaration of Interests**

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

## 12. Calendar of Meetings

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A proposed schedule of meetings and development sessions for the period August 2019 to December 2020 was submitted.

The following amendment by Councillor Webber was also submitted in terms of Standing Order 10.3:

“Deletes all and replaces with:

- 1) Recognises the benefit of public involvement and the important role web casting of the meetings plays in this. Notes that EIJB meetings are held in public, and that there is an equalities implication in that, so as to be available to all sections of the public, meetings should be webcast.
- 2) Therefore, the Board agrees to continue to webcast formal EIJB board meetings.
- 3) Notes that the proposed schedule would make it impossible to webcast formal meetings, and causes timetabling clashes which would prevent members attending meetings.
- 4) Recognises that in audit findings the turnover of elected members on the EIJB has been identified as a significant risk. Notes that it is important to have a stable membership of informed and engaged elected members and NHS Lothian members which is put at risk where members cannot attend on a regular basis.
- 5) The Edinburgh Integration Joint Board instructs officers to:
  - a) To continue with existing arrangements for formal EIJB meetings to ensure webcasting is possible;
  - b) Present a revised calendar to December 2020 within one cycle to the EIJB, taking cognisance of NHSL and CEC committee schedules, and relevant national meetings scheduling, ensuring that formal meetings continue to be webcast and members are able to attend meetings.”

- moved by Councillor Webber, seconded by Richard Williams

### **Decision**

To continue consideration of the report and the terms of the amendment by Councillor Webber to a future meeting of the Joint Board to allow the Chief Officer to review the proposals taking into account comments expressed by members at this meeting; the further report to include detailed costings associated with webcasting and clerking services.

# Rolling Actions Log

## May 2019

24 May 2019

## Item 5.1



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	<a href="#">Locality Improvement Plans</a>	17-11-17	To agree that community planning would be covered at a future development session.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	Dates for future Development Sessions to be confirmed
2	<a href="#">Edinburgh Alcohol and Drug Partnership Funding</a>	26-01-18	That a briefing note be sent to Joint Board members setting out the broader challenges and information on approaches taken by the other Lothian IJBs and the impact of service review, redesign and efficiencies in each area of change.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
3	City of Edinburgh Council Motion by Councillor Miller – Attracting and Retaining Carers ( <a href="#">Agenda for 29 June 2017</a> )	29-06-17	1) Agrees to call for a report into the improvements including pay and conditions that could attract and retain care workers, in comparison to other employment options, and meet the shortfall in care provision, taking into account the results of the research.  2) To instruct officers to remit the report to the Integration Joint Board and Corporate Policy and Strategy Committee for further scrutiny.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	
4	<a href="#">Business Resilience Arrangements and Planning – Spring Update</a>	18-05-18	That an update report be submitted to the Joint Board by the end of 2018	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	Report will be submitted in June 2019.
5	<a href="#">2018/19 Financial Plan</a>	18-05-18	1) To note that the Chief Officer intended to arrange a workshop on the overall programme delivery.          2) To agree that the Chief Officer would submit a report to the next meeting of the IJB providing an interim update on progress against savings targets	Chief Officer, Edinburgh Health and Social Care Partnership	November 2018          May 2019	1) <b>Closed</b> – covered at the IJB Development Session on 6 November 2018.          2) This was included in the Finance Update

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						report on the agenda for December 2018 but was agreed at Committee on February 2019 to remain open until budget discussions were complete.
6	<a href="#">The Inclusive Homelessness Service at Panmure St Ann's</a>	18-05-18	To ask the Council and NHS Lothian to develop a framework for the funding of capital projects that are developed in partnership.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	Report will be submitted in June 2019.
7	<a href="#">IJB Risk Register</a>	15-06-18	That the Chief Officer would circulate a briefing note to members on finance structures across the City of Edinburgh Council and NHS Lothian, and the interface between the respective groups.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	
8	<a href="#">Publication of Annual Performance Report</a>	15-06-18	That a future development session or workshop would consider what measurements to include in future versions of the report, and how these would be linked with Directions.	Chief Officer, Edinburgh Health and Social Care Partnership	June 2019	The report on the proposed programme of Development

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
				Social Care Partnership		Sessions for 2019/20 was considered by the Board on 29 March 2019 and continued for further review to a future Board meeting.
9	<a href="#">Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19</a>	28-09-18	1) That a business case for the expansion of the Hospital at Home service would be presented to the Joint Board by the end of March 2019.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019  October 2018	<b><u>May 2019</u></b>  There is currently no funding available for H@H expansion from June 2019. As part of the budget savings proposals H@H has been set a savings target of £500K. Dr Anita Logandra has started her H@H study - it will take 3 months.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) That officers would circulate details of the flu vaccination programme to enable members to promote to citizens, colleagues and partner organisation.			<b>2) Closed –</b> circulated on 8 October 2018
10	<a href="#">John's Campaign</a>	29-09-18	<p>To request an update report in 12 months' time on progress in carrying out the recommendations of the report:</p> <ol style="list-style-type: none"> <li>1) To agree that all hosted older peoples in bed services formally sign up to John's campaign.</li> <li>2) To agree that all local authority care homes sign up to John's campaign.</li> <li>3) To work in partnership with the independent sector and the voluntary sector to embed John's campaign across all older people's residential services within the Edinburgh.</li> <li>4) To support the launch of John's campaign in Edinburgh.</li> <li>5) To agree that the benefits of John's Campaign should be formally measured.</li> </ol>	Chief Officer, Edinburgh Health and Social Care Partnership	September 2019	
11	<a href="#">Draft Edinburgh IJB Strategic Plan 2019-2022</a>	14-12-18	To agree that a final plan would come back to the February meeting of the IJB with Directions linked to finance, with clear options for the IJB to deliberate.	Chief Officer, Edinburgh Health and	August 2019	



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
				Social Care Partnership		
12	<a href="#">Transitions for Young People with a disability from children's services to adult services Edinburgh Health and Social Care Partnership</a>	14-12-18	To request an update on progress of the 5 key action points in 12 months.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2019	
13	<a href="#">Impact of Audit Scotland Report Health and Social Care Integration on Edinburgh Integration Joint Board</a>	08-02-19	To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the Audit Scotland report in relation to the Edinburgh Integration Joint Board and request a further report on this to come to the Audit and Risk Committee in six months.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	
14	<a href="#">Communications Action Plan for the EIJB</a>	08-02-19	To agree to updates on this as it develops, at least annually.	Chief Officer, Edinburgh Health and Social Care Partnership	February 2020	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
15	<a href="#">Minute of Strategic Planning Group of 30 November 2018</a>	29-03-19	To note that the Chief Officer would provide a presentation on prescribing to a future meeting of the Joint Board.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	
16	<a href="#">Carers Strategy</a>	29-03-19	To ask the Chief Officer to report to a future meeting of the Joint Board setting out clear timelines for delivering the implementation plan for the Strategy.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	
17	<a href="#">Short Break Services Statement (Unpaid Carers)</a>	29-03-19	To agree that the Chief Officer would provide a further update to the next meeting of the Joint Board on 24 May 2019; the report to include clarification on where responsibility for support for carers lay where caring was undertaken which cut across more than one local authority area.	Chief Officer, Edinburgh Health and Social Care Partnership	August 2019	
18	<a href="#">2019/20 Financial Plan</a>	29-03-19	1) To remit to the Chief Officer, in consultation with the Chair and Vice-Chair, to determine if an additional meeting of the Joint Board was required pending the outcome of discussions with the Council and NHS Lothian.  2) To agree that a framework for a medium term financial strategy be developed and presented	Chief Officer, Edinburgh Health and Social Care Partnership	May 2019	Framework for a medium-term financial strategy and funding plans for the following Scottish Government projects will be

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			<p>to the next meeting of the Joint Board on 24 May 2019; the report to also include information on the level of funding in the Joint Board's reserves not yet targeted and funding which had already been committed by the Joint Board.</p> <p>3) To agree that a paper be submitted to the next meeting of the Joint Board on 24 May 2019 on funding plans for the following Scottish Government projects: Seek, Keep &amp; Treat Framework and Action 15 (Increase the Workforce) of the Mental Health Strategy 2017-2027.</p>			discussed at the EIJB Development Session on 24 May 2019 on budget.
19	<a href="#">Review of Progress Within Integration of Health and Social Care- Ministerial Strategic Group</a>	29-03-19	To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the MSG report in relation to the Edinburgh Integration Joint Board and request a further report on this to the Joint Board meeting on 24 May 2019.	Chief Officer, Edinburgh Health and Social Care Partnership	May 2019	<b>Recommended for closure</b> – on the agenda for 24 May 2019.
20	<a href="#">Update on the Edinburgh Integration Joint Board Grants Review</a>	29-03-19	<p>1) To agree to receive a report to a future meeting of the Joint Board on those projects which had been successful in securing grant funding.</p> <p>2) To agree that a report be brought back to a future meeting of the Joint Board on work being</p>	Chief Officer, Edinburgh Health and Social Care Partnership	May 2019	<b>Recommended for closure</b> – on the agenda for 24 May 2019.

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			carried out to address how inequalities were being tackled across all services in the Partnership together assurance that the Board were meeting their legal obligations under the Equality Act 2010.			
21	<a href="#">Calendar of Meetings</a> <a href="#">Amendment by Councillor Webber</a>	29-03-19	To continue consideration of the report and the terms of the amendment by Councillor Webber to a future meeting of the Joint Board to allow the Chief Officer to review the proposals taking into account comments expressed by members at this meeting; the further report to include detailed costings associated with webcasting and clerking services.	Chief Officer, Edinburgh Health and Social Care Partnership	May 2019	<b>Recommended for closure</b> – on the agenda for 24 May 2019.

# Report

## **Draft Strategic Plan 2019-2022 Progress Report Edinburgh Integration Joint Board**

24 May 2019

### **Executive Summary**

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1. On Friday 29 March 2019 the Edinburgh Integration Joint Board (EIJB) approved the latest draft Strategic Plan 2019-2022. A 3-month consultation period started on Tuesday 16 April 2019.
2. Both the Strategic Planning Group (SPG) and the EIJB Agenda Planning Meeting (APM) recommend that the Strategic Plan be taken back to the August EIJB to allow enough time to consider the output from the consultation process.
3. EIJB members took part in a health and housing session on 11 April 2019 based at Waverley Court. The importance of housing considerations within the draft Strategic Plan was emphasised at this session. Since then consultation on housing and health and social care priorities has continued.

### **Recommendations**

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4. The Edinburgh Integration Board is requested to:
  - i. Note the progress being made on consulting the Draft Strategic Plan 2019-2022.
  - ii. Agree that the final version of the Strategic Plan 2019-2022 be taken to the August EIJB, thereby providing additional time to fully consider the outputs from the consultation process.
  - iii. Note progress in agreeing joint housing and health and social care priorities within the Strategic Plan and Housing Contribution Statement (HCS).

### **Background**

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5. On Friday 29 March 2019 the EIJB approved the latest draft Strategic Plan 2019-2022. A consultation period started on Tuesday 16 April 2019 and on current

plans is due to run to the EIJB on 21 June 2019. An Engagement Action Plan and Easy Read version of the draft Strategic Plan have been produced to support consultation. At the end of the consultation period, subject to EIJB approval, the final version of the Strategic Plan 2019-2022 will be published.

6. The SPG was updated on the consultation arrangements on 26 April 2019 and briefly reviewed the Engagement Action Plan and Easy Read version. There has been a steady flow of responses to the on-line survey which already exceeds the total received from the previous Strategic Plan. On-line responses and feedback from engagement sessions will continue to be captured and analysed. As comment and observations are captured during the consultation period adjustments to the draft Strategic Plan 2019-2022 will be considered and actioned appropriately. There will also be further refinement as the scoping and mapping work advances in preparation for the start of the change programme.
7. At the recent SPG, concern was raised with regards to the available time to conclude the full consultation period and then complete the final version of the Strategic Plan. At the EIJB APM on 9 May 2019, the matter was discussed further. Both the SPG and the APM recommend that more time be given to take account of the consultation feedback and then refine the final version of the Strategic Plan before publication. It is recommended that the Strategic Plan be run to the August EIJB.
8. EIJB members took part in a health and housing session at Waverly Court on 11 April 2019. Members identified important housing topics to be considered strategically and emphasised the importance of a joined-up approach. The draft Strategic Plan, and the housing activity which will support priorities within it, will be discussed at the Edinburgh Affordable Housing Partnership Health and Social Care Sub Group meeting on 29 May 2019. Joint discussions continue to inform the refinement of the draft Strategic Plan and HCS.

## Key risks

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9. Should the EIJB not approve the extension from June to August the 3-month consultation period will not be met in full and time for analysis will be greatly constrained.

## Financial implications

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10. None.

## Implications for Directions

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11. None.

## Equalities implications

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12. None.

## Sustainability implications

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13. None.

## Involving people

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14. None.

## Impact on plans of other parties

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21. None.

## Background reading/references

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22. None.

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Tony Duncan, Interim Head of Strategic Planning

E-mail: [Tony.Duncan@edinburgh.gov.uk](mailto:Tony.Duncan@edinburgh.gov.uk) | Tel: 0131 553 8444

## Appendices

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# Report

## Primary Care Transformation Programme

### Edinburgh Integration Joint board

24 May 2019

#### Executive Summary

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1. This report updates the Edinburgh Integration Joint Board (EIJB) on the implementation progress made since investment funds were first made available to establish the Primary Care Transformation (& Stability) Programme in June 2017. The EIJB made further funds available the following year, with support for the Edinburgh Primary Care Improvement Plan in June 2018.

#### Recommendations

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2. The Edinburgh Integration Joint Board is asked:
  - i. To note the progress made in investing the funding made available directly by NHS Lothian from June 2017 and the Scottish Government Primary Care Improvement Plan (PCIP) (New Contract) funds from July 2018. 83.56 wte additional staff had been 'injected' into Primary Care in Edinburgh as at 31 March 2019, alongside a range of other supportive investments.
  - ii. To agree this report as the basis of the PCIP update submission required by Scottish Government and note that standard returns were submitted in April to comply with the national timetable.
  - iii. To support the continuing role of the Edinburgh Primary Care Leadership and Resourcing Group, as instrumental in deploying the available resources and ensuring the involvement and support of primary care across Edinburgh.
  - iv. To note the agreement reached (decision confirmed at Leadership & Resources 16 April 2019) with Edinburgh GPs in April 2019, on a 'fair' investment of the total PCIP resource across all 70 City practices.
  - v. To note that this report has been developed through consultation and discussion with the Leadership & Resourcing Group, with the NHS Lothian Oversight Group and with the Lothian GP Sub Committee, whose



representatives have remained active contributors throughout this process. The report was considered and supported at the EH&SCP Strategic Planning Group on 26 April 2019.

- vi. To endorse proposals for 2019/20 implementation.

## Background

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3. A paper was brought to the EIJB in June 2017, requesting support for primary care resources made available by NHS Lothian, to be used to address what was increasingly regarded as a crisis in primary care in Edinburgh. A lack of medical capacity and increasing population had combined to result in several GP practices being unable to continue, and urgent actions had to be put in place to protect patient care.
4. The EIJB gave full support to the 5 recommendations proposed, and implementation of the Edinburgh Primary Care Transformation (and Stability) Programme (T&S) began.
5. In early 2017, Scottish Government directed resources to be used to support professional development in pharmacotherapy, the implementation of 'Pharmacy First', and to begin to explore how pharmacists could directly support clinical work within primary care. c£1.0M was made available and began to be invested in Edinburgh during this year.
6. In September 2017, Scottish Government asked Edinburgh to accelerate the implementation of a new 'Linkworker Network,' in partnership with the local Third Sector led by EVOC. All Linkworkers were employed and had undergone induction by the end of the calendar year. The full year cost of this investment was c£680K.
7. In November 2017, the Scottish Government and representatives of the BMA Negotiating Committee launched the long awaited new Scottish GMS Contract offer for a period of national consultation.
8. In January 2018, GPs across Scotland voted to accept Phase 1 of the new contract proposals, covering a 4-year period to April 2022.
9. In February 2018 Scottish Government issued the 'Memorandum of Understanding' on the new contract implementation process and asked that each HSCP produce a PCIP which set out how the new resources would be implemented.
10. Edinburgh HSCP produced a draft plan in March 2018. Much of the ensuing consultation process took place against a backdrop of muted expectations of the

additional capacity which would be provided to implement what was described in the New GMS Contract offer.

11. The resource picture became clearer towards the end of April/May 2018 and GPs across the City were greatly reassured by the more realistic resource context described. £12.9M would become available for investment directly into Edinburgh GMS related provision over the 4-year implementation period.
12. It was clear however, that both the existing pharmacotherapy and Linkworker resources were included in the (£12.9M) total now available.
13. The PCIP was widely discussed in Edinburgh, and as required by the Memorandum of Understanding, was supported through both the N H S Lothian Oversight Group and the Lothian GP Sub Committee. (The 'tripartite' partnership). The EIJB considered the PCIP in June 2018 and gave enthusiastic support to the proposals and recommendations presented.
14. It should be noted that the timing of the intended reporting back on the June 2017 EIJB investments and the presentation of the new PCIP and associated resources coincided. The EIJB report of 2018 noted that the Primary Care Transformation & Stability Programme of 2017 could be regarded as a precursor and accelerator of the PCIP and accepted the recommendation that the two funding sources would work effectively in tandem.
15. The Edinburgh Primary Care Leadership and Resources Group was established in August 2018 to lead the Primary Care Transformation Programme.

## Main Report

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16. During 2017/18 what was accomplished with a combination of the first £1.0m from T&S, and the government monies for pharmacotherapy and Linkworkers is summarised below;
  - c.20 practices benefitted directly with resources from the T&S fund which pioneered the use of primary care mental health nurses deployed into practice teams amongst a variety of other investments
  - the role and capacity of pharmacotherapy in direct service provision was developed with c30 practices beginning to benefit
  - deployment of physiotherapists in a practice team
  - investment in the benefit of additional clinical admin staff with new roles to reduce the admin burden on GPs (docman)
  - 19 practices with the highest deprivation benefitted from c14 Linkworkers, including one deliberately testing the impact of Linkworkers within a medium deprivation large practice. The management support established

for the Edinburgh Linkworker Network, was also tasked with encouraging and developing training for all 70 practices on 'signposting'; a means of connecting people with local resources

- Stabilisation of practices (in addition to and in conjunction with above)
  - Investment in Advanced Nurse Practitioners, including innovative use in one practice to undertake home visits
  - Creation of a 'tech fund' to encourage all City practices to invest (50/50 H&SCP/Practice contribution), largely in proven technology with some innovative investment also
  - Support for 'tests of change' such as the availability of direct GP input into the NW Edinburgh HUB to aid decision-making and communication
  - The cumulative (full year) impact of all these investments was able to be described with growing confidence as making a weekly workload contribution equivalent to around 20% of the 'missing' GP sessional capacity i.e. c120 medical sessions.
17. During 2018/19, the Edinburgh Primary Care Transformation Programme continued, initially without the additional management and financial capacity required. Following the June 2018 EIJB, momentum was re-established, and by early August the Edinburgh SMT had agreed additional resources to help support the programme of investment and assessment in primary care.
18. The Primary Care Transformation Programme resources (£3.8M PCIP and £2.3M NHS Lothian) were applied. The workforce figures for 2018/19 describe accurately what was in post as of 31 March 2019, whilst the 2019/20 and subsequent figures are a mixture of those already in post, those we are confident of being able to employ and those we hope to be able to employ.
19. An understanding of the uncertainties of workforce availability and the requirement to balance the needs of primary care with the avoidance of unintentional consequences to other parts of the system are well rehearsed elsewhere.
20. During 2018/19 (from September as resources became available) a number of specific additional investments and resourcing decisions were agreed as priorities by the Leadership and Resources Group;
- Further investment in primary care mental health nurses
  - Commitment of further £1m to expand pharmacotherapy

- Further investment in physiotherapists as 'test of change'
- Agreement on the establishment of the City's first CTACC at Sighthill and employment of further 3.0wte nurses for same
- Agreement that the existing T&S Primary Care Nurses fall directly under the New Contract and will be fully funded under this arrangement from 1.4.19. (where agreed with the practices)
- Agreement that the management costs for the Linkworker network (and social prescribing support to all practices) will come under the Linkworker network investment
- Agreement that a non-recurring (2 year) investment in a pilot of Linkworkers focused on a non-deprived elderly population, is trialed across 6 South West Edinburgh practices
- Agreement that all City 17C funds will remain in place (C£1.0m) until overtaken by the new contract investments, thus creating an equitable – or 'fair' and transparent resource distribution to practices across the City
- Agreement that the NW 17c Linkworker resource for non-deprived practices is recycled into Linkworker pilot initially focused on 4 city centre practices
- Agreement that the 2c (directly managed) practices will benefit from the T&S fund proportionately to how the 17J practices benefit from PCIP, taking account of the baseline resources available to each. These investments and the associated resource base will be transparent to all
- Agreement that the university practices should be treated differently. At time of writing, we are actively discussing an alternative approach for resource distribution for these 2 practices
- Further non-recurring investment in technology with 63 practices out 70 benefitting over the 18-month period these 'offers' have run
- Piloting of the automation of one routine admin process which could have potential for much wider application
- Leadership Development; Practice managers in the City were supported with a funded network for an initial 2-year period and held a successful conference in February 2019, which attracted 80 delegates from our 70 practices. A similar event for Practice Nurses will take place in May 2019. Initial discussions took place with Cluster Clinical Leads and Clinical leads to develop medical leadership. Initial feedback was to establish a minimum level of organisational support (admin) if these roles were to be sustainable.

