# Notice of Meeting and Agenda

## Edinburgh Integration Joint Board

### 9.30am Friday 21 June 2019

Dean of Guild Court Room, City Chambers, Edinburgh

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

## Contacts:

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## 1. Welcome and Apologies

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

## 2. Declaration of Interests

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

## 3. Deputations

3.1 If any

## 4. Minutes

4.1 Minute of the Edinburgh Integration Joint Board of 24 May 2019 (circulated) submitted for approval as a correct record

4.2 Sub-Group Minutes

4.2.1 Audit and Risk Committee – Minute of 8 March 2019 (circulated) – submitted for noting

4.2.2 Strategic Planning Group – Minute of 15 March 2019 (circulated) – submitted for noting

4.3.3 Strategic Planning Group – Minute of 26 April 2019 (circulated) – submitted for noting

## 5. Forward Planning

5.1 Rolling Actions Log (circulated)

## 6. Items of Strategy

6.1 Evaluation of 2018/19 Winter Plan – report by the IJB Chief Officer (circulated)

6.2 Scottish Government - Seek, Keep and Treat Funding – report by the IJB Chief Officer (circulated)

6.3 Action 15 Funding – report by the IJB Chief Officer (circulated)

6.4 Inclusive Edinburgh – report by the IJB Chief Officer (circulated)

## 7. Items of Performance

7.1 Edinburgh Integration Joint Board Unaudited Annual Accounts 2018/19 – report by the IJB Chief Officer (circulated)

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

## 8. Items of Governance

8.1 Committee Terms of Reference and Good Governance Handbook – report by the IJB Chief Officer (circulated)

8.2 Integration Scheme – Carers (Scotland) Act 2016 – Update – report by the IJB Chief Officer (circulated)

8.3 IJB Risk Register – report by the IJB Chief Officer (circulated)

## 9. Motions

9.1. None.

## Board Members

**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 (Additional Meeting)

### 9:30 am, Friday 24 May 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, Carl Bickler, Andrew Coull, Christine Farquhar, Helen Fitzgerald, Kirsten Hey, Martin Hill, Councillor Derek Howie (substituting for Councillor George Gordon), Jackie Irvine, Councillor Melanie Main, Angus McCann, Moira Pringle, Judith Proctor, Ella Simpson, Councillor Susan Webber and Pat Wynne.

**Officers:** Tom Cowan, Tony Duncan, Marian Gray, Jamie Macrae, Martin Scott and David White.

**Apologies:** Colin Beck and Richard Williams

## 1. Minutes

**Decision**

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 29 March 2019 as a correct record, subject to the following corrections:

- Item 4, Decision 1: “To approve progress being made on the development of the strategy, which was being produced with third sector stakeholders and internal partners and led by the lead officer for carers.”
- Item 7 – references to the “Lothian Strategic Planning Forum” replaced with “Lothian Integrated Care Forum”.

## 2. Rolling Actions Log

The Rolling Actions Log for May 2019 was presented.

**Decision**

1) To agree to close the following actions:

   - Action 19 – Review of Progress Within Integration of Health and Social Care Ministerial Strategic Group
   - Action 20(1) – Update on the Edinburgh Joint Integration Joint Board Grants Review
   - Action 21 – Calendar of Meetings – Amendment by Councillor Webber

2) To otherwise note the remaining outstanding actions.

3) To agree that original estimated completion dates would remain on the Rolling Actions Log if revised.

(Reference – Rolling Actions Log – 24 May 2019, submitted.)

## 3. Draft Strategic Plan 2019-2022 Progress Report

A progress report on the Joint Board's Draft Strategic Plan for 2019-2022 was presented. The latest draft had been approved by the Joint Board on 29 March 2019 and a three-month consultation period had started on 16 April 2019. Approval was sought to delay the Joint Board's consideration of the final version of the Strategic Plan until August 2019, to allow sufficient time to take into account the feedback from the consultation.

**Decision**

1) To note the progress made on consulting the Draft Strategic Plan 2019-2022.

2) To agree that the final version of the Strategic Plan 2019-2022 would be submitted to the August 2019 meeting of the Edinburgh Integration Joint Board, thereby providing additional time to fully consider the outputs from the consultation process.

3) To note progress in agreeing joint housing and health and social care priorities within the Strategic Plan and Housing Contribution Statement.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 6); report by the Chief Officer, submitted)

## 6. Finance Update

An update was provided on the financial outturn for 2018/19, funding carried into 2019/20 and progress towards achieving a balanced financial plan for 2019/20.

**Decision**

To continue consideration of the report and agree that a further report would be presented to the Joint Board in June 2019 with more detail on the allocation of funding and progress in achieving the savings target for the current financial year, and that a briefing note would be circulated to members in the interim.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 8); report by the Chief Officer, submitted)

## 4. Primary Care Transformation Programme

Details were provided on the implementation of the Primary Care Transformation Programme, following the allocation of funding in 2017 and 2018.

**Decision**

1) To note progress in investing the funding made available directly by NHS Lothian from June 2017 and the Scottish Government Primary Care Improvement Plan (PCIP) (New Contract) from July 2018.

2) To agree this report as the basis of the PCIP update submission required by Scottish Government and to note that standard returns were submitted in April 2019 to comply with the national timetable.

3) 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.

4) To note the agreement reached with Edinburgh GPs in April 2019, on a 'fair' investment of the total PCIP resource across all 70 City practices.

5) To note that the report had been developed through consultation and discussion with the Leadership and Resourcing Group, with the NHS Lothian Oversight Group and the Lothian GP Sub Committee, whose representatives had remained active contributors throughout this process, and that the report was considered and supported at the IJB Strategic Planning Group on 26 April 2019.

6) To endorse proposals for 2019/20 implementation.

7) To agree that a workshop would be arranged on the Primary Care Transformation Programme.

8) To agree that the next report to the Joint Board would include more details on how the Programme was being delivered and its impact on stakeholders.

(References – Edinburgh Integration Joint Board, 15 June 2018 (item 8); report by the Chief Officer, submitted)

## 7. Ministerial Strategic Group Update

An update was provided on the partnership self-evaluation against the Ministerial Strategic Group (MSG) for Health and Social Care progress review.

**Decision**

1) To note the findings of the self-evaluation for the review of progress with integration of Health and Social Care.

2) To note that the self-assessment had been completed as a single partnership submission for all statutory partners within Edinburgh; the Edinburgh Integration Joint Board, the City of Edinburgh Council and NHS Lothian and that third sector partners were also contributors to this.

3) To note that Partnerships were required to submit to the Scottish Government by 15 May 2019 and that, due to these timescales, prior approval of the Joint Board was not possible.

4) To agree to the self-assessment and actions set out and to ask the Chief Officer to develop the action plan with partners for implementation and report on this before the end of March 2020.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 10); report by the IJB Chief Officer, submitted.)

## 8. Older People Joint Inspection Improvement Plan

A review of the Older People's Improvement Plan was provided, following the Joint Inspection Progress Report published in December 2018. The previous action plan had been reviewed and the new improvement plan was developed within the framework of the Three Conversations approach which reflected the revision of the Draft Strategic Plan 2019/2022.

**Decision**

1) To approve the Improvement Plan.

2) To note that the Improvement Plan would be submitted to NHS Lothian Healthcare Governance committee and to the City of Edinburgh Council's Corporate Policy and Strategy Committee for ratification.

3) To agree that the Improvement Programme would be brought back to the Joint Board following approval by NHS Lothian and the City of Edinburgh Council.

(References – Edinburgh Integration Joint Board, 8 February 2019 (item 5); report by the IJB Chief Officer, submitted.)

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

An update was provided on the health and social care grant review, in particular the transition funding of £200k now delegated by the City of Edinburgh Council and the £100k innovation fund.

**Decision**

1) To agree that the £200k to support transition agreed by the City of Edinburgh Council would be allocated to 23 organisations on a pro rata basis.

2) To agree to delegate decisions on any remaining contingency to the Chief Officer in consultation with the Chair and Vice Chair

3) To agree 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.

4) To agree that a briefing note outlining the scoping and criteria for the allocation of the innovation fund, and the membership of the sub-group of the Grants Review Steering Group, would be circulated to members.

**Declaration of Interests**

Ella Simpson declared a financial interest in this item as a director of EVOC, as EVOC was listed as a potential recipient.

(References – Edinburgh Integration Joint Board, 14 December 2018 (items 1-5); report by the IJB Chief Officer, submitted.)

## 10. Standing Orders – Annual Review

The Joint Board's Standing Orders had been reviewed to ensure they continued to be fit for purpose and reflected Scottish Ministers' guidance. Changes were proposed relating to substitutions, motions and amendments, a register of attendance and changing a decision of the Joint Board within six months.

**Decision**

1) To repeal the existing Standing Orders of the Integration Joint Board and approve in its place those attached at appendix 1 of the report, such repeal and approval to take effect from 25 May 2019.

2) To note that the next annual review of Standing Orders would be presented to the Joint Board in May 2020.

(References – Edinburgh Integration Joint Board, 18 May 2018 (item 15); report by the IJB Chief Officer, submitted.)

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

The Joint Board was notified of the City of Edinburgh Council and NHS Lothian nominations for the Chair and Vice-Chair positions of the IJB, which would take effect following the expiry of the current terms of office. Details were also provided of recent changes to the City of Edinburgh Council membership of the Joint Board, forthcoming changes to the NHS Lothian membership, recent resignations of non-voting members and the reappointment of a non-voting member.

**Decision**

1) To 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.

2) To 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.

3) To note that Councillor Ricky Henderson would take up the position of Chair of the Strategic Planning Group, and Angus McCann the Vice-Chair, with effect from 27 June 2019.

4) To note that the NHS Lothian Board had appointed Peter Murray to replace Carolyn Hirst as a voting member of the Joint Board, with effect from 27 June 2019.

5) To 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.

6) To 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.

7) To 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.

(References – Act of Council No 4 of 2 May 2019; report by the IJB Chief Officer, submitted.)

## 12. Calendar of Meetings

A proposed schedule of meetings and development sessions to December 2020 was submitted.

**Motion**

1) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board until December 2020.

2) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board development sessions until December 2020

3) To agree that webcasting would continue utilising the mobile unit which was available, allowing the Edinburgh Integration Joint Board to meet in a more diverse range of settings across the city.

- Moved by Councillor Henderson, seconded by Carolyn Hirst

**Amendment**

1) To agree that webcasting would continue utilising the mobile unit which was available, allowing the Edinburgh Integration Joint Board to meet in a more diverse range of settings across the city.

2) To agree that Edinburgh Integration Joint Board meetings would continue to take place on Fridays.

- Moved by Councillor Webber, seconded by Councillor Aldridge

**Voting**

The voting was as follows:

For the motion – 6 votes

For the amendment – 2 votes

**Decision**

1) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board until December 2020.

2) To agree the proposed schedule of meetings for the Edinburgh Integration Joint Board development sessions until December 2020

3) To agree that webcasting would continue utilising the mobile unit which was available, allowing the Edinburgh Integration Joint Board to meet in a more diverse range of settings across the city.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 12); report by the IJB Chief Officer, submitted.)

**Item 4.2.1**

# Minutes

## Audit and Risk Committee

### 10.00am, Friday 8 March 2019

Dunedin Room, City Chambers, Edinburgh

**Present:**

Councillor Susan Webber (Chair), Mike Ash, Christine Farquhar and Richard Williams.

**Officers:** Nick Bennett (Scott-Moncrieff), Pamela Brown (Internal Audit), Laura Calder (Internal Audit), Nicola MacKenzie (Scott-Moncrieff), Jamie Macrae (Committee Services, CEC), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), and Cathy Wilson (CEC – ESHCP).

**Apologies:** Councillor Robert Aldridge.

## 1. Minutes

**Decision**

To approve the minute of 16 November 2018 as a correct record, subject to a correction regarding Christine Farquhar's declaration of interest as a company director/trustee of VOCAL.

## 2. Outstanding Actions

**Decision**

1) To agree to close Actions 4(1).

2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

## 3. Work Programme

**Decision**

To note the Work Programme and upcoming reports.

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

## 4. Internal Audit Update for the period 22 October 2018 to 15 February 2019

Details were provided of progress with Internal Audit assurance delivered on behalf of the Edinburgh Integration Joint Board (EIJB) by the Internal Audit teams of the Joint Board's partners, the City of Edinburgh Council and NHS Lothian, during the period 22 October 2018 to 15 February 2019. Three of the four EIJB Internal Audits included in the Internal Audit plan approved by the Committee in July 2018 had commenced. The fourth review was currently in planning. As at 15 February 2018, the EIJB had a total of 16 open Internal Audit findings (10 High and 6 Medium). Of these, 12 (6 High and 6 Medium) were currently overdue. Consequently, the EIJB continued to be exposed to the risks associated with these findings, as detailed in the original Internal Audit reports.

**Decision**

1) To note progress with delivery of the Edinburgh Integration Joint Board 2018/19 Internal Audit plan.

2) To note the challenges with delivery of the Partnership Infrastructure and Support – Integration Scheme review.

3) To approve the proposed change of scope for the Strategic Planning review.

4) To note progress with implementation of agreed management actions to support closure of Internal Audit findings raised.

5) To note that discussions with NHS Lothian in relation to the Internal Audit assurance approach were ongoing.

6) To refer this report to the City of Edinburgh Council's Governance, Risk, and Best Value Committee for their information, as a number of the open Edinburgh Integration Joint Board Internal Audit findings related to operational service delivery for the Health and Social Care Partnership by the Council.

**Declaration of interests**

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as a company director/trustee of VOCAL and as the guardian of an individual in receipt of Direct Payments.

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

## 5. Draft Edinburgh Integration Joint Board Internal Audit Charter 2019/20

The revised draft Internal Audit Charter for 2019/20 was presented for the Audit and Risk Committee's approval on behalf of the Edinburgh Integration Joint Board (EIJB). This was a requirement of the Public Sector Internal Audit Standards (PSIAS), which specified that the purpose, authority, and responsibility of Internal Audit must be formally defined in an Internal Audit Charter that was periodically reviewed, and presented to senior management and the board for approval.

**Decision**

1) To approve and sign the refreshed 2019/20 Internal Audit Charter.

2) To refer the approved Charter to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Risk Committee, with a request that it is signed by the Conveners of the respective committees to confirm that both partner organisations would support delivery of the 2019/29 Edinburgh Integration Joint Board Internal Audit annual plan and opinion in line with the authority delegated by the EIJB to IA.

**Declaration of interests**

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as a company director/trustee of VOCAL and as the guardian of an individual in receipt of Direct Payments.

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

## 6. Internal Audit Annual Plan 2019/20

The Internal Audit Annual Plan and supporting risk assessment for the period 1 April 2019 to 31 March 2020 was submitted for approval. Four reviews were included in the draft plan in order to provide assurance on the control frameworks designed to manage the Joint Board's most significant risks.

**Decision**

1) To approve the draft 2019/20 Internal Audit plan and supporting risk assessment.

2) To refer the approved Edinburgh Integration Joint Board Internal Audit plan to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Risk Committee for information.

**Declaration of interests**

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as a company director/trustee of VOCAL and as the guardian of an individual in receipt of Direct Payments.

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

## 7. Edinburgh Integration Joint Board – External Audit Plan 2018/19

The External Audit Plan for 2018/19 was presented. Details were provided of the work carried out, which included an audit of the IJB's 2018/19 annual accounts, a review of the Joint Board's arrangements for governance and transparency, financial management, financial sustainability and value for money and other work requested by Audit Scotland.

**Decision**

To note the Edinburgh Integration Joint Board External Audit Plan for 2018/19.

**Declaration of interests**

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as a company director/trustee of VOCAL and as the guardian of an individual in receipt of Direct Payments.

(Reference – report by Scott-Moncrieff, submitted.)

## 8. IJB Risk Register

The latest version of the Edinburgh Integration Joint Board risk register was submitted for consideration and to update the committee on the processes which are being established to manage, mitigate and escalate risks.

**Decision**

1) To note the continued development of mitigating controls for IJB risks.

2) To note the management actions identified against the current risks.

3) To note the addition of two new additional risks.

4) To note progress made with the IJB risk register action plan.

5) To note that the upcoming work on the IJB's risk appetite may impact the current arrangements for risk appetite.

**Declaration of interests**

Christine Farquhar declared a non-financial interest in this item as the ex-Chair of a third sector organisation, as a company director/trustee of VOCAL and as the guardian of an individual in receipt of Direct Payments.

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

## 9. IJB Records Management Plan

A verbal update was provided on the IJB Records Management Plan. The Plan was submitted to the Keeper of Records after it was signed off by the Joint

Board. A further update would be provided after the Keeper of Records had responded.

**Decision**

To note the update.

(Reference – Audit and Risk Committee, 16 November 2018 (item 5))

## 10. Date of next meeting

**Decision**

To agree that a briefing session for Audit and Risk Committee members on Outstanding Internal Audit Actions would be held at 9:30-11:30am on 31 May 2019, prior to the Audit and Risk Committee at 11:30am-1pm.

**Item 4.2.2**

# Minutes

## Edinburgh Integration Joint Board
## Strategic Planning Group

**10.00am Friday 15 March 2019**
City Chambers, High Street, Edinburgh

**Present:** Carolyn Hirst (Chair), Ricky Henderson (Vice-Chair), Ian Brooke, Christine Farquhar, Cllr George Gordon, Dermot Gorman, Belinda Hacking, Stephanie-Anne Harris, Nigel Henderson, Fanchea Kelly, Peter McCormick and Rene Rigby.

**In attendance:** Kirsten Adamson, Colin Beck, Tony Duncan, Mark Grierson, Madeline Martin, Michele Mulvaney, Moira Pringle, Judith Proctor, Ken Shaw and Jay Sturgeon.

**Apologies:** Carole Macartney

## 1. Minute

**Decision**

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 30 November 2018 as a correct record subject to including an additional point regarding the role of carers.

## 2. Matters Arising

**Grants Review**

The issue of the importance of putting in place a monitoring and evaluation framework for the grants programme over the next three years was raised. This could be co-produced with the third sector and the Council.

It was acknowledged there were limited resources and that these were currently being focussed on the grant decisions the IJB had made in December 2018 and specifically on those organisations whose funding had not been continued. The offer from the third sector to be involved in taking forward the monitoring and evaluation work was welcomed.

Discussion also took place around establishing a Grants Forum and that it would be useful to link this with work on the community investment strategy.

Questions were also raised about plans for the £100,000 Innovation Fund and the £200,000 allocation by the Council. A report was scheduled to be submitted to the Edinburgh Integration Joint Board on 29 March 2019 on the Innovation Fund. The process of how the £200,000 was to be distributed was currently sitting with the Council. There was general acknowledgement that it would be beneficial for third sector forums to be involved in decisions taken to allocate this funding.

**Decision**

To note the issues raised and that conversations would take place with the third sector around the development of a monitoring and evaluation framework for the grants programme.

## 3. Rolling Actions Log

**Decision**

1) To agree to close Action 1 – Economy as there was a report on the agenda for this meeting.

2) To ask for an update to the next meeting of this Group on the Ministerial Strategic Group's review of progress on health and social care.

3) To amend the expected completion date for Action 3 – Enhancing Carer Representation on IJBs to June 2019.

4) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

## 4. Short Break Services Statement (Unpaid Carers)

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.

The following points were raised and discussed:

- new duties under the Act set out how the IJB and EHSCP had changed their ways of working – Strategic Carers Group had provided lots of information and feedback and contributed to co-production of the statement which had subsequently been approved by the Strategic Carers Planning Group
- important to get information out to carers – there was a plain English one minute guide to support this
- noted there was £198,000 additional money for short breaks to support more carers to get the breaks they needed
- noted that Council carers were already funded which included a residential short break service
- there was a national group looking at waiving charges for carers

**Decision**

1) To approve the Short Break Services Statement subject to minor adjustments to wording at the section on charging policy to reflect that charging would be based on individual assessments and the inclusion of a link to the Partnership's carer wellbeing criteria.

2) To approve the publication of the Short Break Services Statement.

(Reference – 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 with learning disabilities in receipt of direct payments.

## 5. Carers' Strategy

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.

The following points were raised and discussed:

- Lack of clarity around data collection and management of data for carers who cared for people outwith their own health and social care partnership and across different sectors
- Unclear how the financial implications relate to the grants programme
- all services were being reviewed across EHSCP and children and families with two co-production events being arranged for contracted organisations and grant funded organisations the aims of which were to identify any gaps where there was no equity of access across the localities in the city
- noted there was agreed one year funding from carer strategy funding for organisations who were had been unsuccessful in the grants awards
- there was live work with the third sector ongoing in mental health and substance misuse carers
- noted it was the role of the IJB to determine how the £198,000 funding was allocated going forward – concerns were expressed that a disproportionate amount of current spend was allocated to assessment instead of delivering the service

**Decision**

1) To note progress being made on the development of the Strategy and implementation plan, which was being produced with third sector stakeholders, internal partners and led by the lead officers for carers

2) To agree that the six priorities identified would meet the outcomes of the Carer Strategy.

3) That further reports be submitted to this Group as work progressed.

(Reference – 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 with learning disabilities in receipt of direct payments.

## 6. City Region Deal – Integrated Regional Employability and Skills Programme

An update was provided on the Edinburgh and South-East Scotland City Region Deal (ESESCRD) Integrated Regional Employability and Skills (IRES) programme which aimed to support the development of an inclusive labour market.

Edinburgh and South-East Scotland's regional labour market was a low unemployment, high inequality environment, with significant issues of entrenched and persistent poverty and disadvantage, while the mechanisms available at regional level to tackle these inequalities and fully exploit the potential of the economy were weak.

The Edinburgh and South-East Scotland City Region Deal (ESESCRD) provided an opportunity to develop a collaborative approach that enhanced capacity and capability to tackle these inequalities and support the partners ambition of inclusive economic growth.

The following points were raised and discussed:

- how do we create networks and partnerships to wrap services around people narrowing the gap around inequalities
- there were some real opportunities to make these connections and how we work in the future – it would be beneficial to have someone from employability at the table at the Planning Groups to have the conversation around people who are not work ready but could be with support
- City Deal Joint Committee workforce plan would feed in to the City Deal employability strategy
- In terms of workforce skills gap, how can we link in with universities and generate jobs in the digital sector – there was an opportunity to use data in social innovation sectors with value of having a demonstration at programme and project level

**Decision**

1) To note the ambition and scope of the IRES programme.

2) To work with ESESCRD partners at programme and project level to deliver the goals of the programme.

(Reference – report by the Interim Head of Strategic Planning, submitted)

## 7. EIJB Draft Strategic Plan 2019-2022 Update

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.

The final draft of the Strategic Plan 2019-2022 would be presented to the EIJB on 29 March 2019 prior to the start of a consultation period of three months. Thereafter the final iteration of the Plan would be considered by this Group prior to its final submission to the IJB in June 2019. Partners for Change had been contracted to start work in April 2019 on the three conversations approach to help deliver a better outcome for people and families needing support

The following points were raised and discussed:

- the draft Housing contribution statement had not been joined up with the strategic plan around the three conversations and appropriate actions
- it would be helpful to have a deep induction into housing models and procurement of housing and care, housing and support and housing and technology and how the Plan related to neighbourhood and localities
- to note that Partners for Change were a not for profit organisation working with local authorities across the UK supporting working towards independence and people being supported in a community setting and making connections with other local authorities, third and independent sectors
- the revised draft Plan provided a different feel and fresh perspective and was specific about the financial landscape and budget constraints and was set within that context
- Plan needed to be more explicit about what we are actually going to do not what we intend to do and needed to align with the transformation change plan agreed by the IJB and set out milestones
- the Professional Advisory Group should be working closely with the other groups to contribute expertise – helpful to add that Chief Medical Officer at the Scottish Government has committed to fund a national communication training programme on acute services very complementary to this strategic plan
- we need to look at the synergies and opportunities in the community planning space at the moment and working with neighbourhood networks
- workforce needs to reflect work with partners in the third independent sector and not just work within the EHSCP – end to end processes and systems need to start with how we support people, the processes etc are enablers
- missing what is the strategy for integration through the system – a lot of this is in the implementation of the strategy, pathways of care through the system and about shifting the balance of care – fleshing out the guiding principles
- areas of overlap with the other five outline strategic commissioning plans – need to be aligned better and some of the aspirations are unaffordable – try and fold top priorities into the new iteration of the strategic plan
- point of connection is the citizen – every service should be person centred

**Decision**

1) To acknowledge that the re-draft of the Strategic Plan 2019-2022 remained a work in progress with further work to be conducted prior to the EIJB on 29 March 2019.

2) To agree the new approach to the draft Strategic Plan 2019-2022.

3) To ensure members of this Group were sighted on the consultation plan.

4) To provide direction and guidance as follows with any additional comments to be provided directly to the Interim Head of Strategic Planning:

   i) Para 4.2 makes reference to Edinburgh and social deprivation – should reference increased population projections and increased challenges across all service areas

   ii) Para 4.7 – Edinburgh Offer - add specific timeline when the Partnership would commit to this

   iii) 3 conversation model – ensure graphic corresponds to text

   iv) implementation – include work planning, governance arrangements and timescales for expectations

   v) strengthen references to neighbourhoods and localities

   vi) annual plan should sit alongside the strategic plan

   vii) six strategic priorities to be numbered

   vii) Guiding Principles - add “do not harm” as part of being safer and partnership with citizens

   viii) Page 11 of first draft – vision statement should be before the intent statement – change “reliance” to “resilience”

   ix) page 23 of second draft – review of grants programme – this has just been done so needs reworded

   x) general rewording – Plan should reference connecting and not signposting – use hearing instead of listening – use short breaks instead of respite care

   xi) communication - what does this mean to the citizens, need to make the shift on community care, resilience, not mentioned in the plan

5) To agree it would be helpful if 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 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 with learning disabilities in receipt of direct payments.

Fanchea Kelly declared a non-financial interest in the above item as the Chief Executive of Blackwood Homes and Care.

Nigel Henderson declared a non-financial interest in the above item as the Chief Executive of Penumbra.

Peter McCormick declared a non-financial interest in the above item as Chief Executive of an independent care provider.

Ian Brooke as a member of EVOC, third sector provider.

## 8. Dates of Next Meeting

Friday 26 April 2019 10am to 12pm, City Chambers
Friday 17 May 2019 10am to 12pm, City Chambers

**Item 4.2.3**

# Minutes

## Edinburgh Integration Joint Board
## Strategic Planning Group

**10.00am Friday 26 April 2019**
City Chambers, High Street, Edinburgh

**Present:** Carolyn Hirst (Chair), Ricky Henderson (Vice-Chair), Christine Farquhar, Dermot Gorman, Councillor George Gordon, Belinda Hacking, Stephanie-Anne Harris, Nigel Henderson, Fanchea Kelly, Peter McCormick, Rene Rigby, Ella Simpson,

**In attendance:** Katie McWilliam, Colin Beck, Tony Duncan, Moira Pringle and David White.

**Apologies** Linda Irvine-Fitzpatrick, Judith Proctor.

## 1. Minute

**Decision**

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 15 March 2019 as a correct record, subject to adding Ian Brooke to the list of those present.

## 2. Rolling Actions Log

**Decision**

1) To agree to close the following actions:

- Action 1 – Economy Strategy – City Deal Workforce Development Steering Group
- Action 4 – Strategic Plan

2) Action 3 – Enhancing Carer Representation on IJBs – to agree to change the expected completion date to October 2019 to allow time for the service user vacancies on the IJB to be filled.

3) Action 5 – Grants Programme - to note that discussions were taking place with the third sector around development of a monitoring and evaluation process. A report was also scheduled to be reported to the Council's Corporate Policy and Strategy Committee in May on the £200,000 transitional health and social care funding.

4) Action 6 – Ministerial Steering Group – to note that this would be reported to the IJB in due course.

5) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

## 3. Review of Previous Edinburgh IJB Directions

The status of the previous and existing Edinburgh Integrated Joint Board (EIJB) Directions were unclear. An audit of these Directions had been concluded to coincide with the release for consultation of the draft EIJB Strategic Plan 2019-2022. Each Direction had a brief update as at March 2019 and a status proposal.

The audit criteria set was as follows:

- Remain (continue as a Direction)
- Varied (continue and include update)
- Revoked (cancel) or be Superseded by a later Direction with the same function.

The report concluded that all previous Directions should be assessed as Revoked as they related to operational activity and were considered business as usual.

The following points were raised and discussed:

- the Ministerial Strategic Group (MSG) had issued guidance on how they wished directions to be taken forward
- how do we ensure that business as usual is part of transformation – Locality Improvement Plans (LIPs) had been superseded
- Locality Improvement Plans would be reviewed by the newly established Locality Community Planning Partnerships (LCPPs) and reported into the Edinburgh Partnership
- LCPPs would monitor delivery of the LIPs
- noted that it would be helpful to have a definition of what a 'Direction' was
- relationship between Edinburgh Partnership and IJB could be captured in the policy

- A clear picture was required about housing and infrastructure influencing how NHS capital asset was used
- agreement of second Direction (diabetes Direction) – important to identify how this issue can be identified in a SMART way
- important to look at linking Directions with other adjoining IJBs. An Integrated Care Forum had been established and would explore common issues. The forum was in its infancy and had met on one occasion to date. The Strategic Planning Group would be kept updated on the work of the Forum as it developed

**Decision**

1) To note the review report at Appendix 1 and the proposed status of previous Directions set out in the tracker at Appendix 2.

2) To note the work and effort undertaken by staff to complete the Directions as set out on the tracker from July 2016 to March 2019.

3) To note the intent to produce a revised policy on Directions for the Edinburgh IJB which was compliant with the revised Ministerial Steering Group guidance.

4) To circulate the link to the Ministerial Steering Group guidance when it was available to members of this Group.

(Reference – report by the Chief Officer, submitted)

## 4. Edinburgh IJB Draft Strategic Plan 2019-2022 Update

The Edinburgh Integrated Joint Board (EIJB) approved the latest draft Strategic Plan 2019-2022 on Friday 29 March 2019. The consultation period had started on Tuesday 16 April 2019 and was expected to run through to the EIJB on 21 June 2019. Following the consultation period, the Strategic Plan 2019-2022 would be published, subject to EIJB approval.

The following points were raised and discussed:

- noted that the 3 conversations had started on 17 April 2019 with fortnightly “making it happen” sessions
- EVOC were hosting an event on 15 May 2019 as part of the engagement plan with a Town Hall event on 4 June aimed at internal staff
- there was a lack of clarity around where the consultation could be accessed online – noted consultation can be found online on the City of Edinburgh Council Consultation Hub, Transform website, Edinburgh Reporter, NHS Lothian and EVOC websites
- noted that feedback on would be provided to individual contributors

- noted that it was important to be clear about what the Strategic Planning Group could do in terms of resourcing and not promising what could not be delivered
- whether more time was needed for consultation to take place/the views from the consultation to be analysed

**Decision**

1) To note the Engagement Action Plan for consultation as set out at Appendix 1 of the report.

2) To note the Easy Read version of the draft Strategic Plan 2019-2022 at Appendix 2 of the report.

3) To note that further refinement would be made to the draft Strategic Plan 2019-2022 as feedback was received and the scoping and mapping work on the change programme advanced.

4) To note that a briefing note would be circulated to IJB members in May 2019 on the consultation progress including a housing update.

5) To advise the Edinburgh Integration Joint Board of the discussion related to more time needed for consultation/analysis – with a view to extending the date for the completion/submission of the Strategic Plan 2019-22

(References – Edinburgh Integration Joint Board 29 March 2019 (item 6); report by the Chief Officer, submitted)

**Declaration of Interests**

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

Fanchea Kelly declared a non-financial interest in the above item as the Chief Executive of Blackwood Homes and Care.

Nigel Henderson declared a non-financial interest in the above item as the Chief Executive of Penumbra.

Peter McCormick declared a non-financial interest in the above item as the Chief Executive of an independent care provider.

Ella Simpson declared a non-financial interest in the above item as the Chief Executive of EVOC, third sector provider.

## 5. Primary Care Improvement

An update was provided on the implementation progress made since investment funds were first made available to establish the Primary Care Transformation (& Stability) Programme in June 2017. The IJB had made further funds available the following year, with support for the Edinburgh Primary Care Improvement Plan in June 2018.

In September 2017, Scottish Government had asked Edinburgh to accelerate the implementation of a new 'Link Worker Network,' in partnership with the local Third Sector led by EVOC. All Link Workers were employed and had undergone induction by the end of the calendar year. The full year cost of this investment was around £680,000.

The following points were raised and discussed:

- IJB/NHS Lothian GP sub-committee to update IJB on implementation progress made since funds were made available to establish the Primary Care Transformation and Stability Programme in June 2017
- noted that the Valuation Officer post had been agreed and signed off
- important that consistent training was provided for Link Workers – noted there was a developing training programme for Link Workers established with EVOC
- Link Workers varied across all IJBs – if there was a model that was working locally this should be shared nationally

**Decision**

1) 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.

2) To agree the report as the basis of the PCIP update submission required by the Scottish Government and to note that appendices 1 and 2 were submitted in April to comply with the national timetable.

3) 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.

4) To note the agreement reached with Edinburgh GPs at Leadership & Resourcing Group on 16 April 2019 on a "fair" investment of the total PCIP resource across all 70 city practices as set out in Appendix 3 of the report.

5) To note that the report had been developed through consultation and discussion with the Leadership & Resourcing Group, NHS Lothian Oversight Group and the Lothian GP Sub-Committee whose representatives have remained active contributors throughout the process.

6) To endorse the proposals for 2019/20 implementation.

7) To note that a paper would be submitted to the IJB meeting in May on funding streams.

(Reference – report by the Chief Officer, submitted)

## 6. Carers' Strategy Update

The draft Carers' Strategy had been presented to the EIJB on 29 March 2019. The IJB had approved the six key priorities on which the Strategy would be built.

An update was given on the status of the Carers' Strategy production and the subsequent implementation plan.

It was intended to take the final Carers' Strategy and Implementation Plan to the EIJB by August 2019.

The Group highlighted concerns regarding the importance of ensuring the adequacy of resourcing and the capacity of staff to deliver what the IJB were asking them to deliver

**Decision**

1) To note the progress on the Carers' Strategy and the Implementation Plan.

2) To note the steps to be taken to mitigate the unforeseen vacation of the strategic planning officer for the Carers' Strategy.

(Reference – report by the Chief Officer, submitted)

## 7. Calendar of Meetings

The Strategic Planning Group (SPG) dates were scheduled until May 2019. The report proposed dates for SPG meetings from June 2019 until November 2020.

Work was ongoing with the Good Governance Institute on a range of governance issues including the proposed adjustment of the scheduling of the EIJB and its sub-committees.

The following points were raised and discussed:

- it was noted that the Good Governance Institute were developing a handbook
- noted it would be helpful to share the work of the Good Governance Institute with members of the Strategic Planning Group
- noted the opportunities of examining the remits of other proposed groups and sub-committees
- that the IJB had not agreed their schedule of meetings at their recent Board meeting, and that this matter would be returning to the IJB Board meeting in May 2019

**Decision**

1) To agree to cancel the meeting of the Strategic Planning Group scheduled for 17 May 2019.

2) To schedule the next meeting of the Group for Tuesday 11 June 2019 10am to 12pm at a venue to be confirmed.

3) To note the possibility of alternative locations to hold future meetings of the Group.

