

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00am, Tuesday, 27th October, 2020

Virtual Meeting – via Microsoft Teams

This is a public meeting and members of the public are welcome to watch the live webcast on the Council's website.

The law allows the Integration Joint Board to consider some issues in private. Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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1. Welcome and Apologies

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

2. Declaration of Interests

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

3. Deputations

- 3.1 If any.

4. Minutes

- 4.1 Minute of the Edinburgh Integration Joint Board of 24 August 2020 – submitted for approval as a correct record 7 - 10

5. Forward Planning

- 5.1 Rolling Actions Log 11 - 20

6. Items of Strategy

- 6.1 Public Bodies Climate Change Return and Wider Considerations – Report by the Chief Officer, Edinburgh Integration Joint Board 21 - 48
- 6.2 Review of Edinburgh Integration Joint Board Strategic Plan 2019-2022 – Report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership 49 - 62
- 6.3 Edinburgh Primary Care Improvement Plan Update – Report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership 63 - 80

7. Items of Performance

7.1	Finance Update – Report by the Chief Finance Officer, Edinburgh Integration Joint Board	81 - 114
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8. Items of Governance

8.1	Edinburgh Integration Joint Board Annual Accounts 2019/20 – Report by the Chief Officer, Edinburgh Integration Joint Board	115 - 256
8.2	Update on the Recruitment of Carer and Service User Representatives – Report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership	Verbal Report

9. Committee Updates

9.1	Committee Update Report – Report by the Chief Officer, Edinburgh Integration Joint Board	257 - 260
9.2	Minute of Audit and Assurance Committee of 11 March 2020 – submitted for noting	261 - 266
9.3	Minute of Audit and Assurance Committee of 28 July 2020 – submitted for noting	267 - 270
9.4	Minute of Audit and Assurance Committee of 15 September 2020 – submitted for noting (Note: this minute is in draft form.)	271 - 276
9.5	Minute of the Clinical and Care Governance Committee of 17 February 2020 – submitted for noting	277 - 282
9.6	Minute of the Clinical and Care Governance Committee of 27 August 2020 – submitted for noting (Note: this minute is in draft form.)	283 - 286
9.7	Minute of the Futures Committee of 19 February 2020 – submitted for noting	287 - 294

9.8	Minute of the Futures Committee of 9 September 2020 – submitted for noting (Note: this minute is in draft form.)	295 - 300
9.9	Minute of the Performance and Delivery Committee of 31 January 2020 – submitted for noting	301 - 308
9.10	Minute of the Performance and Delivery Committee of 20 August 2020 – submitted for noting	309 - 312
9.11	Minute of the Performance and Delivery Committee of 28 September 2020 – submitted for noting (Note: this minute is in draft form.)	313 - 320
9.12	Minute of the Strategic Planning Group of 10 March 2020 – submitted for noting	321 - 326
9.13	Minute of the Strategic Planning Group of 15 September 2020 – submitted for noting (Note: this minute is in draft form.)	327 - 332

10. Proposals

10.1 None.

Board Members

Voting

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Councillor Phil Daggart, Councillor George Gordon, Martin Hill, Councillor Melanie Main, Peter Murray and Richard Williams.

Non-Voting

Eddie Balfour, Colin Beck, Carl Bickler, Andrew Coull, Christine Farquhar, Helen FitzGerald, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Ian McKay, Moira Pringle, Judith Proctor and Ella Simpson.

Webcasting of Integration Joint Board meetings

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If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact Committee Services (committee.services@edinburgh.gov.uk).

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Minute

Edinburgh Integration Joint Board

10.00am, Monday 24 August 2020

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Colin Beck, Andrew Coull, Councillor Phil Doggart, Christine Farquhar, Councillor George Gordon, Kirsten Hey, Martin Hill, Jackie Irvine, Jacqui Macrae, Councillor Melanie Main, Ian McKay, Peter Murray, Moira Pringle, Ella Simpson and Richard Williams.

Apologies: Judith Proctor

Officers: Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Jake Montgomery, Angela Ritchie and David White.

1. Minutes

Decision

- 1) To approve the minute of the Edinburgh Integration Joint Board of 21 July 2020.

2. Rolling Actions Log

The Rolling Actions Log for July 2020 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 1 – IJB Risk Register
 - Action 3 – Committee TORs and Good Governance Handbook
 - Action 5 (2) – Home First
 - Action 7 – Winter Plan 19/20

- Action 10 (1, 2, 3) – 2020/21 Financial Plan
- Action 13 – IJB Governance

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. West Edinburgh (Maybury) General Medical Services Provision

Approval was sought for a proposal to provide General Medical Services in West Edinburgh. An Initial Agreement was presented for consideration, which if approved would be presented to NHS Lothian's Finance and Resources Committee.

Decision

- 1) To agree the proposal to provide General Medical Services in West Edinburgh.
- 2) To note that NHS Lothian had invited Edinburgh Health and Social Care Partnership to submit an Initial Agreement for this proposal following the conclusion of the 2020-21 Capital Prioritisation Process.
- 3) To approve the proposal and agree the presentation of the Initial Agreement to NHS Lothian's Finance and Resources Committee.
- 4) To request that the comments made during the discussion were reflected at the upcoming NHSL Finance and Resources Committee meeting to be considered when taking forward the business case.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

4. Annual Performance Report

The draft Annual Performance Report was presented for approval prior to publication in line with the required publication date.

The report noted that the overall performance for the year had remained for the most part in line with national averages, with encouraging signs of improvement in many areas.

Decision

- 1) To approve the draft Annual Performance Report.
- 2) To agree a publication date of Monday 31 August 2020.
- 3) To refer the APR to the next Performance and Delivery Committee meeting.
- 4) To request information on the number of times last year's performance report was accessed online.
- 5) To request that information was included in the performance report on the estimated number of health and social care workers outwith those employed by the Council and NHS including unpaid, third and independent sectors.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

5. Evaluation of 2019/20 Winter Plan

The IJB considered the 2019/20 Winter Plan at its meeting in November 2019. An evaluation report had been submitted which provided an overview of the suite of winter planning actions and services, and an evaluation of the impact of each.

It was noted that winter planning for 2020/21 had commenced with priorities based on lessons learned from the Covid-19 pandemic to date.

Decision

- 1) To note the Local Review of Winter 2019/20 Report, which was included at Appendix 1 to the report by the Chief Officer.
- 2) To note that one of the successful outcomes of Winter 2019/20 was that the additional Social Work and Mental Health Officer posts had been funded on an ongoing basis.
- 3) To note the lessons learned from the COVID-19 pandemic attached at Appendix 2 to the report, which would inform future planning.
- 4) To note that planning was underway with regards to the key priorities for Winter 2020/21.
- 5) To agree that the views of the other Lothian IJBs on the process should be sought and to consider providing feedback to the Scottish Government on this.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

Declaration of interest

Christine Farquhar declared a non-financial interest in the above item as a former trustee/director of VOCAL.

6. Finance Update

An update was provided on the IJB's projected in-year financial performance.

Decision

- 1) To note the current year end forecasts provided by the IJB's partners.
- 2) To note the work ongoing to refine and further understand these.
- 3) To note that, given the inherent uncertainties, limited assurance on a break-even position could be given at this stage.
- 4) To note the report had not yet been considered by the Performance and Delivery Committee as noted in the report, but that it would be discussed by the Committee at a future meeting.

(Reference – report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

7. Fair Work and the Living Wage in Adult Social Care

A report provided an update on the implementation of the nationally agreed contract uplifts, the implications for the 2020/21 financial plan and sought approval to implement the uplift and issue the associated direction to the Council.

Decision

- 1) To agree to implement the nationally agreed 3.3% contract uplift at a cost of £6.0m.
- 2) To note that this would increase the financial plan gap by £3.4m.
- 3) To note that the Chief Officer and Chief Finance Officer would continue to work with partners to identify how this would be addressed.
- 4) To agree to receive an update at the IJB's meeting in October 2020.
- 5) To agree to issue the direction attached at Appendix 1 to the report by the Chief Finance Officer to the City of Edinburgh Council.
- 6) To request the figure of the assumed uplift which was previously included in the financial plan.
- 7) To note that a report would be submitted to the Board meeting in October 2020 setting out options which would enable delivery of a balanced position.

(Reference – report by Chief Finance Officer, Edinburgh Integration Joint Board, submitted.)

8. Annual Review of Standing Orders

The IJB reviewed its Standing Orders on an annual basis to ensure they remained fit for purpose. It was recommended that no changes should be made to the Standing Orders.

Decision

- 1) To note that the Standing Orders of the Integration Joint Board remained fit for purpose and to agree that no changes were made.
- 2) To note that the next annual review of the Standing Orders would be presented to the IJB in May 2021.
- 3) To note the decision taken under emergency powers in relation to the Interim Standing Order for deputations.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

Rolling Actions Log

October 2020

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Primary Care Transformation Programme	24-05-19	1) To agree that a workshop would be arranged on the Primary Care Transformation Programme.	Chief Officer, Edinburgh Health and Social Care Partnership		Closed – Session on primary care took place on 24 February 2020.
			2) To agree that the next report to the Joint Board would include more details on how the Programme was being delivered and its impact on stakeholders	Chief Officer, Edinburgh Health and Social Care Partnership	October 2020 December 2019 October 2019	Recommended for closure – report on agenda
2	Edinburgh's Joint Carers Strategy	20-08-19	To agree to develop a performance and evaluation framework around the Carers Strategy, which would be reported back to the Joint Board in two cycles.	Chief Officer, Edinburgh Health and Social Care Partnership	October 2020 December 2019	Update – A briefing note has been circulated for the October Board. To be monitored by

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Agenda Item 5.1

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
Page 12					October 2019	<p>P&D.</p> <p>A report is scheduled to come to next P&D in October and will then be scheduled for a future EIJB.</p> <p>A situation report on the performance and evaluation framework for the Carers' Strategy was presented to the P&D committee on 20 November 2019 and the SPG on 22 November 2019. Direction was given to provide more time to complete the framework which will come forward in due course.</p>
	3	Home First	22-10-19	1) To require a report on progress no later than April 2020.	Chief Officer, Edinburgh Health and	October Board

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
Page 13				Social Care Partnership	April 2020	<p>Progress included in the Review of Strategic Plan report on the agenda.</p> <p>This work will be progressed through the transformation programme and reported to the EIJB via the SPG in due course</p> <p>Home First Edinburgh is a key plank of the Partnership's response to Covid-19. The model will be reviewed to incorporate the learning from this with the update being presented to the SPG and then the IJB in due course.</p>

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
4	Adult Sensory Support	10-12-19	To agree that an update would be submitted in spring 2021.	Chief Officer, Edinburgh Health and Social Care Partnership	April 2021	Final tenders for the new contractual arrangements have been received and appraised. Officers are undertaking a review of next steps in the context of Covid.
Page 14	Ministerial Strategic Group and Audit Scotland Integration Reviews – Edinburgh Update	04-02-20	To agree to receive a further update report in December 2020.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2020	
6	Enhancing Carer Representation on Integration Joint Boards – transferred from Strategic	10-03-20	To agree that the Chief Finance Officer would examine the good practice outlined in the update report (Enhancing Carer Representation on Integration Joint Boards, SPG 17 August 2018) and provide an update to a future meeting of this Group on how it could be applied with the Edinburgh IJB working practices.	Chief Officer, Edinburgh Health and Social Care Partnership	December 2020	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Planning Group RAL – 10 March 2020		Referred to IJB to progress recruitment of Carer Representative.			
7	2020/21 Financial Plan	28-04-20	1) To agree savings proposal 6 (external supported accommodation for older people) and to agree that a session would be arranged to allow members to fully scrutinise the proposal.	Chief Officer and Chief Finance Officer, Edinburgh Health and Social Care Partnership	July 2020	Closed August 2020
			2) To agree that officers would further develop the other schemes in the proposed savings and recovery programme, including information on the risks and impact of additional costs, before being brought back to the IJB for approval prior to implementation.	Chief Officer and Chief Finance Officer, Edinburgh Health and Social Care Partnership	July 2020	Closed August 2020
			3) To agree to receive an update on progress made towards balancing the financial plan at the next meeting.	Chief Officer and Chief Finance Officer, Edinburgh	July 2020	Closed August 2020

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
				Health and Social Care Partnership		
			4) To note that the Chair would discuss the governance processes relating to financial planning with officers with a potential review of these in autumn 2020.	Chief Officer and Chief Finance Officer, EHSCP	October 2020	Recommended for closure – discussed at September IJB workshop
Page 16	Provision of General Medical Services – Edinburgh South (private report)	28-04-20	To request further information on how the renovation of the buildings could be carried out in line with the sustainability aims of the City Plan 2030.	Chief Officer, EHSCP	October 2020	Recommended for closure A briefing note has been circulated for the October Board.
9	Carer and Service User Representatives (agreed under RAL item)	21-07-20	To agree to provide an update on the recruitment of carers and service user representatives and estimated timescales following the meeting.	Chief Officer, EHSCP	October 2020	Ongoing – verbal update to be provided at meeting
10	EIJB Governance Report	21-07-20	1) To clarify if the timescale for issuing committee meeting papers would be 5 days or 5 working days before meetings.	Chief Officer, Edinburgh Health and		Closed August 2020

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
				Social Care Partnership		
			2) To note that the governance of development sessions would be discussed at a later date.	Chief Officer, EHSCP		
11	Return to Transformation	21-07-20	1) To emphasise the sustainability commitments within the strategic plan and to note that sustainability would be included in the review of the strategic plan by the SPG later in the year.	Head of Strategic Planning, EHSCP	October 2020	Recommended for closure This was considered at the Futures Committee on 9 September and again at the SPG on 15 September as part of the review of the Strategic Plan.
			2) To note that a report on the wider sustainability considerations should be submitted to the Board at a later date.	Head of Strategic Planning, EHSCP	October 2020	Recommended for closure – report on agenda
12	Savings and Recovery	21-07-20	1) To note the content of Phase 2 of the Savings Programme and agree to receive	Chief Finance Officer, EHSCP	October 2020	Recommended for closure – report on agenda

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Programme 2020/21		more detailed plans about the proposals at a future meeting.			
			2) To agree that more details about the proposed three-year Savings Programme is brought back for consideration by the Edinburgh Integration Joint Board by the end of the year.	Chief Finance Officer, EHSCP	March 2021	This will come back to the board as part of the financial plan for 21/22 in March 2021.
13 Page 18	2020/21 Financial Plan	21-07-20	To agree to receive a first draft of the 2021/22 budget in line with our partners financial planning timescales.	Chief Finance Officer, EHSCP	October 2020	Recommended for closure – report on agenda Update – Initial discussion at September IJB workshop with formal report coming to the IJB in December.
14	Annual Performance Report	24-08-20	1) To request information on the number of times last year's performance report was accessed online.	Chief Officer, EHSCP	October 2020	Recommended for closure Unable to conclude as the previous website did not have this functionality and the APR was published on more

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
						than one site. The new website does have the necessary functionality.
			2) To request that information was included in the performance report on the estimated number of health and social care workers outwith those employed by the Council and NHS including unpaid, third and independent sectors.	Chief Officer, EHSCP	October 2020	Recommended for closure Point is noted and will be incorporated into next year's APR
Page 19	Fair Work and the Living Wage in Adult Social Care	24-08-20	To note that a report would be submitted to the Board meeting in October 2020 setting out options which would enable delivery of a balanced position.	Chief Finance Officer, EHSCP	October 2020	Recommended for closure Finance update on the agenda.

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REPORT

Public Bodies Climate Change Return and Wider Considerations

Edinburgh Integration Joint Board

27 October 2020

Executive Summary	<p>This report seeks EIJB approval of the Public Bodies Climate Change return (attached as Appendix 1) prior to submission to Scottish Government. Submission of the return is a requirement under the Climate Change (Scotland) Act).</p> <p>This report also addresses the EIJB request following its meeting of 21 July 2020 in relation to the <i>Return to Transformation</i> paper.</p> <p>The Futures Committee has undertaken to prepare a Climate Change Charter which will be presented to the EIJB in due course.</p>
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Note the requirements of the Climate Change duties. 2. Approve the draft EIJB Public Bodies Climate Change Duties (PBCCD) Report 2019/20 at Appendix 1. 3. Note the wider climate change and sustainability considerations as outlined in the report. 4. Note that the Future Committee has undertaken to develop an EIJB Climate Change Charter.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. There has been no circulation of this report outside the Edinburgh Health and Social Care Partnership (EHSCP) prior to presentation to the EIJB.

Main Report

1. In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act which states that a public body must, in exercising its functions, act:
 - in the way best calculated to contribute to the delivery of Scotland's climate change targets; (mitigation)
 - in the way best calculated to help deliver any Scottish adaptation programme (adaptation)
 - and in a way that it considers most sustainable (act sustainability)
2. In 2015, secondary legislation came into force which requires public bodies to prepare annual returns on compliance with those climate change duties. Integration Joint Boards were required to complete their first return for the year 2016-17.
3. The PBCCD return covering the period 2019-20 is attached as Appendix 1. This is required to be submitted to Scottish Government on or before 30 November 2020.
4. EIJB has no direct responsibility for the delivery of service, employs only two members of staff and has no delegated capital assets (buildings, fleet or IT equipment) and as such has no responsibilities for complying with the climate change duties in these key areas. Responsibilities for these remain with the City of Edinburgh Council and NHS Lothian.
5. Guidance on completing the PBCCD return recognises the unique nature of IJBs and that the corresponding local authority and NHS board currently provide the information required. No emissions data has been reported by IJBs to date.
6. The Scottish Government has now proposed that IJBs will be removed from the list of public sector bodies who are required to report. **The new reporting regulations should come into force from 2022.**
7. The Board does however have a responsibility to ensure compliance with the climate change duties in respect of the strategic and financial planning of delegated health and social care services. An assessment of the environmental impact of all new projects, proposals and policies should be carried out in line with the requirements of the Climate Change Act outlined in para 1 above. This assessment process is mainstreamed across EHSCP and

guided by the Integrated Impact Assessment process (IIA). The EIJB report template includes a section on Environment and Sustainability impacts and should be used to highlight any envisaged impacts, mitigations, adaptations and sustainability considerations to ensure that EIJB members make informed decisions.

8. Given the global climate change emergency, there is growing concern that insufficient emphasis is being placed on environmental sustainability during the IIA process. Discussion regarding this has taken place at the pan Lothian IIA Steering Group and a roundtable conversation with partners' Equality and Climate Change staff to determine how best to address this is proposed. It is expected that this will take place in November 2020
9. Discussion around Climate Change took place at the Futures Committee held on 9 September 2020. Recent studies were considered which have led to a growth in public concern, demands for action and the declaration of the Climate Change Emergency. Key relevant reports included:
 - **The Paris Agreement**, December 2015 - adopted by 195 nations at the 21st Conference of the Parties to the UNFCCC and **United Nations IPCC report**, October 2018. This reports on the impacts of global warming and that climate changing pollution must be very significantly reduced if we are to prevent irreversible, catastrophic impacts of climate change. Rapid, far reaching and unprecedented changes in all aspects of society are required if we are to limit global warming to 1.5°C
 - **Scottish Government Climate Change Bill**, May 2018 – proposed a 90% reduction target for all greenhouse gases and net zero emissions of carbon dioxide by 2050'
 - **Scottish Government Climate Change Plan**, February 2018, set out actions to reduce emissions by 66% by 2032
 - **Edinburgh Council declared Climate Emergency**, December 2019 and aim to make **Edinburgh a carbon-neutral city by 2030**, May 2019
 - **Achieving Net Zero in the City of Edinburgh, The Economics of Low Carbon Cities**, October 2019 – a research report which shows that the benefits of change can far outweigh the costs – a low-carbon future for Edinburgh will not just improve the global climate but create jobs, reduce energy bills, clean our air and fight fuel poverty
 - **Edinburgh Climate Commission Edinburgh** (independent), February 2020, (<https://www.edinburghclimate.org.uk>) An expert panel from key sectors and areas of climate expertise were appointed to progress

Edinburgh's target of becoming carbon neutral by 2030 and catalyse actions

- **Principles for Green Recovery**, Edinburgh Climate Commission, May 2020, a call for all city leaders and businesses to commit to a green economic recovery following the coronavirus pandemic
 - **Forward, Faster, Together:** The Edinburgh Climate Commission, July 2020 - recommendations for a Green Economic recovery in Edinburgh including localising services and support and building resilient communities (20-minute city). The report states that everyone in the city has a part to play in addressing the climate emergency. Delivery requires collective actions across city stakeholders
 - **Edinburgh Talks Climate Engagement** (ongoing) and Scottish Government's **Big Climate Conversation** (<https://www.gov.scot/news/the-big-climate-conversation/>) 2019 – seeks to create more and better conversation about local sustainability and climate issues in the context of people's everyday lives
 - **NHS Lothian – Sustainable Development Framework and Action Plan**, September 2020 - an action framework which sets out ambitions, promotes discussion, engagement and action to help NHS Lothian have zero carbon emissions by 2045
 - **COP26 – the 2021 United Nations Climate Change Conference** is to be held in Glasgow in November 2021 and will bring together over 30,000 delegates including heads of state, climate experts and campaigners to agree coordinated action to tackle climate change
 - **Ipsos Mori (2020) Public and MSPs' attitudes to the climate emergency – Scotland** which demonstrated that 84% of the Scottish public are concerned about climate change, with the majority also recognising that we are already feeling the effects of climate change. 70% of the Scottish public support the target for net neutral carbon emissions by 2045, or earlier (45%)
10. No single body can achieve the targets alone and every organisation and every household have a role to play if we are to achieve the targets set.
11. The EIJB's Strategic Plan 2019-22 commits to working with its partners to support the target of becoming carbon neutral by 2030. As we approach the next planning cycle, there is a desire to more clearly set out how the EIJB can contribute to this.

12. The Transformation Programme provides an opportunity to bring about step change. The Programme will support the re-orientation of services away from offering standard services to supporting communities in new ways to reduce demand through prevention and early intervention and provide locally based services. This will help reduce the carbon footprint of our services through reduced carbon emissions from transport and energy use and promote resilient and equitable communities.
13. Following the discussion at Futures Committee on 9 September 2020, the Committee agreed that it was incumbent upon the Futures Committee to progress environmental outcomes and to retain this as an agenda item for subsequent Futures Committees.
14. It was also agreed that the Futures Committee would lead in the development of a Climate Change Charter to establish a baseline position which would be presented to the EIJB in due course.

Implications for Edinburgh Integration Joint Board

Financial

15. There are no additional financial implications arising as a result of the PBCCD report.

Legal / risk implications

16. There is a risk of non-compliance with the duties of the Public Bodies Climate Change Act if the PBCCD report is not submitted by 30 November 2020.

Equality and integrated impact assessment

17. There are no equality issues in relation to the PBCCD.
18. If the recommendation to develop a Climate Change Charter is approved, consideration will be given to equality impacts whilst developing the Charter.

Environment and sustainability impacts

19. As detailed in the main body of the report.

Quality of care

20. This report does not impact on quality of care.

Consultation

21. There has been no specific consultation carried out with regards to the recommendation.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

Nil

Appendices

Appendix 1 Public Bodies Climate Change Report

Public Sector Climate Change Duties 2020 Summary Report: Edinburgh City

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Required

PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

cop

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
Edinburgh City

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
2

1(d) Metrics used by the body
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Unit	Value	Comments
Population size served	population	524,930	June 2019, source: National Records of Scotland

1(e) Overall budget of the body
Specify approximate £/annum for the report year.

Budget	Budget Comments
£762,032,000	Gross expenditure for year ended 31 March 2020

1(f) Report year
Specify the report year.

Report Year	Report Year Comments
Financial (April to March)	

1(g) Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Edinburgh Integration Joint Board (EIJB) is a separate and distinct legal entity from City of Edinburgh Council and NHS Lothian. It is responsible for planning the future direction of and overseeing the operational delivery of integrated health and social care services for the citizens of Edinburgh. These services are largely delivered by the Edinburgh Health and Social Care Partnership although some are managed by NHS Lothian on behalf of the EIJB. These are referred to as "hosted" or "set aside" services.

The arrangements for EIJB's operation, remit and governance are set out in the integration scheme which has been approved by the City of Edinburgh Council, NHS Lothian and the Scottish Government.

Adult Social Care Services: •Assessment and Care Management-including Occupational Therapy services•Residential Care•Extra Care Housing and Sheltered Housing (Housing Support provided)•Intermediate Care•Supported Housing•Learning Disability•Rehabilitation•Mental Health•Day Services •Local Area Coordination•Care at home services •Reablement •Rapid Response•Telecare •Respite services•Quality assurance and Contracts•Sensory impairment services•Drugs and alcohol services•Community Health Services•District Nursing•Services relating to an addiction or dependence on any substance. •Services provided by Allied Health Professionals (AHPs)•Community dental service•Primary medical services (GP)•General dental services•Ophthalmic services•Pharmaceutical services•Out-of-Hours primary medical services•Community geriatric medicine•Palliative care•Mental health services•Continence services•Kidney dialysis•Services to promote public health*Includes responsibility for those aged under 18Hospital Based Services•Accident and Emergency•General medicine •Geriatric medicine•Rehabilitation medicine •Respiratory medicine•Psychiatry of learning disability•Palliative care•Hospital services provided by GPs•Mental health services provided in a hospital with exception of forensic mental health services•Services relating to an addiction or dependence on any substance.

Staff continue to be employed by either CEC or NHS Lothian and assets including buildings and vehicles have not transferred to the IJB. CEC and NHS Lothian will therefore continue to report on climate change issues as appropriate including reporting of emissions. Discussions regarding this have taken place with the Climate Change Leads from CEC and NHS Lothian.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

Capital assets and staff remain with either CEC or NHS Lothian and as such much of the accountability and responsibility for climate change duties, including data reporting, remain with the CEC or NHS Lothian. The EIJB is responsible for the future direction of and overseeing the operational delivery of integrated health and social care services and as such has responsibility for consideration of climate change for new projects, planning and policies. This is considered through the regular reporting procedures at the regular meetings of the EIJB.

2(b) How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

Climate Change is embedded within the EIJB through the use of Integrated Impact Assessments (IIAs). All new proposals are required to have an IIA carried out. These assessments require that consideration is given to: impact on the environment; impact on greenhouse gas emissions; future climate change; pollution: air/water/soil/noise: enhanced biodiversity; resource efficiency (energy, water, materials and minerals); waste generation; infection control; accidental injury; fire risk; promotion of sustainable forms of transport and improving the physical environment. The IIA also requests that actions to mitigate against any negative impacts and enhance any positive impacts are identified, where appropriate. The management of the IIAs is the same as for the development of the project/policy, ie, the person responsible for developing a new proposal is responsible for ensuring that the IIA is undertaken and the IIA must be signed off by the Head of Service. The Committee Report Template now has a "Environment and Sustainability" section where reference to the results of the IIA with respect to Climate Change should be inserted to allow the EIJB to make fully informed decisions. The IIAs are made publicly available through publication on the EIJB's website. Staff training in relation to facilitation of the IIAs is provided and guidance notes and templates are available on-line.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
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<p>There are currently no specific climate change mitigation and adaptation objectives in the Strategic Plan 2019-22 however reference is made including: "An independent audit of sustainability was conducted by Edinburgh University and Edinburgh Centre for Carbon Innovation in 2018. As part of its response to the audit findings, the Council has set a new target for the City of Edinburgh to become carbon neutral by 2030. The Council is working with partners to scope emission reduction trajectories and formulate a new sustainability strategy for the city, setting out a shared vision and route map for a sustainable Edinburgh. EIJB has statutory duties under the Climate Change (Scotland) Act and therefore has a contribution to make, both in terms of helping to shape the vision, and in helping to reduce the city's carbon footprint. We will work with our partners to support the development of a newsustainability strategy for 2020-2030, with consultation and engagement activity due to begin this autumn."</p>	<p>Edinburgh Health and social are Strategic Plan 2019-22</p>	<p>http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/201/strategic_plan_2019-22</p>
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2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

No

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period	Comments
Adaptation	The EIJB does not currently have any plans which cover climate change			
Business travel				

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Staff Travel				
Energy efficiency				
Fleet transport				
Information and communication technology				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (state topic area covered in comments)				

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Priorities are not set out

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

No

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year							
Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column. (a) No information is required on the effect of the body on emissions which are not from its estate and operations.							
Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2019/20					0 tCO2e	Data will be reported by CEC and NHS Lothian as appropriate

3b Breakdown of emission sources									
Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.									
Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
0.0									

3c Generation, consumption and export of renewable energy					
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.					
Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Other					

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3d Targets										
List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.										
Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against	Year used as	Baseline figure	Units of baseline	Target completion	Comments

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
	0 Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year											
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.											
Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
	0 Estate changes			

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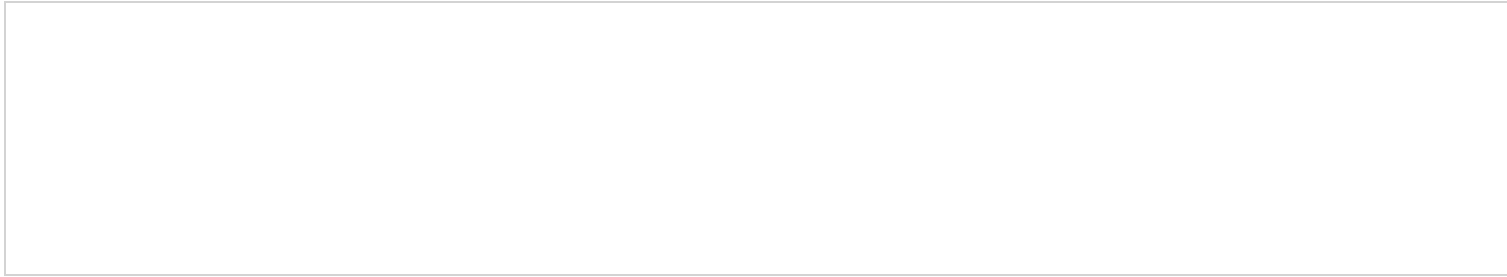
	Service provision			
	Staff numbers			
	Other (specify in			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	Source	Saving	Comments
	0 Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead				
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
	0 Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in			

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	Comments

3k Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.



PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

No.

4(b) What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

No work in this area has taken place through EIJB however policies documented in both the CEC and the NHS Lothian Climate Change Reports are relevant as appropriate.

4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

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Staff training in relation to carrying out IIAs is ongoing.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.					
(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.					
Objective	Objective	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		The EIJB is not listed with responsibility for delivery of any of the policies noted.	
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment		N/A	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment		N/A	

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Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks		N/A	
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks		N/A	
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks		N/A	
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		N/A	
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society		N/A	
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society		N/A	

4(e) What arrangements does the body have in place to review current and future climate risks?
 Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

No arrangements are in place

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

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No arrangements are in place

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?
Provide a summary of the areas and activities of focus for the year ahead.

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Priorities for adaptations have not been set out.

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The procurement of goods and services is not delegated to the IJB and continues to be carried out by CEC and NHS Lothian and will be documented in their respective reports.

5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

N/a

5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

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PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

This report will be submitted to the Edinburgh Integration Joint Board for approval.

6(b) Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

There has been no peer validation process.

6(c) External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

There has been no external validation of the information in this report

6(d) No validation process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

6e - Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name	Role in the body	Date
Sarah Bryson	Strategic Planning & Commissioning Officer	29/09/2020

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO2 emissions: **full dataset**:

Select the default target dataset

Table 1a - Subset

Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Units	Comments

Table 1b - Full

Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Units	Comments

Sector	Description	Type of Target (units)	Baseline	Start year	Target	Target / Saving in	Latest Year	Comments

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Q3) Policies and Actions to Reduce Emissions

Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/ year)	Primary Funding Source for Implementation of Policy / Action	Comments

Please provide any detail on data sources or limitations relating to the information provided in Table 3

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Q4) Partnership Working, Communication and Capacity Building. Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.									
Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

REPORT

Review of Edinburgh Integration Joint Board Strategic Plan 2019-2022

Edinburgh Integration Joint Board

27 October 2020

Executive Summary

The Strategic Planning Group (SPG) is required within its Terms of Reference (ToRs) to review the strategic plan annually. This review was conducted on 15 September 2020.

This abridged report provides an update on progress made in key areas within the current strategic plan and the outline timings for the next planning cycle.

A Return to Transformation (R2T) report was approved by the EIJB in July 2020. This signalled a two-phased approach to optimise available resource against agreed priorities. The transformation programme boards were delayed due to COVID-19 but re-started in August 2020.

The target date to complete the initial priority areas within the revision of the Joint Strategic Needs Analysis (JSNA) is no later than 31 January 2021.

Development of the Edinburgh Integration Joint Board (EIJB) Strategic Plan 2022-25 is proposed to start from the SPG in January 2021, but there will be planned preliminary activity progressed by Edinburgh Health and Social Care Partnership (EHSCP) before then.

The intent is to publish the next 3-year strategic plan 2022-25 in March 2022 following EIJB approval.

Recommendations

It is recommended that the EIJB:

1. Acknowledges that the SPG has conducted an annual review of the current strategic plan.
2. Notes progress made against specified tasks and key elements of the transformation programme in phase 1 of the strategic plan.
3. Notes progress and planned activity during phase 2 of the strategic plan.
4. Notes the proposed outline timeline for the next strategic planning cycle 2022-25.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Main Report

Background

1. The EIJB Strategic Plan 2019-22 was approved by the EIJB in August 2019. It retained the 6 strategic priorities¹ set by the EIJB in 2016, was informed by 5 outline strategic commissioning plans² and introduced the four priority elements of Home First Edinburgh, the Three Conversations approach, the Edinburgh Pact and Transformation. Implementation was designed around two phases:

- **Phase 1 in outline - Prelims and launch (1 July 2019 to 31 March 2020):** *phase 1 will be focused on getting organised and aligned to the start of the transformation programme whilst maintaining our efforts on current business. The Good Governance Institute (GGI) will continue to work with the EIJB at the higher level which will include refinement of the supporting sub-*

¹ Prevention and early intervention, tackling inequalities, person centred care, managing our resources effectively, making best use of capacity across the system, right care, right place, right time.

² Learning Disabilities, Physical Disabilities, Primary Care, Older People, Mental Health (Thrive).

committees. The first Three Conversations innovation sites will be established from July 2019. Finally, the transformation programme and a range of internal reviews will begin from autumn 2019.

- **Phase 2 in outline** - Continuation and implementation (1 April 2020 to 31 March 2022): phase 2 will continue the projects within the transformation programme and implement agreed actions from projects and reviews that have been completed. Throughout the planning cycle. Directions will be presented to the EIJB for authorisation. Concurrently, the Strategic Plan will be monitored, refined and aligned to the planning for the next strategic cycle.

SPG Assessment

2. In accordance with SPG ToRs the current strategic plan was reviewed in detail on 15 September 2020. The SPG satisfied itself with progress to date and the emerging plan for the next stage of development. A comprehensive report supported the analysis and the SPG recommended that an abridged version of the report be submitted to the EIJB for noting.
3. Steady progress in line with phase 1 of the strategic plan has been made against specified tasks and in key transformation areas such as Home First Edinburgh, including the roll out of our Hospital at Home service across the city and line management brought under EHSCP, Three Conversations with 7 innovation sites in place and rising, completion of the Bed Based Review 'understand phase' and now progressing within Programme 3, the initial research phase of the Edinburgh Pact and the roll out of planned elements of Thrive Edinburgh, PCIP and implementation of the Carers' Strategy.
4. Phase 1 specified tasks have generally been delivered with some exceptions, despite the imposition of COVID-19. It had been planned to start the transformation projects and programmes in March 2020, but this slipped to August 2020 due to COVID-19. We are now in phase 2 of the current strategic planning cycle and making progress at best effort as we continue our response to COVID-19.
5. Home First Edinburgh. **The EIJB has requested an update on Home First on the Rolling Actions List.** The Home First Edinburgh model is a key component of the transformation programme and was considered as part of the review of the strategic plan at the recent SPG.
 - A wide stakeholder engagement event was held at the City Chambers in January 2020 where keynote speakers from across the UK shared their experience of designing and implementing successful Home First models. Following this event and learning from the experience of the speakers, the team held a successful test of change week between 2 to 5 March 2020 at the Royal Infirmary of Edinburgh (RIE). During this week the Home First Edinburgh team established themselves onsite and created a single point for



referral. This enabled the Home First Edinburgh team to assess and determine the appropriate discharge plan for all accepted referrals and for people who were existing delays in hospital. From the 66 referrals accepted during this week, over 90% of patients were discharged with the majority returning home or onto an appropriate Home First Pathway. Due to their responsive approach, the team also reduced the number of people becoming delayed resulting in a reduced length of stay.

- Alongside the innovation week, Home First Edinburgh has developed alternative pathways by supporting prevention of admission and early discharge, both focused on a reablement and recovery approach. A community facing prevention team was established as part of winter 2019 planning and has been expanded. This team has supported health and social care colleagues including Hospital at Home to support people to remain at home during a crisis. Discharge to Assess was launched across the city delivering Therapy led intervention as an alternative to bed-based rehab and, Home First Navigators have been placed in acute hospitals to support colleagues when considering the options available for people when they no longer require hospital care.
- A review of Hospital at Home in 2019 highlighted a significant proportion of people who could be managed by this team as an alternative to hospital admission. Since the review, Hospital at Home has been launched city wide with a greater reach across Edinburgh. While there was significant collaboration between health and social care and the Hospital at Home team, this has recently been enhanced. EHSCP took over direct management of the Hospital at Home service in March 2020.
- The Home First Edinburgh teams have worked tirelessly to reduce delays and associated length of stay to historically low levels. This has resulted in more people remaining at and returning home with their rehab and recovery managed out with an acute setting. The teams are eager to build on the success and momentum generated by Home First Edinburgh to date. The project team are working on the development of the target operating model and are looking to establish the staffing structure that will support, sustain and further embed the Home First Edinburgh service. A recent analysis of delayed discharge 2018 to 2020 is at Appendix 1.

6. Assessment of phase 1 specified tasks as set out in the strategic plan:

- a. **Complete preliminary activity.** Ongoing – transformation team recruited to c75% by February 2020, and programme architecture set out and scheduled. Recruitment for the remaining posts is ongoing and nearing completion.

- b. **Initiate three conversations approach.** Done – on time and 7 innovation sites in place and set to increase in next phase of the project – delays due to COVID-19.
- c. **Establish transformation programme and governance structure.** Done – projects agreed, programme boards and portfolio boards scheduled – re-started in August 2020 in accordance with R2T report approved by the EIJB in July 2020.
- d. **Complete GGI development work with EIJB.** Ongoing – new committee structure in operation and a series of developmental sessions completed – now focussed on EIJB public facing engagement and annual ‘event’. Two EIJB working groups are now in operation to support this. Further development sessions are being designed for 2021.
- e. **Consult on and publish redefined Edinburgh health and social care offer** (now termed Edinburgh Pact). Ongoing – the initial consultation, research and engagement phase is nearing completion. Now entering phase 2 of the project.
- f. **Launch new EHSCP website.** Done – launched in December 2019 – further roll out continues in accordance with a three phased plan – reach expanded, and content audit has been conducted. Technical solution for intranet now being developed in phase 2.
- g. **Conduct EHSCP structural review** (now termed organisational review). Delayed – disrupted by COVID-19 and is now being refined because of lessons learned – progress is gradually being made but much still to be done.
- h. **Conduct planning cycle review.** Ongoing – relates to the planning, commissioning and procurement cycle – looking now at interim steps ahead of the outcome of the organisational review which will bring together planning, commissioning and contracts under a single manager. Subject to Internal Audit scrutiny.
- i. **Conduct performance management review.** Ongoing – performance framework tightened up and aligned to Directions policy but much still to do – recruitment of interim Performance and Evaluation Manager imminent.

- j. **Refine market facilitation approach.** Delayed – but programmed to come back on line later this year through the SPG – may look to push into the next strategic plan but is subject to IA scrutiny.
 - k. **Refine and implement communications and engagement plan.** Ongoing – communications plan was approved by the EIJB in February 2020, but no tangible implementation conducted – newly appointed EHSCP Communications and Engagement Manager already making noticeable impact with more planned in the mid to longer term through phase 2 and actions from the EIJB public facing and event working groups.
16. Assessment of phase 2 specified tasks as set out in Strategic Plan:
- a. **Continuation of transformation programme.** Ongoing – re-started in August 2020. Benefits work and project milestones developing through the 4 programme boards. Outputs and updates will be progressed to the EIJB and committees via the EHSCP Portfolio Board.
 - b. **Continue roll out of three conversations approach.** Ongoing – entering next phase – Making it Happen (MiH) sessions now reinstated.
 - c. **Implement outcomes from projects.** Ongoing – delays due to COVID-19 – projects restarted in August 2020. Project leads developing route maps, milestones and identification of potential ‘quick wins’.
 - d. **Implement outcome of EHSCP structural review.** Delayed – organisational review progressing slowly.
 - e. **Implement outcome of planning cycle review.** Ongoing – initial scoping complete and interim steps being considered – looking to accelerate this work to support budget savings requirement and better alignment of financial planning with EIJB strategic aspirations.
 - f. **Implement outcome of performance management review.** Ongoing – performance framework tightened up and aligned to Directions policy – recruitment of Performance and Evaluation Manager imminent. Intent is to design measures of effectiveness (MoE) for each strategic priority as we enter the next strategic planning cycle.
 - g. **Implement outcome of review of services.** Ongoing – part of transformation programme – could also feed development of a revised



operating model aligned to the financial aspects of the strategic framework.

- h. **Review Strategic Plan and Directions.** Done – strategic plan considered by SPG on 15 September 2020. A review of Directions was submitted to the Performance and Delivery (P+D) Committee on 28 September 2020 and will remain under constant review through the Directions Tracker. The review of Directions is scheduled for the December 2020 EIJB.
 - i. **Conduct new Joint Strategic Needs Assessment (JSNA).** Ongoing – target is to complete JSNA initial priority areas by 31 January 2021. Work began on this in mid-September 2020. Mid to longer term the JSNA will be a ‘living’ data source maintained by the Interim Performance and Evaluation Manager once in post.
 - j. **Preparations for the next strategic planning cycle.** Development of the EIJB Strategic Plan 2022-25 is proposed to start officially from January 2021, but there will be planned preliminary activity progressed prior to this by EHSCP. The next planning cycle should include better alignment of financial planning and the mapping of transformation projects to EIJB strategic priorities. Aligning these aspects would then shape the production of a higher-level EIJB performance framework including MoE.
 - k. **Continuation of transformation programme.** Ongoing – expect to deliver outputs/quick wins throughout this phase. Transformational work will continue thereafter through the next 3 year strategic planning cycle.
 - l. **Extension of Partners 4 Change support to three conversations as required.** Done – out to April 2021 at this stage – option to extend further.
 - m. **Production of Strategic Plan 2022-2025.** The proposal is to take the next strategic plan to the EIJB in March 2022 for final approval. There also remains the intent to produce a concise higher level strategic vision, which is not bound by time, and sits above and guides the 3-year strategic planning cycles. It is proposed to design this initially through the Futures Committee and then progress to the SPG by March 2021 and then to the EIJB in due course.
17. During phase 2, locality operational plans that reflect EIJB strategic direction and demonstrate the ‘golden thread’ of plans to implementation will be

developed and presented to the SPG. These locality operational plans are separate from the locality improvement plans but are linked and will be aligned.

18. Refinement of the current Strategic Plan and preparations for the development and publication of Strategic Plan 2022-2025 will be guided by the SPG. The SPG will consider the approach and timeline on 10 November 2020. Routine updates on progress will be submitted to the EIJB during the planning cycle as directed by the SPG.

Implications for EIJB

Financial

19. Within the Strategic Plan, the transformation programme will play a significant part in ensuring that health and social care services are financially sustainable. As the programme progresses, details will be provided to the EIJB in relation to progress with the delivery of financial benefits against agreed targets.

Legal / risk implications:

20. There are no legal implications arising from this report.
21. There is a risk that any loss of momentum in delivering strategic transformation and service redesign may adversely affect confidence and will slow down the pace of necessary change.
22. There are no new implications for Directions. As work is produced through the transformation programme, associated Directions can be expected.

Equality and integrated impact assessment

23. A full equality and integrated impact assessment (IIA) was conducted for the current Strategic Plan.
24. A further IIA will be conducted in the next planning cycle to support publication of Strategic Plan 2022-25.

Environment and sustainability impacts

25. There are no environment and sustainability impacts arising as a direct result of this report. However, it is recognised that all future models of care and delivery must take due cognisance of the impacts on the environment and in respect of climate change targets, including those associated with the Edinburgh 2030 programme.

26. The Futures Committee has proposed that a climate change charter be created to support EIJB climate change aspirations. The Futures Committee will lead on this work and submit a proposal to the EIJB in due course.

Quality of Care

27. Nothing to report directly in relation to this review.

Consultation

28. The transformation programme will reach out to a wide stakeholder group to encourage participation in project teams and programme boards as set out in the R2T report submitted to the July 2020 EIJB.
29. Consultation will be a central factor in the development of the next strategic planning cycle. More details on the programme will be presented to the SPG on 10 November 2020.

Report Author

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Appendices

1. Delayed discharge analysis 2018 to 2020.

Background Reports

1. [Transformation and Change - EIJB report February 2019](#)
2. [Strategic Plan 2019-22 – EIJB report August 2019](#)

The following workbook presents information on all delayed discharges for City of Edinburgh Health and Social Care Partnership and Scotland total, between Jan 2018 and July 2020.

Data

- 1 [DD Rate per 100,000 18+](#)
- 2 [DD Rate per 1,000 75+](#)
- 3 [Bed Day Rate per 100,000 18+](#)
- 4 [Bed Day Rate per 1,000 75+](#)

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Produced: 18 September 2020

Notes:

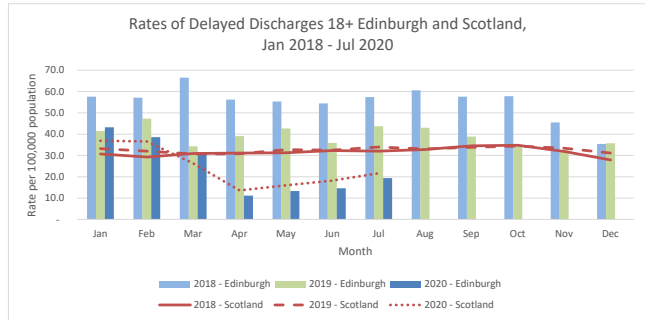
1. Local Authority figures are based on Local Authority of residence.
2. Age is calculated as at the person's ready for discharge date.
3. All delays by definition includes Health and Social Care, Patient and Family Related Reasons, and Code 9 delays.
4. Highest rate will be ranked at the top (1 = not as well performed) whereas lower rate (but better performed) will be given a lower rank.
5. Delayed Discharge rate is calculated using number of people spend in hospital when they are ready to be discharged
6. Bed day rate is calculated using number of days people spend in hospital when they are ready to be discharged.

Source:

1. PHS Delayed Discharges in NHSScotland monthly - September 2020 publication (Census and Bed days), published September 2020.
2. Rates per 100,000 population have been calculated using NRS mid-2019 population estimates, published April 2020.

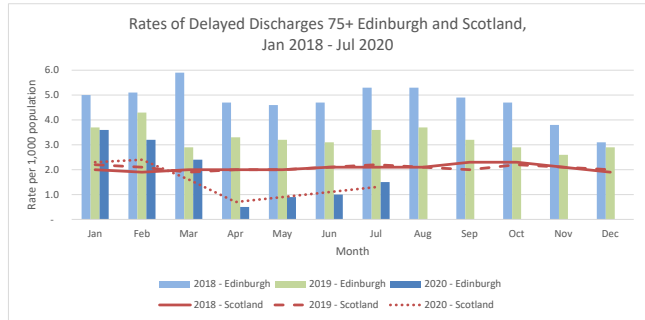
Rate of Delayed Discharge per 100,000 population for people aged 18 and over, Edinburgh and Scotland, between Jan 2018 and Jul 2020

Month	Bed day rate per 100,000 18+					
	2018		2019		2020	
	Edinburgh	Scotland	Edinburgh	Scotland	Edinburgh	Scotland
Jan	57.6	30.7	41.4	33.2	43.2	36.9
Feb	57.1	29.3	47.3	32.0	38.6	36.6
Mar	66.5	30.9	34.3	30.7	31.1	26.3
Apr	56.2	31.1	39.1	30.8	11.2	13.6
May	55.3	31.3	42.7	32.7	13.3	16.0
Jun	54.4	32.3	35.9	32.5	14.6	18.2
Jul	57.4	32.0	43.7	34.0	19.4	21.7
Aug	60.6	32.8	43.0	33.1		
Sep	57.6	34.5	38.9	33.8		
Oct	57.8	34.8	34.3	34.4		
Nov	45.5	31.9	32.5	33.4		
Dec	35.4	27.9	35.7	31.1		



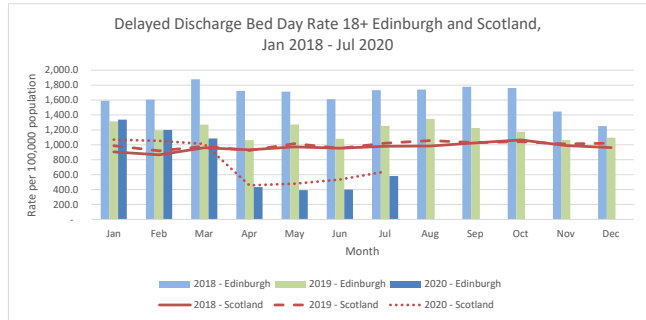
Rate of Delayed Discharge per 1,000 population for people aged 75 and over, Edinburgh and Scotland, between Jan 2018 and Jul 2020

Month	Bed day rate per 1,000 75+					
	2018		2019		2020	
	Edinburgh	Scotland	Edinburgh	Scotland	Edinburgh	Scotland
Jan	5.0	2.0	3.7	2.2	3.6	2.3
Feb	5.1	1.9	4.3	2.1	3.2	2.4
Mar	5.9	2.0	2.9	1.9	2.4	1.6
Apr	4.7	2.0	3.3	2.0	0.5	0.7
May	4.6	2.0	3.2	2.0	0.9	0.9
Jun	4.7	2.1	3.1	2.1	1.0	1.1
Jul	5.3	2.1	3.6	2.2	1.5	1.3
Aug	5.3	2.1	3.7	2.1		
Sep	4.9	2.3	3.2	2.0		
Oct	4.7	2.3	2.9	2.2		
Nov	3.8	2.1	2.6	2.1		
Dec	3.1	1.9	2.9	2.0		



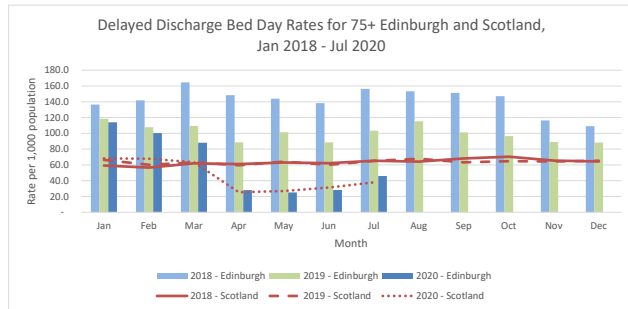
Bed day rate per 100,000 population for people aged 18 and over, Edinburgh and Scotland, between Jan 2018 and Jul 2020

Month	Bed day rate per 100,000 18+					
	2018		2019		2020	
	Edinburgh	Scotland	Edinburgh	Scotland	Edinburgh	Scotland
Jan	1,590.1	905.5	1,314.2	987.5	1,337.1	1,069.2
Feb	1,605.9	865.8	1,194.0	919.3	1,199.9	1,053.6
Mar	1,878.6	960.9	1,270.1	978.3	1,084.2	1,012.8
Apr	1,721.8	933.5	1,064.1	924.5	434.3	456.8
May	1,712.0	973.1	1,272.1	1,016.2	391.4	478.3
Jun	1,612.1	954.5	1,080.8	952.4	400.3	535.0
Jul	1,732.1	980.6	1,255.0	1,022.2	580.9	639.9
Aug	1,741.0	983.7	1,347.1	1,056.8		
Sep	1,776.9	1,025.1	1,224.8	1,029.1		
Oct	1,761.3	1,065.7	1,175.9	1,042.0		
Nov	1,445.7	990.5	1,064.6	1,012.2		
Dec	1,251.6	962.9	1,094.8	1,022.5		



Bed day rate per 1,000 population for people aged 75 and over, Edinburgh and Scotland, between Jan 2018 and Jul 2020

Month	Bed day rate per 1,000 75+					
	2018		2019		2020	
	Edinburgh	Scotland	Edinburgh	Scotland	Edinburgh	Scotland
Jan	136.5	59.3	118.3	66.3	114.1	68.3
Feb	141.8	56.6	107.8	60.2	100.4	67.8
Mar	164.6	62.0	109.4	63.1	88.1	63.4
Apr	148.3	61.0	88.6	59.6	28.0	25.3
May	143.9	63.1	101.4	64.1	25.2	26.9
Jun	138.2	62.2	88.7	60.2	28.2	31.3
Jul	156.4	65.3	103.5	65.0	46.0	37.9
Aug	153.3	64.2	115.2	67.8		
Sep	151.2	68.1	101.3	63.3		
Oct	147.0	70.4	96.4	64.7		
Nov	116.4	65.5	89.2	64.3		
Dec	109.0	64.3	88.2	65.3		



REPORT

Edinburgh Primary Care Improvement Plan Update

Edinburgh Integration Joint Board (EIJB)

27 October 2020

Executive Summary	<ol style="list-style-type: none"> 1. The EIJB requested an update on the Edinburgh Primary Care Improvement Plan (PCIP) 3 through the Rolling Actions list. 2. The annual reporting cycle for PCIP is set by the Scottish Government. 3. The latest report is at Appendix 1 dated July 2020.
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Notes the report on the full year 2019/20 at Appendix 1. 2. Notes the submission template to the Scottish Government covering the period up to 31 August 2020 at Appendix 2 (due 15 October).
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Main Report

1. The Edinburgh PCIP was first agreed by the EIJB in 2017 and is the primary care element of the Strategic Plan 2019-2022.
2. Edinburgh has a Primary Care Support Team (PCST) that covers all aspects of primary care including the PCIP. EIJB invested authority for the development

and implementation of the PCIP in the Primary Care Resources and Leadership Group, chaired by the EIJB Clinical Director.