21. £3.8m from PCIP in 2018/19 allowed 62.1 wte to be employed + £540k of support costs.
22. The cumulative (full year) impact of all these investments and the associated 83.56wte new staff (21.46wte T&S) is assessed to make a workload contribution equivalent to c240 medical sessions. This initial assessment requires more work to substantiate, but early signs that an overall 1.0 wte to 3 medical sessions seems a reasonable assumption to indicate 'impact' at this early stage.
23. The final spend in 2018/19 on both PCIP and T&S funds is being finalised and will be reported as soon as available.
24. Investment proposals for 2019/20 are materially influenced by our ability to carry forward underspent 2018/19 PCIP/T&S funding.
25. In 2019/20 the available resources through the PCIP increase to £4.5M, while the T&S funds remain static at £2.3M. At the EIJB of 29 March 2019 it was confirmed that c£1M (subsequently adjusted to £730K) of primary care funding would be carried forward in reserves from 2018/19. The proportion of these funds available to support the 2019/20 PCIP is under active consideration.
26. The number of PCIP/T&S funded staff will be able to increase to c95 wte (from 83.56wte) during 2019/20, without carry-forward funding being available.
27. The exact composition of further staff investments depends on practice feedback and staff availability. Almost all of the confirmed PCIP funds (i.e. £4.5M) available in 2019/20, have already been committed to pharmacotherapy expansion in response to staff availability opportunities.
28. Additional investment will be made in 2019/20 through the PCIP into strengthening the City Welfare Rights network to ensure all PCIP funded deprived practice Linkworkers, are paired with Welfare Rights Workers.
29. Funding has also been set aside to support the further development of leadership capacity across primary care, building on initial understandings established in 2018/19.
30. If the carry forward funds are available in 2019/20, approximately 20wte additional staff will be able to be engaged, giving capacity and stability to a further 20 practices &/or benefitting a further group of practices through cluster investments.
31. PCIP funding will double to £9.1m from 2020/21, which will allow momentum to be restored.

## Key risks

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- 32. Serious risks to individual practice stability across the City remain. The implementation of the funding available is designed to mitigate these risks and ensure stable primary care teams.
- 33. Scarce staff such as Advanced Nurse Practitioners, pharmacists and Primary Care Mental Health Nurses may be employed outside Edinburgh in 2019/20.

## Financial implications

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- 34. The profile of new resource availability over the three years is not ideal, with a modest (already committed) increase from £3.8M to £4.5M in 2019/20.
- 35. All new resources are subject to the usual caution around Government spending reviews. Further clarity is sought on the uplift of PCIP staff costs each year and whether the £12.9m is a fixed financial envelope, or will be adjusted to reflect Edinburgh's growing population.
- 36. If the anticipated investments are able to be made and have the anticipated impact, this will increasingly avoid the cost pressures which have arisen from unstable practices over the past four years.
- 37. The proportions of the overall funding committed against each of the contract areas will change in response to experience of the impact of the new roles and the availability of relevant personnel.

## Implications for Directions

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- 38. There are no implications for directions arising from this report.

## Equalities implications

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- 39. There are no equalities implications arising from this report.

## Sustainability implications

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- 40. As described, the intention of these investments is to restore both service and financial stability to the sector.
- 41. A key 'performance indicator' proposed to the EIJB in June 2018, was that no other City practice would have to close or have its contract status altered. This has been achieved to date, despite ongoing challenges in almost all practices.

42. The additional year on year workload increase due to population increase has continued to be supported with an additional c17,000 people registering on GP list during 2017/18 and 2018/19. No further deterioration in practices declaring their lists 'restricted' has been noted and no practices have had to close their lists.

## **Involving people**

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43. A wide range of people have been involved in the production and review of this report, notably; Edinburgh Primary Care Leadership and Resources Group, NHS Lothian GMS Oversight Group, Lothian GP Sub Committee and Lothian Medical Committee (LMC). In the process of bringing the report to the Leadership and resources group several meetings were held with City GPs to ensure recognition and support for key messages and recommendations.

## **Impact on plans of other parties**

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44. There are no impacts on the plans of other parties arising from this report.

## **Background reading/references**

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## **Report author**

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: David White, Primary Care & Public Health Strategic Lead

E-mail: [david.white@nhslothian.scot.nhs.uk](mailto:david.white@nhslothian.scot.nhs.uk) | Tel: 0131 537 931



# Report

## Finance Update

### Edinburgh Integration Joint Board

24 May 2018

#### Executive Summary

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1. The purpose of this report is threefold: to provide the Integration Joint Board (IJB) with an overview of the financial outturn for 2018/19; to summarise the monies carried into 2019/20; and to update on progress towards a balanced financial plan for 2019/20.

#### Recommendations

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2. The Integration Joint Board is asked to:
  - a) Note that NHS Lothian has increased their 2018/19 budget delegated to the Integration Joint Board by £3.0m. Similarly, the City of Edinburgh Council plans an increase of £7.5m;
  - b) Note that this allows, subject to external audit review, the Integration Joint Board to achieve a breakeven position for 2018/19;
  - c) Recognise that the IJB will carry reserves totalling £9.7m into 2019/20;
  - d) Agree that, after allowing for commitments, that £2.4m of this balance is used on a non recurring basis to support financial balance;
  - e) Note that, in the context of an unbalanced financial plan, further work is required before a full set of directions can be issued to the Council and NHS Lothian; and
  - f) Support the ongoing efforts to reach a balanced position.

#### Background

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3. In February 2019, and based on the positive dialogue with colleagues from the City of Edinburgh Council and NHS Lothian, the board received moderate assurance that a balanced year end position was achievable. At the meeting in



March 2019 it was reported that there was no material change in this position and the status of moderate assurance remained.

4. Draft outturns (subject to audit) have now been received from our partners and the resultant financial position for the IJB is discussed in paragraphs 5 to 12 below.
5. Despite this projected balanced position for 2018/19, the underlying financial pressures and challenges remain. This will be compounded by a financial settlement for 2019/20 where the increase in income is outstripped by the projected increases in cost. The board has been briefed on the implications for the 2019/20 financial plan and associated savings requirements through a combination of development sessions and a formal report to the IJB in March.
6. The plan shared with the board in March remained unbalanced and the Chair, Vice Chair, Chief Officer and Chief Finance Officer were remitted to meet with senior representatives from City of Edinburgh Council and NHS Lothian to progress the options to support financial balance and consider what additional collective actions were required.

## Main report

### Financial outturn for 2018/19

7. At the end of the financial year the Council and NHS Lothian overspent against the budgets delegated by the IJB by £10.5m. To mitigate this, an additional one off contribution has been agreed by NHS Lothian with a further £7.5m pending agreement by the Council, also on a one off basis. These payments will allow the IJB to break even in 2018/19.
8. This position is summarised in table 1 below with further detail included in appendices 1 (NHS Lothian) and 2 (the Council).

	Year to date		
	Budget £k	Actual £k	Variance £k
NHS services			
Core	287,927	288,506	(579)
Hosted	83,599	83,396	203
Set aside	90,969	93,577	(2,608)
Non cash limited	52,444	52,444	0
<b>Sub total NHS services</b>	<b>514,939</b>	<b>517,922</b>	<b>(2,984)</b>
<b>CEC services</b>	<b>200,755</b>	<b>208,237</b>	<b>(7,482)</b>
<b>Total</b>	<b>715,694</b>	<b>726,159</b>	<b>(10,466)</b>
<b>Non recurring contributions</b>	<b>10,466</b>		<b>10,466</b>
<b>Net position</b>	<b>726,159</b>	<b>726,159</b>	<b>0</b>

*Table 1: summary IJB financial position for 2018/19*

9. Services provided by NHS Lothian overspend by £3.0m against the delegated budget. In the context of an overall breakeven position across the organisation, NHS Lothian has agreed to provide an additional one off contribution to the IJB. The Council had previously indicated their intention to agree an additional contribution of £7.1m to the IJB, reflecting the projected overspend for the year. As can be seen from table 1 above, the final outturn is slightly in excess of this (£0.4m) and the Council has indicated that their contribution will be increased to address this further overspend.
10. These non recurring contributions, totalling £10.5m, will allow the IJB to break even in 2018/19.
11. The key financial issues underpinning the position are well rehearsed and have not varied materially throughout the course of the year.

### **Financial plan for 2019/20**

12. The financial plan presented to the board in March was based on indicative information agreed with our partners. Formal offers of delegated budgets have now been received from the Council and NHS Lothian, these are attached as appendices 4 and 5 respectively. Although slightly different in quantum from the figures reported to the IJB in March 2019, there is no material impact on the savings requirement. The delegated budgets total £666m and are summarised in table 2 below:

	<b>Council £k</b>	<b>NHS Lothian £k</b>	<b>Total £k</b>
18/19 delegated budget	200,725	430,429	631,154
Scottish Government settlement	13,037	11,185	24,222
Council priorities fund	2,500		2,500
Unscheduled care		3,373	3,373
Balance of £4m (non recurring)		3,700	3,700
Other adjustments	707	347	1,054
<b>Total delegated resources</b>	<b>216,969</b>	<b>449,035</b>	<b>666,004</b>

*Table 2: proposed IJB delegated budget 2019/20*

13. It should be noted that the information presented in this paper assumes that agreement is reached to release the £2.5m provided for in the Council's "priorities fund". Conversely the budget set out above does not include the £0.2m allocated in the Council budget to provide transitional relief to organisations following the health and social care grants review.
14. Set against this funding, the projected cost of delegated services is £687m as demonstrated in table 3 below. This estimate is based on modelling assumptions developed in conjunction with officers from the Council and NHS Lothian.

	£k
Opening cost base	644,938
<i>Anticipated increase in costs</i>	
Costs funded non recurringly in 18/19	3,380
Pay awards, increments & contract inflation	12,762
Growth and capacity	19,920
Matched funding	4,880
Other	1,574
<b>Total projected costs</b>	<b>687,455</b>

Table 3: projected cost of delegated services 2019/20

## IJB reserves

15. As part of the financial planning process the IJB provides for a few specific commitments which are not included in baseline budgets. This sets aside funding for plans which are not finalised and/or the supporting business case(s) have yet to be agreed. In some instances these plans will be progressed during the year and the associated costs incurred but, for some of the proposals, implementation may be delayed. These monies are held in the IJB reserves and released to baseline budgets as and when the relevant plans agreed. Where any of this money is unspent at the end of the year it is carried into the following year via the reserve.
16. Similarly, in instances where targeted funding is received (for example from the Scottish Government) it is not always possible to be spent in full within the financial year it is received. Again, this can reflect the delay in agreeing and implementing the associated plans. In these instances the IJB has the flexibility to carry the funds into the following year and the reserve is once again the mechanism used to do this.
17. For the reasons outlined above, the IJB ended the year with a total of £9.7m in reserves. The 2 separate sources (respectively referred to as "IJB reserves" and "investment monies") are detailed in the following table. Again, this position is subject to audit and further detail of the balances is included in appendix 5.

	£k
IJB funded reserves	5,901
Investment monies	3,791
<b>Total</b>	<b>9,692</b>

Table 4: funding carried forward to 19/20 via the IJB's reserves

18. Whilst the monies carried forward are non recurring (i.e. one off and can only be spent once) the IJB also has some recurring reserves. This latter type of reserve means that the budget is available each year and can therefore be used to fund plans with ongoing commitments. These reserves were agreed via the financial planning process to support investment in areas considered to be a priority at the time.

19. Adding these recurring reserves to the non recurring monies carried forward gives the IJB access to £9.7m as detailed in table 5 below. Sound financial discipline requires that we consider how these funds will be used in 2019/20. In practice this means that we should consider whether the original commitments remain the priority given the current strategic direction, any new or emerging priorities and the overall financial position.
20. It should be noted that these sums do not include any monies for centrally funded initiatives (i.e. investment monies) received by the IJB. A proposal relating to the use of these funds will be presented to the board in June.

	<b>Recurring £k</b>	<b>Non recurring £k</b>	<b>Total £k</b>
IJB funded reserves carried forward		5,902	5,902
Older people	1,500		1,500
Community accommodation	150		150
Community support	2,000		2,000
<b>Total</b>	<b>3,650</b>	<b>5,902</b>	<b>9,552</b>

*Table 5: IJB reserves 2019/20*

21. Recognising commitments already in place and, given the combination of an unbalanced financial plan and the IJB's commitment to invest in transformation, the distribution of reserves set out in table 6 is recommended.

	<b>£k</b>
Existing commitments	4,404
Offset against savings	2,360
Invest in transformation	2,788
<b>Total</b>	<b>9,552</b>

*Table 6: proposed distribution of IJB reserves 2019/20*

22. If agreed, this would allow us to:
  - invest £1m in year, rising to the planned level of £2m in 2020/21 in community support;
  - fulfil our remaining commitment (totalling £2.1m) to the interim solutions agreed in November 2017 (i.e. an increase in care home capacity);
  - fund the full year impact of the increase in community capacity for people with mental health conditions (St Stephen's Court);
  - ring fence a one off sum of £2.8m to support transformation (£2m agreed by the board in February 2019 supplemented by £0.8m previously agreed to invest in digital technology); and
  - identify £2.4m to partially offset the in year deficit.

## Balancing the plan and next steps

23. Comparing the anticipated income (i.e. delegated budget per table 3) and expenditure (per table 4) gives an opening savings requirement for the IJB of £21.5m. As referenced above this assumes the release of the £2.5m being held by the Council. This is a slight improvement in the position reported when the IJB agreed the associated savings and recovery programme in March. This programme seeks, as far as possible, to balance efficiency with performance and recognising the longer term need to radically redesign our offer to the people of Edinburgh. Now that the savings and recovery programme has been agreed, detailed implementation plans have been submitted. These, as well as progress against the plan, will be scrutinised via the Partnership's savings governance board, chaired by the Chief Officer. Further oversight will be provided by the, soon to be established, performance and delivery subgroup of the IJB.
24. Despite the identification of a robust and challenging efficiency programme and an assumed contribution of £2.4m from reserves, a residual balance of £7.1m remains. This is set out in table 7 below:

	Total £k
Delegated resources	666,004
Anticipated cost of delegated services	687,455
<b>Projected savings requirement</b>	<b>21,451</b>
Savings programme identified	11,941
Contribution from reserves	2,360
<b>Outstanding balance</b>	<b>7,150</b>

Table 7: projected net position

25. To address this imbalance a range of parallel and urgent actions was agreed by the board in March. An update on these actions is given below:

Action	Update
Review of the IJB's reserves.	This has now been undertaken and the recommendations summarised above.
Identify further contributions to the savings and recovery programme.	Additional projects are now being scoped. This includes the acceleration of agreed schemes as well as the identification of alternatives;
Ongoing overview of financial management discipline through service by service	Initial meetings covering all service areas and chaired by the Chief Officer have now taken place. These discussions will shape our future approach.

reviews.	
Continued dialogue with our partners in NHS Lothian and the Council. options to achieve break even.	A tri-partite meeting was held following the March IJB meeting at which all parties reiterated their collective commitment to address the financial challenge. A series of meetings between the IJB's Chief Officer and Chief Finance Officer, the Council's Head of Finance and the Director of Finance from NHS Lothian has now been established and will work together to explore the options and opportunities to deliver a balance position.
Development of a medium term financial strategy.	It is recognised that this will be an iterative process with the initial draft presented to the board in June following a Board development session in May.

## Key risks

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26. The key risk to the IJB is on the ability to fully deliver on the strategic plan in the context of the prevailing financial position.

## Financial implications

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27. Outlined elsewhere in this report.

## Implications for directions

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28. Following formal acceptance of the budget allocations from the Council and NHS Lothian the figures in the associated financial plan will inform the funds delegated by the IJB back to the partner bodies. Further work will be required to agree how the projected savings will be allocated between the partner organisations.

## Equalities implications

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29. While there is no direct additional impact of the report's contents, budget proposals will be assessed through the existing Council and NHS Lothian arrangements.

## Sustainability implications

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30. There is no direct additional impact of the report's contents.

## Involving people

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31. As above.

## Impact on plans of other parties

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32. As above.

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Moira Pringle, Chief Finance Officer

E-mail: [moira.pringle@NHS Lothian.scot.nhs.uk](mailto:moira.pringle@NHS Lothian.scot.nhs.uk) | Tel: 0131 469 3867

## Appendices

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Appendix 1	Financial outturn 2018/19 – delegated services delivered by NHS Lothian
Appendix 2	Financial outturn 2018/19 – delegated services delivered by City of Edinburgh Council
Appendix 3	Budget letter from City of Edinburgh Council
Appendix 4	Budget letter from NHS Lothian
Appendix 5	EIJB reserves carried forward to 2019/20

## FINANCIAL OUTTURN 2018/19

## DELEGATED SERVICES DELIVERED BY NHS Lothian

	Budget £k	Actual £k	Variance £k
<b>Core services</b>			
Community AHPs	14,035	14,433	(398)
Community hospitals	11,503	11,478	25
District nursing	11,231	10,817	414
GMS	79,454	79,472	(18)
Mental health	11,806	10,435	1,371
Other	55,519	57,534	(2,015)
Prescribing	80,612	80,573	39
Resource transfer	23,766	23,763	3
<b>Sub total core</b>	<b>287,927</b>	<b>288,505</b>	<b>(578)</b>
<b>Hosted services</b>			
AHPs	6,697	6,356	340
Complex care	1,411	1,381	30
GMS	6,264	6,263	1
Learning disabilities	7,910	8,221	(311)
Unscheduled care	5,992	5,992	0
Mental health	24,505	25,044	(539)
Oral health services	9,308	8,965	343
Other	1,056	1,049	7
Palliative care	2,366	2,376	(10)
Psychology	4,565	4,506	60
Rehabilitation medicine	3,378	3,050	328
Sexual health	3,251	3,220	31
Substance misuse	4,083	4,180	(98)
UNPAC	2,812	2,792	20
<b>Sub total hosted</b>	<b>83,599</b>	<b>83,396</b>	<b>203</b>
<b>Set aside services</b>			
A & E	6,748	7,051	(303)
Cardiology	4,436	4,378	58
Diabetes	1,082	1,214	(132)
Gastroenterology	3,091	2,853	239
General medicine	24,659	26,164	(1,506)
Geriatric medicine	13,527	13,409	119
Infectious disease	6,650	6,942	(293)
Junior medical	13,495	14,105	(610)
Management	1,524	1,498	26
Other	6,994	7,058	(63)
Rehabilitation medicine	2,108	2,243	(135)
Therapies	6,654	6,661	(7)
<b>Sub total set aside</b>	<b>90,969</b>	<b>93,577</b>	<b>(2,608)</b>
<b>Non cash limited</b>	<b>52,444</b>	<b>52,444</b>	<b>0</b>
<b>Total</b>	<b>514,939</b>	<b>517,922</b>	<b>(2,983)</b>



## FINANCIAL OUTTURN 2018/19

## DELEGATED SERVICES DELIVERED BY CITY OF EDINBURGH COUNCIL

	Budget £k	Actual £k	Variance £k
<b>Employee costs</b>			
Council Paid Employees	88,616	88,237	379
<b>Non pay costs</b>			
Premises	1,133	1,464	(331)
Transport	2,005	3,492	(1,487)
Supplies & Services	6,100	6,052	48
Third Party Payments	197,590	203,864	(6,274)
Transfer Payments	822	578	244
Other	0	44	(44)
<b>Sub total</b>	<b>207,650</b>	<b>215,494</b>	<b>(7,844)</b>
<b>Gross expenditure</b>	<b>296,266</b>	<b>303,731</b>	<b>(7,465)</b>
<b>Income</b>	<b>(95,511)</b>	<b>(95,494)</b>	<b>(17)</b>
<b>Total</b>	<b>200,755</b>	<b>208,237</b>	<b>(7,482)</b>

Moira Pringle  
Chief Finance Officer  
Edinburgh Integration Joint Board

**Date** 22 March 2019

**Your ref**

**Our ref** HD/AS/010/19

Dear Moira

### **Edinburgh IJB Allocation 2018/19 and 2019/20**

This letter provides a further update on the Council's budget framework assumptions as they relate to the development of the EIJB recovery plan 2018/19 and EIJB revenue budget 2019/20.

#### **2018/2019**

The Council's approved allocation to the EIJB for 2018/19 is now £200.725m. This represents an increase of £3.169m from the provisional offer set out in my letter of 19 March 2018 and the uplift reflects the following adjustments:

- £1.044m in respect of the transfer of responsibility for Sheltered Housing contracts;
- Carer's Act. An additional allocation of £0.265m taking total funding to £1.465m;
- Additional funding of £0.293m reflecting costs arising from the Apprenticeship Levy;
- An additional allocation of £0.275m to reflect the financial impact of pensions auto-enrolment and other minor adjustments;
- An allocation of £1.292m to reflect the additional financial implications of the 3.5% pay award for 2018/19.

Based upon analysis of period nine data, the forecast overspend in 2018/19 on services delegated to the Council by the EIJB is £7.041m. The mechanisms for management of overspends are set out in the EIJB Integration Scheme and the Council's offer to the EIJB will be reviewed when the outturn position for the current financial year is confirmed.

#### **2019/2020**

Following the Council budget meeting on 21<sup>st</sup> February 2019, the Council's approved allocation to the EIJB for 2019/20 is £216.969m, representing an increase of £16.244m (8.1%) relative to the approved offer for the current year. This increase of £16.244m includes the following elements:

- The full allocation of £9.127m of earmarked funding for health and social care within the Local Government Finance Settlement;
- Carer's Act. An additional allocation of £0.887m has been approved taking total recurring funding to £2.352m;
- An allocation of £3.023m has been approved in line with additional funding confirmed to support the expansion of Free Personal and Nursing Care for under 65s;
- Additional funding of £2.5m is to be added to the Council Priorities Fund and can be drawn down subject to achievement of prolonged improvements in service outcomes. Performance based criteria and associated monitoring arrangements will be developed in consultation with the Chief Officer of the Health and Social Care Partnership;
- A budget transfer of £0.4m from the Council's Safer and Stronger Communities Service to supplement the EIJB grant programme;
- An additional allocation of £0.307m to reflect the estimated financial impact of an increase in the employer's pension contribution rate;

In addition to the active monitoring and management of the revenue budget through the EIJB, I will provide quarterly budget monitoring reports to the Council's Finance and Resources Committee which will provide a further opportunity for Members to monitor the financial performance of the delegated Health and Social Care budget against the approved budget.

I note that the EIJB will be considering the revenue budget for 2019/20 at the Board meeting on 29<sup>th</sup> March and I would be grateful if you could confirm the approved delegated budget for 2019/20 and provide the related directions at the earliest opportunity.

