Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30 am Friday 15 January 2016

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

Contacts:

Email: Allan.McCartney@edinburgh.gov.uk / Ross.Murray@edinburgh.gov.uk

Tel: 0131 529 4246 / 0131 469 3870

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

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. Minutes

3.1. Note of the meeting of the Edinburgh Integration Joint Board meeting of 20 November 2015 (circulated).

3.2. Matters Arising

4. Reports

4.1. Rolling Actions Log (circulated)

4.2. Standing Orders and Code of Conduct – report by the IJB Chief Officer (circulated)

4.3. Review of Edinburgh Professional Advisory Committee – report by the IJB Chief Officer (circulated)

4.4. Feedback from public consultation on the Draft Strategic Plan – report by the IJB Chief Officer (circulated)

4.5. IJB Structure – report by the IJB Chief Officer (to be tabled)

4.6. Communications Resource and Strategy for Edinburgh and Lothian's IJB – report by the IJB Chief Officer (circulated)

4.7. Development Sessions 2016/17 – report by the IJB Chief Officer (circulated)

4.8. Community Planning Arrangements – report by the IJB Chief Officer (circulated)

4.9. Delayed Discharge Update – verbal update by the IJB Chief Officer

4.10. EIJB Directions – Policy – report by the IJB Chief Officer (circulated)

4.11. Scotland's National Dementia Awards 2015 – Edinburgh Finalists – report by the IJB Chief Officer (circulated)

5. Any Other Business

Minutes

Edinburgh Integration Joint Board

9.30 AM, Friday 20 November 2015

City Chambers, Edinburgh

Present:

Board Members: George Walker (Chair), Councillor Elaine Aitken, Shulah Allan, Carl Bickler, Kay Blair, Andrew Coull, Christine Farquhar, Councillor Joan Griffiths, Councillor Ricky Henderson, Kirsten Hey, Moira Pringle, Gordon Scott, Ella Simpson, Richard Williams, Maria Wilson, Councillor Norman Work

Officers: Monica Boyle, Eleanor Cunningham, Wanda Fairgrieve, Carol Harris, Susanne Harrison, Alex Joyce, Andrew Kerr, Gavin King, Angus McCann and Michelle Miller

1. Previous Minutes

Decision

1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 25 September 2015.

2) To approve the minute of the special meeting of the Edinburgh Integration Joint Board of 16 October 2015.

2. Matters Arising

2.1 Visits to Establishments

Decision

To invite additional suggestions from Joint Board members.

3. Implementing the Integrated Performance Framework

The Joint Board agreed to hear a late report outlining proposals for the implementation of an integrated performance framework, including a structure of performance reporting groups. An overview was also provided of progress to date, priorities for analysis, known risks and identified issues/challenges.

Board members highlighted the potential for more longitudinal studies. It was recognised that the volume of data the Sub-Group would need to consider, and the size of its membership, might present challenges. These would be assessed once it was operational, and appropriate adjustments made to working practices.

Decision

1) To establish a Performance Sub-Group to take forward the implementation of the framework, including giving further consideration to details of the proposed arrangements, e.g how activity and performance of the full range of delegated functions would be overseen.

2) To agree to delegate authority to Shulah Allan, in consultation with the Chair and Vice-Chair, to agree membership of the sub-group, including a clinical sector representative.

3) To request that the Sub-Group provide regular updates to the Joint Board.

(Reference –report by the Acting Strategic Policy and Performance Manager – CEC, submitted.)

4. Rolling Actions Log

The Rolling Actions Log for 20 November 2015 was presented.

Decision

1) To adjust the expected completion date for item 6.1 (Review role of Professional Advisory Committee; including links with Joint Board) to January 2016.

2) To note the Rolling Actions Log and to approve the closure of items 6.3, 9, 16, 19 and 20.

(Reference – Rolling Actions Log – 20 November 2015, submitted.)

5. Winter Plan 2015-16

As previously requested by the Joint Board the Winter Plan 2015-16, including proposed areas of work to support winter capacity to the value of £2.188m, was submitted. Information was also provided on resilience, severe weather contingency and bridging finance proposals for Gylemuir House.

A further £120k had been allocated to the South East Test of Change pilot; an assets based approach designed to test a new model of working across Acute, Primary Care and Health and Social Care Services.

The following points were raised by Board members during discussion:

- The Edinburgh Voluntary Organisations Council (EVOC) were in the process of drafting third sector proposals to assist with winter pressures. Costings would be presented to the NHS Older People's Executive.
- Recognition needed to be given to the impact of the proposals on generic services.
- Projected targets for careworker recruitment formed part of a wider workforce strategy and were expected to be met.
- The "Carer's Card" provided emergency support for voluntary carers.

Decision

1) To note the Edinburgh Integration Joint Board allocation for winter 2015-16, with the view to supporting mainstream social care services to enhance staffing to optimise discharge planning.

2) To note the intention to provide an update to a future Joint Board meeting on the review of district nursing.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 9); joint report by the Head of Service, Older People, CEC and Associate Director, Strategic Planning, NHS Lothian, submitted.)

6. Citizens and Localities Project

Jim Hunter (Senior Responsible Officer, Citizens and Localities Services Project) gave a presentation on the Council's Citizens and Localities Services (CLS) Project Locality Transformation Plan. The following areas were covered:

- The Council budget shortfall, including savings required from the CLS project;
- The current service delivery and operating models;
- The strategic objectives of the project including lean and agile council services, simplified customer journeys and improved partnership working.;
- Planned Co-terminus Locality Operating Areas and Locality Leadership Teams;
- The Community Empowerment (Scotland) Act 2015 and its impacts;
- Ongoing organisational reviews;
- Plans for integrated multi-disciplinary teams;
- Co-location and joint asset management;
- The Locality Improvement Plan;
- Plans to improve approaches to prevention;
- Embedding values and developing culture; and
- The benefits of the locality transformation.

The following points were made during discussion:

- An extensive engagement programme was ongoing with Council employees on the wider transformation programme; this included information on locality working.

- One of the benefits of locality working was that pilot projects could be tested in one area before being implemented across the city.
- Following transformation, housing services would be delivered on a locality basis, building on the existing neighbourhood approach.
- The Council currently utilised tele-health and tele-care in the delivery of its services.

Decision

To note the presentation and that slides would be circulated to Board Members.

7. Development Sessions Programme – Proposed Schedule

A proposed schedule for items for consideration at the Integration Joint Board Development Sessions from December 2015 to December 2016 was submitted. Board Members raised the following points in response to the schedule:

- Third sector involvement was relevant to all items on the schedule. For this purpose Ella Simpson (Director, EVOC) requested that topic leads consulted with her in advance of each development session.
- Primary care capacity was an important issue and should be swapped to the April 2016 session so that it could be considered at an earlier stage.
- As the session on strategic use of information and ICT was not till August 2016, Board members were invited to raise any concerns in the interim with Angus McCann.
- The relationship between the work of the IJB and that of the Council's children's services would be a useful topic for consideration.

Decision

To rework the programme based on the observations made and submit this to the next Joint Board meeting.

(Reference – Development Sessions Programme, submitted.)

8. Deputations

As previously requested by the Joint Board, options for the use of deputations were submitted. These were intended to encourage greater public participation in the democratic process by allowing groups and organisations to put their point of view directly to Board members.

Decision

1) To agree to pilot deputations at the Joint Board and its committees for twelve months using the procedure outlined in appendix one of the report.

2) To note that following the pilot period, a report reviewing the procedure would be submitted to the Joint Board.

3) To note that the scope for deputations would be made available as part of the forthcoming communications strategy.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 13); report by the Deputy Chief Executive, CEC, submitted.)

9. Audit and Risk Committee

As previously requested by the Joint Board proposals for the creation of an Audit and Risk Committee, to ensure appropriate consideration of governance, risk and assurance matters, was submitted. This was considered in line with good practice governance standards in the public sector.

Decision

1) Agreed to establish an Audit and Risk Committee.

2) Agreed to the terms of reference as detailed in appendix one of the report.

3) To request that the Committee explored coordinating internal audit functions across both constituent authorities.

4) To delegate authority to the Chief Officer, in consultation with the Chair and Vice-Chair to agree the final membership.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 14); report by the Deputy Chief Executive, CEC, submitted.)

10. Developing Risk Management

Previously the Joint Board had agreed to develop a risk appetite statement, subsequent to the consideration of risk at a Development Session. The approach for establishing a fit for purpose risk framework to adequately record, manage and escalate risk across the Partnership was detailed. This process would be overseen through the Audit and Risk Committee, which in turn would keep the Joint Board informed of major risks and when mitigating actions were necessary.

Decision

To approve the approach detailed in the report.

(References – minute of the Edinburgh Integration Joint Board 25 September 2015 (item 14); report by the Principal Risk Manager – CEC, Quality and Standards Manager – Health and Social Care and Quality and Safety Assurance Lead – NHS Lothian, submitted.)

11. Communications Resource and Strategy for the Edinburgh Integration Joint Board

The Chief Officer advised that he had met with communication leads from both constituent organisations and noted it would be necessary to further develop a Joint Board communications strategy, including elements of risk and narrative.

In response to the verbal update, Board members suggested that an internal communications plan was also incorporated into any future strategy.

Decision

To note that there would be a report to the next meeting of the Joint Board.

12. Scottish Government Consultation Response: Ombudsman

The Scottish Government had written to all Chief Officers of Integration Joint Boards in early October 2015 consulting on a proposed amendment to the Scottish Public Services Ombudsman Act 2002 to add Integration Joint Boards to the 'listed authorities' set out in Schedule 2 of the 2002 Act. Approval was sought for a consultation response on behalf of the Edinburgh Integration Joint Board supporting the amendment.

Decision

To approve the consultation response to the proposed amendment of the Scottish Public Services Ombudsman (SPSO) Act 2002 to add Integration Joint Boards to the 'listed authorities' set out in Schedule 2 of the 2002 Act.

(Reference – report by the Integration Programme Manager, CEC, submitted.)

13. Any Other Business

13.1 Syrian Refugee Families

It was advised that six families of refugees from Syria, due to be housed in Edinburgh, had arrived that week. A further eight families were expected the following week. The multi-agency planning for their arrival had worked well.

13.2 Carers' Rights Day

The Board was advised that 20 November was the annual Carers' Rights Day. This was deemed a good example of partnership working and an information stall had been set up in the courtyard level of Waverley Court for all those who wished to find out more.

13.3 Council Budget Consultation

Board members were advised that the budget consultation for the City of Edinburgh Council was ongoing and were invited to complete the online survey. Information regarding this had been circulated in advance of the meeting.

13.4 Interim Management Team

The Chair noted the hard work and expressed gratitude for Michele Miller, Alex McMahon and Melanie Johnson in their role as the Interim Management Team leading up to the appointment of the new Chief Officer.

Decision

That the Chair write formally on behalf of the Board to thank the Interim Management Team for their support.

13.5 Agenda Planning

It was advised that the Chair, Vice-Chair and Chief Officer would be looking to meet weekly to discuss formal and procedural aspects of Board meetings. The issue of standing formal agenda items would be considered.

Item 4.1 – Rolling Actions Log – January 2016

15 January 2016

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1.	**Development Sessions - Programme**	17/07/15	Programme of possible topics to be provided, including:-bespoke induction training; risk management; potential to remodel services etc.	Chief Officer	20 November 2015	**Recommended for closure** – report on the agenda
2.	**Transition Funding**	17/07/15	Update on Scottish Government funding to be circulated.	Chief Officer	When available.	
3.	**Visits to Establishments**	17/07/15 and 25/09/15	Further information on visit options – including visits to acute facilities.	Chief Officer	12 February 2016	A list is currently being finalised and will be presented to the next Development Session.
4.	**Standing Orders**	17/07/15	1) Adjust to include Committees etc. and publish. 2) Further report on options for deputations, including links with wider consultation.	Gavin King / Chief Officer	20 November 2015	**Recommended for closure**
5	**Code of Conduct**	17/07/15	1) Publish Code. 2) Circulate Register of Interest Forms, and publish Register.	Gavin King / Chief Officer		**Recommended for closure**

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	**Deputations**	20/11/15	1) To agree to pilot deputations at the Joint Board and its committees for twelve months using the procedure outlined in appendix one of the report. 2) To note that following the pilot period, a report reviewing the procedure would be submitted to the Joint Board. 3) To note that the scope for deputations would be made available as part of the forthcoming communications strategy	Chief Officer/Gavin King	November 2016	
7	**Membership**	17/07/15	1) Review role of Professional Advisory Committee, including its links with Joint Board, and report. 2) Further information on stakeholder engagement.	Richard Williams/Carl Bickler/Gordon Scott Chief Officer	15 January 2016	**Recommended for closure** – report on the agenda
8	**CNoRIS**	17/07/15	1) Apply to Scottish Ministers to join CNoRIS from 1/4/16. 2) Further information on individual Joint Board members' liability.	Susanne Harrison		**Recommended for closure** - Email circulated on 29 July 2015
9	**Engagement, Communication and Branding**	17/07/15	1) Apply branding to Joint Board publications. 2) To report on potential to extend the use of the brand. 3) Report on web site costings.	Lesley McPherson/ Carol Harris	20 November 2015	**Recommended for closure** – report on the agenda (also item 14)
10	**Finance**	17/07/15	1) Further report on outcome of Internal Audit Teams work on due diligence. 2) To report on a budget consultation strategy as part of the 2016/17 budget process.	Hugh Dunn / Susan Goldsmith	Not specified.	
11	**Risk Management**	17/07/15	1) To include in development session programme (see item 1). 2) To develop a risk appetite statement subsequently.	Hugh Dunn / Susan Goldsmith		**Recommended for closure** – report to last meeting

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
12	**Performance Sub-Group**	20/11/15	To request that the Sub-Group provide regular updates to the Joint Board.	Shulah Allan	Ongoing	
13	**Strategic Plan**	17/07/15	1) Consult publicly for three months, and report. 2) Include reference to change, specifically which services might be stopped, in consultation.	Chief Officer		
14	**Communication: Website and Extension of Branding**	25/09/15	To note that a further report on website development (with costings) and the wider communications engagement would be submitted to the next meeting of the Edinburgh Integrated Joint Board.	Head of Communications, NHS Lothian	November 2015	**Recommended for closure** – report on the agenda
15	**Governance Arrangements, Capacity and Infrastructure**	25/09/15	1) To request further information on activity within hospital teams to support effective patient discharge 2) To agree to receive further information on the ongoing review of Council Occupational Therapist services.	Chief Officer	Not specified	
16	**Gamechanger – Public Social Partnership**	25/09/15	To consider future options at a development session, to include localities and inequalities issues, and links with the draft Strategic Plan.	Chief Officer	Not specified	
17	**Financial Assurance for the IJB**	25/09/15	1) That the 11 December 2015 development session would focus on the budgets being delegated to the EIJB. 2) To agree to consider Finance at the December 2015 development session, alongside the draft Strategic Plan. 3) To request further information on the decision making process regarding the £1.1m reduction in mental health nursing spend.	Interim Management Team/ Moira Pringle	December 2015	**Recommended for closure** – decisions (1) and (2).
18	**Information, Communication and Digital**	25/09/15	1) To note the current position on information governance and that a further report would be provided in due course. 2) To invite the Council's ICT Solutions Team and NHS Lothian	Interim Programme Manager/ Angus	Not specified	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Technology: Position Statement		e-Health services to review and comment jointly on the Draft Strategic Plan as part of the consultation. 3) To request that an appropriate approach be developed for ensuring that information governance and ICDT requirements could be considered for all major service/pathway re-design proposals to ensure improved information flows along the pathway. 4) To request that appropriate and affordable ICDT delivery/implementation plan(s) were developed in relation to these service/pathway re-design proposals 5) To use a future development session to address current issues, including shared protocols, and future development, and to ask Angus McCann to act as the Joint Board's member lead on this.	McCann		
19	**New Grant Programme for Prevention of Health Inequality from 2016/17**	25/09/15	To consider grants at the Joint Board meeting in February 2016 for grants starting in April 2016, with a phased approach aligned to partner funding cycles	Chief Officer	February 2016	To be reported to the Health, Social Care and Housing Committee on 26 January, will be report to the IJB in due course.

Report

Standing Orders and Code of Conduct
Edinburgh Integration Joint Board

15 January 2016

Executive Summary

1. The Scottish Ministers in December 2015 made an amendment to The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2. This amendment requires the alteration of the Integration Joint Board's (IJB) Standing Orders and Code of Conduct.

3. This report makes the required changes and requests approval for the amended governance documentation.

Recommendations

4. To repeal the existing Standing Orders and Code of Conduct of the Integration Joint Board and approve in their place appendices 1-2, such repeal and approval to take effect from 1 February 2016.