4) To bring a paper to the SPG on proposed dates for SPG meetings after the IJB Board had agreed their meeting dates

## 8. Date of Next Meeting

Tuesday 11 June 2019 10am to 12pm, venue to be confirmed

**Item 5.1**

# Rolling Actions Log
# June 2019

21 June 2019

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| 1 | Locality Improvement Plans | 17-11-17 | To agree that community planning would be covered at a future development session. | Chief Officer, Edinburgh Health and Social Care Partnership | | Topics for Development Sessions to be confirmed |
| 2 | Edinburgh Alcohol and Drug Partnership Funding | 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 | July 2019 | |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| **3** | City of Edinburgh Council Motion by Councillor Miller – Attracting and Retaining Carers<br>(Agenda for 29 June 2017) | 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.<br>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 | July 2019 | Will commission Alana Nabulsi |
| **4** | Business Resilience Arrangements and Planning – Spring Update | 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 | August 2019 | |
| **5** | 2018/19 Financial Plan | 18-05-18 | 1) To note that the Chief Officer intended to arrange a workshop on the overall programme delivery.<br>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<br>Ongoing | 1) **Closed** – covered at the IJB Development Session on 6 November 2018.<br>2) This was included in the Finance Update report on the |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| | | | | | | agenda for December 2018 but was agreed at Committee on February 2019 to remain open until budget discussions were complete. |
| **6** | The Inclusive Homelessness Service at Panmure St Ann's | 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 on agenda for this meeting (item 6.4) |
| **7** | IJB Risk Register | 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 | August 2019 | |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| **8** | Publication of Annual Performance Report | 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 | August 2019 | The report on the proposed programme of Development Sessions for 2019/20 was considered by the Board on 29 March 2019 and continued for further review to a future Board meeting. |
| **9** | Evaluation of 2017/18 Winter Plan and Winter Plan 2018/19 | 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 | **June 2019**<br>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 |

| 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. | | | months.<br><br>**2) Closed –** circulated on 8 October 2018 |
| **10** | John's Campaign | 29-09-18 | To request an update report in 12 months' time on progress in carrying out the recommendations of the report:<br>1) To agree that all hosted older peoples in bed services formally sign up to John's campaign.<br>2) To agree that all local authority care homes sign up to John's campaign.<br>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.<br>4) To support the launch of John's campaign in Edinburgh.<br>5) To agree that the benefits of John's Campaign should be formally measured. | Chief Officer, Edinburgh Health and Social Care Partnership | September 2019 | |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| **11** | Draft Edinburgh IJB Strategic Plan 2019-2022 | 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 Social Care Partnership | August 2019 | |
| **12** | Transitions for Young People with a disability from children's services to adult services Edinburgh Health and Social Care Partnership | 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** | Impact of Audit Scotland Report Health and Social Care Integration on Edinburgh Integration Joint Board | 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 | |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| **14** | Communications Action Plan for the EIJB | 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 | |
| **15** | Minute of Strategic Planning Group of 30 November 2018 | 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** | Carers Strategy | 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** | Short Break Services Statement (Unpaid Carers) | 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 | |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| **18** | 2019/20 Financial Plan | 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.<br>2) 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.<br>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 & Treat Framework and Action 15 (Increase the Workforce) of the Mental Health Strategy 2017-2027. | Chief Officer, Edinburgh Health and Social Care Partnership | June 2019 | Framework for a medium-term financial strategy and funding plans for the following Scottish Government projects was discussed at the EIJB Development Session on 24 May 2019 on budget. |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| **19** | Update on the Edinburgh Integration Joint Board Grants Review | 29-03-19 | 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.<br>2) 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. | Chief Officer, Edinburgh Health and Social Care Partnership | May 2019<br>Not specified | **1) CLOSED** – reported to the IJB on 24 May 2019. |
| **20** | Finance Update | 24-05-19 | To continue consideration of the report and agree that a further report would be presented to the Joint Board in June 2019 with more detail on the allocation of funding and progress in achieving the savings target for the current financial year, and that a briefing note would be circulated to members in the interim. | Chief Officer, Edinburgh Health and Social Care Partnership | June 2019 | Report on agenda for this meeting (item 7.2) |
| **21** | Primary Care Transformation Programme | 24-05-19 | 1) To agree that a workshop would be arranged on the Primary Care Transformation Programme.<br>2) To agree that the next report to the Joint Board would include more details on how the Programme was being delivered and its impact on stakeholders | Chief Officer, Edinburgh Health and Social Care Partnership | | Topics for Development Sessions to be confirmed |

| No | Subject | Date | Action | Action Owner | Expected completion date | Comments |
|---|---|---|---|---|---|---|
| **22** | Ministerial Strategic Group Update | 24-05-19 | To agree to the self-assessment and actions set out and to ask the Chief Officer to develop the action plan with partners for implementation and report on this before the end of March 2020 | Chief Officer, Edinburgh Health and Social Care Partnership | March 2020 | |
| **22** | Older People Joint Inspection Improvement Plan | 24-05-19 | To agree that the Improvement Programme would be brought back to the Joint Board following approval by NHS Lothian and the City of Edinburgh Council. | Chief Officer, Edinburgh Health and Social Care Partnership | October 2019 | |
| **23** | Update on the 2019 Health and Social Care Grants Programme | 24-05-19 | To agree that a briefing note outlining the scoping and criteria for the allocation of the innovation fund, and the membership of the sub-group of the Grants Review Steering Group, would be circulated to members. | Chief Officer, Edinburgh Health and Social Care Partnership | June 2019 | |

# Item 6.1

# Report

## Evaluation of 2018/19 Winter Plan

## Edinburgh Integration Joint Board

21 June 2019

## Executive Summary

1. Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18 is the most recent government circular outlining the requirement for Health and Social Care Partnerships to produce an action plan to ensure health and social care services are well prepared for winter. Further to this Jeane Freeman, the Cabinet Secretary for Health & Sport, wrote to the Chairs of Health & Social Care Partnerships on 31 August 2018 regarding preparing for Winter 2018/19.

2. The winter plan 2018/19 was outlined at the IJB meeting on 28 September 2018.

3. This report and its appendices provide an overview of the suite of winter planning actions and services, and an evaluation of the impact of each. In addition, this year, the plan sets this in the context of the Partnership's performance for key performance indicators, compared to last winter.

4. Winter Planning for 2019/20 has commenced. The Partnership has a deferred surplus of £122,600 to enable earlier implementation of priority services that align with our strategic intent.

## Recommendations

5. The Edinburgh Integration Joint Board is asked to:

    - Note the Local Review of Winter 2018/19 Report, the full version of which is included in Appendix 1

    - Support the strategic intention to expand, on a phased basis, the successful Discharge to Assess model across the City. Initially, to the whole of the North of the City, to align with Home First and the Edinburgh offer

    - Note that work is underway with regards to defining our key local priorities for Winter 2019/20. Our top priority will be to support a non-bed based

model to ensure that Ward 15 (Western General Hospital) or an equivalent is not required

## Background

6. Planning for winter is an important part of the Partnership's service delivery, given the additional pressures placed on local systems from seasonal influenza, norovirus, severe weather and public holidays.

7. This year, prioritisation of proposals was geared towards those that could demonstrate the greatest impact on the Scottish Government 6 Essential Actions and the Ministerial Steering Group indicators.

8. The Cabinet Secretary's letter of 31 August 2018 confirmed the amount that NHS Lothian was allocated for 2018/19 and instructed Health Boards and IJBs to use this allocation to specifically target the delivery of 3 priorities:

    - Demanding local improvement trajectories for weekend discharge rates to be agreed by the end of November 2018
    - Earlier in the day discharges, against local improvement trajectories
    - Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates; including clinical staff, pharmacists, AHPs, auxiliary and domestic staff

9. The letter requested that Winter Plans were submitted by the end of October 2018. A supplementary checklist of winter preparedness: self assessment was included for completion. A copy of this is available on request.

10. Scottish Government then wrote to HSCPs a second time, on 16 October 2018, requesting that all winter plans meet the following criteria:

    - Include an Executive Summary setting out key actions that are being taken to help prepare for this winter
    - Include a table setting out what additional capacity/resource will be purchased as a result of your total winter allocation
    - Clearly set out planned actions which will avoid unnecessary admissions;
    - Include a commitment to establish clear improvement trajectories for weekend and earlier in the diary discharges as set out in the Cabinet Secretary's letter of 31 August

- Include a commitment to maximising elective theatre capacity over the winter/festive period including day cases to ensure that elective performance is not adversely impacted during the winter period

11. A copy of the EHSCP Winter Plan for 2018/19 is attached at Appendix 2, along with the EHSCP response to the Government's letter of 16 October at Appendix 3.

12. The EHSCP Winter Planning Group, which includes multi-agency and multi-disciplinary representation, led on the planning and evaluation of the Winter Plans. Monthly meetings were held in the lead up to and throughout Winter 2018/19.

## Main report

13. A total of 9 bids were funded for EHSCP. These were:

- Festive Services
  - Festive Public Holiday Enhanced Primary Care Service Model for City, operational on 30 December, 1 January and 2 January, providing a service to 119 patients
  - Festive Public Holiday Cover by Allied Health Professionals in Astley Ainslie and Liberton Hospitals, ensuring that Occupational Therapists and Physiotherapists maintained rehabilitation programmes to support flow
  - Psychotherapeutic support for carers (VOCAL): provided targeted support for 7 very vulnerable people who might otherwise have requested or sought support from statutory services
- Other Services
  - Liberton Hospital Clinical Support Workers provided a transdisciplinary role and enhanced the multidisciplinary team by supporting the delivery of prescribed rehabilitation programmes and liaising with family members over weekends
  - Enhancement of Community Respiratory Team (CRT+) provided a specialist community based service for 47 people with acute respiratory infection who might otherwise have been admitted to hospital; 90% of admissions prevented
  - Enhanced Hub Services working with Weekend Home Care Coordinators provided additional social work capacity for rapid assessment and turnaround, a consistent service for urgent

prevention of admissions and facilitated 37 discharges over the weekends in winter including 12 Sunday discharges

- Discharge to Assess: supported 36 people to go home 3 days earlier than would otherwise have been possible, to be assessed at home and continue their rehabilitation with OT and PT input outwith a hospital environment

- Rapid Telecare Provision: by extending hours of operation and aligning to winter teams was able to provide 19 clients with a service either preventing or facilitating a discharge

14. The Scottish Government Winter Debrief template was released on 11 April 2019 for boards to complete. The Partnership provided comprehensive details of actions taken, and commentary on what went well and what could have gone better, under each of the following headings:

    - Clear alignment between hospital, primary and social care
    - Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods
    - Local systems to have detailed demand and capacity projections to inform their planning assumptions
    - Maximise elective activity over winter – including protecting same day surgery capacity
    - Escalation plans tested with partners
    - Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings
    - Delivering seasonal flu vaccination to public and staff
    - Top Five Local Priorities for Winter Planning 2019/20

15. In addition, the Partnership included:

    - Third Sector Services
    - Data comparing 2017/18 to 2018/19
    - Winter funding breakdown

16. The full report is detailed in Appendix 1; highlights of the service outputs have been detailed in 13. Other key performance metrics of note are:

- Delayed discharges reduced from an average of 212 to 152.
- The numbers of people awaiting commencement of and completion of hospital social work assessments reduced from 44 to 23
- A&E attendances and unscheduled admissions significantly reduced in December
- Occupied bed day rates remained very similar to 2017/18 and would have significantly improved were it not for AWI bed days increasing
- The number of people delayed in hospital due to waiting for a package of care has reduced and continues on a downward trend. There is no comparative data from last year
- The number of weekend discharges increased from 32 to 44, a 28% improvement

**Flu Vaccinations**

17. Staff flu vaccination clinics were well advertised on both CEC/NHS Intranet systems, and staff were invited to attend any clinic on a number of sites and locations across Edinburgh and the Lothians to be vaccinated.

18. Support for care homes was provided from the vaccination team and district nursing teams offered vaccinations to carers when appropriate.

19. NHS Staff Uptake rates: This year 17,270 vaccines were issued. Of the total 11,916 completed consent forms returned by mid-March, 1395 were for non NHS staff (mainly council staff and some volunteers). It is therefore estimated 17,270 – 1395 = **15875** vaccines were used for NHS staff. With a head count of 26,485 this gives an uptake of **60%** among NHS staff. For Local council social care staff, 585 consent forms were returned for Edinburgh. This shows an increase of **8.9%,** from **51.1**% last year. Edinburgh is now rated as 3rd top mainland Board.

20. As a result of a concern raised at the September 2018 IJB meeting by one of its members, guidance was included on NHS Inform for the first time around eligibility criteria for flu vaccinations for young and unpaid carers.

Festive Staffing Cover

21. A spreadsheet was developed mapping the annual leave arrangements during the 2 week festive period for all managers and team leads in the 4 EHSCP localities, hospital and hosted services, and the Executive Management Team. This provided a quick reference tool for cover arrangements and points of contact in each service. Managers and Team Leads were also asked to provide assurance about the level of staffing in place throughout this period, particularly on the weekends and public holidays.

Winter Weather Resilience Arrangements

22. A Severe Weather Planning Group was created to coordinate severe weather response between the Council, NHS Lothian and the Partnership by pulling together resources (where possible) and by sharing information in order to effectively manage resilience operations. Key principles were agreed involving escalation protocols, key contacts and transport sharing arrangements via a 'Transport Hub', and 4x4s were made available in localities.

Communications for Winter 2018/19

23. The Partnership focused on:

    - Communicating with staff to provide advice to support service users
    - Supporting the NHS Lothian flu vaccine campaign for frontline staff, particularly on social media and through the various newsletters
    - Communicating with key audiences, particularly vulnerable groups, with specific information

24. The main learning from the 2017/18 communications was that we needed to start communicating earlier and better target key audiences with discreet messages. Winter 2018/19 communications therefore started from 8 October 2018, with a series of targeted communications for:

    - High risk/frontline staff about getting the flu vaccine
    - Care home staff and GP Practices
    - Homecare staff on keeping themselves and clients safe and healthy over winter
    - Those with long term conditions
    - Those most at risk of falling
    - Unpaid carers

## Key risks

25. There is a risk that without any additional winter bed base our community infrastructure may not meet demand if there is a particularly challenging winter in 2019/20.

26. Ability to recruit the best candidates for Discharge to Assess if posts are fixed term.

## Financial implications

27. The Partnership received a total allocation of £385,660, £263,060 was committed and £122,600 has been deferred. A full breakdown is attached at Appendix 4.

28. It is intended to utilise the deferred amount to enable pre-winter implementation of the North East/North West Discharge to Assess model as detailed in recommendation 3 (ii).

## Implications for Directions

29. There are no implications for directions arising from the detail contained within this report.

## Equalities implications

30. An integrated impact assessment was undertaken in December 2017 to consider both the positive and negative outcomes for people with protected characteristics and other groups. The general findings were very positive. Areas for improvement were unpaid carers and hard to reach groups. It was noted that there has been an impact on staffing due to the Council and NHS staff having different contracts and the ability to pay enhanced rates to incentivise staff to work weekends or public holidays based on different terms and conditions. Winter 2018 has seen an improvement in support for unpaid carers.

## Sustainability implications

31. The Discharge to Assess test of change over winter has demonstrated a clear need for sustainability and spread of this model of delivery to align with the Home First plan.

32. Recent Day of Care audits have further evidenced the opportunity that exists for earlier discharge for home based rehabilitation.

## Involving people

33. Winter plans were developed in close consultation with key stakeholders through the NHS Lothian Unscheduled Care Committee, the EHSCP Winter Planning Group and the planners and operational managers who generated the proposals.

34. A communication plan was developed for the Partnership to ensure that staff in health and social care, partner organisations, the public and visitors to the city were aware of the services available over the festive period and how to access these.

35. The key target groups were people using the largest proportion of health care resources, primarily vulnerable older people, people who receive a care at home, people with long-term health conditions, and unpaid carers.

## Impact on plans of other parties

36. Winter plans have been developed in very close consultation with relevant parties through the NHS Lothian Unscheduled Care Committee and the EHSCP Winter Planning Group. This group has membership from acute sites, Social Care Direct, and includes leads for flu, carers, resilience, ATEC 24 and communications.

## Background reading/references

## Report author

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## Appendices

| | |
|---|---|
| **Appendix 1** | Local Review of Winter 2018/19 |
| **Appendix 2** | EHSCP Winter Plan for 2018/19 |
| **Appendix 3** | EHSCP Response to Scottish Government |
| **Appendix 4** | Financial Breakdown |

# Health & Social Care: Local Review of Winter 2018/19

| | | | |
|---|---|---|---|
| NHS Board, HSCPs: | Edinburgh Health and Social Care Partnership | Winter Planning Executive Lead: | Angela Lindsay (NE Locality Manager) |

**Introduction**

As in previous years, to continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2018/19 with the Scottish Government to support winter planning preparations for 2019/20.

Local reviews should have senior joint sign-off reflecting local governance arrangements.

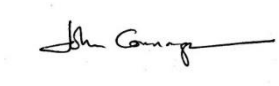
We expect that your Chairs and Chief Executives are fully engaged in the review.

We expect this year's local review to include:

- the named executive leading on winter across the local system who will produce the local plan for 2019/20
- key learning points and planned actions
- top 5 local priorities that you intend to address in the 2019/20 winter planning process

Thank you for your continuing support.

**JOHN CONNAGHAN CBE**



**Chief Performance Officer, NHSScotland**
**and Director of Delivery and Resilience**

# 1 Clear alignment between hospital, primary and social care

- The Discharge to Assess (D2A) pilot was established this winter as it is recognised, for older people in particular, that longer stays in an acute hospital environment can lead to worse health outcomes and increase their long term care needs. One of NHS Lothian's strategic aims is to put in place robust services to support the delivery of integrated care and support patients who have had an unscheduled care episode to be optimally cared for, or discharged to their own home. Similarly, the Edinburgh HSCP has a commitment to people being home first and assessed in their own environment. D2A is one model that can support health and social care systems to achieve this. The model aims to support safe patient discharge to people's own homes, wherever possible, for assessment. The service is a good local example of a successful move to shift care out of hospitals, reduce or shorten admission rates and support effective patient centred care.
- The community respiratory team plus (CRT+) is an enhanced service re-introduced over the December 2018 – March 2019 winter period. The second year of the service was aimed at providing community specialist respiratory physiotherapy assessment and treatment for patients with acute respiratory infections. As there continues to be an increased demand on existing community services, similar to the test-of-change model, the main objectives of CRT+ were to provide support to primary care services and prevent admissions or where applicable readmission to secondary care.
- The Partnership's Telecare Service (ATEC 24) delivered a rapid Telecare service, on an extended 7-day enhanced basis between the hours of 09:00 – 19:00, aligning with other frontline direct care and support services as part of the Winter Planning programme. The service focused on the rapid set-up of Telecare services for individuals, prioritising avoidance of acute admission and facilitating timely hospital discharge. Individuals were then supported at home with the wrap-around provision of the Telecare monitoring and response service.

## 1.1 What went well?

- Outcomes of the Discharge to Assess project highlighted that of the 43 patients who were referred to the project, 36 were accepted. 78% of those discharged were seen within the defined timescales. Of those not seen, 8% were not seen within timescales at the patient [or their family's] request and 14% due to capacity within the team. The pilot improved patient outcomes by supporting patients medically fit for discharge to cope independently in their own home. The speed of discharge was only possible due to the additional capacity which anecdotally also supported system flow within the hub. The principles support rehabilitation continuing outside the hospital environment with an average of **3 bed day** savings per patient. Potential cost savings were captured with the potential for longer term costs savings through reduction of provision of care needs.
- The CRT+ service ran from 17/12/18 – 31/03/19 and offered community patients respiratory assessment, treatment and management from specialist physiotherapists embedded in CRT. Sources of referrals were primarily GPs but also Secondary Care. During the service period, **53 referrals** were received and 47 were appropriate; 35 of these were deemed at risk of hospital admission (74.5%). The service successfully supported a prevention of admission of 91.43% at 48 hours and 90.63% at 7 days.

- Telecare installation of equipment - In total, **19 clients** were provided with a rapid service preventing or facilitating hospital discharge. 11 Clients were able to be discharged sooner and 8 clients had a hospital admission prevented.

## 1.2 What could have gone better?

- Discharge to Assess pilot could only allow for 6 new people per week and where demand exceeded that level then service level agreements were impacted on. It was always recognised that any annual leave and unplanned absence within the D2A team, without the capacity to backfill, would impact on the ability to meet agreed timescales. In addition, staff employed in the pilot had other non-clinical responsibilities such as attendance at city wide meetings and supervision of other staff which also had an impact on available capacity.
- Some challenges which the CRT+ team experienced consisted of initial minor computing issues (TRAKCare access to caseload), which proved problematic especially in the first week of joining the service, for example there was quite some time spent contacting e-Health (85050) and subsequently waiting on response to resolve the issue. After an assessment and treatment plan was provided for patients, we found some returning to their GP (telephone call or face to face) for further assessment and treatment of their condition. This was despite patient education and provision of CRT+ contact number. When discussing optimal management of patients who were supported in their hospital discharge there was an assumption and expectation that CRT+ service would have access to specialist respiratory equipment such as suction machines, cough assists devices and lung volume recruitment bags. After looking at other community services which could be appropriate there was a gap in available support for multiple sclerosis patients; Lanfine service, home ventilation team and MS nurse specialist do not support these patients with respiratory complications.
- As the telecare project began later due to extra available funding, the pilot operated for 7 weeks instead of 12. Further significant impacts could have been captured with a longer proposal. The project also struggled to market and promote the service in time for full engagement.

## 1.3 Key lessons / Actions planned

- For enhanced hub services, use of TEC has been limited despite input from the ATEC 24 team. Further training and input from these teams to encourage referral and use. This will be fed back to the Hub TEC Champions to address.
- For Telecare services, prior to go live date, awareness sessions should be held with a guarantee of staff availability as well as the need for in depth training for staff use of equipment.
- Whilst the limitations of the team size for the Discharge to Assess pilot are accepted, going forward it would worth considering a different/integrated operating model whereby teams are cross skilled to flexibly support across the hub services. This model would allow for variation in demand from the hospital for the D2A service and staff would have the capacity to assist with other hub tasks. This would also provide staff development and potential opportunities. Workforce development requirements would have to be considered should the operational model be adapted. Future considerations will also include incorporation of care at home to the model. This Test of Change used pathway 0 (rehab only).

- Along with having electronic communications sent out prior to beginning the service, there is scope to improve communications with primary and secondary care services to highlight and enhance awareness of the CRT+ service. There also continues to be a need for an Advanced Physiotherapy Practitioner to provide expert respiratory skills/knowledge and support prescribing requirements, this could be explored more fully. The name of the service was occasionally confusing for referrers who are already familiar with the main community respiratory team (CRT). Following the communications email re-sent at the end of January 2019 we received a few referrals meant for CRT in February 2019. Through liaison with other relevant community services we found that the home ventilation team would be able to support patients with neurodegenerative conditions who had ongoing chronic respiratory complications. It could be beneficial to spend some time with this team to build upon professional relationship and familiarity with each service role.

## 2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

- The Enhanced Hub Services/Home Care Coordinators package provided a consistent service for urgent prevention of admission work and to support discharge. Working to ensure SDS options were fully understood and used where appropriate to widen choice and availability of appropriate care, especially over weekends and during holiday periods.
- The Liberton project recruited Clinical Support Workers to enhance the multi-disciplinary team by providing a trans-disciplinary role working across traditional OT, physio and nursing roles. The post holders were ward based and supported the delivery of the prescribed rehabilitation programmes and acted as a liaison between team members, the patient and their families / carers by ensuring there is a consistent approach to the rehabilitation programme and the key goals and milestones agreed by the MDT are shared.

### 2.1 What went well?

- Enhanced Hub projects facilitated 37 discharges over the weekends of winter months, including 12 Sunday discharges. Working with a team of Home Care Coordinators has been positive and the support of Enhanced Hub Care (EHC) staff has been very helpful ensuring safe practice. Positive qualitative feedback from discharged patients with care allocated has also been well received, with patients expressing relief to be at home and not having to wait for a Monday discharge. Social work resource has been very valuable in each area in managing workload overall. This was particularly noticeable over the Christmas period into the New Year avoiding a spike or upward trend.
- The Liberton project collected high quality qualitative data provided from staff, patients and relatives and built positive relationships, proving the rehabilitation ethos to be extremely important to all. This project has allowed a focused piece of rehabilitation work to take place, work that needed to be tried and tested and allowed a platform and resources to do so. The work has also enabled continued best practice of communication e.g. introducing and continued use of communication boards and will influence workforce plans going forward within Liberton Hospital.
- Physio @ Home who operate a general weekend service, supported work that CRT+ would have picked up if there had been a 7 day service. Their reply – 'We touched base with CRT+ on Fridays and were able to support with a total of 7 respiratory patients (Jan x2, Feb x3, Mar x2)'.
- In total, winter projects resulted in **44 additional weekend discharges**, compared to 32 during winter months 2017/2018. This represents an increase of **28%** in weekend discharges during 2018/2019.

### 2.2 What could have gone better?

- For enhanced hub services, a number of discharges were planned and then subsequently cancelled by the hospital. Reasons for this included pharmacy problems, family requests, transport issues, as well as people becoming progressively unwell.
- The Liberton project had originally aimed to recruit to Assistant Practitioners but, following a series of focus groups, it was felt that an additional Band 2 on the ward would be the best utilisation of winter resource to deliver enhanced rehab and better care

## 2.3 Key lessons / Actions planned

- For Enhanced Hub and Social Work Services, further input to both WGH and RIE sites is needed to ensure that wards are aware that weekend discharges are possible at weekends and holiday periods. Home Care Coordinators who's usual days of work are Mon – Fri expressed a relief at knowing the work that was required for safe discharge and personal planning was done allowing them to plan other discharges and care packages for the following week. There also needs to be a launch or continued work to build trust and change attitudes towards using weekend services. This work should include weekend planning on acute sites for those who are also ready to discharge and work with family to expect discharge. Pharmacy needs to available. Currently discharges are delayed by lack of transport and pharmacy cover.
- Increased capacity of the Discharge to Assess and CRT+ projects to enable effective discharge through weekend and festive periods.
- The Liberton project highlighted the need to use short contracts to employ staff. Although some bank staff were consistent within the wards, a more reliable staffing system would benefit future practice.

# 3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

- Planning for additional urgent primary care based on lessons learned and demand from last year's Festive Practice
- A spreadsheet was developed mapping the annual leave arrangements during the 2 week festive period for all managers and team leads in the 4 localities, hospital and hosted services, and the Executive Management Team. This provided a quick reference tool for cover arrangements and points of contact in each service. Managers and Team Leads were also asked to provide assurance about the level of staffing in place throughout this period, particularly on the weekends and public holidays.
- Staffing for Liberton and AAH based on flow in previous 2 years.

## 3.1 What went well?

- Senior and middle grade leaders available throughout the festive period.
- Local arrangements for managed annual leave plans, ensuring bank/agency staff were not being used to provide cover.
- Festive Practice service opened between 9 am and 5pm on 30th December, 1st January and 2nd January were GPs saw a total of 109 patients. A practice nurse worked on 1st and 2nd and saw 5 patients each of these days. The referrals for the Practice Nurse came from Practices that would have required District Nurses to attend to patients requiring a visit. Providing this service saved 10 DN visits over the two days.
- The AHP Public Holiday Cover proposal allowed extra staffing of Occupational Therapy and Physiotherapy in Astley Ainslie and Liberton Hospitals for staff to work on the festive public holidays to ensure rehabilitation therapy programmes are maintained on both sites to support patient flow.
- EHSCP reduced the number of Delayed Discharges from an average of 212 to **152**; reduced the numbers of people awaiting commencement of and completion of hospital social work assessments from 44 to **23**; demonstrated very similar occupied bed day rates to 2017/18 and would have significantly improved were it not for AWI bed days increasing; significantly reduced rates of A&E attendances and unscheduled admission in December and improved Care at Home capacity. (See graphs attached as appendices)

## 3.2 What could have gone better?

- The festive roster is circulated well in advance of the festive period to enable wide circulation and reach across the partnership.
- Threshold to admission could be reviewed and changed, patients admitted rather than discharged (partly due to overcrowding). EHSCP staff could be present to do assessments of those known to locality rather than admission into the main arc. Focus this on the first few days post Public Holidays.

- It is our view that creating additional capacity in ward 15 created additional delays and reduced the admission threshold.
- A focus on increase of resource to the Partnership rather than focusing on a hospital bed based approach through increasing social work, home care and AHP capacity within winter in EHSCP. This really needs to start in the summer.
- Communication around flow was sometimes unhelpful and lost credibility when daily crisis texts came out re delayed discharge.
- Improved conversations re expectations of what could be delivered in the hospital setting.
- Getting winter guidance from Scottish Government so late in the day, after plans had been formulated.
- Recruitment for backfill for D2A and recruitment for discharge coordinator.

## 3.3 Key lessons / Actions planned

- If successful next year, the festive practice team would like to build on the Practice Nursing element of the service and increase support to Nursing homes over the PH period.
- Do not open additional capacity in an acute setting as the beds will be filled.
- Increase the resource to Partnerships to set the direction as they have the knowledge to enable the direction, decision and risk around discharge.
- Need to increase homecare capacity to support prevention of admission team/ responsive team, and greater accessibility to GPs.
- Need to increase AHP capacity in the community to support winter planning to enable early pull and the management of risk – including weekends
- AWI plans were rejected at planning stage which led to a significant increase in occupied bed days for this client group. Normal staffing (2 WTE MHO) has now been reinstated by the Partnership.
- Several winter funded plans did not get off the ground due to HR delays (job description) and recruitment for such a short period. This is not new.

## 4 Maximise elective activity over winter – including protecting same day surgery capacity

### 4.1 What went well?

**N/A**

### 4.2 What could have gone better?

**N/A**

### 4.3 Key lessons / Actions planned

**N/A**

# 5 Escalation plans tested with partners

## 5.1 What went well?

- Severe Weather Planning Group was created. The purpose of this Group to coordinate severe weather response between the Council, NHS Lothian and the Partnership by pulling together resources (where possible) and by sharing information in order to effectively manage resilience operations.
- Key principles have been agreed involving escalation protocols, key contacts and transport sharing arrangements via a 'Transport Hub'.
- 4x4s were available in each locality

## 5.2 What could have gone better?

- The Group is relatively new and did not benefit from a live trial this year due to this year's mild winter.

## 5.3 Key lessons / Actions planned

- Development and approval of the Group's Terms of Reference
- Test of resources: table top exercise of 'Transport Hub' is to be planned for the Summer.

# 6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

## 6.1 What went well?

- No visible increase in rates of norovirus across the partnership.
- Information on closures and outbreaks provided by Public Health.

## 6.3 Key lessons / Actions planned

- Continued focus and link with escalation plans.

# 7 Delivering seasonal flu vaccination to public and staff

## 7.1 What went well?

- Staff clinics were available at many sites and locations across the partnership
- Flu Vaccinations were advertised well on both CEC/NHS Intranet systems
- Support was provided from the vaccination team for care homes
- District nursing teams offered vaccinations to carers when appropriate
- Engagement from political leaders – Getting the message out
- NHS Staff Uptake rates: This year 17,270 vaccines were issued. Of the total 11,916 completed consent forms returned by mid-March (some are still coming back to be counted), 1395 were for non NHS staff (mainly council staff and some volunteers). It is therefore estimated 17,270 – 1395 = 15875 vaccines were used for NHS staff. With a head count of 26,485 this gives an uptake of **60%** among NHS staff. For Local council social care staff, 585 consent forms were returned for Edinburgh. This shows an increase of **8.9%,** from **51.1**% last year. Edinburgh is now rated as 3rd top mainland Board.
- Clear guidance was included on NHS Inform around eligibility criteria for flu vaccinations for young and unpaid carers. This resulted from a concern raised by one of the IJB members at its September meeting about a lack of clarity around eligibility for this group.

## 7.2 What could have gone better?

- Limited available accurate data to allow a targeted response in areas of low uptake.

## 7.3 Key lessons / Actions planned

- Accurate available data to support ongoing targeted flu vaccination programme.

# 8 Third Sector Services

## VOCAL – Emotional Support for Carers

VOCAL received funding for a psychotherapeutic support pilot where during November and December Carers Support Staff and the Counselling Team identified carers (from caseloads and waiting lists) for whom the festive season would be particularly challenging and worked with them to develop coping strategies drawing on personal assets and also any services that would be open. Those carers who were not confident of their ability to manage or who faced very specific emotional challenges were offered a phone call from a qualified counsellor during the festive period.

### 8.1 What went well?

- The Carers Support Team identified 7 carers who would benefit from therapeutic support. These carers were in a wide variety of caring roles and included one carer who had been recently bereaved, one who had experienced a significant change in caring role, and one who has consistently reported feeling isolated and using alcohol as a coping mechanism.
- All carers identified participated in a phone call of between 25 and 60minutes. The majority were for the full 60minutes. These calls were gave the carer a safe space to explore their thoughts and feelings around their caring situation. Phone calls tended to focus on the impact of caring on relationships, feelings of loss, stress and low mood.
- In two incidences the carer identified some information/practical needs which the Counsellor gained permission to pass on to the Carer Support Staff on duty who followed up on these.
- The counsellor also spoke to two of the 14 carers on the telephone who called into the Carers' Hub (following the promotion of our opening hours) both spoke to Carer Support Workers who addressed the carer's information needs and provided a listening ear but identified there was a need for a more intensive input and offered a follow up call by the counsellor.
- The counsellor also spoke to a carer who attended the drop in who was struggling emotionally and had engaged with the crisis centre earlier that morning as she was having suicidal thoughts.

### 8.2 What could have gone better?/ Key Lessons/ Actions Planned

- A key lesson from the festive support for carers was that this kind of support is very much needed. Those carers who participated in the support highlighted the impact that the support made most notably in terms of addressing emotional and psychotherapic needs, reducing isolation, feeling valued and heard alongside addressing information needs.
- A second key lesson was the need to offer support both in person and over the phone to ensure that the service was accessible to all. The flexibility of the support offered was key to our success reaching vulnerable people at a difficult time.

With a larger amount of funding VOCAL could have had a bigger impact and supported a larger section of the caring population as we were limited by the volume of Therapist time we were able to purchase.

- With larger funding VOCAL would have felt more confident to advertise the support more widely without the risk of over subscription.
- Planning with other third sector colleagues needs to start earlier in the year.

# 9 Top Five Local Priorities for Winter Planning 2019/20*

1. An early, proactive dialogue with acute partners with regards to what community capacity is required to prevent ward 15 opening in 2019/20.
2. An analysis of AWI bed days and ensuring dedicated senior social workers are in place, as well as learning from the East Lothian model of Guardianship.
3. Roll out of D2A model across the partnership.
4. Care Home Falls initiative
5. Enhanced 'front door'/Hub Services including appropriate weekend cover.

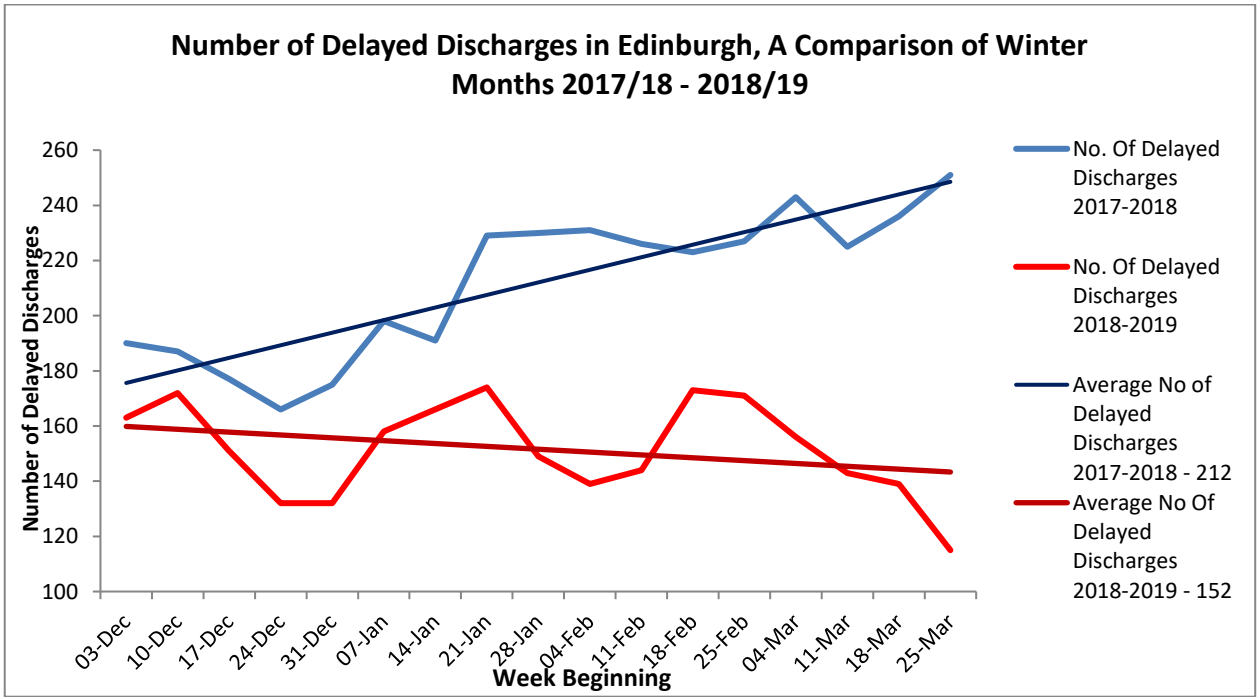
*Top 5 Local priorities are a working discussion, subject to further consultation with Winter Planning Group, Leadership Team and EMT.