If you require any additional information or clarification, please let me know.

Yours sincerely



Hugh Dunn

**Head of Finance**

Cc: Judith Proctor, Chief Officer, EIJB  
Karen Dallas, Principal Accountant (Health and Social Care)

Lothian NHS Board

*By Email Only*

Finance Director's Office  
 Waverley Gate  
 2-4 Waterloo Place  
 Edinburgh  
 EH1 3EG  
 Telephone 0131 536 9000  
[www.nhslothian.scot.nhs.uk](http://www.nhslothian.scot.nhs.uk)



Judith Proctor  
 Chief Officer  
 Edinburgh Integration Joint Board

Date 9 May 2019  
 Your Ref  
 Our Ref  
 Enquiries to Susan Goldsmith  
 Extension 35810  
 Direct Line 0131 465 5810  
 Email [susan.goldsmith@nhslothian.scot.nhs.uk](mailto:susan.goldsmith@nhslothian.scot.nhs.uk)

Dear Colleague

### **Budget Agreement 2019/20 – Edinburgh Integration Joint Board**

I write further to my letter of 15<sup>th</sup> February and the approval of the NHS Lothian Financial Plan by the Board of NHS Lothian on April 3<sup>rd</sup>, which accepted limited assurance on the achievement of a breakeven outturn for the health board next year.

This letter sets out the key elements of your IJB budget for 2019/20 and beyond, based on the information contained in the Plan, updated for any new information now available.

### **Baseline Budget and Uplift**

The approved Plan includes details on the anticipated additional receipts and planned allocation of resources for 2019/20. NHS Lothian received a 2.6% uplift to baseline budgets equating to £35.8m which gives due recognition to the additional cost of the reform to the Agenda for Change pay scales. Edinburgh IJB's share of this base uplift is £11,185k.

In developing the Financial Plan a number of principles were endorsed by NHS Lothian's Finance and Resources Committee:

- The importance of maintaining integrity of pay budgets through an equitable application of budget uplift to meet pay awards;
- A need to use recurrent resources against recurrent costs as far as possible, particularly in relation to the baseline recurrent gap;
- A recognition that there will be certain national costs which are inevitable;
- Under the arrangements for financial planning there is an expectation that all Business Units will plan to deliver financial balance against their budgets and therefore there needs to be recognition of the relative efficiency challenge across operational units;
- A reasonable balance of risk for NHS Lothian in the context of its breakeven target.



Headquarters  
 Waverley Gate  
 2-4 Waterloo Place  
 Edinburgh EH1 3EG

Chair Brian G. Houston  
 Chief Executive Tim Davison

*Lothian NHS Board is the common name of Lothian Health Board*

Recognising these key principles, the additional recurrent base uplift has been prioritised against the following key areas across Lothian:

- £24.4m to fully fund pay awards, including Agenda for Change;
- £2.5m to provide a recurrent funding solution to the uplift to prescribing for 2018/19, previously funded through non recurring sources;
- £3m for Primary Care Investment, being the final £1m instalment of the £5m investment and making the £2m 18/19 investment recurring;
- £12.3m is provided to meet prior year recurring commitments previously funded from a non-recurrent source in 2018/19.

The current gap on the Financial Plan of circa £26m assumes that each of the IJBs can agree the application of additional resource against cost pressures which feature across NHS Lothian delegated functions. In addition it would be helpful to agree a mutually agreeable position for key cost pressures impacting across IJBs and non-delegated functions. We will continue dialogue with you in this regard.

### **Unscheduled Care**

Given the patient safety and quality issues that the Board is facing in it's delivery of unscheduled care, it has endorsed the need to create both additional physical capacity at both the RIE and St Johns 'Front Door' and to enhance clinical staffing levels and management capacity. This will increase the costs attributed to the "Set Aside" element of IJB's resources and the Financial Plan utilises funding available to the Board to address this increased cost. This effectively passes additional Set Aside resource to the IJBs. The values set out reflect the latest information on the allocation of this resource at an IJB level, and may differ from the estimates initially identified in the Plan. The Plan figures were based on available information and necessary assumptions on the deployment of this resource. Updated information has now been received, reflected in amended figures in this area.

### **Additional Support**

NHS Lothian has been in dialogue with you in the last year over financial support to additional capacity within social care. We have previously discussed support totalling £4m, and in 2018/19 we supported £300k of additional spend. The Financial Plan has factored in the balance of £3.7m non-recurrently into Edinburgh, and this is within your uplift allocation.

## **Summary Budget Adjustments**

Table 1 below summarises the impact of these additions on your IJB with the percentage uplift values against your baseline included. These figures are generated from the IJB mapping table for 2018/19. We have updated the mapping table for 2019/20 and can provide a further update on budget allocations on agreement of this update.

Please note that the measure of uplift provided includes GMS - we expect to receive a separate uplift allocation for this later in the year and any incremental adjustment to your budget baseline will be made once this uplift has been confirmed. However, in the meantime the additional flexibility allocated to reach 2.6% will need to give consideration to the additional costs of growth within GMS. In addition, non-cash limited expenditure and budget is excluded from these calculations, consistent with last year.

The "Other" adjustment reflects smaller budget changes as part of the financial planning process. Further detail is available on request.

**Table 1 – Budget adjustments for Edinburgh IJB, 2019/20**

	Status	Allocation	Edinburgh IJB £'000	% uplift on base
<b><u>Baseline Budget 19/20</u></b>	Delegated	Core	200,005	
		GMS	75,583	
		Corporate	2,094	
		Hosted	65,574	
	Set Aside		87,172	
<b>Total</b>			<b>430,428</b>	
<b><u>Additional Budget 18/19</u></b>				
Pay Uplift			4,991	1.2%
Investment in Prescribing			2,085	0.5%
PC Investment share of £3m			1,710	0.4%
Balance of Base Uplift			2,400	0.6%
<b><u>Share of Base Uplift</u></b>			<b>11,185</b>	<b>2.6%</b>
Unscheduled Care Investment			3,447	0.8%
Edinburgh Support			3,700	0.9%
Other			273	0.1%
			<b>18,606</b>	<b>4.3%</b>
<b>Total Budget</b>			<b>449,034</b>	
<i>The baseline budget includes the 16/17 and 17/18 Social Care Fund; Drugs and Alcohol Partnership Funding</i>				

## **Edinburgh IJB 2019/20 – 2023/24 Budget**

At this stage the Scottish Government has only confirmed funding for 2019/20. However, assumptions have been made in order to forecast forward into future years and the implications of assumed additional funding streams and their agreed application for Edinburgh IJB are shown below. The element of projected uplift is based on the assumption that future years' uplift will be in line with that received in 2019/20, although this remains subject to confirmation. At this stage, no further assumptions have been made around other uplift values. Table 2 shows the budget values to 2023/24.

**Table 2 – Edinburgh estimated budget baselines to 2023/24**

	2020/21	2021/22	2022/23	2023/24
	£'000	£'000	£'000	£'000
Baseline Budget	439,561	446,835	450,683	454,607
Additional Budget	7,274	3,847	3,924	4,003
<b>Estimated Total Budget</b>	<b>446,835</b>	<b>450,682</b>	<b>454,607</b>	<b>458,610</b>

A more detailed breakdown of these constituent balances is presented in **Appendix 1**.

In addition, there are a number of additional funds which have been included in the Financial Plan for set aside functions, but which have not been included in the future years IJB allocations above as we do not yet have confirmation on how these resources will be allocated across each IJB (e.g. funding for new medicines). Once agreed, these allocations will further increase the total resources delegated to the IJB.

Finally, I can confirm that support services to the IJB, including Finance, will be provided on the same basis as previously. These resources are not included in the budgets set out above.

You will be aware that we have been working with CFOs to develop a revised cost and budget allocation model. This requires further work but we have agreed that we will introduce the new model in this financial year as a shadow year to support strategic planning.

We will continue to work with all IJBs as we allocate further NHS resources across services in the coming year between delegated and non-delegated functions. I would expect that further investment will be required in specific areas such as unscheduled care and in medicines, and you will be updated as progress is made on these issues.

I look forward to working with you in the coming year as we continue to work together to identify and action opportunities to develop health service delivery within available resources across your IJB.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Susan Goldsmith'.

**Susan Goldsmith**

**Director of Finance**

cc Chief Finance Officer

Enc





*The baseline budget includes the 16/17 and 17/18 Social Care Fund; Drugs and Alcohol Partnership Funding*

## EIJB RESERVES CARRIED FORWARD TO 2019/20

	£k
<i>IJB funded reserves</i>	
Older people	1,244
MH community accommodation	150
Community support	1,830
Interim solutions agreed by IJB	1,233
Transformation - technology	788
Other	656
<b>Sub total</b>	<b>5,901</b>
<i>Investment monies:</i>	
Primary care improvement fund	745
Primary care transformation & stability	68
Action 15 (mental health strategy)	790
Seek, keep and treat	1,077
Carers act	1,111
<b>Sub total</b>	<b>3,791</b>
<b>Total</b>	<b>9,692</b>



# Report

## Ministerial Strategic Group Update

### Edinburgh Integration Joint Board

24 May 2019

#### Executive Summary

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1. The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the partnership self-evaluation against the Ministerial Strategic Group (MSG) for Health and Social Care progress review.

#### Recommendations

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2. The Edinburgh Integration Joint Board is asked to:
  - a. note the findings of the self-evaluation for the review of progress with integration of Health and Social Care which is attached as appendix 2
  - b. note that this self-assessment has been completed as a single partnership submission for all statutory partners within Edinburgh; the EIJB, City of Edinburgh Council and NHS Lothian and that 3 sector partners were also contributors to this; and
  - c. note that Partnerships were required to submit to the Scottish Government by the 15<sup>th</sup> of May and that due to these timescales prior approval of the IJB was not possible; and
  - d. agree to the self assessment and actions set out within this and ask the Chief Officer to develop the action plan with partners for implementation and report on this before the end of March 2020.

#### Background

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3. The “*Health and Social Care Integration – Update on Progress*” report from Audit Scotland published on 15 November 2019, and the Ministerial Strategic Group (MSG) review report published in February 2019 both highlighted some good progress being made with integration across Scotland. However, both reports also highlighted that there remain challenges that need to be resolved if progress is to be accelerated. These include improvement in relation to financial planning,

governance, strategic planning and leadership capacity. The review report from MSG made several proposals with estimated timescale to improve the progress and pace of integration.

4. The MSG group for Health and Sport Committee will drive forward and support implementation of the findings and action from the review report and has developed a self-evaluation template to support shared learning and insight. All Integration Authorities have been asked to complete the self-evaluation template and submit to the Scottish Government by 15 May 2019.

## Main report

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5. The self-evaluation template is based on the 25 proposals made in the MSG review report on progress with integration published on 4 February and covers the following key areas:
  - a. Collaborative leadership and building relationships
  - b. Integrated finances and financial planning
  - c. Effective strategic planning for improvement
  - d. Collective understanding of governance and accountability
  - e. Information sharing in relation to frameworks and good practice and
  - f. Meaningful engagement of communities supported people and carers
6. To support completion within the timescales advised by Scottish Government, the Chief Officer has undertaken a virtual partnership completion of the template to ensure that a single partnership assessment was completed. This has been developed with input from all statutory partners and with consultation and input from the Third Sector led by EVOC.
7. Attached is a summary rating table is included at Appendix 1 and highlights that 0 were rated exemplary: 10 were rated established: 12 were rated partly established and 0 not yet established.
8. Some of the main themes coming through from the self-evaluation are:
  - a. Collaborative leadership and building relationships are established, however recognising that there is work needed to push the Partnership into the exemplary category
  - b. A recognition that further work is needed to fully integrate finances and financial planning with most headings rated as partly established, however

recognising that the Partnership is empowered to use the totality of resources at their disposal which is established.

- c. In terms of effective strategic planning for improvement, this is established but further progress is needed in relation to improving capacity for strategic commissioning of delegated hospital services
  - d. Further work is needed in some areas of governance and accountability arrangements recognising that accountability between partners are established, with further work needed in support for chairs, clear directions and a more coherent clinical and care governance arrangement
  - e. It was acknowledged that performance reports are benchmarked to allow a better understanding of performance data, however further development is needed to identify and implement good practice.
  - f. Further work is needed to embed meaningful and sustained engagement, recognising the Partnership has partly established a mechanism for engagement however further development is needed
9. Work is ongoing to scope out those actions that are for the EIJB to take forward and an action plan is being developed that takes account the proposals / recommendations from both the MSG report and Audit Scotland report.

## Key risks

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10. There is a risk that further progress within the IJB and its partners in delivering better outcomes through integrated approaches is not achieved should these recommendations not be actioned.

## Financial implications

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11. There are no immediate financial implications arising from this report however some aspects of the action plan may need funding or may be being funded through other IJB approvals.

## Implications for Directions

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12. There are no implications for directions immediately arising from this report.

## Equalities implications

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13. The proposals outlined are intended to ensure that the views of people who use adult health and social care services are heard and their input helps shape services going forward.

## Sustainability implications

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14. There are no sustainability implications arising from this report.

## Involving people

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15. The proposals outlined in this report will ensure that the views of carers and people who use services are involved in the decision making of the EIJB.

## Impact on plans of other parties

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16. There are no impacts on the plans of other parties arising from this report.

## Background reading/references

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17. None.

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Judith Proctor, Chief Officer

E-mail: [Judith.proctor@edinburgh.gov.uk](mailto:Judith.proctor@edinburgh.gov.uk) | Tel: 0131 553 8201

## Appendices

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<b>Appendix 1</b>	Summary Evaluation Sheet
<b>Appendix 2</b>	Self- evaluation for the review of progress with integration of health and social care

## SUMMARY RATING TABLE

Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
<b>Collaborative leadership and building relationships</b>				
1.1: All leadership development will be focused on shared and collaborative practice			✓	
1.2: Relationships and collaborative working between partners must improve			✓	
1.3: Relationships and partnership working with the third and independent sectors must improve			✓	
<b>Integrated finances and financial planning</b>				
2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration		✓		
2.2: Delegated budgets for IJBs must be agreed timeously		✓		
2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented		✓		
2.4: Each IJB must develop a transparent and prudent reserves policy		✓		
2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.		✓		
2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.			✓	
<b>Effective strategic planning for improvement</b>				
3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.			✓	
3.4: Improved strategic planning and commissioning arrangements must be put in place.			✓	
3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place.		✓		
<b>Governance and accountability arrangements</b>				
4.1: The understanding of accountabilities and responsibilities between statutory partners must improve.			✓	
4.2: Accountability processes across statutory partners will be streamlined.			✓	
4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.			✓	
4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities.		✓		
4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place.		✓		

Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
<b>Ability and willingness to share information</b>				
5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data			✓	
5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships.		✓		
<b>Meaningful and sustained engagement</b>				
6.1: Effective approaches for community engagement and participation must be put in place for integration.		✓		
6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required.		✓		
6.3: We will support carers and representatives of people using services better to enable their full involvement in integration.		✓		



# Ministerial Strategic Group for Health and Community Care

## Integration Review Leadership Group

### Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

## **MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION**

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4<sup>th</sup> February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

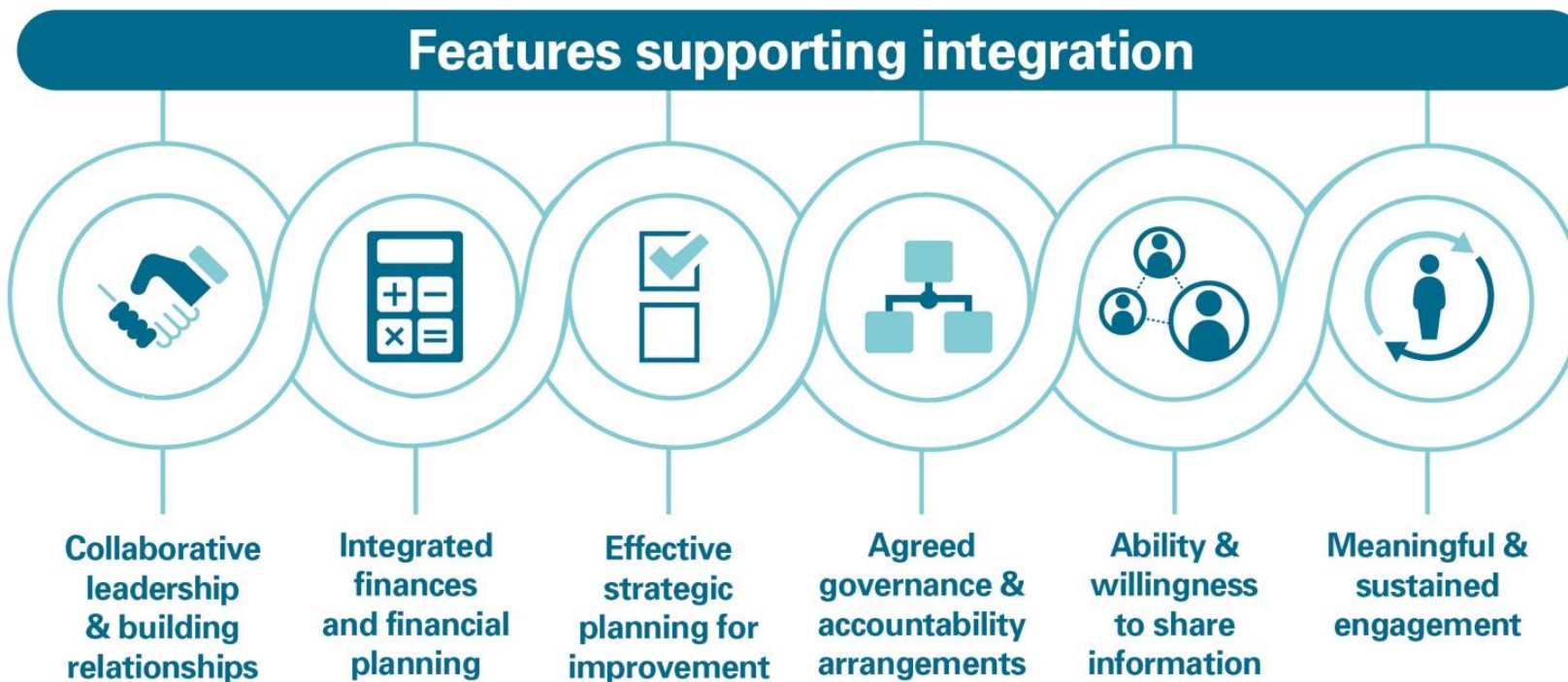
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15<sup>th</sup> May 2019 – by sending to [Kelly.Martin@gov.scot](mailto:Kelly.Martin@gov.scot)**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

**Thank you.  
Integration Review Leadership Group  
MARCH 2019**



<b>Name of Partnership</b>	Edinburgh
<b>Contact name and email address</b>	Judith Proctor, Chief Officer Edinburgh IJB Judith.proctor@edinburgh.gov.uk
<b>Date of completion</b>	

Key Feature 1 Collaborative leadership and building relationships				
<b>Proposal 1.1</b> <b>All leadership development will be focused on shared and collaborative practice.</b>				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
<b>Indicator</b>	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Review of the Integration Joint Board (IJB's) governance has been undertaken supported by the Good Governance Institute. The IJB has agreed to implement the findings from the Governance Handbook and, when finalised this will support EIJB in collective leadership development</li> <li>Discussion on wider leadership development in Edinburgh Health and Social Care Partnership (EHSCP) in relation to its Change Programme is a work in progress – with an initial focus on the collaborative leadership capacity and capability of the wider management team and also in support of collaboration across the 3<sup>rd</sup> and Independent Sectors and with Housing</li> <li>Leadership development is part of the developing '3 Conversations' model and this will roll out across operational sectors in the Health and Social Care Partnership (HSCP) as the programme spreads</li> <li>Integrated Care Forum has been established and will support wider collaborative leadership across: IJBs, HSCPs, Councils and NHS Lothian. An initial meeting which focussed on the Audit Commission report took place in November 2018 with a formal meeting taking place in April 2019. Meetings are now scheduled across the year with all partners invited.</li> </ul>			

	<ul style="list-style-type: none"> <li>• The 'Playing to Your Strengths' leadership development programme across Lothian supports staff from HSCPs to participate from both NHS and Local Authority backgrounds</li> <li>• NHS Lothian have commissioned and are delivering a Corporate Management Team development programme which has focussed on collaborative leadership. Next stage of this widens the membership of future sessions to operational teams and will therefore encompass health and social care managers from across the partnership.</li> <li>• In terms of the City of Edinburgh Council (CEC), the Wider Leadership Team (Top 100 managers) includes EIJB senior staff as members</li> <li>• Community Partnership includes all partners including third sector organisations</li> <li>• There is joint Local Authority / NHS Lothian and IJB work in diabetes established as part of regional plans The Third Sector Strategic Group and IJB/EHSCP developed a statement of principles, which is also underpinned by the role of the Edinburgh Compact in supporting and promoting cross sector working</li> </ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Implement GGI review recommendations and support leadership development for collaboration within the IJB across all members and sectors</li> <li>• Work with MSG Review Group's findings in relation to the support to the Chair and Vice Chair of the IJB in undertaking their roles effectively and as collaborative leaders in the health and care economy in Edinburgh and Lothian</li> <li>• Build on cross sector leadership development across partners to build capacity to work collaboratively Collaborative leadership programmes to be inclusive of 3<sup>rd</sup> and independent sectors</li> <li>• The Partnership will explore opportunities to deliver collaborative leadership development in all future development programme commissioning</li> <li>• Future leadership and building relationship programmes are tested in terms of third sector collaboration, third sector leadership and meaningful involvement of communities</li> </ul>