Background

5. The Scottish Ministers in 2014 had made The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 which included the matters which should be included in the standing orders of the Integration Joint Board.

6. This Order included a provision which required the IJB or its committees to determine if a member, who has declared an interest, should take part in the discussion on this item or any vote on the item.

7. This provision is not the practice followed by the City of Edinburgh Council or NHS Lothian.

Main report

8. The amendment to the Order changes the practice followed by the Integration Joint Board and brings it into line with the Councillor's Code of Conduct and the Public Bodies' Model Code. The result of this is that it is the member who declares the interest, rather than the rest of the membership who determines whether their

declaration requires them to preclude themselves from discussion and any voting on that item.

9. The required changes to Standing Orders and Code of Conduct are clearly marked in the Appendices for ease of reference.

Standing Orders

10. The changes to the IJB's standing orders are minimal and remove paragraph 13.4 and amend 13.3 to take account of the amendment to the Order.

Code of Conduct

11. The Code of Conduct outlines the appropriate paragraph in the Order in paragraph 5.6 and this has been amended to reflect the change. Paragraph 5.7 has been replaced with a new paragraph which explains the new arrangement.

12. Paragraphs 5.19 and 5.20 of the Code have also been replaced as they were originally inserted to help clarify the previous arrangements.

13. The changes to both the Standing Orders and the Code of Conduct are to take effect from 1 February 2016.

Key risks

14. The amendment to the Order by the Scottish Ministers requires the Integration Joint Board to alter its standing orders as soon as reasonably practicable.

Financial implications

15. There are no financial implications as a result of this report.

Involving people

16. The Order was consulted on with each local authority, each Health Board and each Integration Joint Board.

Impact on plans of other parties

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

Background reading/references

- The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

- The Public Bodies (Joint Working) (integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No. 2) Order 2015

Report author

Rob McCulloch-Graham

Chief Officer

Contact: Gavin King, Committee Services Manager E-mail: gavin.king@edinburgh.gov.uk | Tel: 0131 529 4239

Links to priorities in strategic plan

Appendix 1: Integration Joint Board Standing Orders

Appendix 2: Code of Conduct for Members of the Integration Joint Board

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

1 General

1.1 These Standing Orders regulate the conduct and proceedings of the Edinburgh Integration Joint Board and its committees and sub-committees. The Integration Joint Board is the governing body for what is commonly referred to as the Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) ("the Order"). The Integration Joint Board approved these Standing Orders on ~~17 July 2015~~15 January 2016 to take effect from 1 February 2016.

Membership of the Integration Joint Board

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

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

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

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

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

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

2 Varying, Revoking or Suspending Standing Orders

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

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

3 Chair

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

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

4 Vice-Chair

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

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

5 Calling and Notice of Integration Joint Board Meetings

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

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

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

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

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

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

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

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

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

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

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

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

or contract negotiation.

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

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

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

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

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

6 Quorum

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

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

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

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

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

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

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

8 Adjournment

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

9 Voting and Debate

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

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

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

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

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

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

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

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

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

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

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

10 Changing a Decision

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

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

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

11 Minutes

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

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

12 Matters Reserved for the Integration Joint Board

Standing Orders

12.1 The Integration Joint Board shall approve its Standing Orders.

Committees

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

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

Values

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

Strategic Planning

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

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

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

Risk Management

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

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

Health & Safety

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

Finance

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

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

12.13 The Integration Joint Board shall approve its annual accounts.

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

Performance Management

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

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

13 Integration Joint Board Members – Ethical Conduct

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

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

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

13.4 ~~The Integration Joint Board or committee must determine whether the interest declared prohibits the member from taking part in the discussion and vote on the relevant item of business.~~

13.~~5~~4 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Clerk who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

14 Committees and Working Groups

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

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

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

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

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

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

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

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

Appendix 2

CODE OF CONDUCT FOR MEMBERS OF THE INTEGRATION JOINT BOARD

~~18 JUNE 2015~~15 January 2016

CODE OF CONDUCT FOR MEMBERS OF THE INTEGRATION JOINT BOARD

CONTENTS

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

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

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

1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for Members of Devolved Public Bodies was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament. The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that integration joint boards are “devolved public bodies” for the purposes of the Ethical Standards in Public Life etc (Scotland) Act 2000.

1.4 As a member of the Integration Joint Board (IJB), it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

Appointments to the Boards of Public Bodies

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

1.6 You should also familiarise yourself with how the public body's policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

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

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

1.9 You should familiarise yourself with the Scottish Government publication “On Board - a guide for board members of public bodies in Scotland". This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

Enforcement

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

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

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

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

Selflessness

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

Integrity

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

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

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

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

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

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

Respect
You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

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

SECTION 3: GENERAL CONDUCT

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

Conduct at Meetings

3.2 You must respect the Chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)

3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

Gifts and Hospitality

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

3.6 You must never ask for gifts or hospitality.

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

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

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

(c) gifts received on behalf of the public body.

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

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

3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

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

Use of Public Body Facilities

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

Appointment to Partner Organisations by the IJB

3.14 You may be appointed, or nominated by your public body, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

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

SECTION 4: REGISTRATION OF INTERESTS

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

4.2 The Regulations1 as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

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

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

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

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

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

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

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

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

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

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

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

Category Two: Related Undertakings

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

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

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

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

Category Three: Contracts

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

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

(ii) which has not been fully discharged.

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

Category Four: Houses, Land and Buildings

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

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

Category Five: Interest in Shares and Securities

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

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

(ii) greater than £25,000.

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

Category Six: Gifts and Hospitality

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

Category Seven: Non-Financial Interests

4.22 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.

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

SECTION 5: DECLARATION OF INTERESTS

General

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

5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being

clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the objective test ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.

5.4 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

5.5 It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If you are unsure as to whether a conflict of interest exits, you should seek advice from the IJB chair.

5.6 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) (Order) 2014 states:

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

(2) Where an interest is disclosed under sub-paragraph (1), ~~the other members present at the meeting in question must decide whether the member declaring the interest is to be prohibited from taking~~ the member disclosing the interest is to decide whether, in the circumstances it is appropriate for that member to take part in discussion of or voting on the item of business."

5.7 The above provision ~~makes this Code of Conduct different from the codes of conduct for councils and other devolved public bodies. Once you have declared an interest, it is not for you to determine whether or not you may remain in the meeting and participate in the discussion and voting (should you be a voting member). The other voting members will determine this.~~ means a member must first determine whether an interest is to be declared (paragraph 5.3), and then determine whether they should take part in any discussion or decision on that item of business.

5.8 Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. The following section describes the interests which are not subject to your own judgement and must always be declared.

Interests which must be declared

5.9 Interests which must be declared if known to you may be financial or non- financial. They

may or may not cover interests which are to be registered under Section 4 of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The following paragraphs deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

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

a) Your Financial Interests

5.11 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code).

5.12 If under Category One ("Remuneration") or Category Seven ("Non Financial Interests") you have registered an interest as:

a) An employee of the IJB, or one of its constituent authorities (i.e. Lothian NHS Board or the relevant local authority)
b) A councillor from the local authority or a member of Lothian NHS Board which has appointed you as a voting member of the IJB

Then you do not, for that reason alone, have to declare that interest. You should however always consider whether your activities in the above roles have a direct bearing on a specific item of business that the integration joint board or one of its committees is considering, e.g. you may have had a high degree of personal involvement in preparing or approving the item before it was presented. In those circumstances you are advised to declare the interest.

b) Your Non-Financial Interests

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

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

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

c) The Interests of Other Persons

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

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

(i) a spouse, a civil partner or a co-habitee;

(ii) a close relative, close friend or close associate;

(iii) an employer or a partner in a firm;

(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;

(v) a person from whom you have received a registerable gift or registerable hospitality;

(vi) a person from whom you have received registerable expenses.

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

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

(i) a spouse, a civil partner or a co-habitee;

(ii) a close relative, close friend or close associate;

(iii) an employer or a partner in a firm;

(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;

(v) a person from whom you have received a registerable gift or registerable hospitality;

(vi) a person from whom you have received registerable election expenses.

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

Making a Declaration

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

5.18 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest and determine whether or not you may continue to participate in the discussion and voting, if you are a voting

member, on the item.

What Happens when you make a Declaration

~~5.19 The IJB (or if relevant, the committee) will consider your declared interest and decide whether you are to be prohibited from taking part in the discussion of or voting on the item of business.~~

5.~~20~~19 ~~If it is decided that you are to be prohibited, then~~ If you decide not to take part in any discussion or decision on any particular item you have declared an interest in, you must withdraw from the meeting room until the discussion of the relevant item where you have a declarable interest is concluded.

Frequent Declarations of Interest

5.~~21~~20 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.~~22~~21 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non- financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.

5.~~23~~22 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

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

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

Rules and Guidance

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

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

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

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

6.7 You should not accept any paid work:-

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

(ii) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise

because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

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

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

  (i) all meetings of the public body;

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

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

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

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

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

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

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

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

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

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

ANNEX B DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

ANNEX C

CONTACT INFORMATION

This Annex does not form part of the Code of Conduct, but is provided for reference.

Standards Commission for Scotland
Room T2.21,
Scottish Parliament
Edinburgh
EH99 1SP

Telephone 0131-348-6666

Fax 0131-557-9243

E-mail enquiries@standard.org.uk

Item No. 4.3

Report

Review of Edinburgh Professional Advisory Committee
Edinburgh Integration Joint Board

15 January 2016

Executive Summary

1. The review of the Professional Advisory Committee (PAC), formed in 2012, was undertaken at the request of the Chair of the Integration Joint Board of the Edinburgh Health and Social Care Partnership. The process included wide consultation with key stakeholders and the outcome is a recommendation for enhancing the role of the PAC, improving and formalising the relationship with the Strategic Planning Group, and ensuring adequate resourcing of the committee.

Recommendations

2. To note the review of the Professional Advisory Committee (PAC) and wide consultation with key stakeholders across Health and Local Authority.

3. To agree to provide professional advice and opinion to the Edinburgh Health and Social Care Partnership via the PAC.

4. To note the membership of the PAC Committee.

5. To agree that the PAC should be consulted upon before any significant service redesign is implemented.

6. To agree that there are two co-chairs, one from each of the parent professional organisations (NHS Lothian and City of Edinburgh Council) and that they should serve their three-year terms in an overlapping manner, to allow for continuity.

7. To agree that the co-chairs should have a seat on the Strategic Planning Group.

8. To acknowledge that the PAC and its office bearers will require appropriate administrative and secretarial support.

Background

9. The Edinburgh Professional Advisory Committee was formed in 2012 in response to guidance from the Scottish Government that the emerging health and social care partnerships “should receive advice and input from their professional membership”.

Membership

10. It was agreed that the membership should be wide and inclusive of professional groups across health and social care, and that there should be five standing members – Chief Social Work officer, Clinical Director Edinburgh Community Health Partnership (CHP), Chief Nurse (CHP), Allied Health Professional Manager CHP and staff partnership representative.

11. The initial voting membership of the Shadow Partnership, at the request of the Council, was seven councillors and seven NHS members. NHS Lothian was not able to provide seven non-exec members and it was agreed that the Chair and Vice Chair of the PAC would be NHS professionals and would take up 2 voting roles on the Shadow Partnership. This was not ideal but provided a practical solution to the short term shadow arrangements.

12. Terms of Reference

13. The guiding principles that were drawn up were:

- A user focus, promoting health and wellbeing and addressing inequalities;
- A driver of strong clinical leadership;
- A decision-making body, firmly part of governance and accountability.

14. A summary of the roles and remit included:

- The PAC would be a forum for advice for the Shadow Board of the Edinburgh Integrated Health and Social Care Partnership (EHSCP);
- It would deal with major strategic initiatives;
- It would develop a strategic vision and direction;
- It would be an ideas generator;
- It would ensure Shadow Board and future Board decisions were evidence-based;
- It would be a forum for professional leadership;
- It would have an interest in metrics performance and governance;
- It would maintain strong links with frontline professionals;
- It would work in partnership with other groups.

Main report

Review 2015

15. With the establishment of the Integration Joint Board of the EHSCP it was agreed that it would be appropriate to review the Terms of Reference (ToR) of the PAC.

16. Dr Richard Williams, NHS Lothian IJB Board Member, along with the Chair (Dr Carl Bickler) and Vice Chair (Dr Gordon Scott) of the PAC were invited by the chair of the Edinburgh Integration Joint Board (EIJB) to lead on the review.

17. The first step taken was to include Colin Beck, Senior Manager Mental Health, Criminal Justice, Homelessness and Substance Misuse, in the review team.

18. Early discussions with numerous parties suggested that:

19. The EIJB had concerns over the lack of significant output from the PAC; and

20. The PAC had concerns over the lack of contact, information and direction from the EIJB. It was also clear that members of the PAC itself were unaware of some of the roles included in the ToR.

21. A number of strengths of the PAC were identified, including that:

22. It was an integrated professional grouping with senior health and local authority professionals sitting around the same table;

23. The members had a strong voice in the partnership;

24. The PAC was well positioned to have a vision of service redesign, and to have an interest in performance and governance;

25. The PAC was well placed to give advice on key strategic issues.

26. A meeting at the Astley Ainslie Hospital on 22 September 2015 was held with key personnel from both NHS and Local Authority.

27. It was agreed to produce a draft new ToR for the PAC to be widely circulated for comment and amendment, before being taken to the EIJB for formal approval before the end of the calendar year 2015.

Key recommendations for new ToR of the PAC

28. There should continue to be a PAC to provide professional advice and opinion to the Edinburgh Health and Social Care Partnership EIJB from both Health and local authority professionals.

Membership

29. The membership should remain wide-ranging and inclusive – current members believe the PAC meetings to date have been informed and productive.

30. As the Chair will be a non-voting member of the EIJB, there is no requirement for this individual to be a NHS Lothian professional. It is proposed that there are two co-chairs, one from each of the parent professional organisations (NHS Lothian and City of Edinburgh Council) and that they should serve their three year terms in an overlapping manner, to allow for continuity. They can be nominated again should parties wish.

31. The Chief Social Work Officer, Clinical Director and Chief Nurse would be specifically debarred from holding these posts.

32. The co-chairs should have one seat on the Strategic Planning Group (SPG) of the EIJB.

33. The chair must represent the PAC on the SPG and EIJB, and must not be partisan.

34. The two posts would either be specifically remunerated or time would be made available in the post holders' work commitment to allow full participation in PAC business including preparatory work, chairing the committee and any sub-committee attendance.

35. Each of the following should also be represented in the PAC:

- Nursing staff
- Clinical Nurse Managers
- Allied Health Professional members

36. One each of the following from the NHS:

    - Physiotherapist
    - Occupational Therapist
    - Speech and Language Therapist
    - Podiatrist
    - Art Therapist
    - Medical Staff
    - Clinical Leads from all GP and 'hosted service' areas.
    - GP Sub Committee Member
    - Consultant in Public health Medicine (or deputy)
    - Optometrist
    - Community Pharmacist

- Dentist
- Primary Care Pharmacist Co-ordinator
- Clinical Psychologist

37. Social Work manager for each social work care group:
    - Older people
    - Disabilities
    - Mental Health
    - Substance Misuse
    - Assessment and Care Management
38. In addition, a senior manager for each of the locally based services:
    - Local Authority Occupational Therapist
    - Local Authority Dietician
    - A representative from housing support and homeless service
    - Children's social work/care representative.

Role and Function

39. The PAC will be a formally recognised sub-group of the EIJB.

40. The PAC should remain the main (but not sole) source of professional advice for the EIJB. It is clear that many of the multi-disciplinary groups and teams are already in existence and function well, and there would be no desire (or benefit) in adding delay or barriers to implementing their proposals for service delivery.

41. Other sources of professional advice that the EIJB may choose to approach include the General Practice Sub-Committee of the Area Medical Committee of NHS Lothian (GP Sub), the Lothian Local Medical Committee (LMC), the Area Clinical Forum, Managed Clinical Networks, Edinburgh Public Protection Committees (adult and child), or any other established integrated professional group as it sees fit. The EIJB will also be able to seek advice from the Chief Social Work Officer.

42. The EIJB must take every opportunity to seek the view of the PAC, particularly on any significant service delivery or design changes. This would also be expected when a recognised, established, fully integrated multi-disciplinary team has provided the proposal for the EIJB.

43. The EIJB must have demonstrable good reason not to accept and incorporate the views of the PAC.

44. There must be open, transparent and timely flow of information between the EIJB and PAC.

45. The PAC will meet every two months, prior to formal EIJB meetings. The practical detail of this will need to be worked out and some discussion may be required on how best the PAC can view relevant EIJB papers in a timely fashion such that professional views can be captured. The PAC will communicate out with meetings and have virtual meetings as required to progress business in time for formal EIJB meetings.