3. The report at Appendix 1 (2019/20) followed the structure originally requested by Scottish Government in early 2020 and addresses areas such as 'Alignment to Population Needs,' and 'Premises,' which have not previously been directly associated with the PCIP. This report was developed in anticipation of the annual reporting cycle and was used to update the LMC/GP Sub meeting in August 2020, where it was well received.
4. The annual reporting cycle for PCIP progress is set by the Scottish Government. It requires Local LMC/GP Sub and IJB approval to both year-end reports and the plan for the following year. The annual cycle was interrupted by COVID-19, but the Scottish Government has requested an update on progress. The submission, due on 15 October 2020, is produced on a standard template and is at Appendix 2.
5. It should be noted that whilst some HSCPs are reported to have paused their PCIP plans during COVID-19, or even withdrawn staff from direct GMS support, Edinburgh took the opportunity to accelerate the implementation process.
6. The responsibility for implementation of the adult flu programme shifted from NHS Lothian to the Edinburgh Health and Social Care Partnership (EHSCP) as part of the PCIP. In June 2020, the EHSCP Executive Management Team supported the proposal to bring forward implementation from 2021 to 2020 in response to COVID-19 conditions and at the behest of City GPs. Arrangements to deliver c80,000 adult flu vaccinations in an 8-week period (Oct/Nov) have subsequently dominated the capacity of the PCST. It has also provided a potential blueprint to assist future planning in the provision and delivery of COVID-19 vaccines.

Implications for Edinburgh Integration Joint Board

Financial

7. The further availability of planned investment funds was confirmed by the Scottish Government in September 2020.
8. The understanding around payment for the additional costs of flu delivery remain fluid, but there is enough funding to cover the 2020/21 costs.
9. Edinburgh PCIP investment potentially rises to £9.2M during 2020/21 dependant on demonstrating appropriate application in line with the MOU (2018).
10. The full amount has been requested this financial year.

Legal / risk implications

11. See Appendix 1.

Equality and integrated impact assessment

12. A full equality and integrated impact assessment was completed for all aspects of the PCIP.

Environment and sustainability impacts

13. It is recognised that all future models of care and delivery must take due cognisance of the impacts on the environment and in respect of climate change targets, including those associated with the Edinburgh 2030 programme.

Quality of care

14. The PCIP seeks to improve the quality of care and people's experience and access to care in Edinburgh.

Consultation

15. The PCIP was widely consulted upon.

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Appendices

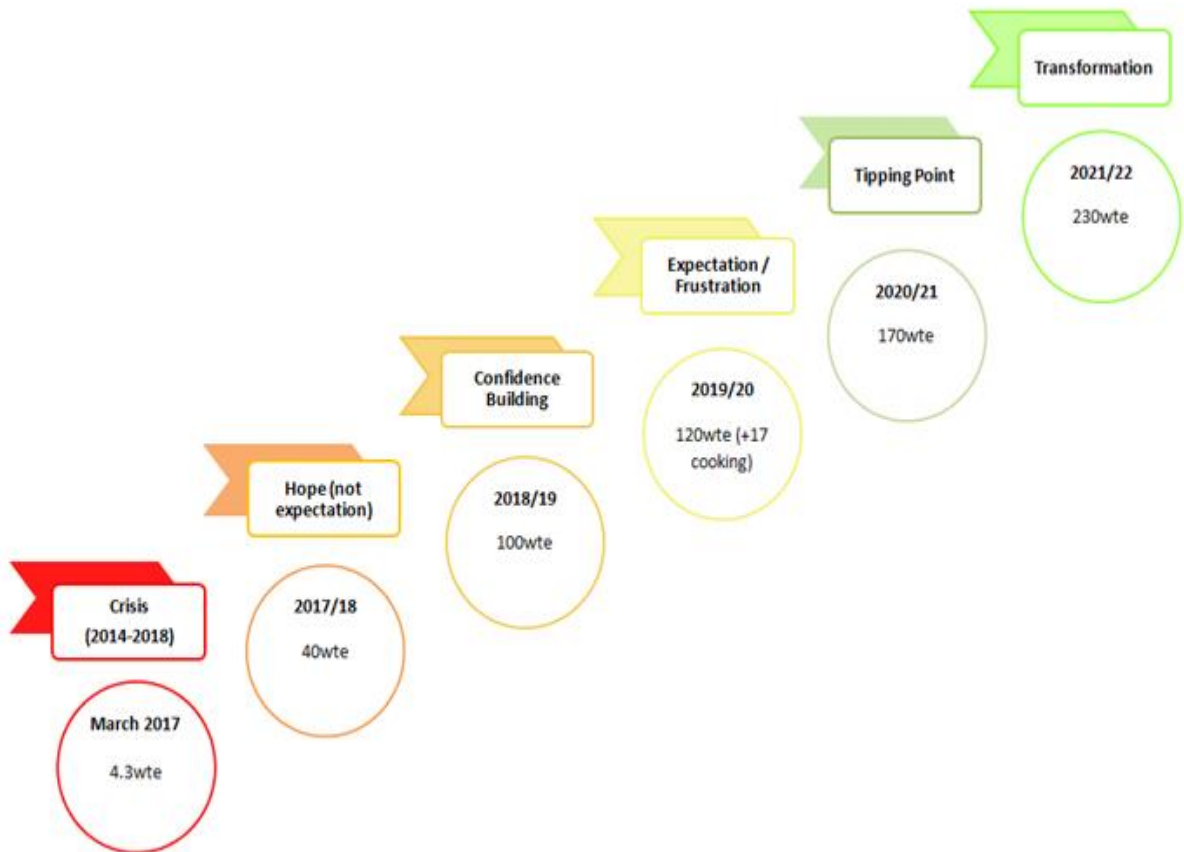
- | | |
|------------|--|
| Appendix 1 | Edinburgh PCIP 3 Update Report 31 July 2020. |
| Appendix 2 | COVID-19 PCIP 3 August 2020. |



Report

Edinburgh Primary Care Improvement Plan Update 31st July

Edinburgh PCIP Development



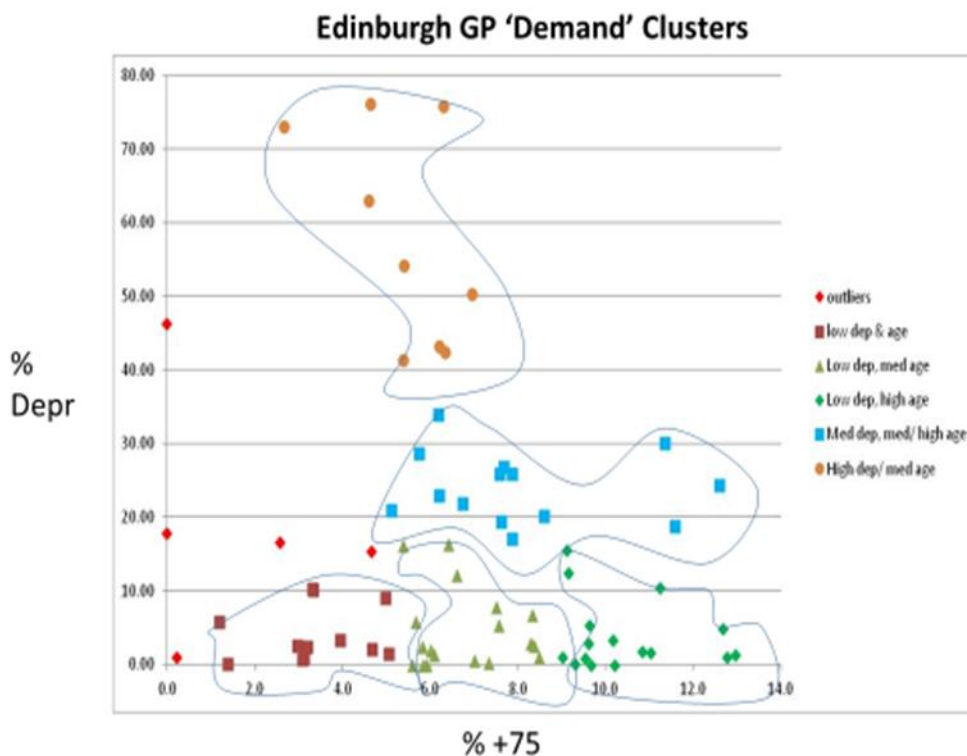
1.0 Introduction

This third Edinburgh PCIP covering the (pre COVID) period up to the end of March 2020 describes a positive picture overall. Additional population to the City continued to be able to be supported and no further GP contracts had to be surrendered during 2019/20. Significant progress has been made, but it has been far from steady and the primary care community have continued to deliver despite the inevitable frustrations that we cannot ensure everyone benefits from the PCIP investments equally, or at the same time.

The nature of the challenge changes each year. In 2019/20, there was little additional resource, and the new MDT capacity established in 2018/19 was beginning to feel the strain of relentless demand and make adjustments to ensure sustainability. The other key feature of 2019/20 was the turbulence in the new workforce, which although predicted, was nevertheless an additional pressure on teams trying their best to support new colleagues. These frustrations were tempered by increasing confidence, built on the ingenuity and hard work of colleagues, that the new workforce could be deployed effectively to allow Primary Care to flourish again..

2.0 Alignment to population needs

Edinburgh H&SCP have differentiated their 70 practices into 5 'demand groupings' (Figure 1 below) to compliment the local geographical focus provided by GP Quality Clusters.

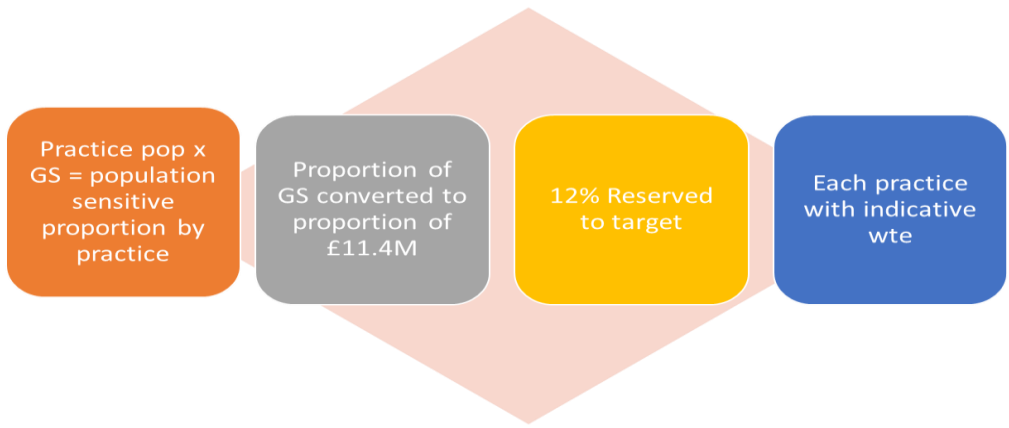


These five groupings allow us to look at key available indicators, eg prescribing costs or admissions, across practice populations with broadly similar demographic characteristics. The demands associated with the high deprivation group and the elderly/affluent group are well understood, but the variation between and

within each of the other groupings is less well appreciated. An example is the high turnover inner city populations which are a variable mix of the very vulnerable, students, young and affluent and concentrations of ethnic groups. Student populations are also a group needing specific consideration, with significantly changing geographical presence coupled with burgeoning mental health needs.

Understanding variations at this level and appreciating the very different challenges and likely solutions for our practices, led to a PCIP allocation methodology which was based on the national Global Sum allocation. This allowed us to indicate to each practice a defined expectation of resource (in wte not £). We then asked practices to choose which MDT members they would most value for their practice teams. 88% of the available PCIP (following agreed top slices) has been allocated to be used in this way. Our understanding of the national formula in relation to deprivation and workload, led us to propose that 5% of the total PCIP was top-sliced and re-distributed across practices, depending on the proportion of each practice list in SIMD category 1. A further 2% was allocated across practices according to the number of +85 year olds. We proposed that a further 5% was set aside to be used by Quality Clusters to encourage collaboration across practices. This final tranche is being reconsidered as we are likely to need this funding to support CTACS as their relevance to providing direct support gains understanding and support.

Linking Demand & Funding



In Edinburgh, our overall PCIP starting point was mixed. We were disadvantaged by historically poor investment in pharmacotherapy and community treatment rooms and coverage of childhood imms (which were still delivered directly in a significant number of City practices) – but advantaged by a group of practices which had been allocated 17C funding. The opportunity was taken during our consultation over the fair distribution of the PCIP, to ensure that 17C investments were taken into account as we allocated the PCIP resource. It was agreed that, over time, the 17c resource will be absorbed into the PCIP.

The major concern for Edinburgh remains sustainability in the face of continued population increase. In the eleven years since 2009, the practice registered population of the city has grown by 67,000 (Table1). This steady increase of c6000+ new patients per year is predicted to continue for the next 20 years and beyond. The main impact of this is that much of the PCIP resource is effectively picking up the additional impact of the non-directly population-sensitive funding allocations. Whilst GMS and prescribing allocations are tied to practice population increase, the entire surrounding primary care infrastructure (midwives, district nursing, physiotherapy, mental health etc) is not, with the additional workload

consequently often picked up by GP practices. The fact that the PCIP is neither population sensitive, nor (completely) tied to pay increases, will ultimately result in gradual deterioration of the impact of the PCIP after the implementation phase.

The table below shows the increase in population experienced together with the number of practices. Our approach has been to support our existing practices to grow rather than to establish new practices, except where agreed as the only realistic option. Edinburgh practices now have an average list size of 8000+, and at least three new practices will need to be established to meet planned population growth over the next decade.

Edinburgh GP List Sizes & Population Growth

Year (October)	Edinburgh GP List Sizes)	Edinburgh Estimated Total Population (Source: NRS) <i>*mid year estimates 2016 based</i>	% Difference	Restricted Lists	Number of practices	Number of premises
2009	505,000	463,240	9.0%		79 (as at 2000)	75 (as at 2000)
2010	510,000	469,940	8.5%			
2011	512,000	477,940	7.1%	3		
2012	519,000	482,630	7.5%	2		
2013	525,000	487,460	7.7%	7		
2014	530,000	492,610	7.6%	10		
2015	535,000	498,810	7.3%	12		
2016	542,000	503,805*	7.6%	24		
2017	548,000	512,912*	6.8%	41	72	67
2018	552,000	518,100*	6.5%	43		
2019	565,000	522,472*	8.1%	42		
2020 (January)	567,000	526,474*	7.69%	36	70	62
	<i>Assuming 5k growth per annum</i>					
2033	632,000	566,086*	6.8%			

3.0 Evaluation and evidence

This has been a major focus of attention for us from the beginning. One of the investments made to strengthen the H&SCP Primary Care Support Team was the appointment of an Evaluation Officer, initially on a 2 year basis. The underlying hypothesis was that Edinburgh was short of around 600 medical sessions per week and we set out to invest the PCIP to augment those. This relied, on the assumption that the medical workforce, whilst unlikely to grow to match increasing population, would not decline in real terms. The role of the Evaluation Officer is to look at the PCIP investments after the implementation phase, and assess to what extent each investment has contributed to the augmentation of the 600 ‘missing’ GP sessions. Thus far, we have undertaken initial assessments on practice-embedded Primary Care Mental Health Nurses, Link Workers, Physiotherapists and are currently looking at pharmacists. Each of these evaluations is fed back to the Edinburgh Primary Care Leadership and Resources Group. The Group agrees what further funding is to be released for an MOU area, based on these evaluations and the associated impact. It must be stressed that at this stage these evaluations are relatively light – but nevertheless have been sufficiently convincing and informative to continue the cycle. The expectation is that all evaluations will be repeated with broader scope and depth as part of a second cycle.

A copy of some slides from the recent (November 2019) MSK evaluation is shown below. What the slides show is the appointment workload of c4-5 sessions redirected from the GPs, and high job and patient satisfaction. What the slides do not show is a marked drop in the number of patients sent for an orthopaedic out-patient appointment, and the reduction in associated prescriptions. It is interesting to note that these 'unintended benefits' have been particularly significant at an early stage in all of the evaluations undertaken to date. We remain cautious about 'over-claiming' as the sustainability of these investments has yet to be proven.

GP APP May – Aug 2019

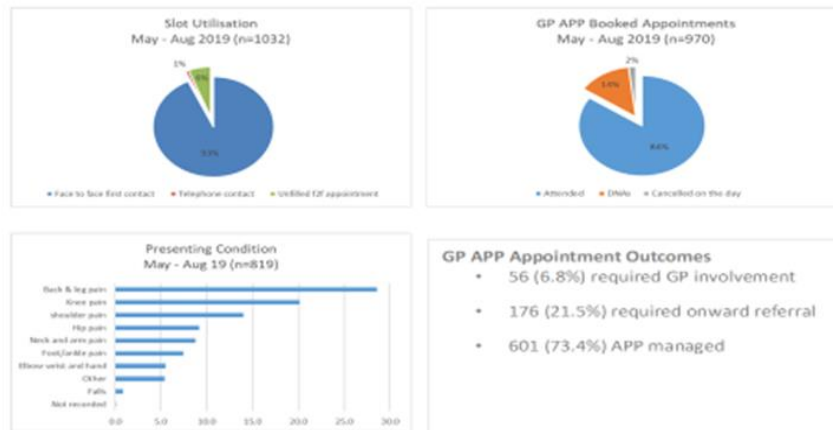


Table 2 shows our best understanding of the impact of the investments made thus far, converted into medical sessions augmented.

Table 2.

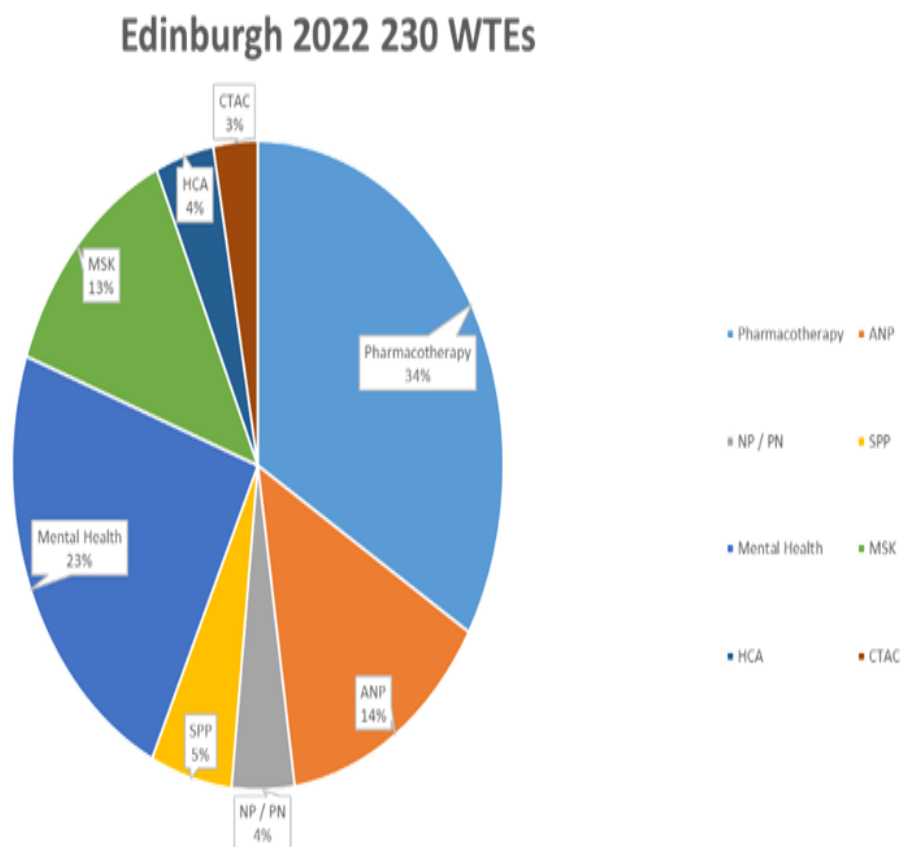
Edinburgh Primary Care Transformation Programme Impact Tracker Feb 20

	Practices Benefitting	Wte in post	Sessional Equiv (est)	Funding Origin
Pharmacotherapy	60	38.0	114	PCIP
Linkworking	29	18.0	18	PCIP/T&S/17c
Vaccs	29	3.4	10	PCIP
Nursing	19	18.8	60	PCIP/T&S
Mental Health	17	14.4	58	PCIP
MSK	12	6.0	24	PCIP
CTACS	4	3.0	9	PCIP
CL Admin	60	-	70	T&S
Tech	63	-	TBC	PCIP
TOTALS		101.6*	363	

The table shows the key relationship between the investments made and how this correlates to a number of medical sessions augmented. It should be noted that the assertion of a current total of 363 sessions (c40 wte GPs) is not yet 'real,' as a number of these posts will be vacancies or in training. Nevertheless, it is important that expectations of impact on workload are set for both the incoming MDT members and for the practices.

4.0 Steps to deliver PCIP

In simple terms Edinburgh has turned its total PCIP resources (£12.9M) into c230wte staff (+c14.0wte link Workers) distributed across the 70 practices, together with all agreed central investments. The 230wte cover all parts of the MOU, and we are actively recruiting to attract any available candidates. Progress is therefore incremental, with a small number of practices benefitting from any available staff at any point. Assessment on this progress is made available on a continuous basis to all practices together with our subjective assessment of whether they are 'red/amber/green'. Our main steps – described in greater detail below, are simply to support the effective introduction of one member of staff after another into practice teams. An important part of the Edinburgh approach is the expectation that a GP Partner takes personal responsibility for the integration of each new team member into the practice. This ensures the critical dialogue about expectations, workload management and phasing takes place in a supportive relationship.



This diagram shows how Edinburgh GPs (in mid 2018) indicated they wanted to see their allocated PCIP resource deployed across the MOU areas (excluding Link Workers). This remains a very useful guide, but we are well aware that sufficient numbers will not be available, even towards the end of 2022, to fulfil these expectations. We are optimistic that 200wte can be secured by the end of 2021/22.

5.0 MOU areas

Pharmacotherapy

- 52.3wte pharmacists appointed to 31.3.20 (includes 17.wte technicians)
- 10.0 more per year over next 2 years
- Now embedded in 68 out of 70 City practices, with 0.7wte the City practice average.
- 55% Pharmacist Independent Prescribers
- Practices with PSP level 1 & 2 & 3 (61 / 48 / 34)

CTACS

- CTAC established to serve one cluster area (10 Practices with c86,000 population)
- Despite initial reservations across City, a second and third CTAC will be established in 2020/21 with a possibility of a fourth.
- Ear irrigation, complex wound dressings & ABPI measurements are the most popular activity requested to date which would release most time for Practice Nurses. New procedures will be gradually introduced in 20/21 in discussion with Practices i
- Secondary Care phlebotomy IT still a challenge, but active work being undertaken, (with new pressure because of COVID)
- Equalities Impact Assessment undertaken to consider any negative impacts in terms of access and inequalities

ANPs (NPs & HCAs)

- 16.3wte ANP, ANP Trainees and NPs across 20 Practices
- 3.1wte HCA across 4 Practices
- 20.0wte more by March 2022

Vaccinations

- Childhood immunisations have now moved out of Practice delivery in all Practices in Edinburgh An Out of schedule Model for Childhood immunisations has been agreed and a pilot was commenced in 6 Practices to test the model. The expectation is that this will move to children services in 20/21
- Shingles Vaccination was tested within CTAC and will be moved to CTAC's when established in 20/21
- Student Vaccination model agreed for 20/21 delivery
- Adult and child flu vacs due to be delivered by EH&SCP in 2020/21 with exception of 'opportunistic' vaccinations which will continue to be delivered by Practices in 20/21
- c93,000 is current target (subject to anticipated change as at July)
- Detailed change plan available to describe intended programme
-

MSK (physio)

- 5.35wte across 12 Practices
- 22.0wte more planned by March 2022
- Initial evaluation very positive

Practice Mental Health Nurses

- 15.7wte across 16 Practices
- 35.0 more by March 2022 (Concern as at July 2020 about whether this is achievable)
- Discussing the re-design of the model of delivery to incorporate a skill mix of Nursing Bands.

6.0 Mental Health and Action15

The detailed MOU on Primary Care Mental Health Nurses (above) emphasised our confidence in this new role as a substantive increase in the capacity of primary care, together with introduction of new expertise, improved relationships and resource usage with secondary mental health services. An innovative approach to the parallel investment of Action15 Mental Health monies based on the 'Thrive' methodology was agreed by the IJB. The concept of a range of supportive investments being developed to augment community support is understood, and the initial pilot (from Feb 2020) is at a very early stage. It is not yet clear what impact this might have on GMS, or whether this will be part of the Thrive evaluation. The use of Action 15 Primary Care Mental Health funding remains outside the scope of the Edinburgh PCIP delivery arrangements.

7.0 Workforce and Skill Mix planning

The actions being taken to deliver each MOU area have been addressed in the section above, together with the mitigating actions. What has not been described is the challenge presented by turbulence in the new workforce, which we anticipate to remain acute for the next 2-3 years.

The example of pharmacotherapy is offered;

At 31.1.20 Edinburgh PCIP had funded and allocated, 38.0wte to named practices. In real terms, only c32 of these pharmacists were in post and of those approximately 50% did not yet have their V300 independent prescribing qualification, and so could not make their full contribution. In addition, across all pharmacists (with or without V300), many had not been in post long, were new to primary care or were re-considering primary care as a career choice, having appreciated the workload and risk management involved. As outlined in the evaluation section each pharmacist could theoretically augment clinical capacity by c4-5 sessions per week (+other benefits). A workforce of 38 would therefore inject capacity of around 160 sessions. In reality, the actual capacity currently being injected due to turbulence is estimated at much less, possibly around c100 sessions.

Several things are being done to mitigate this, following the example of pharmacotherapy;

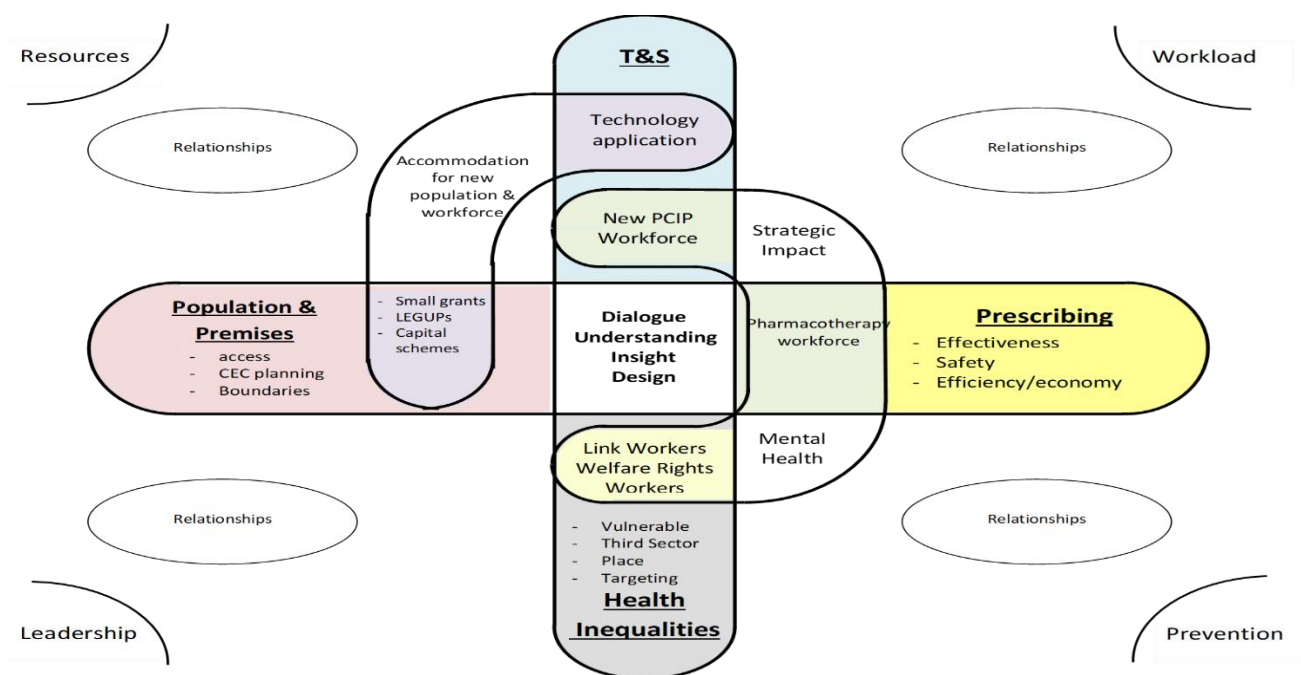
- GPs being paid for supervision of V300 - either within or out with the practice team
- Additional support to new members of staff inexperienced in primary care, and in particular the fast, pragmatic, 'Realistic Medicine' approaches required by a high volume workload
- Named senior GP as mentor for each
- Support for additional places of V300
- Conversation starting through clusters about the potential for a pharmacotherapy cluster team with skill mix and centralisation of some processes – a move away from a single pharmacist fully embedded in each team (where requested/prioritised).
- The intention would be to ensure the consistent delivery of all or part of 'level 1' across all practices, leaving levels 2&3 reliant on the presence of the practice attached pharmacist.
- A substantial investment was agreed across all Lothian H&SCPs to support the training of additional pharmacy technicians. These staff started their training in late 2019 and should begin to make an impact on workload during the latter part of 2020.

8.0 Change management capacity

Edinburgh H&SCP has recognised the strengths of a single dedicated 'Primary care Support Team,'(PCST) able to support the development of GMS primary care and complementing and linking with the contractual role of the NHS Board and its Lothian wide 'Primary Care Contracting Organisation' which covers all independent contractors and the GMS out-of- hours arrangements.

The process of **transforming** the workforce and workload is highly related to cost and quality related **prescribing**, and the introduction of the new workforce needs to be understood and managed in the context of **the population and premises** challenge. We cannot address workload in deprived population practices without an understanding of how **inequalities** manifest at the individual and community level and the co-ordination of public services and the sustained community engagement required to bring about generational change. These **four interlinked areas of support** offered by the PCST are shown below, with the consequent insight and design functions growing through reflective dialogue.

The team offers a single point of contact for most issues relevant to GMS primary care. The 'T&S' function of the team has been built partly through the PCIP and these new elements are described below.



PCIP Programme Manager – this post was required firstly to co-ordinate and report on implementation progress. Secondly, the post provides change management to individual workstreams which are not otherwise supported.

Primary Care Clinical Nurse Manager (from dec 2019) – this post has direct line management responsibility for the new nursing workforce expected to grow to 100+ wte over the course of implementation. This post will also take the lead in implementation workstreams as required.

We have c15wte Practice Mental health Nurses. Of these, three are **team leads** reporting to the Primary Care Clinical Nurse Manager, and devote around one day per week on management (mainly clinical

supervision) – so **0.8wte** in total. (Currently, management responsibilities still with overall Primary Care Service Manager but will be transferred).

Evaluation Officer – reporting to the programme manager this post undertakes the evaluation of all of the investments. In the longer term this post will support our ‘demand and workload insight’ functions.

Pharmacy Manager – where previously a single manager was able to support a small team of pharmacists encouraging cost effective and quality prescribing across all Lothian practices, the expansion of the workforce has required investment in a dedicated management post for Edinburgh.

In physiotherapy we appointed a team lead post (0.5wte) of around a day per week (0.2) devoted to management responsibilities.

Link Worker Network Manager – the Link Worker Manager was initially recruited to oversee the appointment and establishment of a network of Third Sector partners hosting government funded Link Workers who were not yet part of the PCIP. Since then the post has helped to establish Link Worker ‘tests of change’ with non deprived and elderly populations, to appoint Link Workers for practices which prioritised this support from their PCIP allocation and to promote and encourage the adoption of ‘signposting’ across all City practices. (The Edinburgh Link Worker Handbook was a useful resource developed to using our local experience).

Cluster Admin support post - devoted to supporting eight CQLs and providing a role which helps co-ordinate both information and activity. This post also provides support to the Evaluation Officer.

(Edinburgh HSCP made a request to our Leadership and Resources group for additional investment in recruitment support for a two year period to accelerate what is regarded as a very slow process which has now resulted in candidates being lost through avoidable delays. This was not supported mainly due to GP Sub opposition to a PCIP spend on what was considered an NHS Board responsibility. GPs expressed concern about Board performance in ensuring the PCIP recruitment process was effectively supported. The example serves to illustrate the robust scrutiny and debate which underpins all resource based decisions taken through the L&R Group).

A further investment has been made from the PCIP in supporting the **Edinburgh Practice Manager network**. A previous Lothian network had gradually eroded due to lack of support and funding and we ensured that each practice received a token stipend as compensation for their PM being one of the Locality Lead PMs. We gave the group of 4 PM Leads funding to organise 2 conferences per year and the potential to do pieces of work collectively, rather than always through individual practices. These have proved very successful and we believe have supported rapid change.

We have also **funded GP sessions** to be involved, or to lead the various workstreams.

In regard to the exchange of ‘what works’, Edinburgh and Lothian have several fora in which this happens.

9.0 Health Inequalities

As described earlier, the PCIP consultation (2018) proposed a top slice of 5% of the total PCIP to be redistributed amongst practices according to the percentage of the list who are SIMD 1 patients. Prior to this, the national allocation of Global Sum does account for deprivation, so this baseline allocation was already sensitised to deprivation. In addition, the £1.1m (ENRAC share) of the contract devoted to a link working network was ‘top-sliced’ before the remainder was turned into the 230wte posts to be distributed across all practices. Effectively therefore, c£1.7M or 13% of the PCIP was used to specifically strengthen the allocation to practices with economically deprived patients

EH&SCP was allocated recurring funding prior to the New Contract for stability functions ie practices unable to continue without support. As stability gradually returns to the system we have proposed that the equivalent of a further 5% of the PCIP from **these separate funds** is applied to practices which are not able to cope with their routine workload. Practices who want these additional non PCIP resources will need to contribute 50% of the staff costs. Whilst we will restrict applications to those practices which we understand have high workloads and low earnings, we anticipate that most applications will be from practices with high deprivation populations.

The question is often asked in relation to deprivation – did we go far enough in recognising the additional challenge and associated workload. Our answer is that we did not. The fair distribution of resources is a sensitive matter and we took the view that all practices had challenges, and needed to benefit materially. The PCIP alone could not be expected to ‘level up’ all practices, and we do not **yet** have sufficiently robust workload and demand insight to move far from the national allocation formula.

10.0 Premises

Edinburgh has particular challenges around premises. The diagram below summarises the major premises issues in each locality in 2017. The purple lettering indicates where we have delivered a new scheme and resolved the situation. The white lettering denotes those schemes which remain outstanding and the red lettering those which are currently urgent &/or underway.

What needs to be done? Major and Intermediate Schemes 2017



- Limited investment in new primary care premises over past 20 years with many obsolete premises (20 out of 60 City premises merit immediate replacement owing to condition or capacity or both). Realistically, NHS Lothian can afford only one development in Edinburgh each year which increasingly forces us into crisis solutions as investment falls further behind.
- Difficulty in identifying opportunities to develop new premises within a City with rapidly growing and competitive market for any site opportunities. When combined with governance stipulations (SCIM), this virtually rules out any open market opportunities.
- In response we have used a series of ‘small schemes’ over the last four years to support practices with suggestions as to how adjustment of their practice building would allow them to increase their list size by 500+. This has worked for 40+ practices, but we are likely reaching the limits of this approach. (To be revisited with experience of COVID working arrangements).

- Often (but not exclusively) in tandem with the small schemes we have offered prospective 'LEGUP' grants where a practice is given a one off £25k grant to encourage/facilitate practices to grow by 500+ patients within a year and that this increase is maintained for at least 3 years. (This was particularly important in the period of uncertainty prior to the New Contract where many practices understood that increasing their list size could have been financially disadvantageous).
- We also introduced 'intermediate schemes' and had £1.2M ear-marked in the NHS Lothian Capital Plan for this purpose. This has allowed more ambitious augmentation/redesign of existing premises to facilitate population increase. Two of these have been completed, one is underway and another is planned for the coming year.
- An extensive assessment of premises in relation to growing population was completed in early 2014 with extensive GP engagement. This allowed us to understand the position of each practice across the City in relation to population increase likely to impact directly or indirectly and to generate the mechanisms described above. This exercise has been repeated at 2 year intervals to check local understandings and new housing market and planning circumstances.
- The Sustainability loans are a further helpful mechanism to potentially help with financial stability, but they do not address the underlying challenge of lack of investment in premises.
- 23 of Edinburgh's practices are owned by the GP Partners, and in many they will look to release their investments over the next few years, as new partners decline to buy in to a share of the building. Other solutions will be required to avoid the withdrawal of these premises from GMS use.
- Funding was made available by Scottish Government in late 2019 to address minor premises issues. This funding was augmented with some uncommitted small schemes funding and some PCIP under spend and a list was priorities across the City, which directly helped 32 practices make improvements to their practice facilities. (Separate report submitted to Scottish government).

11.0 Digital

Over the last 2 years the Edinburgh PCST has made available 50% contribution funding to encourage use of technology which reduces workload for practice teams. Most of this has been fairly routine; automatic check in/texting/laptops for home visits/larger computer screens. This approach has also allowed us to develop thresholds as appropriate eg we only fund 50% of a surgery pod for practices with lists of 6000+. The vision was to encourage adoption as 'normal' and to fund the enthusiasts 100% to try anything new. 65 of our 70 practices have benefitted to date. We have yet to report on the estimated workload impact which this investment has made, but the scheme has proven popular and some initial evaluation has been

encouraging. We will continue to fund 'tranches' of new technology at 50% through the PCIP using under spend funding.

12.0 Patient Engagement

We looked carefully at the widespread patient information exercises which have been carried out in other parts of the country. This was discussed with both GPs and the Practice Managers. The consensus to date was that the PCIP represents accelerates evolution rather than revolution, and that these changes are much better managed at practice level.

13.0 Looking Ahead

This report was written before the experience of the COVID pandemic, which will be subject to more examination in the 2021/22 report. Briefly, we believe the experience of the pandemic has accelerated and strengthened the MDT relationships and working practices which are the foundation of our Edinburgh

PCIP approach. The resilience of practices undoubtedly benefitted from the MDT staff who were already embedded. It was important that throughout the pandemic there was no attempt to withdraw practice embedded staff – although this happened once with practice agreement for a period of three days only.

David White

Edinburgh HSCP Strategic Lead Primary Care & Public Health

Appendices

- **PCIP implementation detail by practice**



EDI Employed PCIP
& T&S and Requeste

- **Recurring commitments by MOU area**



Recurring
Commitments Only (

Covid PCIP 3
Health Board Area: Lothian
Health & Social Care Partnership: Edinburgh
Number of practices: 70

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/8/20
Practices with PSP service in place	0
Practices with PSP level 1 service in place	0
Practices with PSP level 2 service in place	0
Practices with PSP level 3 service in place	0

Comment / supporting information: **69 practices out of Edinburgh 70 Practices requested PSP as part of their PCIP WTE Allocation.**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous soon as this is possible. **We have continued to employ further PCIP Pharmacists and develop the service through out the Covid 19 period. A**

2.2 Community Treatment and Care Services	Practices with no access by 31/8/20
Practices with access to phlebotomy service	55
Practices with access to management of minor injuries and dressings service	55
Practices with access to ear syringing service	55
Practices with access to suture removal service	55
Practices with access to chronic disease monitoring and related data collection	55
Practices with access to other services	

Comment / supporting information: **Edinburgh will have a multi CTACs to support the City practices with 1. Complex Dressing 2. Doppler ABI 3**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20
Pre School - Practices covered by service	
School age - Practices covered by service	
Out of Schedule - Practices covered by service	
Adult imms - Practices covered by service	70
Adult flu - Practices covered by service	
Pregnancy - Practices covered by service	
Travel - Practices covered by service	70

Comment / supporting information: **Vaccinations Programme is delivered via Edinburgh Primary Care Support Team Management (CTAC Team**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous **Flu. The delivery of the adult flu programme for Edinburgh has been a huge undertaking for Edinburgh Primary Care Support Team (Target 81.**

2.4 Urgent Care Services	Practices with no access by 31/8/20
Practices supported with Urgent Care Service	17

Comment / supporting information: **42 practices out of Edinburgh 70 Practices requested ANPs , NPs & SPP as part of their PCIP Allocation. De**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous

Additional professional services	Practices with no access by 31/8/20
2.5 Physiotherapy / MSK	
Practices accessing APP	16

Comment / supporting information: **38 practices out of Edinburgh 70 Practices requested MSK APP as part of their PCIP Allocation**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous

2.6 Mental health workers (ref to Action 15 where appropriate)	Practices with no access by 31/8/20
Practices accessing MH workers / support	37

Comment / supporting information: **53 practices out of Edinburgh 70 Practices requested Mental Health Practice Nurses as part of their PCIP**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous **This delayed advertising and appointing further Nurses following the success of the initial phase of appointments.**

2.7 Community Links Workers	Practices with no access by 31/8/20
Practices accessing Link workers	3

Comment / supporting information: **Beside the National LW Programme in 21 practices 17 Practices out of Edinburgh 70 Practices requested L**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous **detailed information available**

2.8 Other locally agreed services (insert details)	Practices with no access by 31/8/20
Practices accessing service	

Comment / supporting information: **: 50/50 Deals in 17 Practices Clinically (The Plan the 18wte to be part of the PCIP) and Clinical Admin Supp**
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous **Develop Leadership and support to GMS.**

2.9 Overall assessment of progress against PCIP

Specific Risks
Risks are common across Scotland - lack of available professionals to take up the roles/risk of destabilisation of other systems as staff move ANPs away from out - of hours. Potential clinical risks of stretched primary care teams not supporting new roles adequately - so far heavily re primary care posts and developing the roles. Locally, the impact of the PCIP is diluted by the additional capacity being used to support a popu without commensurate investment beyond GMS and prescribing allocation uplifts.

Barriers to Progress
Please detail any barriers to progress and what could be done to overcome those barriers: **lack of investment in primary care premises to matc unable to accommodate anyone else in the building irrespective of the help and capacity they bring.**

Issues FAO National Oversight Group
Still lack of clarity/different understandings over the implementation of the New Contract: Local interpretation has prioritised practice choic beyond city wide removal of vaccinations and the proportion of funds to be spent on a Linkworker network. The extent to which the Action 1 going through GMS remains unclear, as does required 'sign-off' for investments. Helpful if there was a minimum proportion of the Action 15 the governance for the Primary Care element of Action 15 is aligned with PCIP. **Edinb**
Investment funds (c£500k) to ensure a base line of 50% of Docman undertaken by Admin Staff. This has been very successful. Consideration : the PCIP (Further details, Data, Evaluation available on request)

Workforce profile

Health Board Area: Lothian
Health & Social Care Partnership: Edinburgh

Table 1: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL headcount staff in post as at 31 March 2018	0	0	0	0	0	0	0	0	0	0	0	20
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	25	3	3	4	0	0	0	0	15	5	0	0
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	15	2	2	1	0	5	2	0	3	2	0	4
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	24	15	9	3	0	16	6	5	17	12	2	3
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	20	4	4	4	0	11	6	2	21	14	2	0
TOTAL headcount staff in post by 31 March 2022	84	24	18	12	0	32	14	7	56	33	4	27

[a] please specify workforce types in the comment field

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 2: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.2
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	21.3	3.0	4.4	3.1	0.0	0.0	0.0	0.0	14.4	3.9	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	10.0	18.0	0.0	0.0	0.0	5.0	1.5	0.0	3.0	1.5	0.0	6.1
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	14.4	0.0	6.4	2.8	0.0	16.0	4.0	4.0	17.0	8.6	2.0	1.7
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	12.0	3.2	3.0	5.0	0.0	10.0	5.0	1.5	16.0	12.0	2.0	0.0
TOTAL staff WTE in post by 31 March 2022	57.7	24.2	13.8	10.9	0.0	31.0	10.5	5.5	50.4	26.0	4.0	23.0

[a] please specify workforce types in the comment field

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Comments: The numbers will vary as the Recruitment Progress & Staff Cost / Headcount is an estimate. Vaccinations: is delivered via Edinburgh Primary Care Support Team Management (CTAC Team , Travel Clinic, Practice Nurses through Staff Bank, Midwives, School Nurses & Health visitors)

REPORT

Finance update

Edinburgh Integration Joint Board

27 October 2020

Executive Summary

The purpose of this report is to provide the Integration Joint Board (IJB) with an update on projected in year financial performance.

Recommendations

It is recommended that the committee:

1. note the current year end forecasts provided by our partners;
2. note the recently announced funding allocation to meet the additional costs of COVID-19;
3. recognise that further work is required to better understand the impact of both this and future allocations on the financial out turn for delegated services; and
4. agree the phase 2 savings and recovery programmes set out in this paper.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

1. The figures contained within this report will be considered by the Performance and Delivery Committee (P&D) on 16th October 2020.

Main Report

Background

2. At its meeting in July the IJB agreed the 2020/21 financial plan, which set out how financial balance could be achieved in year. In August, the board agreed to implement the nationally agreed 3.3% contract uplift to support providers to pay all employees the Scottish Living Wage. This would incur an additional cost of £6.7m for which budget of £3.3m was available. Thus causing a £3.4m gap in the previously balanced financial plan.
3. At the same meeting the IJB also received a report which set out the year end forecasts provided by our partners. These projections indicated a year end overspend of £10.9m, before applying the impact of the contract uplifts. As part of their considerations the board recognised that both partners (the City of Edinburgh Council – the Council and NHS Lothian) had commissioned work to further understand the financial impact of COVID-19 and how any funding made available by the Scottish Government (SG) would affect the overall financial position. In the context of this further work and the prevailing uncertainty, the paper confirmed that the Chief Finance Officer was not, as yet, in a position to give the IJB assurance on the likely final impact on the IJB's finances.

4. Towards the end of September, the Cabinet Secretary announced a funding package totalling £1.89bn to support health and social care costs. Of this, NHS Lothian received £78.3m, including £18.1m for the 4 health and social care partnerships in the area. Both the accompanying letter and ongoing feedback from SG officials emphasised the intention to fully fund the financial impact of COVID-19. Until further allocations are received this clearly remains a risk for all health and social care bodies across Scotland. The allocation is discussed in further detail in paragraphs 14 to 16 below.
5. Although the updated financial projections provided by partners continue to show an overspend by the end of the year, these do not currently reflect: all the funding either currently confirmed; or funding which has not yet been received, but where the SG has given a commitment. This would clearly improve the forecast however, the quantification of this will not be clear until the proposals for the allocation of the funding are finalised. Even then, the allocation of monies from SG in future months, will have further implications which are even more difficult to quantify at this stage. There is no doubt that the current operating environment makes producing robust financial projections extremely challenging.
6. There is a clear risk that agreeing stringent additional savings at a time of significant uncertainty could lead to unnecessary public concern at a time when the country is facing an escalation in the measures required to fight a second wave of the COVID-19 pandemic. For this reason, it is recommended that officers continue to work through the implications of the funding received, in order to provide the board with more informed advice on the extent to which additional savings are required. If required, a special meeting will be arranged for November.

Overview of financial position

7. As members are aware, the IJB “directs” budgets back to our partner organisations, the Council and NHS Lothian, who in turn provide the associated services. The majority of these services are delivered through the Partnership, with the balance being managed by NHS Lothian under the strategic direction of

the IJB. Management of financial performance is undertaken through the governance arrangements in the 2 partner organisations and the Partnership.

8. The information in this report is based on the period 5 monitoring from the Council and the results to the end of August as provided by NHS Lothian. Table 1 below summarises the projected year end operational position for delegated services, before the application of the next tranche of SG funding. Further detail is included in appendices 2 (the Council) and 3 (NHS Lothian).

	Annual			Variance to end August £k
	Budget £k	Forecast actual £k	Variance £k	
NHS services				
Core	299,875	303,140	(3,265)	(2,102)
Hosted	90,843	92,505	(1,662)	(458)
Set aside	89,469	94,387	(4,917)	(1,613)
Sub total NHS services	480,188	490,032	(9,844)	(4,174)
CEC services	228,508	233,160	(4,652)	(1,938)
Living wage		3,400	(3,400)	(1,417)
Total	708,696	726,592	(17,896)	(7,529)

Table 1: IJB year end forecast 20/21

9. As described above and in previous reports, interpreting these results at this time of particular uncertainty is not straightforward. Both partner organisations have commissioned further work to fully understand the: underlying drivers of the position; the financial impact of COVID-19 on the actual costs incurred to date; the consequences for the rest of the financial year; and the extent to which the SG funding will offset these costs.
10. Financial forecasts will continue to be updated as the finance teams work through the exercises discussed in this paper, remobilisation plans are refined and the financial consequences become clearer. This work will provide the IJB with further information which will, in turn, influence the approach required to address any residual financial gap.