<b>Proposal 1.2</b> <b>Relationships and collaborative working between partners must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• A Budget Setting Protocol is in place and has enabled discussions on budget setting to take place across the year. This includes agreements on the timeous sharing of information and developing transparent processes to enable these discussions</li> <li>• A process is in place to identify the set aside budget in terms of how this applies to the Edinburgh Integration Joint Board EIJB and this features in the budget discussions across the year and the EIJB</li> <li>• There is good shared working around estates/capital planning in support of the developing IJB model, strategic plan and capacity requirements and there are clear routes to agree investment and development programmes which allow the IJB's priorities to be addressed</li> <li>• There are regular partnership performance meetings which include the Chief Executives, the Chief Officer, s95 Officers, Head of Operations and Strategy. These enable a focus on the HSCP's performance, improvement and provide an opportunity to discuss aspects of the wider partnership that support or hinder that work. It provides a useful platform also to discuss the different working practices between partners and, where necessary, support the development of solutions to these where they are a barrier to better joint working and progress</li> <li>• The Chief Officer is a member of both the Council's Corporate Leadership Team and the NHS Lothian Corporate Management Team</li> <li>• A Lothian Chief Officer group is in place and works actively to support shared approaches where practicable or raise shared challenges / barriers where these get in the way of integrated working</li> </ul>			

	<ul style="list-style-type: none"> <li>An Integrated Care forum has now been established with each of the IJBs, Councils and Lothian Health Board members of this. The intention of this forum is that it provides a platform to address significant, shared issues to make the greatest positive impact for the citizens of Lothian. Issues in the initial discussion include how partners will work together to support improvement in relation to unscheduled care. There is a view from our third sector partners that the potential role of the sector should be explored in this wider Lothian Forum.</li> </ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>A review of the budget setting process will be undertaken, and lessons learnt applied in preparation for 2020/21 to ensure delivery for 20/21</li> <li>Partners will continue to participate in the Lothian Integration Forum</li> <li>Partners will evaluate the first year of operation of the Lothian Forum and apply lessons learnt in year 2</li> <li>Consider the role of the 3<sup>rd</sup> sector in wider Lothian Integration Forum in recognition of the role of the sector and community groups in transformational change</li> </ul>

<b>Proposal 1.3</b> <b>Relationships and partnership working with the third and independent sectors must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The Partnership's approach to working with the sector was recognised as good practice in the recent Audit Scotland review of integration</li> <li>• 3<sup>rd</sup> and independent sector participation is built into a number of the partnership's forums and will be embedded in work on the change programme, '3 conversations' working and the community investment programme</li> <li>• The partnership provides funding support to the third sector Interface and Independent Sector to enable their leadership and participation</li> <li>• There was significant involvement and clear leadership from the third sector Interface (EVOC) in the IJB's Grants Review process and in supporting 3<sup>rd</sup> sector organisations during and after the process</li> <li>• Participation in the development of the Strategic Plan, Outline Strategic Commissioning Planning work and Carer Groups in respect of the Carers' Strategy</li> <li>• Scottish Care supported and co-funded postholder undertakes a leadership role with that sector and has supported an improving and productive relationship with the Care Sector and Care Home Sector</li> <li>• Significant involvement of Care at Home and Support Providers in the work the Partnership undertook to increase care capacity in the community including the development of a single recruitment portal for Edinburgh care jobs</li> </ul>			



<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> and independent sector participation will be built into the structure and delivery of the IJB's development of its Change Programme</li> <li>• A Community Investment programme has been initiated by the IJB and this will provide a vehicle for further developing local engagement and participation of the sectors</li> <li>• Wherever possible support the sectors to engage and participate effectively</li> <li>• The IJB will undertake an annual evaluation of its engagement utilising a robust methodology</li> <li>• Develop a more consistent approach to investment in communities</li> </ul>
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Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.  Improved longer term financial planning on a whole system basis is in place.
<b>Our Rating</b>		✓		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Budget setting – processes / workshops as set out at 1.2</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Need for longer term financial planning forum to build trust and better understanding of relative positions and three wider financial engagement sessions agreed as follows:               <ol style="list-style-type: none"> <li>Late summer discussion on planning parameters for the next year. Agenda items:                   <ol style="list-style-type: none"> <li>Session for all parties on set aside budget to ensure common understanding of the issues</li> <li>Finance department resource to support IJB Chief Finance Officers (CFO)</li> <li>Impact of best value on IJB's</li> </ol> </li> </ol> </li> </ul>			

	<ul style="list-style-type: none"><li>2. End of Autumn catch-up</li><li>3. Scottish Budget – post settlement<ul style="list-style-type: none"><li>a. Strategic capital projects and impact on mutual services – to be better understood</li><li>b. Share SPICE and COSLA briefings</li></ul></li><li>• Better shared management information, real time data that can be drilled into</li></ul>
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<b>Proposal 2.2</b> <b>Delegated budgets for IJBs must be agreed timeously</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes.  Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
<b>Our Rating</b>		✓		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>NHS Lothian is unable to conclude its final budget until the end of March with Board sign off at first meeting in April. Further allocations throughout the year makes the position more fluid</li> <li>Cycle of negotiation following budget offers creates further delays in the system.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Budget setting – processes / workshops as set out in 1.2</li> <li>Ongoing engagement of all three partners will continue across the year</li> <li>Links between strategic planning and availability of resources need to be strengthened through development of a medium-term financial strategy.</li> </ul>			

<b>Proposal 2.3</b> <b>Delegated hospital budgets and set aside budget requirements must be fully implemented</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	<p>Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.</p> <p>The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.</p>	<p>Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.</p> <p>The set aside budget is being fully taken into account in whole system planning and best use of resources.</p>
<b>Our Rating</b>		✓		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Clear process for calculation of set aside budgets and associated costs, however all parties recognise that there is still some way to go in terms of planning the services with any degree of sophistication</li> <li>• Performance relative to other organisations is recognised as being superior, however arrangements could not be said to be highly effective</li> <li>• Recognition of positive desire to work together to deliver something that supports strategic planning, unscheduled care</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Partner will participate in the pan Lothian Integration Forum</li> <li>• Lessons learnt process from this year's budget setting</li> <li>• A series of workshops with NHS Lothian is planned on budget</li> <li>• Work underway on a methodology to accurately reflect utilisation of resource across four IJBs</li> <li>• Focus on forward look on demographics and role of Primary Care and social care to mitigate growth</li> <li>• Specific piece of work within the Lothian Integration Forum on the use of set aside</li> <li>• IJB members have ongoing briefings and information to help support their understanding and decision making</li> </ul>			

<b>Proposal 2.4</b> <b>Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>		✓		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Reserves are regularly discussed in budget updates and budget setting as can be evidenced from recent IJB meetings</li> <li>A Reserves Policy is in development and will come to the IJB for approval in 2019</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Policy under development and will be presented to the IJB in 2019</li> <li>Focussed discussion as a Board about how reserves and other funding streams can best be used to support the strategic commissioning plan and longer-term sustainability of the IJB</li> </ul>			

<b>Proposal 2.5</b> <b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		✓		
Evidence / Notes	<ul style="list-style-type: none"> <li>Some good examples but limits in this, there is a joint recognition that the IJB CFO role can be a very challenging one, and recognition of the need to support the CFO with wider collective assistance</li> <li>Recognition that an overview of the financial position and working across two finance teams can be difficult. Also, whilst support from partner bodies is positive there is recognition that the terms of support and engagement could be reset to ensure this is more effective</li> <li>The IJB s95 Officer (CFO) relies on support from both City of Edinburgh Council and NHS Lothian finance teams</li> <li>The s95 is given good support however we believe this could be strengthened by embedding finance colleagues from our partners within a HSCP finance team and co-locating them with the CFO. This would build an even greater shared understanding of the different working practices and pressures on each partner, and enable the development of faster solutions and implementation of smoother processes across the partnership</li> <li>CFO is a member of the national CFO network</li> </ul>			

<b>Proposed Improvement actions</b>	<ul style="list-style-type: none"><li>• Keen to establish clarity on the roles and support to the CFO and ensure the CFO has reliable advice and support to undertake role and function</li><li>• Develop a wider team for the CFO and physically co-locate finance support within the CFO's base</li><li>• Four Lothian IJB'S CFOs to present options in June to forum referenced at 2.1.</li></ul>
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**Proposal 2.6**

**IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Previous and existing directions have reflected the IJB's budget as a single budget rather than having focussed on specific health or social work aspects</li> <li>• We have good examples of health funding being invested in social care in support of improving care capacity in the community which has driven improvement in our delayed discharge performance, waits for care and waits for referral. This was agreed across all partners and directed by the IJB</li> <li>• A medium-term financial plan is under development and will come to the May IJB. This will set out the IJB's medium term ambitions for the most effective use of its budget in support of our priorities</li> <li>• Strategic Planning and commissioning intentions in relation to future models of health and care are focussed on early intervention, wellbeing and independence. New community models will be developed utilising the totality of the resources available to the IJB regardless of the original source of the funding</li> <li>• The process for agreeing and setting directions is being reviewed in line with the most recent guidance and will continue to reflect this position</li> </ul>			

	<ul style="list-style-type: none"> <li>• We are setting out a process of business planning linked to directions as part of the refreshed IJB Governance and decision making following a formal review of our Governance and it similarly will reflect this position</li> <li>• Increasingly the financial position is considered and reported across the partnership, as opposed to separating the two Council” and “NHS” elements</li> <li>• IJB wide savings and recovery programme has been developed</li> </ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Implement review of directions and ensure that these reflect the use of funding regardless of its source toward IJB’s strategic planning objectives and priorities</li> <li>• Investment and commissioning plans and the medium term financial plan will reflect this feature and business cases will evidence that we are utilising the totality as required</li> <li>• Joint commitment to support the public pound losing its identity in future change and directions</li> <li>• IJB to implement revised process of business plan approval linked to directions</li> </ul>

**Key Feature 3**  
**Effective strategic planning for improvement**

**Proposal 3.1**  
**Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The Chief Officer is a full member of both the Council's Corporate Leadership Team and the NHS Lothian Corporate Management Team</li> <li>• A senior management team has recently been established and posts recruited to across Operations and Strategy. This is becoming embedded with postholders (including the CFO) seen as effective members of both the NHS and Council's wider leadership teams also</li> <li>• Shared reporting and shared performance review for the Chief Officer is in place and this isn't duplicated in NHS Lothian and the Council but is a single 2-1 discussion between the Chief Executives and the Chief Officer</li> <li>• The range of support to the Chief Officer and HSCP Management Team is varied across NHS Lothian and City of Edinburgh Council and there is a need to establish the baseline in terms of the support the HSCP and Chief Officer require for them to</li> </ul>			

	become high functioning and high performing as a partnership. This should include consideration being given to: business and administrative support, Organisational Development Support, Strategic Planning functions, health and care intelligence and insight.
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• A review of the range of current support against future needs will be undertaken by the Chief Officer, supported by the wider Partnership</li> </ul>

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<b>Proposal 3.2</b>				
<b>Improved strategic inspection of health and social care is developed to better reflect integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<b>NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE</b>			

<b>Proposal 3.3</b> <b>National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<b>NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE</b>			

<b>Proposal 3.4</b> <b>Improved strategic planning and commissioning arrangements must be put in place.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	<p>Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide some support for strategic planning and commissioning.</p>	<p>Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.</p>	<p>Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs.</p> <p>The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.</p>
Our Rating			✓	
Evidence / Notes	<ul style="list-style-type: none"> <li>The partners agreed to establish the post of Head of Strategic Planning and Performance and this has recently been recruited into on an interim basis in the first instance</li> <li>The Executive Management team of the HSCP are undertaking an overview of the current capacity and capability within strategic planning and commissioning and plan to align resources to the new strategic planning landscape arising from health and social care integration. Specifically, we recognise some gaps in relation to strategic planning in relation to acute services and the set aside and plan to address this as part of the overview work</li> <li>Some aspects of service which support strategic planning and commissioning are provided into the HSCP but sit out with in other Council departments or within NHS Lothian. These will be reviewed as set out in 3.1 to ensure best alignment and support to the HSCP in undertaking its functions.</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• With partners, review current and future needs in relation to strategic planning and commissioning and implement any recommendations</li><li>• Partners to specifically address gaps in capacity and capability in acute health service planning</li></ul>
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<b>Proposal 3.5</b> <b>Improved capacity for strategic commissioning of delegated hospital services must be in place.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	<p>Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.</p> <p>Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.</p>	<p>Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.</p> <p>There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.</p>
Our Rating		✓		
Evidence / Notes	<ul style="list-style-type: none"> <li>As per 3.4</li> <li>Integrated Care Forum is in place and working to establish potential cross system activity in this area</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>As per 3.4</li> </ul>			

**Key Feature 4**  
**Governance and accountability arrangements**

**Proposal 4.1**  
**The understanding of accountabilities and responsibilities between statutory partners must improve.**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• A Lothian Integration forum has been established and will support the partners in developing robust understanding of each partners' accountabilities and responsibilities</li> <li>• This is established but under review as our processes and the IJB matures</li> <li>• A governance review within the EIJB was commissioned and undertaken by the Good Governance Institute (GGI) and the IJB has agreed to implement its recommendations alongside further development work. This will enable further clarity on lines of accountability and reporting which the Partnership anticipates will further streamline arrangements and reporting and reduce any residual duplication in reporting which remains in the system</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Implementation of the GGI review recommendations and Good Governance Handbook</li><li>• In developing the governance review, ensure due focus is given to wider, complex issues of community and third sector representation</li><li>• Partners participate fully in the Lothian Integration Forum in support of improving understanding of responsibilities and accountabilities</li></ul>
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<b>Indicator 4.2</b> <b>Accountability processes across statutory partners will be streamlined.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped, and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• As per 4.2 in relation to the IJB's Governance Review and its implementation</li> <li>• Within CEC a recent paper was presented to CEC's Governance, Risk and Best Value Committee (GRBV) which provided an opportunity to clarify relationships across the wider partnership</li> <li>• There are regular joint performance meetings between NHS Lothian, City of Edinburgh Council and the HSCP and these provide a helpful platform for discussing governance and reporting issues</li> <li>• There have been joint meetings across Audit and Risk activities which have included Audit and Risk representatives from the Council, NHS and IJB and which sought to ensure clarity of audit responsibilities and reporting</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Implement governance review recommendations</li> <li>• Refresh of IJB governance is an opportunity to review governance arrangements across wider partnership and create governance, assurance and escalation framework that are safe, effective, transparent and robust</li> <li>• City of Edinburgh Council will annually review the guidance arrangements as part of their own plans</li> </ul>			

<b>Proposal 4.3</b> <b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• An IJB Induction in place for all new members of the IJB – voting, non-voting and advisory roles</li> <li>• A Governance Handbook is under development in support of the IJB and its members in working toward exemplary practice and this is being implemented as part of the IJB's Governance Review implementation programme</li> <li>• A series of developmental workshops have taken place across the previous financial year and are planned across 2019/20. In 2018/19 these have included sessions which have focussed on; demographic growth and impact on strategic planning, the developing IJB Change Programme and a recent Webinar session was held which focussed on housing</li> <li>• Governance Review and implementation plan supports a revised new structure for governance and the ongoing support and development of the Chair and all members of the Board and its committees</li> <li>• The IJB's standing orders are reviewed regularly to ensure these enable clear decision making and remain fit for purpose</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Implementation of the Governance review action plan and Good Governance Handbook</li> <li>• Further refinement of the induction programme – to take account particularly of the changes that occur, and support provided over the course of local government elections</li> <li>• Induction programmes and recruitment processes pay particular attention to the support and needs of carer and service user representatives to ensure they can fulfil this role while balancing care or other commitments</li> <li>• Review of the Integration scheme including, as set out above to take account particularly of the changes that occur, and support provided over the course of local government elections</li> <li>• Regular development sessions planned across the year with a focus on the IJB's strategic ambitions and priorities and to support forward thinking and robust decision making</li> <li>• The Chair, Vice Chair, Chief Officer, CFO and other post holders and office bearers will be supported to ensure we maximise membership of groups including; CoSLA, Health and Social Care Scotland, Social Work Scotland, National CFOs' Group and Chairs' / Vice Chairs' network</li> <li>• City of Edinburgh Council will include IJB membership as part of their induction process.</li> <li>• The IJB will consider its visibility and engagement in and with communities, including meeting in a wider range of venues in local communities</li> <li>• The Third Sector Strategic Group will be supported to provide an induction to new IJB members on the role, capacity and purpose of the Third Sector</li> </ul>
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<b>Proposal 4.4</b> <b>Clear directions must be provided by IJB to Health Boards and Local Authorities.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision-making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision-making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		✓		
Evidence / Notes	<ul style="list-style-type: none"> <li>The IJB has set directions and there is a directions tracker in place</li> <li>A review of extant directions has been undertaken and this will be reported initially into the Strategic Planning Group and forwarded to the IJB</li> <li>This review will support a refreshed format to be agreed by the IJB with a clear process, aligned to the most recent national guidance and linked to business cases where appropriate</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>Finalise our review of directions</li> <li>Develop, agree and implement direction setting process and ensure this is aligned to national guidance</li> <li>Regular (at least annual) reporting on directions to the IJB</li> <li>City of Edinburgh Council will include consideration of directions from the IJB as part of their planning processes</li> </ul>			

<b>Proposal 4.5</b> <b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.</p> <p>Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.</p>
Our Rating		✓		
Evidence / Our Notes	<ul style="list-style-type: none"> <li>• A Quality Assurance and Improvement Group (QAIG) in place. This is multi-disciplinary and spans HSCP services and those we commission and purchase from external providers such as care homes and care at home provision</li> <li>• As per the Governance Review set out elsewhere – the implementation plan includes commitment to develop clear Clinical and Care Governance processes and lines of reporting</li> <li>• A group has been convened to develop this with a clear expectation that this will be in place and operating – including reporting to an IJB Clinical and Care Governance Committee – by the end of summer 2019. This work will include ensuring appropriate lines of reporting and accountability to CEC and NHS Lothian and clarify these while reducing any duplication</li> <li>• Professional Advisory Group (PAG) in place but the role is undefined in the context of Clinical and Care Governance. There is a clear role for clinical and care professional input to this structure and we will define this as part of the governance review implementation</li> </ul>			



<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Clinical and Care Governance Committee to be developed with clear accountabilities as well as a clear escalation and assurance map</li> <li>• Refine professional and clinical leadership within this</li> <li>• Clarity of arrangements with partners and ensuring clear lines of assurance and reporting will be set out in the Good Governance Handbook and implemented</li> <li>• We will more define more clearly the involvement of the third sector</li> </ul>
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Key Feature 5 Ability and willingness to share information				
<b>Proposal 5.1</b> <b>IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
<b>Our Rating</b>			✓	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• An annual performance report has been published each year since the IJB has been in place and these have set out performance aligned to national measures and requirements</li> <li>• We recognise that we want to develop this further toward exemplar and have been undertaking benchmarking across other annual reports to develop further our 2019 report</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• The IJB will undertake further benchmarking of good practice</li> <li>• HSCP senior managers leading the work will participate in National performance forums</li> </ul>			

<b>Proposal 5.2</b> <b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.</p>	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating		✓		
Evidence / Notes	<ul style="list-style-type: none"> <li>• A performance working group has been established across the HSCP and with partners across the NHS, CEC and ISD to develop the format for our next Annual Performance Report</li> <li>• A review of other Reports from across Scotland has been undertaken to consider best practice and its application in the EIJB</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>• Revise format and presentation of the Annual Report</li> <li>• Apply any future guidance or structure arising from the review set out at 5.1</li> </ul>			

<b>Proposal 5.3</b> <b>A framework for community based health and social care integrated services will be developed.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating		✓		
Evidence / Notes	<ul style="list-style-type: none"> <li>We have Good evidence in Outline Strategic Commissioning Planning work which will now be incorporated into the Strategic Plan. Platforms and relationships have been built which can be expanded in support of effective community engagement</li> <li>An engagement and participation plan are in place and has been agreed by the IJB</li> <li>The HSCP is developing a participation and engagement team which will increase our capacity in doing this work and in supporting our localities, teams and staff across Edinburgh in developing effective engagement and participation work</li> <li>Many examples of local engagement being led by our locality managers and their teams – building stronger collaborations very locally where the knowledge and capacity is – we're seeking to build on this and develop and highlight these examples within our wider communications strategy</li> <li>We recognise that we still undertake engagement during service change but are ambitious to make significant progress with this through, for example, our Community Investment strategy which will have a locality focus and be aligned to our wider strategic change ambitions</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Development of engagement and participation team</li><li>• Review of our current engagement and participation plan in the context of this proposal and against examples of good practice elsewhere</li><li>• Implementation of the governance review</li></ul>
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<b>Proposal 6.2</b> <b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve effective working relationships with service users, carers and communities.	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
<b>Our Rating</b>		✓		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Good examples of engagement over the course of developing our carers' strategy and strategic planning work but we recognise this is distinct and different from 'working relationships with service users and families'</li> <li>• We can evidence learning from comments, complaints and compliments</li> <li>• Our developing work on the '3 conversation model' is predicated on developing more effective relationships with people at the centre and as experts in their own lives. Our initial innovation sites will go live in the early summer of 2019</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Roll out of our 3 Conversations work, evaluation and spread of learning in relation to this as an approach to improving the effectiveness of our working relationships with service users, carers and communities</li> <li>• We will develop and implement our Community Investment programme alongside our third sector colleagues</li> </ul>			

<b>Proposal 6.3</b> <b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	<p>Carers and representatives on the IJB are supported by the partnership, enabling engagement.</p> <p>Information is shared to allow engagement with other carers and service users in responding to issues raised.</p>	<p>Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities.</p> <p>Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.</p>
<b>Our Rating</b>		✓		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• We have good examples where we have involved carers and representatives of people using services in the development of specific aspects of our planning work</li> <li>• This has been specifically seen in relation to the development of our carers' strategy and our strategic planning work</li> <li>• We support those carers and service users that sit on our board and provide an induction and point of contact for them in support of their role</li> <li>• We have established engagement and participation groups in place and these are active forums for involvement</li> <li>• However, we recognise that we have further to go in relation to ensuring this is clearly linked to the IJB and its decision making and that we need to support our carer and user representatives</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• We will review our carer and user involvement plans and ensure the widest possible engagement at Board and planning groups</li> </ul>			



# Report

## **Older People Joint Inspection Improvement Plan Edinburgh Integration Joint Board**

24 May 2019



### **Executive Summary**

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1. This paper outlines the review of Older People's Improvement Plan following the Joint Inspection Progress Report published in December 2018. The previous action plan was reviewed and the new improvement plan (appendix 1) was developed within the framework of the Three Conversations approach which reflects the revision of the Edinburgh Health and Social Care Partnership draft strategic plan 2019/2022.