46. The agenda of the PAC will reflect the agenda of the EIJB, with additional items set by the Chair of the PAC as appropriate.

47. The PAC will establish formal links with any NHS Quality Improvement Team and Social Care standards arrangements or similar created by the EIJB and will focus its work on quality improvement.

48. The PAC will endeavour to ensure that any views or opinions expressed are based on evidence of quality, safety, effectiveness and cost effectiveness and will patient/client centred.

49. Whilst the PAC will have an interest in governance and evaluation of service delivery, it will not perform or undertake formal governance assurance work. The PAC may identify areas where there are concerns over governance and ask for these to be evaluated by the relevant body.

Resources and Support

50. The PAC and its office bearers will require appropriate administrative and secretarial support. This will require further assessment but is likely to be in the order of three sessions per week.

Key risks

51. The IJB would not have a resource for providing integrated professional advice from Health and Local Authority. Service redesign may become unsustainable, or unable to be implemented

Financial implications

52. The PAC will require adequate resourcing to ensure it fulfils its roles and responsibilities.

Involving people

53. All professionals across Health and Local Authority have had the opportunity to input into the review process

Impact on plans of other parties

54. The PAC will be the main, but not sole, source of professional advice to the IJB.

Background reading/references

http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/working_Groups/CCGG/ClinCareGovFwork
http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance
http://www.gov.scot/Resource/0046/00466819.pdfRoles, Responsibilities and Membership of the Integration Joint Board. Guidance and advice to supplement the Public Bodies (Joint working) (Integration Joint Board) (Scotland) Order 2014

Contact: Dr Richard Williams GP Stakeholder Non Executive Director NHS Lothian E-mail:richardwilliams3@nhs.net | Tel: 0131 454 2110

Links to priorities in strategic plan

	Right care, right place, right time
	Making best use of capacity across the whole system
	Managing our resources effectively

Report

Feedback from public consultation on the Draft Strategic Plan Integration Joint Board

15 January 2016

Executive Summary

1.1 This report details the responses received following the three month public consultation process on the Edinburgh Health and Social Care Partnership draft strategic plan and summarises:

- the responses to the specific questions asked in the consultation,
- the overarching themes contained in the feedback; and
- the actions that will be taken in response to the feedback received

Recommendations

2.1 The Integration Joint Board is asked to:

i. Consider the analysis of the feedback received through the consultation on the draft strategic plan and Joint Strategic Needs Assessment (JSNA) and the proposed responses to that feedback detailed in the report and Appendix B;

ii. Approve the use of Appendix B as the basis for communicating the feedback received and the actions to be taken in response to that feedback.

Background

3.1 On 17 July 2015 the Integration Joint Board approved the first draft of the Edinburgh Health and Social Care Partnership Strategic Plan and the Draft Joint Strategic Needs Assessment as the basis for a period of three months public consultation from 4 August to 31 October 2015. The draft plan set out the vision and key priorities for the Partnership together with the high level actions it was proposed to take to deliver these.

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

3.3 Those responding to the consultation were asked to address five specific questions:

- Are the key priorities the right ones and if not, what should the priorities be?
- Are the next steps we propose to take in respect of each of the priorities the right ones and if not, what steps should we be taking?
- Are there any significant issues we have missed and if so, what are they?
- Does the Joint Strategic Needs Assessment reflect your experience and understanding of the health and social care needs in the City?
- Is there anything else you would like to tell us before we finalise our plan?

Main report

4.1 A total of 67 responses were received to the consultation, 47 of which were from groups or organisations and the remaining 20 from individual members of the public. A list of the groups and organisations that responded is given in Appendix A.

4.2 In analysing the responses received it has not been possible to quantify levels of agreement in pure percentage terms due to the fact that not all recipients answered the Yes/No questions, even where they included comments. Slightly different questions were also used with some groups to make the consultation more meaningful to the audience.

4.3 All but four of those who responded to the question agreed that the **key priorities** are the right priorities. However, seven respondents queried the wording or definition of the priorities; there were also comments about priorities conflicting or overlapping and queries about the relative precedence of each priority.

4.4 In view of the largely positive response to the key priorities it is proposed that these should be retained with further clarity being provided within the final version of the plan to address feedback regarding wording and the inter relationship between the priorities.

4.5 The feedback on **the next steps to be taken in relation to each priority** took the form of both comments on the actions proposed in the plan and suggestions of other actions that should be taken. This feedback will be used to inform the development of the final version of the plan and circulated to those involved in leading areas of work detailed within the plan.

4.6 A number of suggestions were made about **significant issues that respondents felt were missing from the plan**, these will be taken into consideration and where possible addressed within the final version of the plan.

4.7 The feedback on the Joint Strategic Needs Assessment (JSNA) was generally positive with respondents welcoming the concept. A number of suggestions were made as to issues that should be included; work is already taking place to address some of these gaps, others will be incorporated into future versions of the JSNA where appropriate.

4.8 A detailed analysis of the feedback received to each consultation question and the proposed response is contained within Appendix B.

4.9 A number of overarching themes were identified through the overall analysis of the feedback to the consultation. These are detailed in the sections below.

4.9.1 <u>Resorting the priorities</u>

Whilst there was broad support for the priorities in the strategic plan, there was considerable concern, and scepticism, throughout the consultation responses about how the impact of cuts on the statutory and third sectors will affect the ability of the Integration Joint Board to deliver upon the priorities in the plan. Some respondents simply felt the priorities were undeliverable in a climate of reducing resources. Some respondents stated that the priority to 'manage our resources effectively' was in conflict with the other priorities.

There were concerns about 'skeleton' services and concern was expressed about care quality being downgraded in localities. Respondents requested detail on how the resources would be found to deliver the priorities and where money would be saved (and services cut/ discontinued) and where money would be raised. There was a comment that the focus should be on bringing in external funding rather than implementing cuts.

4.9.2 Governance

Queries about the governance of the new integrated landscape were a significant overarching theme. A request for further clarity on governance arrangements fell into the following categories:

- What will be the relationship/ governance between central planning and locality planning
- What will be the relationship between NHS Lothian and the four Integration Joint Boards
- How will governance work between the Integration Joint Board and existing community planning governance, especially around Health Inequalities

Further clarity on these issues will be provided within the final version of the strategic plan.

4.9.3 Localities

Comments on the move to locality working formed one of the major areas of response that did not relate directly to the six draft commissioning strategy priorities. Although concerns were raised about locality working, there was general support for this move and for how it would assist with joint working and be more flexible and responsive to local needs and help to address social isolation. One Neighbourhood Partnership said that communities used to be central to resilience and intervention and that there is a need to re-weave community by focussing on strengths. Many other comments supported this by emphasising the need to develop connections between people. People with dementia spoke of the value of local services and support, and of communities being dementia friendly so that people are able to participate in their communities. One respondent said that it may be more useful to think of healthy neighbourhoods rather than specific groups or conditions.

Despite support for locality based organisations delivering local services, the case for certain city wide services was made by some respondents, this included health inequality grants being managed city wide. One respondent argued that for services such as advocacy, information and support with self directed support, localities have no relevance and can become a barrier to receiving an adequate service. They also argued that, for city and Lothian wide service providers, the need to operate on a locality basis added an expensive extra layer of complexity.

The argument was also made that some people won't access services if they are only available locally; this could include people from Lesbian, Gay, Bisexual and Transgender communities or people with mental health problems.
This latter point raises the issue of how communities of interest will fit within locality working.

The most common concern about locality working was that it would lead to a post-code lottery**.** There were calls for people to be able to access services across the city. There was one concern that Neighbourhood Partnerships were under-resourced and concerns that localities under this model would be too. There were a few calls for budgets to be delegated to local areas.

4.9.4 Role of the third sector

The importance of the third sector in delivering on the priorities was raised repeatedly by a range of respondents throughout the consultation with particular emphasis on the role of the third sector in locality working. Alongside this was the need for third sector funding to be protected so that they have a sustainable future. There was one comment that the third sector was expected to be innovative but at a cost and pace that the sector cannot manage.

It was stated that the third sector needs to be treated as an equal partner, that the need to work in partnership with them has never been greater, and that this joint working must be made explicit in the strategic plan. This was stated to mean that all sectors must be subject to the same scrutiny and assessment. This scrutiny must include outcomes, impact and value for money. There must be openness on commissioning and protectionism for the statutory sector must not be allowed.

One respondent felt that stated that competitive tendering is default and that there is little openness to innovation and no channels to bring innovative ideas for problem solving, with little collaboration in design and planning of services.

4.9.5 The role of primary care

The vital role of primary care services in delivering the priorities was raised throughout the consultation.

There were repeated calls for GPs to know about community services and to refer people to these (social prescribing) and repeated calls for better access to GPs and longer appointments for those who need them.

There were some differences of opinion in the responses from GPs with some clearly articulating a role for general practice, including district nurses and practice nurses, in tackling health inequalities and supporting the prevention agenda; whilst others felt that this was not within the remit of GPs. Some GPs felt that that providing the right care in the right place at the right time would increase GP workloads whilst others argued for inter-GP practice and collaboration to share innovation, leadership and quality.

4.9.6 Joined up working and data sharing

Throughout the responses there was an emphasised on the need for joined up working within and across and sectors and the need for data sharing to deliver on the priorities in the plan.

Key risks

Some respondents may feel that the views they expressed through the consultation are not reflected in the final version of the plan. In order to mitigate against this the plan will include a specific section on how the feedback received through the consultation will be taken into account both in the plan itself and through wider service development.

Financial implications

There are no direct financial implications arising from this report.

Involving people

This report details the response received from partners and citizens in response to the period of three months public consultation on the draft strategic plan and Joint Strategic Needs Assessment. Commitments are also made within the report to continue to actively involve partners and citizens in the future planning and delivery of services.

Impact on plans of other parties

This report impacts on other partners to the extent that it sets out actions to be included in the final version of the Edinburgh Health and Social Care Partnership Strategic Plan. Copies of this report will be provided to NHS Lothian, the City of Edinburgh Council and the Integration Joint Boards for East, Mid and West Lothian.

Background reading/references

Edinburgh Health and Social Care Partnership Draft Strategic Plan (full version)

Edinburgh Health and Social Care Partnership Draft Strategic Plan (summary version)

Edinburgh Health and Social Care Partnership Draft Strategic Plan (easy read version and questionnaire)

Draft Joint Strategic Needs Assessment (full version)

Joint Strategic Needs Assessment (summary version)

Report author

Contact: Wendy Dale, Strategic Commissioning Manager E-mail: wendy.dale@edinburgh.gov.uk | Tel: 0131 553 8322

Links to priorities in strategic plan

The report details responses from public consultation to all the priorities within the draft strategic plan.

Appendix A

Groups who responded to the consultation on the strategic plan

1	Astley Ainsley Senior Nurses
2	Chair of GP sub-committee
3	Personalisation Core Group
4	Edinburgh Plan Advisory Group
5	Headroom GPs
6	Integrated Carers Team
7	Disability providers
8	Service users with physical disability
9	South East GPs
10	Edinburgh Tenants Federation
11	Strategic Planning group for carers
12	Craigmillar and Portobello Neighbourhood Partnership
13	Craigentiny and Duddingston Neighbourhood Partnership
14	Inverleith Neighbourhood Partnership
15	South Central and Liberton Neighbourhood Partnership
16	Pilton Community Health Project
17	Positive Steps
18	LGBT Youth Scotland
19	People First (Scotland) Parents Group
20	Edinburgh Food and Health Task Group
21	Lothian Centre for Independent Living
22	Edinburgh Health Forum
23	People First
24	NHS Lothian Area Clinical Forum
25	Edinburgh and Lothians' Greenspace Trust
26	Coalition of Care and Support Providers
27	Edinburgh Affordable Housing Partnership
28	Edinburgh Leisure
29	Edinburgh community food and Lothian Community Health Initiatives
30	Lothian Community Health initiatives
31	Homelessness planning group
32	Health inequalities standing group
33	NHSL Pharmacy services
34	Scottish Care
35	Changeworks
36	CEC Physical Activity and Sport Team
37	Carr Gomm
38	Scottish Fire and Rescue
39	NHSL Extended Health Inequalities Thematic Group
40	NHSL Dentists
41	EDG Carers Group
42	Third sector Older People's service providers group
43	People with dementia
44	Edinburgh Voluntary Organisations' Council
45	Leith Neighbourhood Partnership

46	Leith Mount Surgery
47	Upward Mobility's Student Focus Group

Appendix B

Summary of feedback to the consultation questions and how we propose to respond

1. Are our 'Key priorities' the right ones and if not, what should the priorities be?	
What people told us	**What we plan to do**
All but four of those who responded to the question agreed that the key priorities are the right priorities	We will retain the proposed key priorities in the final version of the plan
There was particular support for the focus on tackling inequalities and prevention as priorities.	
Seven respondents queried the wording or definition of the priorities and others felt they needed to be clearer and less ambiguous	We will seek to ensure that the final version of the strategic plan provides greater clarity in terms of the definition of each priority and the relationships between them.
Some respondents queried the relative importance of the priorities to each other	
Some respondents felt the priorities conflicted or overlapped, with four respondents expressing the view that managing resources conflicted with the other priorities	

2. Are the next steps we propose to take in respect of each of the priorities the right ones and if not, what steps should we be taking?	
What people told us	**What we plan to do**
Tackling inequalities There was wide support for tackling health inequalities being a priority in the Strategic Plan. However, NHSL dentists, Lothian Area Clinical Forum and Edinburgh Affordable Housing Partnership advocated for the Plan addressing overarching population health improvement. A small number of respondents expressed the view that 'budget cuts' are widening inequalities as 'people are not receiving the support they need. The need to identify people affected by health inequalities and to find ways to reach them was raised. A number of respondents commented on the importance of working with social housing landlords who are well placed to identify and address health inequalities impacting on their tenants. A few respondents commented on the key role of primary care professionals (e.g. GPs, Community Nurses, Pharmacists) in tackling inequalities. People with learning difficulties stressed the need for accessible information and communication to allow them to manage their health better, including longer GP appointments, and health staff having the skills to communicate with them and knowledge of accessible information. A number of respondents commented on mental health. Other comments included the need of people with mental health issues to access services when they need them and the role of communities in reducing stigma	The Edinburgh Health and Social Care Partnership recognises the importance of tackling inequalities in order to improve the overall health and wellbeing of the population of the city; which will in the long term help to manage the demand for health and social care services. Tackling inequalities will remain a key priority for the partnership and In the final version of the plan we will aim to clarify the inter relationship between this and the other key priorities. We will work with our partners on the Edinburgh Community Planning Partnership to ensure a coordinated approach to tackling inequalities across the City. We will also work to embed tackling inequalities within our strategic planning framework. In the draft strategic plan we recognised the need to take specific actions to support particular groups within the community to access health and social care services and take control of their own health and wellbeing; this included the need to produce accessible information and tailor the way we communicate with citizens to meet their needs.

around mental health. People with physical disabilities also spoke of the need for inclusive, accessible communities (with a specific mention of a lack of accessible changing spaces). Most comments outlined more generally how to address health inequalities which in most cases involves working in partnership with agencies and organisations outside of the Health and Social Care Partnership. In terms of a strategic approach to health inequalities, there was one comment that health inequalities should be at the heart of all other strategic plan priorities. It was also stated that there needs to be a long term focus, an ability to plan for changing demographics, a clearly identified focus and outcomes using evidence based approaches.	The ongoing development of the Joint Strategic Needs Assessment will help us gain a better understanding of inequality across the city in terms of health and social care and over time it will also help us monitor the impact of our actions to tackle inequalities. The move to locality working will also allow us to work with our partners to focus on issues of inequality at a local level.
Prevention and early intervention A number of respondents commented on the benefits that early intervention delivers. Some commented that prevention issues need public debate and that these initiatives need more work and to be person centred. There was also a comment on the need to be clear on what prevention means in practical terms, or whether it is a principle to underpin other priorities. Seven respondents expressed concern that budget pressures would lead to crisis management being prioritised over prevention and early intervention. A particular concern was raised about the impact of this on carers, and it was stated that preventative services enable people to sustain caring roles. There were also repeated comments that the funding for preventative services is already being cut. Linked to this were comments on the need to shift resources from secondary care to the community and prevention services.	The Health and Social Care Partnership recognises the importance of prevention and early intervention as a means of managing demand and ensuring that our resources are used as effectively as possible. We also recognise the challenges of investing in prevention at a time when budgets are under significant pressure. We will aim to embed a focus on prevention and early intervention throughout our strategic planning framework. We will consider the specific suggestions made through the consultation as we develop the final version of the strategic plan and continue to develop