City of Edinburgh Council

11. The Council has just completed its period 5 monitoring report which shows a projected overspend on delegated services of £4.7m for the year. This excludes the impact of the living wage payments agreed in August. Including this will increase the year end position to £8.1m. The methodology underpinning the forecast was outlined in the September report to the committee. As discussed elsewhere in this paper work is ongoing to better understand the drivers of the position but headlines are:

- *Care at home/care and support* (£2.2m/£1.7m overspent respectively) – after initial reductions in March and April service provision (and costs) has been steadily increasing over recent months. Initial evidence is that a number of factors are influencing this, including packages being set up to compensate for other services which are not available during the pandemic (e.g. day services); where family and community support is proving more difficult to sustain as lockdown eases and people return to work, and as an alternative to care home placements. As previously reported, the forecast assumes 3% growth and officers from the Council's finance team are working closely with Locality Managers to review this assumption in the context of the 'grip and control' work which is underway.
- *Day services* (£0.6m under) – reflecting services paused during the pandemic.
- *Residential services* (£0.2m over) – as with care at home and care and support costs fell significantly at the start of the pandemic. These are now increasing as more people are requiring respite, often in privately run care homes.
- *Internal services* (£1.1m under) – continued vacancy levels across a range of services, predominantly homecare where recruitment has been being controlled for the last year.
- *Income* (£2.5m over) – partly due to a lower use of residential and day care services during the pandemic and partly to slippages in timescales for

undertaking financial assessments. Funding of £1.9m has been received as part of the SG package to offset this but, to be consistent with the NHS Lothian approach to reporting, has not been recognised in the figures as yet. As discussed below, a contingency of 30% has been retained by the Scottish Government and it is anticipated that, if this loss of income remains as projected, further funding will be allocated in January.

NHS Lothian

12. NHS Lothian has now published the financial results to the end of August and has finalised their quarter 1 review. The impact on the IJB is estimated to be an overspend of £9.8m by the end of the year. As with the Council, efforts are being made to better understand and refine the position. Information continues to be worked through relating to the IJB position. NHS Lothian will report to their Finance And Resources Committee that ‘the nature of disaggregating costs at cost centre level makes IJB financial performance reporting more complex with COVID-19 costs incurred across set aside, hosted and core areas, and this is compounded by the centralisation of significant cost elements. It is likely that a proper assessment of the IJB financial variances will only be possible once the COVID-19 funding allocation has been distributed accordingly across areas’.
13. As with the Council, the basis of the NHS Lothian forecasts was covered in the September paper to P&D. Key variances include:
 - *GMS* (£2.2m over) – reflecting increased payments made to GPs during the pandemic (£1.5m) as well as increased pressure within NHS board managed GP practices (S2C) (£0.5m) and resulting from maternity & sick costs (£0.2m). As discussed below funding is anticipated to offset the costs incurred as a result of the pandemic although this has not been reflected in the current allocation.
 - *Mental health* (£1.0m under) - continuing high levels of vacancies, particularly in nursing.
 - *Prescribing* (£2.9m over) – price per item remains significantly higher than budgeted prices, creating a £1m year to date overspend. The main cause

of the price spike appears to be in relation to the short supply of an anti-depressant drug, Sertraline, along with a change in the usual mix of medicines. The price of Sertraline has been reducing latterly, bringing the overall cost per item down, but there is still uncertainty about the level of the recovery possible in year and a £2.9m overspend is currently forecast. The prescribing overspend has been classified as a COVID-19 related cost pressure.

- *Hosted services* (£1.6m over) – caused by 2 main COVID-19 related pressures: additional costs of the pan Lothian out of hours GP service (LUCS); and pressures in the Royal Edinburgh Hospital. The underlying position will only be clear when the application of the SG funding is agreed and applied to budgets.
- *Set aside services* (£4.3m over) – the complexities inherent in the methodology used to translate financial performance on a business unit basis to the implications for the IJB via the mapping table requires further analysis. As above this will also be impacted by the recently announced SG funding.

Funding for the financial impact of COVID-19

14. On 29th September 2020 the Cabinet Secretary announced in parliament funding totalling £1.089bn to support health and social care. This was followed by a letter from the SG Director of Planning for Health and Social Care confirming NHS Lothian's allocation of £78.3m. The letter also gave further detail of how the methodology underpinning the allocation, the principles of which are summarised below:

- funding has been provided based on actual costs for the first quarter of the year, with a share of future costs anticipated from quarter 2 until the year end;
- a further allocation will be made in January, reflecting the latest information available on costs across all Boards and IJBs;

- At this stage exclusions have been made to allocations, with follow up required. In the latest allocation (recognising the level of variability in board estimates), lost efficiency savings have not been included within the funding. Significant variation across boards has led the SG to determine that this will be subject to further discussion on a board by board basis. Similarly, offsets have not been adjusted for at this stage, again due to the level of variation across health boards;
- Resource allocations are based on a mix of actual costs and NRAC share. Across health boards, for those elements of cost that would be supported by an NRAC allocation, funding is capped at the lower of cost incurred or NRAC. For Lothian, this means a shortfall in funding of circa £4m at this stage against full requirement for the first quarter of the year, with further discussion required with the SG on how this gap might be closed.
- In principle, funding should be allocated between NHS Boards and Integration Authorities on the basis of the tables supplied by the SG, however Boards and Integration Authorities may agree to allocate funding flexibly between categories to better recognise local pressures and priorities.

15. The detailed schedule is attached at appendix 3.

16. As can be seen from paragraph 14 above, the position with the recently announced funding is complex and will take some time to work through. This is being led by the NHS Lothian Director of Finance and will involve the 4 Chief Finance Officers as required. The key point of importance is the SG commitment to fully fund the financial impact of COVID-19 and that further allocations will follow as the year progresses and the level of uncertainty abates.

Savings and recovery programme

17. In July 2020 the IJB agreed a phased Savings and Recovery Programme to deliver in year savings of £15.9m, recognising that this was both achievable and challenging. Delivery is overseen by the Savings Governance Board, chaired by the Chief Officer. This group meets monthly with all project leads submitting progress reports which inform the overall dashboard prepared by the Programme Manager. This approach is part of the Savings Governance Framework which has been put in place following the recent internal audit review of the governance of the programme. The framework considered not only the requirement for immediate savings to ensure financial balance, but provided a clear and structured approach for future years, that aligns with our partners financial planning processes. As appropriate, we have also recognised within the framework, links to the transformation programme to ensure that proposal development, delivery and benefits realisation (including savings) are monitored collaboratively to avoid duplication.
18. As part of the framework, identified proposals were structured into phases that span both this and next financial year detailed in appendix 4.
19. The four phases under which the proposals have been grouped are
 - Phase 0 - Includes proposals that have already been approved by EIJB
 - Phase 1 - proposals which were approved by the EIJB at their meeting on the 21st July 2020
 - Phase 2 - proposals which we identified as our route to financial balance, and which following additional work since July 2020 we are now seeking approval
 - Phase 3 - proposals at planning stage, to ensure savings can be realised in the next financial year
20. The proposals that sit within phase 2 of the savings and recovery programme were identified in our original plan as our route to financial balance. Following additional work on these four proposals since July 2020, which includes

developing high level project briefs detailed in appendix 5, we are now seeking the IJB's approval to implement them.

21. The number of proposals in phase 2 has reduced from the original six proposals presented to the IJB in July 2020 to four proposals. The two changes are as a result of an amalgamation of two proposals (review hospital bed based and review care home provision) into bed based project (phase 1) and the movement of the medical day hospital from phase 2 to phase 3 as there was no forecast saving in this financial year.
22. The phase 2 proposals presented for approval, either anticipate a greater saving realised from a proposal already approved (purchasing) or are due to financial slippage in core budgets in year and as such will not result in any service or policy change.
23. The impact of the proposed phase 2 proposals, along with phase 0 and phase 1 on the savings and recovery programme is detailed in table 2 which also shows the increased savings requirement following the board's agreement in August. All things being equal, this shows a remaining gap of £3.4m (i.e. assuming that all schemes deliver as intended). This shortfall has been captured in the mobilisation plan although, as discussed above, national discussions are ongoing on the extent to which slippage in savings will be funded by the SG.

	July 2020 Savings £m	Updated Oct 2020 £m
Savings requirement		
Original	15.9	15.9
Living wage (3.3% contract uplift)		3.4
Updated requirement	15.9	19.3
<i>Savings and Recovery Programme</i>		
Phase 0	2.96	2.91
Phase 1	8.95	8.95
Phase 2	3.99	4.04
Total Savings and Recovery Programme	15.90	15.90
Net position	0	3.4

Table 2: Impact of savings and recovery programme 2020/21

24. It is important to note that given the ever changing landscape presented by COVID-19 it has been necessary to apply a degree of estimation and assumption based on experience and knowledge available, when developing the proposals. Where assumptions have been made and constraints or dependencies identified these have been articulated as clearly as possible within the savings proposals and as with any risks, mitigations identified as appropriate.

The future: rolling savings programme/sustainability programme

25. Since July 2020, work has been ongoing to refine the Savings Framework, ensure clear strategic alignment and strengthen links with the Transformation programme. These steps will not only aid decision making, but will help us achieve the ambition of rolling Savings Programme and support the route to financial balance in future years.

Implications for Edinburgh Integration Joint Board

Financial

26. Outlined elsewhere in this report

Legal/risk implications

27. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. Of particular note are:
- a) forecasts will vary as service driven mobilisation and remobilisation plans are developed and financial impacts crystallised;
 - b) the extent to which COVID-19 costs will be met by the Scottish Government through the mobilisation planning process;
 - c) delivery of the savings and recovery programme in line with projections;
and
 - d) that there will be no further waves of COVID-19.

Equality and integrated impact assessment

28. Where identified as appropriate, Integrated Impact Assessments have been undertaken for both the individual savings proposals and the savings programme as a whole.

Environment and sustainability impacts

29. The environmental impact of the savings proposals within the savings programme, were considered as part of the completed Integrated Impact Assessments.

Quality of care

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

Consultation

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

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Appendices

Appendix 1	Year end forecast for Council delegated services
Appendix 2	Year end forecast for NHS delegated services
Appendix 3	Scottish Government COVID-19 funding
Appendix 4	Savings and recovery programme 2020/21
Appendix 5	Savings programme high level project briefs
Appendix 6	Glossary of terms

YEAR END FORECAST FOR COUNCIL DELEGATED SERVICES

Service	Annual				Variance to end August £k
	Budget £k	Forecast actual £k	Variance £k	%	
External					
Assessment and care management	519	519	0	0.00%	0
Care at home	31,564	33,747	(2,183)	-6.92%	(910)
Care and support	56,844	58,593	(1,749)	-3.08%	(729)
Day services	13,842	13,260	582	4.20%	243
Direct payments/individual service funds	35,997	35,950	47	0.13%	20
Other services	10,866	10,637	229	2.11%	95
Residential services	65,822	65,979	(157)	-0.24%	(65)
Total external services	215,454	218,685	(3,231)	-1.50%	(1,346)
Total internal services	114,294	113,236	1,058	0.93%	441
Total costs	329,748	331,921	(2,173)	-0.66%	(905)
Income and funding					
Customer and client receipts	20,115	17,586	2,529	12.57%	1,054
Cost recovery	25,299	25,443	(144)	-0.57%	(60)
Funding (SCF/ICF/RT)	55,826	55,732	94	0.17%	39
Total income and funding	101,240	98,761	2,479	2.45%	1,033
Net position	228,508	233,160	(4,652)	-2.04%	(1,938)

YEAR END FORECAST FOR NHS DELEGATED SERVICES

Service	Annual				Variance to end August £k
	Budget £k	Forecast actual £k	Variance £k	%	
Core services					
Community Hospitals	12,946	12,641	305	2%	75
District Nursing	11,969	11,627	342	3%	119
Geriatric Medicine	2,736	2,649	87	3%	(71)
GMS	83,549	85,748	(2,199)	-3%	(1,938)
Learning Disabilities	1,177	1,144	33	3%	51
Mental Health	10,753	9,819	934	9%	567
PC Management	49,197	49,006	191	0%	(31)
PC Services	9,676	9,850	(174)	-2%	(94)
Prescribing	76,117	79,052	(2,935)	-4%	(949)
Resource Transfer	25,536	25,536	0	0%	1
Substance Misuse	4,472	4,380	92	2%	130
Therapy Services	10,060	10,125	(65)	-1%	22
Other	1,686	1,562	124	7%	18
Sub total core	299,875	303,140	(3,265)	-1%	(2,102)
Hosted services					
Community Equipment	1,860	2,276	(416)	-22%	(306)
Complex Care	1,598	1,393	205	13%	9
Hospices & Palliative Care	2,956	2,960	(4)	0%	(8)
Learning Disabilities	7,887	8,106	(219)	-3%	146
LUCS	5,596	7,776	(2,180)	-39%	(904)
Mental Health	27,941	29,098	(1,157)	-4%	(388)
Oral Health Services	9,951	9,762	189	2%	128
Primary Care Services	2,957	2,817	139	5%	95
Psychology Services	4,970	4,979	(9)	0%	28
Public Health	1,063	971	92	9%	17
Rehabilitation Medicine	5,039	4,584	455	9%	220
Sexual Health	3,705	3,528	177	5%	116
Substance Misuse	2,161	2,157	4	0%	46
Therapy Services	7,374	7,062	312	4%	183
UNPAC	3,746	3,532	214	6%	(111)
Other	2,040	1,504	535	26%	272
Sub total hosted	90,843	92,505	(1,662)	-2%	(458)
Set aside services	89,469	94,387	(4,917)	-5%	(1,613)
Total	480,188	490,032	(9,844)	-2%	(4,174)

SCOTTISH GOVERNMENT COVID-19 FUNDING

	NHS Lothian (£000s)			
	Allocation Basis	Health Board	HSCP	Total
Q1 Total as per COVID-19 Finance Return		13,793	15,337	29,130
<i>Less Exclusions</i>				
Social Care Spend	Actuals	-	(4,480)	(4,480)
Underachievement of savings	N/A	(1,183)	(2,671)	(3,855)
Offsetting Savings	N/A	11,481	-	11,481
Personal protective equipment	Actuals	(446)	(1,023)	(1,469)
Hospice Loss of Income	N/A	-	-	-
FHS Payments	N/A	-	(5,567)	(5,567)
Louisa Jordan Costs	Actuals	-	-	-
Q1 Spend for NRAC calculation		23,645	1,596	25,241
NRAC Share of Total		14.96%		21,224
Q1 Calculated Allocation (Lower of NRAC/Actual)		19,874	1,349	21,224
<i>Add back:</i>				
Social Care Spend	Actuals	-	4,480	4,480
Personal protective equipment	Actuals	446	1,023	1,469
Louisa Jordan Costs	Actuals	-	-	-
Q1 Allocation		20,320	6,852	27,172
Q2-4 Total as per COVID-19 Finance Return		72,470	40,388	112,858
Allocations- 70% of actuals or NRAC share				
PPE	Actuals	447	375	822
Social Care (payments to third parties, DD reduction)- 50%	Actuals	-	12,289	12,289
Elective/Planned Care (100% allocated)	Actuals	6,837	-	6,837
Test and Protect	Actuals	1,931	-	1,931
Hospital scale up - Staffing and beds	Actuals	13,653	711	14,364
Loss of income	Actuals	8,488	2,029	10,516
Louisa Jordan	Actuals	-	-	-
Equipment and Maintenance costs	NRAC	2,672	54	2,726
Other	NRAC	-	1,464	1,464
Primary care	NRAC	823	2,517	3,340
Digital transformation	NRAC	731	108	839
Remobilisation	NRAC	1,502	-	1,502
Additional HSCP staffing costs	NRAC	-	2,960	2,960
Public Health Measures (including flu)	NRAC	2,689	-	2,689
Total allocation for Q2-4		39,773	22,506	62,280
Difference between Q2-4 Forecast and allocation				(50,578)
Reconciling Items				
Underachievement of savings				(8,995)
Offsetting Cost Reductions				2,335
Social Care (payments to third parties, DD reduction)				(12,289)
FHS Payments				(2,899)
Hospice Funding				(2,079)
Winter Planning				-
Unscheduled Care				(2,000)
30% forecast adjustment				(18,495)
NRAC adjustment				14,739
Planned Care Adjustment				(20,896)
Calculated Allocation Q1-4		60,094	29,359	89,452
Less social care funding previously allocated		0	11,179	11,179
Total Allocation Q1-Q4		60,094	18,180	78,273
Confirmed Capital Funding				6,181

EDINBURGH IJB SAVINGS AND RECOVERY PROGRAMME 2020/21

Programme Focus	Phase 0 (Already approved)	Phase 1 (Seeking approval)	Phase 2 (Route to financial balance)	Phase 3 (Future programme - planning stage)
1) Bed Based Review*		8. Home First*	16. Bed Based Project (Phase 1)	20. Bed Based Project (Phase 2)
				21. Contribution based charging
2) Purchasing	1. Adult Sensory Impairment Services	9. Purchasing	17. Additional Purchasing	22. Review Grants
			18. Mental Health and Wellbeing	
3) Building Based Services Page 96	2. LD Services (A)	10. LD Services (B)		23. Review future delivery model of building based services ²
	3. External Housing Support			
	4. Day Centres & Be Able*			
4) Workforce	5. Vacancy Control (G&C ¹)			24. Review Management Resource
				25. Mobile worker expenses
5) Lothian Service		11. Review Rehabilitation Services		
		12. Review Sexual Health Services		
		13. Prescribing		
6) Other	6. Hosted (by NHS/ other 3HSCPs)	14. Community Equipment*	19.EADP	26. Internal Home Care*
	7. Set Aside			27. Thrive – Mental Health and Wellbeing
		15. Carers investment		28. Medical Day Hospitals*

Programme Focuses recognise where proposals may be interlinked and therefore have interdependencies e.g. purchasing and community investment

* Projects with elements that also fall within the Transformation Programme

¹ Grip & Control

² Informed by SG Route map and to incorporate Internal & External Services

EDINBURGH IJB SAVINGS AND RECOVERY PROGRAMME 2020/21

Proposal		Phase	July 2020 Saving (£m)	Update Oct 2020 (£m)
1	Adult Sensory Impairment Services*	0	£0.03	£0.03
2	LD Services (A)**	0	£0.52	£0.52
3	External Housing Support***	0	£0.25	£0.20
4	Day Centres & Be Able**	0	£0.04	£0.04
5	Vacancy Control	0	£0.20	£0.20
6	Hosted (by NHSL/ other 3HSCPs)****	0	£0.74	£0.74
7	Set Aside*****	0	£1.18	£1.18
Phase 0 Sub Total			£2.96	£2.91
8	Home First*****	1	£1.00	£1.00
9	Purchasing *****	1	£4.10	£4.10
10	LD Services (B)*****	1	£0.06	£0.06
11	Review Rehabilitation Services*****	1	£0.08	£0.08
12	Review Sexual Health Services*****	1	£0.05	£0.05
13	Prescribing *****	1	£1.96	£1.96
14	Community Equipment*****	1	£0.25	£0.25
15	Carers investment*****	1	£1.45	£1.45
Phase 1 Sub Total			£8.95	£8.95
16	Bed Based Project (Phase 1)	2	£0.50	£0.50
17	Additional purchasing	2	£3.09	£3.09
18	Mental Health & Wellbeing	2	£0.30	£0.30
19	EADP	2	£0.10	£0.15
Phase 2 Sub Total			£3.99	£4.04
20	Bed Based Project (Phase 2)	3		
21	Contribution based charging	3		
22	Review Grants	3		
23	Review delivery model of building based services	3		
24	Review Management Resource	3		
25	Mobile worker expenses	3		
26	Internal Home Care	3		
27	Thrive - Mental Health & Wellbeing (Phase 2)	3		
28	Medical Day Hospitals	3		
TOTAL 2020/21 SAVINGS			£15.90	£15.90

* Agreed at IJB on 10th December 2019:

<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=473&Ver=4>

** Already agreed as part of 2019/20 Savings Programme:

[https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/\\$item_56_-_201920_financial_plan.xls.pdf](https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/$item_56_-_201920_financial_plan.xls.pdf)

*** Agreed at IJB on 28th April 2020:

<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=475&Ver=4>

**** Savings planned within NHS Lothian Set Aside

***** Agreed at IJB on 21st July 2020: <https://democracy.edinburgh.gov.uk/documents/s24813/Item%207.2%20-%20Savings%20and%20Recovery%20Programme%202020-21%20V2.pdf>

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Savings Programme Project Brief: 16. *Bed Based Project (Phase 1)***Project Brief**

As part of the development of the EIJBs financial plan, The Edinburgh Health and Social (EHSCP) develops its growth assumptions for residential care based upon a situation where care homes are at capacity. The unusual circumstances created by COVID-19 have meant that this is not currently the case. This proposal therefore seeks to review the balance of internal and external residential provision, thereby reducing the growth assumptions and realising a saving of £500,000.

Assumptions and Dependencies**Assumptions:**

High level assumptions include:

- The demand for residential places will gradually return to previous levels

Dependencies

High level dependencies include:

- Scottish Government guidance on managing COVID-19
- Future waves of COVID-19

Impact

Implementation of the Bed Based Project (Phase 1) proposal contributes to the following Strategic priorities:

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

Following due consideration it has been identified that an Integrated Impact Assessment (IIA) is not required for the Phase 1 Bed Based Project proposal because it will not result in any change to policy, nor result in any services changing or ceasing. Rather the proposal will simply lead to a review of the balance of internal and external residential provision. As such the proposal will not differentially affect groups of people with protected characteristics.

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS**Benefits****Financial Benefit**

- Spend incurred in the most appropriate setting
- Reduced spend

Finances**Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment
£500	£500	None identified

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
13.1	Financial risk: that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Red	Amber
13.2	Capacity: Winter pressures and or future waves of COVID-19 result in increased demand for residential services to alleviate pressure on acute services	Close monitoring throughout the coming months	Red	Amber

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Savings Programme Project Brief: 17. *Additional Purchasing***Project Brief**

To ensure the best use of the purchasing budget and to maximise the benefit to eligible individuals in the most fair and equitable manner possible, within available resources, it is necessary to review and implement appropriate changes. These changes will ensure that the Edinburgh Health and Social Care Partnership (EHSCP) is able to fulfil its statutory obligations including in relation to Self-Directed Support (SDS) and that it is aligned with approaches delivered across Scotland, whilst supporting a move away from a dependency model to an enabling model that supports people to utilise their assets, develop new skills and take responsibility for their own decisions.

The changes also seek to empower staff, by providing opportunities to support and share best practice, create space for learning and development and bring about sustained cultural change

The key changes to support the proposed Grip and Control, redesign and transformation of the Purchasing Budget were outlined in proposal including in the Savings Programme approved by the EIJB on the 21st July 2020. Through the implementation of these proposed changes it had been identified that £4.1m could be saved.

Since approval on the proposal in July, work had been ongoing to instigate and develop workstreams that support Grip and Control and cultural change. Namely: the establishment of a Good Practice Forum and Locality Forums; Learning and Development Programme and steps taken to re-establish a Resources Allocation System (RAS). These have been significant and important steps however, it is recognised that these are long term pieces of work that will take time to embed into practice.

The 2020/21 financial plan included £7.19m worth of purchasing savings, £4.1m of which have been approved to date (at EIJB on 21st July 2020). Based on initial data, it is identified that there is an opportunity to realise an additional saving of £3.09m, allowing us to realise the full saving of £7.19m outlined in the financial plan.

There is recognition that COVID-19 will have impacted on purchasing, both operationally and on the financial position. However, as recognised nationally and by the Scottish Government further analysis is required to understand the extent to which COVID-19 has impacted the forecast. This will be closely monitored and reported by the Savings Governance Board. If through this monitoring we are not on track to achieve the saving, leading to an unbalanced financial position we will need to take alternative action.

Constraints and Assumptions**Constraints:**

High level constraints include:

- Availability of accurate data to inform the decision making process
- Savings can only be attributed to this additional purchasing proposal once the original £4.1m purchasing target has been achieved

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

- Capacity of people to engage fully with the project and appropriate changes, as well as responding to the consequences of the any future waves of COVID-19, whilst still delivering business as usual
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.

Assumptions:

High level assumptions include:

- Capacity of people to engage fully with the project, as well as responding to any future waves of COVID-19, whilst also delivering business as usual may constrain the benefits realisation of the project, however, this may be mitigated by the identification of appropriate project support
- It is assumed that the purchasing project proposal will be able to deliver its target of £4.1m alongside the delivery of the £3.09m identified within this proposal
- Colleagues leading purchasing programme will be integral in the broader project or programme development of any areas that may impact on the purchasing budget:
 - o Bed Based Review
 - o Edinburgh Pact
 - o Community Investment
- Leadership by example: Ongoing buy in, support and leadership from across EIJB leadership specifically EIJB and EMT
- Support services (e.g. finance and strategic insight) across the City of Edinburgh Council will have capacity and will be available to provide support to ensure the realisation of the workstreams
- Programme management support will continue to be available via the new transformation team
- Digital solutions to be applied where possible
- The implementation of community investment to enable the shift to support self management – maximising community resources
- The implementation of Edinburgh Pact will be progressed to ensure clarity of services understanding and capacity to manage expectations
- Staff are able to adapt to new ways of working (e.g. utilising and embedding technology into practice)

Dependencies

- Delivery of the £4.1m purchasing savings proposal already agreed alongside the delivery of the £3.09m identified within this proposal
- Scottish Government guidance on managing COVID-19
- Future waves of COVID-19

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Impact

Strategic Links

Implementation of the changes to Purchasing contributes to the following Strategic priorities:

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

High Level Impact

An Integrated Impact Assessment (IAA) was completed for the Purchasing Savings Proposal on 23rd March 2020, which can be found here: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>. The key outcomes identified through the completion of the IIA are detailed below:

People (citizens)

Positive

- Best use of purchasing budget to maximise the benefit to eligible individuals
- Provision of care and services in the most fair and equitable manner possible, within available resources.
- Improved consistency and equity in practice
- Person centred care using a collaborative approach which promotes choice and control

Negative

- Increase in the number of challenging and complex conversations
- Period of inconsistency as new systems and processes are implemented, mitigated by communication
- Some people may no longer receive the same level of funding to access the same level of care and support previously provided to them

People (staff)

Positive

- Clarity, support and consistency of practice
- Investment in staff via training, reflective practice and peer support and time to support this
- Cultural change

Negative

- Change in approach may be anxiety provoking for some, mitigated by communication and training
- Period of inconsistency as new systems and processes are implemented, mitigated by communication
- Increase in the number of challenging and complex conversations

System

Positive

- New and improved mechanisms
- Resources are allocated fairly across the system

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

- Move towards Three Conversations as the new norm is aligned with EHSCP strategic intent and the principles of Self Directed Support (SDS)

Negative

- Period of inconsistency as new systems and processes are implemented, mitigated by communication
- Possible increase in delays

Reputation

Positive

- Services are delivered which ensure legal compliance, application of best practice, alignment of delivery with that seen across the country

Negative

- Perception that a selective and inequitable service is delivered, mitigation: communication about implementation of mechanisms

Benefits

Citizen Benefit

- Consistency in assessment and provision of care
- Improved communication
- Appropriate level of support when required
- Person centred and collaborative approach adopted
- Discharge facilitated in a timely manner
- Remaining at home enabled
- Reduced waiting lists

System Benefit

- Improved practice, systems and processes
- Consistency of decision making
- Reduced waiting lists
- Improved accountability and transparency of processes including decision making
- Improved audit trails
- Shift to a prevention approach

Staff Benefits

- Clarity of purpose through the provision of a position statement
- Improved communication
- Increased training
- Increased job satisfaction
- Cultural change

Financial Benefit

- Improved budget grip and control
- Improved accountability for spend
- Reduced spend

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Finances

Financial Savings

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment
£8,000	£3,090 (In addition to £4.1m already approved, therefore totalling £7.19m)	<ul style="list-style-type: none"> • Dedicated time from senior managers, budget holders • Learning and development programme • Time from people to commit to developing and implementing processes • Finance support • Strategy and Insight support Delivery of other co-dependent work streams

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
15.1	People: confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
15.2	Reputational damage: new service model does not meet existing expectations leading to increased complaints	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
15.3	Skill and knowledge gap: inconsistency in the skills, knowledge and confidence of current decision makers and assessors	Staff supported and provided appropriate training and peer support	Amber	Green
15.4	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
15.5	Change management: pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported and provided appropriate training including being supported t through change management	Amber	Green
15.6	Scale: the work required does not match the capacity of staff to undertake	Effective planning, allocation and monitoring process developed and implemented	Red	Amber
15.7	Volatility of the market: challenges with managing purchasing spend due to the volatility and nature of the market	Consistent, effective planning and monitoring process implemented	Amber	Amber
15.8	Financial risk: that we do not achieve the additional planned efficiencies	Effective planning and monitoring process implemented	Red	Amber
15.9	Clear vision and leadership: Inconsistent understanding of the situation and what we are trying to achieve	Consistent, positive messaging and communication. With proactive engagement across all stakeholders Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
15.10	COVID-19: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber
15.11	Inclusive involvement: purchasing leads are not involved in major strategic workstreams that change the way EHSCP conducts its business, which impact on the purchasing budget and ability to achieve savings target	Purchasing Leads must be involved in all EHSCP major strategic workstreams	Red	Amber
15.12	COVID-19: Identifying the full impact of COVID-19 on purchasing expenditure.	Continued analysis and ongoing dialogue with Scottish Government throughout the coming months	Red	Amber

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SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Savings Programme Project Brief: 18. *Mental Health & Wellbeing***Project Brief**

COVID-19 has had a number of impacts on the broader Mental Health portfolios and has resulted in financial slippage and delays to projects in a number of areas. This includes recruitment slippage to a number of posts. The financial slippage has been associated with core elements of the budget.

As a result of the slippage described above we have identified £300,000 of non recurring savings. There will be no service or policy as a result of this saving.

Assumptions & Dependencies**Assumptions:**

High level assumptions include:

- The broader system is able to flex and adapt to respond to the demand for services

Dependencies

- Funding awards from the Scottish Government are made to previously stated levels.

Impact & Benefits**Strategic Links**

Delivering efficiencies within mental health and wellbeing programme contributes to the following Strategic priorities:

- Making best use of capacity across the system
- Managing our resources effectively
- Right care, right place, right time
- Person Centred Care

High level impacts:

Following due consideration it has been identified that an Integrated Impact Assessment (IIA) is not required for this savings proposal because it will not result in any change to policy, nor result in any services changing or ceasing. Rather the proposal is to utilise identified slippage in core Mental Health budgets as a non recurring saving. As such the proposal will not differentially affect groups of people with protected characteristics.

Financial Benefit

- Reduced spend in year

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Finances

Financial Savings

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment
£300	£300	None identified

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
14.1	Financial risk: The Partnership does not have operational and financial responsibility for all of the budgets included within this programme	There has been widespread engagement and communication with all stakeholders, this will continue going forward.	Amber	Green
14.2	Financial risk: that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber	Green

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Savings Programme Project Brief: 19. EADP

Project Brief

Due to the circumstances created by COVID-19 there have been a number of delays to projects which have resulted in financial slippage. As a result, we have identified an underspend of £148,000 non-recurring which can be used to partially realise the identified savings target for this financial year. There will be no service or policy change as a result of this saving.

Future financial challenge will mean that ongoing work will be required to redesign services delivery to ensure sustainability.

Assumptions and Dependencies**Assumptions:**

High level assumptions include:

- The broader system is able to flex and adapt to respond to the demand for services

Dependencies

- Funding awards from the Scottish Government are made to previously stated levels

Impacts**Strategic Links**

Implementation of a review of EADP services has the potential to contribute to the following Strategic priorities:

- Managing our resources effectively
- Making best use of capacity across the system

High level impacts:

Following due consideration it has been identified that an Integrated Impact Assessment (IIA) is not required for this EADP savings proposal because it will not result in any change to policy, nor result in any services changing or ceasing. Rather the proposal is to utilise identified slippage in core EADP budgets as a non recurring saving. As such the proposal will not differentially affect groups of people with protected characteristics.

Benefits**Financial Benefit**

- Anticipated reduced spend

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Finances

Financial Savings

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment
£420	£148	None identified

SAVINGS PROGRAMME - HIGH LEVEL PROJECT BRIEFS

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
7.1	Financial risk: that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber	Green

GLOSSARY OF TERMS

TERM	EXPLANATION
ASSESSMENT AND CARE MANAGEMENT	Predominantly social work, mental health and substance misuse teams
CARE AT HOME	Services provided to over 65s in their homes.
CARE AND SUPPORT DAY SERVICES	Services provided to under 65s in their homes.
DIRECT PAYMENTS	Services provided to clients in buildings owned by the Council or a third party.
GMS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
HOSTED SERVICES	General medical services – largely the costs of reimbursing GPs who, in the main, are independent contractors carrying out work on behalf of the NHS as opposed to being employees.
INDIVIDUAL SERVICE FUNDS	Services which are operationally managed on a pan Lothian basis either through one of the 4 Health and Social Care Partnerships or Royal Edinburgh and Associated Services (REAS).
LUCS	Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care.
RESIDENTIAL SERVICES	Lothian Unscheduled Care Service – provides out of hours GP services
SET ASIDE SERVICES	Services provided to clients in care homes.
THERAPY SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
UNPAC	Mainly occupational therapy teams.
	Services provided for Lothian residents out with Lothian.

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REPORT

Edinburgh Integration Joint Board Annual Accounts 2019/20

Edinburgh Integration Joint Board

27 October 2020

Executive Summary

This paper presents the audited 2019/20 annual accounts for Edinburgh Integration Joint Board (EIJB).

Recommendations

The committee is asked to:

1. note the 'amber' rated Internal Audit opinion for the year ended 31st March 2020;
2. approve and adopt the annual accounts for 2019/20;
3. delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland;
4. authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the Board; and
5. authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

The unaudited annual accounts were considered by the Audit and Assurance Committee in July 2020.

Audited annual accounts along with the external audit annual report and the internal audit annual opinion were considered by the same committee in September 2020.

Main Report

Background

1. Integration Joint Boards are required to produce annual accounts. As the appointed “proper officer”, it is the responsibility of the Chief Financial Officer, to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom.
2. Draft financial statements were presented to the Audit and Assurance Committee (AAC) on 28th July 2020. Following this, these were subject to audit scrutiny over the summer months with the final, audited accounts presented to AAC on 15th September 2020.

Audit and completion

3. Over the summer months the draft financial statements were considered by the appointed external auditors (see paragraph 5 below). At the time the accounts were considered by AAC, the audit testing was incomplete. As such, the committee noted that the external audit opinion was subject to satisfactory completion of testing.
4. This work has concluded, and the auditors are now in a position to give a proposed independent opinion on the financial statements and report on the arrangements in place to ensure the proper conduct of financial affairs and to manage performance and use of resources.
5. On 7th September 2020 September 2020, our appointed external auditor, Scott Moncrieff Audit Services changed its name to Azets Audit Services Limited. The name they practice under is Azets Audit Services and accordingly they will sign their report in their new name.
6. The financial statements for the IJB for 2019/20 are attached as appendix 1 to this report.
7. The proposed Annual Audit Report from Azets is attached at appendix 2. It should be noted that, following review by the IJB, there may be minor changes to the textual content from that of the circulated version. It is proposed that any



such minor amendments be negotiated and agreed by the Chief Finance Officer up to the date the accounts are signed by the auditors.

Representation letter

8. International Standard on Auditing (ISA 580) requires external auditors to obtain written confirmation of representations received from management on matters material to the financial statements when other sufficient audit evidence cannot reasonably be expected to exist, before their audit report on the annual report & accounts is issued. A draft letter of representation is included at appendix 3.

Internal audit opinion

9. The Chief Internal Auditor has produced an internal audit annual opinion 2019/20 for the IJB based on activity undertaken for the financial year ended 31st March 2020. This was presented to and discussed by the Audit and Assurance Committee on 15th September and is included as appendix 4 to this report.
10. This opinion is based on the outcomes of the three audits completed as part of the 2019/20 IA annual plan and the status of open EIJB IA findings as at 31st March 2020; and is also informed by the outcomes of relevant Partnership audits performed by the City of Edinburgh Council and NHS Lothian, and the status of any open and overdue Partnership IA findings. It states:
“Whilst some control weaknesses were identified, in the design and/or effectiveness of the control environment and/or governance and risk management frameworks, they provide reasonable assurance that risks are being managed, and the EIJB’s objectives should be achieved.”
11. This assessment reflects an improvement in comparison to the 2018/19 significant enhancements required ‘red’ rated Internal Audit annual opinion, with the assessment towards the middle of that category.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

13. There are no specific implications arising from this report.

Equality and integrated impact assessment

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

Environment and sustainability impacts

15. There are no specific implications arising from this report.

Quality of care

16. There are no specific implications arising from this report.

Consultation

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

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

None

Appendices

Appendix 1	Edinburgh Integration Joint Board Annual Accounts 2019/20
Appendix 2	2019/20 Annual Audit Report to the Board and the Accounts Commission for Scotland
Appendix 3	Letter of representation
Appendix 4	Internal Audit annual opinion 2019/20

Edinburgh Integration Joint Board

Annual Accounts 2019/20

The Annual Accounts of Edinburgh Integration Joint Board for the year ended 31 March 2020, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 and Service Reporting Code of Practice.

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MANAGEMENT COMMENTARY

Introduction

This commentary provides an overview of progress against the objectives and strategy of the Edinburgh Integration Joint Board (EIJB). It considers our financial performance for the year ended 31st March 2020 and gives an indication of the issues and risks which may impact upon our finances in the future.

Role and remit

Edinburgh Integration Joint Board

EIJB was established as a body corporate by order of Scottish Ministers in June 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. This legislation brought together the planning and operational oversight for a range of NHS and Local Authority services under the EIJB as a statutory public body, with the intent to improve overall health and wellbeing through the delivery of efficient and effective health and social care services.

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

Delegated services

We are responsible for planning the future direction of, and overseeing the operational delivery of, integrated health and social care services for the citizens of Edinburgh. These services are delegated to the EIJB from our partners, the City of Edinburgh Council and NHS Lothian. They are largely delivered by the Edinburgh Health and Social Care Partnership (the Partnership), although some are managed by NHS Lothian on our behalf. These are referred to as “hosted” or “set aside” services. The full range of delegated services is set out in the table below:

Adult social care	Community health	Hospital-based services
<ul style="list-style-type: none"> • Assessment and care management including occupational therapy • Residential care • Extra-care housing and sheltered housing • Intermediate care • Supported housing – learning disability • Rehabilitation – mental health • Day services • Local area coordination • Care at home services • Reablement • Rapid response • Telecare • Respite services • Quality assurance and contracts • Sensory impairment services • Drugs and alcohol services 	<ul style="list-style-type: none"> • District nursing • Services relating to an addiction • Services provided by allied health professionals (AHPs) • Community dental services • Primary medical services (GP)* • General dental services* • Ophthalmic services* • Pharmaceutical services* • Out-of-hours primary medical services • Community geriatric medicine • Palliative care • Mental health services • Continence services • Kidney dialysis • Prison health care service • Public health services <p>* includes responsibility for those aged under 18</p>	<ul style="list-style-type: none"> • A&E • General medicine • Geriatric medicine • Rehabilitation medicine • Respiratory medicine • Psychiatry of learning disability • Palliative care • Hospital services provided by GPs • Mental health services provided in a hospital with exception of forensic mental health services • Services relating to an addiction or dependence on any substance

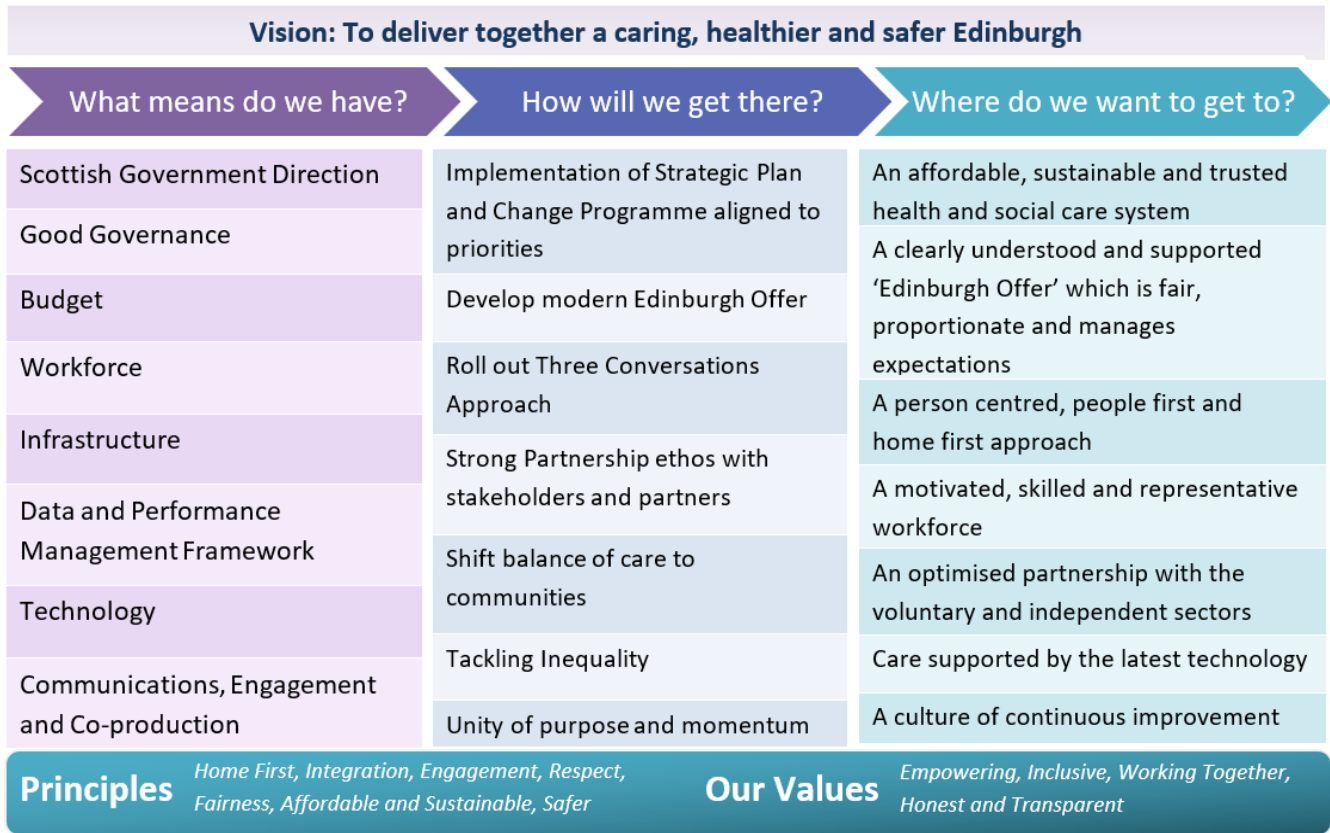
Strategic Plan

Over the past four years, the EIJB has established itself as a board and developed its ambitions and priorities for change and improvement in the services delegated to it by its partner organisations. Throughout this period, we have made steady progress, but we face testing times ahead. Edinburgh’s population of almost half a million accounts for 9% of the total population of Scotland and is projected to increase faster than any other area of the country. The rate of growth is higher in some age groups than others. Whilst this expansion has many social and economic advantages, it also presents challenges. Although a relatively affluent city, Edinburgh has areas of significant inequality and ‘deprivation’ and one of our key priorities is to lead, where possible, on tackling health and social inequalities.

In August 2019 we agreed our strategic plan for 2019-2022. The plan defines our vision for the future of health and social care in Edinburgh, explains how we intend to transition towards this and highlights the resources and enablers we must manage to achieve our objectives. There remains much to do, but together we can create the conditions to deliver a sustainable health and social care model for the citizens of Edinburgh.

Over the next planning cycle, we will focus predominantly on four key areas: redefining the Edinburgh offer, embracing the three conversations approach, adopting the principle of home first and advancing our

transformation programme. The strategic plan can be found [here](#) and our strategic framework is captured in the schematic below



Our intent, as encapsulated in the strategic plan, is to further develop integration to deliver a sustainable and trusted health and social care system for Edinburgh. We seek to shrink bureaucracy, reduce waiting lists and assist people to remain at home for as long as they can under the principle of home first. Working closely with our partners including housing providers and the voluntary and independent sectors, we seek to optimise all available resources in the community and to support and enhance our locality framework and redefine the Edinburgh health and social care offer.

We will strive to support carers and our workforce and seek to grow a culture of collaboration, maximising capacity, driving out inefficiencies and enshrining continuous improvement. We will seek to better align and integrate our planning and commissioning process, financial planning, market facilitation approach and ways of working. We will make best use of existing and emerging technology and the three conversations approach will be introduced across the city to advance our strategic priorities. Delivering these vital changes will take time and will need positive leadership and drive at all levels.

We have six strategic priorities which are critical to our success in implementing the changes envisaged through integration. They will shape our thinking and guide decision making as we navigate through an increasingly challenging strategic environment. These six strategic priorities are:



To deliver the vision set out in the strategic plan this we launched a comprehensive programme of redesign and transform in autumn 2019. Our transformation programme is a wide-ranging and ambitious programme of change and innovation, which aims to deliver high quality and sustainable health and social care services for our citizens. A dedicated programme delivery team has been recruited to drive the programme, which launched formally in February 2020. The programme has been structured around the 3 Conversations model, with 3 main programmes of work aligned to conversation stages and a further element delivering cross-cutting, enabling change. The programme is scheduled to run until approximately March 2022, with regular updates to the EIJB on progress and performance.

Operational overview

Annual performance report

We published our fourth annual performance report in August 2020 which provides a review of the progress both the EIJB and the Partnership made over the last year. Due to the COVID-19 pandemic, it has been agreed nationally that this year's report will cover the last calendar year. An assessment by financial year will be completed in due course once the required data is available. The report, as in previous years, measures our performance against the six strategic priorities set out in the strategic plan (and included in page 5) and against the national health and wellbeing outcomes. The annual performance report can be found [here](#)

At its heart, the new strategic plan sets out an ambitious transformation programme for the city over a three-year planning cycle, setting the conditions for longer term, sustainable change. Despite the impact of the COVID-19 pandemic, our preparations for the transformation programme are well advanced and we have made steady progress in the roll out of the 'Three Conversations' approach and in testing the concept of our Home First Edinburgh model.

We will continue to find ways to improve outcomes for people in Edinburgh and be innovative in our approaches against a challenging backdrop of a rising population, changing patterns of health and care need and ongoing financial pressures. Against this backdrop, our overall performance this year has remained for the most part in line with national averages, with encouraging signs of improvement in many areas.

Our overall performance remains broadly in line with national averages. Edinburgh is performing well in respect of national indicator 12 (rate of emergency admissions), ranking third across Scotland. Our rate of emergency admissions has been consistently lower than the Scottish average since 2013/14. Likewise, we have seen strong performance against the measure of rate of emergency bed days for adults (national indicator 13). Edinburgh is currently ranked ninth and has seen significant improvement in this area since 2015/16. However, we are not performing as strongly as we would like in the rate of emergency readmissions to hospital within 28 days of discharge. We will focus on this alongside our continuing work to reduce the number of days people spend in hospital when they are ready to be discharged, building on the success of the Home First Edinburgh model.

Progress in relation to performance will continue to be monitored throughout the year by the Partnership's Executive Management Team, the Performance and Delivery committee and the EIJB itself.

We thank our dedicated staff for their professionalism and fortitude and the many unpaid carers that provide vital care and support to the most vulnerable in our society. The EIJB and the Partnership are determined to enhance our performance further in the year ahead and bring about real and sustainable change for health and social care in Edinburgh.

COVID-19 impact and response

The emergence of a new coronavirus (COVID-19), declaration of a pandemic and resulting subsequent restrictions has had a significant impact on operational service delivery. We have had to respond swiftly to protect and find new ways of delivering services to our most vulnerable citizens within a rapidly-changing landscape.

Services have had to adapt, with many having to change their focus to meet emerging frontline needs and priorities. For example, as part the COVID-19 response, the Partnership introduced a 'safehaven' model as a short-term approach to deal with the exceptional circumstances and to relieve the strain on acute medical services. Normal assessment processes for meeting long-term care were replaced with a brief assessment led by a Home First team member and, if appropriate, the person found a residential care placement until the emergency situation has passed. The 'safehaven principle' is also applied for those whose normal caring arrangements had been compromised, for example, by the primary carer becoming unwell.

At the time of preparing the final accounts for 2019/20 and the initial 2020/21 financial plan, the impact of the COVID-19 on our finances remains uncertain. Some of these financial consequences will receive additional funding from the Scottish Government, however, at this time the exact magnitude of any extra costs, and the level of any additional funding, requires further work. The board will be updated on both the context and potential funding scenarios on potential funding levels as matters crystallise. Discussions continue with all our partners about their level of financial exposure.

Financial Overview

Annual Accounts

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

2019/20 Financial Plan

Each year we produce a financial plan which sets out how we ensure our limited resources are targeted to maximise the contribution to our objectives in the year ahead. For 2019/20 our financial plan (presented to the board in March 2019) assumed funding from our partners totalling £660m and estimated costs for the year at £684m, giving an initial gap of £24m. To mitigate this, we agreed a savings and recovery programme of £12m and resolved to work with partners to identify the means to achieve balance. Updates on this position were provided to each board meeting and, by June 2019, the deficit was reduced to £7m through a combination of additional funding agreed by the City of Edinburgh Council and the agreed use of EIJB reserves.

Recognising the need to balance existing commitments, our ambitions for supporting transformational change and the requirement to address the in year financial shortfall, it was agreed to use further slippage and use of reserves to offset the remaining gap. This, alongside an overachievement of the savings and recovery programme, supported the achievement of in year balance against the agreed budget.

Financial Performance

EIJB's financial performance for the year is presented in the comprehensive income and expenditure statement, which can be seen on page 25. The balance sheet (page 26) is also presented and sets out the liabilities and assets at 31st March 2020.

Financial performance is disclosed in the annual accounts on a different basis from that used to report the ongoing financial performance monthly to the board. The latter considers actual costs against budget and the former captures income and expenditure.

For the year, we are reporting a deficit of £6.5m in the annual accounts, which reflects the use of reserves to offset the opening budget deficit (as covered in the financial plan section above). This leaves us with a remaining reserve of £3.2m which will be carried forward into 2020/21. All of this money is 'ring fenced' for specific purposes, with the vast majority being the investment in transformation agreed by the board. The value of the reserve is sufficient to meet the associated costs.

Whilst there is no doubt that we will continue to face significant financial pressures we saw some significant improvements in financial planning and performance in 2019/20. This was the first year that we have not relied on one off contributions from our partners in the City of Edinburgh Council and NHS Lothian. Also, for the first time, we not only achieved our planned savings and recovery programme but actually overachieved against the target.