### **Recommendations**

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2. The Integration Joint Board is asked to:
  - i. note the newly developed Improvement Plan (appendix 1)
  - ii. consider and approve the Improvement Plan
  - iii. note that the Improvement Plan will be submitted to NHS Lothian Healthcare Governance committee and to CEC Corporate Policy and Strategy Committee for further consideration and approval

### **Background**

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3. The Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) carried out a joint inspection of older people's services in health and social care across Edinburgh. The report was published in May 2017. The purpose of this inspection was to find out how well the partnership achieved good personal outcomes for older people and their unpaid carers. An Improvement Plan was developed from the findings and the seventeen recommendations made in the report.
4. In June 2018 the CI and HIS returned to undertake a progress review. The progress review was published in December 2018 and was critical of the partnership's progress.

5. The direction of strategic planning and operational delivery in the partnership was under review and following the progress report it was agreed that the development and the implementation of a revised Improvement Plan was required. It was important to ensure the Improvement Plan and any associated actions was embedded in the transformation and change programme and linked to budget savings proposals as considered by the Executive Management Team and the Edinburgh IJB.

## Main report

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6. The Older People's Joint Inspection progress review was conducted in June 2018 and published in December 2018.
7. The inspection team examined a range of documentation submitted by the partnership and they reviewed national performance data. They issued a survey to 3600 health and social care staff of whom 666 responded. They held scrutiny sessions that consisted of focus groups and interviews with staff and managers. They met with 30 older people who used services and their carers. They met with representatives from the third and independent sectors and other stakeholders.
8. The focus of their activity was to assess the progress made by the partnership in meeting the seventeen recommendations. One recommendation was assessed as having made good progress, two recommendations were assessed as having made reasonable progress, twelve recommendations were assessed as having made limited progress and two recommendations (Recommendation 9 and 13) were assessed as having made poor progress.
9. The inspection team commented on the delay in the partnership in responding to the findings of the original inspection in 2017. They described our response as a reactive and short term one rather than a wider strategic, whole systems approach. They assessed that the delay and the approach has impacted on the pace of change which they found to be slow.
10. The development of the new Improvement Plan should be seen alongside the decision to implement the Three Conversations approach and to review of our Strategic Plan (currently out for consultation). The recommendations have been reviewed through the lens of three conversations and each recommendation mapped across four domains:- Conversation 1 – Listen and Connect; Conversation 2 – Work with People in Crisis; Conversation 3 – Build a Good Life; and Infrastructure and Enablers.
11. The revised strategic plan and the subsequent Transformation and Change Programme has begun to map across work done over the past few years using the Three Conversations approach and all work streams will be re-aligned accordingly. This will ensure that progress already made that impacts on the

delivery of the seventeen recommendations is integrated with the Improvement Plan.

12. The Improvement Plan was developed by the EHSCP Quality Improvement Manager in collaboration with the Executive Management Team who have reviewed it on a number of occasions. The final iteration was approved at a workshop on 9<sup>th</sup> May 2019.
13. There has been a workshop style meeting in January with the Executive Management Team and the Care Inspectorate where the draft Improvement Plan was presented. Their discussion focused on how EHSCP intends to respond to the inspection report and how the Three Conversations model has shaped our thinking around strategic planning as well as operational delivery. We have linked each recommendation with the Joint Inspection Quality Indicators to better understand how we can impact on improving services.
14. The Improvement Plan addresses each recommendation by including a statement of aims and by including targets based on year 1, year 3 and year 5. We have said how we will achieve this, and we have identified how we will know that we have achieved what we set out to do. We will gather evidence to support our assertions as we go forward. Each recommendation has a named Executive Lead and they have named a lead officer who will have an overview of all the activity that supports completion of the recommendation and report into the Improvement Plan leadership group.
15. The Improvement Plan needs to be considered for approval at the Edinburgh IJB and considered and ratified at the NHS Lothian Healthcare Governance group and the CEC Corporate Policy and Strategy Committee.

## Key risks

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16. The implementation of budget savings programme and the transformational change programme are major work streams which impact directly on delivery of our Improvement Plan. All three are intrinsically linked.
17. To mitigate this risk we have mapped across all work streams to ensure any and all transformational and change work undertaken delivers within the parameters of the Improvement Plan.

## Financial implications

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18. The work of the Improvement Plan is embedded in the transformation and change programme alongside the budget savings. Work is being done to map across activity undertaken before the progress review was published to ensure.

## **Implications for Directions**

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19. The implications for Directions will be clearer following the strategic plan consultation concludes and the Ministerial Guidance on the development of new Directions will form their foundation. The new Directions will reflect the changes that the EHSC Partnership require City of Edinburgh Council and NHS Lothian to progress.

## **Equalities implications**

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20. The progress review report and the Improvement Plan highlight areas of unmet need and underdeveloped services across Edinburgh which are likely to impact on the health and wellbeing of services user and their unpaid carers.

## **Sustainability implications**

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21. There are no sustainability implications arising from this report.

## **Involving people**

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22. The development and the implementation of the Older People Joint Inspection Improvement Plan and the subsequent work streams has involved a range of stakeholders. Each work stream has, or will include, involvement from citizens and the public as well as partners from the voluntary and independent. Each work stream has, or will include, a range of internal stakeholders such as colleagues from housing and quality assurance as well a lead officers from within the partnership or form our two employing authorities.

## **Impact on plans of other parties**

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23. There is a need to ensure strategic planning and implementation.

## **Background reading/references**

**Older People's Inspection Report – May 2107**

**Older People's Progress Review – Dec 2018**

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Marian Gray, Project Lead

E-mail: [marian.gray@edinburgh.gov.uk](mailto:marian.gray@edinburgh.gov.uk) | Tel: 07885 977783

## Appendices

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Appendix 1	Edinburgh Health and Social Care Partnership Framework for Improvement plan
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**Edinburgh Health and Social Care  
Partnership  
Progress Review of Older People's  
Services**

**Framework for Improvement Based on  
the  
Three Conversations Approach**

**Agreed by the Executive Management  
Team: May 2019**

## **Introduction and Background**

### **Joint Inspection**

The Care Inspectorate and Healthcare Improvement Scotland (the Joint Inspectors) carried out an inspection of Older People's Services in Edinburgh in 2016 and reported their findings in a report published in 2017. The original report noted a number of areas of weakness across the partnership and set out 17 recommendations for improvement (fig 1 below).

It is normal practice, within joint inspections, that where a grade of 'weak' is applied, that the joint inspectors return within a year to assess progress. The progress review visit took place in June and July 2018 and the report published in December 2018. The review visit is not a further inspection and grades are not given, however levels of progress against the initial recommendations are provided.

### **The Partnership**

This inspection was carried out on the wider partnership in Edinburgh – the Integration Joint Board (IJB) and the Health and Social Care Partnership (HSCP), and their partner organisations NHS Lothian (NHSL) and City of Edinburgh Council (CEC). Given the complex interrelationship between partners it's important that we address the remaining challenges set out in the report as a partnership and in a collaborative and collegiate way. However, given the number of recommendations, the issues they span and the requirement to make improvement at pace, it makes sense to have a single action plan, owned by all, but driven through the HSCP as the organisation responsible for operational delivery of Older People's Services in Edinburgh.

### **Actions, Improvement and Key Updates Since Review Visit**

The review visit took place at a time of significant change in the IJB and HSCP. A new Chief Officer took up post in May 2018 and a new Head of Operations took up post formally in July that same year. Much focus and activity had taken place since the initial inspection and action plans developed however since then there has been an opportunity to review and refresh the HSCP's approach to addressing improvement and its wider strategic and transformational change.

A significant focus has been placed on addressing some of our key challenges in performance. These are clearly identified in both the initial report and in this follow up report – Delayed Discharges, people waiting for an assessment of care and people waiting for care. We can demonstrate that by February 2019 improvements had been made in a number of areas including:

- We have set clear trajectories of improvement for Delayed Discharges over the winter and into 2019. These are monitored closely and we have reported consistent improvement in meeting these targets each month since they were agreed;
- Linked to that, we have reduced the number of delays in NHS Lothian acute beds by 25% since September;
- We have reduced the number of people waiting in hospital for an assessment for social care 40 to 16 during the same time period;
- There have been more significant improvements in relation to people waiting for a Package of Care on NHSL acute sites – WGH has 48% fewer Delayed Discharges and RIE 16% fewer;
- We would also report that waits for care in care homes remain under pressure.

The additional investment of funding toward community care capacity has begun to be applied and providers are reporting positively. We anticipate the additional capacity this will purchase to come on stream in January (the time lag relating to recruitment, PVG checks, mandatory training of new staff etc). This will create further capacity and will enable both a targeting of delays, as well as supporting older people in the community remain at home.

Other areas of leadership for change and transformation have been identified and we can highlight:

- Significant activity around strategic planning and the development of our Outline Strategic Commissioning Plans (including the Older People's OSCP) – and in relation to engagement and participation with this being recognised as good practice in the recent Audit Scotland Report – 750 people;
- Carers' Strategy – we have undertaken a test of change in relation to carers' assessments and access to self directed support and a new carers' strategy is in development. A lot of engagement with carers, carers' groups and other stakeholders has taken place and the strategy will come to the IJB in February;
- The HSCP's first Workforce Plan has been developed following the '6 step' methodology and the baseline document will come to the IJB in December. A cross system workforce planning group is in place to oversee this work and the next steps of its development;
- The Chief Officer commissioned an independent review of the IJB's Governance and the report and recommendations will come to the IJB in December. If agreed, the actions taken to implement the recommendations will support a strengthened strategic leadership and direction and support a new transformation programme in support of the longer term vision and longer term sustainability of the HSCP.

### **Transformation and Change – Three Conversations Model**

A proposal setting out a recasting of our strategic transformation model and vision will come to the IJB in February 2019. This is not the place to go into detail however the proposal sets out a reshaping of our model in Edinburgh aligned to the '3 conversations' model – summarised in Fig 2 below. The implementation of this programme, if successful, would support delivery of improvement against the inspection report and the follow up, and, beyond that, the longer term sustainability of good quality health and care services in Edinburgh which shift the balance of care, support independence and self direction, and which promote health and wellbeing.

### **The Approach to our Improvement Plan**

Given our shift toward a new strategic transformation programme it makes sense that we align our inspection improvement work to that. In this way it will be embedded in our change programme and central to it. It is clear in the review follow up report itself that the joint inspectors believed we were too detailed in the initial response to the recommendations – the revised approach embeds this within longer term strategic change.

Fig 3 below sets out how we've mapped the recommendations against our three conversation approach. There are areas of overlap and our programme management approach will support us in ensuring both good governance of implementation and reducing duplication in delivery.

It should also be noted that we can demonstrate that we've closed off a number of recommendations since the visit in June.



### Fig 1 Joint Inspection Recommendations

Noted below are an overview of all recommendations identified:

Recommendation 1	The partnership should improve its approach to engagement and consultation with stakeholders in relation to: <ul style="list-style-type: none"><li>- Its vision</li><li>- Service redesign</li><li>- Key stages of its transformational programme</li><li>- Its objectives in respect of market facilitation</li></ul>
Recommendation 2	The partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions
Recommendation: 3	The Partnership should develop exit strategies and plans from existing 'interim' care arrangements to help support the delivery of community based services that help older people and their carers to receive quality support within their own homes or a setting of their choice
Recommendation: 4	The Partnership should engage with stakeholders to further develop intermediate care services, including bed based provision, to help prevent hospital admission and to support timely discharge
Recommendation: 5	The partnership should work in collaboration with carers and carers organisations to improve how carers' needs are identified, assessed and met. This should be done as part of updating the carers strategy
Recommendation: 6	The Partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.
Recommendation: 7	The Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met
Recommendation: 8	The Partnership should develop joint approaches to ensure robust quality assurance processes are embedded in practice.
Recommendation: 9	The Partnership should work with the local community and other stakeholders to develop and implement a cross market facilitation strategy. This should include risk assessment and contingency plans
Recommendation: 10	The Partnership should produce a revised and updated joint strategic commissioning plan with detail on: <ul style="list-style-type: none"><li>• how priorities are to be resourced</li><li>• how joint organisational development planning to support this is to be taken forward</li><li>• how consultation, engagement and involvement are to be maintained</li><li>• fully costed action plans including plans for investment and disinvestment based on identified future needs</li><li>• expected measurable outcomes</li></ul>
Recommendation: 11	The Partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved for the Integrated Joint Board
Recommendation: 12	The Partnership should ensure that: <ol style="list-style-type: none"><li>1. there are clear pathways to accessing services</li><li>2. eligibility criteria are developed and applied consistently</li><li>3. pathways and criteria are clearly communicated to all stakeholders, and</li><li>4. waiting lists are managed effectively to enable the timely allocation of services (refer to recommendation 13)</li></ol>

Recommendation: 13	<p>The partnership should ensure that:</p> <ul style="list-style-type: none"> <li>• people who use services have a comprehensive, up-to-date assessment and review of their needs which reflects their views and the views of the professionals involved</li> <li>• people who use services have a comprehensive care plan, which includes anticipatory planning where relevant</li> <li>• relevant records should contain a chronology</li> </ul> <p>allocation of work following referral, assessment, care planning and review are all completed within agreed timescales</p>
Recommendation: 14	The Partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing maintained.
Recommendation: 15	The Partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services
Recommendation: 16	The Partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient capacity and ensure a suitable skills mix that delivers high quality services for older people and their carers
Recommendation: 17	The Partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model

Fig 2

**1 Conversation 1 : Listen & Connect**

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



**2 Conversation 2 : Work intensively with people in crisis**

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



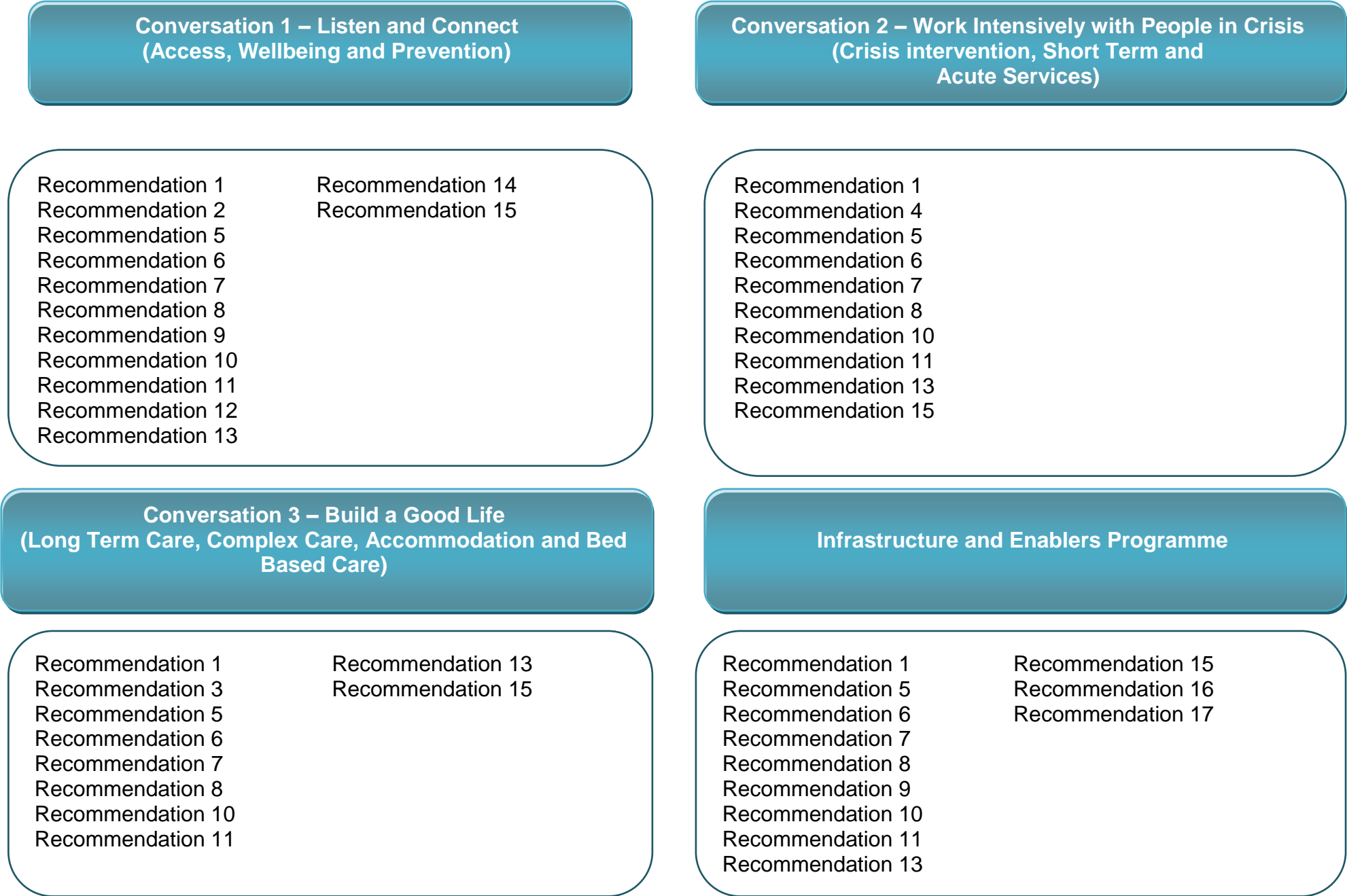
**3 Conversation 3 : Build a good life**

*For some people, support in building a good life will be required.*

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



Fig 3



## Recommendation: 1

The partnership should improve its approach to engagement and consultation with stakeholders in relation to:

- Its vision
- Service redesign
- Key stages of its transformational programme
- Its objectives in respect of market facilitation

### Executive Lead:

Judith Proctor - Chief Officer

### Last Update:

Jan 2019

### Update Frequency:

3 monthly

### Target Stage:

**1 Year** 3 Years 5 Years

### Aim Statement

We are committed to ensuring there is an appropriate level of engagement with staff and key stakeholders including 3<sup>rd</sup>, independent and voluntary sectors in the design and implementation of our transformation and change programmes

### Aligned to Quality Indicators:

- 9 - Leadership and Direction the supports partnership
- 9.1 - Vision, values and culture across the partnership
- 9.2 - Leadership of strategy and development
- 9.4 - Leadership of change and improvement

### Targets

#### 1 year: By December 2019

- A Transformation and change programme agreed and resourced by IJB by Feb 2019
- The transformation plan and delivery structure will set out clear engagement with key stakeholders at every stage
- There will be clear stakeholder involvement in the review of the partnership's vision and values
- Development of a partnership communication plan and a range of platforms to improve communication with key stakeholders
- Staff involvement in the key stages of service redesign will be set out and evidenced

#### 3 years: By December 2021

- The transformation programme will evidence stakeholder led change and delivery
- Staff will be involved in decision making around service redesign and transformation and this will be evidenced through annual staff surveys and evidence of participation

#### 5 years: By December 2023

- There is clear and visible leadership and participation by our staff and partners embedded across all service redesign, transformation and change programmes
- Plans and developments are co-produced and there is clear evidence of community / communities of interest participation in decisions that affect them

**How will we do it?**

- Clear programme board membership and participation plan for the three conversations approach.
- Where appropriate, fund in kind, 3<sup>rd</sup>, independent and voluntary sector engagement in transformation and change programmes
- Develop a stakeholder satisfaction survey to assess progress
- Establish stakeholder focus groups
- Develop a partnership website and social media platforms to improve communication with staff and key stakeholders

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?****(Measures: process, outcome and balancing)**

- Key stakeholder membership at programme board meetings
- Stakeholders fully engaged in all transformation and change programmes and market facilitation strategies
- Evidence of a shift in investment towards community organisations and 3<sup>rd</sup> and independent sectors
- Fully established EHSCP website with regularly updated information to keep staff and key stakeholders up to date on partnership business and developments
- Good level of attendance from all staff groups across the partnership at staff engagement sessions
- Positive stakeholder satisfaction survey results
- Evidence of 3<sup>rd</sup>, independent and voluntary sector attendance and input at programme board meetings
- Agreed timetable for stakeholder focus / engagement sessions
- Positive staff and stakeholder feedback through staff survey

**What evidence do we have to support this?**

- Evidence of engagement and participation clear in terms of reference of all our groups and through notes and minutes
- Stakeholder surveys at regular points of our work to gauge experience of role and its impact
- Number of community engagement opportunities evidenced will increase over the course of the programme
- Evidence of partnership approach to commissioning and service design

<b>Recommendation: 2</b>		
<b>The partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions</b>		
<b>Executive Lead:</b> Tom Cowan – Head of Operations		
<b>Last Update:</b> Jan 2019	<b>Update Frequency:</b> 3 monthly	<b>Target Stage:</b> <b>1 Year</b> 3 Years 5 Years
<b>Aim Statement</b> We are committed to building and reinforcing community capacity and support in order to avoid and reduce formal care and support. We are committed to the principles of a ‘home first’ model and our early intervention strategy and our prevention strategy will reflect that. We intend to invest in community capacity building and work collaboratively across all sectors. We are committed to the implementation of three conversations which will facilitate the transfer of resources to support early intervention and prevention services.		
<b>Aligned to Quality Indicators:</b> 2 – Getting help and the right time 5 – Delivery of key processes 6 – Policy development and plans to support improvement in service		
<b>Targets</b>		
<b>1 year: By December 2019</b> <ul style="list-style-type: none"> <li>Our conversation 1 programme board will be established and will have prioritised and agreed its key priorities to early intervention and prevention</li> <li>Explore and begin to develop sustainable expenditure</li> <li>Develop our current Be Able service</li> </ul>		
<b>3 years: By December 2021</b> <ul style="list-style-type: none"> <li>We will have established a co-ordinated community capacity approach by developing a network of low level community connections to compliment the support available to support older people to remain in their own homes</li> </ul>		
<b>5 years: By December 2023</b> <ul style="list-style-type: none"> <li>Early intervention and prevention will be the main focus in our approach to support older people to live independently in their own homes with improved outcomes.</li> </ul>		
<b>How will we do it?</b> <ul style="list-style-type: none"> <li>Establish conversation 1 programme board</li> <li>Identify key priorities and manage these with robust programme / project management support</li> <li>Use Ministerial Steering Group (MSG) measures to monitor activity and measure improvement</li> </ul>		

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- Reduction in the number of delayed discharges in acute hospitals
- Reduction in the number of >75 admissions and readmissions
- Reduction in the number of unscheduled hospital bed days
- Reduction in A&E attendances
- Reduction in the % of last 6 months spent in an acute setting
- Balance of care; % of population in community of institutional care
- Reduction in waiting lists for assessments and reviews
- Improved outcomes for service users
- 

**What evidence do we have to support this?**

- Measurements against MSG improvement objectives.