# 10 Data Comparisons from 2017/18 to 2018/19

Figures from winter months (Dec-March) have been analysed for comparisons between 2017/18 to 2018/19 to highlight any significant changes in winter period outputs.

**Delayed Discharges –**

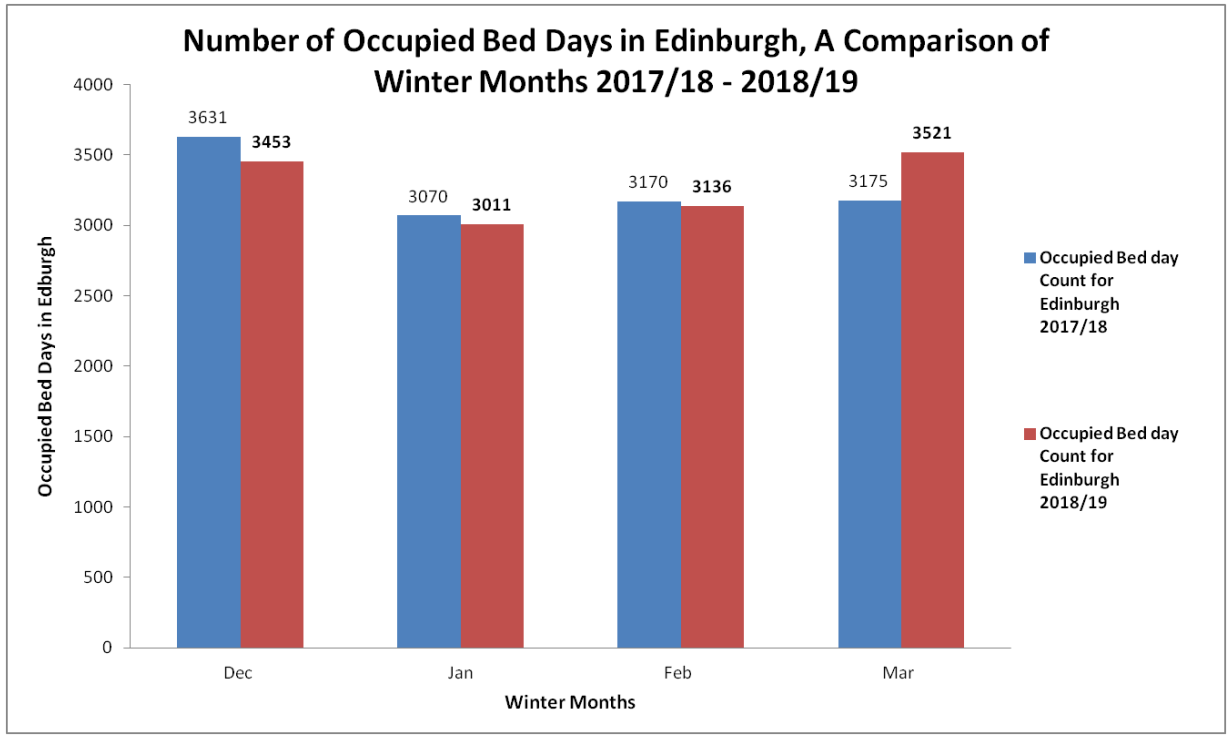
Delayed Discharge figures have been extracted from Hospital Flow Dashboard for Edinburgh correct as of 11/04/2019.



Delayed Discharge figures have been extracted from Hospital Flow Dashboard for Edinburgh correct as of 11/04/2019. As displayed in the graph above, average numbers of Delayed Discharges in Edinburgh have decreased from an average in winter months for 2017/18 of **212** to an average of **152** in 2018/19.

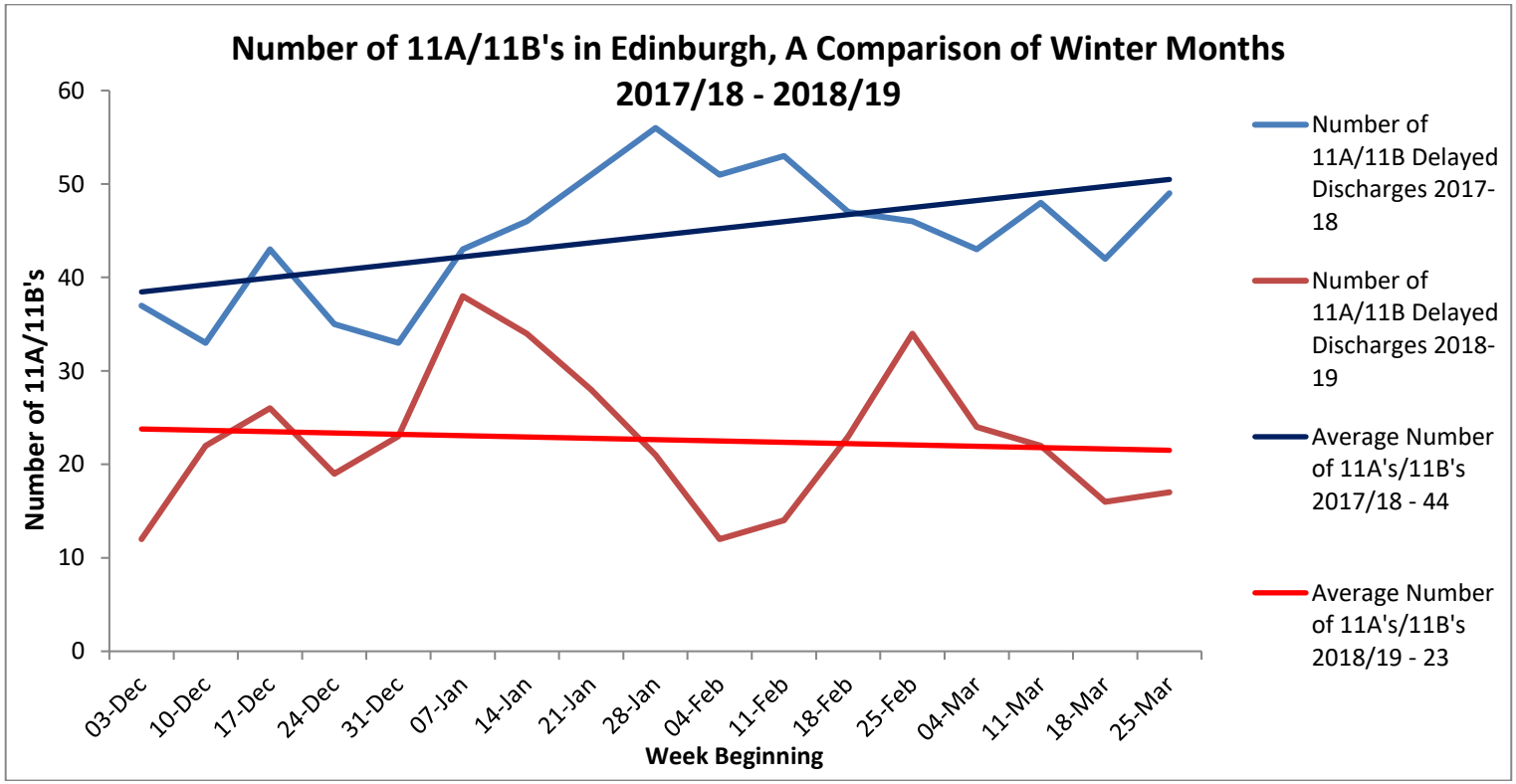
**Occupied Bed Days**

Occupied Bed Days Figures have been extracted from Hospital Flow Dashboard correct as of 11/04/2019.



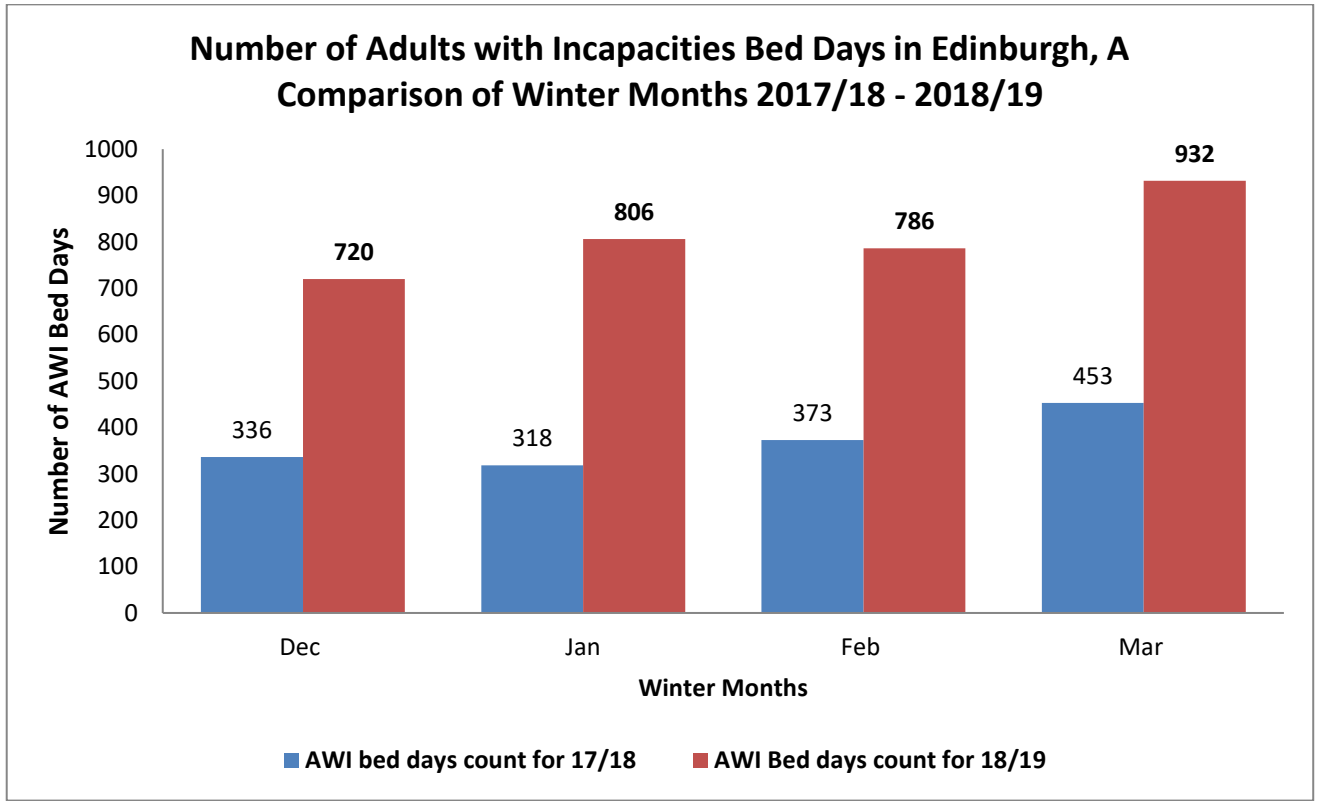

Occupied Bed Days Figures have been extracted from Hospital Flow Dashboard correct as of 11/04/2019. As presented above, similar figures can be seen for winter months 2017/18-2018/19, therefore reflecting the need for more heavily influenced bed day reduction intervention to take place during winter months.

**11A's & 11B's –**



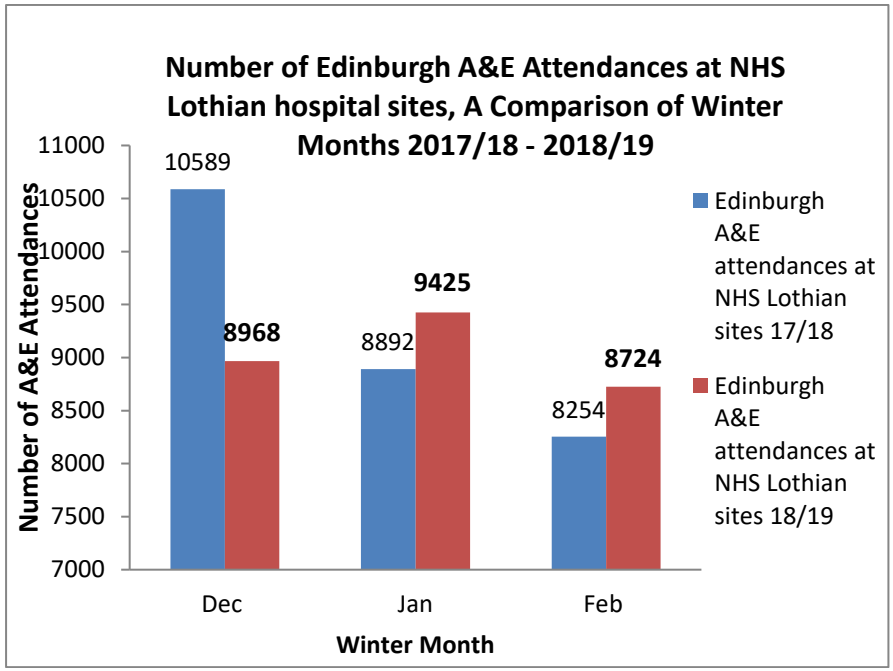

(11A- Number of Patients in Edinburgh awaiting commencement and completion of post – hospital social care assessments (including transfer to another area team), Social Care includes home care and social work occupational therapy). The average number of 11A's/11B's has almost halved from an average figure for winter months in 2017/18 of **44** to an average of **23** in 2018/19. These figures highlight the effectiveness of Social Work enhancement projects during 2018/19, which have delivered the target of reducing unallocated work and the time to allocation.

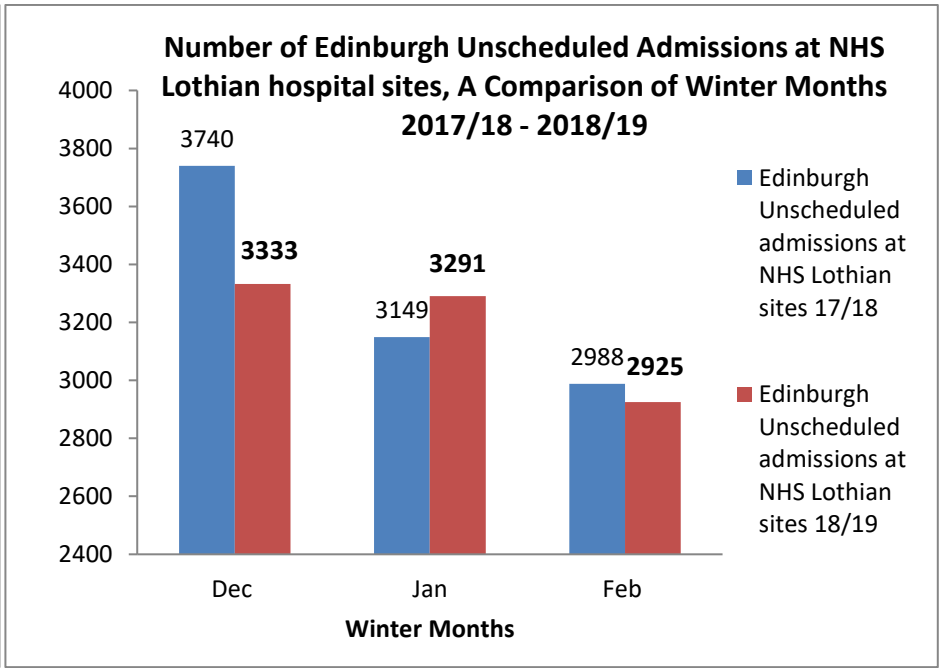
**Adults with Incapacities –**




The high increase in amount of Adult with Incapacity bed days for winter 2018/19 is due to the lack of two dedicated senior social workers whose job is solely to focus on guardianship for these individuals. Funding for this particular aspect of care was not granted in 2018/19.

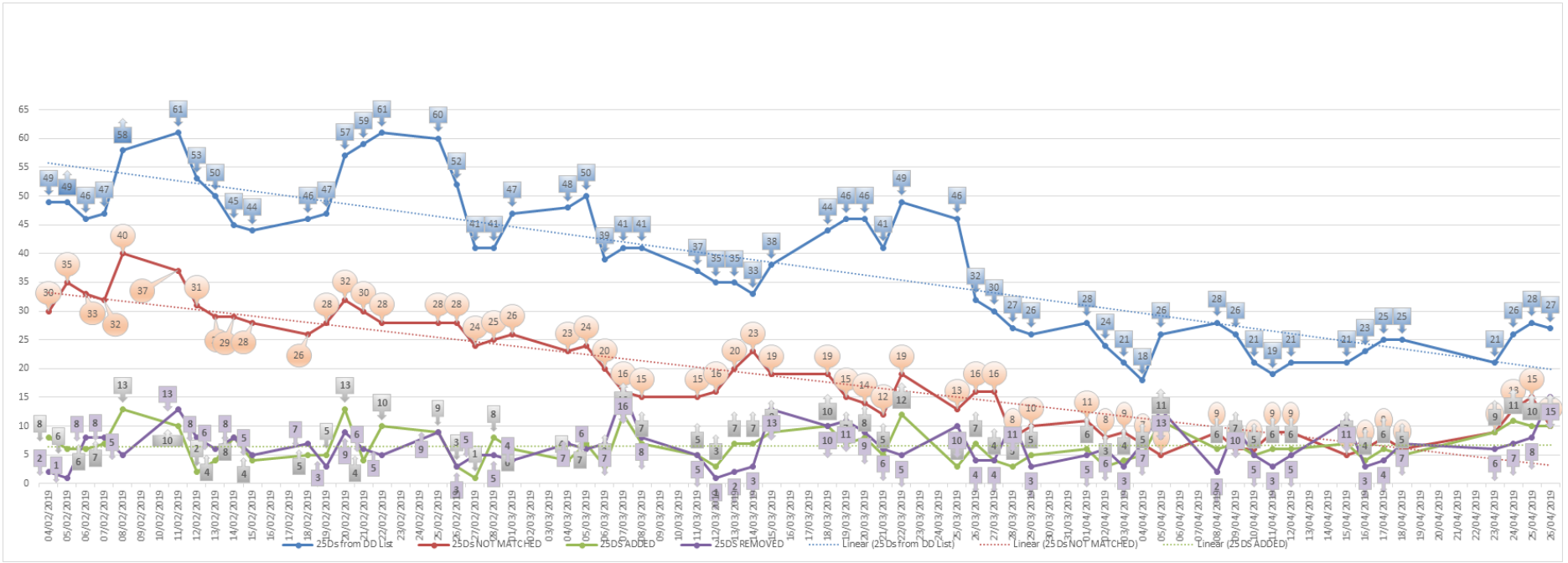
**A&E Attendances & Unscheduled Admissions –**




Rates of A&E attendances and Unscheduled Admissions for Edinburgh have been produced by NHS Lothian ISD. During December a significant drop can be noted for both A&E attendances and unscheduled admissions. However further analysis highlights some variance but no significant difference in months between 2017/18 and 2018/19.

## Care at Home - 25Ds




Comparisons with winter 2018/19 are not available.  Data capture commenced in February 2019.

# 11 Winter Funding 2018/19

| | Amount Allocated | | Added to Deferals @ Year End | | 18/19 Spend |
|---|---|---|---|---|---|
| Festive Public Holiday Enhanced Primary Care Service Model for the City | 36,834 | | 12000 | | 24,834 |
| Liberton Hospital: Assistant Practitioners | 34,616 | | 0 | | 34,616 |
| Festive Public Holiday Cover by AHPs in Astley Ainslie and Liberton Hospitals | 2,284 | | 0 | | 2,284 |
| CRT+ | 31,605 | | 12000 | | 19,605 |
| Hubs: Hospital Social Work Assessments | 56,951 | | 0 | | 56,951 |
| Hubs: Enhanced Therapy Teams | 36,117 | | 23000 | | 13,117 |
| Hubs: Enhanced Discharge Facilitation | 14,507 | | 5000 | | 9,507 |
| Hubs: Assistant Practitioners | 24,200 | | 15000 | | 9,200 |
| Discharge to Assess | 38,672 | | 12000 | | 26,672 |
| Home Care Coordinator | 7,344 | | 7300 | | 44 |
| Discharge to Assess OT/PT | 19,336 | | 8000 | | 11,336 |
| Hubs: Social Work Enhancement | 74,926 | | 20050 | | 54,876 |
| Home Care Manager | 8,267 | | 8250 | | 17 |
| | | | | | |
| **TOTAL** | **385,660** | | **122,600** | | **263,060** |

# Edinburgh Health & Social Care Partnership

# Winter Plan 2018/19

| 1. Business continuity plans tested with partners | | | |
|---|---|---|---|
| **Outcome**:<br><br>The partnership has business continuity management arrangements in place to manage and mitigate all key disruptive risks including the impact of severe weather. | | **Indicators:**<br><br>Progress against any actions from the testing of business continuity plans. | |
| **Action** | **Owner** | **Status** | **Complete** |
| **All business continuity management arrangements to be reviewed and tested** | Pat Wynne | • Regular updating of arrangements with all partners involved through local winter planning meetings.<br>• NHSL and CEC policies and plans in place. Work has been ongoing with EHSCP Business Continuity & Resilience Group with regular meetings to develop joint NHSL/CEC procedures to allow fully integrated responses.<br>• Resilience is on the agendas for Locality Meetings.<br>• Business Continuity Operational Plans on shared drive for all essential services available to Senior Management and Clinical Managers.<br>• Close connection and contact with NHS Lothian and CEC Resilience Leads. NHSL policy and FAQ's on Intranet under HR Online. | Ongoing |
| **Severe weather plans reviewed each year and updates implemented when they occur** | Pat Wynne and Cathy Wilson | • CEC Severe Weather Plan was further developed following the 'Beast from the East' and communicated, outlining plans for capacity & recruitment, prevention and responding to emergencies.<br>• An EHSCP Incident Management Team has been identified<br>• Formal arrangements for secure 'virtual' control rooms (teleconference) are also now in place. On amber/red alert (winter weather) announcement – the | Ongoing |

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| | | Partnership's Resilience Lead and/or Chief Officer will likely request an immediate Partnership Incident Management Team meeting to discuss winter weather resilience arrangements.<br>• CEC Severe Weather Plan includes a plan for EHSCP, including priority sites for road clearance and gritting, information sharing between CEC and NHSL systems to identify vulnerable people in the community, plans for distribution of emergency supplies in the community and arrangements for the deployment of 4 wheel drive vehicles and standard cars with snow tyres.<br>• Agreement reached with Police Scotland to utilise their mini buses to pick up and drop off staff. Police Scotland will provide drivers. | |
| **Norovirus outbreak plans in place** | Sheena Muir for hospital sites<br><br>Cluster Managers for care homes<br><br>Pat Wynne (Gylemuir & QAIG) | • Clinical Nurse Managers to ensure HAI protocols in place.<br>• Ensure care home managers are aware of and implementing infection control procedures across care settings.<br>• For Care Homes this comes under NHSL Health Protection.<br>• For inpatient areas all Infection Control policy and advice is on NHSL Intranet and there is link to Advisor.<br>• Ensure compliance with all infection control procedures.<br>• Have access 7 days to advisor via duty Infection Control Nurse.<br>• Monitored through EHSCP Quality Improvement Advisory Group. | Ongoing |

| 2. Escalation plans tested with partners | | | |
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| **Outcome**:<br><br>Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site & locality management team with clear parameters on whole system escalation processes. | | **Indicators:**<br><br>1. Attendance profile by day of week and time of day managed against available capacity;<br>2. % occupancy of ED<br>3. utilisation of trolley/cubicle<br>4. % patients waiting for admission over 4,8,12 hours<br>5. Admission profile per locality by day and by week | |
| **Action** | **Owner** | **Status** | **Complete** |
| **Escalation plans for partnership hospitals, HBCCC facilities and Local Authority Care Homes** | H&SCP management team | • Liberton Hospital will have internal escalation procedures with clear trigger points and actions.<br>• For the Intermediate Care / Interim Care beds at Liberton Hospital there are much improved systems/processes in place for MDT discussions and GP rapid rundowns to ensure that decision making is as timely as possible with regards to discharge planning, so patients are identified as 'ready for discharge' as soon as possible. The challenge is that for many patients who require ongoing care in the community their discharge is delayed until a POC is available for them. A waiting list is maintained for the beds so when discharge dates are known, admissions are planned from the waiting list so the beds are occupied again on the same day. The AAH Discharge Hub monitors the waiting list daily, attends twice daily teleconferences with acute services so they are aware of any areas of particular pressure so patients can be taken 'out of turn' from the waiting list if it is more helpful to the whole system (3 –way moves for example can be more beneficial than 2-way moves). Sheena Muir is in regular contact with the AAH | In place and ongoing monitoring |

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| | | Discharge Hub throughout the day especially over winter and has knowledge /early sight of any specific issues which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton over winter. Any escalations will be via Tom Cowan to the EMT / Chief Officer.<br>• HBCCC wards different as turnover is usually by patient death rather than discharge though not exclusively.<br>• Community-wide escalation procedures will be agreed with clear triggers and actions. A de-escalation process will be agreed likewise.<br>• Ongoing work with Care Homes to ensure timely assessment and discharge from hospital. | |
| **3. Safe & effective admission/discharge continues in the lead-up and over festive period and also in to January** | | | |
| **Outcome:**<br><br>Emergency and elective patients are safely and effectively admitted and discharged throughout the month of December and up until the 24th and over the festive holiday period including the 2 public holiday breaks. The partnership should ensure that delayed discharge patients are effectively discharged up until the 24th December, and from the 26th December onwards including transfer into care home, new packages of cares and restart packages of care. This will help ensure that patients do not have unnecessary stays in hospital, medical boarding into surgical wards is reduced and hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January. | | **Indicators:**<br><br>• Delayed discharge patients continue to discharge from the acute hospitals up until the 24th December and throughout the festive period weeks. Including over the PHs and weekend periods:<br>- New package of care;<br>- Restart package of care;<br>- Transfer to care home<br>- Transfer to HBCCC;<br>- Transfer to Intermediate Care at Liberton<br>• Levels of medical boarding into surgical wards are reduced.<br>• Delayed discharge quotas and trajectories on target.<br>• Bed occupancy is reduced and around 85%. | |
| a. Prevention of hospital admissions where appropriate<br><br>b. Facilitate early discharges & reduce occupied bed days<br><br>c. Staffing and resources appropriate to meet demand | **Fiona Wilson**<br><br>**Tom Cowan** | **Hub and Cluster Capacity and Flow Realignment**<br>• The Partnership has seconded a delayed discharge lead to work with the Hub Managers and Discharge Coordinators to ensure timeous flow across the whole system<br>• A Hub Redesign Team are meeting weekly and have | **Ongoing (as part of Essential Action 2)** |

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| | | a proactive plan to deliver a range of improvements across the Hubs in a consistent manner that will enhance access to our POA services and facilitate earlier and more discharges.<br>• We have established performance management and trend data to ensure that the correct resources are applied at the right time, right place and in the right format.<br>• Daily Multi Agency Triage Team (MATT) Huddles;<br>• Daily UCC Debrief on day before performance (as required);<br>• Whole System Capacity Link via Teleconference (as required);<br>• End of Day Rapid Run Downs;<br>• Weekly Delayed Discharge meetings<br>• Links to Hospital Emergency Access & Winter Planning Meeting;<br>• We are conducting demand and capacity analysis (DCAQ) within Hubs to establish capacity gap<br><br>• Use DCAQ analysis to inform options analysis on options for increasing capacity at locality level.<br>• CRT proactively preventing avoidable COPD admissions.<br>• Falls - screening for patients falling at home, admitted with fall, or deemed at risk of future falls. System in place through Community Alarm & Telecare Service for uninjured fall patient. Developing improved onward referral pathways for winter 2018 with localities. This will be part of the Hub response for winter.<br>• GP Anticipatory Care Plans for nursing home residents/identified patients at risk well developed and active in x care homes.<br>• Closer working with Care Homes to avoid unplanned admissions to acute settings.<br>• Edinburgh has just implemented a sustainable community support programme which should deliver a 10% increase in care at home capacity over the winter | |

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| | | period.<br>• Implementation of the Carnall Farrar recommendations (1st quarter), which covers the winter period, will result in Hub redesign – one Hub in four locations – creating a single point of access and an improved interface between acute social work/community, as well as stretch targets for localities. By February 2019, the trajectory for Delayed Discharge will be 111 (currently 244).<br>• Hospital at Home will be rolled out to the North West of the City<br>• Work is ongoing to determine how we can build on last year's winter successes where 32 additional hospital discharges were facilitated by the enhanced Hub Services. | |

**4. Strategies for additional surge capacity across Health and Social Care Services**

| **Outcome:** | **Indicators:** |
|---|---|
| The risk of increased admission into hospital, and the associated capacity blockages this causes due to community capacity gap in resources is minimised. The staffing plans for additional surge capacity across health and social care services are agreed in October. This surge capacity is related to addition therapy staff to support long terms conditions, manage the length of stay from the acute hospitals and prevent unnecessary hospital admission. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment. | • Additional staff in place to support:<br>a. chronic conditions & people at risk;<br>b. management of hospital LOS & DC<br>c. additional intermediate beds in the community and the planned date of introduction of these beds;<br>d. Levels of boarding.<br>e. Planned number of extra care packages<br>f. Planned number of extra home night sitting services<br>g. Planned number of extra next day GP and hospital appointments |

| **Action** | **Owner** | **Status** | **Complete** |
|---|---|---|---|
| a. Prevention of admission<br><br>b. Escalation and business continuity procedures<br><br>c. Anticipatory Care Planning (ACP) | Hub Managers | • Proactive management of patients at risk and vulnerable adults in the community through Locality Hubs along with - immediate assessment and proactive management of patients at risk of admission;<br>• Falls - screening for patients falling at home, admitted with fall, or deemed at risk of future falls; this should | Ongoing |

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| d. Supporting GP Capacity | | improve falls admissions rate through pathways to be implemented for winter for those at high risk of falling.<br>• Increased capacity of falls co-ordination post.<br>• Closer working with Care Homes to avoid unplanned admissions to acute settings.<br><br>**Winter Bids that have been funded for EHSCP are** :-<br><br>• **Festive Practice** – provision for the second year of a city centre walk in clinic for 3 public holidays over the festive period (the service will not run on Christmas Day) Will avoid presentations at A&E, LUCS and IHTT<br>• **CRT+** - The referral criteria of the Community Respiratory Team will be widened to include acute respiratory infections in frail elderly (by GP referral) without a diagnosis of chronic respiratory condition.<br>• **Enhanced Locality Hubs** – The Hubs will be enhanced in the following ways: Assistant Practitioners will be employed to reduce falls presentations and reduce the risk of a further admission after a first fall; the number of staff undertaking enhanced discharge facilitation will be increased. These staff will be hospital based and will directly track patients from specific localities to provide more consistent support to flow by supporting early discharge for more people; additional physiotherapy capacity will be provided to assess and treat people at risk of admission to support early discharge with the aim of providing rehabilitation in the home as an alternative to continued hospital stay and; hospital based social work will be increased in order to improve responsiveness and reduce length of stay and delay<br>• **Assistant Practitioners at Liberton Hospital -** will be employed to enhance multi-disciplinary teams by providing a trans-disciplinary role working across traditional occupational therapy, physiotherapy and nursing roles. The post holders would be ward based | |

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| | | and support the delivery of the prescribed rehabilitation programmes and act as a liaison between team members, the patient and their families / carers by ensuring there is a consistent approach to the rehabilitation programme and the key goals and milestones agreed by the MDT are shared<br>• There will be **occupational therapy and physiotherapy cover at both Liberton and Astley Ainslie Hospitals** on the festive public holidays, to ensure rehabilitation therapy programmes are maintained on both sites to support patient flow.<br>• A **Discharge to Assess** test of change will be implemented, targeting patients in hospital requiring rehabilitation and facilitating their pull to community. This joint bid will facilitate movement between the North West Hub and WGH high volume older people flow, providing equity of rehabilitation across the site and targeting patients currently prioritised out of treatment due to lack of capacity particularly in MOE and ORS and other areas across WGH. This will also improve patient function and resilience with the aim to reduce package of care requirements or requirements for continuing care, focus on realising capacity for pathway zero in Discharge to Assess, and reduce length of stay<br><br>**Winter bids that remain unfunded but may be considered in the event of any slippage are:-**<br><br>a. **PLAAN Phase 2**<br>b. **ACPs & CMHTs**<br>c. **AWI/Guardianship** | |
| **5. Whole system activity plans for winter: post-festive surge/respiratory pathway** | | | |

| **Outcome:** | **Indicators:** |
|---|---|
| The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. The hospital models will include flows between front doors, receiving units, and downstream wards.<br><br>The partnership must respond accordingly to support delivery of the daily quotas of discharge from the acute hospital and to ensure as far as possible, as many high risk respiratory patients are managed safety at home. | • Respiratory presentations to the acute hospital<br>• Respiratory admissions to the acute hospitals<br>• Respiratory boarding patients out with the acute respiratory bed bases<br>• Daily number of cancelled elective procedures<br>• Number of respiratory admissions and variation from plan<br>• Numbers of respiratory patients under the management of CRT |

| **Action** | **Owner** | **Status** | **Complete** |
|---|---|---|---|
| Flow activity to be managed through the partnerships range of services and supports | H&SCP Management team<br><br>Locality Managers<br><br>Angela | • Daily MATT Huddle with specific focus on the older patient and respiratory admissions to hospital, notably those patients with ACP.<br>• 9.30am System Teleconference with the Acute Hospital with specific focus on patients who are able to discharge with support from CRT or other Hospital at Home Services (as required)<br>• Ongoing weekly senior manager meeting to review and address all delays involving patients at weekly partnership wide Delayed Discharge meeting. Plus in the hospital sites there are weekly meetings to review all delayed discharges.<br>• Increased support within Care Homes to review pathways and reduce hospital admissions through improved local care and decision making – Anticipatory Care Planning<br>• Monitoring of care at home providers to ensure maximum contracted hours are being delivered and that appropriate level of care is being delivered particularly over the festive period.<br>• CRT+ Team will be working with Acute Respiratory | Plan in place to be regularly reviewed and updated |