Apart from the positive progress with the 2019/20 savings and recovery marks a departure from previous non delivery, the financial pressures facing us have not materially changed over the years. These include:

- **Externally purchased services** although breaking even against budget for the first time in some years, this area of spend which continues to increase year on year. Demographic factors continue to drive demand for these services, as this is also evidenced in the continuing growth in direct payments and individual service funds. In 19/20 costs rose by £14m (or 9%) from the previous year;
- Medicines issued by General Practitioners (also known as **prescribing**) cost nearly £82m in 19/20, an increase of £1m (or 1%). This is an area where, although Edinburgh has one of the lowest costs per head of population, we see costs rising year on year as volumes increase and costs fluctuate;
- Costs for **equipment** supplied from our community store which supports people to live independently at home also continue to rise in line with demand; and
- NHS Lothian **set aside** budgets overspent by £1.2m in the year. Overall pressures in set aside budget accounts for the majority of the NHS position and we continue to discuss with NHS Lothian and the 3 other Integration Joint Boards (IJBs) in the area.

Our planned use of reserves means that, despite the in-year deficit, we achieved a breakeven position against the agreed budget. However, the opening gap in the financial plan and the continued use of one off resources to achieve financial balance remains a significant concern. This is reflective of the fact that we face a number of material and long standing financial pressures and a baseline gap in our financial plan which we are unable to address on a recurring basis. Our financial framework (which is discussed in the following section) begins to set out what a path to financial sustainability could look like and this will be further explored as we develop our financial strategy.

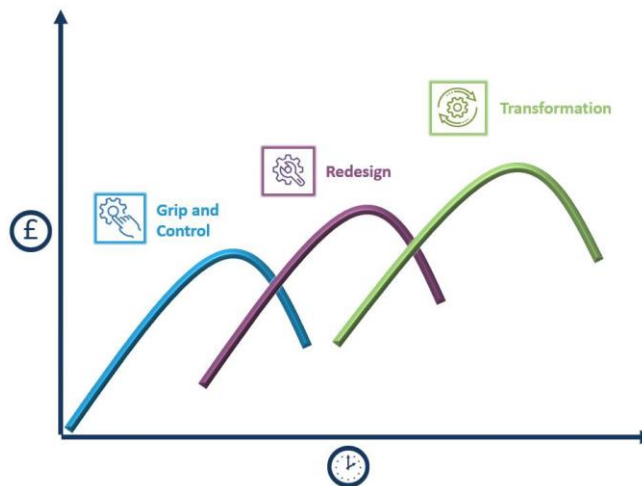
Financial Framework 2020-2023

In October 2019, the board considered the financial framework for the next 3 years. This was a precursor to our financial strategy which will link more closely with the strategic plan. It will focus on how resources are consumed by specific services now, and how the board could choose to direct these differently in the future. For example, reducing spend on hospital learning disabilities to a minimum, in support of the strategic aim of ensuring people with a learning disability can live full and fulfilling lives in the community. Conversely, the

financial framework took a more 'operational' approach, identifying opportunities to address the 3 main drivers of demand: prices; demographic change; and non demographic change. The overarching approach is shown in the table below:

Demand Driver	Response
Price effects	<ul style="list-style-type: none"> • Market shaping • Ongoing collaborating with providers • Driving best value • Integrating teams • Reducing reliance on institutional based care
Demographic change	<ul style="list-style-type: none"> • "Bending the curve" • Reducing demand • Investing in prevention
Non demographic change	<ul style="list-style-type: none"> • Edinburgh pact • Realistic care, realistic medicine • Engaging communities

The initial financial outlook incorporated in the framework was based on where the partners were at that point in time in their respective financial planning cycles. The numbers presented were iterative but provided an insight into the scale of the financial gap over the next 3 years. We also set out our approach to savings and recovery which is set out in the following schematic:



Our approach recognises that, for the foreseeable future, we need a strategy to manage our costs within the financial resources available. Our savings and recovery strategy seeks to align with the strategic plan and requires close partnership working between the EIJB as service commissioner and the City of Edinburgh Council and NHS Lothian as providers of services. It also requires strong linkages and positive relationships with providers in both the independent and third sectors as well as different dialogue with the people in our city.

Financial Strategy

Like many other public sector organisations, we face significant financial challenges and, due to the continuing difficult national economic outlook, further uncertainty in the light of COVID-19 and increasing demand for services, will need to operate within tight fiscal constraints. Pressures on public sector expenditure are expected to continue, both at a UK and Scottish level, causing continued funding pressures for our partners in NHS Lothian and City of Edinburgh Council. This in turn will impact on their ability to resource the functions delegated to the EIJB. In this financial climate, we recognise that returning to a balanced position will require major redesign of services, radical changes in thinking and approach, and the involvement of all partners and stakeholders. To address this we are developing our financial strategy. This will build on the financial framework and be closely aligned to the strategic plan. Progress with this strategy has stalled as we have redirected our energies to dealing with COVID-19. This work is now being reinvigorated and prioritised and we are aiming to present it by the end of the financial year.

Risk

We continued to develop our risk register and the framework to manage, mitigate and identify risk. As a key part of our governance process, the risk register examines the risks that impact the EIJB's ability to deliver its strategic plan. The Audit and Assurance Committee oversee the risk management arrangements; including receipt, review and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the board's attention.

The risk register sets out the cornerstones of a comprehensive risk process that identifies and assesses risks, and also clearly associates their owners and controls to manage them. Twelve risks are captured in the risk register under 3 headings: strategic planning and commissioning; issuing of directions; and management and role of the IJB. A summary extract is included below:

	Risk	Rating
	Strategic planning and commissioning	
1	There is a risk that the IJB fails to deliver its strategic objectives because the Council and/or NHS Lothian do not delegate sufficient resource – leading to a requirement to revise the strategic plan.	Very high
2	There is a risk that the IJB fails to influence the decision making over set aside and hosted services which are not managed and delivered by the Partnership because of conflicting requirements – leading to the IJB's inability to review service delivery and drive strategy to help meet its objectives/outcomes.	High
3	There is a risk that the IJB will not achieve its strategic objectives and/or financial targets because delegated services are not delivered by Council and NHS Lothian within available budgets – leading to a requirement to revise the strategic plan.	Very high
4	There is a risk that the IJB has insufficient asset planning arrangements because of a lack of a capital plan – leading to failure or delays in delivering the strategic plan.	High

	Risk	Rating
	Issuing of directions	
5	<p>There is a risk that NHS Lothian and the Council do not deliver directions because they are not:</p> <ul style="list-style-type: none"> • well-articulated • properly understood • realistic/achievable • performance targets are not SMART 	High
6	<p>There is a risk that the IJB directions are not delivered because of the lack of a workforce strategy - leading to a mismatch between workforce requirements and availability.</p>	High
	Management and role of the IJB	
7	<p>There is a risk that the IJB does not operate effectively as a separate entity because:</p> <ul style="list-style-type: none"> • there is a lack of clarity about the separate roles of the IJB, HSCP, Council and NHS Lothian; and/or • members lack the necessary skills, knowledge and experience to undertake their role. <p>- leading to a failure to deliver the principles of integration.</p>	High
8	<p>There is a risk that the IJB does not make best use of the expertise, experience and creativity of the third, independent and housing sectors, and other partners as a result of failing to engage and collaborate appropriately - leading to a negative impact on the delivery of the strategic outcomes and poor relationships.</p>	High
9	<p>There is a risk that the IJB lacks the infrastructure to operate effectively because of a failure by NHS Lothian and the Council to meet their obligations under the integration scheme to provide adequate professional, administrative and technical support – leading to failures in governance, scrutiny and performance arrangements.</p>	High
10	<p>There is a risk that the IJB receives insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.</p>	Medium
11	<p>There is a risk that the IJB may be non-compliant with applicable legislative and regulatory requirements due to a lack of awareness leading to legal breaches, fines and/or prosecution.</p>	Low

	Risk	Rating
12	There is a risk that officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated IJB functions.	Low

Conclusion

Throughout the public sector money is tighter than ever before and the financial impact on the wider economy brings further uncertainty. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual budget of nearly £800 million. Moving into 2020/21, we are working to proactively address the funding challenges presented while, at the same time, improving outcomes for the residents of Edinburgh.

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

Judith Proctor
Chief Officer
 27th October 2020

Angus McCann
Chair
 27th October 2020

Moira Pringle
Chief Finance Officer
 27th October 2020

STATEMENT OF RESPONSIBILITIES

STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT

Responsibilities of the Edinburgh Integration Joint Board

The Edinburgh Integration Joint Board is required:

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

I confirm that these Annual Accounts were approved for signature by the Edinburgh Integration Joint Board on 27th October 2020.

Angus McCann
Chair of the Edinburgh Integration Joint Board
27th October 2020

Responsibilities of the Chief Finance Officer

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

In preparing the financial statements I am responsible for:

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

I am also required to:

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

Statement of Accounts

I certify that the Statement of Accounts presents a true and fair view of the financial position of the Edinburgh Integration Joint Board at the reporting date, and its income and expenditure for the year ended 31 March 2020.

Moira Pringle
Chief Finance Officer
27th October 2020

REMUNERATION REPORT

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

The EIJB Chief Financial Officer is appointed by the EIJB and is supplied without charge by NHS Lothian and the associated costs are included in the support costs disclosed in note 3.

The voting members of the EIJB are appointed by the respective partner bodies (NHS Lothian and City of Edinburgh Council). The voting members from NHS Lothian and City of Edinburgh Council in the period April 2019 to March 2020 were:

M. Ash	NHS	R. Aldridge	CEC
M. Hill	NHS	P. Doggart (<i>appointed 20/08/19</i>)	CEC
C. Hirst (Vice Chair) (<i>left 26/06/19</i>)	NHS	G. Gordon	CEC
A. McCann (<i>appointed Chair 27/06/19</i>)	NHS	R. Henderson (<i>appointed Vice Chair 27/06/19</i>)	CEC
P. Murray (<i>appointed 27/06/19</i>)	NHS	M. Main	CEC
R. Williams	NHS	S. Webber (<i>left 19/08/19</i>)	CEC

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

A. McCann (Chair)	NHS	R. Henderson (Vice Chair)	CEC
M. Hill	NHS	R. Aldridge	CEC
P. Murray	NHS	P. Doggart	CEC
R. Williams	NHS	G. Gordon	CEC
Vacancy	NHS	M. Main	CEC

Councillor Henderson and NHS Non-Executive Director C. Hirst finished their rotations as Chair and Vice Chair respectively, effective 27th June 2019. As of this date NHS Non-Executive Director A. McCann took the position of Chair, Councillor Henderson took the position of Vice Chair, and C. Hirst stepped down as a Board member.

Councillor Henderson was in receipt of additional remuneration in 2019/20 in relation to his duties for the EIJB as Chair (to 26/06/19) and as Vice-Chair (from 27/06/19) of £15,289 (£14,745 2018/19). NHS Non-Executive Director C. Hirst was in receipt of additional remuneration in 2019/20 relating to her duties for the EIJB as Vice Chair (to 26/06/19) of £2,188 (£8,416 2018/19). NHS Non-Executive Director A. McCann was in receipt of additional remuneration in 2019/20 relating to his duties for the EIJB as Chair (from 27/06/19) of £6,991. No allowances were paid to other voting members during the year.

The remuneration and pension benefits received by all voting members in 2019/20 are disclosed in the remuneration reports of their respective employer. Voting members can, through their parent bodies, reclaim any expenses. In the year to 31 March 2020, no expense claims were made in relation to work on the EIJB.

Remuneration Paid to Senior Officers

	Year to 31/03/2020			Year to 31/03/2019
	Salary, fees and allowances (£)	Total remuneration (£)	Full Year Effect (£)	Total remuneration (£)
M Miller, EIJB Chief Officer (from 29/08/2017 to 30/06/2018)	-	-	-	37,998
J Proctor, EIJB Chief Officer (from 01/05/2018)	156,550	156,550	156,550	146,414
M Pringle, EIJB Chief Finance Officer	88,132	88,132	88,132	82,711

Pension benefits

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

Local Government Pension Scheme

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

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

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

The contribution rates for 2019/20 were as follows:

<u>Whole Time Pay</u>	<u>Contribution rate</u>
On earnings up to and including £21,800 (2018/19 £21,300)	5.50%
On earnings above £21,800 and up to £26,700 (2018/19 £21,300 to £26,100)	7.25%
On earnings above £26,700 and up to £36,600 (2018/19 £26,100 to £35,700)	8.50%
On earnings above £36,600 and up to £48,800 (2018/19 £35,700 to £47,600)	9.50%
On earnings above £48,800 (2018/19 £47,600)	12.00%

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

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

NHS Pension Scheme (Scotland) 2015

The NHS Board participates in the NHS Superannuation Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a funding valuation undertaken by the scheme actuary. The last four-yearly valuation was undertaken as at 31 March 2016. This valuation informed an employer contribution rate from 1 April 2019 of 20.9% of pensionable pay and an anticipated yield of 9.6% employees' contributions. The NHS board has no liability for other employer's obligations to the multi-employer scheme. In 20 19/20 members paid tiered contribution rates ranging from 5.2% to 14.7% of pensionable earnings.

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

Accrued Benefits

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

The pension entitlements of senior officers and current voting members for the period to 31 March 2020 are shown in the table below, together with the employer contribution made to the employee's pension during the year. Where accrued pension benefits are not shown in the table below, this indicates the employee has been a member of the pension scheme for less than 2 years.

	Employer In-Year Contribution			Accrued Pension Benefits	
	For year to 31/03/20 £	For year to 31/03/19 £		As at 31/03/20 £000	Difference from 31/03/19 £000
M Miller, EIJB Chief Officer (from 29/08/2017 to 30/06/2018)	-	8,196	Pension	n/a	n/a
			Lump Sum	n/a	n/a
J Proctor, EIJB Chief Officer (from 01/05/2018)	35,238	30,053	Pension	n/a	n/a
			Lump Sum	n/a	n/a
M Pringle, EIJB Chief Finance Officer	18,420	12,309	Pension	28	3
			Lump Sum	60	4
R Henderson, Chair (to 26/06/2019), Vice Chair (from 27/06/19)	7,305	7,010	Pension	7	1
			Lump Sum	2	0

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The current Chair of the EIJB and the Vice Chair to 26/06/19 are not members of the Local Government Pension Scheme or the NHS Pension scheme; therefore, no pension benefits are disclosed.

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

Judith Proctor
Chief Officer
27th October 2020

Angus McCann
Chair
27th October 2020

ANNUAL GOVERNANCE STATEMENT

Annual Governance Statement

Scope of Responsibility

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

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

The Edinburgh Health and Social Care Partnership is the partnership between the City of Edinburgh Council and NHS Lothian which delivers the services that the EIJB directs. Although the partnership will be referenced in the statement, only the EIJB's arrangements will be analysed.

The statement also highlights the impact of the COVID-19 emergency. The emergency has meant that the EIJB has had to make significant interim changes to its decision-making structures and that its arrangements are under significant pressure, it is felt that they are still robust and sufficient for the current circumstances.

Governance Framework

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

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

Board and Committee Structures

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

Following an independent review of governance by the Good Governance Institute (GGI) concluding that the EIJB did need to take action to strengthen its governance; the EIJB agreed to implement the recommendations of the GGI which would include a major overhaul of the committees and sub-groups. This aimed to provide further clarity on lines of accountability and reporting with a view to streamlining reporting arrangements. In June 2019 the following revised committees were established:

- *Audit and Assurance* – Monitors, reviews and reports to the Board on the suitability and efficacy of the provision for governance, risk management and internal control.
- *Clinical and Care Governance* – Monitors, reviews and reports to the Board on the quality of care to the local population, specifically in relation to patient safety, clinical effectiveness and patient experience.
- *Futures* – Provides and evaluates the strategic focus over a ten-year period.
- *Performance and Delivery* – Provides advice and assurance to the Board on the effectiveness of the operational and financial performance of delegated services.

- *Strategic Planning Group* – Monitors, reviews and reports to the Board on the strategy, plans and delivery of delegated services.

Internal Controls

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

The EIJB has agreed the following governance documentation:

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

The EIJB has a rolling actions log which helps the groups monitor the implementation of decisions.

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

The EIJB has a comprehensive risk register and risk action plan which it reports to the Board at least twice a year.

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

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

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

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

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

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

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

In November 2019 the EIJB agreed a Business Classification Scheme and its Records Retention Rules.

In August 2019, in line with the recommendations contained in the Ministerial Strategic Group's 'Review of Progress with Integration of Health and Social Care' the EIJB agreed a reserves policy. This policy aims to ensure that reserves are identified for a purpose and held against planned expenditure, with timescales or held as a general contingency in the event of an emergency.

COVID-19

On 14th April 2020 the EIJB agreed to suspend all board and committee meetings (except the budget meeting on 28th April 2020) until 30th June 2020 and to delegate authority to the Chief Officer to take all urgent decisions until the end of the COVID-19 emergency. It took this decision due to the significant additional pressure on staff resource providing essential front-line services. Subsequently, there was a need to prioritise front-line service and resource was not available to effectively support the Board and its committees.

As a result of the pandemic, NHS Boards were asked to co-ordinate their submission of mobilisation plans designed to create capacity and space within hospitals. The whole system mobilisation plan subsequently submitted by NHS Lothian was approved in principle by the City of Edinburgh Council and Chair and Vice Chair of the EIJB. It set out the actions to ensure capacity to reduce delays and free up acute beds as well as develop capacity in the community to care for people and manage with a predicted depletion in the workforce. The mobilisation plan was considered by the EIJB on 14th April 2020.

Review of Effectiveness

The EIJB has responsibility for reviewing the effectiveness of the governance arrangements including the internal controls. This review of effectiveness is informed by:

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

The evidence of effectiveness from these sources includes:

- The review of the EIJB's governance arrangements should address weaknesses in scrutiny of performance and in the relationship between committees not being previously clear;
- An EIJB induction is in place for all new voting and non-voting members of the EIJB;
- Standing Orders are reviewed annually in a report to the EIJB, to ensure they are up to date and relevant;
- A performance report is considered monthly by the Health and Social Care Partnership management. Performance on local indicators is reported regularly to the Board and its committees and an annual performance report is also considered by the Board;
- The Annual Performance Report was presented to the EIJB in August 2020 as per the requirements of the legislation;

- Each of the EIJB's committees is tasked under its remit to review its own effectiveness. This is a new process and will dovetail into the Board Assurance Framework and as yet its effectiveness cannot be evaluated;
- Regular finance monitoring reports are presented to the EIJB and Council and NHS committees. Monitoring arrangements have been effective in identifying variances and control issues and taking appropriate action. This has included allocating funds to offset unachieved saving plans;
- An action plan was created to track improvements following on from the review carried out by the Ministerial Strategic Group and this was reported to the IJB Board;
- In November 2019, the EIJB updated its resilience and business continuity arrangements. Sub-groups were created on severe weather, city centre events, EU exit, respite centre planning and other significant disruptions. The aim was to share risk and business continuity expertise from across the Partnership, the Council, NHS Lothian and other key partners. The groups also held risk workshops to plan how service disruption would be minimised. Although a flu pandemic was not one of the groups, the work done to update the business continuity arrangements put the service and the EIJB in a better place once the COVID-19 outbreak occurred;
- A quarterly internal audit update detailing internal audit activity on behalf of the EIJB is submitted to the Audit and Assurance Committee;
- The EIJB Internal Audit Charter that was approved by the EIJB Audit and Assurance Committee in March 2019 states that internal audit will remain free from interference from anyone within the EIJB in relation to audit selection, scope, procedures, frequency, timing, and report content;
- The Chief Internal Auditor reported in August 2020 that some improvement is required to the EIJB control environment and governance and risk management frameworks. This is reflected in an 'amber' rated opinion, an improvement in comparison to the 2018/19 significant enhancements required 'red' rated opinion.
- The Chief Officer put in place an internal audit assurance oversight group in response to the high number of overdue internal audit findings highlighted in the previous year's statement. This group initially was successful in reducing the number of overdue actions but there was a further increase in spring 2020;
- The Health and Social Care Partnership's contract management framework is subject to annual internal review; and
- Work is ongoing on a board assurance framework. This aims to provide a mechanism for the Board to review the work of its committees. A proposal was considered by the Audit and Assurance Committee in March 2020 but was not progressed due to the COVID-19 pandemic. The effectiveness of this process cannot be evaluated but the steps taken so far are positive in improving a more robust control framework.

Last Year's Actions

	Issue	Responsible Party	Status
1.	Good Governance Institute Review Implementation	Chief Officer	Complete
2.	Creation of Governance Handbook to support the EIJB and its members	Chief Officer	Delayed due to COVID-19
3.	Review of integration scheme	Chief Officer	Delayed due to COVID-19
4.	Review of directions policy	Chief Officer	Delayed due to COVID-19
5.	Development of a reserves policy	Chief Officer	Complete
6.	Development of an integrated performance framework	Chief Officer	Delayed due to COVID-19

Further Improvement – Action Plan

	Issue	Responsible Party	Reporting Date
1.	Creation of Governance Handbook to support the EIJB and its members	Chief Officer	December 2020
2.	Review of directions policy	Chief Officer	October 2020
3.	Review of risk mitigation, as instructed by Audit and Risk Committee	Chief Financial Officer	August 2020
4.	Risk appetite exercise	Chief Financial Officer	March 2021
5.	Review of transformation programme in light of COVID19 developments	Chief Officer	August 2020
6.	Development of an integrated performance framework	Chief Officer	April 2021
7.	Review of integration scheme	Chief Officer	March 2021
8.	Development of stakeholder engagement approach	Chief Officer	April 2021

Certification

As evidenced above the EIJB has made considerable strides in improving its governance structures, radically revising its committees, reviewing its resilience, communications and risk arrangements and starting the process for a more robust assurance framework. The COVID-19 pandemic though has paused a lot of the work of the committees and as a result there has been insufficient time to ascertain if the changes have improved the governance of the EIJB. The direction the EIJB is moving in is positive but the COVID-19 pandemic has significantly impacted its governance arrangements. The EIJB must be vigilant in ensuring that its governance transformation is maintained and completed once the COVID-19 situation is contained.

Conclusion

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

Judith Proctor
Chief Officer
27th October 2020

Angus McCann
Chair
27th October 2020

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31ST MARCH 2020

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

2018/19		2019/20		
Net Expenditure £000		Gross expenditure £000	Gross income £000	Net Expenditure £000
	Health Services	Note		
		8		
264,868	Core services		0	276,427
83,396	Hosted services		0	87,894
52,444	Non-cash Limited		0	55,502
93,577	Set aside services		0	100,776
<u>494,285</u>			<u>0</u>	<u>520,599</u>
	Social Care Services	8		
137,682	External purchasing		0	151,814
32,540	Care at home		0	30,722
15,304	Day services		0	15,675
20,825	Residential care		0	18,074
14,601	Social work assessment and care management		0	14,904
558	Corporate services		0	484
10,184	Other		0	9,376
<u>231,694</u>			<u>0</u>	<u>241,049</u>
415	Corporate services	3	0	384
<u>726,394</u>	Cost of services		<u>0</u>	<u>762,032</u>
-727,736	Taxation and non-specific grant income and expenditure	2	-755,504	-755,504
<u>-1,342</u>	(Surplus) / Deficit on provision of services		<u>-755,504</u>	<u>6,528</u>

BALANCE SHEET AS AT 31ST MARCH 2020

The Balance Sheet shows the value, as at 31 March 2020, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

31/03/2019 £000		Notes	31/03/2020 £000
	Current assets		
9,713	Short term debtors	4	3,186
	Current liabilities		
-19	Short term creditors	5	-20
9,694	Net assets		3,166
-9,694	Usable reserves	MIRS	-3,166
-9,694	Total reserves		-3,166

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31st March 2020 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 30 June 2020 and the audited financial statements were authorised for issue on 27th October 2020

Moira Pringle
Chief Finance Officer
 27th October 2020

MOVEMENT IN RESERVES

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

	31/03/2020	31/03/2019
	£000	£000
Usable reserves – General Fund brought forward	-9,694	-8,352
Deficit/(surplus) on the provision of services	6,528	-1,342
Total comprehensive income and expenditure	6,528	-1,342
Balance, as at 31 March, carried forward	-3,166	-9,694

NOTES TO ACCOUNTS

1. ACCOUNTING POLICIES

1.1 General Principles

The Annual Accounts for the year ended 31 March 2020 have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the Code) and the Service Reporting Code of Practice. This is to ensure that the accounts 'present a true and fair view' of the financial position and transactions of the Edinburgh Integration Joint Board (EIJB).

1.2 Accruals of Income and Expenditure

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

1.3 VAT Status

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

1.4 Going Concern

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

1.5 Funding

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

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

1.6 Provisions, Contingent Liabilities and Assets

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

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

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

1.7 Employee Benefits

The Chief Officer is regarded as an employee of the EIJB, although her contract of employment is with City of Edinburgh Council. The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Pension Scheme (Scotland) Regulations 1998, as amended. The post is funded by the EIJB however the statutory responsibility for employer pension liabilities rests with the employing partner organisation (City of Edinburgh Council).

The Chief Financial Officer is regarded as an employee of the EIJB, although her contract of employment is with NHS Lothian. NHS Lothian participates in the NHS Superannuation Scheme (Scotland) which is a

defined benefit statutory public service pension scheme, with benefits underwritten by the UK Government.

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

1.8 Cash and Cash Equivalents

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

1.9 Reserves

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

The EIJB has one usable reserve, the General Fund which can be used to mitigate financial consequences of risks and other events impacting on the Boards resources. The General Fund reserve is broken down as follows: Transformation Programme £2.394m; Interim Solutions £0.113m; Integration £0.207m; Other £0.452.

The Board's reserves policy was approved on 20 August 2019. Reserves will be reviewed through the annual budget process and the level and utilisation of reserves will be formally approved by the EIJB.

1.10 Support Services

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

2. RELATED PARTY TRANSACTIONS

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

	31/03/2020	31/03/2019
	£000	£000
NHS Lothian	-543,499	-518,177
City of Edinburgh Council	-211,521	-209,001
Total	-755,020	-727,178

Expenditure relating to the two parties was as follows;

	31/03/2020	31/03/2019
	£000	£000
NHS Lothian	520,772	494,521
City of Edinburgh Council	240,744	231,273
Total	761,516	725,794

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

3. CORPORATE EXPENDITURE

	31/03/2020	31/03/2019
	£000	£000
Staff costs	353	373
Other fees	3	3
Audit fees	28	39
Total	384	415

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

EIJB is in receipt of support services from NHS Lothian and City of Edinburgh Council, both organisations have agreed to provide support services, without an onward recovery. Support services to a value of £0.734m (£0.754m 2018/19) have been provided.

4. SHORT TERM DEBTORS

	31/03/2020	31/03/2019
	£000	£000
Other Local Authorities	3,186	9,713
Total	3,186	9,713

5. SHORT TERM CREDITORS

	31/03/2020	31/03/2019
	£000	£000
Other bodies	-20	-19
Total	-20	-19

6. POST BALANCE SHEET EVENTS

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

7. CONTINGENT LIABILITIES and ASSETS

There are no contingent liabilities or assets to disclose.

8. SEGMENTAL REPORTING

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

	2019/20 Actual Expenditure £000	2018/19 Actual Expenditure £000
SERVICES PROVIDED BY NHS Lothian		
Core services		
Community hospitals	12,364	11,478
District nursing	11,130	10,817
General medical services	84,024	79,472
Prescribing	81,690	80,573
Primary care management	43,655	38,906
Primary care services	10,271	7,611
Other core services	33,293	36,011
Total core services	276,427	264,868
Hosted services		
Mental health, substance misuse and learning disabilities	43,796	41,951
Other hosted services	44,098	41,445
Total hosted services	87,894	83,396
Non- Cash Limited		
Dental	29,135	28,003
Ophthalmology	9,700	9,399
Pharmacy	16,667	15,042
Total Non-Cash Limited	55,502	52,444
Set aside services		
General medicine	27,767	26,164
Geriatric medicine	14,375	13,409
Junior medical	15,171	14,105
Other set aside services	43,463	39,899
Total set aside services	100,776	93,577
TOTAL SERVICES PROVIDED BY NHS Lothian	520,599	494,285
SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL		
External purchasing	151,814	137,682
Care at home	30,722	32,540
Day services	15,675	15,304
Residential care	18,074	20,825
Social work assessment & care management	14,904	14,601
Other services provided by City of Edinburgh Council	9,860	10,742
TOTAL SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL	241,049	231,694
Corporate expenditure	384	415
TOTAL ALL SERVICES	762,032	726,394

9. FUNDING ANALYSIS

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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF EDINBURGH INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts Edinburgh Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the Edinburgh Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is 4 years. We are independent of the Edinburgh Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Edinburgh Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Edinburgh Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

We report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that we identified and our conclusions thereon.

Responsibilities of the Chief Financial Officer and Edinburgh Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Edinburgh Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Edinburgh Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. We therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements, our responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014. In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Nick Bennett (for and on behalf of Azets Audit Services)
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL
Date:



Edinburgh Integration Joint Board

2019/20 Annual Audit Report to members of
Edinburgh Integration Joint Board and the Controller
of Audit

October 2020






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Key messages



<p>Annual accounts</p>	<p>Edinburgh Integration Joint Board's (the IJB's) annual accounts for the year ended 31 March 2020 are due to be approved by the Board on 27 October 2020.</p> <p>We intend to report within our independent auditor's report an unqualified opinion on the annual accounts and on other prescribed matters and that there are no matters which we are required to report by exception.</p>
 <p>Financial Sustainability</p>	<p>The IJB continues to face significant financial pressures, both immediately and over the medium to longer term. There is now an urgent need to work with partners to develop a medium term financial strategy and workforce strategy to support the efficient delivery of the Strategic Plan 2019-2022 and the transformation programme.</p> <p>In July 2020 the Board approved proposals to adapt and rephase delivery of the transformation programme as a result of the impact of COVID-19 on the IJB's service delivery. Work is ongoing to consider the impact of these changes on immediate and medium term financial projections.</p>
 <p>Financial Management</p>	<p>Whilst the IJB was able to reduce the initial gap in their unbalanced financial plan and overdeliver against their savings and recovery target, they reported a deficit of £6.5 million in 2019/20 which was met through reserves as planned, rather than additional partner contributions.</p> <p>The 2020/21 financial plan recognises a funding gap of £21.9 million and actions to address £6.0 million of this. The 2020/21 savings and recovery plan identified £11.9 million of approved savings and a further £4.0 million of savings where work is ongoing to develop detailed plans to support delivery. Work is still also ongoing to quantify the financial impact of COVID-19.</p>
 <p>Governance & Transparency</p>	<p>The Board initiated an external review of their governance arrangements in 2018/19. This concluded that further action was required to strengthen the Board's governance arrangements. Notable action has been taken in improving governance arrangements, communication plans and committee structures. However, further work is still required and progress has been disrupted by the COVID-19 pandemic.</p> <p>On 14 April 2020 the IJB suspended all Board and committee meetings until 30 June 2020. The Board met in July 2020 and committees have been reinstated. A number of key actions have been delayed as a result and work is on-going to develop revised plans.</p>



Value for Money

There are a number of key indicators where performance remains challenging. The establishment of a Performance and Delivery Committee has been a key step in developing a robust performance management framework. However, work is still required to refine performance reports and measures to ensure these support efficient and effective scrutiny.

COVID-19 has imposed unprecedented challenges on the IJB but has also presented the opportunity to be innovative and embrace new ways of working. The IJB recognises this and has completed a lessons learned exercise to start building on these positive changes.

Conclusion

This report concludes our audit for 2019/20. Our work has been performed in accordance with the Audit Scotland Code of Audit Practice, International Standards on Auditing (UK) and Ethical Standards.

Azets
October 2020

Introduction

This report is presented to those charged with governance and the Controller of Audit and concludes our audit of the Edinburgh Integration Joint Board for 2019/20.

We carried out our audit in accordance with Audit Scotland's Code of Audit Practice. This report also fulfils the requirements of International Standards on Auditing (ISA) 260: Communication with those charged with governance.

At Edinburgh Integration Joint Board, we have designated the Board as "those charged with governance"

Introduction

1. This report summarises the findings from our 2019/20 audit of Edinburgh IJB.
2. We outlined the scope of our audit in our External Audit Plan. The core elements of our work include:
 - an audit of the 2019/20 annual accounts;
 - consideration of the wider dimensions of public audit work, as set out in Exhibit 1; and
 - any other work requested by Audit Scotland.

Exhibit 1: Audit dimensions within the Code of Audit Practice



3. The IJB is responsible for preparing annual report accounts which show a true and fair view and for implementing appropriate internal control systems. The weaknesses or risks identified are only those that have come to our attention during our normal audit work and may not be all that exist. Communication in this report of matters arising from the audit of the annual accounts or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.
4. The report contains an action plan with specific recommendations, responsible officers and dates for implementation. Senior management should assess these recommendations and consider their wider implications before deciding on appropriate actions. We give each recommendation a grading to help the IJB assess its significance and prioritise the actions required.
5. We would like to thank all members of the IJB's management and staff from the Partnership, Council and NHS Lothian for their co-operation and assistance during our audit.

Confirmation of independence

6. International Standards on Auditing in the UK (ISAs (UK)) require us to communicate on a timely basis all facts and matters that may have a bearing on our independence.
7. We confirm that we complied with the Financial Reporting Council's (FRC) Ethical Standards. In our professional judgement, the audit process is independent, and our objectivity has not been compromised in any way.
8. We set out in Appendix 1 our assessment and confirmation of independence.

Openness and transparency

11. This report will be published on Audit Scotland's website www.audit-scotland.gov.uk.

Adding value through the audit

9. All of our clients demand of us a positive contribution to meeting their ever-changing business needs. Our aim is to add value to the IJB through our external audit work by being constructive and forward looking, by identifying areas of improvement and by recommending and encouraging good practice. In this way, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Feedback

10. Any comments you may have on the service we provide, the quality of our work and our reports would be greatly appreciated at any time. Comments can be reported directly to any member of your audit team.

Annual accounts

The annual accounts are the IJB's principal means of accounting for the stewardship of its resources and its performance in the use of those resources.

In this section we summarise the findings from our audit of the 2019/20 annual accounts.

Annual accounts

Unqualified audit opinion on the annual accounts

The annual accounts for the year ended 31 March 2020 are due to be approved by the Board on 27 October 2020. We report within our independent auditor's report:

- An unqualified opinion on the annual accounts; and
- An unqualified opinion on other prescribed matters.

We found that the IJB has appropriate administrative processes in place to prepare the annual accounts and the required supporting working papers.

Overall conclusion

12. The annual accounts for the year ended 31 March 2020 are due to be considered by the Board on 27 October 2020. We report within our independent auditor's report:
 - An unqualified opinion on the annual accounts; and
 - An unqualified opinion on other prescribed matters.
13. We are also satisfied that there are no matters which are required to report by exception.
14. Our audit opinion is based on the Board approving the financial statements and signing the letter of representation. Within the letter of representation the Board is being asked to confirm that there are no subsequent events that require

amendments to the financial statements.

Our assessment of risks of material misstatement

15. The assessed risks of material misstatement described in the table below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the audit team. Our audit procedures relating to these matters were designed in the context of our audit of the annual report and accounts as a whole, and not to express an opinion on individual accounts or disclosures. Our opinion on the annual report and accounts is not modified with respect to any of the risks described below.

Our assessment of risks of material misstatement and how the scope of our audit responded to those risks

Management override

In any organisation, there exists a risk that management has the ability to process transactions or make adjustments to the financial records outside the normal financial control processes. Such issues could lead to a material misstatement in the financial statements. This is treated as a presumed risk area in accordance with ISA (UK) 240 - *The auditor's responsibilities relating to fraud in an audit of financial statements*.

Noted in the 2019/20 External Audit Plan

16. We have not identified any indication of management override in the year. We have reviewed the IJB's accounting records and obtained evidence to ensure that transactions were valid and accounted for correctly. We have also reviewed management estimates and the journal entries processed in the period and around the year end. We did not identify any areas of bias in key judgements made by management and judgements were consistent with prior years.

Revenue recognition

Under ISA (UK) 240- *The auditor's responsibilities relating to fraud in an audit of financial statements* there is a presumed risk of fraud in relation to revenue recognition. The presumption is that the IJB could adopt accounting policies or recognise revenue transactions in such a way as to lead to a material misstatement in the reported financial position.

Noted in the 2019/20 External Audit Plan

17. At the planning stage we concluded that for contributions received from the IJB's funding partners, the risk of revenue recognition can be rebutted due to a lack of incentive and opportunity to manipulate transactions of this nature. This position has been reviewed throughout the audit and our conclusion remains appropriate.

Risk of fraud in the recognition of expenditure

In 2016, the Public Audit Forum issued Practice Note 10 *“The Audit of Public Sector Financial Statements”* which applies to the audit of public sector financial statements for periods commencing after June 2016. This Practice Note recognises that most public sector bodies are net spending bodies and notes that there is an increased risk of material misstatement due to improper recognition of expenditure.

Noted in the 2019/20 External Audit Plan

18. We have evaluated each type of expenditure transaction and documented our conclusions. We gained reasonable assurance over the completeness and occurrence of expenditure and are satisfied that expenditure is fairly stated in the annual accounts. To inform our conclusion we carried out testing to confirm that the IJB’s policy for recognising expenditure is appropriate and has been applied consistently throughout the year.

Update to our initial risk assessment

19. Planning is a continuous process and our audit plans are updated during the course of our audit to take account of developments as they arise. We have specifically updated our risk assessment and audit plan in light of COVID-19. We recognised this as a key audit risk¹.

COVID-19

The COVID-19 pandemic is presenting unprecedented challenges to the operation, financial management and governance of organisations, including public sector bodies. Core areas of service delivery have been suspended or substantially reduced, systems and processes have been amended to support remote working, arrangements for governance, decision making and performance management have been adapted, and many organisations are forecasting large operating deficits due to loss of income and/ or additional cost pressures. It is uncertain how long these challenges will persist.

The implications of these risks and uncertainties are under consideration by the Board, the sector and the Scottish Government. We continue to monitor government and relevant announcements as they pertain to the audit and have adapted our audit approach as required.

20. In response to COVID-19 we identified potential areas of increased risk of material misstatement to the financial statements and/or our audit opinion. These areas included:

- Content of the annual report and accounts
- Access to audit evidence
- Timescales/administrative processes.

Content of the annual report and accounts

21. In response to the impact of the COVID-19 pandemic, the Scottish Government issued Finance Circular 10/2020 which allows bodies to disapply specified requirements for Finance Circular 5/2015 (which provides statutory guidance on the preparation of a Management Commentary).
22. The statutory guidance permits but does not require a local government body to disapply the following content

¹ A key audit risk is one which may result in a material misstatement to the financial statements or

significantly impact on our audit judgements and conclusions on the wider scope dimensions.

requirements for the Management Commentary:

- The requirement for the review of the body's business to be comprehensive
 - An analysis using key performance indicators (KPIs). However a hyperlink to KPIs published elsewhere is required or a statement that it is not possible
 - A description of the body's strategy and business model. However a hyperlink to a document published elsewhere is required or a statement that is not possible
 - Political donations and expenditure, financial instruments, indication of future likely developments, disclosure concerning the employment of disable persons, employee involvement and disclosures concerning green house gas emissions
 - The requirement to direct the reader to the annual report on treasury management to the extent that the report is not yet published. However a statement to that effect should be included.
23. The IJB took the decision to include where applicable to the organisation, the full disclosures in the Management Commentary.

Access to audit evidence

24. Our audit this year has been carried out remotely. As a consequence, we identified a risk that access to and provision of sufficient, appropriate audit evidence in support of our audit opinion may be impacted by the

inherent nature of carrying out our audit remotely.

25. We have employed a greater use of technology to examine evidence, but only where we have assessed both the sufficiency and appropriateness of the audit evidence produced.
26. For our expenditure, the IJB could not provide sufficient audit evidence for three sample items within the agreed timetable. Given the low value and nature of the sample items, we are satisfied that the testing completed still provides a reasonable basis for our conclusion and do not deem this to be material to our proposed audit opinion or timing thereof. We will continue to liaise with management up until the point of signing to ensure these pieces of evidence are provided in as timely a manner as possible.
27. For all other aspects of our audit we have been provided with sufficient evidence to complete the audit in line with our responsibilities. There were no issues noted with the reliability or appropriateness of evidence provided.

Timescales/Administrative processes

28. Schedule 6 of the Coronavirus (Scotland) Act 2020 allows a local government body to postpone submitting the unaudited accounts to auditors and publishing the audited accounts until it is reasonably practicable. The Scottish Government has provided guidance on this in Finance Circular 10/2020. The guidance advises that 30 November should be considered a reasonably practicable date for publishing the audited accounts.
29. Audit Scotland has revised the deadline for auditors to submit the audited annual accounts from 30

- September to 30 November 2020. However, it is for local auditors to agree a timetable with each local government body with a view to completing the process as early possible while still delivering a high quality audit.
30. The annual accounts are due to be considered by the Board on 27 October 2020.
31. We have been working closely with the IJB throughout the audit to ensure that this timetable is adhered to. From an audit perspective we would however highlight that we will require consideration of subsequent events up to the date of approval of the annual accounts and any changes reflected in both our annual report and the annual accounts. We also note that our annual report is based at a point in time and any further information relevant to our report will be reflected in our annual report up to the time the annual accounts are authorised for issue.

An overview of the scope of our audit

32. The scope of our audit was detailed in our External Audit Plan, which was presented to the Audit and Assurance Committee in March 2020. The plan explained that we follow a risk-based approach to audit planning that reflects our overall assessment of the relevant risks that apply to the IJB. This ensures that our audit focuses on the areas of highest risk. Planning is a continuous process and our audit plan is subject to review during the course of the audit to take account of developments that arise.
33. At the planning stage we identified the significant risks that had the greatest effect on our audit. Audit procedures were then designed to mitigate these risks.
34. Our standard audit approach is based on performing a review of the key financial systems in place, substantive tests and detailed analytical procedures. Tailored audit procedures, including those designed to address significant risks, were completed by the audit fieldwork team and the results were reviewed by the audit management team. In performing our work we applied the concept of materiality, which is explained below.

Our application of materiality

35. Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. A matter is material if its omission or misstatement would reasonably influence the decisions of an addressee of the auditor's report. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement. We keep this assessment under review throughout the audit.
36. Performance materiality is the working level of materiality used to determine the nature, timing and extent of audit procedures carried out. We perform audit procedures on all transactions, or groups of transactions, and balances that exceed our performance materiality. This means that we perform a greater level of testing on the areas deemed to be at significant risk of material misstatement.

37. Performance materiality is set at a value less than overall materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of any uncorrected and undetected misstatements exceed overall materiality.
38. Our initial assessment of materiality for the annual accounts was £11 million. We reassessed materiality on receipt of the 2019/20 unaudited accounts and deemed this level to remain appropriate throughout our audit.

Materiality	£million
Overall materiality: Our assessment of materiality is set with reference to cost of delegated service ² . We consider this to be the principal consideration for the users of the annual accounts when assessing the performance of the IJB.	11.000
Performance materiality: using our professional judgement we have calculated performance materiality at approximately 75% of overall materiality.	8.250

39. Our initial assessment of materiality for the annual accounts was £11 million. We reassessed materiality on receipt of the 2019/20 unaudited accounts and deemed this level to

remain appropriate throughout our audit.

Audit differences

40. We are pleased to report that there were no material adjustments or unadjusted differences to the unaudited annual accounts.
41. We identified disclosure and presentational adjustments during our audit, which have been reflected in the final set of annual accounts.

Board representations

42. We have requested that a signed representation letter be presented to us at the date of signing the annual accounts. This letter is to be signed by the section 95 officer on behalf of the IJB.

Other matters identified during our audit

43. During the course of our audit we noted the following:

The Local Authority Accounts (Scotland) Regulations 2014

44. As part of our audit we reviewed the IJB's compliance with the Local Authority Accounts (Scotland) Regulations 2014, in particular with respect to regulations 8 to 10³ as they relate to the annual accounts. Overall we concluded that appropriate arrangements are in place to comply with these Regulations.

² Our assessment of materiality equates to approximately 1.6% of the IJB's forecasted cost of delegated services in 2019/20.

³ Regulations 8 to 10 relate to the preparation and publication of unaudited accounts, notice of public right to inspect and object to the accounts and consideration and signing of the audited accounts.

Management commentary

45. The Local Authority Accounts (Scotland) Regulations 2014 require local authorities to include a management commentary within the annual accounts. The management commentary is intended to assist readers in understanding the annual accounts and the organisation that has prepared them.
46. As auditors we are required to read the management commentary and express an opinion as to whether it is consistent with the annual accounts. We have concluded that the management commentary is consistent with the annual accounts and has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003.

Annual governance statement

47. The Chief Officer and the Chair of the IJB have confirmed that in their opinion, reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's systems of governance. The Annual Governance Statement identifies a range of actions that have been, or will be, taken by the IJB to continue to progress improvements in the IJB's governance arrangements.
48. The coverage of the governance statement is in line with our expectation and have concluded that the report has been prepared in accordance with the Delivering Good

Governance in Local Government: Framework 2016.

Remuneration report

49. Our independent auditor's report confirms that the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Follow up of prior year recommendations

50. We followed up on progress in implementing actions raised in the prior year as they relate to the audit of the financial statements. Full details of our findings are included in Appendix 2.

Qualitative aspects of accounting practices and financial reporting

51. During the course of our audit, we considered the qualitative aspects of the financial reporting process, including items that have a significant impact on the relevance, reliability, comparability, understandability and materiality of the information provided by the financial statements. Our audit conclusions on these qualitative aspects are as follows:

Qualitative aspect considered	Audit conclusion
The appropriateness of the accounting policies used.	The accounting policies, which are disclosed in the annual accounts, are considered appropriate to the IJB.
The timing of the transactions and the period in which they are recorded.	We did not identify any concerns over the timing of transactions or the period in which they were recognised.
The appropriateness of the accounting estimates and judgements used.	We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the annual accounts.
The appropriateness of the going concern assumption	We have reviewed the financial forecasts for 2020/21. Our understanding of the legislative framework and activities undertaken provides us with sufficient assurance that the IJB will continue to operate for at least 12 months from the signing date.
The potential effect on the financial statements of any uncertainties, including significant risks and related disclosures that are required.	We have not identified any uncertainties, including any significant risk or required disclosures, which should be included in the annual accounts.
The extent to which the financial statements have been affected by unusual transactions during the period and the extent that these transactions are separately disclosed.	From the testing performed, we identified no significant unusual transactions in the period.
Apparent misstatements in the annual report or material inconsistencies with the financial statements.	The management commentary contains no material misstatements or inconsistencies with the accounts.
Any significant financial statement disclosures to bring to your attention.	There are no significant annual accounts disclosures that we consider should be brought to your attention. All the disclosures required by relevant legislation and applicable accounting standards have been made appropriately.

Qualitative aspect considered	Audit conclusion
Disagreement over any accounting treatment or financial statements disclosure.	While disclosure and presentational adjustments were made during the audit process there was no material disagreement during the course of the audit over any accounting treatment or disclosure.
Difficulties encountered in the audit.	There were no significant difficulties encountered during the audit. Although the timing of some audit evidence has impacted our work and COVID-19 has presented challenges we have worked collaboratively around.

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the IJB is planning effectively to continue to deliver its services and the way in which they should be delivered.



The IJB continues to face significant financial pressures, both immediately and over the medium to longer term. Recurring financial balance cannot be achieved without the delivery of sustainable transformational change and the ability to do so within available resources will be a key challenge for the Board. The IJB has recognised the urgent need to work with partners to develop a medium term financial strategy and workforce strategy to support the efficient delivery of the Strategic Plan 2019-2022 and the transformation programme.

In July 2020 the Board approved proposals to adapt and rephase delivery of the transformation programme as a result of the impact of COVID-19 on service delivery. Work is ongoing to consider the impact of these changes on immediate and medium term financial projections.

Significant audit risk

52. Our audit plan identified a significant risk to financial sustainability under our wider scope responsibilities.

Financial sustainability

The IJB has been able to demonstrate arrangements for short term financial planning. However, as first reported in our 2016/17 Annual Audit Report, the IJB has not yet developed a medium or long-term financial plan or strategy. In October 2019, the Board considered a Financial Framework 2020-2023 which will form the basis of a medium-term financial strategy. This recognised that the IJB continues to face significant challenges over the medium term due to increasing demand for services and a climate of constrained financial resources.

The financial framework outlines a gap of £36 million in 2020/21. The IJB has identified high-level savings of £24 million, leaving £11 million unbalanced. The framework forecasts a similar position in 2021/22 and 2022/23, with the plan unbalanced by £12 million and £15 million in each year respectively. There is an on-going need to work with partners to develop a strategic approach to financial planning. Without a medium-term financial plan in place, the IJB cannot demonstrate how it will deliver the required level of savings and bridge the financial gaps, whilst continuing to deliver key priorities within the financial resources available.

Noted in the 2019/20 External Audit Plan

53. The Board has not yet developed a medium term financial strategy. Ongoing work has been halted as a result of the emerging pressures of COVID-19 and the need for partners to rework their own medium term financial plans in response. Management have committed to continuing to work closely with partners and developing the medium term financial strategy by December 2020. It is important that such a strategy is completed in accordance with this revised timetable.
54. Without a medium term financial strategy, this IJB cannot demonstrate how it will deliver its strategic plan and transformation programme. In an environment of heightened financial pressures increasing demand and the growing need to redesign services, robust and timely financial planning is essential. Financial sustainability will therefore continue to be a significant risk in our 2020/21 audit plan.

Refer to Appendix 2

Strategic Planning

55. The Board has not yet developed a medium term financial strategy. Ongoing work has been halted as a result of the emerging pressures of COVID-19 and the need for partners to rework their own medium term financial plans in response. Management have committed to continuing to work closely with partners and developing the medium term financial strategy by December 2020. It is important that such a strategy is completed in accordance with this revised timetable.
56. Without a medium term financial strategy, this IJB cannot demonstrate how it will deliver its strategic plan and transformation programme. In an environment of heightened financial pressures increasing demand and the growing need to redesign services, robust and timely financial planning is essential. Financial sustainability will therefore continue to be a significant risk in our 2020/21 audit plan.

Financial Strategy

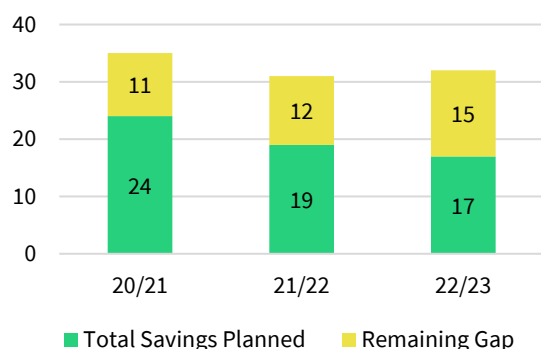
57. A medium-term financial strategy is essential to support the delivery of the Strategic Plan 2019-2022, especially given the recurring financial challenges the plan identifies. The IJB's initial immediate approach has been to focus on 'grip and control' measures. The aim is then to deliver efficiencies in the medium to longer term to support financial balance through redesign and transformation.
58. The Board considered the IJB's Financial Framework 2020-2023 in October 2019. This presented an initial outlook based on partner's planning assumptions and would form

the basis of a medium term financial strategy.