**Recommendation: 3**

**The Partnership should develop exit strategies and plans from existing ‘interim’ care arrangements to help support the delivery of community based services that help older people and their carers to receive quality support within their own homes or a setting of their choice**

**Executive Lead:**

Pat Wynne – Chief Nurse

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

Deliver community based services to assist older people and carers to receive quality support at home or in a setting of their choice. Where it is identified that a person’s needs can no longer be met at home and can only be met in a care home, we will ensure that there is a high quality, person centred interim and intermediate services, which can care for their needs while they are waiting for a permanent place in a care home of their choice. We have committed to the closure of our current interim facilities at Liberton Hospital and Gylemuir House Care Home as they no longer suitable.

**Aligned to Quality Indicators:**

2 – Getting help at the right time

6 – Policy development and plans to support improvement in service

**Targets****1 year: By December 2019**

- Interim care at current establishments will be closed at Liberton Hospital and Gylemuir House Care Home. An intermediate care facility for 40 people will open at the Jardine Clinic in late 2019
- We will have reviewed our interim care arrangements and will have a clear plan in place, in terms of our interim care services. This is intrinsically linked with our bed based resources and we will manage this under Recommendation 4
- Our interim care services will be supported by the appropriate home based pathways so that people only stay in interim care beds when there is no alternative and when they are waiting on a place at an identified care home becoming available. This is intrinsically linked with our bed based resources and we will manage this under Recommendation 4

**3 years: By December 2021**

- No further action specific to this recommendation as linked to and will be managed under Recommendation 4
- 

**5 years: By December 2023**

Not applicable

**How will we do it?**

- Capture improved interim care directions within Strategic Plan

- Continue to work with all stakeholders to continually improve our interim care model
- Continue to be clear on our interim care model and ensure that people have clear plans for moving on prior to admission
- Identify how improvements in the care at home position can support more people to be cared for intensively at home as an alternative interim solution and while they are being assessed

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- People in our interim care facilities will not exceed maximum length of stay and will be assessed timeously with the appropriate level package of care, back to their own home

**What evidence do we have to support this?**

**Recommendation: 4**

**The Partnership should engage with stakeholders to further develop intermediate care services, including bed based provision, to help prevent hospital admissions and to support timely discharge.**

**Executive Lead:**

Tony Duncan – Head of Strategy

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

We will have clear pathways from home to hospital and then back to home which will provide the optimum level of care and rehabilitation for people so that they are supported to remain as independent as possible for as long as possible. This will be designed alongside the Three Conversations approach and it will support its implementation

**Aligned to Quality Indicators:**

2 – Getting help and the right time

5 – Delivery of key processes

6 – Policy development and plans to support improvement in service

**Targets****1 year: By December 2019**

- Further engage with stakeholders to firm up plans for future intermediate care facilities, including whether this involves new buildings or different utilisation of current facilities such as HBCCC
- Analysis of current community intermediate care provision and understanding of how this could be improved to facilitate more intermediate care within people's own homes
- Agree the exit strategy for Liberton hospital which includes opening the Jardine clinic and transfer people from Liberton hospital
- Agree closure plan for Gylemuir House and transfer residents and staff
- We will have reviewed our interim care arrangements and will have a clear plan in place, in terms of our interim care services
- Our interim care services will be supported by the appropriate home based pathways so that people only stay in interim care beds when there is no alternative and when they are waiting on a place at an identified care home becoming available

**3 years: By December 2021**

**Still to be agreed but will be informed by the planned Hospital at Home review, the bed based review and care at home review**

**5 years: By December 2023**

**We will have well established intermediate care in the community and within bed based resources that is a short term assessment and rehabilitation and reablement service**

**How will we do it?**

- Conduct further engagement activities around bed based intermediate care proposals, particularly around how rehabilitation, HBCCC and internal care home facilities are utilised, to support the 'home first' approach
- Identify how community based intermediate care could impact on the bed numbers needed for bed based HBCCC, internal care home, rehabilitation and intermediate care

- Further analysis of pathways to understand optimum rehabilitation journey for people and the services required
- Gain feedback from the pilot of Discharge to Assess to understand if this could support the intermediate care model

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- Fewer delayed discharges in RIE, WGH, Liberton hospital/the Jardine Clinic
- Service user feedback
- Increase number of frail elderly returning home rather than institutional care
- Increase number of frail elderly returning home with less intense Package of Care, therefore Decreasing additional demand for care at home services
- Reduce the number of people delayed in hospital when fit to go home (Delayed Discharge)
- Reduce length of stay and bed days lost to delays;
- Reduce unplanned admissions and re-admissions into acute hospitals;
- Reduce number of people waiting for an assessment and the length of time people wait for an assessment
- Sustainable intermediate care and support

**What evidence do we have to support this?**

- Through the Older People Partnership Working Group Redesign of Intermediate Care Models underway including internal care homes, HBCCC, Respite, Interim and intermediate care underway, and rehabilitation pathways, with intended outcomes:
  - Improve the experience for people receiving care and services
  - Improve frail elderly discharge pathway
  - Enable appropriate care capacity to meet needs with timely reviews
  - Development of a highly engaged, motivated, and supported workforce, able to utilise the full extent of their professional training and skills

The redesign and model review will be informed by work underway:

- A review of the orthopaedic rehabilitation pathways (27.03.19)
- A review of improving access and pathways, including Acute Care at Home Review (04.04.19)
- A review of respite provision and HBCCC (25.04.19)
- A review of community rehabilitation and intermediate care services is planned to
- Application of a Test of Change for Discharge to Assess, and planned roll out
- Engagement with key stakeholders and wider workforce in the redesign work, to understand the level of medical and rehabilitation needs presented within the pathway, and clearly seeking and challenging views about the environment in which care can be provided

**Recommendation: 5**

**The partnership should work in collaboration with carers and carers organisations to improve how carers' needs are identified, assessed and met. This should be done as part of updating the carers strategy**

**Executive Lead:**

Tony Duncan - Head of Strategy

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

We will collaborate with carers and partners on all aspects of the implementation of the carers act and update the Edinburgh Joint Carers Strategy to include the contribution from key stakeholders.

**Aligned to Quality Indicators:**

5.4 – Involvement of individuals and carers in directing their own support

6.4 – Involving individuals who use services, carers and other stakeholders

**Targets****1 year: By December 2019**

- By the end of January 2019, finalise the draft Edinburgh Joint Carers Strategy following consultation with adult and young carers and prepare the final version for ratification by the end of March 2019. This will include the statutory Short Breaks Services Statement (Unpaid Carers)
- Consider new ways of working with paid and unpaid colleagues and adopt the learning from successful pilots in North West Edinburgh and Longstone.
- Develop an implementation plan to support the rollout of the Carers Strategy in Edinburgh
- In partnership with third, independent and voluntary sectors, and in consultation with carer representatives, the needs of carers will be considered across each of the 3 conversation models

**3 years: By December 2021**

- Review the carers strategy in consultation with key stakeholders
- Paid and unpaid carers will be prevalent across all EHSCP delivered services
- Collaborative work with carers and carers organisations will be embedded as continuous improvement business as usual

**5 years: By December 2023**

- The views of paid and unpaid carers will be prevalent across all EHSCP delivered services

**How will we do it?**

- Consider paid and unpaid carer views in the development of the final revised Carer's Strategy for EHSCP, including the Short Breaks Services Statement for EHSCP
- Develop a clear implementation programme for the roll out of the carers strategy
- Ensure carer representation for each of the work streams identified as part of the implementation programme
- Invite carer representatives to join each of the 3 conversation programme boards

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- Positive carer representative feedback
- Performance data shows improvement against measurable indicators associated with the high level priorities and activities identified in the strategy, and recorded from April 2019
- Number of Adult Carer Support Plans and Young Carer Statements Completed
- Review of services and clear robust contract management

**What evidence do we have to support this?**

- Redesigned paperwork to meet the new duties of the Carers (Scotland) Act 2016 – Adult Carer Support Plans, Eligibility Criteria
- New business processes and supporting documentation produced and tested – SWIFT/AIS. This will allow performance to be measured and reported against key indicators from April 2019 onwards
- Carers census survey results
- Consultation data and report to inform Strategy Development and implementation
- Regular progress reports including minutes from various groups / committees
- Feedback from carers/case studies from pilots
- Draft carers Strategy and Short Breaks Services Statement to 29<sup>th</sup> March 2019 IJB with high level implementation plan for ratification

**Recommendation: 6**

**The Partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.**

**Executive Lead:**

Tony Duncan – Head of Strategy

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

We are committed to delivering timely diagnosis and quality post-diagnostic support for people who have a dementia diagnosis and those who give support. We aim to deliver this within the EHSCP priority areas and in line with national policy, standards and local plans. This will link to other dementia related developments as outlined in the draft Strategic Plan's Older People' Commissioning Plan and draft IJB Directions.

**Aligned to Quality Indicators:**

2.2 – Prevention, early identification and intervention at the right time

5.1 – Access to support

5.2 – Assessing need, planning for individuals and delivering care and support

**Targets****1 year: By December 2019**

- Implement revised ISD data set for Scottish Government Local Delivery Plan (LDP) target on diagnosis and post-diagnostic support - *“To deliver expected rates of dementia diagnosis and all people newly diagnosed with dementia will have a minimum of a year’s worth of post – diagnostic support coordinated by a Link Worker, including the building of a person-centred support plan.”*
- Through 2019 scoped and developed project plan for quality improvement work to streamline post-diagnostic support (PDS) referral pathways, including referral transitions and addressing any service provision gaps.
- Through 2019 support post-diagnostic support training as a test of change development
- Implement revised service specification for the current Alzheimer Scotland PDS Service contract
- Develop and progress implementation plan for PDS developments, in partnership, which includes implementing published Quality Improvement Framework for PDS, PDS training model for staff, national Homebased Memory Rehabilitation pilot site. This will take account of links to Carers’ Act, technology enabled care and wider dementia pathways work
- To support GP Practices in North East Edinburgh National Innovation Test Site to test relocation of post-diagnostic support to primary care and scope opportunities for further development, ensuring it links with wider post-diagnostic support provision and developments. This includes the testing of both PDS group work and post-diagnostic support in care homes
- Improve the pathway for referral to diagnosis by working with locality MATs to find ways to streamline assessment and triage processes

**3 years: By December 2021**

- Review current post-diagnostic support contract in place (1 April 2018 to 31 March 2021) by December 2020
- From 2019 to 2021, support GP Practices in North East Edinburgh National Innovation Test Site to test relocation of post-diagnostic support to primary care
- To share learning and continue to develop PDS delivery model as required in line with local and national influences
- A clear pathway for referral to diagnosis of patients with symptoms of dementia

**5 years: By December 2023**

- Continue to support dementia post-diagnostic support service developments, including service delivery, implementation of national Quality Improvement Framework, training, and data, taking account of local and national influences and Scottish Government Local Delivery Plan (LDP) target reporting requirements.

**How will we do it?**

- Multi-agency Edinburgh Dementia Post Diagnostic Support Reference Group in place. Terms of reference recently reviewed to take forward priority areas.
- Links to National Dementia Post Diagnostic Support Leads Group will help influence and shape Edinburgh developments taking account of developments, innovation and challenges experienced across Scotland.
- Dementia and Memory Support Steering Group in place for National PDS Innovation Test Site in Primary Care to take forward work.
- Continue to develop engagement opportunities with people living with a dementia diagnosis and their carers to ensure their views inform developments.
- Work with locality MATs to improve the pathway for referral to diagnosis by reviewing current pathways and streamlining the process for triage and assessment.

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?****(Measures: process, outcome and balancing)**

- Increased numbers of people receiving timely post-diagnostic support through quantitative data from national reporting to ISD on Local Delivery Plan (LDP) target.
- PDS Contract – monthly and quarterly reporting
- Report on the National Innovation Test Site in North East Edinburgh GP Cluster External evaluation, (through funding by Scottish Government contract for all national test sites evaluation) in which will further inform developments. Evaluation to begin in 2019
- Engagement feedback from people living with dementia and their families on experiences of support, gaps and suggested areas for improvement.
- Test for change paper will be completed for improving the referral to diagnosis and onward signposting pathways

**What evidence do we have to support this?**

- Review of contracted Alzheimer Scotland Dementia Post-Diagnostic Support Service completed April 2017. This included evidence gathered through 2 focus groups with people living with dementia and their carers, and a review of semi-structured questionnaires routinely sent to service users and their carers at 12 months post-diagnostic support
- Monthly LDP Target reporting and ISD published performance report
- Commitments 1 and 2 within Scotland's National Dementia Strategy 2017-2020 which specifically relate to further post-diagnostic support developments and testing relocation of PDS to Primary Care
- A clear and timely pathway for referring patients for diagnostic tests and onward signposting for post diagnostic support



**Recommendation: 7**

The Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met

**Executive Lead:**

Tom Cowan - Head of Operations

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

We will broaden our approach to managing falls and focus on prevention and early intervention as part of our falls pathways

**Aligned to Quality Indicators:**

2.2 – Prevention, early identification and intervention at the right time

2.3 – Access to information about support options including self directed support

5.3 – Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks

6.2 – Partnership development of a range of a range of early intervention and support services

**Targets****1 year:** By December 2019 we will:

- have developed a process to proactively identify individuals at risk of falls and fractures at an early stage to ensure they are able access the right support at the right time.
- have successfully implemented "Prevention of Management of Falls in the Community: A framework for action for Scotland 2014/16"
- have tested the Care Inspectorates best practice tool 'Managing Falls and Fractures in Care Homes for Older People'
- review existing falls pathways
- provide targeted support to care homes
- engage with health promotion to develop public awareness campaign
- have completed a programme of training to locality hub and clusters

**3 years: By December 2021**

- We will continue the work to improve our falls pathways and continue to test ways to reduce the number of falls in the community and our care homes through early intervention and prevention and it will be embedded in continuous improvement business as usual

**5 years: By December 2023**

- We will continue to deliver a programme of improvement around access to falls services and falls prevention with good engagement with SAS, acute services, and 3<sup>rd</sup>, independent and voluntary sector organisations

**How will we do it?**

Continue to deliver a range of initiatives with a focus on early prevention and intervention through a clearly developed programme of work.

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- Reduction in the number of falls resulting in injury and requiring hospital admission
- Reduction in admission rates to A&E for people over the age of 65.
- Reduction in the number of falls within care homes
- Clear referral and care pathways

**What evidence do we have to support this?**

**Recommendation: 8**

**The Partnership should develop joint approaches to ensure robust quality assurance processes are embedded in practice.**

**Executive Lead:**

Ian McKay – Clinical Director / Pat Wynne – Chief Nurse

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

We are committed to delivering high quality, safe care and support to all service users in the EHSCP by following the key principles of the Health and Social Care Standards: ‘My support, my life.’

**Aligned to Quality Indicators:**

6.3 – Quality Assurance, self evaluation and improvement

9.4 – Leadership of change and improvement

**Targets****1 year: By December 2019 we will have completed the workstreams to:**

- Review the current quality assurance and improvement resource for the partnership including the understanding of partner’s roles and contributions to EHSCP quality agenda to ensure there is a joint approach across all services.
- Agree the partnerships approach to quality assurance and improvement and review governance arrangements to ensure there is a clear reporting line for the escalation of care and service delivery concerns
- Build capacity and capability around quality improvement across the partnership through the development of a Quality Assurance Hub
- Develop a clear joint reporting framework to gather information across services to provide assurance that the care we deliver meets an expected standard and as a tool to benchmark against good practice.
- Developed a framework for managing risk with a clear escalation route from service level to corporate level
- Adopt a single IT platform for managing risk

**3 years: By December 2021 we will:**

- have a fully developed and implemented Quality Framework for the partnership
- have an agreed set of quality standards linked to national standards that we will use to measure the quality of the services we deliver
- have a fully developed programme to introduce a single IT platform for reporting adverse events across all services and a joint policy for the review and investigation of adverse events and significant occurrences
- be able to demonstrate that quality is recognised as a cross cutting enable across the 3 conversations model for transformation and change

**5 years: By December 2023 we will:**

- be able to evidence that we deliver all our services to the highest possible standard by measuring against local and national standards.
- have a fully embedded culture of quality improvement across all our staff groups and our staff will be equipped with the knowledge and skills to allow them to influence improvement

## How will we do it?

### 1 year

- Review the current quality assurance and improvement resource in the partnership with a view to managing the resource centrally as part of the EHSCP Quality Hub. This will increase the skill mix across the partnership and allow the resource to be managed more effectively to support the delivery of the agreed quality and assurance workstreams
- Consider the requirements of the QA support available through safer and stronger communities to ensure the level of quality assurance support available to the partnership is sufficient enough to deliver the level of assurance required to ensure the services we deliver are of the highest standard
- Identify the key drivers required to support the development of a EHSCP Quality Hub
- Consider quality and assurance as part of the wider EHSCP governance review
- Review the current 'quality dashboard' model to establish if it provides the level of scrutiny required
- Develop a EHSCP corporate level risk register with a clear process for managing risk across the partnership
- Support locality and hosted service teams to develop local risk registers and provide training to aid appropriate identification of risk and appropriate escalation
- Implement DATIX as single system for risk management

### 3 years

- Involve key stakeholders in the development of a quality framework with measurable standards linked to the Health and Social Care Standards: My support, my life
- Prepare a business case highlighting the benefits and cost implications to move to a single IT platform for incident management

### 5 years

- The quality hub will be the main driver in the delivery of a fully embedded culture of improvement and assurance in EHSCP. The Quality Hub will continually review and measure against agreed standards and support staff across all professions to continually improve the standard of care we deliver across our services

## How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?

### (Measures: process, outcome and balancing)

#### Year 1

- Centralised quality resource
- Coaching network
- EHSCP Quality Website
- Clear arrangement with Safer and Stronger Communities Directorate for QA support
- Quality and assurance part of the EHSCP governance framework for EHSCP
- Reporting framework used across all services with a clear reporting line
- Fully developed local and corporate risk registers
- Single IT platform for risk management and service user feedback

#### Year 3

- Agreed EHSCP Quality Framework
- Measurable standards
- Plan to introduce a single reporting system for incident management
- Quality input into the 3 programme boards for transformation and change

#### Year 5

- Fully developed and functioning quality hub with a range of skill mix across all professions.
- Measurable standards consistently applied to measure the quality of services we provide
- A comprehensive programme of improvement initiatives

What evidence do we have to support this?

**Recommendation: 9**

The Partnership should work with the local community and other stakeholders to develop and implement a cross market facilitation strategy. This should include risk assessment and contingency plans

**Executive Lead:**

Tony Duncan – Head of Strategy

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

Building on the work conducted with local community and stakeholders to date; work in partnership to develop a cohesive approach to market facilitation which includes risk assessment and contingency plans for key market segments.

**Aligned to Quality Indicators:**

6.1 – Operational and strategic planning arrangements

6.5 – Commissioning arrangements

**Targets****1 year: By December 2019**

- Have established principles for market facilitation
- Develop and agree a plan to address each market segment based on a combination of priority, risk and opportunity
- Have clear processes for engaging with key providers and other stakeholders to plan for the future

**3 years: By December 2021**

- Co-produce with relevant stakeholders, the Edinburgh market shaping strategy, which includes risk assessment and contingency plans.
- Continue to improve engagement and relationships with all stakeholders
- New approach to the grants programme agreed with the 3<sup>rd</sup> sector

**5 years: By December 2023**

- Evidence that the impact of the well established relationships with stakeholders has improved the outcomes for the users of our services.

**How will we do it?**

- Identify and agree key market segments
- Identify the best approach to engaging with each segment (building on networks that already exist)
- Work together to agree principles for working together
- Work together to identify upcoming challenges in key market segments and work together to address these
- Establish a regular forum for engagement with the 3<sup>rd</sup> sector

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?****(Measures: process, outcome and balancing)**

- There will be clearly identified mechanisms for engaging with market segments

- Market facilitation principles will be produced and agreed
- Marked improvement in engagement across all provider groupings

**What evidence do we have to support this?**

## Recommendation: 10

The Partnership should produce a revised and updated joint strategic commissioning plan with detail on:

- how priorities are to be resourced
- how joint organisational development planning to support this is to be taken forward
- how consultation, engagement and involvement are to be maintained
- fully costed action plans including plans for investment and disinvestment based on identified future needs
- expected measurable outcomes

### Executive Lead:

**Tony Duncan – Head of Strategy**

<b>Last Update:</b> Jan 2019	<b>Update Frequency:</b> 3 monthly	<b>Target Stage:</b> <b>1 Year</b> 3 Years   5 Years
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### Aim Statement

**The EIJB draft Strategic Plan for 2019-2022 will contain a full range of steps to be taken to improve older people's care in accordance with the inspection report.**

### Targets

#### **1 year: By December 2019**

- Review the strategy for older people as part of the development and production of the new EIJB Strategic Plan taking full account of the Inspection report
- Develop action plans which include anticipated cost implications, active monitoring cost implications and develop costed business cases at key decision making points
- Develop engagement and communications plan

#### **3 years: By December 2021**

- Review Older People care within the EIJB Strategic Plan against action plans and the Inspection report
- Review progress on action plans and business cases

#### **5 years: By December 2023**

### How will we do it?

- Engage and consult on the draft EIJB Strategic Plan between February and May 2019
- Gain Board approval on the EIJB draft Strategic Plan at the EIJB on 29 March 2019 prior to commencement of a 3-month consultation phase
- Publish the Strategic Plan – expected in summer 2019
- Develop action plans which take forward the direction of travel set out in the Strategic Plan. These will include anticipated cost implications, active monitoring of costs and will escalate costed business cases at key decision making points
- Develop an engagement strategy alongside the strategic plan



**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- EIJB Strategic Plan 2019-2022 will be published and ongoing monitoring of the actions and implementation plans
- Analysis of the performance management framework
- Engagement plan actions have been achieved
- Action plans have been achieved

**What evidence do we have to support this?**

**Recommendation: 11**

**The Partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved for the Integrated Joint Board**

**Executive Lead:**

Moira Pringle - Chief Finance Officer

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

We will produce a comprehensive 3 year financial plan setting out the quantum of the financial challenge facing the IJB and reflecting the aims and ambitions set out in the strategic plan.