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| | Lindsay Katie McWilliam | Services to mirror their January model of delivery.<br>• Up scaling telecare deployment to over 65's and to meet 4-hour provision for Discharge to Assess<br>• Chalmers – provision of a city centre walk in clinic for three of the public holidays over the festive period. Will avoid presentations at A&E, LUCS and IHTT. | |

| **6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance** | | | |
|---|---|---|---|
| **Outcome:**<br><br>NHS Boards have and use a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.<br><br>The partnership should use this available intelligence and with support from Strategy & Insight teams, to plan and monitor winter activity. | | **Indicators:**<br><br>• Agreed and resourced analytical plans for winter analysis.<br>• Daily analysis via the Hub Managers<br>• Weekly analysis via Locality Performance review of hub services | |
| **Action** | **Owner** | **Status** | **Complete** |
| Data analysis to respond to increased demand | H&SCP Management team | • Tableau Dashboard was further developed in 2017<br>• Specific output and measures associated with funding proposals<br>• Philip Brown can support data and analysis | Systems in place and on-going monitoring and analysis |

| **7. Workforce capacity plans & rotas for winter / festive period/ agreed by end of October** | |
|---|---|
| **Outcome:**<br><br>Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services.<br><br>Maintain discharges at normal levels over the two 4 day festive holiday | **Indicators:**<br><br>By locality:<br>a. Workforce capacity plans & rotas for winter / festive period agreed by October;<br>b. Effective local escalation of any deviation from plan and actions to address these;<br>c. Extra capacity scheduled for the 'return to work' days after the four day |

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| periods | | festive break factored into annual leave management arrangements.<br>d. Number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges | |
| Festive period and public holidays | H&SCP management team<br><br>Pat Wynne<br>Eileen McGuire | • Rostering appropriate staffing and resources to maintain services through the 2-week festive period.<br>• Managers will ensure leave is appropriately managed to ensure sufficient capacity to cope with winter demands. A revised process had been agreed by CEC and NHSL HR.<br>• On call rota for duty managers and clinical service leads are in place.<br>• DN service runs 365 days a year with system to cover all weekends and PH across the year.<br>• Emergency Social Work Service will continue to provide an emergency social work response to situations that occur out with core hours including public holidays throughout the winter period.<br>• Enhanced hub capacity will facilitate public holiday discharges.<br>• Pan city review of care home agency utilisation.<br>• Festive Practice – provision of a city centre walk in clinic for three of the public holidays over the festive period. Will avoid presentations at A&E, LUCS and IHTT. | Protocol in place |

| **8. Discharges at weekend and bank holiday** | | | |
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| **Outcome:**<br><br>Patients are discharged at weekend and bank holidays to avoid unnecessary stays in hospital, minimise boarding of medical patients into surgical wards and to improve flow through the hospital.<br><br>There is reduced hospital occupancy over the 7 days and earlier discharge in the day. | | **Indicators:**<br><br>• % of discharges for weekends and public hospitals are consistent with week day [patterns<br>• Boarding numbers are minimised in surgical wards<br>• Daily discharge quotas are delivered | |
| **Action** | **Owner** | **Status** | **Complete** |

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| Enhanced staffing within the locality Hubs will facilitate additional discharges at weekends and on public holidays. | Hub Managers | • Weekend hospital discharges can be arranged at any point. This winter plan creates capacity for discharge planning to be undertaken at weekends, increases the support available to enable weekend discharges to happen and will provide a hospital presence to support active criteria led discharge at weekends and on public holidays for the Test of Change in North West as a minimum. The aim is for this to be City wide dependent on staffing levels.<br>• Plans are in development for Hub staff doing Discharge to Assess to in reach to acute sites (RIE and WGH) at weekends and on public holidays.<br>• Hub weekend services are under development<br>• CRT will be working 7 days and public holidays | Ongoing |
| **9. The risk of patients being delayed on their pathway is minimised** | | | |
| **Outcome:**<br><br>SYSTEM BAROMETER FOR FLOW:<br>• Crowding in the Emergency Dept or Acute Receiving Unit is avoided due to available hospital bed capacity at any one time.<br>• Cancellation of elective surgery is avoided due to available hospital bed capacity at any one time. | | **Indicators:**<br><br>• Crowding at any one point in the ED and ARAUT (RIE 35 cubicles and ARAUT 18 cubicles). This level of information can be accessed via the Acute Site Daily UCC Debrief.<br>• Cancellation of Elective Surgery<br>• % of discharges before noon<br>• Levels of boarding medical patients in surgical wards | |
| **Action** | **Owner** | **Status** | **Complete** |
| Ensure there is effective community capacity daily to support the essential discharge quotas from hospital for every patient, including those high risk patients. | Sheena Muir and DD Lead<br><br>Hub Managers | DAILY FLOW ACTIVITY:<br>• MATT Huddles of all hospital delays daily and facilitate timely provision of community supports.<br>• UCC Debriefs to review previous day activity and escalation markers (as required)<br>• Teleconferencing across sites re beds twice a day Monday – Friday (as required)<br>• Single point of contact between Localities/Hubs and RIE Discharge Hub. Hospital in-reach to liaise on a | In place and ongoing monitoring |

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| | | daily basis with the Discharge Hub;<br><br>WEEKLY<br>• Weekly Partnership meeting focused on delayed discharges and weekly whole system teleconference.<br>• Ensure availability of multi-disciplinary team for patients returning from hospital and those being managed at home via the Hubs;<br><br>OTHER<br>• Continuity planning for Care Provider organisations, carer support organisations and the community & voluntary sector.<br>• Work underway to implement referral pathway from Social Care Direct to Locality Hubs and inter referrals between flow centre and the Hubs.<br>• Carer Discharge Support Workers within each locality hub and each hospital site.<br>• Pathways into Hubs and from Hubs to other services to be reviewed to ensure accessibility and to remove duplication.<br>• Falls – priority actions identified for winter period<br>• Proactive identification of people at risk or falls within localities – development of fall 'hotspots' map. Prioritise training and falls assessments.<br>• Long Term Conditions Team working with Scottish Ambulance Service to develop service COPD patients<br>• Establishing training to be delivered by falls team within identified care homes<br>• Review of Fallen Uninjured Person Pathway (FUPP) (hosted by CATS) test of change: extend scope to fallers at home alone.<br>• Review falls pathways for people referred to Day hospital - ensuring seamless information flow to/from hubs and GPs | |
| **10. Communication Plans** | | | |

| **Outcome:**<br><br>The public and patients are kept informed of winter pressures, their impact on services, and the actions being taken. | | **Indicators:**<br><br>• Daily record of communications activity<br>• Early and wide promotion of winter plan | |
|---|---|---|---|
| **Action** | **Owner** | **Status** | **Complete** |
| Information Management | Ann Duff | ▪ Briefing & copy of winter plan to all on call clinical staff and partner organisations.<br>▪ Regular local winter planning meetings with key partners and feed into the Lothian Winter Planning meetings.<br>▪ Communications is a standing item on EHSCP Winter Planning Group agendas.<br>▪ A first draft of this year's Communication Plan has been developed. Priorities to be agreed and then these have to fit with the NHSL overarching Communications Strategy which will take the lead on the wider winter communications<br>▪ A series of targeted communications began on 22 October vaccination for:<br>- High risk/frontline staff about getting the flu vaccine<br>- Care home staff about the importance of anticipatory care plans<br>- Social Care Direct staff to allow them to signpost callers to the right service<br>- Homecare staff on keeping themselves and clients safe and healthy over winter<br>- Those with long term condition<br>- Those most at risk of falling<br>- Unpaid carers<br>- | Ongoing |
| **11. Preparing effectively for norovirus** | | | |

| **Outcome:**<br><br>The risk of Norovirus outbreaks becoming widespread throughout a hospital or care home is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17). | | **Indicators:**<br><br>• Number of wards and care homes closed to Norovirus<br>• Application of HPS Norovirus guidance. | |
|---|---|---|---|
| **Action** | **Owner** | **Status** | |
| Robust Norovirus outbreak management<br><br>Introduction and monitoring of the HPS Norovirus Outbreak Guidance (2016/2017) | Sheena Muir + Cluster Managers | • Clinical Nurse Managers to ensure HAI protocols in place.<br>• Ensure care home managers are aware of and implementing infection control procedures across care settings.<br>• Links with Care Home Liaison and specific objective re this issue.<br>• Ensure compliance with all infection control procedures. | Ongoing |
| **12. Delivering seasonal flu vaccination to staff and public** | | | |
| **Outcome**:<br><br>CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance | | **Indicators:**<br><br>• % uptake for those aged 65+ and 'at risk' groups;<br>• % uptake of staff vaccine by site & locality and variance from planned levels in line with CMO | . |
| **Action** | **Owner** | **Status** | |
| Seasonal Flu | Pat Wynne | • Carer vaccination to be encouraged by GP practices. Also when vaccinating housebound, carers should also be vaccinated for care homes and community hospital long stay patients.<br>• Ongoing active campaign to increase staff uptake of flu vaccination particularly front line staff with patient contact and including the social care sector (care homes/care at home).<br>• A Housebound Flu Vaccination team is in place<br>• Flu Champion identified for each locality, hosted | Ongoing |

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| | | services, HBCCC and Rehab.<br>• Clinic dates are published on Council Orb and NHSL Intranet. | |

# Edinburgh Health & Social Care Partnership - Winter Plan 2018/19

## Summary of Key Actions

Actions taken to help prepare for this winter by business units

- The Locality Hub teams will be enhanced in the following ways:
  - Assistant Practitioners will be employed to reduce falls presentations and reduce the risk of a further admission after a first fall
  - The number of staff undertaking enhanced discharge facilitation will be increased. These staff will be hospital based and will directly track patients from specific localities to provide more consistent support to flow by supporting early discharge for more people
  - Additional physiotherapy capacity will be provided to assess and treat people at risk of admission to support early discharge with the aim of providing rehabilitation in the home as an alternative to continued hospital stay
  - Hospital based social work will be increased in order to improve responsiveness and reduce length of stay and delay
- The referral criteria of the Community Respiratory Team will be widened to include acute respiratory infections in frail elderly (by GP referral) without a diagnosis of chronic respiratory condition.
- A Discharge to Assess test of change will be implemented, targeting patients in hospital requiring rehabilitation and facilitating their pull to community. This joint bid will facilitate movement between the North West Hub and WGH high volume older people flow, providing equity of rehabilitation across the site and targeting patients currently prioritised out of treatment due to lack of capacity particularly in MOE and ORS and other areas across WGH. This will also improve patient function and resilience with the aim to reduce package of care requirements or requirements for continuing care, focus on realising capacity for pathway zero in Discharge to Assess, and reduce length of stay.
- Assistant Practitioners at Liberton Hospital will be employed to enhance multi-disciplinary teams by providing a trans-disciplinary role working across traditional occupational therapy, physiotherapy and nursing roles. The post holders would be ward based and support the delivery of the prescribed rehabilitation programmes and act as a liaison between team members, the patient and their families / carers by ensuring there is a consistent approach to the rehabilitation programme and the key goals and milestones agreed by the MDT are shared

- The Festive Practice will be in operation for the second year at Chalmers Sexual Health Centre, providing additional urgent primary care, treatment of minor injuries, and wider social care support at periods of peak demand. This model will draw activity from pressurised services such as Emergency Departments, LUCS and mental health services. This is a refined version of last year's model, making better use of nursing available by taking referrals from Practices and direct from A&E over the festive period for patients able to travel who require dressing or other treatment to free up District Nursing time. The Practice will also liaise with LUCS to cover Nursing home visits.
- There will be occupational therapy and physiotherapy cover at both Liberton and Astley Ainslie Hospitals on the festive public holidays, to ensure rehabilitation therapy programmes are maintained on both sites to support patient flow.
- EHSCP flu campaign commenced on 1 October 2018 focussing on highlighting the serious nature of flu and urging those eligible for the vaccine to act early to ensure they are ready for flu ahead of winter. Information about eligibility for the vaccine has been widely circulated, as has information about staff flu clinics, on both the Council's orb and NHS intranet.
- EHSCP has developed a Communications Plan for winter 2018/19. A series of targeted communications will begin on 22 October for:
  - High risk/frontline staff about getting the flu vaccine
  - Care home staff about the importance of anticipatory care plans
  - Social Care Direct staff to allow them to signpost callers to the right service
  - Homecare staff on keeping themselves and clients safe and healthy over winter
  - Those with long term condition
  - Those most at risk of falling
  - Unpaid carers
- Winter weather resilience plans are in place and an Incident Management Team has been identified. Formal arrangements for secure 'virtual' control rooms (teleconference) are also now in place. On amber/red alert (winter weather) announcement – the Partnership's Resilience Lead and/or Chief Officer will likely request an immediate Partnership Incident Management Team meeting to discuss winter weather resilience arrangements.

## Additional Capacity / Resource

Purchased as a result of winter allocation

| Ref | Project Title | Values Sum of Proposed Winter Plan | Sum of Proposed Budget |
|---|---|---|---|
| EHSCP | Discharge to Assess | 42,332 | 38,672 |
| | CRT+ | 34,597 | 31,605 |
| | Festive Public Holiday Cover by AHPs | 2,500 | 2,284 |
| | Festive Practice | 40,320 | 36,834 |
| | Locality Hub: Hospital Social Work Assessment | 62,341 | 56,951 |
| | Locality Hub: Additional Physiotherapy | 39,535 | 36,117 |
| | Locality Hub: Assistant Practitioner (Falls) | 26,491 | 24,200 |
| | Locality Hub: Enhanced Discharge Facilitation | 15,942 | 14348 |
| | Liberton Assistant Practitioners | 38,040 | 34,236 |

Funded as of 19 September 2018 by NHS Lothian Unscheduled Care Committee

## Unnecessary Admissions

Highlight which schemes, which have currently been committed funds, will avoid unnecessary admissions.

The following schemes, which have been detailed above, will avoid unnecessary admissions:

- CRT+
- Festive Practice
- Assistant Practitioners for Falls in the Hubs
- Additional Physiotherapy provision in the Hubs

## Improvement Trajectories

Highlight which schemes, which have currently been committed funds, will support delayed discharges

The following schemes, which have been detailed above, will support weekend and delayed discharges:

- CRT+
- Discharge to Assess
- Festive Public Holiday Cover by AHPs
- Hub Hospital Social Work Assessment
- Additional Physiotherapy provision in the Hubs
- Hub Enhanced Discharge Facilitation

Response to Health Workforce, Leadership and Service Transformation Directorate letter dated 16th October 2018

The Partnership aims to build on successes from winter 2017/18, where 32 additional hospital discharges were facilitated by the enhanced Hub Services.

Edinburgh has just implemented a sustainable community support programme which should deliver a 10% increase in care at home capacity over the winter period.

Implementation of the Carnall Farrar recommendations (1st quarter), which covers the winter period, will result in Hub redesign – one Hub in four locations – creating a single point of access and an improved interface between acute social work/community, as well as stretch targets for localities. By February 2019, the trajectory for Delayed Discharge will be 111 (currently 244).

**Winter 2018/19 - EHSCP**

| | Amount Allocated | | Added to Deferals @ Year End | | 18/19 Spend |
|---|---|---|---|---|---|
| Festive Public Holiday Enhanced Primary Care Service Model for the City | 36,834 | | 12000 | | 24,834 |
| Liberton Hospital: Assistant Practitioners | 34,616 | | 0 | | 34,616 |
| Festive Public Holiday Cover by AHPs in Astley Ainslie and Liberton Hospitals | 2,284 | | 0 | | 2,284 |
| CRT+ | 31,605 | | 12000 | | 19,605 |
| Hubs: Hospital Social Work Assessments | 56,951 | | 0 | | 56,951 |
| Hubs: Enhanced Therapy Teams | 36,117 | | 23000 | | 13,117 |
| Hubs: Enhanced Discharge Facilitation | 14,507 | | 5000 | | 9,507 |
| Hubs: Assistant Practitioners | 24,200 | | 15000 | | 9,200 |
| Discharge to Assess | 38,672 | | 12000 | | 26,672 |
| Home Care Coordinator | 7,344 | | 7300 | | 44 |
| Discharge to Assess OT/PT | 19,336 | | 8000 | | 11,336 |
| Hubs: Social Work Enhancement | 74,926 | | 20050 | | 54,876 |
| Home Care Manager | 8,267 | | 8250 | | 17 |
| | | | | | |
| **TOTAL** | **385,660** | | **122,600** | | **263,060** |

**Item 6.2**

# Report

## Scottish Government - Seek, Keep and Treat Funding
## Edinburgh Integration Joint Board

21 June 2019

## Executive Summary

1. In August 2018, £1.41m recurring funding was allocated to The Edinburgh Integration Joint Board by Scottish Government. The purpose of the funds is to expand and innovate services which will reduce alcohol and drug related harm in line with the new Alcohol and Drug Strategy for Scotland.

2. The EADP, as the lead partnership forum, was asked to develop plans for the use of this funding and the Executive and Core Group developed a co-produced spending plan in response to the local needs assessment and the government guidance.

3. Having now ensured the affordability of this plan, this report seeks the approval of the Edinburgh Integrated Joint Board (EIJB) for the use of the funding to facilitate the implementation of the plan, aligned to the Scottish Government strategy, and in response to local need.

## Recommendations

4. The Integration Joint Board is asked to:

   i. Agree the priorities identified through the extensive co-production exercise approved by the EADP Executive.

   ii. Agree the financial plan set out in paragraph 17 of this report.

   iii. Delegate to the Chief Officer the responsibility to work with the EADP in order to:

   - Prioritise within the spending plan and begin implementation.
   - Confirm the final spending plan with the Scottish Government based on the EIJB's decision.

## Background

5. It was announced in the Programme for Government in September 2017 that the new Scottish Government drugs policy would be "*guided by a principle of ensuring the best health outcomes for people who are, or have been, drug users; our aim being to seek, keep and treat those who need our help*". This policy is based on a succession of national debates calling for a focus on the needs of those at the greatest and most immediate risk of harm involving drug and alcohol related deaths. Initially, £20m was allocated to support the initiative nationally. In anticipation of this funding being released, the EADP began a process to prepare strategic plans.

6. In August 2018, the Scottish Government indicated that £17m of funds would be released nationally to directly tackle the following challenges:

    - Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services
    - Reduce waiting times for treatment and support services, particularly waits for opioid substitution therapy (OST)
    - Improved retention in treatment particularly those detoxed from alcohol and those assessing OST
    - Development of advocacy services
    - Improved access to drug/alcohol treatment services amongst those accessing impatient hospital services
    - Whole family approaches to supporting those affected by problem drug/alcohol use
    - Continued development of recovery communities

7. The EIJB was allocated £1,414,407 per annum.

8. Each IJB, working with its local ADP was required to submit a draft spending plan by 26 October 2018, using a template that the Scottish Government provided. The letter explicitly required the spending plans to be linked to the identified challenges to deliver "system change".

## Main report

9. This section describes the process by which the EADP Core Group has identified the essential areas for investment. This work was led by the Treatment and

Recovery Collaborative which represents all organisations, statutory and third sector, who provide specialist addictions treatment and support and was informed through service user and carer consultation, a needs assessment and research work previously undertaken locally and nationally. The key areas of local need are set out in Table 1 below.

Table 1:

| Priority population groups in need |
| --- |
| • Currently/ recently dependant, adult, high risk opiate/ benzodiazepine / poly drug users in the community. These people are: In treatment in secondary care (c10%); In treatment in primary care (c40%); out of treatment (c 50%)<br><br>• Drinkers at high risk of/ experiencing alcohol related death, alcoholic liver disease, alcohol related brain disorder, or other severe alcohol-related physical and mental illness. |
| **Priority unmet/ under met need** |
| • Speed of initiation of Opiate Substitute Therapy and titration in for those presenting at the hubs who were not on a script.<br><br>• Reaching hardly reached vulnerable groups by providing assertive outreach and accelerated treatment access for those at highest risk. Including more actively following up after: hospital contact ; referral or attending drop in and whom we consider high risk; police custody and prison; vulnerable persons processes; those using pharmacy Injection Equipment Provision; those at risk of discharge from or disengaging from prescribing.<br><br>• More emphasis on evidence-based care in prison which links with an effective transition of care at release.<br><br>• Reduce isolation by providing access to meaningful activity and social engagement, especially for those in medication assisted recovery and those who are not seeking abstinence.<br><br>• Improving the offer of psychosocial interventions for the primary care Opiate Substitution Therapy patients.<br><br>• Matching care to need, particularly those on OST (i.e. stepped care model).<br><br>• Making more use of the contact in pharmacies by improving the offer of psychosocial support, harm reduction intervention, general medical |

interventions and enhancing communication with prescribers and key workers.

- Improving general medical care for those in substance use treatment via the hubs, primary care and pharmacy contacts. Identification and treatment of physical and mental co-morbidities, learning disabilities, polypharmacy and addiction to prescription drugs.
- Developing psychologically informed environments, improving our response to trauma in the target groups and availability of high quality psychological therapies to people in all settings.
- Access to effective alcohol treatment and alcohol related brain disorder interventions in line with national guidelines.

10. Five short life working groups were established to explore the needs and opportunities in each of the following settings:

a. **Primary care** – the working group consisted of GPs, strategic planners from primary care and EADP and managers and clinicians from the hubs. It focussed on standards of care, expanding the offer of therapeutic support to this large group of patients and improving links to specialist care. This group returned a single spending proposal to employ nurses in the hub teams, but located primarily in GP practices working closely with the teams there. There was consultation with the GPs most closely involved in this area of work, the Deprivation Interest Group and with other practices.

b. **Prisons and police custody** – this work has been subsumed into a wider review of the health needs of drug and alcohol using prisoners which is still ongoing. It is led by Public Health.

c. **Community pharmacy** – the group was led by the lead pharmacist for substance use and included representatives from the Community Pharmacy Team and the Harm Reduction Team. Their remit was to make better use of the opportunities for intervention in pharmacy settings. Many people who use drug and alcohol will have more interactions with pharmacists than any other professional and almost all of the injecting equipment provision is through pharmacy. This group returned four proposals to the Core group, specialist in-reach to pharmacies by addiction workers and or nurses; Naloxone provision by pharmacists; protected learning time for pharmacy staff; and the extension of supervised disulfiram (Antabuse) service.

d. **Resilient Communities** - this group was chaired by the Chief Executive of Cyrenians and included representatives from homeless services, the

Access Practice, Inclusive Edinburgh, treatment, and community development services. The group had a wide remit - the social, emotional and spiritual needs of the key at risk group: Places to live, relationships and activity are all key needs along with hopefulness and quality of life. The group invited all organisations to make brief proposals to improve the quality of life of our key target group. This elicited an eclectic range of proposals which were developed and discussed by the group and these then submitted the Core Group in order of preference.

e. **Hubs and other treatment** - this working group was chaired by Strategy and Quality Manager Edinburgh Health and Social Care Partnership and composed of managers and clinicians from the specialist treatment and recovery services. Their remit was looking at improvements in the system of treatment and care. They followed a similar process to the communities group, but invited proposals specifically from the practitioners and managers in the services. The proposals focussed on treatment responsiveness, capacity, quality and pathways.

11. Each workstream having gathered investment and development proposals were processed through the EADP Collaborative, Core Group and Executive structures and formed into an improvement plan. The EADP also held a well-attended consultation session with current and former users of the services which yielded broad support for the approach and a great deal of detailed feedback on the feasibility of the particular proposals.

12. Members of the Core Group were participants in all of the groups, workshops and the consultation events and were well acquainted with the proposals and background by the time decisions were made. The Core Group have developed the proposals into a collection of investment plans and development aims which they have categorised as:

- Needing essential investment
- Needing development and Potential investment
- Needing development only

13. The priorities for funding identified by the Core Group were approved by the EADP Executive.

## Key risks

14. **Risk one:** that the investment plan is not well enough focussed to meet targets. The Scottish Government has given a clear indication of the areas of work that we are expected to focus on, but there is no reporting framework or targets yet

under the new national strategy. We are therefore investing before knowing the exact future requirements. There may be a risk of not being able to meet future targets within the funding. The risk is reputational and mitigated by a good understanding of the national strategy.

15. **Risk two**: that the budget is not allocated to meet the government requirements. This risk is mitigated through the implementation of these proposals.

16. The risks of not allocating the investment to the plan include:

- **Reputational risks:** the process of developing the plans was completed many months ago and a very wide range of participants (with professional and personal involvements) contributed freely in the expectation that action would follow. Other key stakeholders, political, professional, governmental and others at national and local levels expect that change will occur due to the investment

- **Service delivery risks:** In some cases the expectation of funding is important to the organisation who made proposals which were accepted. In others, current staffing levels are inadequate, and the expectation of new investment is essential for staff morale and continuous service delivery. Implementation will also become increasingly difficult if there is delay: there is a finite regional pool of professional with the skills we need to attract, and if Edinburgh's system is the last to make investments, we may lose staff and will certainly struggle to attract the workforce we need

- **Governance:** the Partnership is required to report to the Scottish Government on spending plans in year and in future years

- **Continuing unmet need:** Drug and alcohol abuse is a key public health threat to Edinburgh. The need for support services in this area is acute and pressing

## Financial implications

17. **New revenue funding commitments**

The following table sets out the agreed priorities for revenue spending following the co-produced approach outlined above:

| | |
|---|---|
| Reaching high risk individuals | 176,000 |
| Medical | 120,000 |
| Enhanced pathway in specialist services | 86,000 |
| ARBD (additional) | 63,000 |
| Enhanced care for co-morbidities in hubs | 104,000 |

| | |
|---|---|
| Primary care | 105,000 |
| Advocacy | 40,000 |
| Intelligence and evaluation | 32,000 |
| Pharmacy staff | 12,000 |
| Dispensing of THN and Antabuse | 40,000 |
| Community development focusing on social isolation in PWUD&A | 80,000 |
| Pre-pare (extending treatment postpartum and to partners) | 43,000 |
| Pharmacy costs (dispensing) | 320,000 |
| Vol sec capacity for outreach and engagement | 190,000 |
| **Total** | **1,411,000** |

## Implications for Directions

18. NHS Lothian and the City of Edinburgh Council will be required to recruit the necessary staff and resources to ensure the effective implementation of this plan. As the government guidelines for outcome reporting are agreed, the necessary mechanisms will need to be activated to ensure effective delivery and constant improvement.

## Equalities implications

19. Information on the differential effect of proposals on groups with protected characteristics has been requested. In addition these proposals set out a range of activity that meets the specific and complex needs of some of our most vulnerable citizens.

## Sustainability implications

20. Reducing Scotland's dependency on alcohol and drugs will have a significant impact economically, socially and in terms of public safety, public health and life expectancy.

## Involving people

21. The consultation process included well-attended events with service users and representatives of a wider and diverse range of services. The views expressed by carers in previous consultation events were considered and influenced the

decision making (particularly the value that they place on outreach rather than clinic-based services)

## Impact on plans of other parties

22. Several other proposals were made which highlighted needs which are real, but which would be best met through other initiatives. These include wet houses, providing supported accommodation for dependant drinkers, which permit controlled drinking while reducing the harm associated with it, and improvements in care for people with ARBD (which is funded through other routes). The ADP will explore how these might be funded by (or jointly with) other partnerships.

## Background reading/references


23. SDF Older drug users report : http://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017-PDF.pdf

24. Lucy Cockayne's Stepped care report: https://www.edinburghadp.co.uk/wp-content/uploads/2016/10/Stepped-Care-Report-LC-24-08-16.pdf

25. National clinical guidelines for drugs treatment; http://www.nta.nhs.uk/guidelines.aspx

26. Edinburgh Health Needs assessment for injecting drug users : www.nhslothian.scot.nhs.uk/Services/A-Z/HarmReductionTeam/Documents/HarmReductionEdinburghHealthNeedsAssessPeopleWhoInjectDrugs.pdf


## Report author


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## Appendices

None.

**Item 6.3**

# Report

## Action 15 Funding

## Edinburgh Integration Joint Board

21 June 2019

## Executive Summary

1. The purpose of this report is to seek approval to enact the priorities and actions agreed by the Mental Health Working Group and Mental Health Partnership; to support the Scottish Government's Mental Health Strategic commitment to provide funding to support the employment of 800 additional mental health workers across Scotland, to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons.

## Recommendations

2. The Integration Joint Board (IJB) is asked to:

   i. Support the priorities proposed by the Mental Health Partnership, Mental Health Working Group and the Health and Social Care Executive Management Team which are linked to the draft Strategic Plan and Thrive implementation plan

   ii. Agree the financial allocations set out in section 8.1

## Background

3. In May 2018 the funding allocations to deliver on the commitment to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons were confirmed by the Scottish Government to Chief Officers. Initial spending plans were requested by 31 July 2018.

4. The Mental Health Partnership Group and the Mental Health Working Group proposed plans for Edinburgh in July 2018. Subsequently, there was discussion between the Chief Officers for Edinburgh, East Lothian, Midlothian and Senior Government Officers querying the fairness of the allocation process given the location of custody and prisons across the partnership areas. No change was made to the allocation following this intervention.

5. Partnerships are required to report progress with spending plans and increase to the workforce to the newly established Mental Health Directorate. Edinburgh's total allocation is £2,662,414 by 2021-22 with an anticipated work force growth of 8.2% which is equivalent to 66.56 WTE.

6. This report sets out the spending plans for 2019-20 and 2020-21.

## Main report

7. The Thrive Edinburgh Adult Health and Social Care Implementation Plan has six work streams:

- Building Resilient Communities
- Place to Live
- Get Help When Needed
- Closing the Inequalities Gap
- Rights in Mind
- Meeting Treatment Gaps

8. Within each work stream a number of draft directions have been set out. A number of these within the "Get Help When needed" workstream are most pertinent to informing the allocation.

9. When people need help it's important that they are able to access the support they need in a timely manner, for both planned and unplanned care. We need to reduce barriers to access and ensure that there is clear assessment and formulation which in turn leads to care, support and treatment being matched to the individual's needs. We also need to recognise and respond to the needs that friends, partners, families and carers have in terms of supporting their loved ones.

10. The Edinburgh Wellbeing Public Social Partnership created locality and city-wide programmes and initiatives which bring together services to support people's mental health and wellbeing. This co-produced work was instrumental in Edinburgh being selected as one of four UK sites (funded by the Big Lottery) to implement the lessons learnt for the Living Well Lambeth programme which transformed access to mental health services within that London borough. The successful application has resulted in £300,000 funding over a three-year period to support the development and implementation of the Thrive Centres / Networks. This funding is being used in year one to fund a Design Team comprising of staff seconded from health, social care and third sector services with service user and carer representation. The team meet regularly in facilitated design sessions with members of the UK Living Well Team. An independent evaluation across four sites is funded in addition to this allocation. An outcomes framework with key performance indicators will be agreed across all four UK sites with data collection and analysis supported by the evaluation team.

11. The introduction of open access "Thrive" centres across the city with multi agency and multi professional teams offering brief assessment and formulation leading to a jointly agreed plan with the client regarding next steps. These next steps may include support with social problems; distress brief intervention; psycho-education;

community connecting; employment and meaningful activities; arts; green activities; group psychological therapy; individual psychological therapy; medication review. The implementation of Thrive Centres and Networks will radically transfer our city's mental health services and builds on the collaborative delivery model established by the Edinburgh Wellbeing Public Social Partnership programme. 2019-20 is being considered as a year of transitioning from the current model to the new model and non-recurring allocation of funding will be used to address the needs of those who have waited longest, this will include reformulation with clients from statutory and third sector staff in line with the model which will be implemented in April 2020.

12. In Edinburgh, Psychological Therapies Teams and Primary Care Liaison Teams provide a range of evidence based psychological therapies in each locality, alongside a number of specialist services for people with specific conditions. There has been a consistent increase in the demand for psychological therapies and significant numbers of people are waiting over the recommended Government standard of 18 weeks to receive the treatment they have been assessed as requiring. As at 31 March 2019 there are 1,348 people assessed and waiting for treatment for over 18 weeks.

13. A number of new initiatives such as Computerised Cognitive Behavioural Therapy (C-CBT) and group psychological therapy programmes have been introduced across the city.

14. The Scottish Government has supported the further rollout of the Prospect Model (Graham and Irvine Fitzpatrick, 2016) which is a matched care model for the provision of 'Interpersonal Psychotherapy' (IPT) for people with differing profiles (symptoms, characteristics and level of need) delivered across a range of settings. IPT is a pragmatic, brief, focused intervention that aims to improve wellbeing and reduce symptoms by improving interpersonal functioning, especially help-seeking. IPT is also a framework that pulls together biological, social and psychological factors to help understand the client's distress. The focus is on working with the client's relationships in their natural networks. IPT emphasises acknowledging and understanding the importance of normative and non-normative life events in triggering and maintaining distress and mental illness.

15. Successful tests of concepts of adaptations of Prospect in A & E departments, judicial system and primary care, led partners to agreeing an allocation from Action 15 to build capacity in these settings to address the needs of people in distress and acute crisis.

16. The Scottish Government supported an innovative test of concept for changing the way that people who have experienced trauma access support and treatment. The Rivers Public Social Partnership (PSP) provides a range of support and treatment for people who have experienced trauma who can self-refer to the Centre which is based in Fountainbridge Library. There has been significant learning from the test which informed phase two of Rivers PSP and the developing Thrive Centres and Networks.

17. In 2017 an Older Peoples' Rapid Response Treatment Team was established which has made significant improvements in building community capacity to support older people and their carers reducing the length of hospital admission or in some cases negated the need for admission. The identified funding gap has been factored into the 2019-20 Action 15 funding schedule.

18. The draft directions set out in the implementation plan detail a number of developments which the Action 15 funding will help to accelerate:

- **Thrive Centres / Networks**
  Allocation to Edinburgh's four wellbeing locality partnerships to build on the robust partnerships comprising of third and statutory sectors which will support the creation of wellbeing open access Thrive Centres with statutory and third sector contribution across a range of community settings. 2019-20 will focus on a series of initiatives focusing on the 500 people who have been waiting over 12 months for psychological therapies – this will also enable testing out the new assessment and formulation process for the Thrive Centres/ networks which will be implemented fully in April 2020.

- **Clinical Psychology**
  (1.5 WTE) in North East GP Cluster: Test of concept to explore the role of clinical psychology as first line responder using a 20 minute formulation model in GP settings.

- **Enhance capacity for the training and delivery of the Prospect Model interventions**
  Test of concept adapted evidence based interventions which can be delivered by a range of staff across agencies and settings. (1.00 WTE Principal Psychologist).

- **Adult A & E at Royal Infirmary Edinburgh (RIE)**
  3.00 WTE Additional nurses to deliver evidenced based intervention (IPT-Acute Crisis) for people who have attempted to commit suicide.

- **Children and Young People, A & E, New Sick Children's Hospital at RIE**
  3.00 WTE nurses deliver to evidenced based interventions to children and young people who have presented with serious self harm and suicidal ideation.

- **Edinburgh Prison (Males):**
  Maximize the opportunities for meaningful activities within prison and enhance psychological interventions in prison setting through the employment of 5.5 WTE Occupational therapists and clinical psychologists.

- **Edinburgh Prison (Females**)
  To provide evidence based psychological therapies to women in community and prison settings; enhance capacity of prison staff to work in psychologically informed way through the employment of 3.00 WTE staff members.

- **Court diversion and custody settings**
  To provide specialist mental health assessment (2.2 WTE) in partnership with Court Diversion Service.

- **Rivers PSP Phase Two**
  Test of Concept: Funding of 3.00 WTE senior link workers to enable the enable self referral community based service delivering a range of interventions and treatment for people who have experienced trauma by a team of senior link workers and clinicians.

- **Rapid response and treatment team for older people**
  Non-recurring contribution to fund multi- professional team who provide care and support in people's own home or they place they call home. (9.00 wte staff).

## Key Risks

19. The key risks and planned mitigation are set out below:

20. **Ensuring fair and transparent process for the allocation of the wellbeing allocations**

    We need to be able to demonstrate a robust and transparent procurement process for the allocation of resource to third sector agencies. Constructive dialogue with Procurement colleagues and an agreement to conduct an option appraisal on the procurement route has been well received by the well established and multi -agency Wellbeing Implementation and Monitoring Group.

21. **Decreasing mental health workforce due to demographics**

    The traditional mental health workforce due to demographic reasons is depleted, which may cause recruitment problems. By recruiting and enhancing capacity of the current wider workforce through training we will increase the workforce pool.