59. The Framework takes cognisance of the Scottish Government's Medium Term Financial Framework for Health and Social Care and the key demand drivers of growth in spending; price increase, demographic change and non-demographic change.
60. The Financial Framework has been designed to support the delivery of the 2019-2022 Strategic Plan and transformation programme. One of the key levers identified by the IJB in delivering this is that NHS and Local Authority budgets are no longer separate and that the IJB has the authority to direct the totality of its resources across both partners in a manner that best serves the people of Edinburgh. The Framework has been developed on this basis.
61. The IJB had previously committed to developing a medium term financial strategy by March 2020, building upon the commitments recognised in the financial framework. However, progress has been halted as a result of the emerging pressures of COVID-19 and the need for partners to rework their own medium term financial plans. Management have instead committed to developing the IJB's medium term financial strategy by December 2020.
62. The need for robust medium term financial planning is essential given the increasing pressures across the sector. The Financial Framework, developed in October 2019 prior to the COVID-19 pandemic, identifies significant financial gaps as highlighted in Exhibit 3. Work is still ongoing to quantify the impact of the pandemic in the medium term but

there is a significant risk that financial pressures may increase further.

Exhibit 3: Future Financial Gap (£m)



Source: Financial Framework 2020-2023 – October 2019

Workforce Planning

63. We highlighted within our annual report for 2016/17 that the integration scheme requires the development of a workforce plan to demonstrate that a strategic approach is in place to manage the risks that the IJB faces in relation to workforce supply and demand challenges.
64. The Board considered an inaugural Baseline Workforce Plan in December 2018. As highlighted in our 2018/19 annual audit report, the baseline data presented a proportionally aging workforce, particularly in social care, which could pose significant capacity and supply problems for the IJB in the future.
65. The IJB had committed to developing a workforce strategy in 2019/20 following the approval of the Strategic Plan 2019-2022. However, progress has been delayed.
66. Workforce and cultural development was identified as a priority phase one project in the Transformation

Programme. However, per the IJB's progress report, Return to Transformation (July 2020), this was assessed as an underdeveloped and delayed project. The Scottish Government has requested that all integration authorities submit a workforce plan by March 2021 and the IJB is on schedule to meet this deadline. Action plans have been revised to ensure the workforce strategy is developed alongside this exercise during 2020/21 and we recommend that this is actioned as a priority.

Refer to Appendix 2

Impact of EU withdrawal

67. Audit Scotland continues to highlight EU withdrawal as a significant risk facing public bodies across Scotland. Three streams of potential impact were identified;
 - Workforce;
 - Funding; and
 - Regulation.
68. The Partnership had established a Brexit Impact Assessment Group to plan, assess risk and propose mitigation options for areas expected be the most affected. The Group reported into similar strategic groups within both NHS Lothian and City of Edinburgh Council to ensure issues are managed in a timely, effective and collaborative manner.
69. The IJB has continued to work with partners and monitor the position throughout 2019/20 to ensure robust planning and preparation arrangements were in place for EU withdrawal and beyond.

Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.



Whilst the IJB was able to reduce the initial gap in their unbalanced financial plan, they reported a deficit of £6.5 million in 2019/20. For the first time this was met through reserves, as planned in the 2019/20 budget, rather than additional contributions from partners. This leaves uncommitted reserves at 31 March 2020 of £3.166 million.

The Board approved the 2020/21 financial plan in July 2020 which recognised a funding gap of £21.9 million and mitigating actions to address £6.0 million of this. The Board approved plans for £11.9 million of savings as part of the 2020/21 savings and recovery programme. Additional savings have been identified to address the remaining gap (£4.0 million), however further work is still required to develop detailed plans for delivering these.

The COVID-19 pandemic has had a significant impact on the operations and financial position of the IJB and work is still on-going to quantify the additional short and medium term costs. Additional funding is anticipated however the scale of this is unknown. The on-going impact and financial implications of COVID-19 are less clear and the IJB is continuing to work closely with partner bodies to quantify the impact, both in the short and medium term.

Significant audit risk

70. Our audit plan identified a significant risk to financial management under our wider scope responsibilities.

Financial management

The IJB started 2019/20 with an unbalanced financial plan, reporting an outstanding balance of £7.150 million in May 2019. Through a combination of partnership wide savings, a contribution from reserves and slippage on funding set aside for specific initiatives, the IJB reported a small projected surplus of £0.600 million at the end of the first 7 months of 2019/20.

This in year position relies heavily on the use of one-off measures and slippage and there is a risk that the IJB will not achieve the planned balanced outturn position. This could have a detrimental impact on short and medium term plans for the delivery of directed services. There is also the potential for underperformance to have a wider impact on longer term financial sustainability

Noted in the 2019/20 External Audit Plan

71. As outlined below, whilst the IJB was able to reduce the initial gap in their unbalanced budget, they still reported a deficit of £6.5 million in 2019/20. For the first time, the deficit was met through reserves as planned in the 2019/20 budget rather than additional contributions from partners. We are satisfied that the partnership has taken an appropriate approach to financial management and have noted improvements in financial planning and performance in 2019/20. However, the IJB continues to face significant financial pressures and the use of reserves to meet budget deficits is not sustainable.
72. The Board approved the 2020/21 financial plan in July 2020 which recognised a funding gap of £21.9 million. Mitigating actions have been identified to address £6.0 million and the remaining £15.9 million is addressed in full through the 2020/21 savings and recovery programme. However, further work is required to develop detailed plans for £3.990 million of savings identified in the £15.9 million savings programme. Work is still ongoing to quantify the short and medium term impact of COVID-19 on the financial position and delivery of savings plans. The IJB is continuing to work closely with NHS Lothian and City of Edinburgh Council to manage the financial position and reported a projected year end overspend of £10.9 million at the end of quarter one. We will therefore continue to consider the projected in year deficit as a significant risk in our 2020/21 audit plan.

Financial performance in 2019/20

73. The IJB started 2019/20 with an unbalanced financial plan and an initial funding gap of £24 million. A savings and recovery programme of £12 million was agreed to mitigate this funding gap and the IJB continued to closely monitor the financial position throughout 2019/20.
74. The IJB spent £762 million delivering health and social care services to the people of Edinburgh in 2019/20 (2018/19: £726 million). For 2019/20

the Board is reporting a deficit of £6.5 million (2018/19: surplus of £1.3 million). This has been met through usable reserves, leaving a remaining reserve of £3.2 million as at 31 March 2020 (31 March 2019: £9.7 million).

75. The IJB has continued to face significant financial pressures. However, this is the first year that they have not had to rely on additional contributions from partners to manage their financial position. In addition, this is the first year that the Board has delivered their planned savings and recovery programme, overachieving against the initial target.

Exhibit 4: Financial performance in 2019/20

	Budget £000	Actual £000	Variance £000
Health services	520,594	520,599	5
Council services	241,049	241,049	-
Gross Position	761,643	761,648	5
Non recurring health contributions	-	(5)	(5)
Non recurring council contributions	-	-	-
Reported outturn	761,643	761,643	-

Source: Annual Performance Report 2019/20

Delivering financial balance

76. The draft 2020/21 budget was considered by the Board in April 2020, at a time of great uncertainty during the COVID-19 pandemic. The Board recognised that work will still ongoing to finalise the 2020/21 savings and recovery programme, and that further consideration was needed to reflect the potential financial consequences of COVID-19. A finalised 2020/21 plan was presented to the Board in July 2020 and approved.
77. Delegated budgets total £684.6 million for 2020/21. For NHS Lothian this represents a 3% uplift (£12.2 million) from the 2019/20 budget. For City of Edinburgh Council, the total uplift of £15 million reflects;
- a 3.8% increase over the 2019/20 budget,
 - additional local authority funding of £2 million following the Scottish Government budget announcement, and
 - funding of £4.7 million to cover the full cost of the living wage increase (assumption based on available information at the time).
78. Set against this, the projected cost of delegated services for 2020/21 is £706.4 million. Taking into account the expected savings of £3.7 million from the closure of Gylemuir House, this results in a savings requirement of £21.9 million in 2020/21.
79. The financial plan identifies three mitigating actions totalling £6 million, reducing the budget gap to £15.9 million. These relate to a contribution from the community capacity investment fund (£2 million), contribution from the older peoples

reserve (£1 million) and a commitment from NHS Lothian to meet set aside pressures (£3 million).

Savings and Recovery Framework

80. The Board considered and approved a savings and recovery programme in July 2020, aimed at addressing resultant savings requirement of £15.9 million. To ensure the programme provides a clear and structured approach to identifying savings for future years that is aligned with partner's financial planning processes, management have developed the savings and recovery framework with support from internal audit.
81. The framework recognises savings under the following four phases, grouped to clarify the level of certainty around their deliverability;
- Phase 0 – proposals already approved by the IJB
 - Phase 1 – proposals for which management are seeking approval
 - Phase 2 – proposals identified to achieve financial balance, but will require ongoing work in year
 - Phase 3 – proposals at planning stage to ensure savings can be realised in the next financial year
82. To demonstrate strategic alignment, proposals have been grouped under six areas of programme focus. The Board recognise that the framework requires further development to ensure stronger alignment with the strategy and transformation programme, and the development of a risk matrix to support decision making.
83. As part of the 2020/21 savings programme, the Board approved eight new savings proposals totalling £8.95

million. In addition, the 2020/21 programme recognised £2.96 million of savings that had already been approved by the Board.

84. To address the remaining gap of £3.99 million, the Board approved the progression of Phase 2 proposals, recognising that further work is required during 2020/21 to develop detailed plans and that proposals will be brought back to the Board for approval.

Exhibit 5: 2020/21 savings programme

	Total £m
2020/21 savings requirement	15.9
<i>Savings and Recovery Programme</i>	
Phase 0 – previously approved plans	2.96
Phase 1 – plans approved July 2020	8.95
Phase 2 – development of plans on-going	3.99
Net position	-

Source: Savings and Recovery Programme 2020/21 – July 2020

85. The Board recognise that the required scale and pace of delivery of the proposed programme will be challenging. Progress and scrutiny over delivery will be overseen by the Savings Governance Board throughout 2020/21 which is chaired by the Chief Officer.

Impact of COVID-19

86. The COVID-19 pandemic has had a significant impact on the IJB's operational service delivery, requiring them to adapt quickly and effectively. The two key financial implications of this are the net additional costs of the immediate and on-going response; and the medium to longer term costs associated with the reconfigured services.
87. NHS Boards were required to submit mobilisation plans at the start of the pandemic, outlining their response with a high level estimate of anticipated additional costs. Subsequently, Health and Social Care Partnerships have been required to submit regular updates to the Scottish Government on actual costs and estimates of future expenditure.
88. The latest return (July 2020) estimated total additional costs of the response to COVID-19 as £58.819 million. A breakdown of this cost is summarised in Exhibit 6.
89. It is expected that some these financial consequences will be met by additional funding from the Scottish Government. However, at the time of writing, the scale of any extra costs and the potential level of any additional funding is unknown. The Government's initial review of mobilisation plans suggested that the level of funding currently available is not sufficient to cover the additional costs and further work is needed to evaluate this position.

Exhibit 6: Mobilisation plan costs as reported to Scottish Government (July 2020)

	Total £m
Provider sustainability	25.2
Additional capacity	11.1
Slippage on savings	6.6
One Edinburgh	5.3
Living wage uplift shortfall	4.7
GPs & Prescribing	3.7
Miscellaneous	1.2
PPE	1.0
Total	58.9

Source: 2020/21 Financial Plan – as presented to the Board in July 2020

90. Limited funding has been agreed to date. The Scottish Government approved an initial allocation of £50 million to Integration Authorities, of which Edinburgh’s share is £4.1 million. Further funding allocations are expected but, at the time of writing, the timeline for a decision is unknown.
91. The on-going impact and financial implications of COVID-19 are less clear. The 2020/21 financial plan was prepared on the assumption that there would be no net impact from the pandemic, with additional costs either funded or otherwise mitigated.
92. Work has been on-going within both partner organisations to determine the financial impact of the pandemic and update projections for the year. At the

end of period three the Council and NHS Lothian reported projected year end overspends for services they deliver under the direction of the IJB of £3.800 million and £7.044 million respectively.

93. However, interpreting these results is particularly challenging and both partner organisations have commissioned further work to fully understand the underlying drivers. In addition, both partners have taken a different approach to forecasting. Whilst the Council has assumed that additional costs arising from the pandemic will be fully funding, NHS Lothian have not at this stage assumed any additional monies.
94. The IJB is continuing to liaise with partners as work progresses to analyse the financial impact of the pandemic, both in the short and medium term. Regular updates are being presented to the Board to consider the projected financial position, taking into account any additional costs or potential funding announcements.

Systems of internal control

95. The IJB does not hold any assets, directly incur expenditure or legally employ staff. All financial transactions of the IJB are processed through the financial systems of the council and health board. All transactions are subject to the controls and scrutiny of the respective partners, including the work performed by internal audit.
96. We sought and obtained assurances from the external auditor of City of Edinburgh Council and NHS Lothian regarding the systems of internal control used to produce the

transactions and balances recorded in the IJB's annual accounts.

97. We reviewed the approved standing financial instructions and standing orders and consider them adequate for the IJB's purposes.
98. The IJB has adequate systems in place to record, process, summarise and report financial and other relevant data. We have not identified any material weaknesses in the accounting and internal control system during our audit, although we are aware of weaknesses identified by internal audit.

City of Edinburgh Council regarding the level of risk present in the procurement function and no significant issues were highlighted.

Prevention and detection of fraud and irregularity

99. The IJB does not directly employ staff and so places reliance on the arrangements in place within the City of Edinburgh Council and NHS Lothian for the prevention and detection of fraud and irregularities. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by the partner bodies. Overall, we found the arrangements to be sufficient and appropriate.

Risk of fraud and corruption in the procurement function

100. Audit Scotland highlighted fraud and corruption in respects of the procurement function as a matter of particular focus in the public sector. The IJB relies on the procurement functions of NHS Lothian and City of Edinburgh Council, and this risk is therefore managed within the partner bodies.
101. We sought assurances from the external auditor of NHS Lothian and

Governance and transparency

Governance and transparency is concerned with the adequacy of governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.



The Board initiated an external review of their governance arrangements in 2018/19. This concluded that further action was required to strengthen the Board's governance framework and identified a series of 18 recommendations.

Notable action has been taken in improving governance arrangements, committee structures and communication plans. However, the pace of change has been slower than originally planned and further disrupted by the re-focus of resources on the COVID-19 pandemic. Key priorities, such as the approval and implementation of a governance handbook, are still to be completed.

On 14 April 2020 the Board agreed to suspend all Board and committee meetings until 30 June 2020 given the need to prioritise the delivery of front-line services. The Board was reinstated on 21 July 2020 and committee meetings have been resumed. A number of key activities have been delayed as result and work is ongoing to develop revised plans and strategies.

Significant audit risk

102. Our audit plan identified a significant risk to governance and transparency under our wider scope responsibilities.

Governance and transparency

During 2017/18 the interim management team for the Edinburgh Health and Social Care Partnership (the group overseeing operational delivery of the IJB's directions to its partners) considered that there was a clear requirement to bring greater clarity and focus to the activities of the partnership, with an emphasis on performance, quality and finance. At its development session on 13 October 2017 the IJB considered a 'Statement of Intent' setting out:

"a high-level recovery plan to address the immediate, short and medium-term challenges faced by the Partnership, the EIJB and the parent bodies. It is constructed around the three key pillars of quality, performance and finance."

The recovery plan outlined the following seven high-level themes as well as related commitments:

- Doing the basics well
- Developing a performance framework
- Establishing a financial framework
- Developing strategies, with identifiable, manageable actions
- Ensuring optimum quality
- Clarifying and simplifying governance arrangements
- Improving relationships between the IJB and its partner

As reported in our 2017/18 and 2018/19 Annual Audit Report, progress against the recovery plan had not been separately and formally reported since December 2017. In May 2019 the Board developed an Improvement Plan which is mapped against the key priorities of the Statement of Intent. In addition, an external assessment of the IJB's governance arrangements was undertaken in 2018/19 by the Good Governance Institute, identifying a series of 18 recommendations.

The IJB has recognised that without a clear roadmap to work with, it cannot bring clarity to the partnership's activities, nor can the partnership support the IJB in effectively discharging its duties. This in turn would lead to suboptimal performance and quality, and financial imbalance. We therefore continue to regard the recovery plan and the need to bring clarity to the organisation's governance arrangements as a significant risk.

Noted in the 2019/20 External Audit Plan

103. As reported in 2018/19, the themes and commitments outlined in the original recovery plan are reflected in the Transformation Programme and 2019-2022 Strategic Plan (approved by the Board in August

- 2019). Prior to this, there had been limited accountability or reporting on progress against the recovery plan.
104. Phase one of the Strategic Plan ran to 31 March 2020. This focused on initiating the transformation programme, identifying key workstreams and establishing significant projects. A new governance framework was established to manage the programme and a progress report, 'Return to Transformation', was presented to the Board in July 2020. This gave each of the seven phase one projects a RAG rating to reflect the status and level of progress as at June 2020. Only two of the seven projects have been assessed as green; Three Conversations and the Edinburgh Pact. The workforce and cultural development programme has been assessed as red; we have considered this in detail as part of our financial sustainability work.
 105. The progress report outlines for each project the current status, completed and planned actions, key milestones, significant risks and the mitigation actions in place. Delivery of the transformation programme has been adversely impacted by the COVID-19 pandemic, as reflected in each programme status. Programme boards were suspended in March 2020 to allow for focus on operational priorities and around 50% of the transformation team had been redeployed to directly support the IJB's response. Proposals to adapt and re-set the transformation programme to reflect the immediate strategic priorities and the need to re-phase activity were approved by the Board in July 2020. A continued focus on monitoring and report progress is key to effectively delivering the Transformation Programme.
 106. An external assessment of the IJB's governance arrangements was undertaken in 2018/19 identifying a series of 18 recommendations. As considered below, notable action has been taken in improving governance arrangements, committee structures and communication plans. However, the pace of change throughout 2019/20 has been slower than originally planned and further action is still required.
 107. The COVID-19 pandemic has paused the majority of work in these areas and there has been insufficient time to assess the effectiveness of new arrangements. The IJB must ensure that previously planned activity is reinstated as an area of priority to support the timely refinement of governance arrangements. We therefore continue to recognise the development of governance arrangements as a significant risk and will monitor progress further in 2020/21

Refer to Appendix 2

Governance arrangements

108. The IJB has continued to refine its governance arrangements since it was formally constituted in April 2016. The need to strengthen governance arrangements and clarify reporting processes is one of the objectives highlighted in the IJB's recovery plan.
109. In 2018/19 the IJB commissioned the Good Governance Institute to undertake a review of their systems and processes, providing external and independent expertise. Their overall conclusion, as reported to the Board in December 2018, was that action was required to strengthen the IJB's governance.
110. The report set out a series of 18 recommendations and highlighted that the development and strengthening of the IJB's governance will be a continual process and requires the commitment of IJB members over time. The report identified a need for clarity on lines of accountability and reporting to support effectiveness, and proposed changes to the existing committee structure.
111. The IJB produced an action plan in April 2019 for addressing the recommendations raise. Whilst some progress has been made in addressing these recommendations as outlined below, delivery of the action plan has not been formally reported on or considered by the Board during 2019/20.
112. As we reported in 2018/19, the Board formally approved the terms of reference for five committees of the IJB in June 2019 on the recommendation of the Good Governance Institute. The committees are as follows;
- Strategic Planning
 - Performance and Delivery
 - Audit and Assurance
 - Clinical and Care Governance
 - Futures
113. The Good Governance Institute recommended the development of a Governance Handbook as a key priority for the IJB in order that committee structures, risk appetite, board etiquette and operating principles be set as a foundation.
114. The IJB has worked with the Institute throughout 2019/20 to develop a draft handbook. However, the finalisation, approval and implementation of this has been postponed due to Covid-19 and the need to refocus resource. We strongly encourage that this is finalised as a priority to support the effective governance of the IJB and management have committed to doing so by December 2020.
115. Other key recommendations that still require further action include;
- Review and definition of risk appetite
 - Development of a Board assurance framework
 - Independent assessment of leadership and managerial capacity
 - Development of an integrated performance framework
116. The Board had committed to reviewing the Integration Scheme in 2019/20. However, this was delayed due to COVID-19 and will now be reviewed in 2020/21 instead. The Scheme was however updated in June 2019 to reflect the new obligations under the Carers (Scotland) Act 2016.

Impact of COVID-19 on governance arrangements

117. On 14 April 2020 the Board agreed to suspend all Board and Committee meetings until 30th June 2020. The decision was made in response to significant additional pressure on staff resourcing and the need to prioritise the delivery of front-line services.
118. As the IJB was still required to take forward a budget for the 2020/21 financial year, the scheduled budget meeting went ahead as planned on 28 April 2020, albeit held remotely.
119. In line with the IJB's standing orders, authority to take any urgent decisions on behalf of the Board was delegated to the Chief Officer in consultation with the Chair and Vice-Chair until meetings resumed.
120. The Board first met again on 21 July 2020 and agreed to resume the supporting committees from the end of July 2020. To support their efficient return, the Board approved some short-term changes to the operation of committees such as holding virtual meetings, reducing the length of committees and streamlining the agenda planning process. It is expected that these arrangements will be in place until December 2020 when they will be reviewed again by the Board. Dates have been agreed for resumption of all committees.
121. A number of key activities scheduled for completion by March 2020 have been delayed which the IJB attributes to the impact of COVID-19. This includes reviewing the Integration Scheme, reviewing the Directions Policy and documenting an assurance framework. Now that Board meetings have resumed, the IJB must ensure that appropriate plans are in place to

complete these tasks and reinstate the previous pace of improvement.

Openness & Transparency

122. There is an increasing focus on how public money is used and the outcomes that it helps to achieve. Due to this it is important that public bodies operate in a transparent manner and consider potential actions which can continuously improve transparency.
123. We found that the IJB has clear arrangements in place to ensure that members of the public can attend the board meetings as observers and that agendas are available five working days in advance of the meetings.
124. We noted that the IJB does not make audit committee papers available on their website, although minutes are available through the board papers. The Board has reflected on this as part of the current review of governance arrangements and deem the balance of openness to be appropriate.

Health and Social Care Integration – Update on Progress

125. Audit Scotland published a report “Health and Social Care Integration – Update on Progress” in November 2018. The aim of the audit was to “explore the impact public bodies were having on integration of health and social care services”.
126. The report identified that generally integration authorities are delivering services in a more collaborative way, however they continue to operate in a challenging environment and financial planning could be further streamlined. Further work is required with regards to strategic planning, collaborative

- leadership, governance arrangements and data sharing.
127. Audit Scotland identified six key recommendations to support integration authorities in fully integrating health and social care (Exhibit 7). The IJB performed an initial self-evaluation against these recommendations in February 2019 and identified a number of activities they were currently undertaken that relate to addressing these recommendations.
 128. In February 2019, the Scottish Government Ministerial Strategic Group published a report containing 25 proposals for ensuring the success of health and social care integration structured under the six recommendations raised by Audit Scotland. The report also included a self-evaluation template. The IJB initially assessed arrangements against this in May 2019 and prepared a detailed action plan in response.

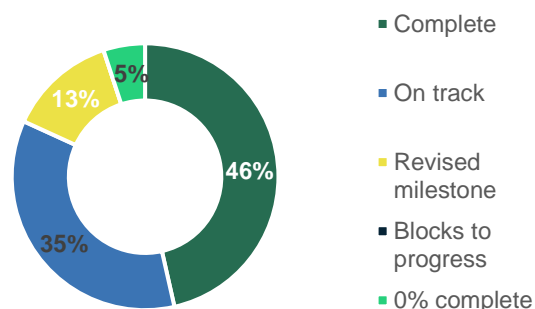
129. In February 2020, the IJB considered progress against the reports from Audit Scotland and the Ministerial Strategic Group through their detailed Ministerial Strategy Group action plan. As outlined in Exhibit 7, around 80% of the identified actions are either complete or on track to be completed but milestones have been revised for 13% of actions. No blocks to progress were identified within the progress report.
130. For the 5% of actions where no progress has been made, these sit out-with the immediate control of the IJB or the Partnership. The Board directed the Chief Officer and Chief Financial Officer to continue to work with NHS Lothian and City of Edinburgh Council to ensure delivery against the wider partnership actions.
131. It was agreed that a further update would be presented to the Board in December 2020.

Exhibit 7: Health and Social Care Integration recommendations

1. Commitment to collaborative leadership and building relationships
2. Effective strategic planning for improvement
3. Integrated finances and financial planning
4. Agreed governance and accountability arrangements
5. Ability and willingness to share information
6. Meaningful and sustained engagement

Source: Audit Scotland: Health and social care integration: update on progress – November 2018

Exhibit 8: Progress against Ministerial



Strategic Group Health and Social Care action plan

Source: Ministerial Strategic Group Action Plan update – February 2020

Internal Audit

including fraud management arrangements.

132. The Chief Auditor of City of Edinburgh Council has been appointed as the Chief Internal Auditor for the IJB. Internal audit activity is undertaken by a combination of the City of Edinburgh Council and NHS Lothian internal audit teams.
133. To avoid duplication of effort and to ensure an efficient audit process we have taken cognisance of the work of internal audit throughout our audit. While we have not placed formal reliance on the work of internal audit in 2019/20, we have taken account of internal audit's work in respect of our wider scope responsibilities. We are grateful to the internal audit team for their assistance during the course of our work.
134. In her Annual Opinion, the Chief Internal Auditor notes the some improvement is required to the IJB control environment and governance and risk management framework. As a result, internal audit provided an 'amber rated opinion'. This is an improved in comparison to 2018/19 where significant enhancements were noted and a 'red rated opinion' was provided.

Standards of conduct

135. In our opinion, the IJB's arrangements in relation to standards of conduct and the prevention and detection of bribery and corruption are adequate.
136. The IJB implemented a code of conduct based on the template code provided by Scottish Government and the codes in place at the partner organisations. In line with the integration scheme, the IJB utilises the financial governance arrangements in place within the partner bodies

Value for money

Value for money is concerned with using resources effectively and continually improving services. In this section we report on our audit work as it relates to the Board's reporting of its performance.



The establishment of a Performance and Delivery Committee in June 2019 has been a key step in developing a robust performance management framework. However, work is still required to refine performance reports and measures to ensure these support efficient and effective scrutiny of progress against the Strategic Plan.

The IJB continues to perform poorly against a number of key indicators. These areas have been recognised and reflected on with the transformation programme.

COVID-19 has imposed unprecedented challenges on the IJB but has also presented the opportunity to be innovative and embrace new ways of working. The IJB recognizes this and has completed an initial lessons learned exercise to start building on these positive changes.

Significant audit risk

137. Our audit plan identified a significant risk to financial management under our wider scope responsibilities.

Value for money: Performance

Under the integration scheme, the IJB is responsible for implementing a comprehensive performance management system that allows for transparent reporting and appraises achievement against the strategic plan. One of the key strands outlined in the IJB's Statement of Intent is the development of a performance management framework.

The IJB has developed metrics that will be reported to every meeting of the Board. However, as reported in our 2018/19 Annual Audit Report, further work is still required to fully develop and embed the performance management framework. In June 2019, the Board approved a new committee structure including the establishment of the Performance and Delivery Committee. The committee first met in September 2019 and reviewed their Terms of Reference and core duties.

Without a clear, effective performance management framework in place there is a risk that the IJB cannot demonstrate continual improvement of services delivered and the achievement of value for money through appropriate use of resources. The establishment of a Performance and Delivery Committee with a clear purpose and remit is a key step in developing a robust performance management framework.

Noted in the 2019/20 External Audit Plan

138. Delivery against local and national targets is presented to the Performance and Delivery Committee on a bi-monthly basis. Further work is required to refine the format and structure of performance reports, as outlined below, to ensure these succinctly highlight areas of underperformance and support efficient scrutiny. In addition, work is still ongoing to develop and embed an integrated performance framework with measures that more clearly consider performance against the Strategic Plan. We will continue to monitor the development of this framework in 2020/21 as a significant risk area.

Performance Framework

139. Under the integration scheme, the IJB is responsible for implementing a comprehensive performance management system that allows for transparent reporting and appraises achievement against the strategic plan.
140. In June 2019 the Board approved the terms of reference for a Performance and Delivery committee as part of the new governance structure. The purpose and function of the committee is to;
- Provide assurance that the IJB is meeting commitments;
 - Oversee a performance and progress reporting framework and supporting processes
 - Receive progress reports from accountable officers on finance, duty of care, quality, variations and other relevant matters.
141. The committee conducted its first meeting in September 2019 and met bi-monthly until all committee meetings were suspended in April 2020. Approved minutes of each meeting are presented to the Board.

Performance reporting

142. A performance report is presented at each Performance and Delivery committee, providing an overview of performance against the seven key local indicators and national Ministerial Strategic Group measures. Detailed dashboards are supported by a narrative report which highlights key risks and noteworthy changes to performance.

143. Performance reports are significant in length with the most recent committee report in excess of 60 pages. Whilst the level of detail may be beneficial to some members, this does not support efficient scrutiny. Members should focus discussions on area of concern or underperformance and the current reporting format does not succinctly summarise or highlight these areas.
144. Performance reports would benefit from the inclusion of a performance scorecard that summarises for each indicator whether performance has improved, declined or remained constant and how this compares against targets or thresholds. A RAG rating could be used to draw members' attention to areas of underperformance or concern.
145. The Strategic Plan 2019-2022 identifies the need to develop an integrated performance management framework that better reflects progress against priorities. The IJB notes this as an area where further work is still required and has committed to developing this by April 2021 with the Annual Government Statement. We will continue to monitor progress in developing this as part of our 2020/21 audit work.

Refer to Appendix 2

Performance during 2019/20

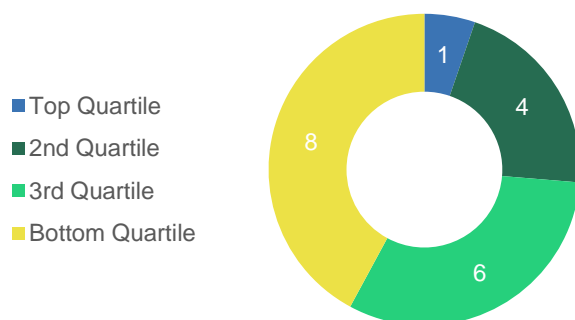
146. In line with the requirements of the Public Bodies (Joint Working) Act 2004, the IJB prepares an annual public performance report that considers progress against both the nine National Health and Wellbeing

Outcomes and the key priorities identified within their strategic plan.

147. The COVID-19 pandemic has impacted the collection of data in some cases as outlined by the IJB in their 2019/20 performance report. Data relating to nine of the national indicators should have been published in April 2020 as part of the Scottish Health and Care Experience Survey. However, publication has been delayed and so the performance is based on the latest available data (2017/18). For the remaining indicators, data is not available for the final quarter of 2019/20. Hence the performance report is based on data for the 2019 calendar year instead.
148. The performance report compares the IJB’s performance against 19 core national indicators to the Scottish average and ranks the IJB compared to other authorities. As Exhibit 9 demonstrates, performance continues to be mixed compared to other integration authorities.

149. The IJB is ranked in the bottom quartile for eight (42%) of the 19 indicators. For the following four indicators, the IJB is ranked between 28th and 30th:
- Percentage of adults supported at home who agreed they felt safe
 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
 - Emergency readmissions to hospital within 28 days of discharge
 - Proportion of last 6 months of life spent at home or in a community setting
150. For the nine indicators where 2019 data was available, the IJB reported;
- For five indicators, performance had improved compared to the prior year;
 - For two indicators, performance had fallen but was still above the Scottish average; and
 - For two indicators, performance had fallen and is behind the Scottish average.

Exhibit 9: Edinburgh IJB performance against the core national indicators



Source: Edinburgh IJB Annual Performance Report 2019/20

Delayed discharges

The IJB has historically underperformed against their delayed discharges target (the number of days people spend in hospital when they are ready to be discharged) but reported a significant improvement in the 2019/20 annual performance report.

151. In March 2020 partnerships were asked to prepare mobilisation plans in response to the COVID-19 pandemic with the aim of creating capacity and

space within hospitals. As associated target to reduced delayed discharges was set across Scotland.

- 152. The partnership identified a number of actions to reduce delays, free up beds in acute services and develop capacity within the community. This had a significant impact on performance and the IJB reported an improvement of 27% compared to 2018/19.
- 153. However, the IJB continues to significantly underperform compared to the Scottish average (50% higher) and remains in the bottom quartile, ranking 27th compared to other integration authorities (2018/19: ranked 31st).
- 154. Partnerships across Scotland managed to reduce delayed discharges, A&E attendances and hospital admissions in March and April as the pandemic hit. A national lessons learned exercise was completed in July 2020 highlighting local initiatives and examples of good practice that could support a sustainable improvement in performance. The report recognises the need to continue working collectively to ensure learning is spread at all levels across health and social care.

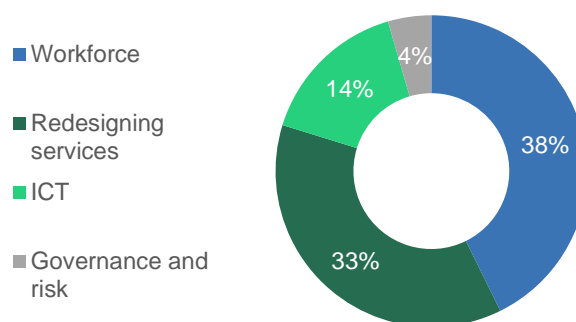
Impact of COVID-19 on service delivery

- 155. COVID-19 has had a significant impact on operations and service delivery. Given the scale of the required response, some services have been stopped or reduced to allow resource to be refocus on higher priority areas. Where services have continued, new innovative delivery models have been necessary to

ensure support could still be provided to those who need it most.

- 156. To assess the impact and effectiveness of the immediate response, the Partnership completed a lessons learned exercise in May 2020 to identify areas for improvement and share good practice. Over the three week exercise, 296 lessons were submitted by various service areas who had to adapt operational delivery or key process.
- 157. Consistent themes emerged from the information gathered and lessons were grouped into four main categories as summarised in Exhibit 10. The Partnership recognise that this in an iterative process and have continued to capture further lessons. This will be kept until regular review and actions will be shared with the relevant individuals.

Exhibit 10: COVID-19 Lessons Learned



Source: COVID-19 Lessons Learned report

- 158. A key priority for the Partnership is to ensure the timely, efficient and appropriate resumption of service delivery in areas where this had been reduced or stopped. To oversee this process a Project Board was established in May 2020 tasked with considering the Scottish Government's route map to managing the COVID-19

crisis and assessing the implications of this on service delivery.

159. For services that had stopped or been reduced, managers have collated project plans outlining the initial impact on services, what could be reintroduced with social distancing or a blended approach and what service re-design or transformation opportunities have arisen.
160. This information is currently being collated into an overarching plan for resuming services. Key milestones have been set, aligned to the phases identified in the Scottish Government's route map for transitioning out of lockdown. A RAG rating will be used to highlight any key risks that need mitigating and the Project Board will consider this on a weekly basis.
161. It is important that the Board's strategic and operational decision continue to be driven by the need to improve services and outcomes. The reinstatement of the Performance and Delivery committee in August 2020 should provide clearer oversight and more focused scrutiny of performance during this period.

Appendices



Appendix 1: Respective responsibilities of the Board and the Auditor

Responsibility for the preparation of the annual accounts

The Board is required to make arrangements for the proper administration of its financial affairs and to secure that one of its officers has responsibility for the administration of those affairs. The Chief Financial Officer has been designated as that officer within the IJB.

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

In preparing the annual accounts, the Chief Financial Officer is responsible for;

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

The Chief Financial Officer is also responsible for;

- keeping proper accounting records which are up to date; and
- taking reasonable steps for the prevention and detection of fraud and other irregularities.

Auditor responsibilities

We audit the annual accounts and give an opinion on whether:

- they give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of the affairs of the body as at 31 March 2020 and of its income and expenditure for the year then ended;
- they have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code;
- they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014 and the Local Government in Scotland Act 2003;
- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate or the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about its ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue;
- the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014;
- the information given in the Management Commentary is consistent with the financial statements and has been prepared in accordance with statutory guidance issued under the Local Government Scotland Act 2003; and
- the information given in the Annual Governance Statement and Statement of Financial Control is consistent with the financial statements and has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

We are also required to report, if in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with accounting records; or
- we have not received all the information and explanations we require for our audit or there has been a failure to achieve a prescribed financial objective.

Wider scope of audit

The special accountabilities that attach to the conduct of public business, and the use of public money, mean that public sector audits must be planned and undertaken from a wider perspective than in the private sector. This means providing assurance, not only on the financial statements, but providing audit judgements and conclusions on the appropriateness, effectiveness and impact of corporate governance and performance management arrangements and financial sustainability.

The Code of Audit Practice frames a significant part of our wider scope responsibilities in terms of four audit dimensions: financial sustainability; financial management; governance and transparency; and value for money.

Best value

Appointed auditors have a duty to be satisfied that local government bodies have made proper arrangements to secure best value.

Our work in respect of the IJB's best value arrangements has been integrated into our audit approach, including our work on the wider scope audit dimensions.

Independence

International Standard on Auditing (UK) 260 "Communication with those charged with governance" requires us to communicate on a timely basis all facts and matters that may have a bearing on our independence.

Confirmation of independence

We confirm that we will comply with FRC's Revised Ethical Standard (June 2016). In our professional judgement, the audit process is independent and our objectivity has not been compromised in any way. In particular there are and have been no relationships between Azets and the IJB, its elected members and senior management that may reasonably be thought to bear on our objectivity and independence.

Appendix 2: Action Plan

Our action plan details the weaknesses and opportunities for improvement that we have identified during our audit.

Action plan grading structure

To assist the IJB in assessing the significance of the issues raised and prioritising the action required to address them, the recommendations have been rated.

Rating	Assessment rationale
Grade 5	<ul style="list-style-type: none">• Very high risk exposure - Major concerns requiring immediate attention.
Grade 4	<ul style="list-style-type: none">• High risk exposure - Material observations requiring management attention.
Grade 3	<ul style="list-style-type: none">• Moderate risk exposure - Significant observations requiring management attention.
Grade 2	<ul style="list-style-type: none">• Limited risk exposure - Minor observations requiring management attention
Grade 1	<ul style="list-style-type: none">• Efficiency / housekeeping point.

Follow up of prior year recommendations

We deem all five open recommendations raised within our 2016/17 and 2017/18 annual audit reports to be ongoing. Details are given below.

1. Medium term financial plan

Initial rating	Issue & recommendation	Management comments
Grade 4	<p>Observation</p> <p>The IJB is forecasting a funding shortfall at current services levels of almost £117 million by 2022-23</p> <p>Recommendation</p> <p>The IJB should develop a Medium Term Financial Plan to support the delivery of the vision and priorities within the updated Strategic Plan for 2019-22.</p>	<p>Accepted.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Implementation date: March 2019</p>

Current status	Audit Update	Management response
Ongoing	<p>Ongoing work has been halted as a result of the emerging pressures of COVID-19 and the need for partners to rework their own medium term financial plans in response. Management have committed to working closely with partners and developing the medium term financial strategy by December 2020. It is important that such a strategy is completed in accordance with this revised timetable.</p>	<p>Accepted.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Implementation date: December 2020</p>

2. Assurance Framework

Initial rating	Issue & recommendation	Management comments
Grade 2	<p>Observation</p> <p>During our audit, we noted a number of areas where there was a lack of clarity of requirements for reporting and monitoring performance and improvement plans.</p> <p>We noted that the Board has committed to reviewing the governance arrangements during 2018.</p> <p>Recommendation</p> <p>As part of a review of governance arrangements, the Board should consider the introduction of an Assurance Framework to ensure that Board members share an understanding about assurance needs and sources.</p>	<p>Accepted.</p> <p>Responsible officer: Chief Officer</p> <p>Implementation date: March 2019</p>
Current status	Audit Update	Management response
Ongoing	<p>As reported to the Audit and Assurance Committee in March 2020, work is still ongoing to develop an Assurance Framework and the Board has approved the approach for doing so.</p>	<p>Accepted.</p> <p>Responsible officer: Chief Officer</p> <p>Implementation date: December 2020</p>

3. Recovery Plan

Initial rating	Issue & recommendation	Management comments
<p>Grade 3</p>	<p>Observation</p> <p>We noted that reporting on the Improvement Plan is predominantly narrative in nature and it may therefore be difficult for Board members to scrutinise the scale and pace of improvement.</p> <p>Recommendation</p> <p>The Board should ensure that action plans to deliver improvement actions are;</p> <ul style="list-style-type: none"> - Reported on a regular basis, using succinct format which include a clear assessment of progress against actions - Framed in SMART terms 	<p>Accepted.</p> <p>Responsible officer: Chief Officer</p> <p>Implementation date: January 2019</p>
Current status	Audit Update	Management response
<p>Ongoing</p>	<p>The Return to Transformation report outlines progress against key milestones for each of the seven phase one projects. Whilst this considered progress and significant risks to progress, it did not consider the impact completed actions have had on performance. As noted against action 4, work is still on going to develop a suite of performance measures that better reflect progress against strategic priorities.</p>	<p>Accepted. As part of the annual review of the current strategic plan the six strategic priorities will be re-examined and adjusted as required as we enter the next planning cycle from January 2021. Measures of effectiveness (MoE) will then be created which directly support these strategic priorities, which in turn will provide the required high-level performance framework. Output from the transformation programme will then be mapped to the MoE.</p> <p>However, we will still be required to capture our performance against the mandated MSG 6 and the National Indicators on a regular basis and as part of the Annual Performance Report.</p> <p>Responsible officer: Head of Strategic Planning</p> <p>Implementation date: March 2021</p>

4. Performance

Initial rating	Issue & recommendation	Management comments
Grade 4	<p>Observation</p> <p>The IJB’s performance against a number of key indicators continues to fall below target, despite intervention actions to date. A vision for the future has been set out in the Statement of Intent but strategic support is needed from the Board’s partners to deliver transformational change.</p> <p>Recommendation</p> <p>The Board should work with partners to ensure that sufficient financial and leadership capacity is available to deliver sustained improvement</p>	<p>Accepted.</p> <p>Responsible officer: Chief Officer</p> <p>Implementation date: Ongoing</p>
Current status	Audit Update	Management response
Ongoing	<p>A number of areas showed poor performance in 2019/20 and the IJB is continuing to work with partners to support the delivery of sustainable improvement.</p> <p>The Performance and Delivery Committee has operated since September 2019 and scrutinised performance information at each meeting. We noted that performance reports include a significant level of detail and would benefit from the inclusion of a performance scorecard that summarises for achievement and trends for each indicator.</p> <p>The Board is continuing to develop an integrated set of performance measures that better reflects progress against strategic priorities and we will therefore continue to monitor progress during our 2020/21 audit.</p>	<p>Accepted. As output from the transformation programme is produced, associated Directions will be issued by the EIJB. A Directions tracker is managed by the Performance and Delivery Committee.</p> <p>A high-level performance framework will be produced that directly aligns to the EIJB priorities. A scorecard will be considered to supplement this framework.</p> <p>Responsible officer: Head of Strategic Planning</p> <p>Implementation date: March 2021</p>

5. Workforce planning

Initial rating	Issue & recommendation	Management comments
Grade 4	<p>Observation</p> <p>The integration scheme requires the IJB to develop an integrated workforce plan for the city.</p> <p>The IJB has not yet developed an integral workforce plan, and as a result is not meeting the requirement of the integration scheme. Without a documented plan in place, the IJB cannot demonstrate that a strategic overview is being taken over the risks the city faces in relation to workforce supply and demand challenges, communication, staff engagement and training needs to support the implementation of the strategic plan.</p> <p>Recommendation</p> <p>The IJB should develop an integrated workforce plan for the city.</p>	<p>This is captured in the 2016-17 directions issued to CEC and NHS Lothian. Direction 19 requires:</p> <p>”the City of Edinburgh Council and NHS Lothian are directed to work with the Edinburgh Health and Social Care Partnership to:</p> <p>a. produce and implement a workforce development strategy that supports the delivery of the strategic plan; taking account of the National Health and Social Care Workforce Plan;</p> <p>b. ensure that any business cases developed in relation to the strategic plan clearly set out any ICT implications.”</p> <p>Responsible officer: Chief Nurse</p> <p>Implementation date: Initial workforce strategy will be presented to IJB in December 2018.</p>
Current status	Audit Update	Management response
Ongoing	<p>Workforce and cultural development was identified as a priority phase one project in the Transformation Programme. However, per the IJB’s progress report, Return to Transformation (July 2020), this was assessed as an underdeveloped and delayed project. Action plans have been revised to ensure the workforce strategy is developed during 2020/21 and we recommend that this is actioned as a priority.</p>	<p>Agreed. A workforce plan will be submitted to the Scottish Government in line with their timetable (currently March 2021). In parallel, the ‘enabling’ programme board will develop a workforce strategy.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Implementation date: Workforce plan will be submitted to the Scottish Government as required. Initial workforce strategy will be presented to IJB by December 2021.</p>

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Azets Audit Services
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL

Date: 16 October 2020

Dear Sirs

Edinburgh Integration Joint Board

This representation letter is provided in connection with your audit of the annual accounts of Edinburgh Integration Joint Board (the IJB) for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

I can confirm to you, in respect of the financial statements of the IJB for the year ended 31 March 2020, the following:-

Annual accounts and accounting records

1. I have fulfilled my responsibilities for preparing financial statements which give a true and fair view in accordance with the 2019/20 Code and for making accurate representations to you.
2. I have provided you with:
 - access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - additional information that you have requested from me for the purpose of the audit; and
 - unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
3. All transactions have been recorded in the accounting records and are reflected in the financial statements.
4. Except as disclosed in the financial statements, the results for the year were not materially affected by:
 - any change in accounting policies;
 - transactions of a type not usually undertaken by the IJB;
 - circumstances of an exceptional or non-recurrent nature; or
 - charges or credits relating to prior periods.

5. I have reviewed going concern considerations and am satisfied that it is appropriate for the financial statements to have been drawn up on the going concern basis. In reaching this opinion I have taken into account all relevant matters of which I am aware, including the expected impact of COVID-19, and have considered a future period of at least one year from the date on which the financial statements were approved.
6. I confirm the financial statements are free of material misstatements, including omissions.

Fraud

7. I acknowledge as Chief Finance Officer my responsibilities for the design and implementation of internal control in order to prevent and detect fraud and to prevent and detect error.
8. In my opinion, the risks that the financial statements may be materially misstated as a result of fraud are low. Measures have been put in place by management to reduce the risk of fraud.
9. I have disclosed to you all information in relation to fraud or suspected fraud that I am aware of and that affects the IJB and involves:
 - management
 - employees who have significant roles in internal control
 - others where the fraud could have a material effect on the financial statements.
10. I am not aware of any allegations of fraud or suspected fraud with a potential effect on the financial statements which have been communicated to me by employees, former employees, partner bodies, regulators or other third parties.

Compliance with laws and regulation, and contractual agreements

11. I am not aware of any instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
12. The IJB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.

Accounting estimates and judgements

13. In my opinion, the significant assumptions that have been used in the financial statements are reasonable.
14. In my opinion the significant assumptions used by the IJB in making accounting estimates are reasonable.

Related parties

15. I have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which I am aware.

16. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards as adopted by the European Union and as interpreted and adapted by the 2019/20 Code.
17. In particular, I am not aware of any elected member, connected person, or officer with a disclosable interest in a transaction with the IJB at any time during the year other than as indicated in the financial statements.

Assets and liabilities

18. I have disclosed to you all known actual or possible litigation or claims whose effects should be considered when preparing the financial statements and that they have been accounted for and disclosed in accordance with International Financial Reporting Standards as adopted by the European Union and as interpreted and adapted by the 2019/20 Code.
19. I am not aware of any IJB plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
20. The IJB has no plans to abandon activities.
21. I have recorded or disclosed, as appropriate, all liabilities, both actual and contingent, and all guarantees that I have given to third parties.

Subsequent events

22. All events subsequent to the date of the financial statements and for which the 2019/20 Code requires adjustment or disclosure have been adjusted or disclosed. Should any material events occur which may necessitate revision of the figures included in the financial statements or inclusion in the notes thereto, I will advise you accordingly.

I confirm that the above representations are made on the basis of enquiries of members and officers with relevant knowledge and experience (and, where appropriate, of inspection of supporting documentation) sufficient to satisfy myself that I can properly make each of the above representations to you.

Yours faithfully

Moira Pringle
Chief Finance Officer

On 16 October 2020

REPORT

Internal Audit Annual Opinion 2019/20

IJB Audit and Assurance Committee

15 September 2020

Some Improvement Required	<p>Whilst some control weaknesses were identified, in the design and / or effectiveness of the control environment and / or governance and risk management frameworks, they provide reasonable assurance that risks are being managed, and the EIJB’s objectives should be achieved.</p>
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Executive Summary	<p>The purpose of this report is to present the Edinburgh Integration Joint Board (EIJB) Audit and Assurance Committee with Internal Audit’s (IA’s) annual opinion for the EIJB for the year ended 31 March 2020.</p> <p>IA paused delivery of the 2019/20 annual plan In March 2020 recognising the need for management to focus on immediate implementation of Covid-19 resilience arrangements.</p> <p>As a result, 75% of the 2019/20 EIJB IA annual plan (three of four planned audits) has been completed to support the 2019/20 IA annual opinion. The impact of this reduced level of assurance is outlined at paragraph 16 in the main report.</p> <p>Consequently, the 2019/20 opinion is a ‘limited’ opinion, recognising that the plan has not been fully completed, and that it is not possible to pre-empt the potential outcomes of the remaining ‘Strategic Planning – Capital and Workforce Planning’ audit. It is also important to note that completion of the remaining audit could potentially have resulted in a different annual opinion outcome.</p> <p>This approach is aligned with guidance from relevant professional bodies, and was also discussed and agreed at the July EIJB Audit and Assurance Committee meeting.</p> <p>Internal Audit (IA) considers that some improvement is required to the EIJB control environment and governance and risk management</p>
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frameworks and is reporting an 'amber' rated opinion (see [Appendix 1](#)), with our assessment towards the top of this category.

This assessment reflects an improvement in comparison to the 2018/19 significant enhancements required 'red' rated Internal Audit annual opinion, with our assessment towards the middle of that category.

Our opinion is based on the outcomes of the three audits completed as part of the 2019/20 IA annual plan and the status of open EIJB IA findings as at 31 March 2020; and is also informed by the outcomes of relevant Partnership audits performed by the City of Edinburgh Council (the Council) and NHS Lothian (NHSL), and the status of any open and overdue Partnership IA findings.

This report is a component part of the annual assurance provided to the EIJB, as there are a number of additional assurance sources that the Committee should consider when forming their own view on the design and effectiveness of the control environment and governance and risk management frameworks.

This report is prepared as per the requirements detailed in the Public Sector Internal Audit Standards (PSIAS), and is subject to the inherent limitations of IA (covering both the control environment and the assurance provided over controls) as set out in [Appendix 6](#).