**Aligned to Quality Indicators:**

8.1 – Management of resources

**Targets****1 year: By December 2019 we will have:**

- An IJB financial plan for 2019/20 developed reflecting the budgets delegated by NHS Lothian and CEC and agreed by IJB
- An approved savings and recovery programme for 2019/20 which is reviewed regularly and progress updates given to the IJB
- A 3 year financial framework developed in line with the strategic plan
- Started work with the IJB to consider its risk appetite, in particular how it views the balance of financial and service risks

**3 years: By December 2021:**

- We will have processes in place to refresh and update the financial plan on a routine basis
- We will have developed a financial strategy aligned to the strategic plan
- The IJB will have agreed its risk appetite

**5 years: By December 2023 we will have:**

- A financial framework which allows us to plan and deliver high quality services improving overall outcomes for the citizens of Edinburgh
- A level of financial intelligence to model, predict, plan and evaluate the impact of service change including the transfer of resource from acute services to community services

**How will we do it?**

- Through a series of workshops with the IJB, develop and deliver a savings programme for 2019/20
- Agree the budgets delegated by our partners In line with our budget protocol
- Produce a financial plan for agreement by the IJB
- Work closely with the heads of finance in NHS Lothian and CEC to ensure the appropriate level of financial support is available to support the development of our strategies

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- Agree a financial plan based on delegated budget
- Have a credible savings plan which is on target for delivery

**What evidence do we have to support this?**

## Recommendation: 12

### The Partnership should ensure that:

1. there are clear pathways to accessing services
2. eligibility criteria are developed and applied consistently
3. pathways and criteria are clearly communicated to all stakeholders, and
4. waiting lists are managed effectively to enable the timely allocation of services (refer to recommendation 13)

### Executive Lead:

Tom Cowan – Head of Operations

### Last Update:

Jan 2019

### Update Frequency:

3 monthly

### Target Stage:

**1 Year** 3 Years 5 Years

### Aim Statement

We aim to provide clarity and consistency to our pathways for accessing services. We aim understand how we engage with people. We aim to introduce Three Conversations

### Aligned to Quality Indicators:

5 – Delivery of key processes

### Targets

#### 1 year: By December 2019

Under the umbrella of Three Conversations we will:

- Develop a new protocol and processes to improve the quality and efficiency of screening and allocation
- Improve the standard for responding to referrals and initial conversations
- Improve the waiting time for assessments
- Review ICT and business processes to support new ways of working
- Identify mechanisms to clear the backlog of assessments and reduce waiting lists
- Develop, agree and implement the Edinburgh Offer

#### 3 years: By December 2021

Access to services will be integrated into the Three Conversations approach

#### 5 years: By December 2023

There will be clear pathways for stakeholders to access our services in a timely manner and be signposted to services within agreed timescales

### How will we do it?

- Implement Three Conversations with the first principle of a providing and immediate response to someone contacting us
- Simplify review processes
- Introduce a performance framework to continually measure improvement
- Work closely with data and compliance team to review and cleanse the list of overdue reviews

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- Our pathways will be clear and easy to navigate
- Reduction in front end waiting lists
- Eliminate waiting lists for assessments

**What evidence do we have to support this?**

**Recommendation: 13**

The partnership should ensure that:

- people who use services have a comprehensive, up-to-date assessment and review of their needs which reflects their views and the views of the professionals involved
- people who use services have a comprehensive care plan, which includes anticipatory planning where relevant
- relevant records should contain a chronology
- allocation of work following referral, assessment, care planning and review are all completed within agreed timescales

**Executive Lead:**

Tom Cowan – Head of Operations

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

In line with our implementation of Three Conversations, we will provide a clear and comprehensive process and engagement strategy for the assessments and review of people's needs that is proportionate to need and complexity.

**Aligned to Quality Indicators:**

- 1 – Key performance outcomes
- 5 – Delivery of key processes

**Targets****1 year: By December 2019 we will:****Under the umbrella of Three Conversations we will**

- Review and streamline the assessment process and documentation
- Review the process of engagement with stakeholders
- Ensure chronologies are determined by the complexity of individual care plans

**3 years: By December 2021**

Assessments and care planning will be part of the Three Conversations approach

**5 years: By December 2023**

All people that use our services will have access to a level of resource and support proportionate to their needs, with a good standard of assessment, care planning and review.

**How will we do it?**

- Review as part of recommendation 12
- Use the principles of building on individual assessments
- Develop a new protocol to streamline the process for assessment, review and care planning under the 3 conversations model

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**  
**(Measures: process, outcome and balancing)**

- Our pathways will be clear and easy to navigate
- Reduction in front end waiting lists
- Chronologies proportionate to the level of complexity

**What evidence do we have to support this?**

**Recommendation: 14**

The Partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing maintained.

**Executive Lead:**

Tom Cowan – Head of Operations

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

Our processes for managing risk are effective to ensure the safety of our service users

**Aligned to Quality Indicators:**

5.3 - Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks

**Targets****1 year: By December 2019 we will:**

- streamline the process for tracking and monitoring IRDs
- continue the development of a programme of ASP training at level 1,2,3 and 4
- progress with health participation in IRDs
- ensure health participation in all IRDs (conversations and recording) standard by end 2019
- ensure all APCC plans are SMART
- recognise the 'Duty to Inquire' stage as a formal assessment
- move the Complex Risk Assessment to a more person centred asset based Safety Assessment
- ensure all staff who take lead in adult protection investigations are offered appropriate level of support

**3 years: By December 2021**

- We will be confident that our systems and processes are robust enough to provide assurance that the users are services are safe and where risk is a concern, people are assessed appropriately

**5 years: By December 2023**

- Good quality and appropriate risk assessments and robust risk management plans informed by relevant partners will be evidenced in continuous improvement business as usual to ensure older people are protected from harm

**How will we do it?**

- The Senior Manager for Regulation and Compliance (Safer and Stronger Communities) will lead on a programme of improvement work to address the identified priorities



**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**  
**(Measures: process, outcome and balancing)**

**What evidence do we have to support this?**

**Recommendation: 15**

**The Partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services**

**Executive Lead:**

Tom Cowan – Head of Operations

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

We are committed to enabling citizens of Edinburgh to live their own chosen life independently with the right resources and support. We aim to implement Three Conversations which will promote greater choice for people and will ensure staff in all settings are confident about discussing self-directed support.

**Aligned to Quality Indicators:**

2 – Getting help at the right time

7.3 – Training, development and support

**Targets****1 year: By December 2019**

- Introduction of clear guidance for staff, articulating the intent and core principles of self-directed support, as well as revised step by step processes.
- Re-introduction of Resource Allocation System (RAS) to enable assessors to discuss the indicative budget with citizens to support the co-production of support plans to meet identified outcomes
- Staff and multi-agency training workshops developed, including the introduction of Three Conversations approach through several innovation sites and the roll out of Good Conversations skills based training to all staff who will be involved in assessing
- Improvement targets set to increase use of Options 1 and 2, and performance measures established
- Continued roll out of access to SDS for carers

**3 years: By December 2021**

- A catalogue of “stories of difference” to support workers to be more creative in their approach to support planning
- Demonstrated qualitative improvements in practice which will be supported by the roll out of the 3 conversation model, to be introduced in 2019
- Demonstrate senior management support through creative solutions decision making

**5 years: By December 2023**

- Have a fully embedded culture which meets our Aim Statement.

**How will we do it?**

- Working with Partners for Change to introduce the 3 Conversation Approach
- Introducing workers handbook providing clear guidance for SDS practice, which will increase worker confidence
- Roll out training workshops to support SDS quality practice

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**

**(Measures: process, outcome and balancing)**

- Increased proportion of people in receipt of support services using Options 1 and 2
- Implementation of RAS and working with individuals to use their budgets creatively
- Variety of “stories of difference”
- Staff satisfaction surveys

**What evidence do we have to support this?**

- Tools introduced with 3 Conversation Model will measure and evidence success, as demonstrated in other authorities with whom they have worked

## Recommendation: 16

The Partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient capacity and ensure a suitable skills mix that delivers high quality services for older people and their carers.

### Executive Lead:

Pat Wynne – Chief Nurse

### Last Update:

Jan 2019

### Update Frequency:

3 monthly

### Target Stage:

**1 Year** 3 Years 5 Years

### Aim Statement

Develop a flexible and sustainable workforce across EHSCP by improving staff development opportunities and by investing in staff health and well being

### Aligned to Quality Indicators:

6.4 – Involving individuals who use services, carers and other stakeholders

7 – Management and support of staff

9.3 - Leadership of people across the partnership

### Targets

#### 1 year: By December 2019

- Develop a baseline workforce development plan using a six step methodology
- Develop an integrated framework for education and training
- Engage with national apprenticeship scheme for caring roles
- Improve engagement with all stakeholder (staff, partnership and 3<sup>rd</sup>, independent and voluntary sector organisations) in the development of workforce model
- Work in partnership with the newly established Quality Assurance Hub (recommendation 8)

#### 3 years: By December 2021

- We will continue to use the workforce development pan to further strengthen our workforce
- We will have a well established partnership employee health and wellbeing strategy

#### 5 years: By December 2023

- We will have a fully developed workforce to deliver a high standard of care across all services in EHSCP

### How will we do it?

- Workforce plan to be overseen by EHSCP workforce development group
- Recruit 17 modern apprentices to work in caring roles across EHSCP
- Promote the health and wellbeing of staff to help stabilise the current workforce
- Succession planning
- Transform role – identify skill mix across all professions
- Review processes for recruitment

- Proactively manage sickness absence across all services
- Move to a single framework (iMatters) to measure staff satisfaction

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?**  
**(Measures: process, outcome and balancing)**

- Reduction in absence rates
- Measure against a standard that all posts will be filled within 10 weeks
- Reduction in vacancy rate to <5% across all sectors
- Staff surveys will indicate staff are more confident and competent
- Our workforce remains with us and more people want to work in the Partnership

**What evidence do we have to support this?**

**Recommendation: 17**

**The Partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model**

**Executive Lead:**

Tom Cowan – Head of Operations

**Last Update:**

Jan 2019

**Update Frequency:**

3 monthly

**Target Stage:**

**1 Year** 3 Years 5 Years

**Aim Statement**

Support organisations to develop volunteering networks and thereby building community capacity that supports early intervention and links with Recommendation 2. Our aim is to support community capacity and sustainable communities that support people through the implementation of Three Conversations

**Aligned to Quality Indicators:****8 – Partnership working****Targets****1 year: By December 2019**

- Review existing city wide volunteering structures and networks
- Build a robust relationship with our 3<sup>rd</sup> Sector partners that supports community capacity building
- Agree the approach to produce a revised community group set up to align with Edinburgh volunteering strategy and maximise volunteer participation and retention

**3 years: By December 2021**

- Implement the EHSCP elements to the Edinburgh Volunteer Strategy

**5 years: By December 2023**

- Well established volunteer network across all services in EHSCP that supports our strategic aims

**How will we do it?**

- Engage through the delivery group set up by volunteer Edinburgh
- Start work on reviewing the existing structures

**How will we know that change has led to an improvement / how will we know we have achieved what we set out to do?****(Measures: process, outcome and balancing)**

- Increase in the number of volunteers, their satisfaction and retention

**What evidence do we have to support this?**

# Report

## Update on the 2019 Health and Social Care Grants Programme

### Edinburgh Integration Joint Board

24 May 2019

#### Executive Summary

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1. The purpose of this report is to update the board on the health and social care grant review. Specifically, the transition funding of £200k now delegated by the Council and the £100k innovation fund.
2. Any member wishing additional information on the detail of this paper should contact the author in advance of the meeting.

#### Recommendations

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3. The Integration Joint Board is asked to agree:
  - a) That the £200k to support transition agreed by the Council is allocated to 25 organisations on a pro rata basis as per appendix 2;
  - b) The delegation of decisions on any remaining contingency to the Chief Officer in consultation with the Chair and Vice Chair; and
  - c) To delegate authority to the Chief Officer to institute the process for the innovation fund and to issue grants in line with the recommendations of the awards panel.

#### Background

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4. On 14th December 2018 the Integration Joint Board (IJB) agreed a series of grant awards totalling £14.1m over a three year period. This process was significantly over subscribed and attracted a total of 152 applications requesting funding of £31m over three years. The grant process carried out was recognised to be both thorough and robust but the sheer number of applications meant there were a number of unsuccessful organisations who had previously received funding.
5. On 21st February 2019, the City of Edinburgh Council (the Council) agreed to provide funding of £200k to provide additional transitional support for those



organisations and agreed that a report would be considered at the Corporate Policy and Strategy Committee (CP&SC) on 14<sup>th</sup> May 2019.

6. When agreeing the grant programme in December 2018, the IJB agreed that the Chief Officer should work with those organisations that had previously received funding but were unsuccessful in their application, to ensure that service users facing a loss of service were offered appropriate alternative support. Reflecting the potential requirement to have some transition funding available the IJB did not agree to proceed with the innovation fund, meaning that up to £100k was available to resource these efforts. The Board agreed at its meeting in March to keep this under review pending the Council's decision on its transition funding discussed above.

## Main report

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### Transition funding (£200k)

7. In agreeing its budget for 2019/20 the City of Edinburgh Council made *“£200k available as transitional funding for organisations facing the greatest impacts following the loss of EIJG grant funding. The administration will bring forward a report to Corporate Policy and Strategy to identify how this can be best prioritised.”* The committee meeting was subsequently held on 14th May 2019 and members were presented 2 options to distribute the funding:
  - a) Provide funding to the IJB to aid their transitional support; or
  - b) Provide funding via the neighbourhood networks.
8. Following a vote option (a) above was preferred, largely on the basis of the time it would take to distribute the monies via the, yet to be fully established, neighbourhood networks.
9. In total 31 organisations who made 33 applications fell into the category of previous grant recipients unsuccessful under the new process. It should be noted that this includes 2 organisations who submitted late applications. Of these 31 organisations, 6 who provide services for carers have since been offered one year funding. This was sourced from slippage on the carers act monies, pending the agreement of the implementation plan for the carer's strategy. Thus the 25 remaining organisations are eligible for a share of the £200k transition funding.
10. After the decision from the CP&SC, representatives from the grant review steering group met to consider how best to distribute the money. A structured approach was taken, a long list of options was identified and reviewed against a set of weighted criteria agreed by the group. The preferred option identified is to distribute the £200k transition funding to all 25 eligible organisations based on the relative level of their previous grants. Appendix 1 gives more detail on the process and appendix 2 lists the resultant allocation for each organisation.



11. If this approach is supported, officers will move to implement immediately and it is anticipated that payments will be by the end of June at the latest. Where an organisation, for whatever reason, indicates that the funding is not required the equivalent sum will be placed in a contingency fund. In order to support timely decision making it is recommended that decisions on the use of any contingency created in this way is delegated to the Chief Officer in consultation with the Chair and Vice Chair.

### **Innovation fund (£100k)**

12. The programme agreed by the IJB in August 2018 included an “innovation fund” of £100k p.a. to support creative and original ideas which may have less of a track record. Reflecting the potential requirement to have some transition funding available the IJB did not agree to proceed with the innovation fund when it considered the recommendations of the grants review in December 2018.
13. Now that an alternative source of transition funding has been identified, and the appetite remains for a relatively modest investment to support innovation, it is recommended that the work to scope the innovation fund is restarted. A sub group had been established, under the leadership of Stephanie-Anne Harris, the Strategic Development Manager of the Edinburgh Community Health Forum. This sub group had agreed the outline of a process commensurate with the level of funding available and had started to develop associated guidance notes. If agreed this work will be resurrected with a view to opening the fund for applications in the late summer/early autumn. It is recommended that the IJB delegate authority to the Chief Officer to run the process and award grants as recommended by the awards panel.

### **Key risks**

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14. Sustainability of 3rd sector organisations and the consequence of any disinvestment on services was identified as one of the 3 key risks at the start of the grant review. As discussed above, 31 organisations who previously received a health and social care grant were not awarded funding. Of these, 6 have since secured 1 year funding from the carers strategy. The approach set out in this paper will see each of the 25 remaining organisations receive a share of the £200k transition funding which contribute towards mitigating the impacts outlined in the integrated impact assessment.
15. Although the preferred option to distribute the funds was reached on the basis of set criteria there is a risk that the some 3<sup>rd</sup> sector organisations would support a different allocation methodology.

### **Financial implications**

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16. There are no direct financial implications arising from the report.

## Implications for directions

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17. There are no direct implications for directions arising from the report.

## Equalities implications

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18. An initial integrated impact assessment was undertaken in respect of the grants review, which identified both equality and sustainability implications. A follow up IIA, based on the recommendations of the review, was produced and reported to the board in March 2019.

## Sustainability implications

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19. As above.

## Involving people

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20. The priorities within our strategic plan and the outcomes in the Locality Improvement Plans have already been the subject of public consultation. The priorities within the outline strategic commissioning plans will form the basis of the 2019 strategic plan and be subject to public consultation in 2019.
21. Grant applications included details of the engagement undertaken with citizens as part of the evidence that there is a need for the service/project.

## Impact on plans of other parties

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22. As above.

## Background reading/references

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Grants review – report to the EIJB in August 2018

Grants review interim report – report to the EIJB in May 2018

Grants review, scope, methodology and timescales – report to the EIJB November 2017

Review of grant programmes – report to the EIJB September 2017

Grant review recommendations – report to the EIJB December 2018

Grant review update – report to the EIJB in March 2019

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Moira Pringle, Chief Finance Officer

E-mail: [moira.pringle@nhslothian.scot.nhs.uk](mailto:moira.pringle@nhslothian.scot.nhs.uk) | Tel: 0131 469 3867

## Appendices

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<b>Appendix 1</b>	2019 Edinburgh health and social care grant programme – transition funding option appraisal
<b>Appendix 2</b>	2019 Edinburgh health and social care grant programme – recommended transition funding awards

## EDINBURGH HEALTH AND SOCIAL CARE GRANT PROGRAMME TRANSITION FUNDING OPTION APPRAISAL

On 16th May 2018, representatives from the grant review steering group carried out a high level option appraisal to identify a preferred methodology for distribution the £200k transition funding to organisations previously but no longer funded through the health and social care grants programme.

A summary of this process and the consequent recommendations are set out below.

### Long list of options

7 potential options for allocating the funding were identified:

Option	Description
1. Allocate on an agreed basis:	
a. Equal amount for each organisation	Each organisation would receive £8,000, irrespective of size of original grant award
b. Pro rata based on existing funding level	Organisations would receive a percentage split based on the relative size of their previous grant. For every previous £1 of grant, the transition funding awarded would be 12.85p, roughly 1/8 <sup>th</sup> of the original award.
c. Geographic split, recognising localities and city wide services	Allocating the monies to 5 “pots”: 4 x localities and 1 city wide. Subsequently process to distribute to organisations.
d. Themed	Identify and synergies between organisations’ proposed use of funding and collectively procure appropriate support (e.g. fundraising).
2. Target gaps identified via the integrated impact assessment (IIA)	Use the IIA to identify the areas of greatest need/priority with subsequent process to distribute to appropriate organisations.
3. Base on the original process	Allocate funding to organisations which scored most highly.
4. Develop a specific process to allocate this funding	Design a process and seek specific bids.

## Objectives

The group agreed 3 objectives or criteria against which each of the long listed options was assessed. These were weighted to reflect their relative importance, the most pressing of which was considered to be being able to distribute the funding as quickly as possible.

Criteria	Description	Weight
Speed	Taking account of the time it is likely to take to issue the funding.	60
Transition	Extent to which the money could be guaranteed to support transition of services and/or organisations.	20
Gaps	Degree to which investment would align with the issues identified in the integrated impact assessment (IIA).	20

## Initial assessment of options

To narrow down the long list the group assessed the extent to which each option met the agreed criteria: wholly (✓); partially (-); or not at all (x).

The outcome is summarised below:

Option	Criteria/objectives		
	Speed 60%	Transition 20%	Gaps 20%
1. Allocate on an agreed basis:			
a. Equal amount for each organisation	✓	—	—
b. Pro rata based on existing funding level	✓	—	—
c. Geographic split	—	—	—
d. Themed	—	✓	✓
2. Target gaps identified via the IIA	—	✓	✓
3. Base on the original process	✓	x	x
4. Develop a specific process to allocate this funding	x	✓	✓

### Short list of options

3 of the options (1a, 1b and 3) fully met the most important objective (speed). Option 3 however had no alignment with either of the other 2 objectives. On this basis, and although not the options with most “ticks”, options 1a and 1b were carried forward to the short list. This was on the basis of best fit with the identified objectives.