Respondents commented on the people and staff who have a key role to play in prevention and early intervention. There were comments that all services have a role to play in this and that staff need to contextualise their role in prevention, be trained in this and be more proactive. Key players were seen to be the third sector, GPs, the Council, housing services. NHSL Pharmacy stated that the strategic plan should support an increased uptake of public health services offered from community pharmacies, including smoking cessation, sexual health, hepatitis C and substance misuse. NHSL dentists stated that oral health should be mentioned in the plan, and that good evidence is available to change the focus towards prevention. There was a comment that health visitors should have a role in prevention. There was a comment that staff working in the community and in hospital need better awareness of physical and learning disabilities. Social prescribing was mentioned by several respondents as being important. There were calls to focus on issues such as obesity, smoking, diet and physical activity, with a statement that healthy choices should be make easier, such as by working with planning and licensing. On physical activity, City of Edinburgh Council physical activity and sports team wished for dance, play and sport to be mentioned in terms of prevention. There were calls to use social media and technology to promote health messages and self-monitoring. A few comments were received on management and evaluation. These included comments that a long term approach is needed, there is a need to build on data and evidence to support improvement and that proper evaluation is needed.	more detailed plans during 2016/17. detailed

Person centred care Respondents commented on the importance of this. Indeed, themes of person centredness, autonomy, control and being respected came up throughout the consultation. The importance of good relationships, and of really listening, to good person centred working was stated as key by a number of respondents. There were a couple of comments of how poor relationships can result from staff not being prepared to 'relinquish control' or work with people as equals. It was stated that help should be person-led and solutions agreed co-productively to help with people's self-esteem and confidence. People First emphasised the importance of the longevity of these relationships and of people getting a say in which staff work with them. Respondents commented on what was needed to deliver person centred care. The need for joined up working and data sharing was seen as key here. Headroom GPs stated that there is a need to equalise social detail and patient choices along with biomedical information. NHSL Pharmacists stated that the plan should set out how information on a persons' clinical and social care history can be shared with pharmacists and other Health and Social Care professionals. Training and support, time to engage in a person centred way of working, robust assessments, were also mentioned as being key to the delivery of person centred care and technology in terms of helping staff with mobile working and to help people manage their own conditions and e-health was stated as key to delivery by several respondents. Several respondents gave examples of specific person centred services. These included: • Social prescribing	We agree that good relationships and the concept of 'good conversations' are central to realising the benefits of health and social care integration. The draft strategic plan emphasised the need to fundamentally change the relationship between those providing health and social care services and the citizens who use them. We are committed to supporting people to exercise more control over their own health and wellbeing and have a greater say in the way in which services are planned and delivered. Person centredness will therefore be a theme that runs through the final version of the strategic plan rather than being confined to a single section. Building on the work of the Strategic Planning Group, we will develop a new strategic planning framework that provides real opportunities for partner organisations, citizens, communities and our workforce to be actively involved in collaborating with us to plan and develop health and social care services at both a locality and specific service level. Our emerging ICT strategy will set out the requirements for effective data sharing that is essential to underpin good joint working and avoid the need for people to "tell their story" repeatedly. The final version of the strategic plan will set out our

• Housing services such as planning around hospital reprovisioning, step up and step down from hospital, practical support and handy person, technology, joint assessments • Edinburgh Leisure services such as buddy swimming for people with dementia • Upward Mobility commented on community dental services and how they make visits accessible through pre-appointment visits, good explanations of what will happen and even taking people through the whole scenario prior to treatment. The Neighbourhood Partnership respondents talked of accessing information in the community. One talked of making better use of libraries rather than putting everything online. One promoted signposting whilst another said that rather than signposting, people should work with local workers whom they know and trust.	proposals for making better use of technology to support people to live independently. We will work with partners to develop proposals on the most effective ways of ensuring that people have access to information and advice that meets their needs at both a locality and citywide level. Training to ensure that staff from all agencies involved in the provision of health and social care services across the city, have the knowledge and skills to work in person centred ways will be one of the issues taken forward through the establishment of a multi-agency workforce development steering group.
Providing the right care in the right place at the right time A number of enablers to delivering the right care in the right time and at the right place were mentioned. These included the need to shift the balance of care, the need to move to anticipatory care plans which prevent admission to hospital, the need for services to be flexible and responsive and the need for accessible premises for primary care. Delayed discharge was identified as a hindrance by a number of respondents. Shortages in care home and care at home capacity were seen as contributing to this. The need to address GP pressures and pressure on community services was also raised. Access to good information, including the 'system' being hard to navigate	The final version of the strategic plan will set out a number of specific actions that we will take over the three years from April 2016 to provide the right care in the right place at the right time. Actions that are particularly relevant to the feedback received through the consultation include: • Gain a better understanding of capacity requirements across the whole health and social care system • Review the operation of existing services and workforce capacity and skill mix to inform service

was also raised as a hindrance by a number of respondents. The need for good information was an issue for the public and for professionals. South East LHP GPs stated that IT limits their ability to provide the right care at the right time and place and that access to better information was needed. The need outlined in the draft Strategic Plan to establish clinical pharmacists in GP practices was welcomed. NHSL pharmacy stated that the plan could set out the ambition of promoting patient registration with the Chronic Medication Service thus enhancing long term conditions management, self management through the minor ailment service and improved access to pharmacy through pharmacy's contribution to out of hours care. It was stated that we need a model to make it easier to keep a person in the community as at the moment is easier for a GP to admit to hospital, especially after hours. Joint working between primary care and local organisations is seen as key to this. In terms of secondary care, there was a comment that sometimes hospital is the right place and that this needs to be recognised. Housing was also mentioned as important by a variety of respondents. There was a statement that the right housing should be more prominent in the plan, and the number of comments on housing in this section and others is congruent with this. Accessible homes and energy efficient homes were said to be important. Changeworks stated that it should be ensured that people are discharged to warm and dry homes so that they do not become ill again and need to be readmitted to hospital. The Homelessness Planning Group raised the importance of joint working at times of transition to ensure that people do not become homelessness,	redesign • The development of locality hubs bringing together staff from a range of disciplines to who will work together to avoid unnecessary admissions to hospital, support timely discharge from hospital and maximise support for independent living • Improving anticipatory care planning for people who make regular use of health and social care services • Working with the other Health and Social Care Partnerships in Lothian and acute hospitals to develop a single model for unscheduled care across the city • Working with colleagues in secondary care to improve the interface and patient experience across primary and secondary care • Proposals relating to the development of GP practices • Increasing capacity within the Reablement to ensure all those who would benefit can access the service • Implementing the pan Lothian palliative care redesign programme • Working with partners to explore alternative service delivery models • Developing an effective pathway for people with dementia to ensure people get the specialist

for example the need to work with the prison service, or on transitions for young people. However, A City for All Ages consultation group stated that people may feel that they won't get the care that they need at home or will feel lonelier at home. Access to support was mentioned by several respondents in terms of widening access at the front door, having one point of access with no wrong door and people knowing who to access. Upward Mobility and another respondent stated that account needs to be taken of people's requirement to travel to access services, and of the cost of this. In terms of particular client groups, it was stated that people with mental health services need to be able to access services when needed, and that we need to improve resources for people who have a mental health problem but no formal diagnosis, such as anxiety and phobias. There was a comment that there is a need for more services for people with autism and for more dementia support services. There was a request that older people are provided with healthy meals and falls prevention services. The need to develop palliative and end of life care within the chosen place of the individual was stated.	support required in a timely way • Work together with our partners to transform the delivery of our operational mental health services.
Making the best use of capacity across the whole system The importance of the third sector in delivering on the plan is reflected throughout all responses to all consultation questions, but in this section respondents particularly strongly focussed on the third sector. As in other sections of the consultation, there were plenty of comments about the need for joint working, including the need for effective joint working between health and social care. Workforce issues were given particular attention here. It was stated that workforce planning and organisational development strategies need to be in place across sectors to support change and govern staff, including joint training of staff across	The Health and Social Care Partnership is committed to working with all partners to ensure that we collectively make the best use of the resources we have between us to deliver high quality services to the citizens of Edinburgh. We will build on the work of the experience of the Strategic Planning Group to develop a Strategic Planning Framework that actively involves partners,

providers and sectors. There was one comment that training should involve people who use services. There were a couple of comments about the importance of staff in delivering the new ways of working and the need to invest in staff and to ensure good morale. There was a comment on the need to invest more in care workers. There was one comment from NHS Lothian Area Clinical Forums on the need for an effective framework in the Integrated Joint Board for Care and Clinical Governance promoting engagement for all professional staff. There were comments on the need to value carers as equal partners. As stated elsewhere, the need for data sharing was highlighted. Headroom GPs stated that a single reliable registry of services needed to be developed. The Edinburgh Affordable Housing Partnership stated that the Strategic Plan needs clearer links between housing support, and care at home and better integration with local housing services. It was also stated that better links are needed between GPs and local housing organisations. It was stated that affordable homes are needed for the health and social care workforce. Edinburgh Tenants' Federation stated that health and social care staff should be trained to look at the 'big' picture, including housing.	communities, citizens (including service users and carers) and staff in the planning and development of services. We will establish a multi-agency workforce development steering group to develop a joined up approach to training across the statutory, voluntary and independent sectors. We will identify the requirements for data sharing as part of the development of our ICT strategy and work with ICT colleagues in the Council and NHS Lothian to determine how these requirements can best be met. We will actively engage with housing providers through the strategic planning framework and at a locality level.
Managing our resources effectively A number of respondents were concerned that the priorities in the plan would not be delivered upon in a climate of reducing resources. There was considerable mention of the use of digital services/ informatics under this priority. There was some support for using digital services to enhance services/ independence for people who use services and for	The priorities set out in the plan have been developed taking account of the challenging financial climate that the Health and Social Care Partnership will need to operate within. The final version of the plan will aim to provide greater clarity on this.

carers. The use of social media to promote health messages was also stated. It was stated that digital services are needed for staff, such as mobile working. There was one comment that technology should be developed to remind people to attend appointments. Some respondents stated that digital services need personal support running alongside. Others felt that for some, such as people with learning disabilities, people need people support to be independent. There was also a comment that technological support can increase isolation. There was a comment that some people cannot access online support, so this should not be the only way to access information/ support. Primary care informatics was said to be central and needs to be reliable and used far more in system organisation and care delivery. There was a positive comment on creativity, stating that there are an increasing number and type of projects which are using resources from across the public and private sectors in a different way.	The use of technology/digital services to support independence is recognised within the draft strategic plan. The final version of the plan will set out initial proposals with more detailed proposals being developed during 2016/17. We are committed to continuing to identify and develop creative ways of delivering services that are effective, efficient and improve the experience of service users.

3. Are there any significant issues we have missed and if so, what are they?	
What people told us	**What we plan to do**
There are a number of issues that respondents felt were missing from the draft strategic plan. Many respondents mentioned gaps as being the role of housing within the plan, the need to develop an effective partnership with Children and Families and the issues of governance and resources.	We will aim to ensure that the gaps identified are addressed within the final version of the strategic plan

Other issues that were felt to be missing from the plan are: • Education and employment • Economics/ impact of welfare reform/ income maximisation • Importance of housing/ Housing Condition Survey • Fuel poverty • Impact of physical activity on good health/ Edinburgh's physical activity and sport strategy • Meaningful activity • Transport • Environment • Black and ethnic minority/ marginalised groups • Lesbian Gay Bisexual and Transgender people • Equalities issues (as outlined in Equalities Act) • Hospital care for people with Learning Disabilities • Homelessness • Economy in use of resources • How demand for services will be met with less money/ priorities not deliverable due to budget cuts • Lack of clarity on what needs to change, resources, outcomes and measurement • Links between housing and integration of Health and Social Care, particularly in relation to prevention • Links with Criminal Justice • Relationship of Integrated Joint Board with Community Planning Partners • Transition between children and adult services • Staff as key resource/ partners • Recruitment difficulties	

4. Does the Joint Strategic Needs Assessment (JSNA) reflect your experience and understanding of the health and social care needs in the City?	
What people told us	**What we plan to do**
Several respondents commented on how useful the JSNA was for planning purposes and that it was important it is kept up to date with emerging needs. Further comments on data included using the third sector as a bridge to gather information, using robust and continuous data for a long term view and sharing data between the public and private sector. There were also comments on the need to build on knowledge already contained within communities.	We are committed to work with our partners to continue to develop the Joint Strategic Needs Assessment so that it is a useful tool for the community in helping us gain a better understanding of the needs and strengths across the city in terms of health and social care. We will be establishing a steering group to take this work forward.
Lothian Community Health Initiatives Forum who stated that the JSNA was overwhelmingly service and condition specific and that these could lead to an overly clinical approach.	The aim in producing the JSNA was to reflect the range of need across the city in terms of health and social care including a focus on localities.
The following gaps were identified in the draft JSNA: • Patients in one area of the city may receive their medicines and pharmaceutical care in another part – this highlights the need to work across locality structures and for information sharing. • Better breakdown to localities looking at the impact of the built environment, housing, density of population, more detail on black and minority ethnic populations, where concentrations of older people are, health inequalities, and economic activity such as low pay/ zero hour contracts/ diversity in wealth and food banks as indicators of poverty.	Work to address some of these gaps including lack of information about the LGBT community is already underway. As we continue to develop the JSNA we will use the feedback from the consultation to inform our thinking.

• Information on the LGBT community • Edinburgh Affordable Housing Partnership: Energy efficient standard for social housing investment over the next 5 years: using our relationship with the customer, building relationships with communities and providers, digital inclusion data, outcomes for independent living. • Information on health and wellbeing outcomes, such as diet, physical activity, environment, green space. • Numbers of parents with learning disabilities. • Limited information on heath promotion/ inequalities – third sector could help to fill the gaps. There should be a paper on equalities and who will write this? • Information from the Household Survey on physical activity • Data from the Edinburgh People survey • Data from the Health Inequality Standing group. • Greater emphasis is needed on joining up and liaison of services, especially around delayed discharge. • Detailed data regarding the workforce. • More detailed information on the third sector. • Flexibility in commissioning	

Item No. 4.6

Report

Communications Resource and Strategy for Edinburgh and Lothian's IJB

Integration Joint Board

15 January 2016

Executive Summary

Communication and engagement will play a crucial role in supporting the vision for integrated health and social care across Edinburgh.

A dedicated and effective communications and engagement resource will be key to the delivery of this. As integration and transformation moves forward ahead of April 2016, a priority for the Board is to identify communications resource and put in place the required strategy to support the integration programme

This report outlines the key priorities and proposes that a dedicated communications team is established to support the Health and Social Care Partnership in Edinburgh.

Recommendations

Agree the initial communications and engagement priorities outlined in the report and the draft communications plan set out in Appendix 1.These actions will be taken forward jointly by CEC and NHS Lothian in the interim. This will include the development of a communication and engagement strategy for the Partnership and further programme of activity for 2016/17.

Agree to the development of a dedicated structure and resourcing budget for a new communications team to support the Edinburgh IJB.

Background

The Health and Social Care Partnership will be a significant organisation with budget in excess of £600m each year, responsible for a broad range of frontline services, many of which are provided to vulnerable people and services users who may have specific needs.

Effective two-way communications and engagement with all stakeholders will improve the quality of the decisions, resulting in better services, tailored to the needs of the community.

A dedicated communications and engagement resource aligned to the Chief Officer will provide the best opportunity for a focused and effective communications strategy to support the establishment and future success of the Partnership.

Main report

Communications and Engagement

The work of the pan Lothian Integration leadership group has identified that communication and stakeholder engagement is a key priority.

The following requirements have been identified by the leadership group:

- ensure effective communications and engagement across the integrated workforce
- ensure the public and services users have an understanding of the services available and how to access these
- protect and enhance the reputation of the Health and Social Care Partnership and the partner organisations.

The key communication and engagement functions are outlined below:

Employee communications and engagement – it is clear that effective employee communications and engagement are a priority for the organisation to ensure staff understand the vision and strategy for the new organisation, as well as their role in the integrated workforce and that they remain engaged, and to provide staff with the opportunity to share their views and feel that they are part of a listening and responsive organisation. Key priorities in this area would be to identify and establish clear channels of communication and a flow of regular communication.

Media relations – as the Partnership develops there will be a need to proactively manage the organisation's reputation and news agenda, and respond to questions regarding the decisions being taken and the strategic approach to the provision of services. Thorough effective media relations there is the opportunity to enhance and protect the Partnership's reputation and to promote public confidence.

Digital – While a range of communication channels will be adopted, there is an expectation that information will be easily accessible in a digital format. A unique web presence with links to the partner organisations will be required. There will also be an expectation that the Partnership will engage with stakeholders through social media. This will help encourage participation and provide a channel to respond to feedback. The key element of effective digital

communication is timely, relevant content and the real-time nature of these channels mean that there is a requirement for daily monitoring and updating to maximise effectiveness and minimise risk.