Recommendations	<p>It is recommended that the Audit and Assurance Committee:</p> <ol style="list-style-type: none"> 1. note the final 'some improvement required' amber rated IA opinion for the year ended 31 March 2020. 2. review and scrutinise the outcomes of the audit of 'Progress towards addressing national integration recommendations and proposals' completed in July 2020 to support the annual opinion.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. Report was discussed with the EIJB's Chief Officer and Chief Finance Officer
2. EIJB Audit and Assurance Committee

Main Report

Background

3. The objective of IA is to provide a high quality independent audit service to the EIJB in accordance with PSIAS requirements, that provides assurance over the control environment established to manage the EIJB's key risks, and their overall governance and risk management frameworks.
4. The PSIAS provide a coherent and consistent IA framework for public sector organisations. Adoption of the PSIAS is mandatory for IA teams within UK public sector organisations, and PSIAS require annual reporting on conformance.
5. IA assurance is provided to the EIJB by its two partners, the Council and NHSL, with a total of four audits are usually completed annually (three by the Council and one by NHSL). In 2019/20 three audits were completed; two by the Council and one by NHSL, reflecting the impacts of the Covid-19 pandemic. The role of Chief Internal Auditor for the EIJB is performed by the Council's Chief Internal Auditor.
6. NHSL applies a different classification for their assurance outcomes and IA findings in comparison to the Council. Details of these classifications and their alignment with Council classifications are included at Appendices [1](#) and [2](#).
7. It is the responsibility of the Chief Internal Auditor to provide an independent and objective annual opinion on the adequacy and effectiveness of the EIJB's control environment and governance and risk management frameworks in line with PSIAS requirements. The opinion is provided to the EIJB Audit and Assurance Committee and should be used to inform the EIJB Annual Governance Statement.
8. The EIJB IA plan for 2019/20 was based on the November 2018 EIJB risk register that included a total of 12 inherent or original (pre-controls) risks (Very High (2); High (7); Medium (1) and Low (2)) where audit assurance could be provided. The 2019/20 IA annual plan was approved by the EIJB Audit and Assurance Committee in March 2019.
9. Where control weaknesses are identified, IA findings are raised, and management agree recommendations to address the gaps identified. However, it is the responsibility of management to address and rectify control weaknesses via timely implementation of the agreed management actions.

10. The IA definition of an overdue finding is any finding where all agreed management actions have not been implemented by the final date agreed by management and recorded in IA reports.
11. A total of three historic EIJB historic findings (dating back to 1 April 2016) were reopened in June 2018, where management actions agreed to address the risks associated with these findings had either not been implemented or had been implemented but not sustained.
12. Progress towards closure of both EIJB and Partnership IA findings is monitored by the Partnership's Executive Management Team. Open and overdue findings for the EIJB are reported to the EIJB Audit and Assurance Committee and Partnership findings are subject to ongoing review and scrutiny by the Council's Governance, Risk and Best Value Committee.
13. Internal Audit is not the only source of assurance provided to the EIJB as there are a number of additional assurance sources including: external audit, regulators and inspectorates, that the Committee should equally consider when forming their view on the design and effectiveness of the EIJB's control environment, governance and risk management arrangements.

Impact of a Limited 2019/20 Internal Audit Annual Opinion

14. The 2019/20 IA annual opinion is a 'limited' opinion based on 75% completion (three of a total of four planned audits) of the 2019/20 annual plan, which is directly attributable to the impacts of the Covid-19 pandemic. The limited opinion recognises that it is not possible to pre-empt the potential outcomes of the remaining 'Strategic Planning – Capital and Workforce Planning' audit, and that completion of the audit could potentially have resulted in a different annual opinion outcome.
15. This approach is aligned with Institute of Internal Audit (IIA) Covid-19 guidance; and the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Internal Audit Standards Advisory Board (IASAB) joint guidance in relation to conformance with the PSIAS during the Covid-19 pandemic, and was also discussed and agreed at the July 2020 EIJB Audit and Assurance Committee meeting.
16. The overall impact of the 25% reduction in completion of the 2019/20 annual plan is reduced assurance on the following two EIJB high rated inherent or original (pre-controls) risks included in the current (November 2019) version of the EIJB risk register:
 - Risk 4 - risk that IJB has insufficient asset planning arrangements because of lack of a capital plan leading to failure or delays in delivering the strategic plan

- Risk 6 - that IJB directions are not delivered because of lack of workforce strategy leading to mismatch between workforce requirements and availability.

Basis of Opinion

17. Our opinion is based on the outcomes of three audits included in the 2019/20 EIJB Internal Audit annual plan; and the status of EIJB open and overdue IA findings as at 31 March 2020.
18. Our opinion is also informed by the outcomes of relevant Partnership audits completed by the Council and NHSL and the status of relevant Health and Social Care partnership open and overdue IA findings owned by the Council as at 31 March 2020.

Internal Audit 2019/20 Annual Opinion

19. Based on limited (75%) completion of the 2019/20 annual plan, IA considers that some improvement is required to the EIJB control environment and governance and risk management frameworks and is reporting an 'amber' rated opinion (see [Appendix 1](#)), with our assessment towards the top of this category.
20. This opinion reflects the outcomes of three EIJB audits completed in 2019/20, with two assessed as 'effective / significant assurance' (green), and one assessed as 'some improvement required' (amber). Further detail is included at [Appendix 3, table 2](#).
21. We have also observed an improving trend in the percentage of open EIJB IA findings that were overdue as at 31 March 2020 in comparison to the 2018/19 financial year however, further action is required to fully address the risks associated with the remaining two of the three historic EIJB IA findings that were reopened in June 2018 and remained open as at 31 March 2020. Further information is included at [Appendix 4](#).
22. Some improvement is also evident in the control environment and governance and risk management frameworks applied by both the Council and NHSL to relevant Partnership activities that either directly impact on core IJB activities, or impact on ancillary IJB activities (refer [Appendix 3, table 3](#) and [Appendix 3, table 4](#)), with a decreasing trend in the proportion of high rated findings raised, and the proportion of open IA Health and Social Care Partnership findings owned by the Council that were overdue as at 31 March 2020 (refer [Appendix 4](#)). It should be noted, however, that this assessment is based on a limited 2019/20 annual IA opinion for the Council (based on 72% plan completion) which highlights that this resulted in provision of reduced assurance on adult health and social care services. Further detail is included at .
23. Whilst an audit of the EIJB risk management framework was not completed in the current plan year, it is important to note that action is required to address the

potential conflict of interest in relation to Chief Finance Officer's current risk management responsibilities for EIJB. This potential conflict is likely to be further exacerbated by the impacts of Covid-19 on the EIJB's overall financial position during financial year 2020/21.

24. It should also be noted that the EIJB risk register has not been refreshed since November 2019. Whilst it is recognised that there is normally no significant change in the overall EIJB risk profile, financial risk has increased significantly due to Covid-19. It is also important to note that the impacts of Covid-19 has resulted in delays in refreshing the risk register.

Audit Outcomes

25. Completion of the three EIJB audits included in the 2019/20 EIJB IA annual plan provided assurance on 10 of the 12 risks included in the November 2019 EIJB risk register. No assurance was provided on 2 of the 7 High rated risks (risks 4 and 6 as described at paragraph 16 above) as the planned audit of 'Strategic planning – capital and workforce planning' was not completed due to Covid-19.
26. A summary of the outcomes of the EIJB audits and audits performed by the Council and NHS Lothian that may be of interest to the EIJB are included, at Appendix 3, [table 1](#).
27. Two of three completed EIJB audits (Directions Setting and Progress Towards Addressing National Integration Recommendations and Proposals) had overall significant assurance / effective (green) outcomes, whilst the Savings and Transformation Programmes audit had was an overall 'some improvement required' (amber) outcome. A total of 3 IA findings (2 Medium and 1 Low) were raised from these reviews. Further detail is included at [Appendix 3, table 2](#). A copy of the Directions Setting and Progress Towards Addressing National Integration Recommendations and Proposals report is included for review and scrutiny at Appendix 8, whilst the Directions Setting and Savings and Transformation Programmes audit reports were presented at the March 2020 Committee.
28. A total of 18 Council audits have been identified that may be of interest to the EIJB Audit and Risk Committee. Of these, 10 include control gaps that have a direct impact on core IJB activities; and 8 include control gaps that have an impact on ancillary IJB activities. An overall report assessment of 'significant improvement required' (red) was the outcome for 8 of the audits; with a 'some improvement required' (amber) assessment for a further 8; and an 'effective' (green) assessment for the remaining 2. A total of 51 Internal Audit findings (33% High; 51% Medium and 16% Low) were

raised. Links to the reports that have been published are included at [Appendix 3, table 3](#).

29. A total of 11 NHS Lothian audits have been identified that may be of interest to the EIJB Audit and Risk Committee. Of these 5 include control gaps that have a direct impact on core IJB activities; and 6 include control gaps that have an impact on ancillary IJB activities. An overall report assessment of limited assurance (amber), which is the equivalent of a red rated audit for the Council, was the outcome for 2 audits with moderate (yellow) for 2 audits and a significant assurance assessment (green) for the remaining 7 audits. A total of 30 Internal Audit findings (7% High; 53% Medium and 40% Low) were raised. Links to these reports on the NHSL website are included at [Appendix 3, table 4](#) where published.

Status of Internal Audit Findings

30. Details on the status of open and overdue Internal Audit findings for the EIJB and the Council is included at [Appendix 4](#).
31. No information has been provided by NHSL in relation to progress with implementing findings raised as part of the relevant Partnership audits included in their Internal Audit plans, and position with open and overdue IA findings is not reflected in the NHSL Internal Audit Annual Report and Opinion.
32. As at 31 March 2020, the EIJB had a total of 22 open Internal Audit findings (10 High; 11 Medium; and 1 Low). Two of the 22 open findings (both High) are historic findings that were reopened in June 2018. Of the 22 open findings, 12 (55%) were overdue (7 High and 5 Medium) as at 31 March 2019, including the two remaining historic findings. Further detail is included at [Appendix 4](#).
33. As at 31 March, the Health and Social Care Partnership (the Partnership) was also working towards closure of 18 open Internal Audit findings (6 High; 11 Medium and 1 Low) that were raised from relevant Council IA reviews. Of these open findings 15 (83%) comprising 5 High and 10 Medium rated findings were overdue as at 31 March 2020. Further detail is included at [Appendix 4](#).

Comparison with prior year outcomes

34. The 2019/20 amber 'some improvement required' assessment reflects a significant improvement in comparison to 2018/19 when a 'significant enhancements required' (red) rated opinion was reported, with our assessment towards the middle of the category.
35. The improved opinion outcome is supported by an improvement of the outcomes of the three EIJB audits in completed in 2019/20 (67% green and 33% amber) in

comparison to 2018/19 (50% red and 50% amber) and 2017/18 where all three audits completed were assessed as 'significant enhancements required' (red). This is also supported by a reduction in the proportion of High rated audit findings raised (none in 2019/20; 25% in 2018/19 and 89% in 2017/18). Further detail is included at [Appendix 3, table 2](#).

36. There has also been improvement in the outcomes of the Council audits completed and identified as being of interest to the EIJB with reports rated as 'significant improvement required' (red) decreasing proportionately across the last three years (2019/20 – 44%; 2018/19 – 50%; and 2017/18 - 67%), and a reduction in the proportion of high rated findings raised in the last year (2019/20 – 33%; 2018/19 – 47%; and 2017/18 – 38%). It is important to note that this analysis is based on a limited IA annual opinion for the Council (72% plan completion) that resulted in reduced assurance on adult health and social care services, and that completion of the Council audits could potentially have resulted in a different annual opinion outcome. Further detail is included at [Appendix 3, table 3](#).
37. In contrast, the proportion of NHSL audits completed and identified as being of interest to the EIJB with a 'limited assurance' (red) outcome has increased proportionately in comparison to 2018/19, with 18% in 2019/20 and 7% in 2018/19. In 2017/18, 2 audit reports were identified with a combination of 'no assurance' (the equivalent of a 'critical or black assessment for the Council) that included two 'critical' rated findings, and 'limited assurance (the equivalent of a 'significant improvement required' or red assessment for the Council). This is offset by a decrease in the proportion of high rated findings raised across the last three years (7% in 2019/20; 13% in 2018/19 and 43% in 2017/18). Further detail is included at [Appendix 3, table 4](#).
38. We have also noted a decreasing trend in the percentage of open EIJB IA findings that were overdue as at 31 March 20, with 55% overdue in 2019/20 in comparison to 88% in 2018/19, and 82% in 2017/18, and a decrease in the proportion of overdue High rated findings (70% in 2019/20 in comparison to 80% in 2018/19, and 70% in 2017/18). Further detail is included at [Appendix 4](#).
39. The percentage of relevant Partnership IA findings that were overdue as at 31 March 2020 (83%) remains broadly aligned with prior years (86% as at 31 March 2019, and 80% as at 31 March 2017). Further detail is included at [Appendix 4](#).

Internal Audit Independence

40. PSIAS require that Internal Audit must be independent and internal auditors must be objective in performing their work. To ensure conformance with these requirements, both the Council and NHSL Internal Audit teams have established processes to ensure

that both team and personal independence is consistently maintained and that any potential conflicts of interest are effectively managed.

41. Neither the Council or the NHSL audit teams consider that we have faced any significant threats to our independence during 2018/19, nor do we consider that we have faced any inappropriate scope or resource limitations when completing our work.
42. IA independence for NHS Lothian was confirmed in the Internal Audit Annual Report and Opinion 2019/20 that was presented to the NHS Lothian Audit and Risk Committee in June 2020 (refer Appendix 5).
43. IA independence for the Council was confirmed in the City of Edinburgh Council Internal Audit Opinion and Annual Report for the Year Ended 31 March 2020 presented at the Governance Risk and Best Value committee on 18 August 2020.

Conformance with Public Sector Internal Audit Standards

44. Both the City of Edinburgh Council and NHSL IA teams have fully conformed with PSIAS requirements during 2019/20 as detailed in the annual opinions provided to the Council's Governance, Risk, and Best Value Committee and the NHSL Audit and Risk Committees in August and June respectively.

Implications for Edinburgh Integration Joint Board

Financial

45. There are no direct financial implications for the EIJB as a consequence of this report

Legal / risk implications

46. If the risks associated with findings raised in audit reports are not effectively addressed and managed, this could impact the EIJB's ability to meet its objectives.

Equality and integrated impact assessment

47. There are no direct equalities and integrated impact assessment impacts as a consequence of this report.

Environment and sustainability impacts

48. There are no direct environment and sustainability impacts associated with this report.

Quality of care

49. There are no direct quality of care impacts associated with this report.

Consultation

50. The scope of the IA plan that forms the basis of the annual opinion is derived from the EIJB risk register. In preparing the risk register, the Risk function consulted widely with EIJB senior management from the Integration Board, NHS Lothian and the City of Edinburgh Council. The Risk register also includes input from members of the Board and the Board's Audit Committee
51. The IA annual opinion has also been discussed agreed with EIJB senior management.

Report Author

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Chief Internal Auditor

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Background Reports

1. [Public Sector Internal Audit Standards](#)
2. [City of Edinburgh Council Internal Audit Annual Opinion for the year ended 31 March 2020](#)
3. [CIPFA and IASAB joint guidance in relation to conformance with the PSIAS during the Covid-19 pandemic](#)

Appendices

- | | |
|------------|---|
| Appendix 1 | Internal Audit opinion types |
| Appendix 2 | Classifications Applied to Internal Audit Findings |
| Appendix 3 | Internal Audit reports that form the basis of and inform the 2018/19 Internal Audit Opinion |
| Appendix 4 | Open and Overdue Internal Audit Findings as at 31 March 2019 |
| Appendix 5 | NHS Lothian Annual Report and Opinion |
| Appendix 6 | Limitations and responsibilities of Internal Audit and management responsibilities |
| Appendix 7 | Final report: Progress towards addressing national integration recommendations and proposals |

Appendix 1 – Internal Audit opinion types

The PSIAS require the provision of an annual Internal Audit opinion, but do not provide any methodology or guidance detailing how the opinion should be defined.

Professional judgement is exercised in determining the appropriate opinion, and it should be noted that in giving an opinion, assurance provided can never be absolute

There are 4 possible opinion types that are applied to EIJB Internal Audit reports and also the EIJB annual Internal Audit opinion. These are:

City of Edinburgh Council Assurance Categories Applied to EIJB Internal Audit reports and annual opinions	
<p>1 Effective</p> <p><i>The control environment and governance and risk management frameworks have been adequately designed and are operating effectively, providing assurance that risks are being effectively managed, and the Council's objectives should be achieved.</i></p>	<p>2 Some Improvement Required</p> <p><i>Whilst some control weaknesses were identified, in the design and / or effectiveness of the control environment and / or governance and risk management frameworks, they provide reasonable assurance that risks are being managed, and the Council's objectives should be achieved.</i></p>
<p>3 Significant Improvement Required</p> <p><i>Significant and/or numerous control weaknesses were identified, in the design and / or effectiveness of the control environment and / or governance and risk management frameworks. Consequently, only limited assurance can be provided that risks are being managed and that the Council's objectives should be achieved.</i></p>	<p>4. Inadequate'</p> <p><i>The design and / or operating effectiveness of the control environment and / or governance and risk management frameworks is inadequate, with a number of significant and systemic control weaknesses identified, resulting in substantial risk of operational failure and the strong likelihood that the Council's objectives will not be achieved.</i></p>
NHS Lothian Assurance Categories Applied to EIJB Internal Audit Reports	
<p>1 Significant Assurance</p> <p><i>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all.</i></p>	<p>2 Moderate Assurance</p> <p><i>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</i></p>
<p>3 Limited Assurance</p> <p><i>The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.</i></p>	<p>3 No Assurance</p> <p><i>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</i></p>

Appendix 2 - Classifications Applied to Internal Audit Findings

City of Edinburgh Council	
Rating	Assessment rationale
Critical	A finding that could have a: <ul style="list-style-type: none"> • Critical impact on operational performance; or • Critical monetary or financial statement impact; or • Critical breach in laws and regulations that could result in material fines or consequences; or • Critical impact on the reputation or brand of the organisation which could threaten its future viability.
High	A finding that could have a: <ul style="list-style-type: none"> • Significant impact on operational performance; or • Significant monetary or financial statement impact; or • Significant breach in laws and regulations resulting in significant fines and consequences; or • Significant impact on the reputation or brand of the organisation.
Medium	A finding that could have a: <ul style="list-style-type: none"> • Moderate impact on operational performance; or • Moderate monetary or financial statement impact; or • Moderate breach in laws and regulations resulting in fines and consequences; or • Moderate impact on the reputation or brand of the organisation.
Low	A finding that could have a: <ul style="list-style-type: none"> • Minor impact on the organisation's operational performance ; or • Minor monetary or financial statement impact; or • Minor breach in laws and regulations with limited consequences; or • Minor impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

NHS Lothian	
Rating	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective of a control, however the design of the control is effective

Appendix 3 - Internal Audit reports that form the basis of and inform the 2019/20 Internal Audit Opinion and Open Internal Audit Findings

Table 1: Summary of Internal Audit reports

	No of Audits	No of Findings Raised			
		High	Medium	Low	Totals
EIJB Audit Reviews	3	-	2	1	3
City of Edinburgh Council Audit Reviews	14	17	26	8	51
NHS Lothian Audit Reviews	11	2	16	12	30
Total 2019/20	28	19 (23%)	44 (52%)	21 (25%)	84 (100%)
Total 2018/19	33	27 (27%)	57 (56%)	17 (17%)	101 (100%)
Total 2017/18	14	29 (44%)	26 (39%)	11 (17%)	66 (100%)

Table 2: EIJB Internal Audit Reports

	Overall Report Rating	No of Findings Raised			
		High	Medium	Low	Totals
Directions Setting (NHSL)	Significant Assurance	-	-	-	-
Savings and Transformation Programmes	Some Improvement Required	-	1	1	2
Progress Towards Addressing National Integration Recommendations and Proposals	Effective	-	1	-	1
Total 2019/20 – 3 reports		-	2 (67%)	1 (33%)	3 (100%)
Total 2018/19 – 4 reports (2 significant enhancements (red), 2 moderate assurance / generally adequate (amber))		3 (25%)	9 (75%)	-	12 (100%)
Total 2017/18 – 3 reports (all significant enhancements / no assurance (red))		8 (89%)	1 (11%)	-	9 (100%)

Table 3: City of Edinburgh Council Internal Audit Reports

				Findings Raised			
		*Impact	Overall Report Outcome	High	Medium	Low	Totals
1.	Brexit Impacts – supply chain management (not yet published)	Direct	Some Improvement Required	-	2	1	3
2.	Implementation of Assurance Actions and Annual Governance Statements (refer paper 8.1 Appendix 4)	Indirect	Significant Improvement Required	1	2	-	3
3.	Validation of Implemented Management Actions Supporting Closed Internal Audit Findings (refer paper 8.1 Appendix 4)	Direct	Some Improvement Required	1	1	1	3
4.	Health and Safety – Life Safety (not yet published)	Direct	Significant Improvement Required	3	-	2	5
5.	Unsupported Technology (Shadow IT) (not yet published)	Direct	Significant Improvement Required	2	-	-	2
Page 226	Risk Management (refer paper 8.1 Appendix 4)	Direct	Significant Improvement Required	2	3	-	5
	Retention of Social Work Case Records (Looked After and Accommodated Children) (refer paper 8.3 Appendix 5)	Direct	Some Improvement Required	-	3	-	3
	CGI sub contract management (refer paper 8.3 Appendix 4)	Indirect	Some Improvement Required	-	1	1	2
9.	CGI partnership management and governance (not yet published)	Indirect	Some Improvement Required	-	1	-	1
10.	Digital Services - Change Initiation (not yet published)	Indirect	Some Improvement Required	-	1	1	2
11.	Digital Services - Incident and Problem Management (refer paper 8.3 Appendix 7)	Indirect	Effective	-	-	1	1
12.	Revenue budget setting and management (refer paper 8.3 Appendix 6)	Indirect	Some Improvement Required	-	4	-	4
13.	Model and Intelligent Automation Risk (refer paper 8.1 Appendix 4)	Indirect	Some Improvement Required	1	-	1	2
14.	Employee Lifecycle and Payroll for the 2018/19 Financial Year (not yet published)	Direct	Effective	-	1	-	1
15.	Policy management framework (refer paper 8.1 Appendix 4)	Direct	Significant Improvement Required	2	2	-	4
16.	Social Media Accounts (not yet published)	Indirect	Significant Improvement Required	1	2	-	3

17.	Localities (Health and Social Care) (refer paper 8.3 Appendix 8)	Direct	Significant Improvement Required	2	-	-	2
18.	Health and Safety - Lone Working (Health and Social Care) (refer paper 8.1 Appendix 4)	Direct	Significant Improvement Required	2	3	-	5
Total 2019/20 – 18 reports (8 Significant Improvement Required; 8 Some Improvement Required; 2 Effective)				17 (33%)	26 (51%)	8 (16%)	51 (100%)
Total 2018/19 – 14 reports (7 Significant Enhancements; 7 Generally Adequate)				17 (47%)	14 (39%)	5 (14%)	36 (100%)
Total 2017/18 - 9 reports (6 Significant Enhancements; 3 Generally Adequate)				19 (38%)	22 (44%)	9 (18%)	50 (100%)

Table 4: NHS Lothian Internal Audit Reports

			Findings Raised					
		*Impact	Overall Report Outcome	Critical	High	Medium	Low	Totals
1.	Staff Satisfaction	Indirect	Moderate Assurance	-	-	3	2	5
2.	Quality Strategy	Indirect	Limited Assurance	-	1	-	1	2
3.	Information Governance - GDPR	Direct	Significant Assurance	-	-	-	1	1
4.	Waiting Times	Direct	Significant Assurance	-	-	-	1	1
5.	Acute Prescribing	Direct	Significant Assurance	-	-	-	1	1
6.	Patient Funds –Adults with Incapacity	Indirect	Moderate Assurance	-	1	5	-	6
7.	Adverse Events - Duty of Candour	Direct	Significant Assurance	-	-	5	-	5
8.	Early Careers and Apprenticeships	Direct	Significant Assurance	-	-	-	-	-

9.	Financial Controls –Treasury and Cash Management	Indirect	Significant Assurance	-	-	-	2	2
10.	Hospital Sterilisation and Decontamination Unit	Indirect	Significant Assurance	-	-	2	3	5
11.	Consort Parking Arrangements (not yet published)	Indirect	Limited Assurance	-	-	1	1	2
Total 2019/20 – 11 reports (2 limited assurance; 2 moderate assurance; 7 significant assurance)				-	2 (7%)	16 (53%)	12 (40%)	30 (100%)
Total 2018/19 – 15 reports (1 limited assurance; 6 moderate assurance; 8 significant assurance)				-	7 (13%)	34 (64%)	12 (23%)	53 (100%)
Total 2017/18 – 2 reports (1 no assurance; 1 limited assurance)				2 (28.5%)	3 (43%)	2 (28.5%)	-	7 (100%)

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Impact Definition

Direct – Audits performed by the City of Edinburgh Council / NHS Lothian where control gaps identified have a direct impact on core IJB activities

Indirect – Audits performed by the City of Edinburgh Council / NHS Lothian where control gaps identified have an impact on ancillary IJB activities.

Appendix 4 - Open and Overdue Internal Audit Findings as at 31 March 2020

	Number of open Internal Audit findings				
	Critical	High	Medium	Low	Total
EIJB open findings	-	10	11	1	22
EIJB overdue findings (2018/19: 88% of open findings were overdue)		7 (70%)	5 (45%)	-	12 (55%)
City of Edinburgh Council Health and Social Care Partnership open findings	-	6	11	1	18
City of Edinburgh Council Health and Social Care Partnership overdue findings (2018/19: 86% of open findings were overdue)	-	5 (83%)	10 (91%)	-	15 (83%)
Total Open Findings 2019/20	-	16	22	2	40
Total Overdue Findings 2019/20	-	12 (75%)	15 (68%)	-	27 (68%)
Total Open Findings 2018/19	-	12	16	2	30
Total Overdue Findings 2018/19	-	10 (83%)	14 (88%)	2 (100%)	26 (87%)
Total Open Findings 2017/18	-	10	20	4	34
Total Overdue Findings 2017/18	-	7 (70%)	17 (85%)	4 (100%)	28 (82%)

Internal Audit



Internal Audit Annual Report and Opinion 2019/20

June 2020

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

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1. Introduction

The Scottish Public Finance Manual (SPFM) requires that:

“An annual audit assurance is provided to the Accountable Officer through the professional opinion of the Head of Internal Audit (or equivalent) on the adequacy and effectiveness of the governance, risk management and internal control system operating in the organisation. That opinion is contained in an annual report from the Head of Internal Audit to the organisation’s Audit Committee, and forms part of the assurance required by the Accountable Officer to enable them to sign a Governance Statement to be provided alongside the accounts for which they are directly responsible.”

The Public Sector Internal Audit Standards (PSIAS) require that:

“The Chief Audit Executive (Head of Internal Audit) must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.”

“The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.”

- 1.1 To meet the SPFM and PSIAS requirements, this Annual Report summarises our conclusions and key findings from the internal audit work undertaken at NHS Lothian during the year ended 31 March 2020, including our overall opinion on NHS Lothian’s internal control system (as related to our work completed and the three key areas of governance, risk and internal control).

Acknowledgement

- 1.2 We would like to take this opportunity to thank all members of management and staff for the help, courtesy and co-operation extended to us during the year.

2. Internal audit work performed

Scope and responsibilities

Management

2.1 It is management's responsibility to establish a sound internal control system. The internal control system comprises the whole network of systems and processes established to provide reasonable assurance that organisational objectives will be achieved, with particular reference to:

- risk management;
- the effectiveness of operations;
- the economic and efficient use of resources;
- compliance with applicable policies, procedures, laws and regulations;
- safeguards against losses, including those arising from fraud, irregularity or corruption; and
- integrity and reliability of information and data.

Internal audit

2.2 Internal Audit assists management by examining, evaluating and reporting on the controls, based on internal audit's risk assessment, in order to provide an independent assessment of the adequacy of the internal control system. To achieve this, Internal Audit should:

- analyse the internal control system and establish a review programme;
- identify and evaluate the controls which are established to achieve objectives in the most economic and efficient manner;
- report findings and conclusions and, where appropriate, make recommendations for improvement;
- provide an opinion on the reliability of the controls in the system under review; and
- provide an assurance based on the evaluation of the internal control system within the organisation as a whole.

Planning process

2.3 In order to provide an annual assurance statement supporting the Governance Statement, we consider NHS Lothian's activities and systems, as aligned to key risks, within the scope of our internal audit reviews.

2.4 Our internal audit plans are designed to provide the Audit and Risk Committee with assurance that NHS Lothian's internal control system is effective in managing NHS Lothian's key risks and value for money is being achieved. Our plans are therefore linked to the NHS Lothian Corporate Risk Register.

2.5 Internal Audit has a three-year strategic Internal Audit Plan which agreed in consultation with senior management and formally approved by the Audit & Risk Committee, alongside annual internal audit plans.

- 2.6 The Annual Internal Audit Plan is subject to revision throughout the year to reflect changes in NHS Lothian's risk profile.
- 2.7 We have planned our work so that we have a reasonable expectation of detecting significant control weaknesses. However, internal audit can never guarantee to detect all fraud or other irregularities and cannot be held responsible for internal control failures.
- 2.8 Our internal audit activity is planned in accordance with the capacity and capability within the internal audit team and is managed to an agreed internal audit budget. Internal audit do not undertaking testing of all NHS Lothian internal controls.

Coverage achieved

- 2.9 The Internal Audit Plan comprises 745 days per annum. During the year we flexed the plan to take account of emerging risks and additional requests, with the Audit and Risk Committee updated during the year. The Internal Audit Plan originally contained 25 reviews; however, eight reviews were deferred to 2020/21, those were Regional Planning – Diabetes Service, Unscheduled Care, Savings Plans, Brexit/Business Continuity, Operational areas – service Redesign, Waiting Times – Patient Risk, Governance and Risk Management. These have been agreed with the Audit and Risk Committee. These reviews were deferred due to a number of reasons including: re-assessment of the plan related to NHS Lothian risks; review of activity to available internal audit resource; the emergence of the Covid-19 pandemic and the need to re-align priorities and the ongoing work in year on the RHCYP Project (internal control and governance). The Audit and Risk Committee were kept updated through progress reports in year to the committee and approved all changes to the plan.
- 2.10 Of the remaining reviews, we completed 13 of these during 2019/20, with one further review at draft report stage (Workforce Planning). In addition to the reviews carried out in accordance with the 2019/20 plan, we have undertaken additional internal audit work into NHS Lothian's contractual arrangements with Consort over the management of parking at the RIE, and internal control and governance arrangements over the Royal Hospital for Children and Young People project (up to July 2019).
- 2.11 We can confirm that no restrictions were placed on our work by management.

Reports

- 2.12 We have prepared a report for each of the internal audit reviews completed and presented these reports to the Audit and Risk Committee.
- 2.13 Where relevant, all reports contained management action plans detailing responsible officers and implementation dates. The reports were fully discussed and agreed with management prior to submission to the Audit and Risk Committee.
- 2.14 We made no critical or significant recommendations that were not accepted by management.

3. Summary of reports by control objective and action grade

3.1 14 internal audit reports have been issued in 2019/20, as summarised in the tables below. In addition, two reports which were deferred from the 2018/19 plan were reported in the period and have been included in the below Tables.

Summary of Reports Deferred from 2018/19 (and therefore including in the 2019/20 annual report and opinion)

Review	Control objective – level of assurance				Critical	High	Medium	Low
Staff Satisfaction	Significant	Moderate	Moderate	Moderate	-	-	3	2
Review	Control objective – level of assurance				Critical	High	Medium	Low
Quality Strategy	Limited		No assurance rating		-	1	-	1
Review	Control objective – level of assurance				Critical	High	Medium	Low

Summary of Reports from 2019/20 plan:

Review	Control objective – level of assurance					Critical	High	Medium	Low
Information Governance - GDPR	Significant	Significant	Significant	Significant	Significant	-	-	-	1
Review	Control objective – level of assurance					Critical	High	Medium	Low
Property Transaction Monitoring	Significant	Significant	Significant	Significant	Significant	-	-	-	-
Review	Control objective – level of assurance					Critical	High	Medium	Low
Waiting Times	Significant	Significant	Significant	Significant	Significant	-	-	-	-
Review	Control objective – level of assurance					Critical	High	Medium	Low

Acute Prescribing	Significant	Significant	Significant	-	-	-	1
Review	Control objective - level of assurance			Critical	High	Medium	Low
Patient Funds – Adults with Incapacity	Moderate	Limited	Moderate	-	1	5	-
Review	Control objective - level of assurance			Critical	High	Medium	Low
Midlothian IJB	Moderate	Moderate	Moderate	-	-	4	-
Review	Control objective - level of assurance			Critical	High	Medium	Low
Edinburgh IJB	Significant	Significant	Moderate	Significant	-	-	-
Review	Control objective - level of assurance			Critical	High	Medium	Low
Duty of Candour	Significant	Significant	Significant	Significant	-	-	2
Review	Control objective - level of assurance			Critical	High	Medium	Low
Early Careers and Apprenticeships	Significant	Significant		-	-	-	-

Review	Control objective - level of assurance					Critical	High	Medium	Low
East Lothian IJB	Moderate	Significant	Significant	Significant		-	-	2	3
Review	Control objective - level of assurance					Critical	High	Medium	Low
Financial Controls – Treasury and Cash Management	Significant	Significant	Significant	Significant	Significant	Significant	-	-	2
Review	Control objective - level of assurance					Critical	High	Medium	Low
Hospital Sterilisation and Disinfection Unit	Moderate	Significant	Moderate	Significant	Significant	-	-	2	3
Review	Control objective - level of assurance					Critical	High	Medium	Low
Consort Parking Arrangements	Limited					-	1	1	-

The definitions used to grade reports, control objectives and individual actions are set out in Appendix 2.

We also completed during the year a review of the governance processes for managing the staff lottery. As a result of emerging risks and clarification from the CLO the staff lottery was cancelled. Therefore, this event superseded our need to report to Committee. However, we did update the Committee in our progress report and management updated the Committee routinely on the action that was being taken.

Lastly in May 2020 we completed a review of the NHS Lothian governance arrangements during Covid19. We did not identify any findings and concluded good governance principles had been applied.

Commentary

- 3.2 During the year we identified certain higher risk findings across our work.
- 3.3 We reported limited assurance against control objectives for four audits in year– Quality Strategy, Staff Lottery, Patient funds – Adults with Incapacity and the Consort Parking Review.
- 3.4 In each case we have agreed a management response to these recommendations, and the action has been or is being implemented.
- 3.5 During the year we reported three high risk findings from our reviews of the Quality Strategy, Patient Funds – Adults with Incapacity and Consort Parking arrangements.
- 3.6 Within the Quality Strategy Report we recommended that management put in place an Implementation/Delivery Plan to support the Quality Strategy. This plan would act as a control over the implementation of the strategy detailing progress, accountability and ownership of each of the programmes/networks as well as other appropriate aspects of the strategy. However, we have been advised by the Chief Quality Officer that most of the programme was to be suspended for a period of time and restarted when the current circumstances allow.
- 3.7 In relation to the Patients Funds Review we reported a recommendation that management confirm that the relevant documentation is in place for the Adults with Incapacity patients and that patients' withdrawal amounts are subject to review in line with relevant guidance. This action is being taken forward with management and progress captured in our follow up reporting.
- 3.8 The Consort Parking Arrangements report recommended that NHS Lothian should consider recovering the profit share of £71,553 as a result of the inclusion of these non-allowable costs from financial year 2014/15 to present. Including a full review of costs should be undertaken to confirm the existence, accuracy and allowability of costs within the profit and lost statements from financial year 2014/15 to present. This report was finalised on the 10 June 2020, with a target date for this action set at 30 September 2020.
- 3.9 Throughout the year we follow up on the implementation of all internal audit recommendations and can report good progress by management in implementing recommendations.
- 3.10 In considering the higher risks identified in our internal audit reporting during 2019/20 we consider none of these to be significant enough to impact on NHS Lothian achieving its strategic priorities and/or pervasive that the run throughout NHS Lothian as an organisation.

4. Performance of Internal Audit

Independence

- 4.1 PSIAS require us to communicate on a timely basis all facts and matters that may have a bearing on our independence.
- 4.2 We can confirm that the staff members involved in each 2019/20 internal audit reviews were independent of NHS Lothian's operational processes and their objectivity was not compromised in any way.

Conformance with Public Sector Internal Audit Standards

- 4.3 The Chief Internal Auditor has completed an internal quality assessment of the service provided by the internal audit service, using guidance issued by H M Treasury.
- 4.4 The results of this assessment confirm that the internal audit service "generally conforms" to the Public Sector Internal Audit Standards, which are based on the International Standards for the Professional Practice of Internal Auditing. An independent external quality assessment of compliance with PSIAS will be required to be undertaken during 2020/21.

Performance against Internal Audit performance indicators

- 4.5 We have a suite of internal audit performance indicators which we track and formally report to the Audit and Risk Committee quarterly and are in the process of assessing these and updating these to ensure they remain relevant for 2020/21. Focus on ensuring achievement of all KPIs will continue to be a focus for 2020/21, and any proposed changes or updates to KPIs will be brought to the Audit and Risk Committee for approval.

5. Overall internal audit opinion

Basis of opinion

- 5.1 The internal audit service at NHS Lothian is required to provide the Audit and Risk Committee with assurance on the systems of internal control. In giving an opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the whole system of internal control.
- 5.2 In assessing the level of assurance to be given, internal audit has taken into account:
- All reviews undertaken as part of the 2019/20 internal audit plan;
 - Matters arising from previous reviews and the extent of management's follow-up action; and
 - The effect of any significant changes in NHS Lothian's objectives or systems.

Internal Audit Opinion

- 5.3 Overall, Internal Audit's work indicates that NHS Lothian has a framework of controls in place that provides **reasonable assurance** regarding the effective and efficient achievement of the organisation's objectives and the management of key risks.
- 5.4 While we did identify a number of high-risk findings as part of our reviews, we do not consider these, either collectively or on an individual basis, as being fundamental to the achievement of the NHS Lothian strategic objectives. Those findings do not warrant specific inclusion in the Governance Statement. All actions were agreed and NHS Lothian has demonstrated good progress in implementing internal audit recommendations, and a number of the high risks identified during the year have been closed off.
- 5.5 At the time of writing this the work on the RHCYP project (internal control and governance) was yet to be concluded. Therefore, the opinion does not take into account this review. Recommendations arising will be captured and reflected in the 2020/21 internal audit opinion.
- 5.6 Based on our work completed we can conclude sufficient arrangements are in place, in the areas Internal Audit has reviewed, to promote value for money and secure regularity and propriety in the administration and operation of NHS Lothian controls.

Chief Internal Auditor

22 June 2020

Appendix 1 - Definition of ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively, and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some respects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
Moderate assurance	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied.</p> <p>There remains a moderate amount of residual risk.</p>	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and, in most respects, achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Significant assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>

Appendix 6 - Limitations and responsibilities of Internal Audit and management responsibilities

The opinion is based solely on the internal audit work performed for the financial year 1 April 2019 to 31 March 2020. Work completed was based on the terms of reference agreed with management for each review. However, where other matters have come to our attention, that are considered relevant, they have been taken into account when finalising our reports and the annual opinion.

There may be additional weaknesses in the EIJB control environment and governance and risk management frameworks that were not identified as they were not included in the 2019/20 EIJB annual internal audit plan; were excluded from the scope of individual reviews; or were not brought to Internal Audit's attention. Consequently, management and the Committee should be aware that the opinion may have differed if these areas had been included or brought to Internal Audit's attention.

Control environments, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making; human error; control processes being deliberately circumvented by employees and others; management overriding controls; and the impact of unplanned events.

Future periods

The assessment of controls relating to the Council is for the year ended 31 March 2020. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

Responsibilities of Management and Internal Audit

It is Management's responsibility to develop and effective control environments and governance and risk management frameworks that are designed to prevent and detect irregularities and fraud. Internal audit work should not be regarded as a substitute for Management's responsibilities for the design and operation of these controls.

Internal Audit endeavours to plan its work so that it has a reasonable expectation of detecting significant control weaknesses and, if detected, performs additional work directed towards identification of potential fraud or other irregularities. However, internal audit procedures alone, even when performed with due professional care, do not guarantee that fraud will be detected. Consequently, internal audit reviews should not be relied upon to detect and disclose all fraud, defalcations or other irregularities that may exist.

Edinburgh Integration Joint Board

Internal Audit

Progress towards addressing national integration recommendations and proposals

Final Report

6 July 2020

EIJB1902

Effective

The control environment and governance and risk management frameworks have been adequately designed and are operating effectively, providing assurance that risks are being effectively managed and the EIJB's objectives should be achieved.

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This internal audit review is conducted for the Edinburgh Integration Joint Board under the auspices of the 2019/20 internal audit plan approved by the Audit and Assurance Committee in March 2019. The review is designed to help the Edinburgh Integration Joint Board assess and refine its internal control environment. It is not designed or intended to be suitable for any other purpose and should not be relied upon for any other purpose. The City of Edinburgh Council accepts no responsibility for any such reliance and disclaims all liability in relation thereto.

The internal audit work and reporting has been performed in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) and as a result is not designed or intended to comply with any other auditing standards. Although there is a number of specific recommendations included in this report to strengthen internal control, it is management's responsibility to design, implement and maintain an effective control framework, and for the prevention and detection of irregularities and fraud. This is an essential part of the efficient management of the Edinburgh Integrated Joint Board of the issues and weaknesses arising from this audit does not absolve management of this responsibility. High and Critical risk findings will be raised with senior management and elected members as appropriate.

1. Background and Scope

Background

The Edinburgh Integration Joint Board (EIJB) was established in April 2016 under the Public Bodies Joint Working Act 2014 (the Act) and is responsible for commissioning, directing, and governing the activities of the Edinburgh Health and Social Care Partnership (the Partnership).

The Partnership comprises NHS Lothian (NHSL), and the City of Edinburgh Council (the Council) who work together to deliver health and social care services for adults across the City in line with applicable legislation and regulations and as directed by the EIJB.

National progress reports

In 2018/19, the outcomes of two national reviews were published which considered progress made towards integrating health and social care services across Scotland.

Audit Scotland

In November 2018, Audit Scotland published an [update on progress with health and social care integration](#) national performance audit. This review followed the [initial December 2015 review](#) which focused on the initial transition period following the creation of integration authorities (IAs).

The 2018 report acknowledged that IAs are operating in an extremely challenging environment, and that whilst progress had been made in several areas through the introduction of more collaborative methods of service delivery, significant scope for improvement remained. The following six areas of improvement were identified:

- Commitment to collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Agreed governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

Appendix 5 of the 2018 report also summarises progress with recommendations made in the December 2015 review.

The report recognises that a range of partner bodies including the Scottish Government, COSLA, NHS Boards, Local Authorities and IAs are responsible for delivering improvements, however Chief Officers are responsible for monitoring and reporting on all actions.

In February 2019, the Chief Officer presented a [report](#) to the EIJB which detailed each of the recommendations, the agency responsible for delivery and initial activity taking place in Edinburgh. The report advised that Chief Officers from the Lothian IJBs were working with their respective partner bodies to scope and understand their responses to the recommendations and that an update would be provided to the EIJB in six months.

Ministerial Strategic Group

In February 2019, the Ministerial Strategic Group (MSG) for Health and Community Care published the outcomes of their leadership group's [review of Progress with Integration of Health and Social Care](#). The MSG report noted agreement with the six key areas identified by Audit Scotland and set out 25

proposals which the leadership group agreed to take forward in order to commit to improving the integration of health and social care services across Scotland. Completion timeframes of circa 12 months or less were also allocated to the proposals. The MSG report was presented to the EIJB in [March 2019](#), with agreement that an update would be provided within three months.

Following publication, the MSG issued a self-assessment template to all IJB partners to gain an understanding of local progress. The self-assessment required partners to rate themselves against each of the 25 proposals set out in the report, assessing progress against each as either not yet established; partly established; established; and exemplary. Partners were required to submit supporting evidence to verify rating assessments and detailed action plans where improvement or action was needed.

A single partnership assessment was completed by the EIJB, NHS Lothian and the City of Edinburgh Council and presented to the EIJB in [May 2019](#). Three proposals were not rated as they will be delivered by national bodies, and the following ratings were applied against the remaining 22 proposals:

- 0 not yet established;
- 12 partly established;
- 10 established and;
- 0 exemplary.

Joint approach to monitoring

Due to the similarity of the outcomes from both the Audit Scotland and MSG reports, the EIJB agreed to monitor progress against the actions included in both reports using a joint action plan. This revised plan was presented to the EIJB in [February 2020](#) with agreement that a further update report would be provided in December 2020.

The MSG leadership group also published a [progress update](#) in November 2019, which provided a national update on those actions which had an original timescale of 6 months (or less) for implementation. The report advised that the MSG leadership group would continue to meet every six weeks to review progress and provide direction and advice on the implementation of actions. This was also presented to the EIJB February 2020.

Scope

The objective of this review was to assess whether the EIJB has established appropriate governance and operational processes to support collation; implementation; and oversight of relevant recommendations and proposals made by Audit Scotland and the MSG in 2018/19.

This included monitoring progress with implementation of partner organisations and other third parties in relation to the adult health and social care support (where appropriate) and services delivered for the Partnership.

Our areas of audit focus as detailed in our terms of reference are included at Appendix 2.

Testing was performed across the period November 2019 to June 2020.

Limitations of Scope

Progress with implementation of actions arising from the Care Inspectorate's inspection of services for older people recommendations published in June 2017, was excluded from the scope of this review as this was due to be covered by a separate Council audit of implementation of assurance actions and their linkage to annual governance statements completed in February 2020. However, Partnership

management advised that they did not have capacity to support the audit work and instead provided narrative outlining the processes that the Partnership applies to ensure ongoing management and oversight of second and third line assurance findings. These processes have not been review and validated by internal audit.

Reporting Date

Our audit work concluded on 5 June 2020 and our findings and opinion are based on the conclusion of our work as at that date.

2. Executive summary

Total number of findings: 1

Summary of findings raised

Medium

1. Implementation framework

Opinion

Effective

Whilst some moderate control weaknesses were identified in the design and effectiveness of the implementation framework established to support the Edinburgh Integration Joint Board's (EIJB) implementation of national integration recommendations, the controls in place have been adequately designed, providing assurance that risks are being managed, and that the EIJB's objectives of addressing national recommendations through the joint action plan (the Plan) should be achieved.

Our review confirmed that whilst processes have been established to monitor progress with implementation of Plan actions, there are a number of areas where the rationale for decisions or the process applied is not clear. Most notably, there is currently no clearly documented rationale confirming why two national recommendations and their three associated improvement actions are not specifically included in the Plan.

Consequently, one Medium rated finding has been raised highlighting the need to expand; formalise and document the existing processes established to monitor progress with implementation of Plan actions designed to address national integration recommendations

Further information is included at Section 3.

Areas of good practice

- A first draft MSG self-assessment was prepared by the Chief Officer and circulated to all required stakeholders for comments. Feedback was captured within a tracker document that recorded details of all feedback received for each proposal, enabling the self-assessment to be updated (where appropriate) to reflect stakeholder input and perspective.
- Recognising that the MSG financial related proposals required specialist input, the EIJB consulted with Chief Finance Officers from across the four Lothian IJBs. This enabled benchmarking of actions in progress against the other IJBs, and discussion on self-assessment good practice. The draft EIJB self-assessment was subsequently updated to reflect the outcomes of this exercise.
- The decision to combine the MSG and Audit Scotland actions into one joint action plan has streamlined the ongoing monitoring process. The joint action plan breaks down the improvement actions identified in the initial self-assessment into workable milestones and clearly states where implementation dates have been revised.
- Review of both the EIJB and the Partnership's most up to date risk registers confirmed that risks related to delivering improvement actions from both the MSG and Audit Scotland reports, were clearly reflected within the two documents, demonstrating effective management consideration of the risks associated with the national recommendations.

3. Detailed findings

1. Implementation framework

Medium

Review of arrangements established to monitor progress with implementation of recommendations and proposals raised in national reports and a sample of 13 of the actions included in the Joint Action Plan (the Plan) confirmed that:

1. Review and comparison of the MSG self-assessment submission and the Plan identified that proposals 6.2 and 6.3 (and the three associated improvement actions) are not included in the Plan. Management advised that this was due to the three improvement actions, identified to implement these proposals, being addressed as part of other actions included within the Plan under other proposals. Review of papers and minutes, however, did not identify any reference to 6.2 and 6.3 being removed or the rationale for their exclusion.
2. Whilst several key considerations were found to have been made, which includes areas of good practice, the approach taken to the MSG and Audit Scotland reports has not been formalised or documented to ensure a consistent approach when responding to further national improvement reports. Examples of this include;
 - Both the MSG and Audit Scotland reports were presented to the EIJB for consideration on a timely basis but there is not a formal procedure by which the EIJB agree which reports they will consider as part of their forward work programme.
 - Our review of the EIJB and Partnership risk registers found all risks associated with report findings to be included, however an explicit review of risk registers was not undertaken by management to identify any potential gaps.
 - Consultation of the completion of the MSG self-assessment with key stakeholders was extensive and an example of good practice. The consultation approach is not documented, however, to ensure a consistent approach for future national report outcomes.
 - The EIJB participated in benchmarking and practice sharing with other IJBs and Chief Officers, this approach has not been documented to ensure similar exercises are completed in future.
3. Implementation actions were either existing actions that were already being delivered, or actions planned as part of current work transformation streams or programmes. Limited evidence was available to demonstrate that the Partnership had considered whether any new actions were required to deliver the joint MSG/AS proposals and that resources, systems, data management and funding requirements required to support their delivery had been considered. Management advised this was because both reports had been in development for some time, and that none of the outcomes were unexpected, enabling the EIJB to anticipate outcomes and progress implementation.
4. The Plan had not been compared with existing outstanding assurance actions such as those raised by the Care Inspectorate or Internal Audit to identify similar risks and potential areas of overlap. Management advised this had been attempted previously for other reports, however resulted in an unwieldy and complex process. The value of ensuring there is oversight across all assurance actions was however acknowledged.
5. Five implementation actions included in the Plan were not **SMART** (Specific; Measurable; Achievable; Relevant and Timebound). Management advised that it was not always possible for all actions to be SMART as they were either linked to further actions and or programmes in their

infancy.

6. In the completion of the MSG self-assessment, the EIJB assessed progress against each proposal as either partially established or established. Whilst consultation was made on the content of the self-assessment, there was no documented approach or rationale for the allocation of this progress assessment. Additionally, progress against Plan actions is recorded as either 25%; 50%; 75% or 100% complete, management advised that this assessment is subjective based on completion of action milestones, however, no criteria has been established that clearly defines how implementation progress is assessed in percentage terms.
7. Plan delivery progress will be reviewed by the EIJB Audit and Assurance Committee in December 2020. Management advised that no review of progress was planned by the Partnership's Executive Management Team (EMT) prior to presentation to the Committee, as management oversight is obtained through other transformation programmes and work streams where regular updates are provided.
8. There is currently no review schedule confirming when the Plan delivery progress will be reviewed by the EMT. It is recognised that COVID-19 has significantly impacted EMT forward plans and agendas.

Risks

The potential risks associated with our findings are:

- The full population of national integration recommendations is not addressed.
- Duplication of effort when implementing actions to address national integration and existing assurance recommendations.
- Lack of direction and focus where implementation actions have not been clearly defined.
- Subjectivity over when an action should be assessed as completed resulting in inconsistent and inaccurate implementation progress assessments.
- Insufficient evidence to support completion of actions.
- Implementation progress delays are not identified, and timely action taken to address any progress issues identified.