These 2 options were then scored (out of 10) to identify a preferred way forward. The outcome is summarised below:

Option	Speed 60%	Transition 20%	Gaps 20%	Total
1. Allocate on an agreed basis:				
a. Equal amount for each organisation	10	2	2	14
b. Pro rata based on existing funding level	10	5	5	20

### Preferred option

Thus with the higher score, the preferred option is **1b – pro rate the available funding across all eligible organisations.**

**EDINBURGH HEALTH AND SOCIAL CARE GRANT PROGRAMME**  
**RECOMMENDED TRANSITION FUNDING AWARDS**

Organisation	2018/19 grant	Allocation of transition budget
	£	£
Almond Mains Initiative	37,532	4,821
Bingham & District 50+ Project	9,116	1,171
Carr Gomm	27,733	3,562
City of Edinburgh Council	27,160	3,489
Community Ability Network	92,765	11,916
Corstorphine Community Centre	6,711	862
Drylaw Telford Community Association	43,746	5,619
Edinburgh & Lothians Greenspace Trust	108,308	13,912
Edinburgh Chinese Elderly Support Association	77,814	9,995
Edinburgh Voluntary Organisations' Council	313,240	40,236
Epilepsy Scotland	7,357	945
EVOC on behalf of LOOPS Communities Consortium	196,145	25,195
Forever Young Club	26,120	3,355
Muirhouse Millennium Centre	47,474	6,098
Nari Kallyan Shango (NKS)	38,206	4,908
Northfield & Willowbrae Community Service	14,300	1,837
Pakistan Society Advice & Information Services Ltd	34,200	4,393
Pilton Community Health Project	229,379	29,464
Pilton Equalities Project	75,901	9,750
Saheliya	18,476	2,373
The Alma Project	28,800	3,699
The Church of Scotland Social Care Council (CrossReach)	9,094	1,168
The Junction	22,175	2,848
Volunteer Centre Edinburgh	25,715	3,303
WHALE Arts	39,537	5,079
<b>Total value</b>	<b>1,557,004</b>	<b>200,000</b>

# Report

## Standing Orders – Annual Review

### Edinburgh Integration Joint Board

24 May 2019



#### Executive Summary

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1. The current version of the Integration Joint Board's Standing Orders was approved in July 2015, with further amendments approved by the Joint Board to reflect Scottish Ministers' guidance in January 2016, May 2016 and January 2017.
2. In January 2017, the Joint Board established an annual review process for Standing Orders. No changes were made when the Standing Orders were last reviewed in May 2018.
3. This report proposes changes to the Standing Orders relating to substitutions, motions and amendments, a register of attendance and changing a decision of the Joint Board within six months.

#### Recommendations

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4. To repeal the existing Standing Orders of the Integration Joint Board and approve in its place those attached at appendix 1, such repeal and approval to take effect from 25 May 2019.
5. To note that the next annual review of Standing Orders will be presented to the IJB in May 2020.

#### Background

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6. Standing Orders are required by the Integration Joint Board 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").
7. Existing Standing Orders were jointly produced between NHS Lothian and the City of Edinburgh Council with consultation taking place with the other Lothian Councils. Further amendments have been made to reflect Scottish Ministers' guidance.
8. The proposed changes to the Standing Orders are within the gift of the Joint Board. More substantial changes may require a review of the Integration Scheme between the City of Edinburgh Council and NHS Lothian.



## Main report

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9. The Standing Orders encourage transparent and accountable decision making with sufficient provisions in place to ensure the smooth running of the Joint Board, including arrangements for such matters as the chairing of the meetings, the notice for the meetings and how voting will be carried out.
10. The following amendments to the Standing Orders are proposed:

### Attendance at Joint Board meetings

11. Standing Order 1.7 proposes establishing a process to be implemented in the event of a member's failure to attend three consecutive meetings of the Joint Board.

### Motions and amendments

12. The Standing Orders include a revised terminology for motions and amendments, and introduces a deadline for their submission to the Clerk.

### Changing a decision

13. It is proposed to remove the Standing Order which prevents the changing of a decision by the Joint Board within six months, to allow greater flexibility for the Joint Board.

## Key risks

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14. Standing Orders are essential to the efficient running of the Board's meetings and are a key component of ensuring good governance controls are in place.

## Financial implications

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15. None.

## Implications for Directions

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16. None.

## Equalities implications

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17. None.

## Sustainability implications

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18. None.

## Involving people

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19. N/A

## Impact on plans of other parties

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

## Background reading/references

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- 21. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- 22. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
- 23. [Integration Scheme](#)

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Jamie Macrae, Committee Officer

E-mail: [jamie.macrae@edinburgh.gov.uk](mailto:jamie.macrae@edinburgh.gov.uk) | Tel: 0131 553 8242

## Appendices

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<b>Appendix 1</b>	Standing Orders for the Proceedings and Business of the Integration Joint Board
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**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 ~~18-24~~ May ~~2018-2019~~ to take effect from ~~19-25~~ May ~~2018~~2019.

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.
- 1.7 Failure of a member to attend three consecutive meetings of the Integration Joint Board will result in the Chair writing to that member to establish the reasons for

their absence. A report may then be prepared for the Integration Joint Board to consider whether that member should be replaced.

## **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-proposal 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-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.

## Standing Orders for the IJB – May 2019

- 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	<p>Days excluded from the calculation of clear days:</p> <ul style="list-style-type: none"><li>✓ The day the notice is sent</li><li>✓ The day of the meeting</li><li>✓ Weekends</li><li>✓ Public holidays</li></ul> <p>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.</p>
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- 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-proposal (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 Deputations**

- 8.1 Deputation requests must be submitted to the clerk by 5pm two days before the meeting takes place.
- 8.2 Deputations should only be accepted from an office bearer or spokesperson of an organisation or group.
- 8.3 The Chair has the discretion to waive the requirements in paragraphs 8.1 and 8.2 if they feel it is appropriate.
- 8.4 Deputations must relate to an agenda item being considered at that meeting.
- 8.5 The Integration Joint Board or committee will be asked whether they wish to hear the deputation but must not discuss the merits of the case itself. If necessary a vote will be taken without discussion on whether to hear the deputation or not.
- 8.6 Deputations should be allowed 10 minutes to present their case, although this can be reduced by the chair, if there is more than one deputation on the same subject. Following their deputation, questions are permitted from members.
- 8.7 Following questions the deputation will be asked to retire to the public seating area to watch the debate and decision on the matter. The deputation should not take any part in the debate or the discussion of the relevant item.

## **9 Adjournment**

- 9.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. Any voting member may propose the adjournment of Aa meeting of the Integration Joint Board, or of a committee of

the Integration Joint Board. This proposal shall be moved and seconded and put to the meeting without discussion. ~~, 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 proposal is supported by a majority of voting members, the meeting shall be adjourned to such day, time and place as may be specified in the motionproposal.

## 10 Voting and Debate

- 10.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 10.2-10.10 would not need to be used.
- 10.2 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.
- 10.3 Any voting member may ~~move a motion~~ submit a proposal for the agreement of the Integration Joint Board, provided that it relates to a subject on the agenda. 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. This should be submitted in writing to the Clerk by 2pm on the day before the meeting and will require ~~Every motion or amendment is required~~ to be moved and seconded.
- 10.4 Any voting member may second the motionproposal and may reserve his/her speech for a later period of the debate.
- 10.5 Once a motionproposal has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.
- 10.6 Where a vote is being taken, except for the mover of the original motionproposal, no other speaker may speak more than once in the same discussion.
- 10.7 After debate, the mover of any original motionproposal 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.
- 10.8 A motionproposal 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 motionproposal, an adjournment of any debate shall be to the next meeting.



- 10.9 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 10.
- 10.10 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.

## ~~11~~ **Changing a Decision**

~~11.1 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:~~

~~11.1.1 The Chair rules there has been a material change of circumstance: or~~

~~11.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.~~

## ~~12~~11 **Minutes**

~~12~~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.

~~12~~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.

## ~~13~~12 **Matters Reserved for the Integration Joint Board**

### Standing Orders

~~13~~12.1 The Integration Joint Board shall approve its Standing Orders.

### Committees

~~43~~12.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.

~~43~~12.3 The Integration Joint Board shall appoint all committee members, as well as the chair of any committees.

#### Values

~~43~~12.4 The Integration Joint Board shall approve organisational values, should it elect to formally define these.

#### Strategic Planning

~~43~~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).

~~43~~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](#)).

~~43~~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

~~43~~12.8 The Integration Joint Board shall approve its Risk Management Policy.

~~43~~12.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

#### Health & Safety

~~43~~12.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

#### Finance

~~43~~12.11 The Integration Joint Board shall approve its annual financial statement ([Section 39](#)).

~~43~~12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.

**4312.13** The Integration Joint Board shall approve its annual accounts.

**4312.14** 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

**4312.15** The Integration Joint Board shall approve the content, format, and frequency of performance reporting.

**4312.16** The Integration Joint Board shall approve its performance report ([Section 43](#)) for the reporting year.

#### **4413 Integration Joint Board Members – Ethical Conduct**

**4413.1** 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.

**4413.2** Substitutes, of both voting and non-voting members, should be aware of the Integration Joint Board's Code of Conduct and should ensure that they comply with its requirements and the duties it places on members.

**4413.3** The Clerk shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.

**4413.4** Members and substitutes 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.

**4413.5** 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.

**1514 Committees and Working Groups**

**1514.1** 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.

**1514.2** The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.

**1514.3** The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required.

**1514.4** Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.

**1514.5** 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.

**1514.6** 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.

**1514.7** 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.

**1615 Urgent Decisions**

**1615.1** If a decision, which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair and Vice-Chair, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board or committee.

# Report

## **Appointments to the Edinburgh Integration Joint Board and Strategic Planning Group**

### **Edinburgh Integration Joint Board**

24 May 2019



### **Executive Summary**

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1. This report notifies the Joint Board that NHS Lothian and the City of Edinburgh Council have nominated a Chairperson and Vice-Chairperson, respectively, to take their positions when the current terms of office expire.
2. The Joint Board is also notified of recent changes to the City of Edinburgh Council membership of the Joint Board, the forthcoming replacement of an NHS Lothian member, and the reappointment of a non-voting member of the Joint Board.

### **Recommendations**

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3. The Integration Joint Board is asked to:
  - i. Note that the NHS Lothian Board, at its meeting of 5 December 2018, agreed to appoint Angus McCann as the lead NHS voting member of the Joint Board with effect from 27 June 2019, and consequently, that he would become the Chair of the Joint Board from that date.
  - ii. Note that the City of Edinburgh Council, at its meeting of 2 May 2019, agreed to appoint Councillor Ricky Henderson as Vice-Chair of the Joint Board, with effect from 27 June 2019.
  - iii. Note that Councillor Ricky Henderson will take up the position of Chair of the Strategic Planning Group, and Angus McCann the Vice-Chair, with effect from 27 June 2019.
  - iv. Note that the NHS Lothian Board has appointed Peter Murray to replace Carolyn Hirst as a voting member of the Joint Board, with effect from 27 June 2019.
  - v. Note the resignation of Councillor Ian Campbell and the appointment by the City of Edinburgh Council, at its meeting of 7 February 2019, of

Councillor George Gordon as his replacement as a voting member of the Joint Board.

- vi. Note the resignations of Sandra Blake, Carole Macartney and Alison Robertson as non-voting members of the Joint Board, and the proposed recruitment process for appointing to these vacancies.
- vii. Approve the reappointment of Colin Beck as a non-voting member of the Joint Board, in his capacity as Co-Chair of the Professional Advisory Group, with effect from June 2019.

## Background

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- 4. Under Section 3.2 of the Edinburgh Integration Joint Board's Integration Scheme, the term of office for the chairperson and vice-chairperson is two years. The right to appoint the chairperson and vice-chairperson alternates between each of the Parties (NHS Lothian and the City of Edinburgh Council) on a two-year cycle.
- 5. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.
- 6. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.

## Main report

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### Appointments to the Joint Board

- 7. The NHS Lothian Board, at its meeting of 5 December 2018, agreed to appoint Angus McCann as the Chair of the Joint Board, with effect from 27 June 2019, replacing Councillor Ricky Henderson. The City of Edinburgh Council, at its meeting of 2 May 2019, agreed to appoint Councillor Ricky Henderson as Vice-Chair of the Joint Board, replacing Carolyn Hirst, with effect from 27 June 2019.
- 8. The NHS Lothian Board has also appointed Peter Murray to replace Carolyn Hirst as a voting member of the Joint Board, with effect from 27 June 2019.
- 9. The Council had previously, at its meeting of 7 February 2019, appointed Councillor George Gordon to replace Councillor Ian Campbell as a voting member of the Joint Board.

10. As Co-Chair of the Professional Advisory Group, Colin Beck was appointed as a non-voting member in June 2016. This term of office expires in June 2019, so approval is sought to reappoint Colin Beck for a further three years.
11. Sandra Blake resigned from her position as a carer representative on the Joint Board in December 2018, and both service user representatives, Carole Macartney and Alison Robertson, resigned in April 2019, leaving three vacancies in the non-voting membership of the Joint Board.
12. It is proposed that a recruitment exercise will run for six weeks and will be advertised through a range of communication channels including the Council and NHS websites, Twitter, EVOC noticeboards and newsletters. Interested individuals should note an expression of interest and full details on how they do that will be included within the recruitment pack for the carer / service user representative. At the end of the six weeks, any expressions of interests will be assessed against the role profile, shortlisted accordingly and invited to an interview with members of the Joint Board.

### **Strategic Planning Group**

13. The terms of reference for the Strategic Planning Group, approved by the Joint Board in May 2016, require that the Vice-Chair of the Joint Board be appointed as Chair of the Strategic Planning Group, and the Chair of the Joint Board be appointed as Vice-Chair of the Strategic Planning Group. Councillor Ricky Henderson is therefore appointed as Chair of the Strategic Planning Group, and Angus McCann as Vice-Chair.

### **Key risks**

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14. Failure to appoint Joint Board members and members of the Strategic Planning Group would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

### **Financial implications**

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15. None.

### **Implications for Directions**

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16. None.

## Equalities implications

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17. None.

## Sustainability implications

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18. None.

## Involving people

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19. Full consultation with the relevant members has taken place.

## Impact on plans of other parties

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20. None.

## Background reading/references

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- 21. [City of Edinburgh Council Webcast, 7 February 2019](#)
- 22. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- 23. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
- 24. [Integration Scheme](#)

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Jamie Macrae, Committee Services

E-mail: [jamie.macrae@edinburgh.gov.uk](mailto:jamie.macrae@edinburgh.gov.uk) | Tel: 0131 553 8242





# Report

## Calendar of Meetings

### Edinburgh Integration Joint Board

24 May 2019

#### Executive Summary

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1. Standing Orders require the Edinburgh Integration Joint Board (EIJB) to agree its calendar of meetings. The current schedule runs from August 2018 to August 2019.
2. This report proposes dates for EIJB meetings until December 2020.

#### Recommendations

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3. The Edinburgh Integration Joint Board is asked to:
  - a. agree the proposed schedule of meetings for the EIJB until December 2020;
  - b. agree the proposed schedule of meetings for the EIJB development sessions until December 2020; and
  - c. Agree that webcasting will continue utilising the mobile unit which is available allowing the EIJB to meet in a more diverse range of settings across the City.

#### Background

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4. The current schedule of meetings from August 2018 to August 2019 was agreed by the EIJB on 18 May 2018.
5. A calendar of meetings report went to the EIJB on 29 March 2019 and an amendment was submitted by Councillor Webber requesting that:
  - a. Webcasting should continue due to the important role web casting of the meetings plays in public involvement.

- b. The proposed schedule would make it impossible to webcast formal meetings and causes timetabling clashes.
  - c. Turnover of elected members on the EIJB has been a significant risk and it was important to have a stable membership and it is put at risk where members cannot attend on a regular basis.
- 6. The amendment submitted instructed officers to:
  - a. Continue with existing arrangements for formal EIJB meetings to ensure webcasting is possible.
  - b. Present a revised calendar to December 2020 within one cycle to the EIJB taking cognisance of NHS Lothian and Council committee schedules and relevant national meetings scheduled, ensuring that formal meetings continue to be webcast and members are able to attend meeting.
- 7. There was a full discussion at the EIJB on 29 March regarding the meeting dates and it was agreed that a revised report would come back to the next meeting taking into account the views raised at the meeting. The report should also include detailed costings associated with webcasting and clerking services.

## Main report

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- 8. Taking into account the discussion at the EIJB on 29 March 2019, some of the Board dates or development session with the exception of two have been changed by a week or two to avoid both Governance, Risk or Best Value Committee (GRBV) or Corporate Policy and Strategy which are held in the morning of some of the previous dates to allow for any run over of either of those committees into the afternoon.
- 9. Taking account of the Council and NHS committee cycle. It is proposed that the EIJB dates from August 2019 are as follows:
  - a. Tuesday 20 August from 10.00 – 13.00
  - b. Tuesday 03 September from 10.00 – 13.00 (annual accounts only)
  - c. Tuesday 22 October from 10.00 - 13.00
  - d. Tuesday 10 December from 10.00 - 13.00
  - e. Tuesday 4 February from 10.00 - 13.00
  - f. Tuesday 28 April from 10.00 - 13.00
  - g. Tuesday 16 June from 10.00 - 13.00

- h. Tuesday 28 August from 10.00 - 13.00
  - i. Tuesday 22 September from 10.00 – 13.00 (annual accounts only)
  - j. Tuesday 27 October from 10.00 – 13.00
  - k. Tuesday 15 December from 10.00 – 13.00
10. It is proposed that the EIJB development sessions from August 2019 are as follows:
- a. Tuesday 03 September from 10.00 – 13.00
  - b. Tuesday 19 November from 10.00 – 13.00
  - c. Thursday 16 January from 10.00 – 13.00
  - d. Tuesday 21 January from 10.00 – 13.00
  - e. Tuesday 28 January from 10.00 – 13.00
  - f. Tuesday 03 March from 10.00 – 13.00
  - g. Tuesday 19 May from 10.00 – 13.00
  - h. Tuesday 22 September from 10.00 – 13.00
  - i. Tuesday 24 November from 10.00 – 13.00
11. As the annual accounts require to be signed off by the EIJB in September, it is recommended that this business item is heard at the beginning of the September development session and this is noted above.
12. It will be noted that the dates of the meetings see the EIJB moving to meeting on a Tuesday rather than a Friday. The rationale for the change of day supports the EIJB and its officers in managing the communication messages which arise from the significant decisions the EIJB makes as a Public Body. It can be challenging to proactively manage communications with key stakeholders, staff and communities over the days of the weekend which follow EIJB meetings.
13. Generally, few if any Council and Health Boards across Scotland hold formal meetings on a Friday. Given this is the case, a number of significant and influential policy organisations relating to Public Bodies do meet on a Friday to correspond to this. These include: CoSLA, SOLACE, Health and Social Care Scotland, EIJB Chairs and Vice Chairs meetings. At times over the year and because of the clash with EIJB meetings, the Edinburgh perspective has not been represented at these meetings. Having reviewed all Scottish Integration Boards, only two of the other 31 Integration Boards meet on a Friday.

14. The current arrangement and location of the EIJB meetings and development sessions have been suggested as reinforcing an over-formality in the conduct of business and give a perception that the EIJB is a Council committee rather than a very different, autonomous body. Therefore, it is proposed that EIJB and development sessions are, where possible held out-with the Council Chambers in a more diverse range of venues across the city. Potentially this enables better visibility of the Board to the people, communities and staff served by and working in the broader partnership.
15. Work has been done to identify venues where the EIJB and development sessions can be held. It is proposed that the EIJB and development sessions rotate between the following venues: the Eric Liddle Centre, 15 Morningside Road and the City of Edinburgh Methodist Church, 25 Nicholson Square. However, there may occasions where alternative venues have be used due to availability but this will be minimised as far as possible. These have been provisionally secured for the board meetings in August (Eric Liddle Centre) and October (City of Edinburgh Methodist Church).
16. To take into account the discussion regarding webcasting at the last meeting on 29 March 2019, it was recognised that that webcasting of meetings should continue. As part of the Council's contract with the current webcast provider Public-i there is an option to utilise mobile webcasting, which will be an initial cost of £1000 and a recurring annual cost of £8500. The EIJB currently pay an annual cost of £1200 for webcasting in the City Chambers. A mobile solution will give us the ability to meet in community settings, raise the profile, visibility and work of the EIJB in communities. This also gives the opportunity to webcast other events both for staff (town hall events, staff sessions etc) and service users.
17. Public-i also offer an connect anywhere option which also provides live mobile broadcasting using a web-based application and runs with existing hardware (laptop, camera and audio) and streamed through an internet connection. Costs are being sought for this option however because there is no significant cost for hardware it is anticipated this will be less than £8500 per year. There are other web casting providers. Other options also include the use of Youtube live or alternatively a microphone only system could be used to provide audio only. All options would provide allow the EIJB to meet out with the Council Chambers.
18. Where it is necessary, the Chair can call special EIJB meetings and these dates take account of the Council recess periods.

## Key risks

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19. Due to the amount of business being managed at the EIJB, there is a risk that the meeting frequency is insufficient. However, with the introduction of the subcommittees as suggested in the Good Governance Institute (GGI) paper that was agreed at EIJB on 14 December 2018, this should ensure the right level of business is going to the EIJB for scrutiny.

## Financial implications

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20. If the EIJB want to utilise the full mobile webcasting with Public-i, this will cost £8500 per year, however the EIJB currently pays £1200 per year for the current webcasting provision. Costs are also being sought for one of the other Public-i options that still offers webcasting, but with less hardware costs. If the EIJB decide to move from the Council Chambers, a suitable solution will be sourced that will be cost effective and covered within existing budgets. There are real community benefits to having the EIJB meeting in different community settings.
21. The EIJB pays Committee Services a budget of £45,000 per year to provide clerking responsibilities for the EIJB, sub groups, committees and agenda planning meetings as well as publication and distribution of agenda, minutes and report, legislative advice and governance support.

## Implications for Directions

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22. There are no implications for directions arising from this report.

## Equalities implications

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23. There are no equalities implications arising from this report.

## Sustainability implications

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24. There are no sustainability implications arising from this report.

## Involving people

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25. All relevant parties have been consulted on the proposed dates for the EIJB and development sessions.

## Impact on plans of other parties

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26. There are no impacts on the plans of other parties arising from this report.

## Background reading/references

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27. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)  
28. [Edinburgh Integration Joint Board – Standing Orders](#)

## Report author

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**Judith Proctor**

**Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Angela Ritchie, Senior Executive Assistant

E-mail: [angela.ritchie@edinburgh.gov.uk](mailto:angela.ritchie@edinburgh.gov.uk) | Tel: 0131 529 4050

## Appendices

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**None**