22. **Increased waiting times for psychological therapies**

    There continues to be a significant amount of people in Edinburgh who are waiting longer than the 18-week standard for access to psychological therapies. By enhancing our workforce through this new allocation, we will increase the opportunities for people to seek help at an earlier stage, increase the range of interventions available through improved co-production and joint working which will be part of the criteria for the allocation of the wellbeing stream.

## Financial implications

23. The allocation from the Scottish Government increases incrementally by financial year until 2021-22 and the full allocation of £2,662,414. Table One sets out the phased allocations, the planned year by year phase expenditure and the cumulative

total allocation. It is key to note that as some developments are tests of concepts there is an as yet unallocated amount in 2021-22 as this will be determined by the findings of these tests.

24. There has been discussion with IJB members involving making a non-recurring contribution of £763, 495 from the underspend on action 15 funding in 2018/19 to help bridge the IJB financial gap in 2019-20. Table Two incorporates this non recurring contribution in spend plans.

**Table One: Funding Schedule**

| | 2018-19 | 2019-20 | 2020- 21 | 2021-22 |
|---|---|---|---|---|
| **SG Allocation** | **915,205** | **1,414,407** | **1,996,810** | **2,662,414** |
| **Total Available** | **915,205** | **2,203,934** | **2,769,469** | **3,425,909** |
| ***Priority commitments/investments:*** | | | | |
| Allocation to Edinburgh's 4 wellbeing locality PSPS | 0 | 500,000 | 931,120 | 959,053 |
| Adult A & E at RIE | 0 | 92,000 | 192,189 | 197,955 |
| Children and Young People, A & E | 0 | 0 | 125,570 | 129,337 |
| Edinburgh Prison (Males) | 0 | 164,700 | 254,351 | 261,982 |
| Edinburgh Prison – women | 0 | 95,426 | 147,433 | 151,856 |
| Court diversion and custody | 0 | 24,950 | 99,802 | 107,796 |
| Clinical Psychology Pilot in NE GP Cluster (test of concept) | 0 | 76,700 | 82,129 | 0 |
| Enhance capacity for the delivery of Prospect Model (test of concept) | 0 | 12,499 | 43,932 | 0 |
| Rivers PSP Phase Two* Commence April 2019 (test of concept) | 125,678 | 0 | 129,448 | |
| Rapid response and treatment team (non-recurring) | 0 | 465,000 | | |
| Total Planned Spend | **125,678** | **1,431,275** | **2,005,974** | **1,807,979** |
| *Carry Forward* | *789,**527*** | ***772,659*** | ***763,495*** | ***1,617,930*** |

**Table One: Funding Schedule incorporates non recurring contribution.**

| | 2018-19 | 2019-20 | 2020- 21 | 2021-22 |
|---|---|---|---|---|
| **SG Allocation** | **915,205** | **1,414,407** | **1,996,810** | **2,662,414** |
| **Total Available** | **915,205** | **1,440,439** | **2,005,974** | **2,662,414** |
| ***Priority commitments/investments:*** | | | | |
| Allocation to Edinburgh's 4 wellbeing locality PSPS | 0 | 500,000 | 931,120 | 959,053 |
| Adult A & E at RIE | 0 | 92,000 | 192,189 | 197,955 |
| Children and Young People, A & E | 0 | 0 | 125,570 | 129,337 |
| Edinburgh Prison (Males) | 0 | 164,700 | 254,351 | 261,982 |
| Edinburgh Prison – women | 0 | 95,426 | 147,433 | 151,856 |
| Court diversion and custody | 0 | 24,950 | 99,802 | 107,796 |
| Clinical Psychology Pilot in NE GP Cluster | 0 | 76,700 | 82,129 | 0 |
| Enhance capacity for the delivery of Prospect Model | 0 | 12,499 | 43,932 | 0 |
| Rivers PSP Phase Two* Commence April 2019 | 125,678 | 0 | 129,448 | |
| Rapid response and treatment team | 0 | 465,000 | | |
| Total Planned Spend | **125,678** | **1,431,275** | **2,005,974** | **1,807,979** |
| *Carry Forward* | ***26,032*** | ***9,164*** | ***0*** | ***854,435*** |

## Implications for Directions

25. The Initial discussions with Procurement and EVOC have taken place regarding the alignment of funding of the Wellbeing PSP and the proposed Action 15 funding allocations. It is anticipated that this can be achieved and that the legislative requirements can be met through reissuing of the original PIN for the Wellbeing PSP.

## Equalities implications

26. The draft Thrive Implementation Plan will be subject to an Equalities Impact Assessment. It is key to note that there is a specific Thrive work stream focused on addressing inequalities.

## Sustainability implications

27. Directions for all of the above proposals are included in the draft Thrive Implementation plan. All directions have associated Key Performance Indicators.

## Involving people

28. Locality wellbeing partnerships have been formed through the Edinburgh Wellbeing PSP to encourage co design and co delivery of services and support within localities. This has allowed for shared values to be developed and shared outcomes to be constructed. Representation includes statutory, third sector, people with lived experience, and carers.

29. Edinburgh Thrive has been built by involving people in their communities and hearing from them about their needs and aspirations for mental health and wellbeing support and services.

## Impact on plans of other parties

30. Impact on plans of other parties are as below:

- National: Mental Health Strategy
- National Mental Health – Quality Indicator Framework
- Primacy Care Improvement Plan
- Edinburgh Locality Delivery Plans

## Background reading/references

31. Draft Thrive Edinburgh Implementation Plan.

## Report author

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## Appendices

None.

# Item 6.4

# Report

## Inclusive Edinburgh

## Edinburgh Integration Joint Board

21 June 2019

## Executive Summary

1. The Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to consider how they can reduce inequality of outcome caused by socioeconomic disadvantage when making strategic decisions. Guidance refers to homelessness, and prevention of homelessness.

2. This report informs The Edinburgh Integrated Joint Board (EIJB) on progress being made through The Inclusive Edinburgh Board – referred to as 'the Board' in this paper. The Board has directed health, housing, social work, police, third sector and local universities as they work together to deliver innovative and effective services, through the development of an integrated pathway of care, to reduce inequality of outcome and improve the lives of people who are homeless and have complex needs.

3. This report relates to a small proportion of the overall homeless population (around 1,200 people) for whom, despite significant resource allocation, outcomes remain poor. It does not focus on work being progressed through The City of Edinburgh Council's Rapid Rehousing Transition Plan and Homelessness Task Force Plan.

4. In 2016 the 'Complex Needs Review Group' reported to the EIJB that service delivery could be enhanced, and outcomes improved for people who are homeless and have complex needs through integration of health, housing, and social work services. The report recommended; a single point of access; single line management of the statutory services and new ways of working. The Inclusive Edinburgh Board were tasked with implementing this transformational change. In April 2018 a single line manager was appointed to the integrated service.

5. In May 2018, The EIJB agreed the business case for the creation of a new operational base for this service in the Cowgate. The building will co-locate the integrated service and its work with third sector partners. NHSL and CEC leads

have shown commitment to negotiate this joint initiative through persistent and productive negotiation and the current completion date is Nov 2020.

## Recommendations

6. The Edinburgh Integration Joint Board is asked to:

   i. Endorse the approach set out for the delivery of innovative and integrated services which improve the lives of people who are homeless with complex needs;

   ii. Note the progress being made through the Inclusive Edinburgh Board in developing the service; and

   iii. Note that officers are making every effort to ensure that local politicians, residents, and businesses are fully informed of the development and its progress.

## Background

7. The average age of death for people experiencing rough sleeping is 43 compared to 77 for the general population. People rough sleeping are 17 times more likely to experience a violent attack, and 9 times more likely to commit suicide.

8. Homeless people experience some of the worst health outcomes and tend to be amongst the highest users of urgent and emergency care, with four times the usage of hospital services and eight times the cost of inpatient services compared to the general population. Data from 2018 highlighted that 35 out of 55 people who attended the Emergency Department at the Royal Infirmary of Edinburgh were registered with Edinburgh Access Practice. Further, a survey of 150 randomly sampled Edinburgh Access Practice patients, whose average age was 39.4 years, had a health profile comparable to that of a general population cohort in their 80s.

9. People who are homeless with complex needs require health, housing and social care services above the quality and quantity of the general population. This offers equity in proportion to need as opposed to ‘equality’ which would automatically disadvantage them due to the complex relationships they have with care as well as the high burden of multi health and social morbidity issues they experience.

## Main report

10. The Inclusive Edinburgh Board consists of a range of partners from statutory and 3rd sector strategic and operational leaders to service commissioners, academics, and frontline staff.

11. The Inclusive Edinburgh Board are contributing to reducing inequalities and improving the health and well-being of homeless people through interagency collaboration and service integration. Members recognise that a collaborative, person-centred, evidence based approach is essential to support sustained change and design and deliver effective services.

12. Edinburgh Access Practice (primary care) and The Access Point (housing and social work) are forming the basis of an integrated service, offering wrap around care and support that considers the person's physical, mental health, housing, and social care needs. Direct support is offered through; GPs, practice nurses, mental health nurses, clinical support worker, occupational therapist, medical and local authority business support and reception staff, housing officers, social workers, community care assessor and a community link worker. Third sector partners work alongside statutory services in delivering this support. The model is focused on keeping the ambitions and support needs of the person at the centre within a single point of access.

13. Support is also delivered within the integrated service through visiting services: Welfare Rights, Shelter, Employability, psychology, dentistry, pharmacy, optician, podiatry, psychiatry, midwifery, and health visitor. Academics and students from Edinburgh University and The Centre for Homelessness and Inclusion Health are also located within the service.

14. A governance structure is in operation providing clarity on operation and professional line management accountability and responsibilities and a transformational implementation plan is progressing.

15. The service is currently operating across 2 sites. The anticipated date for offering a single point of access is Winter 2020 when both teams move from their current operational base.

16. A project board is managing building transformation work at the new operational base. An element of the project budget has been set aside to support participation of 'experts by experience' in the building's redesign.

17. Some local businesses have expressed opposition to the development based on the perceived adverse impact it may have on tourism and recreation. In response to this The Chair of the IJB requested Councillors receive a briefing note to support them to address concerns and additional engagement work take place with the community. An open-door information event was held in the

Grassmarket Community Centre on 28 January 2019. Display boards presenting an artist's impression and the proposed plans for the building were set out. Fact sheets on the proposed service were provided and staff made themselves available to answer questions. Information and feedback sheets were also displayed on the CEC internet and NHS Lothian internet which resulted in 24 responses. Responses received mostly support the initiative but some expressed concern at its location. An impact assessment will be carried out which will address this. Requests for further information on the service were received from Dumbiedykes, St Marys Street and Grassmarket residents' groups and were responded to.

**New ways of working**

18. Instead of framing homelessness as a problem that affects individuals, emphasis within the integrated service is placed on the systemic causes and our response to this.

19. Many of the people supported in these services have experienced poverty and have had Adverse Childhood Experiences (ACEs) which have contributed to debt, hardship, increased risk of homelessness and failed tenancies in adult life. The service is one of 3 GP pilot sites across Edinburgh undertaking routine inquiry in relation to patient ACEs. We hope to enable many of the people we support to understand the connection between childhood trauma and some of the physical and mental health challenges that they face today and offer them a safe space to talk about these experiences.

20. We are working towards reducing the negative impact of ACEs by developing an adversity and trauma-informed workforce and service. Staff will be trained in responding to trauma, addictions and mental ill-health and supported to develop skills and adopt values of being understanding, approachable and adaptable, working alongside people building confidence, self-esteem, and a trusting relationship. A psychologically informed environment is being developed to support wellness, promote safety, security, and respect. Regular, reflective, protected time is being built into the service for multidisciplinary discussion where staff can work through challenges they face in their day to day practice. In addition, the service manager is working with front-line practitioners to understand what a reasonable caseload looks like to allow enhanced interaction with those being supported to enable delivery of the best possible outcomes.

21. The 'Beststart' recommendations recognise the more complex and higher intensity support needs of vulnerable pregnant women. It is recognised across services that midwifery care for vulnerable women could be improved and we are working with Public Health, the Centre for Homelessness and Inclusion Health and the midwifery team to try and establish a vulnerable women's

maternity service. Most of the women we support who go on to have children do not get to look after them. A medical student working within the service looked at some of the challenges women face when accessing our sexual health services. Key findings were that women often had other priorities and therefore sexual health/contraceptive needs were not discussed or addressed. Only 27% of women used long acting contraception. We also found that 57% of women were overdue on their smear. The female GP and practice nurses now routinely discuss contraception and encourage opportunistic smear tests during consultations in a "trauma aware" manner.

**Housing and Accommodation**

22. The Scottish Government's recently published Public Health Priorities recognises that settled housing is a key determinant to promoting health and well-being and a safe, secure, home is the best foundation for recovery and addressing other issues in your life.

23. City of Edinburgh Council's 'Housing First' approach provides ordinary, settled housing as a first response for people with multiple needs. It does this by offering permanent and independent tenancies with open-ended, flexible support without first requiring people to undergo treatment or demonstrate that they are 'housing ready'. Edinburgh's 'Housing First' programme is on track to deliver housing and social care support to 275 homeless people with complex needs by March 2021. Housing officers, social workers and the occupational therapist within the integrated service are supporting the Housing First model which is benefiting significantly the people we offer a service too.

24. There are around 47 people, within the integrated service, rough sleeping or in temporary accommodation for whom rapid rehousing or Housing First is currently not an option. This is because they have needs that cannot safely be met in mainstream accommodation. The Housing and Homeless Commissioner who sits on the Inclusive Edinburgh Board is seeking ways to develop more specialist support options for those people who need it.

**Poverty**

25. The Homelessness and Rough Sleeping Action Group (HARSAG) noted that above all other factors, homelessness is a result of the short and long-term impacts of poverty and to end homelessness this must be addressed. A fundamental element of moving out of homelessness for many people is access to employability and employment.

26. A GP within the integrated service chairs the 'Lothian Deprivation of Interest Group' which promotes high quality primary care for socially excluded groups and communities experiencing high levels of multiple deprivation. The service's GPs were involved in helping to redraft the Government GP registration guidelines that were published in Sept 2018 and

are currently liaising with Public Health and the Scottish Government regarding how we can support these guidelines to become common practice and legislation. We want to ensure that no person who moves on from our service struggles to access primary care and are working to produce health rights cards with NHS Health Scotland to ensure people have a resource with easy access information to their health rights.

27. The integrated service is working within the Refugee and Immigration Programme Manager (CEC), Health Board, and Public Health to explore and determine how we can respond to the health and social care needs of people who are homeless, destitute, and deemed to have no recourse to public funds which includes clarifying arrangement for those who are undocumented and seeing secondary care.

28. The service has an attached employability worker who provides support to homeless people with complex needs utilising the internationally recognise 5 stage model of supported employment.

29. On-site welfare rights and benefits advise supports people who are in financial difficulty.

30. Welfare benefits advice:

| | |
|---|---|
| Number of people seen | 610 |
| Number of enquiries dealt with | 755 |
| Amount of new debt dealt with | £38,195.74 |
| Income generation | £765,038.00 |

31. The 3rd sector housing organisation Shelter offer 2 sessions a week which are a combination of booked appointments and drop ins. Sessions run alongside the GP surgery. Over the past year rights based advice has been provided to 55 people. Second tier advice has also been provided to practice staff and social work. Outcomes have included supporting people to access temporary accommodation and reapply as homeless and helping people who have lost their priority for permanent housing regain this

**Hep C Clinic**

32. Homelessness is associated with increased incidence of Hepatitis C virus (HCV) infection which if left untreated can lead to liver damage (cirrhosis) and cancer. The availability of oral treatment for HCV is straightforward yet despite this, homeless populations remain difficult to engage in traditional hospital-based treatment services.

33. The Hep C Clinic (where people are also tested for HIV) within the integrated service is recognised as a model of good practice and was visited this year by

the Minister for Public Health and filmed for Reporting Scotland. Collaborative working between primary care (GP and Clinical Support worker) and secondary care (Hepatology Nurse Practitioner and Senior Clinical Pharmacist) integrates HCV treatment into routine healthcare provision in a location that is accessible and familiar to people we support. This results in cure of HCV which benefits the individual by improving health outcomes and contributes to the goal of elimination of HCV in the population. The HCV treatment service is an integral part of the service rather than an independent clinic and provides people with a truly holistic care model linking HCV treatment with their immediate social and healthcare needs all under one roof.

**Harm reduction through Opiate Substitute Therapies**

34. Opiate Substitute Therapies (OST) play a vital role in impeding the spread of blood borne viruses such as HIV and Hep C and contribute significantly to reducing drug related deaths in Scotland. A medical student has recently undertaken a piece of work to determine the time taken for an individual to go from presenting to the service to the initiation of OST and explored factors and obstacles from the person's perspective that influence this. The results on our initiating OST are impressive compared to other services in Edinburgh with 2/3 of patients initiated within 14 days of presentation (for these the mean is 4.2 days), the overall mean being 13.4 days. The reason for 1/3 being out with the 14 days is patient related reasons e.g. hospital, prison, or lost contact etc

**Evidence Based practice**

35. The University of Edinburgh and the Centre for Homelessness and Inclusion Health are members of the Inclusive Edinburgh Board with a vision to create a Centre of Excellence. They contribute to the integrated service by supporting research initiatives and providing student led services to help and strengthen the physical and mental wellbeing of the most marginalised people in Edinburgh. To date their work has included:

- Ensuring research and evidence on homelessness informs and drives both policy and practice within the Inclusive Edinburgh Board and integrated service;

- Basing students within the integrated service. A graduate is funded through a University of Edinburgh grant to offer rights-based support and legal advice 12 hours a week; and

- Launching a Masters' level course in Homelessness and Inclusion Health – the first of its kind in Scotland on 17 January 2019. A total of 40 people are currently on the programme. This has also provided opportunities for practice staff and for people with lived experience of homelessness to contribute to the design and teaching on the course

36. Future work with Edinburgh University and The Centre for Homelessness and Inclusion Health will include developing learning and teaching opportunities, and co-producing research with academics and people who are experts by experience in the integrated service.

**Outreach work to engage people with services**

37. The Inclusive Edinburgh Board is committed to finding alternative ways to reach people who are not being supported and are vulnerable. Swift street-based interventions are delivered to individuals sleeping rough in Edinburgh as indicated below.

38. The Interagency Street Network (Streetwork, Police, Community Psychiatric Nurse, Senior Housing Officer, and Senior Social Worker) meet to discuss and share concerns, consider possible interventions, and innovative ways of working with vulnerable members of the street dwelling community. They also allocate personal budgets (from Scottish Government funding) to help prevent rough sleeping in Edinburgh.

39. A street triage team consisting of the above members accompany Police Scotland on its vulnerable individual patrol (VIP). The VIP operates on a twice monthly basis and has received positive publicity with coverage in both traditional and social media.

40. 'Operational Threshold' – a Police led initiative directed towards addressing the harm caused by drug use in Edinburgh. Whilst there is a conventional enforcement element, there is also a strong desire to effectively dovetail with the city's rich partnership network in terms of support and treatment services to ensure those at risk of harm are appropriately signposted/referred.

41. An outreach pharmacy project has operated from the integrated service since August 2018 and was the subject of a Reporting Scotland BBC News report. A pharmacist is paired with a Streetwork outreach liaison worker one day a week to provide assertive health outreach to rough sleepers, beggars, and the homeless community in Edinburgh City Centre. The pharmacist prescribes independently on the streets to people who are homeless whilst the outreach worker leads on directing the pharmacist to known begging and rough sleeping sites. Over the past 6 months:

- 172 health interventions have been delivered and 113 items prescribed.
- Patients that needed a GP appointment were given a "gold card" which ensured they were seen on the same day. 70% of those given a gold card went on to attend the GP clinic.
- 74% without a registered GP, registered on the same day. Of those registered, 61% went on to engage with the service.

42. GP and nursing services are provided on a Monday evening at the night care shelters. From Oct 2017–April 2018, 17 people registered with the integrated service having been seen at the care shelter.

43. Housing Officers and social workers have undertaken homeless and community care assessments in hostels, rapid access accommodation and even on park benches when people have struggled to present at offices

44. 'All4Paws' offer a free vet outreach service for people who are homeless from our premises. A member of staff from the integrated service attends this and promotes uptake of health and social care support. Since December 2018 - 3 people have registered with a GP.

**Future work**

45. A working group supported by Tracy McKinlay (Information Governance Manager NHS Scotland), Sarah Hugh-Jones (Information Compliance Manager CEC), and Ian Brooke (Deputy Chief Executive EVOC) has been established to progress the challenges we have in sharing relevant information across agencies. The group will continue to meet until appropriate systems are in place to allow us to support people effectively and meet regulatory requirements.

46. Joint performance indicators and outcome measures are being developed within the integrated service to support continuous improvement and measure whether the work being done is ultimately making a different to people's lives.

## Key risks

47. The keys risks are:

- Delay in building work resulting in continuing separate service delivery for this vulnerable from sub-standard accommodation. A project board risk register is in place to monitor and manage this risk.
- Objections from local business and residents may delay the planning process. Engagement with residents and businesses is ongoing

## Financial implications

48. There are currently no financial implications arising from this report. The aim is to deliver developments to the building within budget.

## Implications for Directions

49. Directions have already been issued in terms of capital investment.

## Equalities implications

50. The work described in this report seeks to re-address and reduce inequalities for people who are homeless and have complex needs.

51. An impact assessment is currently underway.

## Sustainability implications

52. NHS Lothian are leasing the building from the City of Edinburgh Council for a period of 10 years. Providing services under a single point of access consolidates provision and contributes to a reduction in staff and service user travel.

## Involving people

53. The expertise of people with lived experience will drive this process alongside the views and experience of front-line practitioners.

54. The project board has agreed to set aside funding from the project budget to involve people with lived experience in the wider building design work. This focus of this will be design of the waiting room.

55. The University of Edinburgh in the Development and Alumni office (philanthropy) have been successful in obtaining a £6,000 grant to develop a bespoke piece of art work. The identified artist will work with experts by experience to develop and produce art installation for the building. The grant will cover the cost of the artist and provide vouchers for the experts by experience involved in the project.

56. Support is currently being sought to develop a therapeutic garden at the back of the new building alongside experts by experience.

## Impact on plans of other parties

57. The work outlined in this report has links to substance misuse, mental health, and housing plans.

## Background reading/references

http://webarchives.gov.uk/20130123201505://www.dh.gov.uk/en/Publicationsand statistics/Publications/PublicationsPolicyAndGuidance//DH 114250

## Report author

**Judith Proctor**

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

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## Appendices

None.

**Item 7.1**

# Report

## Edinburgh Integration Joint Board Unaudited Annual Accounts 2018/19
## Integration Joint Board

21 June 2019

## Executive Summary

1. This paper presents the unaudited 2018/19 annual accounts for Edinburgh Integration Joint Board (EIJB). They will be submitted to external audit before 30 June with final sign off by the IJB in September.

## Recommendations

2. The Edinburgh Integration Joint Board is asked to note the:
   - draft financial statements submitted; and
   - proposed timescale for completion.

## Background

3. Integration Joint Boards are required to produce annual accounts. The draft financial statements and timescale for finalising are discussed in the main report below.

## Main report

4. It is the responsibility of the Chief Financial Officer, as the appointed "proper officer", to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom (the Code). This means:
   - maintaining proper accounting records; and
   - preparing financial statements which give a true and fair view of the state of affairs of the board as at 31 March 2018 and its expenditure and income for the year.

5. In Scotland the following deadlines are laid out in the Code:

   - The proper officer is required to submit the unaudited accounts to the appointed auditor by **30 June**;
   - The authority or a committee of that authority whose remit includes audit or governance functions must meet to consider the unaudited annual accounts as submitted to the auditor by **31 August**;
   - The Local Authority Accounts (Scotland) Regulations 2014 require the authority to aim to approve the annual accounts for signature by **30 September**; and
   - To publish them by **31 October**.

6. In accordance with these requirements, the unaudited accounts were considered at the Audit and Risk Committee on 31 May 2019 and, following scrutiny by the IJB, will be submitted to external audit. The final accounts will be presented to the Audit and Risk Committee and IJB meetings in September 2018.

7. Scott-Moncrieff, the external auditors, will give an independent opinion on the financial statements as well as review and report on the arrangements in place to ensure the proper conduct of financial affairs and to manage performance and use of resources.

8. On conclusion of the audit the following documents will be presented by Scott-Moncrieff:

   - **Annual Audit Report**: draws significant matters arising from the audit to the attention of those charged with governance prior to the signing of the independent auditor's report; and
   - **Independent auditors' report**: provides audit opinion on the financial statements.

9. The unaudited (or draft) financial statements for the Edinburgh Integration Joint Board for 2018/19 are attached as an appendix to this report. The final version will be updated to reflect the contents of the annual performance report and on receipt of the final internal audit opinion for the year.

## Key risks

10. None identified.

## Financial implications

11. The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

## Implications for directions

12. None.

## Equalities implications

13. None.

## Sustainability implications

14. None.

## Involving people

15. The draft financial statements have been produced with the support and co-operation of both City of Edinburgh Council and NHS Lothian personnel.

## Impact on plans of other parties

16. As above.

## Background reading/references

17. None.

## Report author

**Judith Proctor**

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

Contact: Moira Pringle, Chief Finance Officer
E-mail: moira.pringle@nhslothian.scot.nhs.uk | Tel: 0131 469 3867

## Links to priorities in strategic plan

**Managing our resources effectively**

## Appendices

| | |
|---|---|
| **Appendix 1** | Edinburgh Integration Joint Board Unaudited Annual Accounts 2018/19 |

# Edinburgh Integration Joint Board

Unaudited Annual Accounts 2018/19

The Annual Accounts of Edinburgh Integration Joint Board for the year ended 31 March 2019, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 and Service Reporting Code of Practice.

## CONTENTS

# MANAGEMENT COMMENTARY

**Introduction**

This management commentary provides an overview of progress against the objectives and strategy of the Edinburgh Integration Joint Board (EIJB). It considers our financial performance for the year ended 31st March 2019 and gives an indication of the issues and risks which may impact upon our finances in the future.

**Role and remit**

EIJB was established as a body corporate by order of Scottish Ministers on 27th June 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. As a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian, we are responsible for planning the future direction of and overseeing the operational delivery of integrated health and social care services for the citizens of Edinburgh. These services are largely delivered by the Edinburgh Health and Social Care Partnership (the Partnership) although some are managed by NHS Lothian on our behalf. These are referred to as "hosted" or "set aside" services. The arrangements for EIJB's operation, remit and governance are set out in the integration scheme which has been approved by the City of Edinburgh Council, NHS Lothian and the Scottish Government.

EIJB meets monthly and has ten voting members: five elected members appointed by City of Edinburgh Council; and five NHS Lothian non-executive directors appointed by NHS Lothian. Non-voting members of the Board include the EIJB Chief Officer, Chief Finance Officer, representatives from the third sector and citizen members. Service and staffing representatives also sit on the Board as advisory members.

2018/19 was our third year of operation and we saw a number of changes in the management and governance arrangements with the arrival of a new Chief Officer, Head of Operations and Interim Head of Strategic Planning as well as some changes in voting and non-voting members. We also commissioned a review of our governance arrangements from the Good Governance Institute (GGI) which we are in the process of implementing.

**Strategic Plan**

Edinburgh's population of almost half a million, accounts for 9% of the total population of Scotland and is projected to increase faster than any other area of the country; with a higher rate of growth in some age groups than others. Whilst this growth has many social and economic advantages, it also presents challenges. Although a relatively affluent city, Edinburgh has areas of significant inequality and deprivation and one of our key priorities is to lead, where possible, on tackling health and social inequalities. Using our budget of around £700 million, delegated from NHS Lothian and the City of Edinburgh Council, we fund community health and social care services, including GP practices and some elements of acute hospital services.

Our strategic plan sets out how these health and social care services will be developed and changed using the resources available to meet the changing needs of the population and achieve better outcomes for people. 2018/19 was the final year of implementing our first strategic plan and we are currently consulting on the new plan which will run until 2022. This explains our intention to be the first in Scotland to embrace the "three conversations model" at scale, as a strategic and cultural framework. At its heart, the Strategic Plan seeks to deliver health and social care services in a way that supports people to be well at home, and in their community, for as long as possible. Providing first class acute hospital care only when medical intervention is required; aiming to provide the right care, at the right time, in the right place.

It also sets out how we will involve partners in the design of our performance and quality systems, to provide simple access for service users and build on the strong foundation of the 'good conversations' approach. This will require cultural change, a more integrated approach involving the evolution of fully integrated teams and a deliberate shift towards community-based services.

The figure below shows the seven guiding principles we have identified which must remain at the heart of our planning and operational delivery:


**Operational Review**

We will publish our third annual performance report at the end of July 2019 which will provide a review of the progress both EIJB and the Partnership made during 2018/19 in terms of:

- delivery against the six priorities in our strategic plan 2016-19;
- delivery against the National Health and Wellbeing Outcomes;
- working at a locality level across North West, North East, South West and South East Edinburgh; and
- our financial performance.

***To be updated following publication of performance report.***

**Annual Accounts 2018/19**

The annual accounts report the financial performance of EIJB. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to us for the delivery of our vision and strategic priorities. The requirements governing the format and content of IJBs' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). These annual accounts have been prepared in accordance with this code.

**Financial Performance**

The financial plan sets out how we ensure our limited resources are targeted to maximise the contribution to our objectives. A financial assurance process was undertaken on the 2018/19 funding contributions from NHS Lothian and the City of Edinburgh Council. Through this process a savings requirement of £26.6m against projected income of £633.2m was identified. Funding adjustments during the year increased this budget to £727.7m.

EIJB's financial performance for the year is presented in the comprehensive income and expenditure statement, which can be seen on page 20. The balance sheet (page 21) is also presented and sets out the liabilities and assets at 31st March 2019.

For the year we are reporting a surplus of £1.3m which brings the total value of the EIJB's reserve to £9.7m. We are in the process of agreeing how these will be applied in 2019/20 recognising the need to balance existing commitments, our ambitions for supporting transformational change and the requirement to balance the in year financial plan.

The in-year surplus was achieved by both the City of Edinburgh Council and NHS Lothian agreeing additional one off contributions: £7.5m from the Council and £3.0m from NHS Lothian. These additional payments reflect some of the significant and long standing financial pressures we face, notably:

- **Externally purchased services** (including care at home) continues to be the single most significant financial challenge facing the IJB with a reported in year overspend of £6.3m. Demographic factors continue to drive demand for these services, as this is also evidenced in the continuing growth in direct payments and individual service funds. This level of overspend is in line with financial projections reported throughout the year and has been factored into the baseline position for budget planning for the next financial year;
- NHS Lothian **set aside** budgets overspent by £2.6m in the year. Overall pressures in set aside budget accounts for the majority of the NHS position and this will be addressed in partnership with NHS Lothian and the 3 other IJBs in the area in 2019/20; and
- Delivery of **savings and recovery plans** remained a challenge during the year. We have since agreed a challenging programme of efficiency for 2019/20 and delivering this will be one of our key financial challenges.

It will be important moving forward to 2019/20 and future years that expenditure is managed within the financial resources available and this will require close partnership working between EIJB as service commissioner and the City of Edinburgh Council and NHS Lothian as providers of services.

**Financial Outlook, Risks and Plans for the Future**

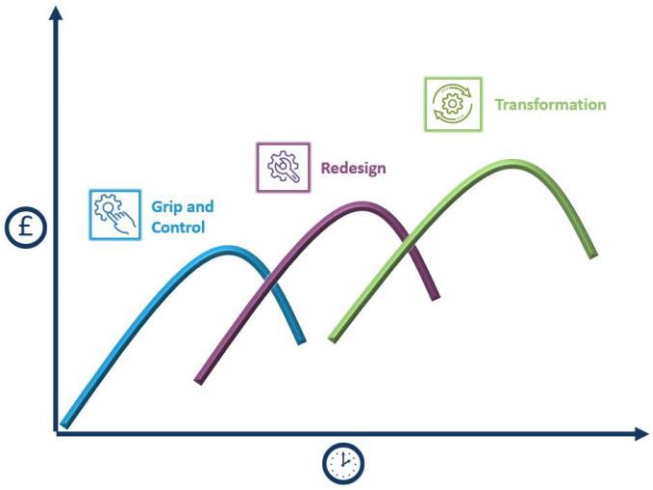
Like many other public sector organisations, we face significant financial challenges and, due to the continuing difficult national economic outlook and increasing demand for services, will need to operate within tight fiscal constraints for the foreseeable future. Pressures on public sector expenditure are expected to continue, both at a UK and Scottish level. As a result our partners in NHS Lothian and City of Edinburgh Council will face continued funding pressures for the foreseeable future. This in turn will impact on their ability to resource the functions delegated to the EIJB. In this financial climate, we recognise that returning to a balanced position will require major redesign of services, radical changes in thinking and approach, and the involvement of all partners and stakeholders.

Many of the considerable challenges we face have significant financial consequences and we face a complex landscape of interconnected risks. Examples include:

- increased demand for services alongside reducing resources;
- impact of demographic changes;
- delays in accessing appropriate services, including social care assessments, reviews and timely discharge from hospital;
- impact of welfare reform on the residents of Edinburgh;
- impact of the living wage and other nationally agreed policies;
- risk that the savings programme does not deliver within the required timescales or achieve the desired outcomes; and
- costs associated with meeting new legislative requirements without adequate resources being put in place.

These risks mean that money is tighter than ever before. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual budget of just over £700 million. Moving into 2019/20, we are working to proactively address the funding challenges presented while, at the same time, improving outcomes for the residents of Edinburgh.

Our change programme is encapsulated within the strategic plan, but while we think about change in the medium to longer term, and put in place the programme and engage with our teams and stakeholders on our plans, we also have to make savings. Our approach is to focus in the immediate term mainly on “grip and control” measure s. In the medium to longer term, we are confident of achieving efficiencies that assist in delivering financial balance through redesign and outputs from transformation through the change programme. The broad approach is set out in the following schematic:




**Conclusion**

Thus, the IJB faces the twin challenges of: increasing demand for services; and a climate of constrained financial resources. In this context, the development and implementation of a strategic approach to financial planning over the next 3–5 years is essential to support the sustainability of health and social care delivery in Edinburgh.

**Judith Proctor**
**Chief Officer**
[Date for Signing]

**Ricky Henderson**
**Chair**
[Date for Signing]

**Moira Pringle**
**Chief Finance Officer**
[Date for Signing]

# STATEMENT OF RESPONSIBILTIES

**STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT**

**Responsibilities of the Edinburgh Integration Joint Board**

The Edinburgh Integration Joint Board is required:

- to make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In this Integration Joint Board, that officer is the Chief Finance Officer;
- to manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- to approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature by the Edinburgh Integration Joint Board on [Date for Signing].

**Ricky Henderson**
**Chair of the Edinburgh Integration Joint Board**
[Date for Signing]

**Responsibilities of the Chief Finance Officer**

As Chief Finance Officer, I am responsible for the preparation of the EIJB's statement of accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice"), is required to give a true and fair view of the financial position of the EIJB at the financial year end and its income and expenditure for the year then ended.

In preparing the financial statements I am responsible for:

- selecting suitable accounting policies and then applying them consistently;
- making judgements and estimates that are reasonable and prudent; and
- complying with the Code of Practice and legislation

I am also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the EIJB.

Statement of Accounts

I certify that the Statement of Accounts presents a true and fair view of the financial position of the Edinburgh Integration Joint Board at the reporting date, and its income and expenditure for the year ended 31 March 2019.

**Moira Pringle**
**Chief Finance Officer**
[Date for Signing]

## REMUNERATION REPORT

The Chief Officer of the Edinburgh Integration Joint Board (EIJB) is a joint appointment between City of Edinburgh Council, NHS Lothian and the EIJB. The terms and conditions, including pay for the post, are those set by the City of Edinburgh Council, who employ the post holder directly and recharge the costs to EIJB and NHS Lothian.