Stakeholder engagement – there is a requirement for public involvement, participation and consultation. To be effective this needs to be co-ordinated and make the best use of the channels available. There needs to be the resource to deliver, support, analyse and report on engagement and consultation and to demonstrate where this has made a difference.

Branding – it is important that information is clear and easy to understand. Maintaining a consistent visual identity, or look and feel, can help support engagement with user groups and staff.

Social marketing and campaigns – The Partnership has a key role in championing prevention and supporting people to make lifestyle choices that reduce their longer term need for health and social care services. A wide range of campaign or public information materials may be required. This can range from service specific leaflets to wider campaigns on for example public protection, self directed support, smoking cessation, breast feeding or dementia awareness.

Freedom of Information – There will be requirement to respond to Freedom of Information requests that may cut across both the local authority and health board. This could be coordinated by the Communications team.

Developing a Communications and Engagement Strategy

Significant work has been already taken place in engaging the people of Edinburgh in the development of the strategic plan. A draft communications plan for the first quarter of 2016 has been set out in Appendix 1. Health and social care staff are the key focus for communication and engagement activity during this time.

Building on this and taking account of the key areas outlined above, a communications and engagement strategy which sets out the aims and principles for building and managing relationships with key stakeholders is also being developed. This will include a detailed programme of activity for 2016/17.

In addition, as part of the Edinburgh Integrated Care Fund plan, funding has been identified to continue the health and social care campaign and engagement activity which previously included Dementia awareness and falls prevention campaigns.

Developing a new Communications and Engagement Service

The current set up is that the existing communication teams within the four local authorities work with the NHS Lothian communication team on an adhoc basis to plan and deliver communications. Stakeholder engagement is managed between the communication teams, the local public involvement co-ordinators (NHS Lothian) and local health and social care teams. Staff engagement is managed between the communications teams. At present the key corporate communications being issued regarding the transformation are monthly integration staff newsletters. Media relations are co-ordinated as and when they arise with the local authorities leading on social care and NHS Lothian leading on health.

Currently there is information relating to the services covered by the Health and Social Care Partnerships and the integration process on the local authorities and NHS Lothian websites.

The City of Edinburgh Council has a dedicated integration micro-site which is hosted and managed by the council. There is a significant piece of work required in reviewing and updating this information.

Next steps
The current arrangements have worked up until now, but the need to make sure a number of different parties have sign off and awareness can cause delays and tension. There are risks to reputation for all three organisations (the local authority, the Partnership and the health board) with this option. It also gives little scope for further development of individual websites, social media channels and social marketing/campaigns as the resources would not be available to develop, maintain and monitor these.

Effective communications management requires clear reporting lines and fast decision making, and to achieve this, as well as to ring fence the right level of resource going forward, it is recommended that a dedicated communications and engagement team for the Edinburgh Health and Social Care partnership is created.

To ensure best opportunity to allocate resource to emerging priorities, the team would comprise a range of skills but with specific focus on employee communications as a core priority and media relations, producing content for and monitoring digital channels, campaign development and delivery, and supporting the stakeholder engagement activity working with the local public involvement co-ordinator. Resourcing would be realigned from both City of Edinburgh Council and NHS Lothian.

If the board is in agreement with the principle that a dedicated resource should be established, detailed work on the scope and funding of this resource will be carried out.

Key risks

There are minimal risks associated with the delivery of the communications and engagement plans or in establishing a dedicated team for the Partnership. The greater risk is in not prioritising communications during a time of transformational change for service users and for employees.

Financial implications

While the detail of the posts required has still to be agreed. It is assumed that most of these posts filled through some reorganisation of the existing teams.

In the proposed new structure for the Council's Communications team, 1.5 roles have been ringfenced to be allocated towards the Health and Social Care work – in anticipation that similar resource could be identified from within NHS Lothian.

In addition, there will be a requirement for non-payroll budget to deliver the communications plans and services required by the new IJB. Budget to cover promotional campaigns is usually already built in to other budgets and can be allocated from there.

It is recommended that an initial £30,000 be allocated for 2016/17 to cover departmental running costs and to fund initiatives such as an employee news hub and delivery of an employee communications strategy.

Involving people

Creating a new communications service will mean redeploying staff from both the Council's communications services and from NHS Lothian and will require partnership working with colleagues from across the two organisations.

Impact on plans of other parties

This can be delivered as part of the transformation of the City of Edinburgh Council communications team, and in close liaison with NHS Lothian.

Background reading/references

Report author

Contact:
Lesley McPherson, Chief Communications Officer, City of Edinburgh Council
E-mail: Lesley.mcpherson@edinburgh.gov.uk

Carol Harris, Head of Communications, NHS Lothian
Email: carol.harris1@nhs.net

Links to priorities in strategic plan

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

APPENDIX 1

Draft Edinburgh Health and Social Care Partnership Staff Engagement Communications Plan: December 2015 to March/April 2016

1. Background

The City of Edinburgh Council and NHS Lothian are going through a period of unprecedented change.

This high level communications plan covers the period December 2015 to March/April 2016. A separate plan will be produced to cover the integration of health and social care and the period leading up to the landmark 1 April 2016 date when the Edinburgh Health and Social Care Partnership will become a legal entity. Separate communications strategies should also be in place for each of the change programmes. The purpose of this plan is to outline how the different communications streams should be managed and interwoven to create a story that staff and stakeholders can understand.

Staff engagement and communications is fundamental to the success of Edinburgh Health and Social Care Partnership and the projects underway. An early series of staff engagement events and communications took place in 2013 and 2014 but there has been inconsistent communication since that time. Staff engagement needs to be given priority to ensure success.

2. Key objectives

The main objectives are:

- clear communication to the right audiences at the right time
- staff engagement to facilitate understanding and ownership of the new structure and collaborative working
- effective stakeholder engagement.

3. Scope of communications

In the main, communications and engagement will cover these major change programmes:

3.1 Integration of the Council's health & social care and NHS health services:

- introducing the new Chief Officer
- explaining the locality model
- outlining/reinforcing which services will be delivered jointly
- effects on roles and working practices
- effects on terms and conditions of employment and contracts.

3.2 Strategic plan:

- publication of outcome of strategic plan engagement exercise
- next steps

3.3 Health and Social Care transformation project

3.4 City of Edinburgh Council transformation programme (including Health and Social Care organisational review)

3.5 City of Edinburgh Council and NHS Lothian budget engagement

3.6 Other changes which will impact staff, for example change of Council's ICT provider to CGI, channel shift etc.

4. Audience groups

For each project or change programme there are specific audiences but in most cases these can be broken down to a small number of broad categories:

- Internal audience/stakeholders

  - managers leading through change
  - affected staff (NHS Lothian and the Council's Health and Social Care)
  - staff working in non-integrated services
  - staff not directly affected but who hold key relationshipswith affected staff (eg Council Leadership Team, Organisational Development for both Council and NHS Lothian, Finance functions, Council's Children and Families division etc)

- External stakeholders, for example:

  - Scottish Government
  - media
  - elected members
  - service providers
  - service users or their representatives
  - community groups.

The precise make up of the audience groups will differ depending on the project or topic.

A full stakeholder analysis will be undertaken to better understand the audiences and their communication needs.

For this plan, we will concentrate on Council and NHS Lothian staff, elected members and relevant committees or boards from within NHS Lothian.

5. Key messages

There will be tailored messages for each project but there are a number that straddle the majority of projects (3.1 to 3.5). These are:

- We are going through a period of rapid change.
- We understand this will be a difficult and uncertain time for everyone.
- We will do our best to keep you up to date on what's happening in the various change programmes and how it might affect you.
- The changes being made will save money and are driven by a mixture of legislation and the need for cost savings. However the focus is on quality of service, clearer pathways for service users, and colleagues working collaboratively to reduce bureaucracy and duplication.
- These changes will give us:

  - more integrated services, planned and delivered seamlessly and consistently around the needs of people who use our services and their carers
  - flexible, sustainable budgets which can move around and between partners to maximise their impact
  - services which are better geared towards helping people live at home safely and get back there a soon as possible when they are in hospital.

6. Existing communication channels and tools

Tool/channel	Comments	EIJB	Council	NHS
Transform Edinburgh website	Public and staff facing site. Needs substantial upgrading in terms of functionality and content.	✓		
Council website	Current use and opportunities to be confirmed.		✓	

NHS Lothian website	Current use and opportunities to be confirmed.		✓	
Integration newsletter	Newsletter for Council Health and Social Care staff and NHS staff	✓		
Team Brief	Mostly used to communicate Council Transformation and Pride in our People messages		✓	
Team Brief	Monthly briefing for line managers to cascade to staff. Published on the intranet.			✓
Line manager cascade	System in place in both organisations		✓	✓
Staff engagement sessions	Previous engagement sessions undertaken	✓		
Film “Working together for a caring healthier, safer Edinburgh”	Film produced for 2013 engagement sessions	✓	✓	✓
Consultations and engagement sessions	Regular consultations run by Council with public, service users and staff. NHS Lothian has a engagement role in Edinburgh		✓	✓

Council intranet	Orb section on Health and Social Care. Team brief published on intranet.		✓	
Newsbeat	Externally hosted site so can be accessed on home PCs.		✓	
Newsbeat (printed version)	Sent to hard to reach staff		✓	
Connections staff magazine	Mostly staff focused stories rather than corporate content			✓
Newsletters	Site specific newsletters for acute sites. Edited and distributed by each site			✓
NHS intranet	Contains Team Briefs and sections for the four IJBs			✓
Email distribution list	Council Health and Social Care distribution list allows emails direct to inboxes of office based staff		✓	
Email distribution list	Building specific email cascades			✓
Text alerts	Can be used for Council home care staff		✓	
Post to home addresses	Regularly used to send information to Council home care staff		✓	

Pride in our People Awards	Annual event		✓	
Celebrating Success Awards	Annual event			✓
Media relations	Media relations Protocol for dealing with media enquiries to be agreed		✓	✓
Public Affairs	Predominantly undertaken by NHS Lothian personnel.			✓
Social media	Protocol for social media to be agreed.		✓	✓

An audit of these channels is recommended to ensure effectiveness and efficiency.

7. Risks, issues and dependencies

Risk, issue or dependency	Mitigation or comment
Changes in top level management structures cause uncertainty	Clear leadership needed and leadership visibility programme should be rolled out
Staff don't understand the various projects and change programmes underway	Each project/programme communicates their messages in isolation. There has been limited linkage in project messages. This plan recommends a process to communicate in a more joined up way to ensure staff understand the various change programmes and how it affects them.
Staff retention and motivation reduce while going through a period of previously unknown rapid and radical change	Staff need to be fully engaged in the process. To be fully committed to the future delivery models, they need to feel a sense of ownership. A two-way communication mechanism is needed to allow staff to ask questions and get answers.

The majority of Council and NHS Lothian staff is non-office based with limited access to a PC and even less access to email	The majority of the audience we are seeking to engage are not office based. The Council has some systems are in place (mailing to home address, text alerts etc) but there is no equivalent system in NHS Lothian. We need to work together to build a robust two-way cascade system to ensure front line staff are engaged.
NHS Lothian does not have a robust email communication cascade process for managerial staff	We need to work with locality managers and key contacts to develop an effective cascade process.
Staff working alongside each other receive different staff messages	We need to co-ordinate messages to ensure as far as possible that staff get the same message at the same time. One main communication mechanism should be used to communicate with both NHS Lothian and Council staff.
Clash in culture and language used between the two organisations	As we are bringing two completely different cultures together, we need to be sensitive to language, culture and processes and ensure approval process to eliminate the risk of error or offence. Use of the joint Edinburgh Health and Social Care Partnership brand and stationery will help staff identify with and feel part of the new structure.

8. Proposals/recommendation

- ❖ Develop a robust two-way process for communicating messages to staff delivering integrated services:

  - produce a communications cascade map detailing how each staff pocket will be reached
  - immediate focus should be on reaching non office based staff.

- ❖ Staff communications are routed and managed through one central point wherever possible.
- ❖ Introduce one key communication mechanism, eg Team Brief newsletter, for use across both audiences – Council health and social care and NHS Lothian staff.
- ❖ Implement an executive visibility programme to introduce Rob McCulloch-Graham to staff.
- ❖ Equip and enable line managers to cascade information to their teams:

  - embed a cascade system for line managers to brief staff at team meetings

- produce a series of bespoke briefings to aid line managers to cascade messages to their direct reports. Timing should be fortnightly preferably or monthly as a minimum as well as ad hoc briefings

- for transformation programme updates from Chief Executive etc, equip line managers to enable them to explain how the message relates to their team.

❖ Launch the Edinburgh Health and Social Care Partnership brand toolkit to staff.

❖ Undertake stakeholder analysis to produce a stakeholder map to identify which stakeholder groups should be included and current gaps in communications. This should include our communications with elected members etc.

9. Timescales

December 2015	• Team brief issued including pre-Christmas message from Rob McCulloch-Graham • Mechanisms and plans put in place for staff engagement programme • Stakeholder analysis
January 2016	• Cascade process outlined to managers • Launch the Edinburgh Health and Social Care Partnership brand toolkit • Line manager briefing issued • Team brief issued (including introduction to the locality managers) • Edinburgh Health and Social Care Staff engagement sessions and visit schedule commence
February 2016	• Line manager briefing issued • Team brief issued • Staff engagement sessions and visit schedule continues
March 2016	• Line manager briefing issued • Team brief issued • Staff engagement sessions and visit schedule continues
April 2016	• On 1 April, the Edinburgh Health and Social Care Partnership will become a legal entity • Line manager briefing issued • Health Team brief issued

Item No. 4.7

Report

Development Sessions 2016/17

Integration Joint Board

15 January 2016

Grey Shade indicates completed

Date	Venue	Subject	Lead
14 August 15	Mtg room 7, Waverley Gate. 9.30 – 12.30	Older People's Services	Monica Boyle, Libby Tait
16 October 15	Business Centre, City Chambers. 9.30 – 12.30	Mental health and substance misuse Learning Disability Service Developments	Gillian Crosby, Colin Beck and Tim Montgomery
11 December 15	Mtg room 7, Waverley Gate, 9.30 – 12.30	Strategic Plan and financial planning	Wendy Dale, Libby Tait and Moira Pringle

12 February 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Final 'Go-live' prep: • Strategic plan, directions • Financial and performance governance • Risk Management • 'PTA' services	TBC
15 April 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Strategic use of Information and ICT • Delivery of support to enable strategic Plan • including tele-health and tele-care • include information and discussion on the ethical/regulatory barriers present to sharing information and how these can evolve to support integration and third and other sector involvement • generic assessments/shared assessment 2. 3.	Martin Egan - Head of E-Health Claudette Jones - Head of Council ICT
17 June 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Primary Care capacity and long terms conditions	TBC
19 August 16	Mtg room **8**, Waverley Gate, 9.30 – 12.30	Localities Update on progress • Planning • Partnership • model of operation • Hubs - update on progress/ impact	(Interim) Localities Managers

14 October 16	Mtg room 7, Waverley Gate, 9.30 – 12.30	Substance Misuse – Alcohol and Drugs and Housing Contribution to health and wellbeing agenda 4.	TBC
16 December 16	Mtg room **8**, Waverley Gate, 9.30 – 12.30	Clinical and Care Governance Service/quality improvement and professional/clinical governance and relationship to NHS and Council structures	CSWO Chief Nurse Lead Clinicians (TBC)
2017 (dates not yet set)	TBC	Topics to carry forward: • prevention, • reducing inequalities, • HR support to Strategic plan • workforce planning and development; • performance reporting • adult and children's services / transition • staff engagement • review of first year of IJB operation – leadership/decision-making/culture/participation and engagement	Leads TBC

Rob McCulloch-Graham

Chief Officer

Item No. 4.8

Report

Community Planning Arrangements Integration Joint Board

15 January 2016

Executive Summary

1. This report describes the community planning arrangements within Edinburgh, and the changing statutory landscape, i.e. Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment Act 2015.
2. It makes recommendations about how the EIJB may wish to formalise its contribution to the community planning arrangements within the city.

Recommendations

3. It is recommended that the EIJB:
    a. Notes its role as a statutory partner in community planning arrangements;
    b. Agrees to option 2, becoming a formal member of the Edinburgh Partnership, as the way forward for supporting community planning arrangements in the city;
    c. Agrees to the proposals for delivery of the Community Plan outcome ' improving health and tackling health inequalities in health' in line with Strategic Plan delivery/ implementation arrangements
    d. Notes that many of the wider determinants of health and health inequalities are out with the scope of its functions and will need to be supported by all partnerships and agencies within the city;
    e. Notes the linkages to the wider Edinburgh Partnership local community planning and governance arrangements; and
    f. Requests that the management / support role associated with this work is suitably addressed through the Professional/Technical and Administrative work stream.