1.1 Recommendation: Documenting national assurance implementation framework arrangements

The EIJB should establish an implementation framework that details the end to end processes for responding to and monitoring implementation progress with recommendations and proposals from national reports.

The framework should capture and formalise the existing operational processes in addition to addressing the control gaps identified. This should include arrangements for the following:

1. Identification and initial review of national reports
 - Advance discussion and agreement with the EIJB to confirm which national reports will be presented for review, and inclusion of these within the EIJB forward work programme.
 - Review of national report outcomes to ensure any new or emerging strategic and operational risks are identified, with mitigating actions, ownership and implementation timeframes recorded in the EIJB or Partnership risk registers, where required.
 - Review of national report outcomes to identify any correlation with current actions from other assurance providers and ensure that actions are effectively consolidated and coordinated across the Partnership.

2. Self-assessment and preparation of action plans

- Documenting the methodology and rationale for forming self-assessment ratings (e.g. 'partly established'/'established') including gathering sufficient supporting evidence to demonstrate accurate representation of the current position.
- Arrangements for engaging and capturing feedback from key stakeholders including partner organisations and any third parties to ensure that all improvement actions are recorded, with full consideration of any associated resources; systems; data / management information; and additional funding required to support implementation.
- Development of detailed action plans that include (where possible) clearly defined [SMART](#) actions; with narrative captured to detail where SMART actions are not appropriate and an agreement to revisit these actions and update to SMART actions where possible as progress is made, and they can be more clearly defined.
- Alignment with the EIJB strategic planning process to ensure improvement actions are incorporated where relevant.

3. Progress monitoring and reporting

- Planned frequency of review of progress by the Partnership Executive Management Team (EMT) and EIJB governance forums, with linkage to progress reporting monitored through other transformation programmes or workstreams or programmes detailed to ensure completeness.
- Regular benchmarking that compares the EIJB's progress against national and / or Lothian IJBs.
- Defined criteria for measuring and reporting implementation status and percentage progress of improvement actions to ensure progress is reported consistently and transparently.
- Ongoing validation process to ensure supporting information and data is collated and retained to evidence progress made and completion of actions.
- Procedure for revising agreed implementation timeframes, which should include consultation with the EIJB and national bodies where appropriate.

1.1 Agreed Management Action: National assurance implementation framework

We are pleased that the processes developed for monitoring progress with national recommendations and proposals have been recognised as largely effective and good practice. We acknowledge and agree with the internal audit recommendation to formalise and document these processes and will work over the next year to complete this work in line with the detailed points set out within the recommendation.

Owner: Judith Proctor, Chief Officer Contributors: Moira Pringle, Chief Finance Officer; Angela Ritchie, Senior Executive Assistant	Implementation Date: 30 June 2021
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1.2 Recommendation: Ministerial Strategic Group (MSG) self-assessment actions 6.2.and 6.3

Management should consider whether the self-assessment actions for the following national integration recommendations should be included within the Joint Action Plan for monitoring and reporting:

- Proposal 6.2 - Improved understanding of effective working relationships with carers, people using services and local communities is required.
- Proposal 6.3 - We will support carers and representatives of people using services better to enable their full involvement in integration.

The rationale for the decision to include or exclude these proposals from the Joint Action Plan should be documented and reported to the EIJB.

Where the decision is to exclude these proposals, the rationale should clearly document who is responsible for delivery of these actions and how and when progress will be reported to the EIJB and national bodies as part of the EIJB's wider response.

1.2 Agreed Management Action: MSG self-assessment actions 6.2 and 6.3

Agreed, we will review the rationale for excluding proposals 6.2 and 6.3 from the action plan and report this to the EIJB, advising how and when progress with these meeting these proposals will be captured and reported.

Owner: Judith Proctor, Chief Officer

Contributors: Moira Pringle, Chief Finance Officer; Angela Ritchie, Senior Executive Assistant, Katie McWilliam, Strategic Planning and Quality Manager

Implementation Date:

31 December 2020

Appendix 1: Basis of our classifications

Finding rating	Assessment rationale
Critical	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Critical impact on the operational performance; or • Critical monetary or financial statement impact; or • Critical breach in laws and regulations that could result in material fines or consequences; or • Critical impact on the reputation of the EIJB which could threaten its future viability.
High	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Significant impact on operational performance; or • Significant monetary or financial statement impact; or • Significant breach in laws and regulations resulting in significant fines and consequences; or • Significant impact on the reputation of the EIJB.
Medium	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Moderate impact on operational performance; or • Moderate monetary or financial statement impact; or • Moderate breach in laws and regulations resulting in fines and consequences; or • Moderate impact on the reputation of the EIJB.
Low	<p>A finding that could have a:</p> <ul style="list-style-type: none"> • Minor impact on operational performance; or • Minor monetary or financial statement impact; or • Minor breach in laws and regulations with limited consequences; or • Minor impact on the reputation of the EIJB.
Advisory	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

Appendix 2: Areas of audit focus

The areas of audit focus and related control objectives included in the review are:

Audit Area	Control Objectives
1. Initial assessment	<p>1.1 A process has been established to ensure that the outcomes of national reviews impacting health and social care are identified and reviewed by management soon after their publication.</p> <p>1.2 National reports are presented to the EIJB on a timely basis.</p> <p>1.3 An evidence based self-assessment model has been established to accurately map the EIJB's current position against the recommendations and identify where improvements are needed.</p> <p>1.4 A comparison has been performed between national review outcomes and the existing EIJB and Partnership risk registers, with any new or emerging risks identified from the reviews incorporated (where appropriate).</p> <p>1.5 A comparison has been performed between national review outcomes and existing assurance recommendations made by (for example) Internal Audit or the Care Inspectorate to determine whether these can be effectively combined.</p>
2. Preparation and approval of action plans	<p>2.1 National review outcomes are shared and discussed with partner organisations and any third parties that support adult health and social care service delivery (including partners delivering hosted services, and services delivered using set aside budgets).</p> <p>2.2 A mapping exercise is performed (in conjunction with partners and third parties) to determine what actions are required to implement the recommendations, including resources; systems; data / management information; and additional funding requirements.</p> <p>2.3 Detailed action plans that are aligned with the national recommendations and proposals are established with roles, responsibilities and timeframes for implementation agreed with all partner organisations and relevant third parties and presented to and approved by the EIJB.</p> <p>2.4 The EIJB has considered whether any additional funding and new directions are required to support implementation of the recommendations through the agreed action plans.</p> <p>2.5 Where necessary, Improvement actions are incorporated into the EIJB strategic planning process.</p>
3. Progress Monitoring and reporting	<p>3.1 Progress against the implementation of actions is regularly and accurately reported to appropriate governance forums (for example the executive management team; and relevant EIJB governance forums).</p> <p>3.2 Where possible, reporting includes benchmarking EIJB's progress against national and / or Lothian IJBs.</p> <p>3.3 A process has been established to support regular and effective ongoing implementation progress monitoring across all parties responsible for implementation of action plans.</p> <p>3.4 When actions are reported as completed, arrangements are in place to ensure that actions are validated with supporting evidence available to</p>

demonstrate completion.

- 3.5 Where actions are not completed within the agreed timescale, there is engagement with national bodies and the EIJB requesting the extension of implementation dates or agreeing alternative action plans.

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REPORT

Committee Update Report

Edinburgh Integration Joint Board

27 October 2020

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of all Committees between July and September 2020.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes the work of the Committees

Report Overview

1. This report gives an update on the business of the five committees covering the period of committee resumption in July to September 2020. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Audit and Assurance – 28 July 2020

2. **Edinburgh Integration Joint Board Unaudited Accounts for 2019/20** - the committee was presented with a report on the unaudited accounts for the Edinburgh Integration Joint Board (EIJB) for scrutiny.
3. **IJB Risk Register** – the committee had before it a report on the EIJB risk register for consideration.
4. **Internal Audit Annual Plan 2020/21** – the committee discussed the EIJB Internal audit plan and supporting risk assessment for the period 1 April 20 – 31 March 2021.
5. There was a verbal update on the open internal audit findings.

Audit and Assurance – 15 September 2020

6. **Internal Audit Annual Opinion** – the committee was presented with the Internal Audit Annual opinion for the EIJB.
7. **Revised Internal Audit Annual Plan 2020 /21** – the committee discussed the revised EIJB internal audit plan for the 2020/21 financial year.
8. **Edinburgh Integration Joint Board 2019/20 Annual Audit Report** – the committee had before it the annual audit report from Scott Moncrieff.
9. **Edinburgh Integration Joint Board Annual Accounts for 2019/20** – the committee discussed the audited annual accounts for the EIJB.
10. **Integration Joint Board Risk Register** – the committee was presented with a report on the current version of the EIJB risk register for consideration and to update members on the risk management activity put in place to manage, mitigate and escalate risks.
11. There were also two verbal updates on Internal Audit and the EIJB records management plan.

Clinical and Care Governance – 27 August 2020

12. **Care Home Assurance** – the committee was presented with a report on the current level of assurance and the work to strengthen the framework for Council care homes.
13. **Covid19 -Overview of some of the challenges and changes** – the committee discussed some of the delivery challenges and opportunities resulting from COVID-19.
14. **Adult Health and Social Care Planning and Governance Structures** – the committee discussed a report on the planning and governance arrangements in place for Thrive and mental health.

Futures – 9 September 2020

15. **Covid-19 lessons learned** – the committee was presented with a report covering the high-level findings of the lessons capture exercise and notes its alignment with the transformation programme.
16. **IJB Chairs and Vice Chair Questionnaire** – the committee discussed the best approach to submit EIJB views to social care review.

17. There was a request for a short report to a future EIJB on environmental considerations and is on the agenda for October EIJB.

Performance and Delivery – 20 August 2020

18. **Financial Outturn 2019/20** – the committee had before it a report on the financial outturn for 19/20.
19. **2020/21 Financial Update** – the committee was presented a report on the projected in-year financial performance.

Performance and Delivery – 28 September 2020

20. **Annual Performance Report** - the committee discussed the draft annual performance report.
21. **Annual Review of Directions** - the committee was presented with a report on the annual review of directions and proposals for retaining, varying, closing, or superseding existing directions.
22. **Financial Outturn 2019/20** – the committee had before it an update on the financial outturn for 19/20.
23. **Finance Update 2020/21** – the committee had before it a report on the projected in-year financial performance.

Strategic Planning Group – 15 September 2020

24. **Review of the EIJB Strategic Plan 2019/22** – the committee discussed the progress made in key areas within the current strategic plan and the outline timings for the next planning cycle.
25. **Covid-19 Lessons Learned** – the committee was presented with a report setting out the high-level findings of the lessons capture exercise and notes its alignment with the transformation programme.
26. **Learning Disabilities (Short breaks)** – the committee had before it a report on the Learning Disabilities (Short breaks) service.
27. **City Vision 2050** – the committee was presented with a report on the City Vision 2050 and sets out a series of recommendations for endorsement.

28. There were two verbal reports on Edinburgh Pact and decision-making framework.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Minutes

IJB Audit and Assurance Committee

3.00pm, Wednesday 15 March 2020

Waverley Court, Edinburgh

Present:

Councillor Phil Doggart (Chair), Andrew Coull, Councillor George Gordon, Kirsten Hey, Martin Hill and Peter Murray.

Officers: Helen Elder (Executive Support Assistant), Jamie Macrae (Clerk), Nicola McKenzie (Scott Moncrieff), Lesley Newdall (Chief Internal Auditor) and Moira Pringle (Chief Finance Officer).

Apologies: Nick Bennett (Scott-Moncrieff)

1. Minutes

Decision

To approve the minute of the meeting held on 8 November 2019 as a correct record.

2. Annual Cycle of Business

Decision

To note the Annual Cycle of Business.

3. Outstanding Actions

Decision

- 1) To agree to close Action 3 – Audit and Assurance Committee – Terms of Reference.
- 2) To otherwise note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

4. Progress with Board Assurance Framework

An update was provided on the board assurance framework, including a proposal for levels of assurance and a suggested mechanism for reviewing the work of the Integration Joint Board committees.

The proposed approach to levels of assurance was based on those currently operating at NHS Lothian. Members of the committee were comfortable that the approach functioned well and noted that it could be reviewed as it was implemented.

The mechanism for reviewing committee effectiveness would involve each committee submitting an annual report, which would review the extent to which it had received the assurance it required to fulfil its remit and feedback from committee members to give an indication of committee effectiveness.

Decision

- 1) To agree the proposed approach to including assurance levels in IJB reports and that the Chief Finance Officer would report to the next meeting of the Joint Board on this.
- 2) To agree the suggested mechanism for reviewing the work of the committees and that the Chair would write to the IJB Committee Chairs outlining the committee's decision.

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

5. Local Government in Scotland - Financial Overview 2018-2019

The committee discussed the financial overview 2018/19 report prepared by Audit Scotland and its relevance to the Integration Joint Board. This followed previous discussion at the Clinical and Care Governance Committee. It was noted that consideration should be given to covering some of the topics in the report at a future Development Session.

Decision

- 1) To note the report.

- 2) To agree that the report would be circulated by email to the Joint Board for information.

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

6. External Audit Plan 2019-2020

The External Audit Plan for 2019-20 was presented. Details were provided of the work carried out, which included an audit of, and provision of a specified audit opinion on, the 2019/20 annual accounts, consideration and reporting on the IJB's arrangements on the four audit dimensions (financial sustainability, financial management, governance and transparency, and value for money) and other work requested by Audit Scotland, including the contribution to performance audits (including overview reports, performance audit reports, and impact reports).

Decision

To note the report.

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

7. Internal Audit Update – 22 October 2019 to 13 February 2020

Details were provided of the progress of Internal Audit (IA) assurance activity on behalf of the IJB performed by the IJB's partners, the City of Edinburgh Council and NHS Lothian IA teams.

Delivery of the 2019/20 Internal Audit Plan approved by the Audit and Risk Committee in March 2019 was progressing, with two audits now complete and planning was in progress for the remaining two reviews.

Committee had requested at the August 2019 meeting sight of IA terms of reference for the four audits included in the 2019/20 IA annual plan. Two terms of reference had already been provided, and further details on the scope of the remaining two audits were submitted to the meeting.

As at 13 February 2020, the EIJB had a total of 21 open Internal Audit findings. Of the 21 open findings, 13 were overdue, reflecting an increase of six from the position reported as at 22 October 2019.

Decision

- 1) To note progress with delivery of the EIJB 2019/20 IA plan.
- 2) To note the content of the two EIJB terms of reference provided to the Committee for information.
- 3) To note progress with implementation of agreed management actions to support closure of EIJB IA findings raised.
- 4) To note progress with the refresh of the engagement Principles and the IA assurance approach.
- 5) To refer this report to the City of Edinburgh Council's Governance, Risk, and Best Value Committee for their information as a number of the open EIJB IA findings

related to operational service delivery for the Health and Social Care Partnership by the Council.

- 6) To note that the issue of engagement principles would be raised at the next Integrated Care Forum.
- 7) To agree that the Chair and Chief Finance Officer would discuss the outstanding management actions with the Chief Officer and that an email would be sent to the Joint Board on behalf of the Committee to raise concerns about the current position.

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

8. Internal Audit Annual Plan 2020-21

The draft Edinburgh Integration Joint Board (EIJB) Internal Audit (IA) plan and supporting risk assessment for the period 1 April 2020 to 31 March 2021 was presented to the Committee for approval. IA's opinion was that the four reviews included in the draft plan would provide the appropriate level of assurance on the control frameworks designed to manage the EIJB's most significant risks and that the plan could be delivered by IA resources currently available from the EIJB's two partners, the City of Edinburgh Council and NHS Lothian.

Decision

- 1) To approve the draft 2020/21 Internal Audit plan and supporting risk assessment.
- 2) To note the costs (£60K) associated with delivery of IA services by the Council to the EIJB, as outlined in section 22 of the report.
- 3) To refer the approved EIJB IA plan to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Assurance Committee for information.

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

9. Internal Audit Charter 20/21

The revised draft Internal Audit (IA) Charter for 2020/21 was presented to the Audit and Assurance Committee for approval on behalf of the Edinburgh Integration Joint Board (EIJB).

Public Sector Internal Audit Standards (PSIAS) specified that the purpose, authority, and responsibility of IA must be formally defined in an IA Charter that was periodically reviewed and presented to senior management and the board for approval. The EIJB's IA Charter fulfilled this requirement.

Decision

- 1) To approve and agree to sign the refreshed 2020/21 IA Charter, subject to a review of the wording throughout the document, to ensure that it was suitable for the IJB.
- 2) To refer the approved Charter to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Assurance Committee, with a

request that it is signed by the Conveners of the respective committees to confirm that both partner organisations will support delivery of the 2020/21 EIJB IA annual plan and opinion in line with the authority delegated by the EIJB to IA.

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

10. Date of Next Meeting

The next meeting of the Committee was scheduled for Friday 5 June 2020 at 10am in the Diamond Jubilee Room, City Chambers, High Street, Edinburgh.

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Minutes

IJB Audit and Assurance Committee

3.00pm, Tuesday 28 July 2020

Virtual Meeting, Microsoft Teams

Present:

Councillor Phil Doggart (Chair), Andrew Coull, Kirsten Hey and Martin Hill.

Officers: Laura Calder (Principal Audit Manager), Fiona Johnston (Accountant), Jamie Macrae (Clerk), Nicola McKenzie (Scott Moncrieff), Lesley Newdall (Chief Internal Auditor) and Moira Pringle (Chief Finance Officer).

Apologies: Councillor George Gordon and Peter Murray

1. Minutes

Decision

To approve the minute of the meeting held on 11 March 2020 as a correct record.

2. Annual Cycle of Business

Decision

- 1) To note the Annual Cycle of Business.
- 2) To note that a meeting of the Committee Chairs was scheduled and that they would discuss the wider governance and controls in light of the pandemic.

3. Outstanding Actions

Decision

- 1) Action 1 – Chair to discuss with Gavin King.
- 2) Action 2 – Moira Pringle to follow up with the Keeper of Records.

- 3) Action 3 – To agree to look at these actions in more detail in September.
- 4) To agree that the Expected Completion Date, Actual Completion Date and Comments columns would be populated when the Outstanding Actions were next considered.
- 5) To otherwise note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

4. Edinburgh Integration Joint Board Unaudited Annual Accounts for 2019/20

Integration Joint Boards are required to produce annual accounts. The Chief Financial Officer, as the appointed “proper officer” had prepared financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom. The unaudited 2019/20 annual accounts for the Edinburgh Integration Joint Board (EIJB) were submitted for scrutiny.

Decision

- 1) To note the draft financial statements submitted.
- 2) To note the proposed timescale for completion.
- 3) To agree that the Chief Finance Officer would consider adding a statement on the position in relation to reserves.
- 4) To welcome the team’s efforts in pulling together the annual accounts.

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

5. IJB Risk Register

The latest version of IJB risk register was considered, as submitted to the committee on 8 November 2019, and an update was provided on the processes which were being established to manage, mitigate and escalate risks. There was discussion around whether it would be possible, in future iterations of the register, to consolidate the mitigating controls and actions together.

Decision

- 1) To note the Risk Register.
- 2) To agree that Moira Pringle would consider combining the Action Plan at Appendix 3 with the main Risk Register dashboard, so that mitigating controls and actions were in the same place.

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

6. Internal Audit Annual Plan 2020/21

The Internal Audit Annual Plan for the period 1 April 2020 to 31 March 2021 was presented for information, along with the supporting risk assessment. This had been considered and approved by the committee on 11 March 2020. Of the four outstanding audits, the intention was that the Council would complete two and NHS Lothian would complete one. Completion of the Audit Plan was not dependent on completion of the Risk Register.

Decision

- 1) To note the IA Annual Plan and to agree that a revised Plan would be submitted to the committee in September, following a review of the risks.
- 2) To agree that the IA Annual Opinion would be made available to committee members in advance of the September meeting.
- 3) To agree to trial an arrangement whereby completed Council and NHS audits will be provided to members of the committee so they can be reviewed in advance.

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

7. Open Internal Audit Findings

A verbal update was provided on open Internal Audit Findings. A four-month extension had been granted in March for all open IA findings and it had been agreed to revisit the position in July. A proposal for a blended approach had been developed for the Council and this approach was discussed by the committee. It would involve management discussing with Internal Audit whether any of the open findings could be risk-accepted, which findings could be prioritised and whether the timescales for completion could be extended for any.

Decision

To agree to develop a proposal for a blended approach for open Internal Audit findings, and that this would be presented to the September meeting of the committee.

8. Date of Next Meeting

To agree that the committee would next meet at 10.00am on 15 September 2020.

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Minutes

IJB Audit and Assurance Committee

10.00am, Tuesday 15 September 2020

Virtual Meeting, Microsoft Teams

Present:

Councillor Phil Doggart (Chair), Councillor George Gordon, Martin Hill and Peter Murray.

Officers: Nick Bennett (Scott-Moncrieff), Laura Calder (Principal Audit Manager), Helen Elder (Executive Assistant), Jamie Macrae (Clerk), Nicola McKenzie (Scott Moncrieff), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), Judith Proctor (Chief Officer), Angela Ritchie (Senior Executive Assistant) and Cathy Wilson (Operations Manager).

Apologies: Andrew Coull and Kirsten Hey.

1. Minutes

Decision

To approve the minute of the meeting held on 28 July 2020 as a correct record.

2. Annual Cycle of Business

Decision

- 1) To agree that the Annual Cycle of Business would provide details relating to the previous meeting, but would otherwise look forward to the coming year.
- 2) To agree that, in the “Frequency” column, references to “bi-monthly” meetings would be changed to “every meeting” to make it consistent, and that the frequency of the Annual Cycle of Business would be corrected to every meeting.
- 3) To otherwise note the Annual Cycle of Business.

(Reference – Annual Cycle of Business, submitted.)

3. Outstanding Actions

Decision

To note the outstanding actions.

(Reference – Outstanding Actions, submitted.)

4. Internal Audit Annual Opinion 2019/20

Internal Audit's annual opinion for the Edinburgh Integration Joint Board was submitted, for the year ended 31 March 2020.

The opinion concluded that, while some control weaknesses were identified in the design and/or effectiveness of the Joint Board's control environment and/or governance and risk management frameworks, they provided reasonable assurance that risks were being managed, and the Joint Board's objectives should be achieved.

Internal Audit had paused delivery of the 2019/20 annual plan In March 2020, recognising the need for management to focus on immediate implementation of Covid-19 resilience arrangements. As a result, 75% of the 2019/20 EIJB IA annual plan (three of four planned audits) has been completed to support the 2019/20 IA annual opinion. Consequently, the 2019/20 opinion was a 'limited' opinion, recognising that the plan has not been fully completed, and that it was not possible to pre-empt the potential outcomes of the remaining 'Strategic Planning – Capital and Workforce Planning' audit. It was also noted that completion of the remaining audit could potentially have resulted in a different annual opinion outcome.

Decision

- 1) To note the final 'some improvement required' amber rated IA opinion for the year ended 31 March 2020.
- 2) To note the outcomes of the audit of 'Progress towards addressing national integration recommendations and proposals' completed in July 2020 to support the annual opinion.
- 3) To agree that outstanding assurance actions raised by the Care Inspectorate and Internal Audit would be mapped as part of action plans.

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

5. Revised Internal Audit Annual Plan 2020/21

A revised Edinburgh Integration Joint Board (EIJB) Internal Audit (IA) plan for the 2020/21 financial year was presented to the Committee for approval. The annual plan, which had initially been approved by committee in March 2020, had been revised to ensure that appropriate and proportionate assurance was provided on the increased financial risk associated with Covid-19, that could potentially impact the EIJB's ability to achieve its

financial targets and strategic objectives. No changes were required to the extent of IA follow-up performed to confirm that findings raised in completed EIJB audits had been effectively implemented, as detailed in the original IA annual plan.

Decision

- 1) To approve the revised 2020/21 Internal Audit plan.
- 2) To refer the approved EIJB IA plan to both the Council's Governance, Risk and Best Value Committee, and the NHS Lothian Audit and Assurance Committee for information.

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

6. Internal Audit

The verbal update on Internal Audit (IA) was provided. IA was aiming to start delivery of the 2020/21 annual plan in October and provided assurance that they had resources to deliver both the Council and Edinburgh Integration Joint Board (EIJB) audit plan, with support from NHS Lothian colleagues. IA required partner engagement from NHS Lothian to draft the principles and were expecting to see progress with this. IA were reviewing open and overdue findings. The Adult Social Care open finding would be initially reported to Council in December and referred to this committee thereafter.

Decision

- 1) To note the verbal update.
- 2) To record the committee's thanks to the Internal Audit team for their work over the last year.

7. Edinburgh Integration Joint Board 2019/20 Annual Audit Report

The annual external audit report for the year ended 31 March 2020 was submitted, which reported an unqualified opinion on the annual accounts, financial management and sustainability, governance and transparency, and value for money.

Decision

- 1) To note the report.
- 2) To note that the annual audit report would be referred to the Joint Board as part of the Annual Accounts.

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

8. Edinburgh Integration Joint Board Annual Accounts for 2019/20

The Joint Board's audited annual accounts for 2019/20 were submitted for scrutiny, following committee consideration of the draft accounts in July 2020. The accounts had since been audited by the external auditors (with the exception of some outstanding payroll testing, which had been impacted by Covid-19).

Decision

- 1) To approve and adopt the accounts for 2019/20.
- 2) To note that the External Audit opinion was subject to satisfactory completion of testing.

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

9. Integration Joint Board Risk Register

The current IJB risk register and an update on the processes which were being established to manage, mitigate and escalate risks were presented. It was noted that some more work was required on the Risk Register and that it would therefore be submitted to the Joint Board on 15 December 2020.

Decision

- 1) To note the continued development of the IJB risk register.
- 2) To note the introduction of 'risk profile cards' for 'high' and 'very high' risks and agree that this was an appropriate tool in managing IJB risks.
- 3) To note the work undertaken to identify mitigating controls against the current risks, allowing committee to consider in more detail at future meetings.

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

10. Update on Records Management

A verbal update on Records Management was provided. An action plan from the Keeper of Scotland had been received, following submission of the draft Records Management Plan, which recommended that the Plan be updated to reflect the fact that IJB records were no longer considered to be also held under NHS Lothian systems. All IJB records were therefore stored under one organisation, which was the Council. Records included IJB papers, agendas and webcasts, and were managed by Committee Services. The Council was therefore required to update their information governance documentation, including the policy, business classification, retention schedules, destruction arrangements) to reflect this. Agreement had been made with Laurence Rockey, Head of Strategy and Communications, and Gavin King, Democracy, Governance & Resilience Senior Manager, that these documents would be updated. Evidence would then be submitted to the Keeper of Scotland. The deadline was the end of November 2020.

Decision

- 1) To note the verbal update.
- 2) To note that the Records Management Plan report would be submitted to the Council's Governance, Risk and Best Value Committee, following consideration by the Corporate Leadership Team.

11. Date of Next Meeting

To agree that the committee would next meet at 10.00am on 6 November 2020.

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Minute

IJB Clinical and Care Governance Committee

10.00am, Monday 17 February 2020

Waverley Gate, Edinburgh

Present:

Richard Williams (Chair), Colin Beck, Helen Fitzgerald, Councillor George Gordon, Martin Hill, Jackie Irvine, Jacqui Macrae and Ian McKay.

In attendance: Tom Cowan, Helen Elder, Linda Irvine Fitzpatrick, Rachel Gentleman, Mike Massaro-Mallinson and Andrew Watson.

Apologies: Councillor Robert Aldridge

1. Minutes

Decision

- 1) To approve the minute of the meeting of the Clinical and Care Governance Committee held on 14 November 2019 as a correct record.
- 2) To note the update from the Head of Operations that the decisions relating to updates on Trinity Lodge Care Home would be best taken forward through other routes rather than the Committee.

2. Committee Terms of Reference

The Committee considered its draft terms of reference and agreed to approve these for submission to the Integration Joint Board. It was intended that the Terms of Reference would be submitted for formal approval at the next meeting of the IJB.

Decision

To approve the Terms of Reference and amend the 'approved' date to February 2020.

(Reference – Clinical and Care Governance Committee Draft Terms of Reference, submitted.)

3. Corporate Governance and Assurance in NHS Lothian

A document setting out the corporate governance arrangements of NHS Lothian had been circulated. In particular, this included definitions of five levels of assurance which were proposed to be adopted by the Committee.

These ranged from significant assurance to no assurance and aimed to ensure the level of assurance the Committee took from reports was clear and consistent.

The Committee agreed that these definitions would be helpful to assist the Committee to assess reports. It was also suggested that report authors should make a recommendation based on the level of assurance the Committee was expected to take from reports in order to focus reports on the pertinent issues.

The Chair agreed to discuss this with the Chairs of the other IJB committees and suggest that these definitions were adopted by the IJB and its committees to ensure consistency.

Decision

- 1) To agree to adopt the definitions of levels of assurance set out in the document for use by the Committee.
- 2) To note that the Chair would suggest to the Chairs of the other IJB committees that this was adopted across the committees and the Board to ensure consistency.

(Reference - Corporate Governance and Assurance in NHS Lothian (Version 7 – 30 January 2017), submitted.)

4. Mental Health Services (including Substance Misuse): Quality Assurance

A report provided the Committee with an overview of mental health and substance misuse services and the scrutiny that sought to provide assurance of quality of care and clinical practice. It was recommended that the Committee supported the HSCP's aspiration to join the Royal College of Psychiatrists (RCoP) Centre for Quality Improvement accreditation programme, and that mental health quality assurance was a key component of the HSCP quality hub.

A presentation was also delivered by Linda Irvine Fitzpatrick (Strategic Programme Manager, Mental Health and Wellbeing) and Colin Beck (Strategy & Quality Manager, Mental Health and Substance Misuse) which included information on assessment and quality assurance procedures, trends in mental health and substance misuse and the outcomes the HSCP was working towards.

It was highlighted that the RCoP Standards for Adult Community Mental Health Services accreditation programme was UK-wide and would assure and improve the quality of community mental health services for people with mental health problems and their carers. The Standards would involve a comprehensive review of services, highlight good practice and support teams to identify and address areas for improvement.

During discussion, the Committee recognised the complexity of mental health and substance misuse services structures. It was noted that it may not be possible or

appropriate for Edinburgh to reach some of targets required to achieve accreditation but the tools, networking and learning that would be gained would help staff to regularly consider ways to improve the quality and efficiency of their work and the care that they provided. It was also suggested that the other Lothian IJBs considered also adopting the Standards.

In terms of lines of responsibility, members agreed that it was not always clear where responsibility was held for each service area. The numerous services and partners involved meant that identifying which services were within the remit of the IJB and the targets each service was working to was not easy for members to follow. In order to assist members to understand the governance of services and ensure appropriate processes were in place, a further report was requested to a future meeting, setting out clearly the lines of accountability.

Discussion also took place on the development of the new quality hub which would pull together quality improvement teams to share issues and best practice, support staff and deliver on initiatives.

Decision

- 1) To note the national quality indicators for mental health and their alignment to wider system outcomes.
- 2) To recognise the progress made in relation to the whole system approach in response to NHS Lothian escalation.
- 3) To acknowledge the significant change agenda for mental health and substance misuse services.
- 4) To support the proposal that the Health and Social Care Partnership join the Royal College of Psychiatrists Accreditation Scheme for adult in-patient and community mental health teams.
- 5) To support the proposal that mental health and substance misuse services were part of the Quality Hub which would ensure a consistent and constant focus on quality assurance.
- 6) To take significant assurance that monitoring and evaluation frameworks were in place to measure the impact of Action 15 and Seek, Keep, Treat funding allocations.
- 7) To request a report within 6 months' time providing information on mental health services, where responsibility was held for each area, the assurance monitoring processes in place, risk identification and mitigation processes, and how targets and outcomes were set and measured in order that the Committee could take assurance that processes were in place in these areas.

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

5. Chief Social Work Officer's Report 2018/19

The annual Chief Social Work Officer's Report for 2018/19 was presented to the Committee, following consideration by the IJB at its meeting in October 2019. In presenting

the report, the Chief Social Work Officer provided the Committee with a summary of the role and its responsibilities. This included the statutory duties, workforce planning, professional leadership and quality assurance.

During discussion, the Committee were assured that any issues arising would be reported to the relevant groups and committees to ensure that the annual report was not the first time these were communicated to members.

It was agreed that the Chief Social Work Officer's report would help inform the work programme of the Committee.

Decision

To note the report.

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

6. Drumbrae Care Home

A report was presented which updated the Committee on the actions taken at Drumbrae Care Home following the issue of an Improvement Notice to the Health and Social Care Partnership (HSCP) by the Care Inspectorate.

The Improvement Notice required the HSCP to put in place measures to improve significantly aspects of care and support provided at the home. The report sought to assure the Committee that appropriate actions had been undertaken to meet these requirements by the deadline of 28 February 2020.

Since the Head of Operations' report had been written, the Care Inspectorate's draft report from a subsequent visit had been received. A number of spot checks had been completed and the Head of Operations advised the Committee that the inspectors felt it necessary to allow time to take actions required. A new manager had been appointed and an improvement plan had been developed, with senior management working closely with staff and residents to review residents' care plans, undertake training and deliver improvements.

It was expected that the Care Inspectorate would recognise that progress had been made and would extend the period of the Improvement Notice further to allow these actions to take effect.

Members commented on the importance of strengthening leadership and contingencies, and sustaining any improvements which were put in place to ensure stability and prevent issues arising in future. It was advised that the deterioration had been caused by a number of issues and the co-operation and willingness of staff to work to deliver the necessary improvements was recognised, but work was required to ensure this did not happen in future and that staff were being held to account where appropriate.

Some concerns were raised in relation to the locality model and the impact this had on partnership working across different care homes and services. The Committee also noted that team building and creating staff networks and mentors could assist in strengthening resilience and reducing the perception of care homes working in isolation.

The Committee agreed that the theme of the next meeting would be the assurance framework for care homes in order that the issues raised could be examined more broadly.

Decision

- 1) To note the report and the verbal update provided on progress since the report was written.
- 2) To take limited assurance from the actions being undertaken to achieve the requirements set out in the Improvement Notice and implement sustainable improvement.
- 3) To note that the themed session at the next meeting would focus on the assurance framework for care homes.

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

7. Whistleblowing Framework – Partner Organisations

The Committee considered a report on the whistleblowing policy and procedure for staff and individuals using the Health and Social Care Partnership services.

It was noted that both partner organisations had whistleblowing procedures in place and information was provided on the policies of the Council and NHS Lothian. As HSCP staff were employed by one of the partner organisations, there was not a combined approach to whistleblowing; however, it was proposed that a working group was established to develop a whistleblowing framework for the HSCP.

In relation to members of the public, concerns could be raised through the Scottish Public Services Ombudsman and the Care Inspectorate.

The Committee noted the importance of gathering feedback from staff and service users in order to prevent issues escalating. It was also suggested that during the development of a framework, consideration was given to whether the HSCP procurement requirements could include a requirement for a whistleblowing procedure to be in place.

Decision

- 1) To acknowledge that there was an infrastructure for whistleblowing.
- 2) To agree to commission a workstream to develop a Partnership framework for whistleblowing taking account of partner organisations policies and processes.

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

8. Date of Next Meeting

The next meeting would be held on Thursday 23 April 2020.

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Minute

IJB Clinical and Care Governance Committee

2.30pm, Thursday 27 August 2020

Microsoft Teams

Present:

Richard Williams (Chair), Councillor Robert Aldridge, Colin Beck, Councillor George Gordon, Martin Hill, Jackie Irvine, Jacqui Macrae, Ian McKay and Richard Williams.

In attendance: Tom Cowan, Helen Elder, Jennifer Evans, Jon Ferrer and Jamie Macrae.

Apologies: Helen Fitzgerald

1. Minutes

Decision

- 1) To approve the minute of the meeting of the Clinical and Care Governance Committee held on 17 February 2020 as a correct record.
- 2) To request that the Rolling Actions Log be included with the papers for future meetings.

2. Care Home Assurance

A presentation and report on Care Home Assurance were provided. Details were given on the current level of Limited assurance and the ongoing work to strengthen the framework for assurance across the 9 City of Edinburgh Council care homes. Committee were updated on the ongoing work to support all 65 care homes in Edinburgh during the Covid-19 pandemic and on proposals for a multiprofessional wraparound care home support team. During the discussion, the following points were made:

- There was a reliance on external scrutiny for care homes, but this work to strengthen the framework aimed to improve key indicators and data so that concerns could be addressed early.

- The IJB did not have direct responsibility for independent providers, but there was a role for the Chief Social Work Officer for externally provided services and the Council had contractual relationships with many providers.
- There was concern that Covid had impacted negatively on quality of care – there were plans in place to create a Covid-19 support team for 12 months, using social work staff.

Decision

- 1) To note the presentation.
- 2) To note the current assurance arrangements for Edinburgh Health and Social Care Partnership (EHSCP) Care Homes.
- 3) To note the level current level of assurance across the 9 care homes in EHSCP.
- 4) To note the delegated responsibility from NHS Lothian Executive Nurse Director to the EHSCP Chief Nurses to provide support to the 65 care homes in Edinburgh during the Covid-19 pandemic.
- 5) To note the ongoing work to strengthen assurance processes in relation to care homes.
- 3) To request a formal review in 12 months with regular updates on progress to committee via a brief bulletin, the format of which would be agreed by the Chair, Jacqui Macrae and Tom Cowan.

(Reference – report by the Chief Nurse and Quality Improvement and Safety Assurance Lead, Edinburgh Health and Social Care Partnership, submitted.)

3. Covid-19: Overview of some of the challenges and changes

An overview was provided of some of the delivery challenges and opportunities resulting from the Covid-19 period as it relates to Clinical and Care Governance. Details were provided of the various areas of work where opportunities existed for service change, including Assessment and Care Planning, Disability Services, Mental Health, Substance Misuse, Adult Protection, Homelessness, Long-term Conditions Management, Primary Care, Older People's Day Support Services, Unpaid Carers, Public Health, Hospital and Hosted Services, Physio Therapy@Home and the OPRA Day Facility.

Decision

- 1) To agree to construct a committee workshop to examine the lessons and challenges contained within the paper and its accompanying appendices, to look at prioritising those areas of change/ evolution for future scrutiny within the Clinical and Care Governance Committee.
- 2) To agree that this workshop would focus upon some of the themes emerging from the Covid period relating to service delivery:
 - Where services have halted, what is the impact upon service users/ patients, and what are the implications of resumption from a clinical and care governance perspective.

- Where services have been disrupted, including access limitations, what do we need to do to ensure that those who require support come forward.
- What is the longer-term impact of new ways of doing things, for example, technology-driven and how can we ensure that these are safely sustainable?

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

4. Adult Health and Social Care Planning and Governance Structures

A presentation was provided on Adult Health and Social Care Planning and Governance Structures, which included details of how the various working and task groups fed into the IJB committees and the Joint Board itself. Details were also provided of the services across the city, including those managed by the Edinburgh Health and Social Care Partnership, REAS and the third sector.

Decision

- 1) To note the presentation.
- 2) To agree that an online virtual workshop would be arranged.

(Reference – presentation, submitted.)

5. Date of Next Meeting

Next meeting – Thursday 12 November 2020

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Minutes

Edinburgh Integration Joint Board Futures Committee

10.00am Wednesday, 19 February 2020
Dean of Guild Waiting Room – City Chambers

Present: Peter Murray (Chair), Angus McCann, Councillor Ricky Henderson and Councillor Melanie Main.

In attendance: Eddie Balfour, Tony Duncan, Christine Farquhar, Bruce Guthrie, Natalie Le Couteur, Ian McKay, Ella Simpson, and Jay Sturgeon.

1. Multimorbidity

Bruce Guthrie presented on the topic of Multimorbidity, polypharmacy and later life care. Multimorbidity was the medical definition for people with two or more long term health conditions. Part of the challenge of focusing on multimorbidity was the population that multimorbidity care was targeted at. As medical conditions for the patient increased in complexity this was the stage where intervention of care was required. The National Institute of Clinical Excellence (NICE) guidelines suggested that the General Practitioner (GP) would be required to assess when this care intervention took place.

There was not an evidence base to draw recommendations from for multimorbidity care, therefore the patient with multimorbidity had to be at the centre of the care. An individual clinician had to focus on the person rather than the disease and the clinician would have to understand the condition, treatments and how these factors would impact the patient's quality of life.

A frailty map was presented which revealed that as a patient accumulated more diseases, the disease wasn't the sole contributor to death but rather the combination of diseases.

The presentation focussed on how health systems could respond to the treatment of multimorbidity, and this was summarised as follows:

- Strong generalism within health care system.

- Focus on holistic care and care co-ordination.
- Focus on high volume processes predominately used by people with multimorbidity.
- Focus on specific problems that were common and important to people with multimorbidity.

NICE recommendations had indicated that when treating multimorbidity, consideration should be given to the following factors:

- Could routine data be used as a robust measure to predict life expectancy which would be clinically useful?
- How should primary care be organised for people with multimorbidity?
- Does community holistic assessment and intervention for people living with high levels of multimorbidity improve outcomes?
- When (if ever) was it safe or effective to stop preventive medicines?

The presentation focussed on the merits of comprehensive geriatric care which took place by team assessment and lengthened lives and led to less time spent in hospitals or care homes for the patient population. The group suggested that it could be used for analysis by the Futures Committee and the IJB. It was acknowledged that there was uncertainty to how this methodology of care worked in the community and highlighted that complex team assessments were expensive, worked in hospital settings, but owing to the expense, were not universally possible.

The presentation then focussed on the results emerging from the 3D study, which focussed on how Primary Care was organised and was a study of people with at least three conditions. Traditionally patients with multiple chronic health conditions were managed in a disjointed fashion in primary care, with annual review clinic appointments taking place separately for each condition. The study aimed to determine the cost-effectiveness of the 3D intervention, which was developed to improve the system of care. The findings revealed that in the first year, quality of life for the patient did not significantly improve however for it was a more positive experience for patients, which did not cost any more than traditional methods of care delivery.

The medical practice where the 3D study was undertaken, ran both the 3D methodology trial and the traditional method of delivery of care concurrently and this cost the practice more to oversee both methods.

The presentation then focused on polypharmacy and acknowledged through the presentation of graphical information that, over time, people were taking more drugs. The positive reasons were that there was more medicines available to treat diseases however the negative aspect was that more drugs meant more side effects, which in turn had to be treated with more drugs to treat the side effects.

The focus on what members of the medical profession could do to prescribe safely was summarised as follows:

- Focus on people at particular risk.
- Focus on indicators of high-risk prescribing.
- Focus on prescribing systems.

Indicator interventions showed that a mix of education and supporting people helped to remove high risk prescribing.

Dr Guthrie pointed to an example and used graphical information from Forth Valley GP practice where a methodology to reduce prescribing was applied and led to a significant drop in prescribing compared with a graph detailing prescribing of antipsychotics in older people with dementia where the level of prescribing was not reduced, and the graph showed neither an upward or downward trend.

The 3D study recorded that there were no improvements in polypharmacy or quality of life after one year. It was rarely possible to secure funding to run a study for five or ten years, to determine the longer-term impact of the study.

A discussion followed where the following points were raised:

- That there were concerns about prescribing populations with learning disabilities, rather than placing patients into a care home setting which would cost more.
- That prescribing problems were for doctors and pharmacists to resolve.
- That the antipsychotics in dementia issue was a response to a medical system that was not considered to be responsive to patients with mental health issues, which led to GPs using drugs to treat the patient however the logical challenge was to address the mental health issues that lay at the centre.
- That consideration should be given to the social care component and the holistic community care be considered as part of addressing the challenges.
- That the IJB could use the Discovery system to identify trends, such as requests for feeding patients with liquid foods, categorised by age and number amongst other measures which would help to determine what matters should be the areas of priority for the IJB Futures Subgroup.
- To note that Transformation programme for the IJB, had not specifically taken multimorbidity into account, however this would be reviewed.
- That dementia and mental health were looked at in isolation, however it was acknowledged that both dementia and mental health should be considered in tandem.
- That repeat prescribing system had to be easy for the prescriber and there were lots of things to do to make it safe for example more pharmacy input into GP practices would be helpful to address polypharmacy.

- That as part of a trial in South West Edinburgh, geriatricians and pharmacists had worked together and looked at patients where greater than ten drugs were prescribed and started to assess whether the patient still required those drugs.
- That GP prescribing in Edinburgh was good, however there was further work to be undertaken.
- That there were concerns that new ways of working, which had produced positive benefits, were disregarded as they formed part of a pilot and therefore implementation of these projects in widespread practice did not occur.
- That many GP surgeries lacked the capacity to reorganise how care was delivered as they were already at breaking point.
- That a study was undertaken focusing on pilot projects in the NHS, with 200 projects considered and contained eight recommendations. The study did not garner widespread publicity however the results were considered a wealth of information and would be helpful to share with the Futures Sub Committee.

The presentation recommenced and discussed prescribing safely and polypharmacy which was regarded as a very complex problem. The GP or patient had to engage in difficult conversations regarding life, death and futility. That anticipatory care planning could potentially be used as a mechanism to respond to polypharmacy. The discussion then turned to clinical trials of effectiveness of drugs that are done within a narrow scope of eligible patients who qualify for taking part in the trial. For example half of trials excluded 71% of patients or more, so were not considered comprehensive

During discussions an example in Glasgow called the Ship was shared which was a pilot project funded for three years. Multidisciplinary teams were based within a GP practice, including social work and targeted longer conversations with those for whom a ten-minute GP appointment was not enough. It was not presently understood whether this methodology of care would work when scaled up across the NHS however, it was acknowledged that deprivation was expanding and Scotland performed poorly when compared with health inequalities in Europe. The inequality seen in Edinburgh was less severe than the inequality experienced elsewhere in Scotland therefore there was an opportunity if similar practices of care were adopted, to address inequality. The Scottish School of Primary Care had published a review on the Ship, and this would be shared with the Futures Sub Committee.

The group summarised that if prevention and early intervention were not joined up to target health issues associated with lifestyle and lack of choice, these issues would become amplified in due course.

The NICE Multimorbidity Guidance was considered which looked at prevention and early intervention.

Further discussions emerged which focussed on the following points:

- 1) That the independent nature of GP surgeries could be considered a burden to systemic change.
- 2) That the benefit of GP surgeries was the flexibility due to smaller size and ability to implement change more quickly.
- 3) That prevention approaches had to integrate with primary care.

The presentation then focused on the work which was underway by the Advanced Care Research Centre, which was in receipt of a £20M programme grant, with the focus being multidisciplinary, mainly on researching care in later life with a team of 15 researchers and 10 support staff. There were four key pieces of research underway:

- 1) Understanding the person in context;
- 2) Data driven insights and prediction;
- 3) New models of care;
- 4) New technologies of care.

It was highlighted that medical professionals were generally poor at gauging when people will die, to meaningfully determine who was at risk of admission into a care home and therefore to allow for future care home needs to be anticipated. Work underway by the research team was diverse and as an example included engineers who were using sensing to determine if a patient had an illness in their body, which would allow for preventative action and treatment to take place ahead of the patient receiving a diagnosis in later life.

Further funding was required, to progress with the research that was underway. Funding had recently been secured for a 36 PHDs with the precondition that these were used to fund technology PHDs.

There was work underway by the IJB and the Advanced Care Research Team that were considered complementary and scope for further joint exploration.

Peter Murray advised that the presentation would be of interest to Chairs and Vice Chairs of IJBs across Scotland and there was a forum to allow for this information to be shared with IJB Chairs and Vice Chairs and strengthen the links between academia and IJBs.

Decision

- 1) To agree that the IJB's transformation programme would consider multimorbidity.
- 2) To agree to share the study of 200 NHS pilot projects, with eight key recommendations with the Futures Sub-Committee.
- 3) To agree to share The Scottish School of Primary Care's review of the Ship with the Futures Sub Committee.
- 4) To agree that Tony Duncan would meet with Bruce Guthrie discuss mutual areas of interest between the IJB and the Research Team and areas for which further funding would be required to undertake research that would be bespoke to the EIJB

- 5) To agree that Peter Murray would facilitate an introduction to the Chairs and Vice Chairs of the IJBs across Scotland, to set up a dialogue with academia.

2. Minutes

The minutes of the meeting of 21 October 2019 were presented.

Decision

To approve the minutes as a correct record.

3. Terms of Reference

The Terms of Reference was presented.

Decision

To agree the terms of reference.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

4. Home Care Robots

Four videos showcasing the use of various robots were shared which demonstrated the sophistication and practical application of robots. The UK Government had recently issued funding of £34 Million for robotics.

A discussion ensued which focused on the following points:

- That the Amazon Alexa wasn't developed for people with disabilities, however its use by disability populations was considerable.
- Utilising robotic products that were available in the mainstream that could be adapted for use for care at home would be worthy of exploration.
- That there was a technology enabled care work stream within the IJB transformation and could form part of the longer-term strategy.
- In terms of practical applications for robots, there were many of potential uses, for example robots could work alongside human homecare workers or manage manual lifting tasks.
- Sensing technology could be used to determine when a patient has fallen, a robot could alert instantaneously, rather than a care worker discovering the person three hours after the fall had occurred.
- That consideration to how robots were person centred was important and that there would be inevitable reticence to having a robot deliver care instead of a human home care worker.
- As homecare budgets become pressured, due to increased demand on services from an aging population, those charged with care for the elderly and vulnerable would be faced with real conundrums such as whether to provide no care, 24-hour care with technology, or three hours of care.

- That robots could be used to provide medicine prompts which was often the principal reason for a homecare visit to take place and this could free up the care worker to use their skills to engage in a more meaningful human interaction and provide a better quality of care to the patient.
- That robots would be considered helpful for spinal injury rehabilitation patients. Where repeated exercises were required to stimulate and rehabilitate nerves which would allow for speedier nerve recovery.
- That physiotherapists would work from Monday to Friday on a nine to five working pattern, whereas there was not a limit to how many working hours or days a robot could provide.
- That physiotherapists could not be with somebody six times a day to repeat the activities required for rehabilitation, however if there was a robotic intervention that could produce better patient results.
- That Edinburgh was well placed to enjoy the knowledge transfer of innovations under development by the local universities and that engagement with this sector in advancing this area of work for the EIJB was key.
- That the technologies such as Amazon Alexa had become widespread due to commercial success and affordability and the robotic Hoover and lawnmower had become mainstream items in households.
- That when the current young population became older and were dependent on home care, they would likely be less prejudicial about embracing and accepting these technologies in their homes, given the omnipresence of technology in society that they had grown accustomed to.
- That there were three areas of focus for the IJB which were:
 - How do we support our staff;
 - Homecare technology;
 - Robotics.
- That there was a requirement to refine what the focus would be for the Futures Committee for submission to the EIJB meeting on 5 March.

Decision

- 1) To note the discussion.
- 2) To refine the Futures Committee's focus for submission to the EIJB meeting on 5 March 2020.
- 3) To agree that Tony Duncan would engage with the university sector regarding Artificial Intelligence and robotics where the technologies could be applied to improve the offer of Health Care delivery.

5. Futures and The Environment

Decision

To agree to continue consideration of this item to the next Futures Committee on 27 May 2020.