The EIJB Chief Financial Officer is appointed by the EIJB and is supplied without charge by NHS Lothian and the associated costs are included in the support costs disclosed in note 4.

The voting members of the EIJB are appointed by the respective partner bodies (NHS Lothian and City of Edinburgh Council). The voting members from NHS Lothian and City of Edinburgh Council in the period April 2018 to March 2019 were:

| | | | |
|---|---|---|---|
| M. Ash | NHS | R. Aldridge | CEC |
| M. Hill | NHS | I. Campbell *(left 06/02/19)* | CEC |
| C. Hirst (Vice Chair) | NHS | G. Gordon *(appointed 07/02/19)* | CEC |
| A. Joyce *(left 31/07/18)* | NHS | R. Henderson (Chair) | CEC |
| A. McCann | NHS | M. Main | CEC |
| R. Williams *(appointed 01/08/18)* | NHS | S. Webber | CEC |

The current voting members from NHS Lothian and City of Edinburgh Council are:

| | | | |
|---|---|---|---|
| C. Hirst (Vice Chair) | NHS | R. Henderson (Chair) | CEC |
| M. Ash | NHS | R. Aldridge | CEC |
| M. Hill | NHS | G. Gordon | CEC |
| A. McCann | NHS | M. Main | CEC |
| R. Williams | NHS | S. Webber | CEC |

Councillor Henderson and NHS Non-Executive Director C. Hirst will finish their rotations as Chair and Vice Chair respectively, effective 27th June 2019. As of this date NHS Non-Executive Director A. McCann will take the position of Chair, Councillor Henderson will take the position of Vice Chair, and C. Hirst will step down as a Board member. Voting members are able through their parent bodies to reclaim any expenses. In the year to 31 March 2019, no expense claims were made in relation to work on the EIJB. The Chair of the EIJB was in receipt of additional remuneration in 2018/19 relating to his duties for the EIJB of £14,745 (£8,464 2017/18). The Vice-Chair of the EIJB was in receipt of additional remuneration in 2018/19 relating to her duties for the EIJB of £8,416 (£8,251 2017/18). No allowances were paid to other voting members during the year. The remuneration and pension benefits received by all voting members in 2018/19 are disclosed in the remuneration reports of their respective employer.

**Remuneration Paid to Senior Officers**

| | **Year to 31/03/2019** | | | **Year to 31/03/2018** |
|---|---|---|---|---|
| | Salary, fees and allowances (£) | Total remuneration (£) | *Full Year Effect (£)* | Total remuneration (£) |
| R McCulloch-Graham, EIJB Chief Officer (to 28/08/2017) | - | **-** | - | 137,334 |
| M Miller, EIJB Chief Officer (from 29/08/2017 to 30/06/2018) | 37,998 | **37,998** | *151,990* | 88,940 |
| J Proctor, EIJB Chief Officer (from 01/05/2018) | 146,414 | **146,414** | *151,990* | n/a |
| M Pringle, EIJB Chief Finance Officer | 82,711 | **82,711** | - | 77,092 |

The above salary fees and allowances figure for J. Proctor include relocation costs of £7k.

**Pension benefits**

Pension benefits for the Chief Officer and Chair of the EIJB are provided through the Local Government Pension Scheme (LGPS). Pension benefits for the Chief Finance Officer are provided through the NHS New Pension Scheme (Scotland) 2015.

**Local Government Pension Scheme**

For local government employees, the Local Government Pension Scheme LGPS became a career average pay scheme on 1 April 2015. Benefits built up to 31 March 2015 are protected and based on final salary. Accrued benefits from 1 April 2015 will be based on career average salary.

The scheme's normal retirement age is linked to the state pension age (but with a minimum age of 65).

From 1 April 2009, a five-tier contribution system was introduced with contributions from scheme members being based on how much pay falls into each tier. This is designed to give more equality between the cost and benefits of scheme membership.

The contribution rates for 2018/19 were as follows:

| Whole Time Pay | Contribution rate |
|---|---|
| On earnings up to and including £21,300 (2017/18 £20,700) | 5.50% |
| On earnings above £21,300 and up to £26,100 (2017/18 £20,700 to £25,300) | 7.25% |
| On earnings above £26,100 and up to £35,700 (2017/18 £25,300 to £34,700) | 8.50% |
| On earnings above £35,700 and up to £47,600 (2017/18 £34,700 to £46,300) | 9.50% |
| On earnings above £47,600 (2017/18 £46,300) | 12.00% |

If a person works part-time their contribution rate is worked out on the whole-time pay rate for the job, with actual contributions paid on actual pay earned.

The value of the accrued benefits has been calculated based on the age at which the person will first become entitled to receive a pension on retirement without reduction on account of its payment at that age; without exercising any option to commute pension entitlement into a lump sum; and without any adjustment for the effects of future inflation.

**NHS Pension Scheme (Scotland) 2015**

The NHS Board participates in the NHS Superannuation Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a funding valuation undertaken by the scheme actuary. The last four-yearly valuation was undertaken as at 31 March 2012. The next valuation will be as at 31 March 2016 and this will set contribution rates from 1 April 2019. The NHS board has no liability for other employers' obligations to the multi-employer scheme. In 2017-18 members paid tiered contribution rates ranging from 5.2% to 14.7% of pensionable earnings.

For NHS employees, the NHS Superannuation Scheme became a career average pay scheme from 1 April 2015. Benefits built up to 31 March 2015 are protected and based on final salary. Accrued benefits from 1 April 2015 will be based on career average salary.

**Accrued Benefits**

The pension figures shown below relate to the benefits that the person has accrued as a consequence of their total local government service, and not just their current appointment.

The pension entitlements of senior officers and current voting members for the period to 31 March 2019 are shown in the table below, together with the employer contribution made to the employee's pension during the year. Where accrued pension benefits are not shown in the table below, this indicates the employee has been a member of the pension scheme for less than 2 years.

| | Employer In-Year Contribution | | | Accrued Pension Benefits | |
|---|---|---|---|---|---|
| | For year to 31/03/19 £ | For year to 31/03/18 £ | | As at 31/03/19 £000 | Difference from 31/03/18 £000 |
| R McCulloch-Graham, EIJB Chief Officer (to 28/08/2017) | - | 13,090 | Pension | n/a | n/a |
| | | | Lump Sum | n/a | n/a |
| M Miller, EIJB Chief Officer (from 29/08/2017 to 30/06/2018) | 8,196 | 17,877 | Pension | 61 | 6 |
| | | | Lump Sum | 115 | 10 |
| J Proctor, EIJB Chief Officer (from 01/05/2018) | 30,053 | n/a | Pension | n/a | n/a |
| | | | Lump Sum | n/a | n/a |
| M Pringle, EIJB Chief Finance Officer | 12,309 | 11,487 | Pension | 25 | 10 |
| | | | Lump Sum | 56 | 26 |
| R Henderson, Chair | 7,010 | 5,314 | Pension | 6 | 1 |
| | | | Lump Sum | 2 | 0 |

The Vice Chair of the EIJB is not a member of the Local Government Pension Scheme or the NHS Pension scheme; therefore, no pension benefits are disclosed.

All information disclosed in the tables in this remuneration report will be audited by Scott-Moncrieff. Scott-Moncrieff will review other sections of the report to ensure that they are consistent with the financial statements.

**Judith Proctor**
**Chief Officer**
[Date for Signing]

**Ricky Henderson**
**Chair**
[Date for Signing]

# ANNUAL GOVERNANCE STATEMENT

**Annual Governance Statement**

**Scope of Responsibility**

The Edinburgh Integration Joint Board (EIJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded and properly accounted for, and that arrangements are in place to secure best value.

In discharging this responsibility, the EIJB and the Chief Officer have put in place arrangements for governance which include robust internal controls, including the management of risk.

**Governance Framework**

The governance framework comprises the systems and processes, culture and values, by which the EIJB is controlled and directed. It enables the EIJB to monitor the progress with its strategic priorities and to consider whether those objectives have led to the delivery of appropriate services and value for money.

A key element of the EIJB's governance framework is its formal committee and sub-groups. These groups provide additional layers of governance, scrutiny and rigour to the business of the EIJB. Their different roles, covering the wide spectrum of the EIJB's business, allow increased scrutiny and monitoring and the focus and capability to provide the EIJB with the necessary assurance.

**Board and Committee Structures**

The EIJB has been responsible for health and social care functions in Edinburgh since 1 April 2016. The Board consists of 10 voting members of which five are non-executive directors of NHS Lothian and five are councillors from the City of Edinburgh Council. There are also a number of non-voting members both appointed due to the statutory requirements and to provide more varied experience and knowledge to the Board. The chair of the Board rotates from NHS Lothian and the City of Edinburgh Council every two years.

The Strategic Planning Group (SPG) was formally established in May 2016. It is chaired by the vice-chair of the EIJB.

The Audit and Risk Committee is a key component of creating a strong governance culture. Its role is to assist the EIJB in ensuring that there is a robust framework in place to provide assurance on risk management, governance and internal control. It also scrutinises internal and external audits and can make recommendations to the EIJB on any matter within its remit.

A work programme including annual approval of IJB accounts, internal audit charter, internal audit plan and chief internal auditor opinion has been established. The Committee also annually considers the external audit plan and external auditor's opinion.

The EIJB has also retained the Professional Advisory Group. This group was created in 2012 prior to the development of IJB's under the Public Bodies (Scotland) Act and provides professional guidance to the EIJB. It has membership on the EIJB and the Strategic Planning Group

A Lothian Integrated Care Forum was established in 2019 with its first meeting set for April 2019. This is a forum for the four IJBs in the Lothian area with NHS Lothian and four Councils to discuss matters of similar interest and take a more collective approach to strategic matters. The Chair and Vice-Chair of the Board will represent the EIJB on the forum.

The Chief Officer commissioned an independent review of governance by the Good Governance Institute (GGI) in May 2018 which looked at the EIJB's structures and processes. The GGI reported their findings in December 2018 concluding that the EIJB did need to take action to strengthen its governance.

The EIJB agreed to implement the recommendations of the GGI which would include a major overhaul of the committees and sub-groups of the EIJB and which aimed to provide further clarity on lines of accountability and reporting with a view to streamlining reporting arrangements. The review also set out an escalation framework. A further programme of development will now take place across 2019/20 to implement recommendations.

**Internal Controls**

As required by the legislation, the EIJB has appointed a Chief Officer and a Chief Finance Officer. It has also appointed a Chief Internal Auditor, a Standards Officer and a Data Protection Officer.

The EIJB has agreed the following governance documentation:

- Financial Regulations – Section 95 of the Local Government (Scotland) Act 1973 requires all IJBs to have adequate systems and controls in place to ensure the proper administration of their financial affairs. The EIJB has agreed a set of financial regulations which are supported by a series of financial directives and instructions with clear lines of delegation to the Chief Finance Officer to carry out that function.
- A Code of Conduct for the members of the EIJB has been agreed and made available to all members. Compliance with the Code of Conduct is regulated by the Standards Commission for Scotland. Training is provided to members on the Code of Conduct.
- A set of Standing Orders has been agreed which sets out the rules governing the conduct and proceedings at the EIJB and its committees. The Standing Orders include rules on the notice of meetings and how voting and debate should be conducted.

The EIJB and the Audit and Risk Committee both have a rolling actions log which helps the groups monitor the implementation of decisions.

A deputation process has been agreed by the EIJB which allows and encourages groups to directly address the Board on issues under consideration.

In 2018/19 the EIJB amended the risk register by dividing it into EIJB and Edinburgh Health and Social Care Partnership risks. This allowed the EIJB to focus on its roles and responsibilities, concentrating on risks regarding strategy, scrutiny and performance. This was rolled out in the previous year with risks being classified against strategic planning and commissioning, issue of directions and management and role of the IJB.

A communications plan was agreed in February 2019 which aimed to communicate the role of the EIJB, improve public access to the Board, increase stakeholder engagement and support the ongoing development of EIJB members through an induction and development programme.

In May 2018 a tactical resilience plan was rolled out which aimed to address risks and safety issues whilst promoting multi-agency co-operation.

A Quality and Improvement Group is in place which is multi-disciplinary and spans Health and Social Care Partnership services and those services commissioned or purchased externally.

The Health and Social Care Partnership Procurement Board exercises oversight of all proposals to award, extend or terminate contracts with third party providers.

A financial plan is in place which focuses on the impacts of the financial settlements and outlines inherent risks. A new plan is submitted annually.

Insurance against legal liability for neglect, error or omission by any employee in the performance of their duties in relation to work on the IJB is arranged through CNORIS (NHS Lothian's self-insurance scheme). This is reviewed on an annual basis.

A Savings Governance Board has been established that oversees financial savings and is chaired by the Chief Officer. It monitors progress against targets and identifies appropriate remedial action.

A health and safety group has been established with a cross-section of staff in the Partnership making up its membership.

The Edinburgh Integration Joint Board (EIJB) has information governance responsibilities in relation to strategic planning and delegated functions which it determines and directs with its partners. To achieve appropriate governance in this area, a memorandum of understanding (MOU) has been agreed between the EIJB, NHS Lothian and the City of Edinburgh Council that ensures responsibilities are clearly set out and understood. A pan-Lothian information sharing protocol has also been put in place.

A streamlined programme structure for delivering real transformation, involvement of partners and stakeholders, alongside a refreshed governance structure was agreed in early 2019. This single programme would include a delivery mechanism for the strategic commission plans, improvement planning in response to the Joint Inspection report for Older People Services and the associated action plan and the financial savings and efficiencies programme.

A performance report is considered monthly by the Health and Social Care Partnership management.

**Review of Effectiveness**

The EIJB has responsibility for reviewing the effectiveness of the governance arrangements including the internal controls.

This review of effectiveness is informed by:

- The Chief Officer annual assurance for the EIJB and the health and social care Partnership.
- Officer management activities;
- The Chief Internal Auditor's annual report and internal audit reports;
- Reports from the Council's external auditor; and
- Reports by external, statutory inspection agencies.

The evidence of effectiveness from these sources includes:

- The GGI identified that there had been a natural maturing of the governance of the EIJB and that a significant overhaul of the EIJB's committee structure was now necessary;
- The GGI identified a lack of an EIJB code of governance which sets out the governing principles of the EIJB;
- Standing orders are reviewed annually in a report to the EIJB, to ensure they are up to date and relevant;
- The Health and Social Care Partnership's contract management framework is subject to annual internal review;
- Internal audit identified a lack of committee oversight of performance since the performance and quality sub-group was suspended. Performance objectives had also not been identified for all directions;
- Performance was considered at the Board, but changes are being made to provide a more robust structure that will give greater assurance to the EIJB. A performance and delivery committee is set to be created which will provide more in-depth monitoring and scrutiny of performance and a new performance framework is being developed;
- The annual performance report was presented to the EIJB in June 2018 as per the requirements of the legislation;
- A series of resilience workshops took place in 2018 to further develop individual service area operational resilience plans based on the tactical resilience plan;
- A quarterly internal audit update detailing internal audit activity on behalf of the EIJB is submitted to the Audit and Risk Committee;
- The Chief Internal Auditor provides an annual audit opinion;
- Progress in implementing recommendations from previous audit reports has been closely tracked by the Chief Officer and the Audit and Risk Committee. However, a validation exercise in late 2017/early 2018 identified that there were some historic audit actions that had not been implemented. An action plan has been created to address the outstanding actions;
- Regular finance monitoring reports are presented to the EIJB and Council and NHS committees. Monitoring arrangements have been effective in identifying variances and control issues and taking appropriate action. This has included allocating funds to offset unachieved saving plans;
- An EIJB induction is in place for all new voting and non-voting members;
- A records management plan was agreed in December 2018 with the scrutiny and oversight of the improvement plan being delegated to the Audit and Risk Committee;
- Data protection impact assessments were being prepared to document information governance operational processes and ensure significant control gaps were identified and resolved;
- Internal Audit had identified that information governance processes were not sufficiently mature to support data sharing although there was an acknowledgement that work was ongoing to improve this situation;
- An action plan was created to track improvements following on from the review carried out by the Ministerial Strategic Group;
- After a period of temporary chairs, a new permanent Audit and Risk Committee chair was appointed; and

- A comprehensive grants programme for health and social care was delivered. This was a complex piece of work to ensure the allocation of funds was fair, accessible and best aligned with EIJB's strategy. The programme with a budget of £14.1m was significantly oversubscribed with 152 applications requesting £31m.

**Previous Year's Improvement Actions**

| | Issue | Responsible Party | Status |
|---|---|---|---|
| **1** | Further improvement and development of the mitigating actions for the new separate EIJB Risk Register | Chief Officer | Complete |
| **2** | Development of an Integrated Resilience Management Strategy for the Health and Social Care Partnership | Chief Officer | Complete |
| **3** | Review and changes to responsibilities of sub groups regarding performance monitoring | Chief Officer | Complete |
| **4** | Establishment of an Improvement Programme Board to oversee non-savings related work for the Health and Social Care Partnership | Chief Officer | Complete |
| **5** | Appointment of an Audit and Risk Committee Chair | Chief Officer | Complete |

**Further Improvement – Action Plan**

| | Issue | Responsible Party | Reporting Date |
|---|---|---|---|
| **1** | Good Governance Institute Review Implementation | Chief Officer | March 2020 |
| **2** | Creation of Governance Handbook to support the EIJB and its members | Chief Officer | October 2019 |
| **3** | Review of Integration Scheme | Chief Officer | March 2020 |
| **4** | Review of Directions Policy | Chief Officer | August 2019 |
| **5** | Development of a Reserves Policy | Chief Officer | August 2019 |
| **6** | Development of an integrated performance framework | Chief Officer | October 2019 |

**Certification**

It is our opinion that in light of the foregoing, reasonable assurance, subject to the matters raised above, can be placed on the effectiveness and adequacy of the EIJB's systems of governance.

**Conclusion**

We remain committed to monitoring implementation as part of the next annual review.

**Judith Proctor**
**Chief Officer**
[Date for Signing]

**Ricky Henderson**
**Chair**
[Date for Signing]

## COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

*This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices*

**COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT**
**FOR THE YEAR ENDED 31 MARCH 2019**

| 2017/18 | | | 2018/19 | | |
|---|---|---|---|---|---|
| Net Expenditure | | | Gross expenditure | Gross income | Net Expenditure |
| £000 | | Note | £000 | £000 | £000 |
| | **Health Services** | 8 | | | |
| 250,957 | Core services | | 264,868 | 0 | 264,868 |
| 86,071 | Hosted services | | 82,128 | 0 | 82,128 |
| 49,623 | Non-cash Limited | | 52,444 | 0 | 52,444 |
| 99,410 | Set aside services | | 93,577 | 0 | 93,577 |
| 1,257 | Corporate services | | 1,268 | 0 | 1,268 |
| 487,318 | | | 494,285 | 0 | 494,285 |
| | **Social Care Services** | 8 | | | |
| 124,670 | External purchasing | | 137,682 | 0 | 137,682 |
| 34,616 | Care at home | | 32,540 | 0 | 32,540 |
| 12,698 | Day services | | 15,304 | 0 | 15,304 |
| 22,457 | Residential care | | 20,825 | 0 | 20,825 |
| 13,191 | Social work assessment and care management | | 14,601 | 0 | 14,601 |
| 527 | Corporate services | | 558 | 0 | 558 |
| 8,918 | Other | | 10,184 | 0 | 10,184 |
| 217,077 | | | 231,694 | 0 | 231,694 |
| 420 | Corporate services | 3 | 415 | 0 | 415 |
| **704,815** | **Cost of services** | | **726,394** | **0** | **726,394** |
| **-709,477** | **Taxation and non-specific grant income and expenditure** | 2 | **0** | **-727,736** | **-727,736** |
| **-4,662** | **Surplus on provision of services** | | **726,394** | **-727,736** | **-1,342** |

## BALANCE SHEET

*The Balance Sheet shows the value, as at 31 March 2019, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.*

**BALANCE SHEET AS AT 31 MARCH 2019**

| 31/03/2018 £000 | | Notes | 31/03/2019 £000 |
|---|---|---|---|
| | **Current assets** | | |
| 8,378 | Short term debtors | 4 | 9,713 |
| | **Current liabilities** | | |
| -26 | Short term creditors | 5 | -19 |
| **8,352** | **Net assets** | | **9,694** |
| -8,352 | Usable reserves | MIRS | -9,694 |
| **-8,352** | **Total reserves** | | **-9,694** |

I certify that the statement of accounts present a true and fair view of the financial position of the Edinburgh Integration Joint Board as at 31 March 2019 and its income and expenditure for the period.

**Moira Pringle**
**Chief Finance Officer**
[Date for Signing]

## MOVEMENT IN RESERVES

*This statement shows the movement in the year on the different reserves held by the Edinburgh Integration Joint Board.*

| | 31/03/2019 | 31/03/2018 |
|---|---|---|
| | £000 | £000 |
| **Usable reserves – General Fund brought forward** | -8,352 | -3,690 |
| Surplus on the provision of services | -1,342 | -4,662 |
| **Total comprehensive income and expenditure** | **-9,694** | **-8,352** |
| | | |
| **Balance, as at 31 March, carried forward** | **-9,694** | **-8,352** |

# NOTES TO ACCOUNTS

## 1. ACCOUNTING POLICIES

### 1.1 General Principles

The Annual Accounts for the year ended 31 March 2019 have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the Code) and the Service Reporting Code of Practice. This is to ensure that the accounts 'present a true and fair view' of the financial position and transactions of the Edinburgh Integration Joint Board (EIJB).

### 1.2 Accruals of Income and Expenditure

The revenue accounts have been prepared on an accruals basis in accordance with the Code of Practice

### 1.3 VAT Status

The EIJB is a non-taxable person and does not charge or recover VAT on its functions.

### 1.4 Going Concern

The accounts are prepared on a going concern basis, which assumes that the EIJB will continue in operational existence for the foreseeable future.

### 1.5 Funding

Edinburgh Integration Joint Board receives contributions from its funding partners, namely NHS Lothian and the City of Edinburgh Council to fund its services.

Expenditure is incurred in the form of charges for services provided to the EIJB by its partners.

### 1.6 Provisions, Contingent Liabilities and Assets

Contingent assets are not recognised in the accounting statements. Where there is a probable inflow of economic benefits or service potential, this is disclosed in the notes to the financial statements.

Contingent liabilities are not recognised in the accounting statements. Where there is a possible obligation that may require a payment, or transfer of economic benefit, this is disclosed in the notes to the financial statements

The value of provisions is based upon the Board's obligations arising from past events, the probability that a transfer of economic benefit will take place and a reasonable estimate of the obligation.

### 1.7 Employee Benefits

The Chief Officer is regarded as an employee of the EIJB, although her contract of employment is with City of Edinburgh Council. The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Pension Scheme (Scotland) Regulations 1998, as amended. The post is

funded by the EIJB however the statutory responsibility for employer pension liabilities rests with the employing partner organisation (City of Edinburgh Council).

The Chief Financial Officer is regarded as an employee of the EIJB, although her contract of employment is with NHS Lothian. NHS Lothian participates in the NHS Superannuation Scheme (Scotland) which is a defined benefit statutory public service pension scheme, with benefits underwritten by the UK Government.

The remuneration report presents the pension entitlement attributable to the posts of the EIJB Chief Officer, Chief Financial Officer and Chair of the EIJB although the EIJB has no formal ongoing pension liability. On this basis, there is no pension liability reflected on the EIJB balance sheet for these posts.

**1.8 Cash and Cash Equivalents**

The EIJB does not hold a bank account or any cash equivalents. Payments to staff and suppliers relating to delegated services will be made through cash balances held by the partner organisations (NHS Lothian and City of Edinburgh Council). On this basis, no Cash Flow statement has been prepared in this set of Annual Accounts.

**1.9 Reserves**

The Integration Joint Board is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise: funds which are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies. They are created by appropriating amounts out of revenue balances. When expenditure to be funded from a reserve is incurred, it is charged to the appropriate service in that year and thus included in the Comprehensive Income and Expenditure Statement. Movements in reserves are reported in the Movement of Reserves Statement.

The EIJB has one usable reserve, the General Fund which can be used to mitigate financial consequences of risks and other events impacting on the Boards resources. The utilisation of the monies within this fund will be agreed by EIJB in June 2019.

**1.10 Support Services**

Support services are not delegated to the EIJB through the Integration scheme, and are instead provided by NHS Lothian and the City of Edinburgh Council free of charge, as a 'service in kind'. Support services provided mainly comprise the provision of financial management, human resources, legal services, committee services, ICT, payroll and internal audit services.

## 2. RELATED PARTY TRANSACTIONS

The Edinburgh Integration Joint Board was established on 27 June 2015 as a joint board between City of Edinburgh Council and NHS Lothian. The income received from the two parties was as follows:

| | 31/03/2019 | 31/03/2018 |
|---|---|---|
| | £000 | £000 |
| NHS Lothian | -518,177 | -511,593 |
| City of Edinburgh Council | -209,001 | -197,357 |
| **Total** | **-727,178** | **-708,950** |

Expenditure relating to the two parties was as follows;

| | 31/03/2019 | 31/03/2018 |
|---|---|---|
| | £000 | £000 |
| NHS Lothian | 494,521 | 487,561 |
| City of Edinburgh Council | 231,273 | 216,697 |
| **Total** | **725,794** | **704,258** |

Details of creditor and debtor balances with the partner bodies are set out in the subsequent notes (4 and 5).

## 3. CORPORATE EXPENDITURE

| | 31/03/2019 | 31/03/2018 |
|---|---|---|
| | £000 | £000 |
| Staff Costs | 373 | 391 |
| Other Fees | 3 | 3 |
| Audit Fees | 39 | 26 |
| **Total** | **415** | **420** |

Staff costs relate to the Chief Officer, Chief Finance Officer, EIJB Chair and Vice-Chair.

EIJB is in receipt of NHS Lothian and City of Edinburgh Council support services. NHS Lothian and the City of Edinburgh Council have agreed to provide support services, without an onward recovery. Support services to a value of £0.754m (£0.709m 2017/18) have been provided.

## 4. SHORT TERM DEBTORS

| | 31/03/2019 | 31/03/2018 |
|---|---|---|
| | £000 | £000 |
| Other Local Authorities | 9,713 | 8,378 |
| **Total** | **9,713** | **8,378** |

## 5. SHORT TERM CREDITORS

| | 31/03/2019 | 31/03/2018 |
|---|---|---|
| | £000 | £000 |
| Other Bodies | -19 | -26 |
| **Total** | **-19** | **-26** |

## 6. POST BALANCE SHEET EVENTS

No material events have occurred post the balance sheet reporting date.

## 7. CONTINGENT LIABILITIES and ASSETS

There are no contingent liabilities or assets to disclose.

## 8. SEGMENTAL REPORTING

Expenditure on services commissioned by the EIJB from its partner agencies is analysed over the following services:

| | 2018/19 Actual Expenditure | 2017/18 Actual Expenditure |
|---|---|---|
| | £000 | £000 |
| **SERVICES PROVIDED BY NHS LOTHIAN** | | |
| **Core services** | | |
| Community Allied Health Professionals | 10,205 | 6,133 |
| Community hospitals | 11,478 | 11,303 |
| District nursing | 10,817 | 10,666 |
| General medical services | 79,472 | 75,269 |
| Prescribing | 80,573 | 82,172 |
| Other core services | 72,323 | 65,414 |
| **Total core services** | **264,868** | **250,957** |
| **Hosted services** | | |
| Mental health, substance misuse and learning disabilities | 41,951 | 45,928 |
| Other hosted services | 41,445 | 41,400 |
| **Total hosted services** | **83,396** | **87,328** |
| **Non- Cash Limited** | | |
| Dental | 28,003 | 26,684 |
| Ophthalmology | 9,399 | 9,253 |
| Pharmacy | 15,042 | 13,686 |
| **Total Non-Cash Limited** | **52,444** | **49,623** |
| **Set aside services** | | |
| General medicine | 26,164 | 24,972 |
| Geriatric medicine | 13,409 | 13,100 |
| Junior medical | 14,105 | 13,757 |
| Other set aside services | 39,899 | 47,581 |
| **Total set aside services** | **93,577** | **99,410** |
| **TOTAL SERVICES PROVIDED BY NHS LOTHIAN** | **494,285** | **487,318** |
| **SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL** | | |
| External purchasing | 137,682 | 124,670 |
| Care at home | 32,540 | 34,616 |
| Day services | 15,304 | 12,698 |
| Residential care | 20,825 | 22,457 |
| Social work assessment & care management | 14,601 | 10,452 |
| Other services provided by City of Edinburgh Council | 10,742 | 12,184 |
| **TOTAL SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL** | **231,694** | **217,077** |
| Useable Reserves | -9,694 | -8,352 |
| **TOTAL ALL SERVICES** | **716,285** | **696,043** |

## 9. FUNDING ANALYSIS

The expenditure and funding analysis shows how annual expenditure is used and funded from resources in comparison with how those resources are consumed or earned in accordance with generally accepted accounting practice. In essence this demonstrates the difference between expenditure on an accounting basis and a funding basis. For EIJB no such difference applies and the information required is disclosed elsewhere in the financial statements

## 10. INDEPENDENT AUDITOR'S REPORT

The Statement of Accounts is subject to audit in accordance with the requirements of Part VII of the Local Government (Scotland) Act 1973.

The Auditor appointed for this purpose by the Accounts Commission for Scotland is:

Nick Bennett
For and on behalf of Scott-Moncrieff
Scott-Moncrieff
Exchange Place 3
Semple Street
EDINBURGH
EH3 8BL

# Item 7.2

# Report

## Finance Update

## Edinburgh Integration Joint Board

21 June 2018

## Executive Summary

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an update on progress towards a balanced financial plan for 2019/20. It also makes recommendations on bridging the in year shortfall.

## Recommendations

2. The Integration Joint Board is asked to:

   i. Agree that, after allowing for commitments, £2.4m that has been carried forward in the IJB's internally generated reserve is used on a non recurring basis to support financial balance;

   ii. Agree that slippage on centrally funded initiatives, estimated at £3.7m is also applied on a non recurring basis to support financial balance;

   iii. Reiterate its commitment to delivering the outcomes identified by the Scottish Government in relation to these initiatives, specifically to invest the full amount allocated to each project on a recurring basis;

   iv. Note that the financial plan remains unbalanced; and

   v. Support the ongoing efforts to reach a balanced position.

## Background

3. The May meeting of the Board considered the financial plan for the year and approved a savings and recovery programme. It noted that the plan was not yet balanced and discussed the ongoing efforts to bridge the gap, including a proposal to use a combination of IJB reserves and monies related to centrally funded initiatives.

4. Consolidated financial information will not be available until July, when the Council produces its first set of monitoring information, however this report does update on progress with the agreed savings and recovery programme.

## Main report

### Carry forward

5. Following the May meeting, a comprehensive briefing paper on reserves has been shared with members. This sets out: the rationale for holding reserves; different types of reserves; how the IJB has accumulated reserves; and plans for their use. This briefing builds on the information included in the May finance update report.

6. As previously reported, the IJB ended the year with funds of £9.7m held in reserves from 2 separate sources: internally generated funds; and centrally funded initiatives. For completeness the breakdown provided is repeated in table 1 below:

| | £k |
|---|---|
| IJB funded reserves | 5,901 |
| Investment monies | 3,791 |
| **Total** | **9,692** |

*Table 1: funding carried forward to 19/20 via the IJB's reserves*

### IJB reserves

7. 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 year on year costs. These reserves were agreed via the financial planning process to support investments which reflects the IJB's strategic priorities. The fact that these budgets have not yet been committed does not mean that costs are not being incurred to support the particular client group. This is demonstrated to some extent by the rate of overspend in the purchasing budget.

8. Adding these recurring reserves to the non recurring monies carried forward gives the IJB access to £9.6m on internally generated funds as detailed in table 2 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; consider any new or emerging priorities and also the overall financial position.

| | Recurring | Non recurring | Total |
|---|---|---|---|
| | £k | £k | £k |
| Internally generated funds c/f from 18/19 | | 5,902 | 5,902 |
| Older people | 1,500 | | 1,500 |
| Community accommodation | 150 | | 150 |
| Community support | 2,000 | | 2,000 |
| **Total** | **3,650** | **5,902** | **9,552** |

*Table 2: IJB reserves 2019/20*

9. 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 internally generated funds held in reserves set out in table 3 is recommended.

| | £k |
|---|---|
| Existing commitments | 4,404 |
| Offset against savings | 2,360 |
| Invest in transformation | 2,788 |
| **Total** | **9,552** |

*Table 3: proposed distribution of IJB reserves 2019/20*

10. 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.

**Centrally funded initiatives**

11. In addition to internally generated funds held in reserves the IJB receives, via its partners, budgets for centrally funded initiatives. These funds recognise Scottish Government policy and other commitments and are referred to in this paper as "investment monies". Proposals relating to the slippage on these funding streams are discussed in paragraphs 12 to 15 below.

12. Separate papers are being presented to this meeting on seek, keep and treat and action 15 monies, and the recommendations below are based on those papers. A further paper outlining the implementation plan for the carers strategy will come to the board in August and a recommendation in relation to slippage on the associated funding will be made at that point. There are current commitments and proposed investments in 2019/20 against the carers strategy totalling £1.6m. Finally, the paper updating on progress with the primary care improvement plan was agreed by the board in May 2019 and no slippage was identified in implementation at this point.

13. At the end of 2018/19 the IJB carried forward £3.8m as part of its reserves from centrally funded initiatives. This related to underspends against monies received in 2018/19 for central initiatives. Each of the programmes are pressing on with implementing plans on a recurring basis. The proposal to make a one off contribution of £3.7m towards the IJBs financial gap does not impact on permanent recruitment etc – it involves using slippage relating to implementing plans only.

14. Accordingly, the estimated slippage totals £3.7m and is summarised in table 4 below:

| | **£k** |
|---|---|
| Primary care | 0 |
| Action 15 | 763 |
| Seek, keep & treat | 1,081 |
| Carers act | 1,846 |
| **Totals** | **3,690** |

*Table 4: estimated slippage on investment monies*

15. It should be noted that, for these funding streams, the board has previously expressed a commitment to recurringly investing the full budget available annually on delivering the strategic aims and objectives as set out by the Scottish Government.

**Balancing the plan and next steps**

16. Members are reminded that, despite the identification of a robust and challenging efficiency programme and an assumed contribution of £2.5m from the Council's priority fund, the financial plan for 2019/20 remains unbalanced. In this scenario it is the clear responsibility of the board to consider the range of options available to it, including the use of any uncommitted monies and the reprioritisation of existing commitments. Accordingly, it is recommended that the unallocated balance on reserves (£2.4m) and the anticipated slippage on the investment monies (£3.7m) is applied on a non recurring or one off basis to bridge the in year financial position. In 2020/21 we should see the full year impact of this year's savings programme as well as the start of the financial consequences of our change programme.

17. Even with these measures a residual balance of £3.5m remains, as set out in table 5 below:

| | Total £k |
|---|---|
| Delegated resources | 666,004 |
| Anticipated cost of delegated services | 687,455 |
| **Projected savings requirement** | **21,451** |
| Savings programme identified | 11,941 |
| Contribution from reserves | 2,360 |
| Contribution from investment monies | 3,690 |
| **Outstanding balance** | **3,460** |

*Table 5: projected net position*

18. In May the board were updated on progress with the associated action plan. This continues to be a focus of the Partnership management team and a key feature of our discussions with colleagues in NHS Lothian and the Council.