Background

4. The Local Government in Scotland Act 2003 formally introduced the concept of Community Planning, with a duty on local authorities to initiate and facilitate this process in each council area. Broadly, the twin aims of community planning are to make sure that:

a. citizens and communities are genuinely engaged in the decisions made on public services; and
b. organisations are committed to working together to provide better public services.

5. The Public Bodies (Joint Working) (Scotland) Act 2014 required the establishment of Integration Authorities responsible for delivering the national health and wellbeing outcomes in line with the integration planning principles.
6. Most recently, the Community Empowerment (Scotland) Act 2015 places Community Planning Partnerships on a statutory footing and identifies Integration Joint Boards (IJBs) as statutory Community Planning partners alongside other partners such as Health Boards, local authorities, Fire and Rescue Service and Police.
7. This means that the EIJB will have the same duties in relation to community planning as all other partners, specifically around the planning and delivery of local outcomes.
8. The Community Empowerment Act also :
    a. requires Ministers to set national outcomes for Scotland;
    b. emphasises the importance of reducing inequalities of outcome which result from socio-economic disadvantage; and
    c. requires community planning partnerships to prepare a 'local outcomes improvement plan' (instead of a Single Outcomes Agreement/ Community Plan).
9. Appendix 1 contains a summary of these duties.
10. With respect to national outcomes, the Public Bodies (Joint Working) (Scotland) Act 2014 regulations, has already set out the national health and wellbeing outcomes against which IJBs must deliver.

Edinburgh Partnership

11. Collectively in Edinburgh the community planning partnership is known as the Edinburgh Partnership (EP).
12. There are city, thematic and local (sub-city) dimensions of community planning. A summary of the current structure in Edinburgh is shown as Appendix 2.
13. The EP is currently required to prepare a Community Plan/SOA to demonstrate its efforts and achievements in working together to tackle complex issues within the city.
14. The current Community Plan 2015-18 is based around a City Vision and four high level supporting outcomes which are the agreed outcomes for the city; see Appendix 3.
15. The Edinburgh Partnership Board also oversees a high level performance management and reporting framework for the Community Plan.

16. The Community Health Partnership formerly supported the above community planning arrangements and was regarded within these structures as a 'Strategic Partnership'. The CHP also supported many of the community planning sub groups and themed groups such as (but not exhaustive Community Safety Partnership, Poverty and Inequality themed group.

Main report

Community Plan 2015-2018

17. The EP Community Plan is a selective, rather than comprehensive, document. In its development over recent years, the content has been rationalised to reflect a number of priority areas regarded as being those in greatest need of collaborative partner action. The overarching outcome in the community plan which is of most relevance to the EIJB and the associated priorities within this are detailed below.
18. In advance of the establishment of the EIJB, the revised Community Plan 2015-2018, was updated by officers on the understanding that once established the EIJB would be preparing its Strategic Plan and that this work would influence future revisions of the Community Plan, including priorities and performance.

Outcome: Improving Health and Tackling Inequalities in Health

19. Improving health and tackling inequalities in health are long standing objectives of the Edinburgh Partnership and have featured within successive versions of the Edinburgh Partnership Board's Community Plan and Single Outcome Agreement. Of particular relevance to the IJB/EHSCP is the city outcome that "Edinburgh's citizens experience improved health and wellbeing and have reduced inequalities in health."

Health Priorities

20. Within the overarching 'health' outcome described above, three health priorities (originally jointly recommended by the Council and the NHS) are currently reflected, along with associated indicators. The priorities and indicators reported to the EP Board are:

    a. Tackling Inequalities in Health
    b. Reducing Alcohol and Drugs Misuse
    c. Shifting the Balance of Care for Older People

21. While not a specific priority, mental health and wellbeing is also referenced in the plan as an important area of work that required partnership action and the Shadow Partnership was responsible for delivering key actions. The major challenge for this priority is the lack of reliable indicators which can demonstrate

the prevalence of issues within the population or against which achievements can be measured.

Governance and Delivery Arrangements

22. Each of the above priorities has also had an associated group or partnership providing governance and performance management data. Further information is provided in the table at Appendix 4.

23. The governance arrangements within this have developed organically over time and in some instances are complex. The Community Empowerment Act, the creation of the new EIJB and implementation of its Strategic Plan offer an opportunity to reconsider and simplify these arrangements.

Performance Framework

24. Performance information for the indicators, outlined in Appendix 4, is required every six months for reports to the Edinburgh Partnership Board. The performance information also includes quantitative progress on the selected indicators, narrative to describe collaborative actions, as well as occasional short case studies.

Proposals for the future role and relationships of the EIJB

25. The community planning landscape described above has a number of implications for the EIJB, not least that it is now regarded as a statutory partner within the community planning partnership and has specific duties to deliver some national outcomes.

26. Guidance is expected from Scottish Government on the implementation of the Community Empowerment Act. The date for this is not clear. In the meantime the EIJB is asked to consider the following options for supporting community planning arrangements:

Option 1

27. The EIJB carries forward the shadow arrangements as a Strategic Partnership of the Edinburgh Partnership. It can do this without any changes or amendments to Edinburgh community planning arrangements. The advantages of this option are that it is simple and requires minimum change. The disadvantage is that the EIJB will be a major statutory partner but will not be represented on the Edinburgh Partnership Board.

Option 2

28. The EIJB could request to become a formal member of the Edinburgh Partnership and its Board. To do this it would need to 'apply' to the Edinburgh Partnership Board. This option would place the EIJB on the same footing as the other statutory partners but would require an 'application' to the Edinburgh Partnership Board. The Chair would then represent the EIJB at the Edinburgh Partnership.
29. Given the important strategic planning role of the EIJB in developing a joint response to health and social care needs and the fact that the Community Empowerment Act identifies Integration Joint Boards as formal statutory partner, option 2 is recommended

30. In both options the EIJB would be expected to:
    a. deliver on its statutory duties for the planning and delivery of national outcomes;
    b. work for the greater good of the city in the delivery of the Community Plan and in supporting wider community planning/partnership working;
    c. support and collaborate in the delivery of the other core priorities of the Community Plan;
    d. develop responses to, and deliver on, other key strategies and frameworks developed by or under the auspices of the Edinburgh Partnership, for example on prevention, sustainability and poverty;
    e. contribute to needs analyses which will inform future city direction and iterations of the Community Plan; and
    f. provide relevant performance data, descriptions of actions, and case studies as part of the monitoring arrangements for the Community Plan.

31. It is recommended that the EIJB takes on a leadership responsibility for the Community Plan outcome above 'Improving health and tackling inequalities in health' identified above and for delivering the priority 'Shifting the Balance of Care for Older People'.

32. The priority aligns strongly with the EIJB National Health and Wellbeing Outcomes
    a. no 2. 'People, including those with disabilities or long term conditions or who are frail are able to live as far as reasonably practicable, independently and at home or in a homely setting': and
    b. no. 9 'Resources are used effectively and efficiently in the provision of health and social care services''.

33. It is also recommended that the EIJB accepts its major role in the health priority on reducing health inequalities. This aligns strongly to National Health and Wellbeing outcomes
    a. no 4 ' Health and social care services are centred on helping people to maintain the quality of life of people who use those services'' and

b. no. 5''Health and social care services contribute to reducing health inequalities''.

34. It should, however, be noted that there are many determinants of health inequalities, such that the EIJB cannot deliver this priority alone. It is recommended that the EIJB engages the support of the wider Edinburgh partners in mitigating the effects of wider determinants of health inequalities.

35. The third priority within the Health outcomes is 'reducing alcohol and drugs misuse'. The Edinburgh Alcohol and Drug Partnership (EADP) takes a lead role in this priority and is a stand-alone Strategic Partnership in its own right.

36. It is recommended that the EIJB notes its major contribution to this priority from within its substance misuse services and that it continues to link strongly, through its operational services to the work of EADP. It is also recommended that the EIJB and EADP keep each other informed of key actions, progress and achievements.

37. Whilst mental health and wellbeing does not have a specific priority within the Community Plan, there are a number of commitments to action included to improve key areas. It is recommended that the EIJB takes on responsibility for these key actions. This aligns strongly with the National Health and Wellbeing outcome no. 1, 'People are able to look after and improve their own health and wellbeing and live in good health for longer''.

Governance and Demonstrating Delivery

38. The EIJB will be able to deliver and demonstrate progress against these priorities, actions and indicators via its Strategic Plan implementation process and performance framework.

39. The 'golden thread' between the national outcomes, community planning arrangements and the Strategic Plan is made clear within the EIJB Draft Strategic Plan and is provided in Appendix 5.

40. The opportunity to consider the joint arrangements for governance of key areas should be taken as the Strategic Plan develops.

41. Work has already started in relation to a programme of change to support 'shifting the balance of care'. Specifically new governance arrangements for the re-design of Older People's services have been approved by the EIJB (see Appendix 6) and it is proposed that the Edinburgh Partnership is advised of the changes.

42. Governance arrangements for reducing drug and alcohol misuse have recently been reviewed and are available in Appendix 7.

43. Governance in relation to health inequalities is more complex. The CHP is now dissolved and as a result, it would be timely to review both the arrangements and contribution of the HISG to delivering on reduced health inequalities as part of the development of implementation arrangements for the EIJB Strategic Plan.

44. NHS Lothian Public Health division is currently considering how it will assist the four Lothian IJBs and has identified a key role in supporting work to mitigate, prevent and undo factors which contribute to health inequalities.

45. As a result it is recommended that the EIJB supports a proposed review of community planning governance arrangements for tackling inequalities and that this is coordinated through the Council's community planning team.

Performance Framework and Accountability

46. The Public Bodies Act regulations require the EIJB performance framework to demonstrate delivery against the national health and wellbeing outcomes. The framework is in development.

47. Given the alignment mentioned earlier, it will also be able to demonstrate delivery against the Community Plan outcomes mentioned above.

48. However, in light of the slight difference in timing of the preparation of the 2015-2018 Community Plan, it would be helpful for the EIJB to review the submissions made in the shadow year to ensure satisfactory alignment between the Strategic Plan and the Community Plan and associated performance frameworks. A separate report will be provided at a later date.

Locality and Neighbourhood Dimensions of Community Planning

49. The Council supports the operation of a set of twelve Neighbourhood Partnerships; these oversee much of the partnership activity at a neighbourhood level. The Neighbourhood Partnerships remain advisory committees to the Council, although involve many city partners and partnerships in their operation. Each Neighbourhood Partnership also produces its own local community plan, these inform the Edinburgh Partnership Community Plan and have also informed the Draft Strategic Plan for Health and Social Care produced on behalf of the EIJB.

50. The Neighbourhood Partnerships are closely associated with the function of 'local community planning' and lead on much of the citizen and community engagement at smaller neighbourhood levels of the city and some have 'health and wellbeing' sub groups. The CHP provided capacity for engagement at a local level through engagement of managers with the Neighbourhood Partnership Boards. This was also supported by social work management as required.

51. The Edinburgh Partnership is committed to developing a new 'localities' model of operation across services and sectors, based around four quadrants of the city. The EIJB adopted these common areas for its localities at its first meeting on 17 July.

52. The City of Edinburgh Council's parallel Transformation Programme is also based on the four localities model and most major partners in the city are moving towards operating at a management level on the basis of four areas with a target date of 1 April 2016.

53. The EIJB agreed to adopt the four areas for planning purposes at its first formal meeting. The locality elements of the EIJB Strategic Plan and performance framework will be prepared in line with these areas and the developing management structure for the EIJB incorporates (Interim) Locality Managers as the first stage in shaping locality working for integrated health and social care.

54. The intention is for the community planning partners to develop 'Locality Leadership Teams' for each of the four areas, where the key managers meet regularly, plan and develop and deliver collaborative service responses to improve outcomes for people. It is expected that the (interim) Locality Managers will become members of these Locality Leadership Teams.

Key risks

55. The EIJB is not aware of or does not acknowledge its role as a statutory community planning partner.

56. This report aims to raise awareness of the community planning arrangements in Edinburgh and makes some recommendations to ensure the EIJB is fully engaged in the arrangements to deliver and report progress in the most streamlined manner.

57. The EIJB cannot deliver on reducing health inequalities alone. The determinants of health inequalities are many and varied. It is important that Edinburgh partnership acknowledges that the EIJB will take a lead role but will need the support of all city partners to improve outcomes for this priority.

Financial implications

58. There are no immediate financial implications as a result of this report. Interim priorities within the Community Plan are already emerging as confirmed key priorities within the Strategic Plan and as such delivery will be through the implementation of the Strategic Plan and associated directions to the Council and NHS Lothian.

59. There are resource implications for supporting the Edinburgh Partnership planning and performance framework. It is recommended that this support work is recognised as part of the Professional/Technical and Administrative support required by the EIJB and that a suitable arrangement is put in place within the Professional/Technical and Administrative element to resource this from within the Strategic Planning function.

Involving people

60. If the work to deliver on the national outcomes is delivered through the Strategic Plan implementation process, there is an inbuilt approach to involving people both internal and external stakeholders. A key mechanism for this is via the statutory Strategic Planning Group as it is a legislative requirement that localities are represented on the Group.

Impact on plans of other parties

61. This report directly concerns the agreed Edinburgh Partnership Community Plan which is a collaborative plan to address the more complex issues facing the city.

62. The partnership approach available through community planning arrangements facilitates collaborative discussions such that partners can raise and debate issues which they cannot address alone, but which together can be tackled more comprehensively.

Background reading/references

Community Empowerment Act 2015

Edinburgh Partnership Community Plan

Edinburgh Draft Strategic Plan for Health and Social Care

Locality Teams Guidance

Report author and contributors

Susanne Harrison: Integration Programme Manager,
Susanne.harrison@edinburgh.gov.uk. Tel 0131 469 3982

Colin Beck, Senior Manager, H&SC

Linda Irvine, NHS Lothian

Caroline Clarke; Planning and Commissioning Manager, H&SC

Nick Croft, Policy and Strategy Manager, Corporate Governance

Eleanor Cunningham, Acting Policy and Strategy Manager, H&SC

Wendy Dale. Strategic Planning and Commissioning Manager, H&SC

Nick Smith. EADP Programme Manager, H&SC

David White, Interim Locality Manager, NHS Lothian

Louise Wright. Social Inclusion Team Manager, H&SC

Links to priorities in strategic plan

Strategic Plan Outcomes - All	Tackling inequalities Providing the right care in the right place at the right time Making the best use of capacity across the whole system Managing our resources effectively Person-centred care Prevention and early interventions

Appendix 1

Community Empowerment Act 2015 – Summary of relevant community planning duties

Integration Joint Boards are listed in Schedule 1 of the Community Empowerment Bill as a statutory community planning partner.

The Community Planning Partnership comprises partners when they participate together in community planning.