6. Long Term Strategy Update - Tony Duncan.

Decision

To agree to continue consideration of this item to the next Futures Committee on 27 May 2020.

7. Annual Cycle of Business

The Committee's Annual Cycle of Business was presented.

Decision

To agree to note the Annual Cycle of Business.

(Reference, Annual Cycle of Business)

8. Date of Next Meeting

To note that the date and location of the next Futures Committee was Wednesday, 27 May 2020, 10am to 12pm, in the Diamond Jubilee Room, City Chambers.

Minute

IJB Futures Committee

9am, Wednesday 9 September 2020

virtual meeting by MS Teams

Present

Present: Peter Murray (Chair), Angus McCann, and Councillor Melanie Main.

In attendance: Sarah Bryson, Jessica Brown, Tony Duncan, Helen Elder , Christine Farquhar, Natalie Le Couteur, Ella Simpson.

Apologies

Councillor Ricky Henderson and Ian McKay.

1. Minute

The minutes of the meeting of 19 February 2020 were presented. The minutes required clarification concerning the points made in relation to prescribing populations and inclusion that £34M was approved by government for robotics within health and social care.

Decision

- 1) To clarify with Christine Farquhar how best to reflect the sentiments expressed in relation to prescribing populations.
- 2) To add that the £34M approved by government was for robotics within health and social care.
- 3) To otherwise approve the Minutes as a correct record.

2. Rolling Actions Log

A Rolling Actions Log (RAL) comprising actions which had been generated from previous meetings of the Futures Committee was presented.

Decision

- 1) To agree to delegate authority to Tony Duncan to progress items on the newly produced draft RAL in advance of the next committee.
- 2) To note Members' concern regarding limited resource to support the committee and to continue a dialogue with Tony Duncan regarding this matter.

(Reference – Rolling Actions Log, submitted)

3. Annual Cycle of Business

The annual cycle of business was presented. The Committee's annual cycle of business and its delivery had been impacted by the outbreak of the Coronavirus pandemic.

Decision

- 1) To note that Covid-19 has had a significant impact on the ability to progress the Annual Cycle of Business.
- 2) To otherwise note the Annual Cycle of Business.

(Reference - Annual Cycle of Business, submitted)

4. Review of Strategic Framework in light of lessons learned from COVID-19

A lessons captured exercise was initiated during The Edinburgh Health and Social Care Partnership's (EHSCP) response to COVID-19 to ensure that valuable learning, best practice and opportunities for change were captured. The report presented set out the high-level findings of the lessons captured exercise and aligned with the EHSCP transformation programme.

Decision

- 1) To note that lessons learned from the lessons capture exercise have been added to transformation projects, business as usual activities and resilience planning.
- 2) To note that the organisational review was underway, but at a very early stage.
- 3) To consider the needs of unpaid carers' and those with disabilities as part of any future planning and shaping of future service delivery.
- 4) To agree to work to strengthen the partnership with the third sector interface.
- 5) For Tony Duncan to issue a note on the strategic ENDS to Members out of committee and invite feedback. And to then be presented at the next meeting of the Futures Committee on 2 December 2020.
- 6) To recognise that the challenge of health inequality which existed prior to the challenge presented by Covid. To note that health Inequalities had been amplified by the Covid response. Angus McCann to consider whether the topic could be added to EIJB development sessions.

5. IJB Chairs and Vice-Chairs Questionnaire

The Edinburgh Integration Joint Board (EIJB) had been asked to input to a questionnaire circulated to all joint boards across Scotland the results of which would inform the refresh and renewal of adult social care.

A Scottish Government advisory group on economic recovery report had identified the importance of a reforming adult social care; to urgently review the structure, funding and regulation of the sector to ensure its sustainability and quality going forward. A new group, the Mobilisation Recovery Group (MRG) which included representation from IJB Chairs and Vice Chairs has been established by the Cabinet Secretary for Health and Sport. The Group's immediate focus would be to generate system wide input into decisions around resuming paused services and supporting continuing services for which activity has been intense, such as care homes and care at home services for older people throughout the pandemic.

It was observed that an Independent Review of Adult Social Care had been announced in September 2020 and this review would be chaired by Derek Feeley who was the former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland.

It was agreed that EIJB would support the call for comments to the Feeley review and that the Feeley report would be shared with the Futures Committee, when it was appropriate to do so.

Decision

- 1) For Angus McCann to agree with Judith Proctor a mechanism to submit a response on behalf of the EIJB to the Feeley Review.
- 2) To share the Feeley Review final report when published in January 2021.

6. Environmental Considerations

Councillor Melanie Main provided an introduction for Members of the Futures Committee on sustainability.

Following a publication of a report by the Intergovernmental Panel on Climate Change (IPCC) The City of Edinburgh Council set a commitment to carbon neutrality by 2030 which led to the creation of a climate commission, an independent commission seeking to help reach the commitment of carbon neutrality by 2030.

A desktop survey was undertaken which gave a basis for what in Edinburgh would need to do to achieve the carbon neutrality target.

The annual consumption of energy in Edinburgh, expressed as a cash value was £831 Million and the expectation was for this to rise by £1 Billion by 2030 and this would need to be addressed with major changes required to the way citizens worked and heated their homes. It was expected that there would be interventions by government to assist with measures to tackle climate change alongside improvements in technology to reduce carbon use however there was a recognition of the need to give people the means to heat their homes, in an affordable way.

If by using existing means of carbon reduction, the Council could save in financial terms almost £600M across the city. Currently the baseline was unknown for the NHS both in terms of the financial cost of energy consumption.

The Climate Commission had produced a report “Forward, Faster, Together” which has encouraged a green recovery from Covid and toward a carbon neutral Edinburgh and some values embedded in the report were also valuable to the EIJB. Heating and Transport were the two main areas of focus for addressing carbon neutrality. Particular to the EIJB was the benefit of delivering health services within the community which negated the need for patients to travel to hospital settings. The changes to achieve carbon neutrality had to be undertaken now to achieve the targets that were in place.

The next step was getting baseline data for the NHS, to allow carbon projections to be built into projections.

A statement of intent for how the carbon target would be reached and for could be built build into the key performance indicators and strategic plans for the EIJB was considered a way of working toward the goal of carbon neutrality for 2030.

It was considered Incumbent upon the Futures committee to support to progress of better environmental outcomes and to retain this topic as an agenda item.

A short note was to be submitted to the EIJB on Environmental Considerations, for which Councillor Main would be involved in the creation of this report.

Historically the EIJB or Futures Committee had been reactive to Climate Change matters however there was an opportunity to be proactive in submitting a paper to the EIJB once the baseline data had been collated, to allow the EIJB to set a target which formed part of the budget and operational planning. The report would signpost next steps.

Decision

- 1) To note that it was incumbent upon the Futures Committee to progress environmental outcomes and to retain this as an agenda item for subsequent Futures Committees.

- 2) To note that a short report was due to be submitted to the next EIJB on Environmental Considerations and that Councillor Main agreed to review the paper during the drafting process.
- 3) To ascertain the current status of environmental health and social care baseline work being conducted by NHS Lothian and CEC.
- 4) To propose to the EIJB that a climate change 'charter' be designed to clarify the EIJB position on climate change. This charter would act as an anchor point and include a proactive statement of intent in terms of ambition and sphere of influence in environmental matters.

7. Dates of Next Meetings

Decision

Wednesday 2 December 2020 at 10am to be held virtually by Microsoft Teams.

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Minute

IJB Performance and Delivery Committee

10.30am, Friday 31 January 2020

Conservative Group Room, City Chambers, Edinburgh

Present

Voting Members

Councillor Melanie Main (Chair), Mike Ash and Councillor Phil Doggart (items 7 to 11).

Non-Voting Members

Colin Beck and Helen Fitzgerald.

In Attendance

Philip Brown (CEC Strategy & Communications), Jill Dempsey (Finance Business Partner – Acute Services), Helen Elder (Executive Management Support, EHSCP), Graeme McGuire (NHS Senior Accountant), Moira Pringle (Chief Finance Officer, IJB), Julie Tickle (Strategic Planning, Design & Innovation), David Walker (CEC Senior Accountant), Mark Grierson (Disability Support & Strategy Manager) and Linda Irvine-Fitzpatrick (Strategic Programme Manager, Mental Health and Wellbeing).

Apologies

Tony Duncan (Head of Strategic Planning) and Richard Williams (Committee Member).

1. Minute

Decision

To approve the minute of the Performance and Delivery Committee of 20 November 2019 as a correct record subject to a minor adjustment to item 12 – Edinburgh Joint Carer's Strategy – Development of Performance and Evaluation Framework.

2. Decisions of the Edinburgh Integration Joint Board - 22 October 2019

The decisions of the Edinburgh Integration Joint Board held on 10 December 2019 were presented.

Decision

- 1) To note the decisions.
- 2) To add the following to the Work Programme for this Committee:
 - **Item 7.2 – Edinburgh Alcohol and Drug Partnership – Seek Keep Treat Funding 2018/19** – To agree that the initial review, including details of performance information required would be submitted to the Strategic Planning Group and subsequently the Performance and Delivery Committee.
 - **Item 8.1 – Winter Plan 2019/20** – to note that the Performance and Delivery Committee would monitor the Winter Plan.
 - **Item 8.2 – Update on Progress – Older People Joint Inspection Improvement Plan** – To remit ongoing review of the action plan to the Performance and Delivery Committee and to the IJB thereafter.

(Reference – Decisions of the Edinburgh Integration Joint Board 10 December 2019, submitted.)

3. Outstanding Actions

Decision

- 1) **Action 3 - Finance Update** - To note that a briefing note setting out additional information on the savings scheme relating to S2c GP practices would be issued to Committee members in early February.
- 2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

4. Work Programme

The Committee's Work Programme was submitted.

Decision

- 1) To add Drug Treatment Rates and Mental Health Services to the Work Programme.
- 2) To ask that the new performance framework for Seek, Keep Treat Funding be brought to the May meeting of this Committee.
- 3) To note that the Chair and the Chief Finance Officer would discuss offline the best approach to reporting on review of progress and performance against the grants in the Health Inequalities Grant Programme.

4) To otherwise note the Work Programme.

(Reference – Work Programme, submitted.)

5. Directions Tracker

The IJB Directions Tracker was submitted. Specific updates were provided on the following Directions:

- Direction EIJB 22/10/2019- Financial Schedule – the financial schedule for 2019/20 was circulated as an appendix to the Directions Tracker
- Direction EIJB 10/12/2019 – Disability Services – reports were scheduled to be presented to the Strategic Planning Group and thereafter the IJB
- Direction EIJB 20/08/2019-5 - Mental Health – brief information was reported in the tracker update paper around the number of new staff in post and the prototyping of the Thrive Open Access Model
- Direction EIJB 22/10/2019 – 11 – Home First Acute Services – Ward 71 had been closed, acute bed numbers sustained and the new hospital at home team had been recruited – the tracker needed to be updated to reflect that the hospital at home team was a new team and not an expansion of the existing team.

Members discussed the importance of distinguishing between strategy commissioning and performance monitoring against directions. The Committee's view was that the Strategic Planning Group's remit was to review strategy whilst this Committee would monitor performance against specific directions.

Decision

- 1) To note that a detailed report on the next steps for Home First was scheduled to be submitted to the Strategic Planning Group and thereafter the IJB and this would also pick up the data available to date. A progress update report would be submitted to the IJB in March.
- 2) To add Home First to this Committee's Work Programme for review of all this work.
- 3) To agree that where actions had been completed, that these were reported to this Committee for assurance.
- 4) To request a short written briefing for Members on mental health progress.
- 5) To check the accuracy of the primary care management costs figure detailed in the appendix.
- 6) To otherwise note the remaining updates on the tracker.

(Reference – IJB Directions Tracker, submitted)

6. Terms of Reference

A paper was tabled detailing proposed new text relating to the purpose, function duties and membership of the Performance and Delivery Committee.

In terms of membership, it was proposed to increase the number of non-voting members of the IJB from two to four in order to reflect the volume of work and range of areas covered.

Decision

To agree that the revised terms of reference be recommended to the IJB for approval as set out in Appendix 1 to this minute.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

7. Performance Report

An overview was provided of the activity and performance of the Edinburgh Health and Social Care Partnership and certain set aside functions of the Edinburgh Integration Joint Board for the period April 2018 to November 2019.

Data submitted showed historic trends for each Ministerial Steering Group indicator from April 2017 to September 2019 and current performance against the 2019/20 monthly targets.

The following key risks were highlighted:

- Assessment waiting list
- Number of people delayed awaiting discharge from hospital
- Number of people awaiting a package of care in the community
- Number of people with an overdue review
- A&E attendances
- Unscheduled bed days

Members discussed the following issues in detail:

Assessments

- it was noted there was a large rise in case notes without referrals
- work was underway to assimilate recording systems for the three conversations into the SWIFT system and once this had been completed figures would be captured in future reporting
- it was recognised it was important to have integrated governance of services delivered by the Council and NHS around the same client groups

Unmet Need

- drug treatment information should be included in future reporting
- delayed discharge total and numbers of people waiting for assessment and a package of care

Staffing Absence

- Staff absence levels were high, however there was new information included in the report on agency spend to give a better understanding of the overall position

Ministerial Steering Group Targets – Accident & Emergency Attendances

- Accident and emergency presentations showed a spike in September particularly amongst the 15-24 age group but the reasons for this were not apparent from the data

Decision

- 1) To note that the Senior Change & Delivery Officer would liaise with the 3 Conversations Team to set up a workshop for Members to aid understanding of the planned new performance and delivery measurement of that model.
- 2) To note that the 3 conversations activity could be reported to this Committee as part of the overall evaluation report of the model.
- 3) To agree it would be helpful for this Committee to see a summary of trends and reasons why people were waiting for a package of care in hospital together with trends and reasons why people were presenting at Accident and Emergency and not GPs.
- 4) To request a verbal update at the next meeting of the Committee on the preventative measures being undertaken at Edinburgh University.

(Reference – report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

8. Finance Update

An update was provided on the in-year financial position. In December 2019, the Edinburgh Integration Joint Board had received moderate assurance of financial breakeven for 2019/20. The most recent financial monitoring information indicated deterioration in the position of both partners and the level of assurance had now been reduced to limited.

A summary was provided of the operational position for delegated services incorporating the impact of the savings and recovery programme based on the financial results to the end of December 2019. This showed a significant deterioration in the year end forecast of around £2.5m. The main factors were increased costs associated with prescribing (NHS) and the purchasing of residential and nursing services (Council).

The Committee discussed the financial position at the end of November in detail and noted that the outturn on the NHS provided functions at the end of the year was now expected to be £500k over spent. This was due to increased costs in the prescribing budget. NHSL has agreed it will cover this overspend.

The out-turn at the end of the year for Council provided functions was forecast to be £1,500K over spent. This was wholly due to an increase in the purchasing spend. Private sector care home capacity for private beds, previously unused and remaining vacant had been made available to the Council under renegotiated terms.

Taking up these additional beds had taken the purchasing spend over the budget set agreed by EIJB and Council as laid out in the detail of Direction schedules.

Whilst this increase in capacity was welcome in itself, this overspend in the budget agreed was a management decision. It was not the result of factors outwith the operational control of the Council.

Decision

- 1) To note with concern the current year end forecast.
- 2) To note the work ongoing to address this.
- 3) To note that the Integration Joint Board would receive limited assurance of break even.
- 4) To recommend to the Integration Joint Board that the overspend of £1.5m relating to Council provided functions be not covered by additional allocation of funds from the IJB and that the Chair write to the Chief Executive to request that the budget overspend be addressed by additional funds if possible to ensure a balanced position at the close of the financial year.

(Reference – report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

9. NHS Lothian Financial Overview – Acute (Delegated Services)

Information was provided of the projected financial outturn for 2019/20 and the Integration Joint Board's share of the acute delegated budget together with an outline of the anticipated position for 2020/21.

In 2019/20 the expectation was that the overspend on delegated services for Edinburgh would be between £1.5m and £1.7m assuming that any additional winter capacity was fully provided for as part of the winter planning exercise.

Looking forward to 2020/21 the expectation was that the level of overspend would grow. The financial plan was yet to be finalised and the figures presented would be subject to change with current predictions being £3.4m before efficiencies. Main drivers were increased staffing costs and anticipated growth in medicines primarily driven by the wider roll out of new cystic fibrosis medicines.

Members discussed the need for a review of delegated and non-delegated cost centres and whether a service should be delegated or not in the first instance to make it more connected.

It was noted that the methodology for allocating costs and budgets in the NHS was being looked at with a view to allocating each IJB their share of the overall budget and then charge against that in terms of percentage ie. provide 50% get charged for 50%.

Decision

To note that this piece of work would be reviewed in line with the integration scheme and that a summary of the outcomes would be reported back to this Committee in six months together with an update on the staffing situation.

(Reference – report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

10. Transition for Young People with a Disability from Children’s Services to Adult Services

On 14 December 2018, the Edinburgh Integration Joint Board agreed the following five key action points in relation to transitions for young people with a disability:

- A single point of contact
- Starting transitions work earlier
- Information to young people and families
- Provide accommodation options
- Communication approaches

Progress made against each of these key points was presented.

Decision

- 1) To note the updates on the five key action points in relation to young people with a disability.
- 2) To request that future reports include performance information and assurances against specific directions issued by the IJB.
- 3) To arrange a visit for committee members to the service to celebrate the successes of the approach.
- 4) To provide an annual report back to this Committee.
- 5) To record the Committee’s thanks to all staff involved in the Transition Team.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 12); report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

11. Mental Health Services Structures

Information was provided on the commissioning and operational delivery mechanisms for delegated and non-delegated services in respect of the provision and management of mental health services.

Decision

- 1) To continue consideration of the item to the next meeting of the Committee on 1 April 2020.

- 2) To circulate a briefing note to Committee members with some explanatory narrative around how mental health services work, activity levels, staffing numbers and levels of expected performance and information on the local perspective as they relate to the national indicators.

(References – Performance and Delivery Committee 20 November 2019 (item 11); report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

12. Date of Next Meeting

Decision

Wednesday 1 April 2020 at 10am in the Green Group Room, City Chambers, High Street, Edinburgh.



Minute

IJB Performance and Delivery Committee

3pm, Thursday 20 August 2020

virtual meeting by MS Teams

Present

Voting Members

Councillor Melanie Main (Chair) and Councillor Phil Doggart.

Non-Voting Members

Colin Beck and Helen Fitzgerald.

In Attendance

Tony Duncan (Head of Strategic Planning, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Jenny McCann (NHS Senior Accountant)

Graeme McGuire (NHS Senior Accountant)

Moira Pringle (Chief Finance Officer, IJB)

David Walker (CEC Senior Accountant)

Apologies

Richard Williams (Committee Member), Philip Brown (CEC Strategy & Communications) and Jenny Boyd (NHS Lothian)

1. Minute

Decision

To approve the minute of the Performance and Delivery Committee of 31 January 2020 as a correct record.

2. Work Programme

The Committee's Work Programme was submitted. The IJB's Annual Performance Report would be presented to the IJB meeting on 24 August 2020 with a recommendation that it be referred to the September meeting of this Committee for scrutiny.

In normal circumstances, the Annual Report would have been submitted to this Committee first for review but due to timings around issue of IJB meeting papers this had not been possible.

Decision

- 1) To continue consideration of the Work Programme to the next meeting of this Committee.
- 2) To note that the Annual Performance Report would be submitted to the next meeting of this Committee.

(Reference – Work Programme, submitted)

3. Financial Outturn 2019/20

The financial outturn for 2019/20 was presented. Three key elements were highlighted – operational break even, savings and the recovery programme. The annual accounts would be reported to the IJB in September with budgeted and actual showing a break even position.

The IJB continued to face financial challenges but a positive message in the outturn report was that a break even position had been achieved for the first time since the IJB was established.

However, the opening gap in the financial plan and the continued use of one off resources to achieve financial balance remains a significant concern. This was reflective of the fact that the IJB faced a number of material and long standing financial pressures and a baseline gap in the financial plan which was unable to be addressed on a recurring basis. The financial framework set out what a path to financial sustainability could look like and this would be further explored as the financial strategy was developed.

Members discussed the presentation of the financial information and agreed it would be helpful to have additional narrative included around the variances, and to add in cross referencing so that Committee could understand what had been achieved set against the baseline.

Members also felt it would be helpful to see variations between management and financial accounts for clarity on a quarterly basis to have an understanding of where any potential discrepancies might lie. A headline analysis would be helpful to give members comfort that the analysis was being undertaken to identify potential pinch points and where things that have gone wrong or gone better than expected

The Committee was advised that the reasons for services hosted by other partnerships showing a £1m underspend was largely in mental health services where they were carrying a significant number of vacancies.

Decision

- 1) To note the financial outturn for 2019-20 and that the revised appendices to the report would be circulated to members following this meeting.

- 2) To agree that more detailed narrative around the variances be included in future reports to enable members to understand the reasons behind variances, what had been the impact and what were the factors in place to mitigate risk.
- 3) To provide members with a briefing note on the impact of the levels of vacancies on services, staff and agency spend.
- 4) To provide members with information on the reasons for large numbers of vacancies in the hosting services rather than core services.

(Reference – report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

4. Finance Update 2020-21

At its meeting in July the IJB had agreed the 2020/21 financial plan. Whilst the plan set out how financial balance could be achieved in year, this was heavily reliant on one-off measures. The Board had also noted that both partners (the City of Edinburgh Council and NHS Lothian) had commissioned work to further understand the financial impact of COVID-19.

The Chief Finance Officer provided a verbal update on the projected year end operational position for delegated services. Finance teams in both organisations would determine the extent to which the £10.9m projected overspend related to the 'core' (i.e. underlying operational) position, the impact of COVID-19 on costs incurred to date and any future financial consequences of mobilisation/remobilisation.

The Council had just completed its period 3 monitoring report, the first of the financial year. This showed a projected overspend for the year of £3.8m, due mainly to care at home and reduced income. The forecast was predicated on the recovery of COVID-19 costs through the mobilisation planning process and current levels of spend across all cost headings.

NHS Lothian had now published the financial results to the end of July and was finalising their quarter 1 review. They had taken a different approach from the Council to additional COVID-19 funding and had not, at this stage assumed any additional monies.

Members expressed concerns about the inconsistencies in approach taken by the partner organisations in gathering financial information. It was important that the IJB was provided with the financial information it required to allow for scrutiny and to make appropriate decisions and members felt this was critical as to how the Board functioned as an independent organisation. Financial information presented in two different ways was not acceptable.

Decision

- 1) To note that the finance update paper had not been circulated to members in advance of this meeting and that the report be circulated to members of this Committee prior to the IJB meeting on 24 August 2020.
- 2) To agree that, prior to the September meeting of this Committee, finance officers from the Council and NHS Lothian have a discussion

with the purpose of identifying a more consistent way of collating and reporting financial information to the Committee and the IJB.

- 3) Thereafter, to arrange a briefing session for members with a view to presenting options on what would be possible to get to the point where consistency of approach and an understanding of the financial information was achieved.

(References – Integration Joint Board 21 July 2020 (item 6); report by the Chief Finance Officer, Edinburgh Integration Joint Board)

5. Date of Next Meeting

Decision

Monday 28 September 2020 at 10am to be held virtually by Microsoft Teams

Minute

IJB Performance and Delivery Committee

10am, Monday 28 September 2020

virtual meeting by MS Teams

Present

Voting Members

Councillor Melanie Main (Chair) and Councillor Phil Doggart.

Non-Voting Members

Helen Fitzgerald.

In Attendance

Ian Brooke (EVOC)

Jenny Boyd (NHS Lothian Strategy)

Philip Brown (CEC Strategy & Communications)

Graeme McGuire (NHS Senior Accountant)

Moira Pringle (Chief Finance Officer, IJB)

Jay Sturgeon (Executive Assistant)

Julie Tickle (Planning & Commissioning Officer, EHSCP)

David Walker (CEC Senior Accountant)

Apologies

Colin Beck (Strategy & Quality Manager, Mental Health and Substance Misuse), Tony Duncan (Head of Strategic Planning, EHSCP), Helen Elder (Executive Assistant) and Richard Williams (Committee Member).

1. Minute

Decision

To approve the minute of the Performance and Delivery Committee of 20 August 2020 as a correct record.

2. Outstanding Actions

The outstanding actions updated for this meeting were submitted.

Decision

- 1) To agree to close the following actions:
 - Item 1 – Terms of Reference
 - Item 2 (2) – Performance Update - measure “average length of time a person is on the waiting list”
 - Item 3 – Finance Update – Savings Scheme for S2c GP practices
 - Item 4 (2) – Psychological Therapies – update on procurement
 - Item 7 – Performance Report – Preventative Measures Work at Edinburgh University
- 2) To note that an update on the financial impact of the Covid-19 pandemic would be included in the next finance report scheduled to be considered at the additional meeting of the Committee on 16 October 2020.

3. Work Programme

The Committee’s work programme was submitted. It was proposed that, going forward, financial reporting would be quarterly to this Committee, with an option to have additional meetings if required. This would allow members sufficient time to scrutinise specific financial issues in advance of full IJB meetings and to provide appropriate comment.

The proposed new timetable would also contribute to a more manageable workload for this Committee and allow for discussions of other aspects of financial reporting that required to be developed and/or deep dives where necessary.

Reports would be set out with the following format:

1. Reports to have financial detail.
2. Standard notes to accounts that set out methods of accounting for NHS and CEC, definitions and general explanations.
3. Narrative from the Chief Finance Officer of the main issues to be raised.

Decision

- 1) To agree the new reporting format and timetable of meetings subject to members confirming availability.
- 2) To request members to contact Helen Elder, Executive Assistant confirming agreement of the proposed meeting dates to allow diary invites to be issued.
- 3) To review the work programme to align with the proposed new reporting timetable.

(Reference – Work Programme, submitted)

4. Annual Performance Report

The annual performance report had been approved at the August IJB meeting and published online. Overall, the IJB's performance was broadly in line with other Joint Boards across Scotland. The report had been referred to this Committee for further consideration and reflection.

IJB members had commented on the level of complexity and detail in the report and officers had agreed to take this on board for next year and look to refresh the format as far as possible within the terms of the legal reporting requirements.

Due to meetings being suspended as a result of the Covid pandemic and staffing resources being deployed onto the vaccination programme and contact tracing, it had not been possible for the annual performance report to be presented to this Committee in advance of it being reported to the IJB in August. Officers planned to have a more targeted reporting schedule in place for 2020/21.

Officers were also starting to look at what performance items would come forward to specific Performance & Delivery Committee meetings. Recruitment was ongoing for a new performance and evaluation manager on a 1 year fixed term basis.

There followed a general discussion and exchange of views where the following issues were raised:

- Presentational issues – the table on page 29 of the report was showing a green status even although the target had not been met. The unplanned admissions figure seemed particularly high and it would be useful to look at this. Comparisons between the localities' metrics should be presented on the one graph as they were not particularly easy to follow. Table on page 22 of the paper (ranking against Scotland) members felt it would be helpful to have this presented at the start of the document instead of at the end.
- EVOC welcomed the report and that such detailed information could be found in the one document. In areas where Edinburgh wasn't performing so well it would be helpful to have a linkage to where performance needed to be improved and checking that actions were on course.
- Officers intended to carry out a brief review of the current Strategic Plan with a view to planning for the next iteration of the Plan from March 2022. The JSNA would also undergo a refresh of data and would inform the new Strategic Plan.
- Regarding the role of this Committee members felt they should be scrutinising the links between what the data was saying and leading action and change. Clear links between this work and the work of the Strategic Planning Group were required to allow this to happen.
- Members noted that the Council Annual Performance Report and commitments report aligned with the IJB Annual Performance Report.

Decision

- 1) To note that officers would take on board the presentational issues raised by members for the next iteration of the annual performance report.

- 2) To bring to the next meeting of this Committee a proposed schedule and timeline of how the annual performance report would be produced so it could be built into this Committee's workplan and IJB reporting timelines.
- 3) To agree that, in future, a covering referral report detailing the IJB's recommendations on the annual performance report be submitted to this Committee.
- 4) To request a report back to the January meeting of this Committee setting out the analysis of the Scottish Government data scheduled to be released in October 2020.
- 5) To request that officers bring back to the next meeting of this Committee the monthly performance report setting out the position since the Covid-19 lockdown in March 2020.
- 6) To include in the report called for in 5) above, an update on the recording of re-admission rates with a specific report on this issue to this Committee in January 2021.
- 7) To note that officers would take up unplanned admissions issues raised by Councillor Doggart offline.

5. Annual Review of Directions

Members were advised that the August 2019 directions policy complied with Scottish Government good practice guidance. The directions were remitted to this Committee for review on an annual basis. In a normal year, the directions would have been reported to the March/April cycle of meetings. However, due to the Covid pandemic, this report provided a summary of the current position of existing directions and highlighted areas where directions needed to be varied or closed.

The following points were raised and discussed:

- Delay to 2023 for the delivery of accommodation in the learning disabilities service
- Information around approving directions should include, risks, benefits and KPIs and if this wasn't available when approving directions the IJB would not have confidence to approve them
- Members noted that the directions policy set out the process for how directions were formulated, reviewed etc – a business plan or discussion paper would be presented to the Strategic Planning Group and then to the IJB for approval.
- Noted that officers were suggesting Thrive should be split from Psychology in terms of the direction and that there would be KPIs to support both of these – the Thrive contract would be in place in either November or December
- Members commented there was no clear guidance in the policy about closing directions and how the Committee could be assured that the partner organisations were spending the funds allocated and that the directions were being carried out as instructed – all directions had a review date of April 2021

Decision

- 1) To welcome the report and improved process.
- 2) To close the following directions:
 - Action 2019.10 – Care at Home for Over 65s – agreed that this direction could be closed subject to the closure report being circulated to members of this Committee and with the expectation that this would be reported back to the IJB as part of the transformation programme progress report
 - Action 2019-11 – Home First Acute Services – agreed that this direction could be closed subject to the closure report being circulated to members of this Committee and with the expectation that this would be reported back to the IJB as part of the transformation programme progress report
- 3) To note the progress of the directions approved during the period October 2019 to March 2020 set out in appendix 1 of the report and that these would be reported to the IJB.
- 4) To note the revised draft directions set out in appendix 2 of the report.
- 5) To request a further update to the next meeting of this Committee on the delivery of accommodation within the learning disabilities service.
- 6) To note that there would be further information and clear KPIs in relation to mental health directions included as part of the general report back to this Committee in November 2020 explaining what has occurred over the period of each direction and if it had achieved its delivery aim.
- 7) To note that guidance would be provided to members about closing directions in advance of the next annual directions review report.

6. Financial Outturn for 2019/20

The financial outturn for 2019/20 was presented. Three key elements were highlighted – operational break even, savings and the recovery programme. The annual accounts would be reported to the IJB in September with budgeted and actual showing a break even position.

The IJB continued to face financial challenges but a positive message in the outturn report was that a break-even position had been achieved for the first time since the IJB was established.

Members also felt it would be helpful to see variations between management and financial accounts for clarity on a quarterly basis to have an understanding of where any potential discrepancies might lie. A headline analysis would be helpful to give members comfort that the analysis was being undertaken to identify potential pinch points and where things that have gone wrong or gone better than expected

The Committee was advised that the reasons for services hosted by other partnerships showing a £1m underspend was largely in mental health services where they were carrying a significant number of vacancies.

Decision

- 1) To note the financial outturn for 2019-20.
- 2) To agree that more detailed narrative around the variances be included in future reports to enable members to understand the reasons behind variances, what had been the impact and what were the factors in place to mitigate risk.
- 3) To provide members with a briefing note on the impact of the levels of vacancies on services, staff and agency spend.
- 4) To provide members with information on the reasons for large numbers of vacancies in the hosting services rather than core services.

(References – Performance and Delivery Committee 20 August 2020 (item 3); report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

7. Finance Update 2020-21

At its meeting in July the IJB had agreed the 2020/21 financial plan. Whilst the plan set out how financial balance could be achieved in year, this was heavily reliant on one-off measures. The Board had also noted that both partners (the City of Edinburgh Council and NHS Lothian) had commissioned work to further understand the financial impact of COVID-19.

The Chief Finance Officer provided a verbal update on the projected year end operational position for delegated services. Finance teams in both organisations would determine the extent to which the £10.9m projected overspend related to the 'core' (i.e. underlying operational) position, the impact of COVID-19 on costs incurred to date and any future financial consequences of mobilisation/remobilisation.

The Chief Finance Officer confirmed that partners were projecting an overspend of £10m and NHS Lothian had not built into that any recovery from the Scottish Government but the Council had and this was why the Council figure was lower. Members noted however, that there still remained a reasonably significant overspend if the savings proposals that the IJB had agreed were not delivered.

The annual budget included the savings proposals but only showed savings that had been realised on the Council side. On the NHS side where there was confidence regarding delivery this would be built into the forecast.

Members noted with concern that the report didn't include pay increase funding of £3m but that savings proposals would be reported to the IJB in October 2020.

Members also expressed concerns about the inconsistencies in approach taken by the partner organisations in gathering financial information. It was important that the IJB was provided with the financial information it required to allow for scrutiny and to make appropriate decisions and members felt this was critical as to how the Board functioned as an independent organisation. Financial information presented in two different ways was not acceptable.

Decision

- 1) To note the current year end forecasts provided by partners and to note the ongoing work to refine and further understand these.
- 2) To receive a presentation on the newly introduced governance framework for savings and recovery programme at a future meeting.
- 3) To agree that finance officers from the Council and NHS Lothian continue to try to identify a more consistent way of collating and reporting financial information to the Committee and the IJB.
- 4) To request that the savings programme for the remainder of the year be brought forward to the additional meeting of the Committee on 16 October 2020 and that this be included in the workplan for reporting at the appropriate time.

(References – Integration Joint Board 21 July 2020 (item 6); Performance & Delivery Committee 20 August 2020 (item 4); report by the Chief Finance Officer, Edinburgh Integration Joint Board)

8. Any Other Business

Members noted the Committee was still without representation from carers and service user representatives.

Decision

To note that the Chair would explore this offline with EVOC.

9. Dates of Next Meetings

Decision

Additional Meeting - Friday 16 October 2020 at 10am to be held virtually by Microsoft Teams

Ordinary Meeting - Monday 16 November 2020 at 10am to be held virtually by Microsoft Teams.

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Minute

IJB Strategic Planning Group

2.00pm, Tuesday 10 March 2020

EVOC – 525 Ferry Road, Edinburgh

Present: Angus McCann (Vice-Chair, in the chair), Councillor Robert Aldridge, Colin Beck, Tony Duncan, Mark Grierson, Nigel Henderson, Peter McCormick, Michele Mulvaney, Moira Pringle, Rene Rigby, Ella Simpson and Hazel Young.

In attendance: Linda Irvine Fitzpatrick, Rachel Gentleman, Katie McWilliam, Alana Nabulsi and David White.

Apologies: Councillor Ricky Henderson (Chair), Mike Ash, Christine Farquhar, Dermot Gorman, Belinda Hacking, Stephanie-Ann Harris and Martin Higgins.

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 14 January 2020 as a correct record, subject to the addition of apologies from Nigel Henderson.

2. Decisions of the Integration Joint Board of 4 February 2020

Decision

To note the decisions made by the Integration Joint Board at its meeting on 4 February 2020.

(Reference – Decisions of the Integration Joint Board of 4 February 2020, submitted.)

3. Rolling Actions Log

Updates were provided on the following actions:

- Action 1 – Enhancing Carer Representation on Integration Joint Boards – officers continued to look at recruiting representatives and this was of wider importance to the IJB. It was suggested that given its importance, the action should be transferred to the IJB rolling actions log to ensure the Board had consideration of the issue.
- Action 2 – Grants Programme – Monitoring and Evaluation Framework – an evaluation process was currently being developed and an update would be circulated.
- Action 3 – Directions – recognised that there was still work to do in relation to directions overall but sufficient progress had been made on the action.
- Action 4 – Equality Outcomes and Mainstreaming Report – a report addressing the action was on the agenda for consideration at the meeting.
- Action 5 – Thrive Update – the information requested had been circulated to members.
- Action 6 – Edinburgh Health and Social Care Partnership Transformation Programme Update – updates on the progress of the transformation programme would continue to be provided to the SPG.

Decision

- 1) To agree to close the following actions:
 - Action 1 – Enhancing Carer Representation on Integration Joint Boards
 - Action 3 – Directions
 - Action 4 – Equality Outcomes and Mainstreaming Report
 - Action 5 – Thrive Update
- 2) To transfer action 1 – Enhancing Carer Representation on Integration Joint Boards to the IJB rolling actions log.
- 3) To note that the Chief Finance Officer would circulate an update on action 2 – Grants Programme – Monitoring and Evaluation Framework.
- 4) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log, submitted.)

4. Annual Cycle of Business

The workplan setting out the work of the Strategic Planning Group to the end of 2020 was presented.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

5. Royal Edinburgh Hospital - Learning Disability and Mental Health

A report was presented in relation to phase 2 of the programme of modernisation of the Royal Edinburgh Hospital and the volume of beds required in future for adults with complex mental health needs and learning disabilities.

Following a review of the business case for this phase, it was proposed that the Edinburgh Health and Social Care Partnership (HSCP) commissioned beds from The Royal Edinburgh Acute Services (REAS). This would allow assessment and treatment services to be provided for people with learning disabilities and complex mental health needs.

Approval of the SPG was sought for the proposed number of beds to be commissioned prior to the report being submitted to the IJB for consideration.

The report addressed concerns which had been raised at a previous meeting of the SPG relating to the financial implications. It was advised that the shortfall had been reduced to a level which was considered acceptable to proceed but the financial model would continue to be refined to further reduce this. It was also noted that as a pan-Lothian initiative, further discussions would take place with the other Lothian IJBs on the financial aspects.

During discussion, members noted the importance of ensuring appropriate provision was in place in order to safely reduce the number of beds required, such as the availability of community treatment, housing, funding and provider capacity.

Decision

- 1) To agree the number of assessment and treatment beds to be commissioned from REAS.
- 2) To note the review of current community places and change programmes which aims to increase efficiency and choice for people.
- 3) To support the initiation of formal dialogue with the Scottish Government and Mental Welfare Commission to collectively consider the potential impact of legislative changes on both community and hospital provision.
- 4) To note the report would be referred to the IJB for consideration.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

6. Integrated Older Peoples Service

An update was provided on the Integrated Older Peoples Service (IOPS) and the planned transfer of the management from NHS Lothian acute services to the HSCP.

The IOPS included the Edinburgh Hospital at Home and Liberton Day Hospital services. The clinical management was currently shared between the Royal Infirmary of Edinburgh Medicine of the Elderly (MoE) Acute Services and the HSCP. A review of the Hospital at Home service had recommended efficiencies and a redesign of intermediate care to roll out services across Edinburgh and this would be taken forward through the EHSCP Transformation Programme Home First work stream.

A Hospital at Home Steering Group had been established to oversee the project development, including a management transfer of staff to the HSCP.

Decision

- 1) To note that transfer of IOPS line management had been approved at Director level.
- 2) To note that IOPS was planned to move to full EHSCP management by no later than 31 March 2020.
- 3) To note that IOPS would be considered as part of the Home First project within the transformation programme.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

7. Equalities Duties and Directions

The IJB at its meeting on 10 December 2019 had requested that officers investigated how best to ensure that the Public Sector Equality Duties were embedded in the work of the IJB and whether the use of directions was appropriate. This action was subsequently referred to the Strategic Planning Group for consideration.

A report was considered which provided information on the IJB's processes in relation to the equalities duties and concluded that these duties also applied to the IJB partner organisations and therefore additional directions would not add further value.

During discussion, it was noted that the Council and NHS Lothian were currently working to agree a shared set out of outcomes for equalities and it was suggested that updates on this should be provided to the SPG. Members also requested that this included information on the other Lothian IJBs approach to the equalities duties to ensure consistency.

Decision

- 1) To note the process for embedding public sector equalities duties in the work of the EIJB.
- 2) To agree that issuing directions would be of no value in this case.
- 3) To note that work was ongoing between the Council and NHS Lothian with an aim to achieve a set of shared outcomes for equalities.
- 4) To agree to receive updates on this work to a future meeting, including information on the approach taken by other Lothian IJBs.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

8. Home First Edinburgh Update

The SPG considered an update report on the Home First programme which aimed to reduce delayed discharges in Edinburgh.

The report noted that the number of delayed discharges was reducing but some challenges remained, in particular increasing demand for services after people had left

hospital and the fragility in the care home market. However, the aim was to continue to reduce delayed discharges through the Home First approach which required a whole system change.

Members were also provided with a verbal update on a recently concluded trial which took place over one week at the Royal Infirmary of Edinburgh. The trial aimed to test the radical approach which could be taken to improve discharge times and reduce the time spent in hospital when patients were medically fit to be discharged. The initial results of the trial demonstrated how successful Home First could be, although analysis was still to be completed. Information on the outcomes and learning gained would be shared with the IJB and partners once this analysis had been undertaken.

The importance of ensuring appropriate support was available in the community going forward and the value that could be added by the third sector and other partners were raised.

Decision

- 1) To note progress with Home First Edinburgh.
- 2) To note that ward 71 at the Western General Hospital was closed in the agreed timescales.
- 3) To recommend to the Edinburgh Integration Joint Board to approve a further planned reduction in the set aside bed base with the funding reinvested in Home First Edinburgh as outlined in paragraph 15 of the report.
- 4) To note the update provided on the recent discharge trial at the Royal Infirmary of Edinburgh.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

9. Market Facilitation Framework

The Strategic Planning Group considered a report providing an overview of the proposed Market Facilitation Framework which would inform the approach taken to developing the Market Facilitation Plan.

The Framework would guide the development of the Plan, with wide collaboration with people and providers to understand the types of services required to ensure services purchased reflected what people needed and wanted now and in the future.

During discussion, members agreed with the proposals presented, including the timeline, governance arrangements and engagement and requested that a draft Plan was presented to the SPG in September 2020. A number of issues were raised in relation to the importance of wide engagement while recognising the limited resources some partners had to dedicate to this; ensuring the Plan was person-centred and that this was reflected in the wording; work that could be done during the development of the plan raise the profile of caring and increase the workforce; and the opportunities to tie the Plan in with the Edinburgh Pact.

It was intended that a draft would be ready in September with the aim to publish the Plan in December 2020 to ensure it was in place prior to the next financial year for 2021/22.

Decision

- 1) To agree the proposed timeline, governance arrangements and strategic engagement for the Market Facilitation Plan.
- 2) To request that a draft Market Facilitation Plan was submitted to the SPG on 15th September 2020.
- 3) To request that the wording of the framework and future plans ensured that people were at the centre of the strategy.
- 4) To agree that the consultation should include as wide a range of partners, providers and citizens as possible, including the third sector.
- 5) To note the importance of raising the profile of caring and request this was taken into consideration when developing the framework.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

10. NHS Lothian Primary Care Priorities

A report provided information on the primary care priorities that had been set out by NHS Lothian.

Members agreed with the priorities in the report and were satisfied that they reflected the directions the IJB had issued. In particular, it was agreed that the strategic planning process should include more involvement of community dentistry, optometrists and pharmacists.

Decision

- 1) To note the report.
- 2) To agree with the priorities for primary care and that community dentistry, optometrists and pharmacists should be included in strategic planning.
- 3) To agree that there was no requirement for the report to be submitted to the IJB.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

11. NHS Annual Operational Plan

The Head of Strategic Planning advised the Group that the report had been withdrawn from the agenda.

12. Date of Next Meeting

The next meeting would be held on Tuesday 12 May 2020.



Minute

IJB Strategic Planning Group

1.00pm, Tuesday 15 September 2020

Virtual Meeting – Via Microsoft Teams

Present: Ricky Henderson (Chair), Angus McCann (Vice-Chair), Colin Beck, Philip Brown, Tony Duncan, Cristine Farquhar, Stephanie-Ann Harris, Nigel Henderson, Linda Irvine-Fitzpatrick, Michelle Mulvaney, Rene Rigby and Ella Simpson,

In attendance: Martin Scott, Alana Nabulsi, Deborah Mackle, Helen Elder, Jessica Brown, Julie Tickle, Kirsty Dewar, Mark Grierson, Mike Massaro-Mallinson, Moira Pringle, Sophie Milner, Jenny McCann

Apologies: Hazel Young.

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 10 March 2020 as a correct record.

2. Rolling Actions Log

Details were provided of the outstanding actions arising from decisions taken by the Strategic Planning Group.

Decision

- 1) To agree to close the following actions:
 - Action 1 – Grants Programme – Monitoring and Evaluation Framework
 - Action 2 – Edinburgh Health and Social Care Partnership Transformation Programme Update
- 2) To otherwise note the outstanding actions.

(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The workplan setting out the work of the Strategic Planning Group to the end of 2020 was presented.

Decision

- 1) To note the Annual Cycle of Business
- 2) To note that Covid-19 had a significant impact on the ability to progress the Annual Cycle of Business.
- 3) To note that approval was being sought from the SPG through the Review of the Strategic Plan that would allow the Head of Strategic Planning to programme in elements of the Strategic Planning Cycle for the next iteration of the Annual Cycle of Business.

(Reference – Annual Cycle of Business, submitted.)

4. Review of EIJB Strategic Plan 2019-22

The Strategic Planning Group (SPG) was required within its Terms of Reference (ToRs) to review the strategic plan annually. An update was provided on progress made in key areas within the current strategic plan and the outline timings for the next planning cycle.

Steady progress in line with phase 1 of the strategic plan had been made against specified tasks and in key strategic areas such as Transformation, Home First Edinburgh, Three Conversations, the Edinburgh (Health and social Care) Pact, Bed Based Review, the Carers' Strategy, the Primary Care Investment Plan (PCIP) and Thrive Edinburgh. Planning and implementation of the strategic plan continues in phase 2. Many of the transformation projects would continue into the next planning cycle.

The intent was to publish the next 3-year strategic plan 2022-25 in March 2022 following EIJB approval. There remained an aspiration to produce a concise higher-level strategic vision for the EIJB, which was not bound by time, and guided each 3-year strategic planning cycle. It was proposed that this vision be developed initially through the Futures Committee and brought forward to the SPG in March 2021.

During discussion, members noted the priorities and workstreams were still relevant and pertinent to the challenges faced. Members noted the importance of creating a higher-level performance framework with measurements of effectiveness designed to support the Integration Joint Board's strategic priorities.

Decision

- 1) To note progress made against specified tasks and key elements of the transformation programme in phase 1 of the strategic plan.
- 2) To acknowledge progress and planned activity during phase 2 of the strategic plan.
- 3) To agree the proposed outline timeline for the next strategic planning cycle 2022-25.

- 4) To note that the SPG would submit a reduced version of the report to the next Integration Joint Board.
- 5) To note that the Joint Strategic Needs Assessment was being updated on a rolling programme aligned to priorities which will inform the next strategic planning cycle.
- 6) To agree that further information would be circulated regarding Thee Conversations innovation sites.
- 7) To note that work was ongoing to link the Strategic Plan to new Locality Operational Plans that would be brought to the SPG in 2021.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

Declaration of interests

Christine Farquhar declared a non-financial interest in this item as a carer of an adult in receipt of direct payments and was a Trustee Company Director of Vocal.

5. Edinburgh Pact SITREP

The Edinburgh Pact was one of the key elements of the Strategic Plan. A verbal update was provided on the Edinburgh Pact SITREP and the work that had been carried out.

A dialogue had taken place with and through several different approaches. These includes:

- A public survey that had 355 responses.
- A focus group with staff consisting of 11 meetings and 43 participants.
- Facilitated meetings with 3rd Sector consisting of 5 meetings and 135 participants.
- Facilitated meetings with communities of interest consisting of 2 meetings and 14 participants.
- Thought Leaders Research consisting of 23 interviews.
- Photo Voice Picturing Health consisting of 115 images.

There would be increased communication on the Edinburgh Pact. There would be a set of metrics that would try to be achieved in terms of getting the message out and engagement on the Edinburgh Pact.

During discussion, the group noted the importance of considering the wider needs of stakeholders and wider ways of addressing them beyond statutory services to allow the EHSCP to articulate what the Pact means in practice.

Decision

- 1) To note the verbal update and thank Dr Linda Irvine Fitzpatrick for the presentation.
- 2) To note that the Strategy Manager (Communities) and the Head of Strategic Planning would have a discussion offline regarding the Edinburgh Partnerships recovery planning.

(Reference – verbal report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

6. Covid-19 Lessons Learned

A lessons capture exercise was initiated during the Edinburgh Health and Social Care Partnership response to COVID to ensure that valuable learning, best practice and opportunities for change were captured.

The report set out the high-level findings of the lessons capture exercise and noted its alignment with the transformation programme.

Decision

- 1) To note the findings of the lessons capture exercise carried out during the response to COVID-19.
- 2) To note that, where appropriate, lesson had been aligned to transformation projects and this valuable learning would help to shape the delivery of those projects.
- 3) To note that Ella Simpson would send lessons learned in terms of the crisis response through the Food Fund to Jessica Brown, Change Manager.
- 4) To agree that the Head of Strategic Planning would share written feedback from the Scottish Government which captured responses from all Health and Social Care Partnerships about delayed discharge and increasing flow at the start of the Covid-19 pandemic.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

7. Learning Disability – Short Breaks

The Chair ruled that the following item, notice of which had been given at the start of the meeting, be considered as a matter of urgency to allow the Strategic Planning Group to give early consideration to this matter.

To align to the strategic plan and three conversations approach, which sought to increase the use of self-directed support, the report proposed to redesign short break support, increasing the use of Local Area Co-Ordination “Breakaway” brokerage for Self-Directed Support (SDS) Options 1 and 2. This aimed to develop and create more person centred outcomes for individuals and unpaid carers; within both the current restrictions presented and by increasing the opportunities which are available to individuals.

The report was primarily focussed on people with a disability, however a creative approach to short breaks through self-directed support should be applicable in other care groups.

Decision

To approve promoting greater use of Self-Directed Support options for short breaks, in particular to move from option 3 currently internal care homes and to increase use of SDS options 1 and 2.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

8. City Vision 2050

The City Vision process started in late 2016, since then there had been significant and ongoing stakeholder and public engagement to develop a Vision for the City.

An update was provided on the City Vision 2050 and a series of recommendations for the SPG to endorse were set out.

Decision

- 1) To agree to support the strategic intent of the City Vision 2050.
- 2) To agree that the vision and three principles: Community led, Cohesive and Collaborative are reflected in future Strategic Planning Cycles. (Appendix One).
- 3) To recommend that the Edinburgh Integration Joint Board (EIJB) sign up to the 2050 City Vision Charter (Appendix Two).

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

9. Decision Making Framework

The EIJB requested that a framework for how different proposals were considered against each other was created. It was proposed that through the auspices of the SPG, a Decision-Making Framework would be established which supports financial decisions, including disinvestments and investments.

Decision

- 1) To note that a decision-making framework which supports financial decisions would be established.
- 2) To note that Deborah Mackle and Ella Simpson volunteered to assist the design of the decision-making framework group. The Head of Strategic Planning offered to provide support from one of his senior managers.
- 3) To agree that any members who wished to volunteer to assist the design of the decision-making framework group would contact the Chief Finance Officer.
- 4) To note that a draft framework would be brought to the SPG in November.

(Reference – verbal report by the Chief Finance Officer, Edinburgh Health and Social Care Partnership, submitted.)

10. Date of Next Meeting

The next meeting would be held on Tuesday 10 November 2020.

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