**Savings and recovery programme**

19. As discussed above, a consolidated financial position will be available in July 2019, following the first monitoring information produced by the Council. This will evidence the extent to which demonstrable progress has been made with the savings and recovery programme. In advance of this the following update is presented for information:

- Gylemuir has closed ahead of schedule and all staff redeployed into suitable vacancies;
- c£5m of the £12m programme has been assessed as “green” which is extremely positive at this point in the financial year;
- Each individual project has a named lead who has developed the associated implementation plan for the scheme. This includes an indication of the resource required for delivery;
- The first progress reports have now been received and are being followed up by the transformation team. Where the likelihood of slippage has been identified, the relevant lead has been asked to identify where additional support is needed; and
- The first meeting of the reconstituted savings governance board, chaired by the Chief Officer will be held in June 2019.

## Key risks

20. 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

21. Outlined elsewhere in this report.

## Implications for directions

22. 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

23. 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

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

## Involving people

25. As above.

## Impact on plans of other parties

26. As above.

## Report author

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

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**Item 8.1**

# Report

## Committee Terms of Reference and Good Governance Handbook
## Edinburgh Integration Joint Board

21 June 2019

## Executive Summary

1. Edinburgh Integration Joint Board (EIJB) agreed at its meeting of 14 December 2018 to implement the recommendations of the independent review of its governance undertaken by the Good Governance Institute.

2. This included changes to the committee structure and support for clarity on lines of accountability and reporting which the EIJB anticipates will further streamline arrangements and reporting and support sustained governance effectiveness.

3. This paper covers a set of formal terms of reference for all the committees of the EIJB for approval:

    a. Strategic Planning

    b. Performance and Delivery

    c. Audit and Assurance

    d. Clinical and Care Governance

    e. Futures

4. This will allow the committee cycle to commence from July 2019.

5. A further element of this work is the development of a Good Governance Handbook for the EIJB. This paper outlines the proposed content and focus of the Handbook, which will be developed with Board members and further support from the Good Governance Institute.

## Recommendations

6. The Edinburgh Integration Joint Board is asked to:

   i. Agree the new Terms of Reference for the five Committees; and

   ii. Agree the approach to develop the content of the Good Governance Handbook, noting that Board members will have the opportunity to contribute to and shape the Handbook as part of the development workshops with the Good Governance Institute.

## Background

7. A review was commissioned by the Chief Officer of the EIJB to provide an assessment of the effectiveness of current governance arrangements and make recommendations which would enable the EIJB to meet future requirements and expectations.

8. The review was undertaken by Good Governance Institute between September and November 2018 using an established review methodology including:

   a. structured interviews with voting and non-voting members of the EIJB;

   b. structured interviews with senior executive team of the EIJB;

   c. systematic document review covering the execution of business in meetings; and

   d. review of processes and procedures.

9. A report was considered at the EIJB on 14 December 2018 indicating that the EIJB needed to strengthen its governance. The report's 18 recommendations were agreed by the EIJB.

10. The recommendations included changes to the committee structure and support for clarity on lines of accountability and reporting which the IJB anticipates will further streamline arrangements and reporting and support sustained governance effectiveness.

## Main report

### Terms of reference

11. The terms of reference attached as appendix 1- 5 are intended to replace those for the current formal committee structure of the EIJB with a new fit for purpose infrastructure.

12. They are deliberately formal and structured setting out the authority, remit, membership, duties and administrative arrangements for each committee in a similar format.

13. The specific duties for each committee have been left to be developed or refined by the committees for future approval by the EIJB. This is important to allow the committee members to reflect the best way to fulfil the purpose of the committee and the contribution the committee intends to or is expected to make over the year ahead and to develop a cycle of business.

14. The paper suggests that this process should take place each year normally in June alongside a formal review process for progress and achievement for each committee.

**Good Governance Handbook**

15. The purpose of the Governance Handbook is to act as a practical guide for Board members which describes the means by which the Board secures assurance on its activities and enables continued assessment and development of governance effectiveness.

16. Building on from the November 2018 governance review report, the Handbook will set out the governance principles, systems and outcomes through which the EIJB receives assurance. The Handbook will include working definitions for governance, key roles and responsibilities, behaviour, etiquettes and standards, scheme of delegation as well as the structures and principles which embody governance in practice for EIJB.

17. Importantly, it will also recognise that EIJB is committed to being a leading organisation in transforming health and social care for the benefit of the people of Edinburgh. This commitment requires modern governance which will encourage and enable innovation, community engagement and participation, and joint working. The Handbook will be designed to deliver more than a stagnant descriptor, but to operate as a live document for EIJB members.

18. Each substantive section of the handbook will utilise the following format:

    a. Strategic intent: **what it means**

    b. Content & specific issues: **why it matters now**

    c. Examples & resources: **how it can be applied**

        i. Key assurance questions

        ii. Case studies

iii. Other resources e.g. Maturity Matrix, engagement principles, further reading.

19. This format will include a combination of standard best practice governance guidance from the Good Governance Institute, alongside specific EIJB content developed in collaboration with Board members and partners. The main body of the Handbook will include the following sections:

a. **FUNDAMENTAL CONCEPTS**

i. The controlling mind: principle governance role and accountability

ii. Governance across boundaries

iii. Fiduciary duties

iv. Duty of Candour

v. Safeguarding

vi. Achieving the diversity dividend

vii. Information governance

b. **THE TESTS OF GOOD GOVERNANCE**

i. Reassurance Vs assurance

ii. Assurance and scrutiny

iii. Decision making and decision taking

c. **ROLES AND RESPONSIBILITY**

i. Role of the Board

ii. Delegation and reservation

iii. Committee roles

iv. Reporting service line to Board (and external)

v. Constructive challenge and expected behaviours

d. **BALANCING RISK AND INNOVATION**

i. Strategic risk management

ii. Risk management within organisations:

iii. Risk appetite

iv. Risk tolerance

v. Risk at system level

vi. Regulatory intervention

vii. Information technology

e. **QUALITY GOVERNANCE**

i. Understanding quality and clinical governance

ii. Outcomes framework

iii. Governing for quality improvement

iv. Care pathways

f. **AUTHENTIC ENGAGEMENT AND STAKEHOLDER VOICE:ENGAGING WITH AUTHENTICITY**

i. Legal duties

ii. Informing Vs advising

iii. Transparent leadership and reporting

iv. Community assets

g. **INTEGRATED REPORTING**

i. Building assurance with stakeholders

ii. Holistic resources: financial, physical, natural, people, knowledge, networks

iii. Integrated reporting framework

20. The Handbook is intended to capture and support the ambitions of EIJB, and these sections will be supported by formal resources such as a Board Etiquette statement, Committee Terms of Reference, and Risk Appetite Statement.

## Key risks

21. There is a risk that the EIJB is unable to make timely decisions and provide strong governance across the range of functions delegated to it. This risk is

addressed and mitigated by the implementation of the governance review and development of a robust committee structure supporting the EIJB.

## Financial implications

22. It is intended that the development of the governance structure will be undertaken within existing EIJB resources. Any developments requiring the decision of the EIJB will be presented to the Board for discussion.

## Implications for Directions

23. There are no immediate implications for Directions.

## Equalities implications

24. The supporting governance structure agreed for implementation by the IJB will support the EIJB meeting it obligations in relation to Equalities.

## Sustainability implications

25. The supporting governance structure will support the EIJB in ensuring due consideration of sustainability issues is undertaken in its decision making and strategy development.

## Involving people

26. There has been involvement with key parties as part of the development of the terms of reference for committee structures and the proposed content and focus of the handbook will be developed with Board members and further support from the Good Governance Institute.

## Impact on plans of other parties

27. There are no impacts on the plans of other parties.

## Background reading/references

## Report author

**Judith Proctor**

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

Contact: Judith Proctor, Chief Officer

E-mail: Judith.proctor@edinburgh.gov.uk | Tel: 0131 529 4050

## Appendices

| | |
|---|---|
| **Appendix 1** | Terms of Reference – Strategic Planning Group |
| **Appendix 2** | Terms of Reference – Performance and Delivery Committee |
| **Appendix 3** | Terms of Reference – Audit and Assurance Committee |
| **Appendix 4** | Terms of Reference – Clinical and Care Governance Committee |
| **Appendix 5** | Terms of Reference – Futures Committee |

**Appendix 1**

**Edinburgh Integration Joint Board**
**Strategic Planning Group (Committee)**
**Terms of Reference for approval**

## 1. Constitution of the Committee

1.1 The Strategic Planning Group is a statutory Committee established by the Integration Joint Board (IJB) to monitor, review and report to the Board on the strategy, plans and delivery of the delegated Partnership's services.

## 2. Purpose and function

2.1 The purpose and function of the Committee, on behalf of the Integration Joint Board, is to:

a) oversee strategic planning processes to meet statutory obligations placed on the Integrated Joint Board in respect of strategies and plans

b) provide assurance to the Integrated Joint Board that processes are fully inclusive of stakeholders and partners and formal consultative processes are followed;

c) identify on behalf of the Integrated Joint Board key priorities, progress arrangements and outcomes in relation to the planning of services;

d) quality assure proposed directions in support of the operation plan for recommendation to the Integrated Joint Board; and

e) assess business cases for recommendation to the Integrated Joint Board for decision.

## 3. Authority

3.1 The Committee is:

a) a statutory Committee of the Integrated Joint Board reporting directly to the Integrated Joint Board, and has no executive powers, other than those specifically delegated in these Terms of Reference;

b) authorised by the Integrated Joint Board to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Partnership, and to invite any employee of an organisation within the Partnership to provide information by request at a meeting of the Committee to support its work, as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so.

c) authorised by the Integrated Joint Board to secure the attendance of individuals and authorities from outside the Partnership with relevant

experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Leads of the Committee and / or Office of the Chief Officer).

3.2 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Integrated Joint Board. In accordance with the Partnership's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Integrated Joint Board; and

3.3 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups must be approved by the Integrated Joint Board and reviewed on an annual basis.

## 4. Membership

4.1 Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of 4 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. 2 non voting members of the IJB shall be appointed to the Committee by the Board as non voting members of the Committee.

4.2 One of the Voting members will be appointed by the Integrated Joint Board as the Chair of the Committee. The Chair will be rotated between Voting members on a basis agreed by the Integration Board to ensure a suitable balance between partner organisations is maintained across the five main committees of the IJB.

4.3 A further Voting member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.

4.4 The Executive Lead (the Head of Strategic Planning) or a designated alternative from the Office of the Chief Officer, will be in attendance at all meetings of the committee. Other attendees at the Committee shall be appointed by the Integrated Joint Board and shall be made up of representatives drawn from the following groups:

- Non-voting members of the IJB
- Health professionals;
- Service users of health care;
- Carers in health care;
- Social care professionals;
- Service users of social care;
- Carers from social care;
- Independent providers of social care;
- Registered Social Housing organisations; and

- Third sector bodies carrying our activities related to health care or social care

4.5 The Chair of the Integrated Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.

4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.

4.7 Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.8 The Secretariat support will be provided by the office of the Chief Officer who will act as the Committee Secretary and shall attend all meetings of the Committee.

4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Integrated Joint Board.

4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

4.11 The quorum necessary for the transaction of business shall be 2 members, as defined in 4.1 above, including the Chair, and at least one other Voting Member.

4.12 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

## 5. Specific Duties –

Core duties

*Note:*
*Duties are to be developed by the committee and approved by the IJB at a future meeting*
*These duties should broadly reflect as a minimum those identified in the Report of the Independent Review of the Governance of the IJB dated November 2018.*
*28 May 2019 – Duties to be developed by the committees and approved by the IJB at a future meeting*

Cycle of Business

5.2 The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress.

## 6. Reporting and Accountability

6.1 The Committee Chair will report formally to the Integrated Joint Board on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

6.2 The Terms of Reference shall be reviewed by the Committee and approved by the Integrated Joint Board on an annual basis. (Normally at its June meeting).

## 7. Committee Administration

7.1 The Committee shall meet a minimum of six times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.

7.2 The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the office of the Chief Officer and Partnership Executive leads reflecting an integrated cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than seven working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than five working days before the date of the meeting.

7.5 Committee papers shall include an outline of their purpose and key points in line with the IJB's Committee protocol, and make clear what actions are expected of the Committee.

7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.

7.7 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten days of the meeting.

7.8 The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the Integrated Joint Board.

**Appendix 1**

**Procedural control statement:**
**Date approved: XXXXX**
**Approved by: Integrated Joint Board**
**Review date: XXXXX**

**Appendix 2**

**Edinburgh Integration Joint Board**
**Performance and Delivery Committee**
**Terms of Reference for approval**

## 1. Constitution of the Committee

1.1 The Performance and Delivery Committee is a non-statutory Committee established by the Integrated Joint Board to provide advice and assurance to the Board on the effectiveness on the operational and financial performance of the Partnership.

## 2. Purpose and function

2.1 The purpose and function of the Committee, on behalf of the Integrated Joint Board is to:

a) Provide assurance to the Integrated Joint Board that the Integrated Joint Board is doing what it is committed to do;

b) Oversee, on behalf of the Integrated Joint Board, a performance and progress reporting framework and supporting processes which provide assurance to the Integrated Joint Board about progress and delivery;

c) Receive progress reports from accountable officers on finance, duty of care, quality, variations and other relevant matters.

## 3. Authority

3.1 The Committee is:

a) a non-statutory Committee of the Integrated Joint Board reporting directly to the Integrated Joint Board, and has no executive powers, other than those specifically delegated in these Terms of Reference

b) authorised by the Integrated Joint Board to investigate any activity within its terms of reference, to seek any information it requires from any officer of the Partnership, and to call any employee to be questioned at a meeting of the Committee as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so

c) authorised by the Integrated Joint Board to secure the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Committee Secretary)

3.2 The Committee shall have the power, in exceptional circumstances, to establish task and finish groups for the purpose of addressing specific tasks or areas of responsibility. In accordance the Partnership's Standing Orders, the Committee

may not delegate powers to a task and finish group unless expressly authorised by the Integrated Joint Board.

3.3 The terms of reference, including the reporting procedures of any task and finish group, must be approved by the Integrated Joint Board and be reviewed on an annual basis.

## 4. Membership and quorum

### Membership

4.1 Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of 6 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. 3 non voting IJB members shall be appointed to the Committee as non voting members.

4.2 One of the Voting members will be appointed by the Integration Joint Board as the Chair of the Committee. The Chair will be rotated between Voting members on a basis agreed by the Integration Board to ensure a suitable balance between partner organisations is maintained across the five main committees of the IJB.

4.3 In the absence of the Chair, a Voting member of the Committee may assume the role of Chair in the formal absence of the appointed Chair.

4.4 The Chief Finance Officer or a designated alternative shall act as the executive lead for the committee and shall attend all meetings.

4.5 The Chair of the Integrated Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.

4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.

4.7 Members and attendees are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.8 Secretariat support will be provided by a member of the Office of the Chief Officer who will act as the Committee Secretary and shall attend all meetings of the Committee.

4.9 All members of the Committee shall receive training and development support before joining the committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Integrated Joint Board.

4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

**Quorum**

4.12 The quorum necessary for the transaction of business shall be 4 members as defined in 4.1 above, including the Chair and at least one Voting member.

4.13 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers, and discretions delegated to the Committee.

## 5. Duties

**Core duties**

*5.1 Note:*
*Duties are to be developed by the committee and approved by the IJB at a future meeting*
*These duties should broadly reflect as a minimum those identified in the Report of the Independent Review of the Governance of the IJB dated November 2018:*

*Strategies and policies*
*Annual Financial Plan*
*Risk*
*Performance and progress reporting*
*Capital, investments, acquisitions and disposals*
*Infrastructure, estates and digital*
*Commercial strategy*
*Statutory compliance*

**Cycle of Business**

5.2 The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress.

## 6 Reporting and accountability

6.1 The Committee Chair shall report formally to the Integrated Joint Board on its proceedings after each meeting outcomes and exception issues within its duties and responsibilities, summarising areas where action or improvement is needed.

6.2 An integrated report with narrative will be provided by the Executive to each Integrated Joint Board meeting.

6.3 The terms of reference shall be reviewed by the Committee and approved by the Integrated Joint Board on an annual basis. (Normally at its June meeting).

## 7 Committee Administration

7.1 The Committee shall meet *bi-monthly* and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.

7.2 The Chairman may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Committee Secretary and executive lead, reflecting an integrated cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than seven working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than five working days before the date of the meeting.

7.5 Committee papers shall include an outline of their purpose and key points in line with the IJB's Committee protocol, and make clear what actions are expected of the Committee.

7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.

7.7 The Committee secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten working days of the meeting.

**Procedural control statement:**
**Date approved: XXXXX**
**Approved by: Integrated Joint Board**
**Review date: XXXXX**

**Appendices to be inserted:**

**Memberships for the year**
**Annual cycle of business for the committee**

**Edinburgh Integration Joint Board**
**Audit and Assurance Committee**
**Terms of Reference for approval**

## 1. Constitution of the Committee

1.1 The Audit and Assurance Committee is a statutory Committee established by the Integrated Joint Board to monitor, review and report to the Board on the suitability and efficacy of the Partnership's provisions for governance, risk management and internal control.

## 2. Purpose and function

2.1 The purpose and function of the Committee is to:

a) provide assurance to the Integrated Joint Board that it is fulfilling all its statutory requirements and all systems are performing as required, with appropriate and consistent escalation of notice and action;

b) review and continually re-assess their system of governance, risk management, and control, to ensure that it remains effective and fit for purpose;

c) oversee the annual audit programme in respect of the Integrated Joint Board's services;

d) develop integrated public reporting of the Integrated Joint Board as an independent, objective process; and

e) ensure that its arrangements for delegation within the Integrated Joint Board structures promote independent judgement and assist with the balance of power and the effective discharge of duties.

## 3. Authority

3.1 The Committee is:

a) a statutory Committee of the Integrated Joint Board reporting directly to the Integrated Joint Board, and has no executive powers, other than those specifically delegated in these Terms of Reference;

b) authorised by the Board to investigate any activity within its Terms of Reference, to seek any information it requires from any employee of an organisation within the Partnership, and to invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required, due cognisance of their employing organisation's policies and procedures in doing so; and

c) authorised by the Integrated Joint Board to secure the attendance of individuals and authorities from outside the Partnership with relevant

experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Lead of the Committee and / or office of the Chief Officer).

## 4. Membership and quorum

### Membership

4.1 Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of 6 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. 3 non voting members of the IJB will also be appointed by the Board as non voting members of the Committee.

4.2 One of the Voting Members will be appointed by the Integrated Joint Board as the Chair of the Committee. The Chair will be rotated between Voting members on a basis agreed by the Integration Board to ensure a suitable balance between partner organisations is maintained across the five main committees of the IJB.

4.3 A further Voting Member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.

4.4 The Executive Lead (the Chief Finance Officer) or a designated alternative from the Office of the Chief Officer, will be in attendance at all meetings of the committee.

4.5 The Chair of the Integrated Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.

4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.

4.7 Members and attendees are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.8 Secretariat support will be provided by a member of the Office of the Chief Officer who will act as the Committee Secretary and shall attend all meetings of the Committee.

4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Integrated Joint Board.

4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

4.11 The Chief Officer and other members of the Executive team should be invited to attend as appropriate with an expectation that if invited they should attend in person. In addition, the Chief Officer should be required to attend, at least annually, to discuss the process for assurance that supports the Annual Governance Statement.

4.12 External Audit and Internal Audit representatives will on occasion be invited to meet Committee members prior to the formal conduct of the business of the meeting without members of the Executive present.

**Quorum**

4.13 The quorum necessary for the transaction of business shall be 4 members, as defined in 4.1 above, including the Chair.

4.14 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee

## 5. Duties

5.1 The Committee will undertake the duties detailed in the NHS Audit Committee Handbook (HFMA latest edition). The Committee will carry out the duties below for the Partnership and major subsidiary undertakings as a whole, as appropriate. The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, and report to the Board on its progress. The duties of the Committee will include:

### 5.1.1 Financial reporting

The Committee will:

a) ensure that the systems for financial reporting to the Integrated Joint Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided;

b) ensure the integrity of the Annual Report and Financial Statements of the Partnership before submission to the Integrated Joint Board, and any other formal announcements relating to its financial performance, reviewing significant reporting issues and judgements that they contain, and including the meaning and significance of the figures, notes and significant changes; accounting policies and practices followed, and significant changes; explanation of estimates or provisions having material effect; the schedule of losses and special payments and any reservations and disagreements between internal and external auditors, and the executive directors, which are not resolved;

c) review summary financial statements, significant financial returns to regulators and any financial information contained in other official documents, including the Annual Governance Statement;

d) review the consistency of, and changes to, accounting policies across the Partnership and its subsidiary undertakings including the operation of, and proposed changes to, the Corporate Governance Manual, Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation of Powers, Matters Reserved to the Board and Standards of Business Conduct, including maintenance of registers and the Fraud Response Plan;

e) review the methods used to account for significant or unusual transactions where different approaches are possible (including unadjusted mis-statements in the financial statements);

f) receive and review an annual report on special severance payments made during the year via a settlement agreement;

g) review whether the Partnership has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the External Auditor;

h) review the clarity of disclosure in the Partnership's financial reports and the context in which statements are made.

### 5.1.2 Governance, risk management and internal control

The Committee will review:

a) the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Partnership's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;

b) the risk environment of the Partnership to ensure that the governance system is adequately addressing the full range of current, and potential future, risks;

c) the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, together with the Head of Internal Audit Opinion, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the Integrated Joint Board;

d) the Board Assurance Framework and processes that indicate the degree of the achievement of the Board's priorities, the effectiveness of the

management of principal risks and the appropriateness of the above disclosure statements;

e) the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, any related reporting and self-certifications, and work related to counter fraud and security, as required by the NHS Counter Fraud Authority;

f) the policies for managing and investigating complaints and legal claims against the Partnership, including referrals to the NHS Resolution; and

g) the Register of Directors' Interests; and Register of Gifts and Hospitality on a regular basis, and not less than annually.

### 5.1.3. Internal audit and counter fraud

The Committee will:

a) ensure that there is an effective Internal Audit function that meets the *Public Sector Internal Audit Standards* and provides appropriate independent assurance to the Committee, Chief Officer, and Integrated Joint Board;

b) consider and approve the Internal Audit Strategy and Annual Plan, and ensure it has adequate resources and access to information, including the Board Assurance Framework, to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee will also ensure the function has adequate standing and is free from management or other restrictions;

c) review all reports on the Partnership from the Internal and External Auditors which identify "limited assurance" or "no assurance";

d) review and monitor, on a sample basis, the Executive Management's responsiveness to the findings and recommendations of audit reports, and ensure coordination between Internal and External Auditors to optimise use of audit resource;

e) meet the Head of Internal Audit on a formal basis, at least once a year, without Executive directors or management, to consider issues arising from the internal audit programme and its scope and impact. The Head of Internal Audit will be given the right of direct access to the Chair of the Committee, Chief Officer, Integrated Joint Board and to the Committee;

f) assure itself that the Partnership has policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority;

g) assess the effectiveness of Counter Fraud services once every five years through a full process of review; and

h) monitor the implementation of the policy on standards of business conduct for directors and staff (i.e. Codes of Conduct and Accountability) in order to offer assurance to the Integrated Joint Board on probity in the conduct of the Partnership's business.

### 5.1.4 External audit

The Committee will:

a) consider and make recommendations to the Integrated Joint Board, in relation to the appointment, re-appointment and removal of the Partnership's External Auditor;

b) work with the Integrated Joint Board to manage the selection process for new auditors. If an auditor resigns, the Committee will investigate the reasons, and make any associated recommendations to the Integrated Joint Board

c) approve the External Auditor's remuneration and terms of engagement, including fees for audit or non-audit services and the appropriateness of fees, to enable an adequate audit to be conducted;

d) agree and review the policy regarding the supply of non-audit services by the External Auditor and monitor that service, taking into account relevant ethical guidance;

e) review and monitor the External Auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors and consider the implications and management's responses to their work;

f) meet the External Auditor at least once a year, without management being present; to discuss their remit and any issues arising from the audit;

g) establish with the External Auditors, the nature and scope of the audit, as set out in the annual plan before the audit commences; and

h) review all External Audit reports, including the report to those charged with governance (before its submission to the Integrated Joint Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

### 5.1.5 Other board assurance functions

The Committee will:

a) review the findings of other significant assurance functions, both internal and external to the Partnership, and consider the implications for the governance of the Partnership. These will include, but not be limited to, any reviews undertaken by the Audit Commissions, Health and Social

Care Regulators, and professional bodies with responsibility for the performance of staff or functions;

b) review the work, and receive the minutes, of other Committees within the organisation and its subsidiaries, whose work can provide relevant assurance to the Audit and Assurance Committee's own scope of work and in relation to matters of quality affecting the Board Assurance Framework, including the Clinical and Care Quality Committee, the Performance and Delivery Committee, Strategic Planning Group and Futures Committee;

c) ensure there is no duplication of effort between the Committees, and that no area of assurance is missed as part of its responsibility for reviewing the Annual Governance Statement prior to submission to the Integrated Joint Board;

d) receive details of Single Tender Waivers, as approved by the Chief Officer;

e) receive a schedule of losses and compensations and approve appropriate write-offs;

f) review registers relating to the Standards of Business Conduct Policy and consider any breaches and action taken; and

g) review every decision by the Integrated Joint Board to suspend their respective Standing Orders.

h) In fulfilling its responsibilities, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

## 6. Reporting and accountability

6.1 The Committee Chair will report formally to the Integrated Joint Board on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

6.2 The Terms of Reference shall be reviewed by the Committee and approved by the Integrated Joint Board on an annual basis. (Normally at its June meeting).

6.3 The Committee will report to the Integrated Joint Board annually on its work in support of the Annual Governance Statement. The Annual Report will:

a) set out clearly how the committee is discharging its responsibilities;

b) include a statement referring to any non-audit services provided by the external auditors, and if so, how auditor objectivity and independence is safeguarded;

c) set out details of the full auditor appointment process, and where the Council of Governors decide not to accept the recommendations of the Committee, a statement setting out (a) an explanation of the Committee's recommendation in relation to the appointment, re-appointment or removal of the external auditor and (b) the reasons the Council of Governors has chosen not to accept those reasons;

d) provide explanatory details, where during the year the External Auditor's contract is terminated in disputed circumstances, on the removal process and the underlying reasons for removal;

e) be signed by the Chair of the Audit Committee; and

f) be presented to the Annual General Meeting, with the Chair of the Audit Committee in attendance to respond to any stakeholder questions on the Committee's activities.

## 7. Committee administration

7.1 The Committee will meet a minimum of four times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, will require allowing the Committee to discharge all of its responsibilities.

7.2 The Chairman may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Committee Secretary and Executive Lead, reflecting an integrated cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, will be made available to each member of the Committee, no less than seven working days before the date of the meeting in electronic form. Supporting papers will be made available no later than five working days before the date of the meeting.

7.5 Committee papers will include an outline of their purpose and key points in line with the Partnership's committee protocol, and make clear what actions are expected of the Committee.

7.6 The Chair will establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.

7.7 The Committee Secretary will minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings will be made available promptly to all members of the Committee, normally within ten working days of the meeting.

7.8 The Committee will, at least once a year, review its own performance, using a process agreed for all Board Committees by the Integrated Joint Board.

**Procedural control statement:**
**Date approved: XXXXX**
**Approved by: Integration Joint Board**
**Review date: XXXXX**

**Edinburgh Integration Joint Board**
**Clinical and Care Governance Committee**
**Terms of reference (for approval)**

## 1. Constitution of the Committee

1.1 The Clinical and Care Quality Committee is a statutory Committee established by the Integration Joint Board to monitor, review and report to the Board on the quality of care to the local population, specifically in relation to patient safety, clinical effectiveness and patient experience.

## 2. Purpose and function

2.1 The purpose and function of the Committee is to gain assurance, on behalf of the Integration Joint Board:

a) on the systems for delivery of safe, effective, person-centred care in line with the Integrated Joint Board's statutory duty for the quality of health and care services.

b) that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.

c) To provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.

d) To ensure that there are effective structures, processes and systems of control for the achievement of the Integrated Joint Board's priorities, where these relate to regulatory compliance, service user experience, safety and the quality of service outcomes.

e) that services respond to requirements arising from regulation, accreditation and other inspections' recommendations.

## 3. Authority

3.1 The Committee is:

a) a non-statutory Committee of the Integrated Joint Board reporting directly to the Integrated Joint Board, and has no executive powers, other than those specifically delegated in these Terms of Reference;

b) authorised by the Integrated Joint Board to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Partnership, and to invite any employee of an organisation within the Partnership to provide information by request at a meeting of the Committee to support its work, as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so; and

c) authorised by the Integrated Joint Board to secure the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Leads of the Committee and / or Office of the Chief Officer).

3.3 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Integrated Joint Board. In accordance with the Partnership's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Integrated Joint Board.

3.4 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups must be approved by the Integrated Joint Board and reviewed on an annual basis.

## 4. Membership

4.1 Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of least 6 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. 3 non voting IJB members shall be appointed as members of the Committee by the IJB as non voting members of the Committee.

4.2 One of the Voting members will be appointed by the Integrated Joint Board as the Chair of the Committee.

4.3 A further Voting member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.

4.4 The Executive Lead (Head of Operations or a designated alternative) shall act as the executive lead for the committee and shall attend all meetings.

4.5 The Chair of the Integrated Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.

4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.

4.7 Members and attendees are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.8 The Secretariat support will be provided by the office of the Chief Officer who will act as the Committee Secretary who shall attend all meetings of the Committee.

4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Integrated Joint Board.

4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

**Quorum**

4.11 The quorum necessary for the transaction of business shall be four members, as defined in 4.1 above, including the Chair, and at least one other Voting Member.

4.12 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

## 5. Specific Duties –

**5Core duties**

*Note:*
*Duties are to be developed by the committee and approved by the IJB at a future meeting*
*These duties should broadly reflect as a minimum those identified in the Report of the Independent Review of the Governance of the IJB dated November 2018: including the following*

### 5.1.2 Strategy

The Committee will:

a) set and assess the strategic priorities and investments needed to support high-quality clinical outcomes and improve clinical effectiveness in the Partnership, and advise the Board accordingly;

b) review international intelligence and research evidence on clinical safety and practice and distil their relevance to the Partnership's strategic priorities (including where necessary commissioning research to inform its work);

c) review the development and effective use of shared clinical intelligence and data with partners to shape the growth of high-quality care and services in the 'place' of Edinburgh and Scotland;

### 5.1.3 Risk

The Committee will:

a) receive regular reports on the high value risks in the Partnership and review the suitability and robustness of risk mitigation plans with regard to their potential impact on patient outcomes and quality of care;
b) triangulate and be assured of the robustness of the process of reviewing the trends, themes and patterns emerging from key quality indicators in the Partnership that inform and shape risk assessment, priority-setting and development of fit-for-purpose policies and procedures

### 5.1.4 Outcomes and processes

The Committee will:

a) be assured of the integrity of the Partnership's control systems, processes and procedures relating to critical areas of integration, to include:

- high quality care (through the Partnership's quality review processes);
- compliance with fundamental standards of quality and safety;
- patient safety and harm reduction;
- introduction of new clinical pathways and procedures;
- dissemination and implementation of statutory guidance;
- escalation and resolution of quality concerns; and
- patient and carer involvement and engagement;

b) ensure the effective operation of processes relating to clinical practice and performance, including early detection of issues and problems, escalation, corrective action and learning.

### 5.1.5 Learning and communication

The Committee will:

a) be assured of the effectiveness of systems and processes used for continuous learning, innovation and quality improvement, establishing ways of gaining assurance that appropriate action is being taken;

b) be assured that the robustness of procedures ensure that adverse incidents, complaints and events are detected, openly investigated, with lessons learned being promptly applied and appropriately disseminated in the best interests of patients, of staff and of the Partnership;

c) review how systematically evidence-based practice, ideas, innovations and statutory and best practice guidance are identified, disseminated and applied within the Partnership;

d) develop and oversee a programme of activities to engage Board members directly in quality assurance processes and to review, distil and implement the learning from these activities, including 'walk-abouts', reviews, focus groups and deep-dives; and

e) be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

### 5.1.6 Patient and public engagement

The Committee will:

a) be assured of the effectiveness of a credible process for assessing, measuring and reporting on the 'patient experience' in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Partnership's strategic goals and programmes of work.

### 5.1.7 Progress and performance reporting

The Committee will:

a) review a range of evidence and data from multiple sources, including management and executive committees and groups, on which to arrive at informed opinions on:

- the standards of clinical and service quality in the Partnership;
- compliance with agreed standards of care and national targets and indicators; and
- Partnership organisation's quality performance measured against specified standards and targets;

b) review a succinct set of key performance and progress measures relating to the full purpose and function of the Committee;

c) review progress against these measures on a regular basis and seek assurance around any performance issues identified, including proposed corrective actions and reporting any significant issues and trends to the Integrated Joint Board;

d) agree the programme of benchmarking activities to inform the understanding of the Committee and its work;

e) be assured of the credibility of sources of evidence and data used for planning and progress reporting to the Committee and to the Board in relation to the Committee's purpose and function;

f) ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit Committee, Strategic Planning Group, Performance and Delivery Committee, and Futures Committee;

### 5.1.9 Statutory and regulatory compliance

a) The Committee will be assured of the arrangements for ensuring maintenance of the Partnership's compliance standards specified by the Scottish Government Health and Social Care Directorate, Healthcare Improvement Scotland, NHS Scotland, and statutory regulators of health care professionals.

### 5.1.10 Cycle of Business

a) The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress.

## 6. Reporting and Accountability

6.1 The Committee Chair will report formally to the Integrated Joint Board on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

6.2 The Terms of Reference shall be reviewed by the Committee and approved by the Integrated Joint Board on an annual basis. (Normally at its June meeting).

## 7. Committee Administration

7.1 The Committee shall meet a minimum of four times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.

7.2 The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Committee Secretary and executive lead, reflecting an integrated cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of

the Committee, no less than seven working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than five working days before the date of the meeting.

7.5 Committee papers shall include an outline of their purpose and key points in line with the IJB's Committee protocol, and make clear what actions are expected of the Committee.

7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.

7.7 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten days of the meeting.

7.8 The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the Integrated Joint Board.

**Procedural control statement:**
**Date approved: XXXXX**
**Approved by: Integrated Joint Board**
**Review date: XXXXX**

**Edinburgh Integration Joint Board**
**Futures Committee**
**Terms of reference (for approval)**

## 1. Constitution of the Committee

1.1 The Futures Committee is a non-statutory Committee established by the Integration Joint Board (IJB) to provide and evaluate the strategic focus of the Partnership over a ten-year period.

## 2. Purpose and function

2.1 The purpose and function of the Committee, on behalf of the Integration Joint Board, is to:

a) provide strategic focus and stimulus on long-term issues relevant to the vision and purpose of the Integrated Joint Board;

b) evaluate assurance to the Integrated Joint Board about strategic approach to capacity building, community development, consultation and engagement; and

c) provide protected time and space for consideration of the core narratives for change and transformation on behalf of the Integrated Joint Board.

## 3. Authority

3.1 The Committee is:

a) a non-statutory Committee of the Integrated Joint Board reporting directly to the Integrated Joint Board, and has no executive powers, other than those specifically delegated in these Terms of Reference;

b) authorised by the Integrated Joint Board to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Partnership, and to invite any employee of an organisation within the Partnership to provide information by request at a meeting of the Committee to support its work, as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so; and

c) authorised by the Integrated Joint Board to secure the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Leads of the Committee and / or Office of the Chief Officer).

3.3 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility. In accordance with the Partnership's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Integrated Joint Board.

3.4 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups must be approved by the Integrated Joint Board and reviewed on an annual basis.

## 4. Membership

4.1 Members of the Committee shall be appointed by the Integrated Joint Board and shall be made up of 6 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. 2 non voting members of the IJB will also be appointed.

4.2 One of the Voting Members will be appointed by the Integrated Joint Board as the Chair of the Committee. The Chair will be rotated between Voting members on a basis agreed by the Integration Board to ensure a suitable balance between partner organisations is maintained across the five main committees of the IJB.