Community Planning Partnerships must carry out their functions with a view to reducing inequalities of outcomes which result from socio-economic disadvantage

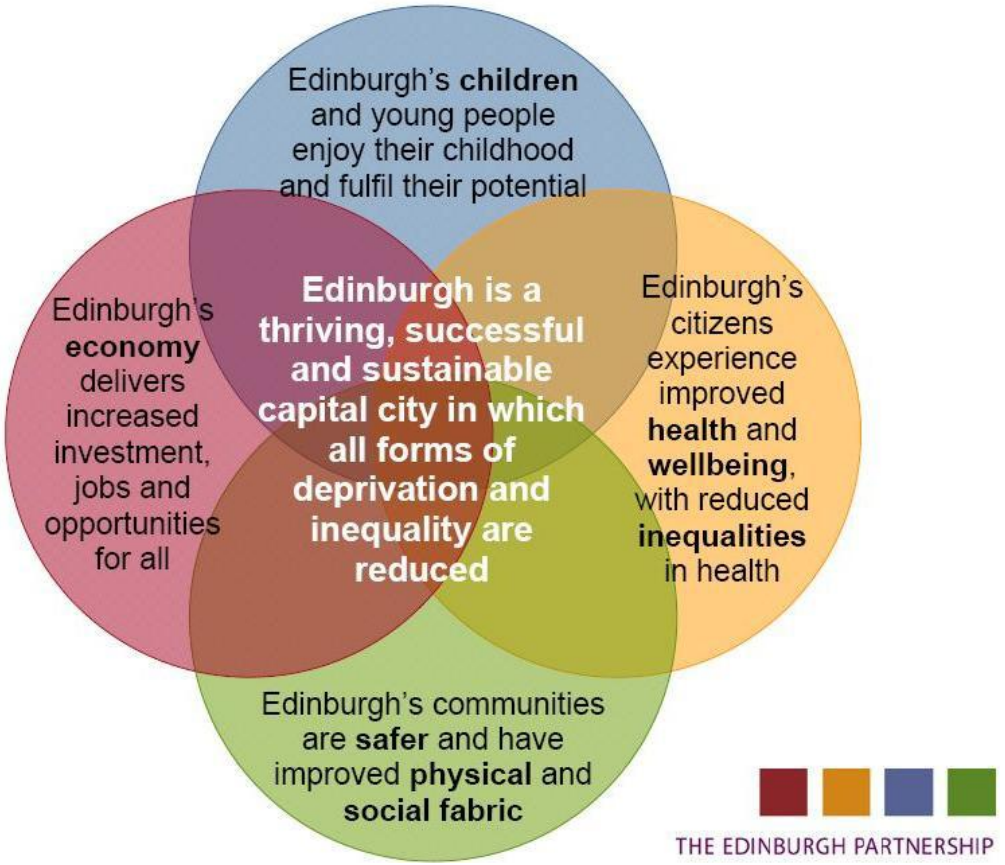
Community Planning Partnerships must :

- prepare a local outcomes improvement plan and report progress annually
- identify those areas where persons are experience significantly poorer outcomes than those experienced elsewhere in the area/nationally
- prepare and publish a locality plan for each locality it has identified as experiencing significantly poor outcomes and report on progress

Each partner must provide the partnership with such information about local outcomes

Appendix 2
The Edinburgh Partnership Structure 2015

Appendix 3
Edinburgh Partnership Community Plan: City Vision and Outcomes



Appendix 4
Current Community Plan Health Priorities: Governance and Indicators

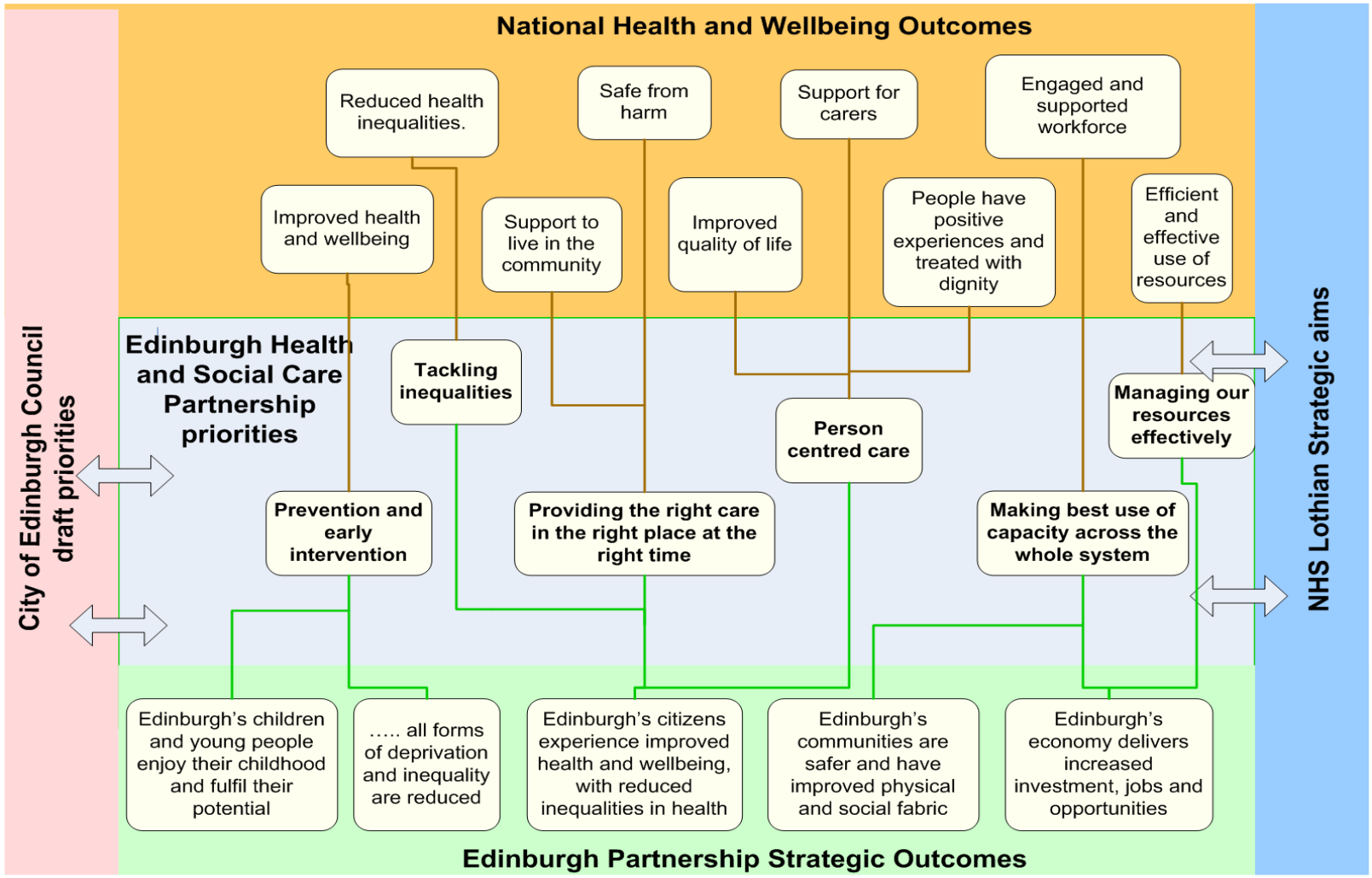
Overall outcome: "Edinburgh's citizens experience improved health and wellbeing and have reduced inequalities in health"

Health Priority	**Governance/Policy Lead** (including summary description of group and its strategic fit)	**Indicator/s Currently in use 2015-18**
Tackling Inequalities in Health	Strategic leadership/governance: **Health Inequalities Standing Group** (with joint chairing arrangements between NHS and CEC). The HISG has operated as a **sub-group of the Community Health Partnership**. The current working assumption is that the HISG will become a sub-group of the IJB. Membership is drawn from the Council, NHS Lothian and the third sector. The HISG oversees a Health Inequalities Grants Programme with an associated budget and makes annual recommendations on funding awards to the City of Edinburgh Council. Part-funding of the programme is provided by NHS Lothian's Health Improvement Fund (HIF), which operates on a 3-year cycle (recommendations on Edinburgh's HIF funding are also made by the HISG). The Grants Programme runs within the context of the Integrated Framework and Action Plan for Health Inequalities 2013-16. The HISG is not a Strategic or Advisory Partnership of the Edinburgh Partnership, but has traditionally been linked to (rather than formally accountable for) the indicators relating to health inequality within the Single Outcome Agreement/Community Plan. A broader health inequalities performance monitoring framework requires further development.	Gap in premature mortality rates (deaths from all causes under 75) between the 'most deprived' areas of the city per the SIMD and the city as a whole (expressed as a ratio) Baseline at June 2015 was 1.88 (i.e. premature mortality is almost twice as high in the 'most deprived' areas of the city compared to the city average)
Alcohol and Drugs Misuse	Strategic leadership/governance: **Edinburgh Alcohol and Drugs Partnership (EADP).** It has also recently been assigned a role as of one of the Edinburgh Partnership's 'Strategic Partnerships'.	Premises licenses in force (off trade) per 10,000 adult population. *(NB - The number of off sales is a strong indicator of*

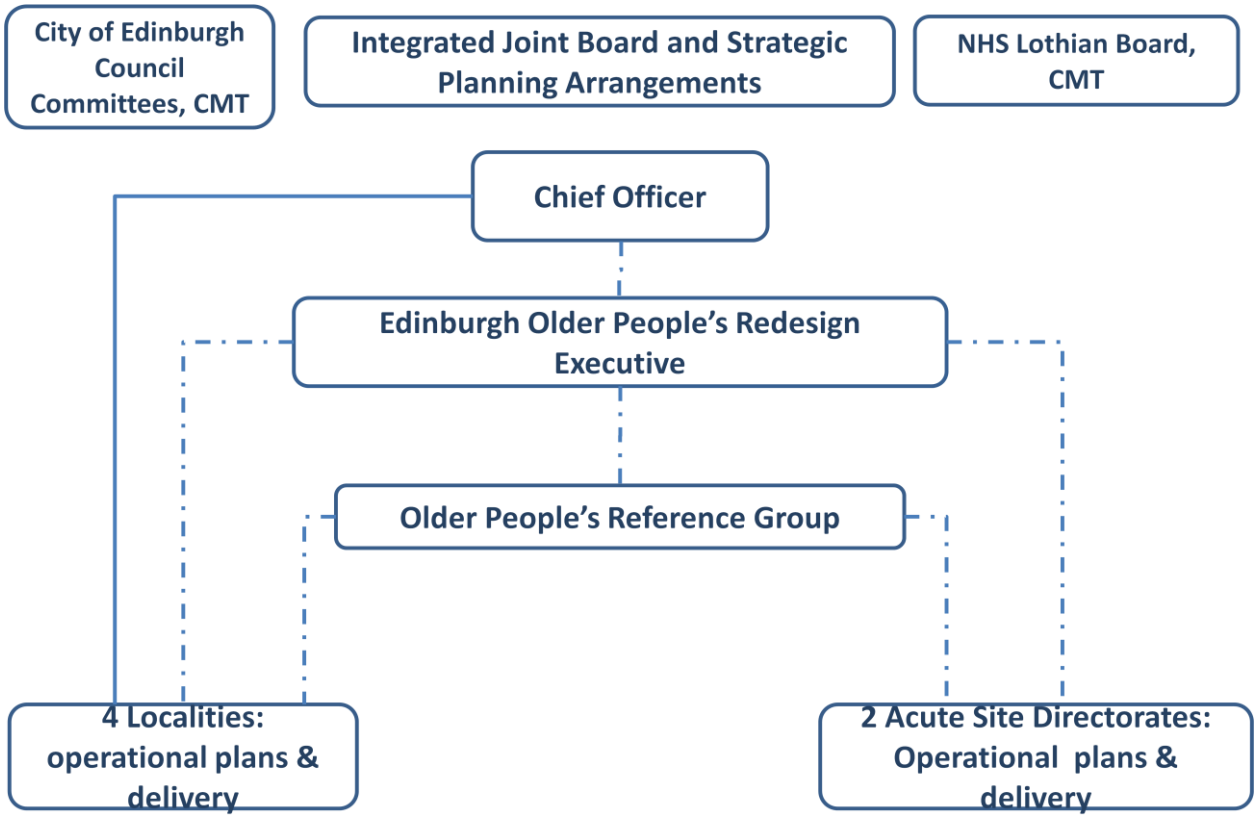
Health Priority	Governance/Policy Lead (including summary description of group and its strategic fit)	Indicator/s Currently in use 2015-18
	The EADP's Executive reports progress on its Strategy and Delivery Plan to the Edinburgh Partnership, in line with EP requirements. It reports progress on indicators and actions to the Chief Officers' Group for Public Protection every 4 months. It has a number of joint working relationships with other strategic partnerships across the Edinburgh Partnership. Governance arrangements have recently been reviewed. See appendix 8	*the level alcohol consumption)* The baseline figure (from 2013) is 13 per 10, 000.
Shifting the Balance of Care (Older People)	Strategic leadership/governance was formerly by the **Older People's Management Group (OPMG)**. The OPMG's remit was to adopt a whole systems approach to the delivery and co-ordination of care for older people across the city. Membership is drawn from the Council and NHS, with further representation from older people and the voluntary and independent sectors. Leadership has recently been reviewed See appendix 7.	% of older people with high levels of need who are cared for at home Baseline at March 15 was 36.7% No. of people waiting more than two weeks for discharge to an appropriate setting Baseline at March 2015 was 64
Mental Health	Strategic leadership is at a Lothian wide level via the **Lothian Joint Mental Health and Wellbeing Programme Board. The joint strategy is 'A Sense of Belonging'**. This overview of its implementation is governed by the **Edinburgh Joint Mental Health Planning Group**	There are currently no robust indicators available

NB: an update on the latest performance will be presented to the Edinburgh Partnership in December 2015 (6 monthly report on the Community Plan)

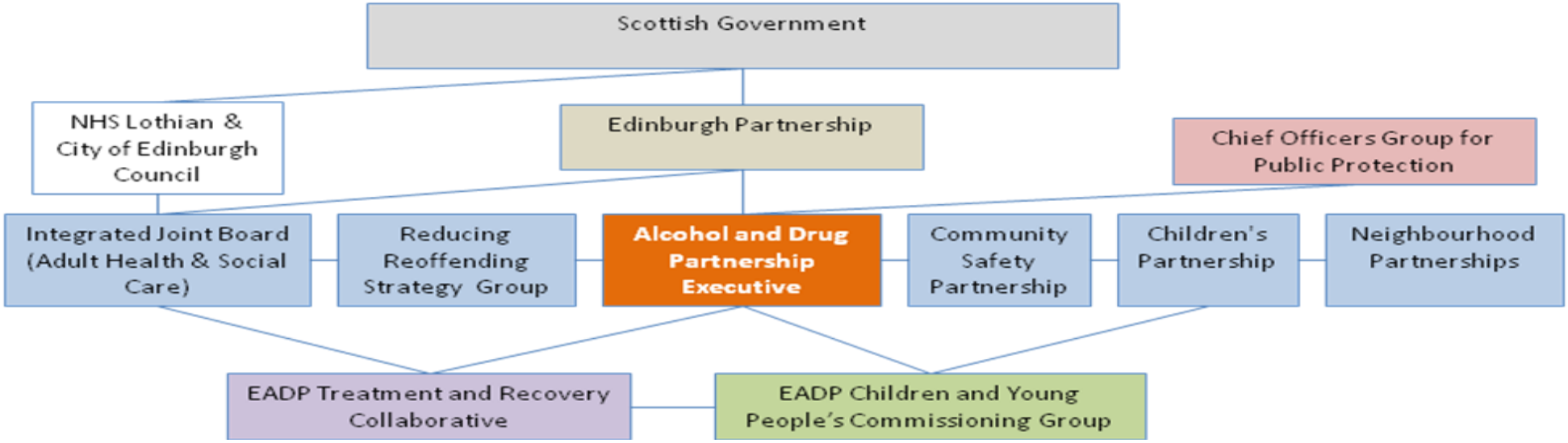
Appendix 5: 'Golden Thread' for EIJB Strategic Plan



Appendix 6: Revised Governance Arrangements for Older People's Service Change which support the Shifting the Balance of Care Priority.



Appendix 7: Edinburgh Drug and Alcohol Partnership Governance Arrangements



EADP Executive Reporting arrangements	
The EADP Executive reports progress on its overall Strategy and Delivery Plan to the Edinburgh Partnership in line with community planning timeframes. This includes progress against key actions and success measures.	The EADP Executive reports its performance and quality measures to the Chief Officers Group for Public Protection every 4 months.
The Executive has a number of lateral co-working arrangements with other key strategic partnerships. This includes shared action plans and integrated success measures. All of these partnerships report progress to the Edinburgh Partnership.	
Reporting arrangements to the EADP Executive	
EADP Treatment & Recovery Collaborative reports to the Executive on its investments and progress to develop a recovery oriented system of care.	EADP Young People's Commissioning Group reports to the EADP Executive on its investments and progress to reduce the damage caused by drugs/alcohol to children, young people and their families. Progress is also reported through the Children's Strategic Partnership. This may change with the development of the Children's Integrated Joint Board.

Report

EIJB Directions – Policy

Integration Joint Board

15 January 2016

Executive Summary

1) This report outlines a policy for making 'directions' for the carrying out of the functions delegated to the EIJB under the Public Bodies (Joint Working) (Scotland) Act. It is prepared in the current absence of any detailed guidance on the form or content of a direction from Scottish Government.

2) The proposed approach favours simplicity and flexibility wherever possible; embedding directions within the operation of the health and social care partnership; avoiding unnecessary bureaucracy; ensuring compliance with the letter and the spirit of the law.

Recommendations

3) It is recommended that the EIJB:

   3.1. approves the proposed policy to the making of directions for 16/17; and

   3.2. reviews the approach to making directions in light of their operation at the end of 16/17 and/or any guidance which may emerge from Scottish Government.

Background

4) The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to make directions to the Council and NHS Lothian for the carrying out of the delegated functions. This includes those managed by the Edinburgh Chief Officer as well as those managed within NHS acute hospitals (funded by set-aside funds) or by neighbouring Lothian IJB Chief Officers (i.e. hosted services).

5) Appendix 1 (prepared by West Lothian legal services on behalf of the Lothian IJBs) provides a summary of the legislative requirements. The key points are:

   5.1. The EIJB must make directions to the Council and/ or NHS Lothian to action the Strategic Plan;

5.2. The directions flow from the Strategic Plan, must be in writing, and can be varied or revoked by another direction from the EIJB at a later date;

5.3. The directions can require functions to be carried out jointly by NHS Lothian and the Council, in relation to a particular area and can even require 'a person' to do particular things;

5.4. The EIJB must make payments (the specified amount) to the Council or NHS Lothian in line with the directions;

5.5. The directions also cover 'set-aside' funds. The EIJB can require NHS Lothian to pay back any money it does not spend in relation to directions for set aside; *however it can also be required to reimburse NHS Lothian should NHS Lothian be required to use more than the amount specified.* It will therefore be important that the IJB is able to oversee the appropriate set-aside spend and be sighted early on any circumstances where more than the amount allocated is required.

6) In addition, the EIJB must prepare an annual performance report in relation to the planning and carrying out of the functions. This must include information on spend in relation to directions for a variety of health and social care service areas and includes 'set-aside' funds.

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Directions: Policy

7) It is clear that 'directions' determine both how the delegated functions will be delivered and the associated funds to be made to the Council and NHS Lothian for the delivery of the functions. It is by this means that the EIJB will make changes to service delivery and funding to deliver the national outcomes and planning principles, i.e. investment and disinvestment decisions.

8) Given the scope of the functions delegated to the EIJB, preparing detailed and / or individual written directions for each function could be hugely bureaucratic. It could also make the EIJB's job to monitor delivery of the directions unnecessarily complex.

9) In order to avoid unnecessary bureaucracy but maintain flexibility the following policy is proposed.

9.1. Where, according to the Strategic Plan, there is understood to be no change to the services provided during the year, a direction will take the form of the agreed budget delegated for that service to the Council and / or to NHS Lothian. It will be written as part of the SP and it's Financial statement.

9.2. Where, according to the Strategic Plan, there are proposed service changes or re-design, a direction will, in the first instance, take the form of the written proposals within the Strategic Plan with an indicative budget/cost impact identified within the Financial Statement. This information will be shared with

NHS Lothian and Council Chief Executives by letter following approval of the Strategic Plan.

9.3. Strategic Plan proposals will then be followed up by more detailed business cases, which present, amongst other matters, the case for change and the resource movements required to deliver the change, as required in the Strategic Plan guidance.

9.4. A recorded decision by EIJB to approve the business case will be a direction. This direction will then be reflected in the planned changes to relevant budgets. This direction may modify a previous direction following the further financial analysis within the business case.

9.5. For significant matters not included within the Strategic Plan, a proposal and business case will be prepared which must be formally considered, in the first instance, by the Strategic Planning Group. Following this, and any subsequent amendments, a recorded decision by the EIJB to approve the business case will constitute a direction and will be reflected in relevant budgets as required.

10) Relevant decisions taken at the EIJB will be directions for the Council and NHS Lothian to implement and the Chief Officer will be accountable for their delivery. S/He will implement these through the integrated management structure.

11) In line with the IRAG financial guidance, the relevant business cases and resource implications will be shared with the Council and NHS Lothian Chief Executives by a letter from the EIJB Chief Officer.

12) The Integration schemes are clear that the IJBs will work in partnership with both the Council and the Health Board and with other IJBs where these IJBs share pan-Lothian services. It is unlikely that it would be in the interests of any IJB to create unnecessary financial turbulence either within the services delivered on its behalf by the partners or in services delivered by the partners on behalf of any other IJB. The four Chief Officers will work together to ensure that any functions that are delivered on a pan-Lothian basis and delegated to the IJBs are managed appropriately.

13) Some of the functions delegated to the IJBs are managed on a pan-Lothian basis. The IJBs may wish to issue 'joint Directions' for such services (largely Hosted and Set Aside services). It may be that the IJB's might wish to agree a risk sharing model between themselves (e.g. for GP Prescribing) which would then be incorporated into the appropriate Directions.

14) It will be possible to issue 'joint' Directions for all of the four IJBs who are agreed on the delivery and resources for a particular pan-Lothian service.

Monitoring the Carrying Out of Directions

15) The EIJB must oversee the carrying out of functions, and is required to report annually on performance. This includes monitoring the total amount spent by, or under direction, of the IJB. As such the EIJB must be assured that the directions are being /have been carried out.

16) It is proposed that this is done by regular monitoring of:

a) implementation and achievement of the Strategic Plan proposals, programmes as well as performance metrics from within the performance management framework; and

b) the budgets for the delegated functions, through financial reporting. This will need to include adequate oversight of spend and pressures against the set-aside element, given paragraph 5.5 above.

17) In this way non compliance with a direction would be easily identifiable through regular updates on the Strategic Plan and financial monitoring and might include for example:

a) partial delivery of a programme of change or the associated performance improvements; and

b) Overspend / under spend on a budget.

Key risks

18) There is a risk that the giving of directions is unclear such that the constituent authorities do not adjust their operations in line with directions and national outcomes are not met.

19) There is a risk that the process of giving directions is overly detailed such that issuing and overseeing the carrying out of directions by the EIJB is bureaucratic and complex to monitor.

20) There is a risk to the EIJB that NHS Lothian requires to be reimbursed for set-aside funds and that this circumstances leading to such a requirement may not be sufficiently transparent during the year.(TBC)

21) The proposed policy is intended to offer a simple and flexible approach to mitigate both the above risks and ensure that directions are related to the operation and decision-making of the IJB (rather than a separate 'industry') and to ensure that proper implementation and financial monitoring arrangements encompass directions.

Financial implications

22) There are no direct financial implications to this report.

23) The proposals will require to be reflected in financial monitoring arrangements and business cases will require financial input.

Involving people

24) All proposals within the Strategic Plan or out with must be considered by the Strategic planning group (and by default their wider constituencies) such that a wide range of people who provide, and use our services will be consulted.

Impact on plans of other parties

25) The other Lothian IJBs will be developing their approach to the giving and monitoring of directions. It will be important for NHS Lothian to have a measure of consistency across the approaches to avoid the inefficiency inherent in multiple approaches.

Background reading/references

Appendix 1: Integration Joint Boards: Direction Checklist

Public Bodies (Joint Working) (Scotland) Act 2014
Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014
Strategic Commissioning Plans Guidance: Scottish Government
Guidance on Financial Planning for Large Hospital Services and Hosted Services: Scottish Government

Report author

Contact: Susanne Harrison, E-mail: Susanne.harrison@edinburgh.gov.uk |
Tel: 0131 469 3982

Links to priorities in strategic plan

All	Directions are the means by which resources will be made available for delivery of the Strategic Plan.

Report

Scotland's National Dementia Awards 2015 – Edinburgh Finalists Integration Joint Board

15 January 2016

Executive Summary

1. The annual national Scotland's Dementia Awards provides an opportunity for professionals and communities, who are committed to enhancing the health, well being and experience of people with dementia and their families, to have their work recognised and promoted.

   This report:

   - notes the recent success of Edinburgh in Scotland's Dementia Awards 2015
   - briefly outlines the contribution of the Edinburgh Dementia Implementation Plan towards this success.

Recommendations

2. It is recommended that the Edinburgh Integration Joint Board:

   - notes the recent success of Edinburgh in Scotland's Dementia Awards 2015
   - notes these excellent examples of partnership working and significant contribution to improving services for people with dementia and their circles of support.
   - agrees that to build on this success for Edinburgh citizens that further dementia related developments be considered through the Edinburgh Health and Social Care Partnership.

Background

It is estimated there are currently 7,823 people living with a dementia diagnosis in Edinburgh, including 287 people under 65 years. In 10 years time this is expected to rise by 24.8% to 9,765 and in 20 years by 65.5% to 12,944.

The majority, around 63.5%, of people with dementia live at home in the community.

Scotland's National Dementia Strategy 2013-16 was launched in June 2013 and focuses on providing good quality life at home for longer, supporting the development of dementia-friendly local communities, timely, accurate diagnosis, and better post-diagnostic support.

Improving services for people with dementia and their circles of support is a key priority for the City of Edinburgh Council, NHS Lothian and partners. Dementia is an important theme within the Joint Commissioning Plan for Older People 2012-22 and the draft Strategic Plan of the Edinburgh Health and Social Care Partnership.

A report to the Health, Social Care and Housing Committee on 19 June 2012 set out the actions that were underway to develop an Edinburgh Dementia Implementation Plan. A further report to this Committee on 12 December 2013 provided detail of some of the key work streams underway that have contributed to creating a dementia friendly Edinburgh.

The finalists in Scotland's Dementia Awards 2015 are some of the innovative initiatives currently underway in Edinburgh that have been recognised as leading best practice.

Main report

Scotland's National Dementia Awards 2015

The annual Scotland's Dementia Awards provides an opportunity for professionals and communities, who are committed to enhancing the health, well being and experience of people with dementia and their families, to have their work recognised and promoted. The award scheme showcases the creativity, innovation and dedication that make a real difference to the daily lives of people with dementia and their families. It aims to clearly demonstrate how, across Scotland, policy is being sustainably put into best shared practice.

Over 90 applications from across Scotland were received and the high quality of all was noted by the panel. The panel selected the finalists due to their focus on involving people with dementia in the design and delivery of the projects, and strong partnership working.

There were 4 finalists from Edinburgh, with 2 winners:

Finalists

Best Dementia Friendly Community Initiative - Dementia Friendly Edinburgh (Edinburgh Dementia Delivery Group). Working together under the banner of "dementia friendly Edinburgh" the City of Edinburgh Council, NHS Lothian and Alzheimer Scotland aim to make Edinburgh a better place to live and visit for people living with dementia. Activities include the City's dementia awareness campaign, launched in January 2014, focusing on recognising the signs of dementia and challenging stigma; a new Edinburgh Post Diagnostic Support Service; and work with the City's retailers, services and visitor attractions to ensure people with dementia are welcome and supported. At grassroots level a network of local communities are also working on local dementia friendly activities.

Most Innovative Partnership - North West Edinburgh Section 17c Dementia Programme (North West Edinburgh Section 17c Dementia Management Group). A group of 17 GP practices located in North West Edinburgh who are working together to collaborate with colleagues in secondary care, Health and Social Care, Scottish Government and the third sector. The aim is to provide support and care for people with dementia and their families by working together to identify their individual needs and direct them to the appropriate services. A small steering group, which has experience both professionally and personally, look to explore new initiatives and share new ways of working with all the GP practices in North West Edinburgh.

And the winners were:

Best Educational Initiative - Edinburgh Dementia Training Partnership (City of Edinburgh Council/ Scottish Care/ NHS Lothian). The Edinburgh Dementia Training Partnership includes representation from NHS Lothian, City of Edinburgh Council and independent sectors. The key objectives are to provide good quality dementia training primarily within care settings and deliver a sustainable training programme using the train-the-trainers model. It links participants with the Scottish Social Services Council Dementia Ambassadors Network. The programme is base on NHS Education for Scotland's Promoting Excellence resources and a variety of additional ideas and materials which reflect best practice.

Best Community Support Initiative - Fit for Life (NHS Lothian). Fit for Life is an NHS Lothian community based exercise group for older people living with dementia, depression or anxiety, which aims to improve balance, mobility, fitness and confidence in people who are often socially isolated, have poor balance or who have low levels of physical functioning. Through the support of physiotherapists and volunteers, people attend a 12 week programme of specific exercises and tai chi. Fit for Life has helped people with dementia become more physically active; re-establish a sense of personal control and provided greater involvement in the community.

In addition to this, the City of Edinburgh Council Older People's Day Services have been recognised for the following:

- Cognitive Stimulation Therapy programme for people who have a dementia diagnosis. Finalists at Scotland's Dementia Awards 2014.

- Be-able programme – a 14 week programme to practice regaining skills, which includes rehabilitative exercise and cognitive stimulation therapy with the help of trained staff, including occupational therapists. It is available to all older people, including people who have a dementia diagnosis. Winners of Edinburgh's Get up and Go Award 2015 and the City of Edinburgh Council Pride in Our People Award 2015.

Fit for Life has not been part of the Edinburgh Dementia Implementation Plan however there are close referral links between this programme and the Be-able programme.

The Edinburgh Dementia Training Partnership was a finalist in the City of Edinburgh Council Pride in Our People Awards 2015.

The Edinburgh Dementia Implementation Plan

3.4 Three of the finalists are directly linked to the Edinburgh Dementia Implementation Plan.

3.5 The Edinburgh Dementia Implementation Plan sits within Edinburgh's Joint Commissioning Plan for Older People 2012 -2022 which outlines a high level vision and future direction with specific areas of action for older people's services, and a Sense of Belonging Strategy, a joint strategy to improve the mental health and well-being of the population of Lothian at all life stages.

3.6 To implement the plan, the following task groups were established. The contribution made by the award finalists has been highlighted below:

- Raising awareness of the importance of living well with dementia.
  - This has developed through Dementia Friendly Edinburgh and Dementia Campaign work
- Enhancing support following a dementia diagnosis and integrated care pathways.
  - The Edinburgh North West 17C GP Programme has developed in partnership to improve integrated working between primary, secondary and social care.
  - A co-production partnership established a locality based Edinburgh Post Diagnostic Support Service in December 2013 through contract with Alzheimer Scotland. This service is working across traditional health and social care boundaries and dealing with key integration areas including IT and information governance.
- Quality of care in 24 hour settings.
  - This includes the work of the Edinburgh Dementia Training Partnership
- Developing peer support across Edinburgh
- Improving end of life care and experience

Related Developments

3.4 A third National Dementia Strategy is currently being consulted on with proposals to be published in Spring 2016. Potential areas of focus include: links with Health and Social Care integration developments, advanced stage dementia including end of life care, enhanced primary care support, integrated support at home, housing, workforce development, technology enabled care, continuation of the post diagnostic support HEAT target, dementia friendly communities, health promotion around potential risk factors associated with some types of dementia. Future Edinburgh priorities will need to be considered within the context of national developments.

Key risks

6.1 The Integration Joint Board has identified key priorities that include dementia and frail older people. Future Edinburgh developments in dementia will likely be influenced by future integration planning and cross-cutting themes across service areas.

6.2 There are no specific risks related to this report.

Financial implications

5.1 National Dementia Awards finalists have been funded through mainstream service budgets, with the following additional allocations made through the Change Fund:

- Edinburgh Dementia Training Partnership (£124,293 one-off funding)
- Life Planning Campaign Communications Officer and communications costs (£60,000 over two years)
- Six Post Diagnostic Support Link Workers and a Project Officer (up to £530,000 over two years)

Additional costs to develop any further dementia related work would need to be quantified as part of further scoping work.

Involving people

7.1 There have been a number of seminars and engagement events that have informed the development of the Edinburgh Dementia Implementation Plan. Further engagement will take place as the specific work streams progress.

7.2 A key feature of the Dementia Friendly Edinburgh Campaign was the involvement of people with a dementia diagnosis and their family members to pro-actively contribute to the development of the campaign materials.

7.3 The recently established South East of Scotland Dementia Working Group will give ongoing opportunity to consult with Edinburgh citizens who have a dementia diagnosis, so their lived experience supports and influences future general and dementia related developments which may impact upon them.

7.4 Equality and Rights considerations are central to the development of this work and engagement with people living with dementia and their carers, along with other protected characteristic groups will help to ensure that the positive impact of the work is maximised and any potential negative impacts are mitigated. The Edinburgh Dementia Implementation Plan supports the Standards of Care for Dementia in Scotland and the Charter of Rights for People with Dementia.

Impact on plans of other parties

3. There are no anticipated impacts on the plans of other parties.

Background reading/references

Services to People with Dementia and their Carers in Edinburgh, Health, Social Care and Housing Committee, 19 June 2012

Creating a Dementia Friendly City, Health, Social Care and Housing Committee 12 November 2013

Live Well in later Life - Edinburgh's Joint Commissioning Plan for Older People 2012 2022

A Sense of Belonging - a Joint Strategy for improving Mental Health and Well being of Lothian's Population 2011 -16

Scotland's National Dementia Strategy 2013-16 - Scottish Government

Standards of Care for Dementia in Scotland June 2011

Charter of Rights for People with Dementia and Their Carers 2010

Report author

Contact: Name, Job title E-mail: e-mail address | Tel: 0131 123 4567

Links to priorities in strategic plan

Prevention and early intervention	Supporting and encouraging people to achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing; making choices that increase their chances of staying healthy for as long as possible and where they do experience ill health, promoting recovery and self-management approaches.
Person centred care	Placing 'good conversations' at the centre of our engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed.
Right care, right place, right time	Delivering the right care in the right place at the right time for each individual, so that people: are assessed, treated and supported at home and within the community wherever possible and admitted to hospital only when clinically necessary; are discharged from

	hospital as soon as possible with support to recover and regain their independence at home and in the community; experience a smooth transition between services; have their care and support reviewed regularly to ensure these remain appropriate; are safe and protected.
Make best use of capacity across the whole system	Developing and making best use of the capacity available within the city by working collaboratively across: the statutory sector, third and independent sectors, housing organisations, communities, individual citizens, including unpaid carers - to deliver timely and appropriate care and support to people with health and social care needs, including frail older people, those with long-term conditions and people with complex needs