4.3 A further Voting Member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.

4.4 The Executive Lead (the Head of Strategic Planning) or a designated alternative from the Office of the Chief Officer, will be in attendance at all meetings of the committee.

4.5 The Chair of the Integrated Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.

4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.

4.7 Members and attendees are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

4.8 Secretariat support will be provided by a member of the Office of the Chief Officer who will act as the Committee Secretary and shall attend all meetings of the Committee.

4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Integrated Joint Board.

4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

### Quorum

4.11 The quorum necessary for the transaction of business shall be 4 members, as defined in 4.1 above, including the Chair.

4.12 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

## 5. Specific Duties

### Core duties

*Note:*
*Duties are to be developed by the committee and approved by the IJB at a future meeting*

*These duties should broadly reflect as a minimum those identified in the Report of the Independent Review of the Governance of the IJB dated November 2018:*
*Implications of IT and AI for care and services*
*Workforce of the future and changing work patterns*
*Innovation in connecting with the public*
*International models of best practice in integration and delivery*
*Core narratives on change*
*Capacity building*
*Community engagement*
*Design of consultative and engagement processes*
*Clinical leadership and engagement*
*Engagement with voices*
*Community development – voluntary, commercial and entrepreneurial*

**Cycle of Business**

5.2 The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress.

## 6. Reporting and Accountability

6.1 The Committee Chair will report formally to the Integrated Joint Board on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

6.2 The Terms of Reference shall be reviewed by the Committee and approved by the Integrated Joint Board on an annual basis. (Normally at its June meeting).

## 7. Committee Administration

7.1 The Committee shall meet a minimum of 5 times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.

7.2 The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the office of the Chief Officer and Executive leads reflecting an integrated cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than seven working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than five working days before the date of the meeting.

7.5 Committee papers shall include an outline of their purpose and key points in line with the IJB's Committee protocol, and make clear what actions are expected of the Committee.

7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.

7.7 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten days of the meeting.

7.8 The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the Integrated Joint Board.

**Procedural control statement:**
**Date approved: XXXXX**
**Approved by: Integrated Joint Board**
**Review date: XXXXX**

**Item 8.2**

# Report

## Integration Scheme – Carers (Scotland) Act 2016 – Update Edinburgh Integration Joint Board

21 June 2019

## Executive Summary

1. The Integration Scheme for the Edinburgh Integration Joint Board requires to be updated to reflect changes brought about by the Carers (Scotland) Act 2016, which introduced new statutory obligations on local authorities and health boards, requiring certain local authority and health board functions to be delegated to Integration Joint Boards.

2. This report outlines progress to date by the City of Edinburgh Council and NHS Lothian and the governance process for agreeing the changes.

## Recommendations

The Integration Joint Board is asked to:

3. Note the requirement to revise the Integration Scheme in line with the Carers (Scotland) Act 2016 by delegating certain duties from the City of Edinburgh Council and the NHS Lothian Board to the Edinburgh Integration Joint Board.

4. Note the decision taken by the NHS Lothian Board to delegate Section 31 to the Edinburgh Integration Joint Board.

5. Note that, following a decision by the City of Edinburgh Council on the functions to be delegated, a consultation will be carried out, after which the Integration Scheme will be revised and submitted to Scottish Ministers for approval.

## Background

6. The Public Bodies (Joint Working) (Scotland) Act 2014 required local authorities and Health Boards to prepare an Integration Scheme for the area of the local authority. The Integration Scheme was to set out how the Integration Authority would be established.

7. The Integration Scheme for the Edinburgh Integration Joint Board was submitted to Scottish Ministers on 19 May 2015.

## Main report

8. The Scottish Government requires that the Integration Scheme for the Edinburgh Integration Joint Board be updated to reflect changes brought about by the Carers (Scotland) Act 2016, which introduced new statutory obligations on local authorities and health boards.

9. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out certain functions which **must** be delegated to the Integration Joint Board (IJB) and others which **may** be delegated.

10. In terms of the new duties under the Carers (Scotland) Act 2016 the following local Authority functions **must** be delegated to the IJB:

    - Section 6 – Duty to prepare adult carer support plan (and associated responsibilities to review and provide information)
    - Section 21 – Duty to set local eligibility criteria (and associated responsibilities to publish and review)
    - Section 24 – Duty to provide support
    - Section 25 – Provision of support to carers: breaks from caring
    - Section 31 – Duty to prepare local carer strategy (and associated responsibilities to publish and review)
    - Section 34 – Information and advice service for carers
    - Section 35 – Short breaks services statements

11. The statutory guidance provides that “the requirement to delegate the above functions only extends to adult social care. Delegation of these functions with respect to children’s social care remains a matter for local decision.” Local Authority functions under section 12 – duty to prepare young carer statement (and associated responsibilities to publish and review) **may** be delegated.

12. The City of Edinburgh Council has yet to agree formally which functions will be delegated to the Edinburgh Integration Joint Board.

13. In terms of the new duties under the Carers (Scotland) Act 2016 the following Health Board functions **may** be delegated to the IJB:

    - Section 12 – Duty to prepare young carer statement (and associated responsibilities to publish and review).
    - Section 31 – Duty to prepare local carer strategy (and associated responsibilities to publish and review).

14. The NHS Lothian Board agreed, at its meeting of 3 April 2019, to delegate only Section 31 to the four Integration Joint Boards in Lothian.

15. It is intended that a report will be submitted to the City of Edinburgh Council in June 2019, outlining which functions will be delegated to the IJB and the intention to hold a consultation on the proposals. The Council would then carry out a 6-week consultation and report back in August 2019 for formal approval. The updated Scheme must then be submitted to Scottish Ministers for their approval.

## Key risks

16. Failure to revise the Integration Scheme would result in the Edinburgh Integration Joint Board, the City of Edinburgh Council and NHS Lothian failing to meet its statutory duties.

## Financial implications

17. None.

## Implications for Directions

18. None.

## Equalities implications

19. None.

## Sustainability implications

20. None.

## Involving people

21. There will be a statutory consultation on the proposals, as set out in paragraph 13.

## Impact on plans of other parties

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

## Background reading/references

23. Public Bodies (Joint Working) (Scotland) Act 2014

24. Integration Scheme

## Report author

**Judith Proctor**

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

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## Appendices

**Item 8.3**

# Report

## IJB Risk Register

## Edinburgh Integration Joint Board

21 June 2019

## Executive Summary

1. The purpose of this report is to submit the current version of the Integration Joint Board (IJB) risk register for consideration and to update the board on the processes which are being established to manage, mitigate and escalate risks.

## Recommendations

2. The Edinburgh Integration Joint Board is asked to:

   a) note the continued development of the IJB risk register and associated action plan;

   b) note the introduction of risk assurance level reporting; and

   c) note that the latest version of the register has been scrutinised by the Audit and Risk Committee on 31 May 2019.

## Background

3. As a key part of its governance process, the risk register examines the risks that impact the IJB's ability to deliver its strategic plan. The IJB's Audit and Risk Committee (ARC) oversees risk management arrangements; this includes receipt, review and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the IJB's attention.

4. On the 15th June 2018, IJB members requested that the risk register should be submitted to the board every six months. This report is in answer to this request.

## Main report

5. The IJB risk register, a cornerstone of a comprehensive risk process, identifies and assesses risks, and clearly articulates the controls in place to manage them. Since the inception of the IJB the risk register has been presented in a

number of different ways and both the ARC and the IJB have agreed the current format and approach.

**IJB risk register update**

6. Since the last IJB update in December 2018, the assurance levels for risk have been assessed. The objective of this work was to examine available evidence in order to provide assurance that the identified mitigating controls are in place and operating effectively. Prior to this, the adequacy of current control had been marked as '*uncertain*'. This was because the impact of controls for each risk was not known and that more work was required to identify the current situation.

7. Assurance levels are defined as follows:

   **Significant:** the IJB Audit and Risk Committee members can take reasonable assurance that the system of control achieves will achieve the purpose that it is designed to deliver. There may be an *insignificant* amount of *residual* risk or none at all.

   **Moderate:** members can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a *moderate* amount of *residual* risk.

   **Limited:** members can take some assurance from the systems of control in place to manage the risk(s), but there remains a *significant* amount of *residual* risk which requires action to be taken.

   **None:** members cannot take any assurance from the information provided. There remains a *significant* amount of *residual* risk.

8. Following this work, the residual risk (i.e. the risk remaining taking into account design and effectiveness of the controls) will be considered in comparison to our target risk, and appropriate actions and timeframes agreed to ensure that target risk levels and achieved and maintained.

9. The risk register dashboard has now been changed to report on current assurance levels. Having now established a baseline on current assurance levels, these will be re-assessed every quarter. Any changes in levels will be highlighted in the dashboard.

**Next Steps**

10. The Chief Officer and the Executive Team intends on holding an IJB Risk Workshop within the next three months. It will be an opportunity to re-assess risk appetite, review owners and further develop mitigation plans.

## Key risks

11. As set out in the IJB risk register.

## Financial implications

12. No direct financial implications.

## Implications for Directions

13. There are no specific implications for directions arising from this report.

## Equalities implications

14. There are no equality issues within this report.

## Sustainability implications

15. There are no direct sustainability implications arising from this report.

## Involving people

16. The IJB risks were developed following consultation with the Chief Finance Officer, Chief Internal Auditor, Chief Nurse, representatives from the three Lothian IJBs and the Council's Risk Officer.

## Background reading/references

17. None.

## Report author

**Judith Proctor**

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

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## Appendices

| | |
|---|---|
| **Appendix 1** | IJB Risk Register |
| **Appendix 2** | IJB Risk Register Dashboard Format |
| **Appendix 3** | IJB Risk Register Action Plan |

## Appendix 1 – IJB Risk Register

| | Risk | Rating |
|---|---|---|
| | **Strategic planning and commissioning** | |
| **1** | There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan. | **High** |
| **2** | There is a risk that the IJB has limited ability to influence the decision making over set aside and hosted services which are not managed and delivered by the Partnership because of conflicting requirements – leading to the IJB's inability to drive strategy to help meet its objectives/outcomes. | **High** |
| **3** | There is a risk that the IJB will not achieve its strategic objectives and/or financial targets because delegated services are not delivered by Council and NHS Lothian within available budgets – leading to a requirement to revise the strategic plan. | **Very high** |
| **4** | There is a risk that the IJB has insufficient asset planning arrangements because of a lack of a capital plan – leading to failure or delays in delivering the strategic plan. | **High** |

| | Risk | Rating |
|---|---|---|
| | **Issuing of directions** | |
| **5** | There is a risk that NHS Lothian and the Council do not deliver directions because they are not:<br>• well-articulated<br>• properly understood<br>• realistic/achievable<br>• performance targets are not SMART | **High** |
| **6** | There is a risk that the IJB directions are not delivered because of the lack of a workforce strategy - leading to a mismatch between workforce requirements and availability. | **High** |
| | **Management and role of the IJB** | |
| **7** | There is a risk that the IJB does not operate effectively as a separate entity because:<br>• there is a lack of clarity about the separate roles of the IJB, HSCP, Council and NHS Lothian; and/or<br>• members lack the necessary skills, knowledge and experience to undertake their role.<br>- leading to a failure to deliver the principles of integration. | **High** |
| **8** | There is a risk that the IJB does not make best use of the expertise, experience and creativity of the third, independent and housing sectors, and other partners as a result of failing to engage and collaborate appropriately - leading to a negative impact on the delivery of the strategic outcomes and poor relationships. | **High** |
| **9** | There is a risk that the IJB lacks the infrastructure to operate effectively because of a failure by NHS Lothian and the Council to meet their obligations under the integration scheme to provide adequate professional, administrative and technical support – leading to failures in governance, scrutiny and performance arrangements. | **High** |

| | Risk | Rating |
|---|---|---|
| **10** | There is a risk that the IJB receives insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities. | **Medium** |
| **11** | There is a risk that the IJB may be non-compliant with applicable legislative and regulatory requirements due to a lack of awareness leading to legal breaches, fines and/or prosecution. | **Medium** |
| **12** | There is a risk that officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated IJB functions. | **Medium** |

## Appendix 2 – IJB Risk Register Dashboard Format

| **Strategic planning and commissioning** | | |
|---|---|---|
| **Current risk rating: High** | Risk ID: | 1 |
| **There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan.** | Risk Owner | Chief Officer |
| | Date added to register | June 2016 |
| | Last revised date: | May 2019 |
| | Next review date: | |

**Key Mitigating Controls:**

- Financial plan is approved annually by the IJB following the annual due diligence process on the budget offers from NHS Lothian and the Council
- Financial position reported to each meeting of the IJB
- Budget Setting Protocol agreed by IJB, NHS Lothian and the Council in place
- Timetable of engagement meetings with key stakeholders (IJB, CEC Head of Finance, NHS Lothian Director of Finance, Chief Executives from both Council and NHS Lothian)

**Target Risk:** Medium

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Assurance Level:** Moderate

5 Year Financial Plan still outstanding – see action plan

**Evidence:**

- Sub group/committee/board membership lists
- Records of meetings
- Regular Financial Reports to IJB
- Recent annual plan was submitted to IJB in March 2019

## Strategic planning and commissioning

**Current risk rating: HIGH**

| | |
|---|---|
| Risk ID: | 2 |
| Risk Owner | Interim Head of Strategic Planning |
| Date added to register | June 2016 |
| Last revised date: | May 2019 |
| Next review date: | |

**There is a risk that the IJB has limited ability to influence the decision making over set aside and hosted services which are not managed and delivered by the Partnership because of conflicting requirements – leading to the IJB's inability to drive strategy to help meet its objectives/outcomes.**

**Mitigating Controls:**

- Regular (monthly) Chief Officer meetings attended by all four IJBs and officers from NHS Lothian provide a forum to reach consensus and raise any relevant issues.
- Specific service forums are established to consider and agree major service changes which impact on more than 1 IJB (examples include the Royal Edinburgh Campus Reprovision Project Board which meets monthly).
- Outline strategic commissioning plans detailed impact on hosted and set aside services

**Target Risk**: Medium

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Assurance Level:** Limited

Draft Strategic Plan is currently going through a consultation period.

List of all service specific forums remain to be identified.
Some groups may need to be established to align itself to the Transformation Programme.

Good Governance Review Action Plan will aid in improving controls for this risk.

**Evidence:**

- IJB reports
- Feedback from sub groups, particularly the SPG and reference boards
- Meeting agenda, papers and minutes.
- Current outline strategic commissioning plan are still being used until Draft Strategic Plan is finalised.

**Strategic planning and commissioning**

| **Current risk rating: Very High** | Risk ID: | 3 |
|---|---|---|
| **There is a risk that the IJB will not achieve its strategic objectives and/or financial targets because delegated services are not delivered by Council and NHS Lothian within available budgets – leading to a requirement to revise the strategic plan.** | Risk Owner | Chief Officer |
| | Date added to register | June 2016 |
| | Last revised date: | May 2019 |
| | Next review date: | |

**Mitigating Controls:**

- Finance is a standing item on the IJB agenda.
- Regular financial reports to IJB, partnership executive team and the various governance forums in the Council and NHS Lothian
- Chief Finance Officer in post.
- Operational financial monitoring undertaken monthly by both NHS Lothian and the Council.
- Partnership Savings Governance Group meets monthly to scrutinise progress against the Partnership's savings and recovery plans.
- Ongoing dialogue with NHS Lothian's Director of Finance and the Council's Head of Finance, through quarterly performance meetings and regular informal discussion.
- Chief Officer regularly meets with both Council and NHS Lothian Chief Executives
- Budget Setting Protocol agreed by IJB, NHS Lothian and the Council in place

**Target Risk**: High

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Assurance Levels:** Moderate

Evidence found for all listed mitigating controls, risk rating to be reviewed

Evidence:

- Regular IJB reports found
- Financial monitoring is undertaken on a regular basis and features as a regular item on the Executive Team agenda.
- Regular Savings Governance Group are taking place - Action logs circulated.
- CFO Office confirmation of regular meetings taking place with NHSL and CEC Finance Executives
- CO Office confirmation of regular meetings taking place with NHSL & CEC CEs.

**Strategic planning and commissioning**

**Current risk rating: High**

| | |
|---|---|
| Risk ID: | 4 |
| Risk Owner | Chief Finance Officer |
| Date added to register | June 2016 |
| Last revised date: | May 2019 |
| Next review date: | |

**There is a risk that the IJB has insufficient asset planning arrangements because of a lack of a capital plan – leading to failure or delays in delivering the strategic plan.**

**Mitigating Controls:**

- Joint NHS Lothian/Council asset management group has been established to agree on priorities.
- Representation on the Council Property Board and NHS Lothian Finance and Resources Committee.
- Outline strategic commissioning plans included outline of capital requirements to deliver the strategic plan
- IJB has agreed a number of strategic assessments for primary care developments which are now progressing to the next stage of development (initial assessments)

**Target Risk**: Medium

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Assurance Level** Limited/None

No evidence of recent Joint Asset Management Group.
Capital Plan remains outstanding

**Evidence:**

- CFO is named representative of the Council's Asset management Group and NHS Lothian Finance and Resources Committee.

## Issuing of directions

| **Current risk rating: High** | Risk ID: | 5 |
|---|---|---|
| **There is a risk that NHS Lothian and the Council do not deliver directions because they are not:**<br>• **well-articulated**<br>• **properly understood**<br>• **realistic/achievable**<br>• **performance targets are not SMART**<br>**leading to confusion and inefficiency** | Risk Owner | Interim Chief Strategy and Performance Officer |
| | Date added to register | June 2016 |
| | Last revised date: | May 2019 |
| | Next review date: | |

**Mitigating Controls:**

- Directions emerge from the strategic plan which has been developed in collaboration with NHS Lothian, the Council and other partners.
- Directions themselves are also developed in collaboration with NHS Lothian and the Council.
- Plans are being developed to regularly monitor and report on progress in delivery of the directions
- Directions can be withdrawn or amended at any time if they are no longer to be appropriate/realistic/achievable.

**Target Risk**: Low

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Assurance Level:** Limited

Draft Strategic Plan is currently in a consultation period.
Directions report to follow in August 2019.

**Evidence:**

- Annual performance report
- IJB reports
- Feedback from sub groups, particularly the SPG and reference boards
- Papers (including minutes) of meetings
- Draft strategic Plan is currently in a consultation period.

**Issuing of directions**

| **Current risk rating: High** | Risk ID: | 6 |
|---|---|---|
| **There is a risk that the IJB directions are not delivered because of the lack of a workforce strategy - leading to a mismatch between workforce requirements and availability.** | Risk Owner | Chief Nurse |
| | Date added to register | June 2016 |
| | Last revised date: | May 2019 |
| | Next review date: | |

**Mitigating Controls:**

- A Workforce Development Steering Group has been established under the leadership of the Chief Nurse to oversee the development and implementation of a workforce strategy.
- Four sub-groups are now established to progress the workforce strategy
  - Group 1 – Workforce Data
  - Group 2 – Recruitment & Retention of Staff
  - Group 3 – Staff Engagement Experience
  - Group 4 – Workforce Development
- As part of a transparent and holistic approach, third, independent and housing sectors are members of the steering group to ensure inclusivity and compatibility for the delivery of care services.

**Target Risk**: Low

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Assurance Level:** Moderate

Workforce Development Steering Group is well established.

Integrated Workforce Plan to Scottish Government is to be submitted to IJB by March 2020.

Until workforce requirements are met, risk will remain High.

**Evidence:**

- Workforce Development Steering Papers (minutes, action note)
- IJB reports – Baseline Workforce Plan signed off by IJB in December 2018

| Management and role of the IJB | | |
|---|---|---|
| **Current risk rating: High** | Risk ID: | 7 |
| **There is a risk that the IJB does not operate effectively as a separate entity because:**<br>• **there is a lack of clarity about the separate roles of the IJB, Partnership, Council and NHS Lothian; and/or**<br>• **members lack the necessary skills, knowledge and experience to undertake their role.**<br>**leading to a failure to deliver the principles of integration.** | Risk Owner | Chief Officer |
| | Date added to register | June 2016 |
| | Last revised date: | May 2018 |
| | Next review date: | |

**Mitigating Controls:**

- Regular development sessions for IJB members.
- Induction session for new IJB members.
- Members are encouraged to actively engage with the Partnership Senior Management Team.
- Members are advised that they can meet with Partnership Officers/ report owners prior to meetings to discuss the report content. Board members chair subgroups and reference boards which aids to broaden members knowledge, understanding, and decision making.
- IJB Standing Order / Code of Conduct
- 'Declaration of Interest' - members are responsible for declaring certain interest in IJB proceedings.
- The IJB Chair monitors the quality of the debates and if necessary, will ask the Partnership Chief Officer for additional information if the subject matter requires further clarification for members.
- Regular Edinburgh Integration Joint Board Newsletter to provide members/stakeholders with latest news from both the IJB and the Strategic Planning Group.
- Chair's 'Open Door' policy – members regularly arrange to meet the Chair to ask questions and/or discuss IJB matters.

**Target Risk**: Low

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

| **Assurance Level** | Moderate |
|---|---|

IJB membership is stable and members have benefited from several IJB Development sessions to date. IJB Chair regularly updates members, risk rating to be reviewed.

**Evidence:**

- Record of regular and frequent development sessions taking place
- Record of inductions & supported induction pack
- Records of 'Declaration of Interests'
- EIJB Newsletter
- Recent IJB Communication Action Plan (February 2019)

## Management and role of the IJB

**Current risk rating: High**

| | |
|---|---|
| Risk ID: | 8 |
| Risk Owner | Interim Head of Strategic Planning |
| Date added to register | June 2016 |
| Last revised date: | May 2019 |
| Next review date: | |

**There is a risk that the IJB does not make best use of the expertise, experience and creativity of the third, independent and housing sectors, and other partners as a result of failing to engage and collaborate appropriately - leading to a negative impact on the delivery of the strategic outcomes and poor relationships.**

**Mitigating Controls:**

- The third, independent and housing sectors represented on a range of IJB sub groups, sub committees and reference boards.
- Significant engagement undertaken as integral part of developing the strategic plan.
- The third, independent and housing sectors involved in the development of the outline strategic commissioning plans and all will have an integral role as these evolve into detailed commissioning plans.
- Development of an engagement strategy underway.
- The third, independent and housing sectors will be represented on the Workforce Development Steering Group

**Target Risk**: Low

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Evidence:**

- Third Sector involvement/membership found for several reference boards (Core Group, Collaborative Groups, Workforce Development Steering Group,etc.)
- Lack of deputations

**Assurance Level:** Limited/None

The development of an Engagement Strategy is pending. Governance Map (through Transformation Programme) identifying groups with 3rd Sector inclusion is currently under development.

Terms of reference for relevant group needed to confirm 3rd Sector engagement.

| Management and role of the IJB | | |
|---|---|---|
| **Current risk rating: High** | Risk ID: | 9 |
| **There is a risk that the IJB lacks the infrastructure to operate effectively because of a failure by NHS Lothian and the Council to meet their obligations under the integration scheme to provide adequate professional, administrative and technical support – leading to failures in governance, scrutiny and performance arrangements.** | Risk Owner | Chief Officer |
| | Date added to register | June 2016 |
| | Last revised date: | May 2018 |
| | Next review date: | |

**Mitigating Controls:**

- The Chief Officer is a member of the senior management teams in both NHS Lothian and the Council, thus in a position to influence decision making.
- Through regular 1:1 with each respective Chief Executive, the Chief Officer is able to directly raise any issues and seek solutions.
- Comprehensive audit plan in place to understand the quantum of the risk.

**Target Risk**: Medium

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Adequacy of current control measures:** Limited

Difficulty in ascertaining when specific discussions took place. This is currently being looked into as part of Transformation Programme.

Ongoing discussions noted in attempting to place service level agreements (where appropriate).

**Evidence:**

- ongoing discussions and negotiations
- Transformation Programme is underway.

## Management and Role of the IJB

| **Current Risk Rating: Medium** | Risk ID: | 10 |
|---|---|---|
| **There is a risk that the IJB receives insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.** | Risk Owner | Chief Officer |
| | Date added to register | June 2016 |
| | Last revised date: | May 2019 |
| | Next review date: | |

### Mitigating Controls:

- The IJB has both internal and external audit assurance providers: Internal - NHS Lothian & Council; External - Scott-Moncrieff.
- Internal Audit (IA) delivers four IJB Audits per year – one from NHS Lothian IA and three from the Council IA.
- The IJB risks in the risk register are mapped to the annual IA plan to ensure that all key risks are covered.
- Annual IA plans of NHS Lothian and the Council are subject to review and scrutiny by the EIJB Audit and Risk Committee.
- Clear internal review process for all audits completed on behalf of the IJB and the Partnership.
- Independent external review of IA is performed every 5 years in line with Public Sector Internal Audit Standards (PSIAS) requirements (last review was performed 2016/17).
- Annual Internal Audit opinion for the EIJB is required to highlight any instance of non-compliance with the PSIAS.
- The governance statement (incorporated in the annual accounts) and the annual IA opinion is subject to review and scrutiny by the EIJB A&R Committee.
- A clearly established follow-up process to ensure that all IA findings raised are appropriately closed and risks mitigated – an area of non PSIAS compliance for 2017/18.
- IA progress reports provided to the Audit and Risk Committee quarterly, updating progress on the audit plan and also the status of open and overdue IA findings.
- Established IA system that records and retains the audit work performed by the IA team. Also includes 'layered' levels of review and sign off that are linked to the roles in the team.
- Each year, external audit will perform a sample-based review of IA work to determine whether they can rely on the outcomes in relation to best value. A comment will be included in the annual accounts to reflect this.

**Target Risk:** Low

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Assurance Level:** TBD

Impact of controls not known at this time and more work is required to identify current situation.

### Evidence:

- Need to receive assurance on the services and systems provided by external third parties by obtaining copies of their internal audit reports or professional inspectorate reviews.

## Management and Role of the IJB

**Current risk rating: Medium**

| | |
|---|---|
| Risk ID: | 11 |
| Risk Owner | Chief Officer |
| Date added to register | February 2019 |
| Last revised date: | May 2019 |
| Next review date: | |

**There is a risk that the IJB may be non-compliant with applicable legislative and regulatory requirements due to a lack of awareness leading to legal breaches, fines and/or prosecution.**

**Key Mitigating Controls:**

- Horizon Scanning
- Executive Management Team are members of National Groups (e.g. Chief Officer Group, Strategic Commissioning and Improvement Group, etc.)
- Affiliation with regulatory groups (e.g Care Inspectorate, Scottish Social Services Council, Scottish Government)
- Advice/guidance available for both NHS Lothian and Council partners through established boards

**Target Risk:** Low

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

| | |
|---|---|
| **Adequacy of current control measures:** | Uncertain |

Additional time needed to ascertain Assurance Level. Impact of controls not known at this time and more work is required to identify current situation.

**Evidence:**

- Regular attendance to relevant National Groups
- Various reports from regulatory groups and associated action plan/response

| Management and Role of the IJB | | |
|---|---|---|
| **Current risk rating: High** | Risk ID: | 12 |
| **There is a risk that officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated IJB functions.** | Risk Owner | Chief Officer |
| | Date added to register | February 2019 |
| | Last revised date: | N/A |
| | Next review date: | |

**Key Mitigating Controls:**

- Under development

**Target Risk:** Low

| | Consequence | | | | |
|---|---|---|---|---|---|
| **Likelihood** | **Neg** | **Min** | **Mod** | **Maj** | **Ext** |
| **Almost Certain** | M | H | H | VH | VH |
| **Likely** | M | M | H | H | VH |
| **Possible** | L | M | M | H | H |
| **Unlikely** | L | M | M | M | H |
| **Rare** | L | L | L | M | M |

**Adequacy of current control measures:** Uncertain

Additional time needed to ascertain assurance level. Impact of controls not known at this time and more work is required to identify current situation.

**Evidence:**

## Appendix 3 - IJB Risk Register Current Action Plan – May 2019

| IJB RISK ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|
| Maintained by: Partnership Operations Manager | | | | | | |
| Last Update: 20 May 2019 | | | | | | |
| **Risks** | **Action Required** | **By When** | **Responsibility Assigned to:** | **Resources Implications** | **Outcome Target** | **Progress to date** |
| **IJB Risk #1**<br><br>There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan. | Medium Term financial plan being updated in parallel to development of strategic plan | Initial draft in January 2019, finalised in line with strategic plan | Moira Pringle, Chief Finance Officer | Appropriate information to be provided by CEC Head of Finance and NHSL Director of Finance | Medium Term financial plan presented to and agreed by the IJB | Draft Strategic Plan report is out for consultation.<br><br>Initial iteration of the medium-term financial plan/framework to be discussed at IJB development session on 23rd May 2019. |
| **IJB Risk #1** | Meeting schedule in support of budget protocol to be finalised | November 2018 | Judith Proctor, Chief Officer | Administrative support to organise meetings | Timetable to be shared with all participants | Completed |

| IJB RISK ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|
| Maintained by: Partnership Operations Manager | | | | | | |
| Last Update: 20 May 2019 | | | | | | |
| **Risks** | **Action Required** | **By When** | **Responsibility Assigned to:** | **Resources Implications** | **Outcome Target** | **Progress to date** |
| **IJB Risk #2**<br><br>There is a risk that the IJB has limited ability to influence the decision making over set aside and hosted services which are not managed and delivered by the Partnership because of conflicting requirements – leading to the IJB's inability to drive strategy to help meet its objectives/outcomes. | Strategic commissioning plans under development to reflect the implications for hosted and set aside services | December 2019 | Tony Duncan, Interim Head of Strategic Planning | Being addressed via reference boards and working groups. | Strategic commissioning plans presented to the IJB | Completed |
| **IJB Risk #4**<br>There is a risk that the IJB has insufficient asset planning arrangements because of a lack of a capital plan – leading to failure or delays in delivering the strategic plan. | Capital Plan Completion | March 2020 | Moira Pringle, Chief Finance Officer | Project group to be established | Capital plan presented to the Strategic Planning Group for onward submission to the IJB | Initial data collection exercise is being undertaken by partners in NHSL and CEC. This will give us of an overview of the current partnership estate.<br><br>Work to translate the ambition in the strategic plan into a property and asset strategy for the IJB will be completed by the end of March 2020. |

| IJB RISK ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|
| Maintained by: Partnership Operations Manager | | | | | | |
| Last Update: 20 May 2019 | | | | | | |
| **Risks** | **Action Required** | **By When** | **Responsibility Assigned to:** | **Resources Implications** | **Outcome Target** | **Progress to date** |
| **IJB Risk #4** | Initial agreements (IAs) for primary care developments | Various, depending on the specific project | Tony Duncan, Interim Head of Strategic Planning | Project teams in place for each individual development | IAs presented to the IJB for approval and submission to NHS Lothian Finance and Resources Committee | On going. Update to follow (June 2019) |
| **IJB Risk #5**<br>There is a risk that NHS Lothian and the Council do not deliver directions because they are not:<br>• well-articulated<br>• properly understood<br>• realistic/achievable<br>• performance targets are not SMART<br>leading to confusion and inefficiency | Directions policy to be agreed and implemented | August 2019 | Tony Duncan, Interim Head of Strategic Planning | | Directions policy in place | Directions policy scheduled to be presented to IJB in August 2019. |
| **IJB Risk #5** | Arrangements for monitoring progress against directions to addressed via governance review | December 2018 (Completed)<br><br>New date for revised IJB governance arrangements TBA | Judith Proctor, Chief Officer | Governance Institute has been appointed | Revised IJB governance arrangements in place | **Completed**<br><br>Governance Review Recommendations were approved by IJB in December 2018. Action Plan to follow |

| IJB RISK ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|
| Maintained by: Partnership Operations Manager | | | | | | |
| Last Update: 20 May 2019 | | | | | | |
| **Risks** | **Action Required** | **By When** | **Responsibility Assigned to:** | **Resources Implications** | **Outcome Target** | **Progress to date** |
| **IJB Risk #6**<br>There is a risk that the IJB directions are not delivered because of the lack of a workforce strategy - leading to a mismatch between workforce requirements and availability. | Workforce Strategy completion | March 2020 | Pat Wynne, Chief Nurse<br><br>Partnership Executive Team<br><br>Workforce Development Steering Group | Operational Officers have been asked to lead sub-groups in additional to normal duties | New Workforce Strategy will be presented to IJB | Ongoing |
| | Baseline Report completion | December 2018 | Neil Wilson, Workforce Planning Manager | | Baseline report to capture scope and progress update. | **Completed** |
| **IJB Risk #7**<br><br>There is a risk that the IJB does not operate effectively as a separate entity because:<br>• there is a lack of clarity about the separate roles of the IJB, Partnership, Council and NHS Lothian; and/or<br>• members lack the necessary skills, knowledge and experience to undertake their role.<br>- leading to a failure to deliver the principles of integration. | Creation of an Induction Pack for new IJB Members. | November 2018 | Chief Officer | N/A | Induction Pack to be shared with new IJB Members at Induction Sessions | **Completed** |
| | Governance Review | December 2018 | Chief Officer | N/A | The results of the Governance Review will provide members with a greater understanding of IJB and Partnership governance. | **Completed** |
| | Implementation of agreed actions following governance review | June 2020 | Chief Officer | The office of the Chief Officer | Confirmation, review and/or addition of mitigating controls | **Ongoing** |

| IJB RISK ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|
| Maintained by: Partnership Operations Manager | | | | | | |
| Last Update: 20 May 2019 | | | | | | |
| **Risks** | **Action Required** | **By When** | **Responsibility Assigned to:** | **Resources Implications** | **Outcome Target** | **Progress to date** |
| **IJB Risk #7** (continued) | | | | | Action Plan update | |
| **IJB Risk #10** There is a risk that the IJB receives insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities. | Regular meetings between the EIJB Chair and CIA to be established | August 2019 | Lesley Newdall, CIA / IJB Chair | N/A | Regular diary dates organised for the next 6 months. | **New diary dates will need to be confirmed with new IJB Chair.** |
| **IJB Risk #10** | Assurance statements to be obtained from other assurance providers | August 2019 | Cathy Wilson, Operations Manager | Meeting with CIA and other representatives as required | Mitigating controls added to risk register | **On going** |
| **IJB Risk #11** There is a risk that the IJB may be non-compliant with applicable legislative and regulatory requirements due to a lack of awareness leading to legal | Development of regulatory compliance route map for various IJB functions. | December 2019 | TBA | Discussions with relevant officers in partner organisations. | Recognised arrangements between the IJB and partner organisations | **NEW** |

| IJB RISK ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|
| Maintained by: Partnership Operations Manager | | | | | | |
| Last Update: 20 May 2019 | | | | | | |
| **Risks** | **Action Required** | **By When** | **Responsibility Assigned to:** | **Resources Implications** | **Outcome Target** | **Progress to date** |
| breaches, fines and/or prosecution. | | | | | | |
| **IJB Risk #11**<br><br>There is a risk that the IJB may be non-compliant with applicable legislative and regulatory requirements due to a lack of awareness leading to legal breaches, fines and/or prosecution. | Development of Regulatory Compliance Map | TBD | Chief Officer | The office of the Chief Officer | Regulatory Compliance Mapping | **New** |
| **IJB Risk #12**<br><br>There is a risk that people with operational responsibilities are being asked to scrutinise performance within their own areas due to the membership make up of the IJB leading to inadequate oversight of delegated IJB functions. | Development of IJB Handbook | TBC | Chief Officer | TBC | Good governance arrangements across the IJB | **NEW** |

| IJB RISK ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|
| Maintained by: Partnership Operations Manager | | | | | | |
| Last Update: 20 May 2019 | | | | | | |
| **Risks** | **Action Required** | **By When** | **Responsibility Assigned to:** | **Resources Implications** | **Outcome Target** | **Progress to date** |
| | | | | | | |