Public Document Pack

Edinburgh Integration Joint Board

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 26th October, 2021

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.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 20 August 2021 submitted for approval as a correct record	7 - 12
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5. Forward Planning

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6. Items of Strategy

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6.2	System Pressures - Edinburgh Health and Social Care Partnership – Report by the Chief Officer, Edinburgh Integration Joint Board	53 - 70
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8. Items of Governance

9. Items for Noting

9.4	Draft minute of the Performance and Delivery Committee of 13 October 2021 – submitted for noting	447 - 452
9.5	EIJB Consultation Response - Ethical Standards Commissioner – Report by the Chief Officer, Edinburgh Integration Joint Board	453 - 456

Board Members

Voting

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

Non-Voting

Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Jackie Irvine, Grant Macrae, Jacqui Macrae, Ian McKay, Allister McKillop, Moira Pringle, Judith Proctor and Emma Reynish.

Webcasting of Integration Joint Board meetings

Please note that that this meeting may be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed.

The Integration Joint Board is a joint data controller with the City of Edinburgh Council and NHS Lothian under the General Data Protection Regulation and Data Protection Act 2018. This meeting will be broadcast to fulfil our public task obligation to enable members of the public to observe the democratic process. Data collected during this webcast will be retained in accordance with the Council's published policy.

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).

Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 17 August 2021

Held remotely by video conference

Present:

Board Members:

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Sam Abushal (substituting for Ian McKay), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Ruth Hendery (from item 2 onwards), Kirsten Hey, Martin Hill, Jackie Irvine, Grant Macrae, Jacqui Macrae, Allister McKillop, Moira Pringle, Peter Murray and Richard Williams.

Officers: Matthew Brass, Sarah Bryson, Nikki Conway, Tom Cowan, Tony Duncan, Rachel Gentleman, Beth Hall, Angela Ritchie and Hazel Stewart.

Apologies: Ian Mackay, Councillor Melanie Main, Judith Proctor and Emma Reynish.

1. Appointments to the Edinburgh Integration Joint Board and Committees

The Board was presented with a report informing members of changes in membership.

Decision

1) To note that the NHS Lothian Board had agreed to reappoint Richard Williams as a voting member of the Joint Board, with effect from 1 August 2021.

2) To note that the NHS Lothian Board had agreed to appoint Siddharthan Chandran as a voting member of the Joint Board, with effect from 1 August 2021.

3) To appoint Siddharthan Chandran as a voting member of the Strategic Planning Group and the Performance and Delivery Committee.

4) To appoint Emma Reynish as a non-voting member of the Joint Board and to the Performance and Delivery Committee.

5) To re-appoint Ian McKay and Jacqui Macrae as non-voting members of the Joint Board.

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

2. Bed Based Care – Phase 1 Strategy

The Board agreed to hear three deputations from Unison, Edinburgh Trade Union Council and Unite.

2.1 – Deputation – Unison

The deputation made the following key points:

- Concerns were expressed regarding the public consultation and whether the IJB could undertake such activity.
- Concerns regarding the unknown outcome for staff – including not offering voluntary early retirement – were expressed. A full breakdown of staff destinations after care home closures was requested to be presented at the next Board meeting.

2.2 – Deputation – Edinburgh Trade Union Council

The deputation made the following key points:

- The deputation hoped to receive a full response to questions and points raised through their deputation at the June Board meeting in the report presented to the September meeting. Most significantly, they requested a breakdown of the lessons learnt from Covid-19 and how these would help inform the process of moving patients to different homes.
- Concerns were expressed over the lack of will to engage in public consultation, and requests were made to follow good practice consultation and include Trade Unions as well as the public and staff directly.
- The deputation asked the Board to consider the impact of making radical changes to the social care setting in Edinburgh at a time where the national social care system was under review.

2.3 – Deputation – Unite

The deputation made the following key points:

- Concerns were expressed regarding the lack of public consultation up to this point, with decisions being made without any form of engagement.

The lack of appetite for public consultation was noted to be of concern of Unite and the staff represented.

- The deputation requested that – although recognising Care at Home was the preferred option as we emerged from Covid-19 – that care home care remained an option to families.

2.4 Report by the Chief Officer, Edinburgh Integration Joint Board

The Board was presented with an update report on the progress of the bed based care (phase 1) activities. Specifically, the Board was updated on the points that were agreed to be addressed after the June Board meeting, which were to be undertaken before any final decision was made. These included; a final Integrated Impact Assessment (IIA), engagement with trade unions, consultation with key stakeholders, an investment plan for Care@Home services, and an update on workforce planning.

Decision

1) To note the progress made since the last meeting on 22 June in response to the amendment in relation to item 7.1 Bed Based care – Phase 1 Strategy, which includes the updates on:
    - The actions requested by the EIJB as set out in the amendment;
    - Data and modelling;
    - Potential public consultation requirements.
2) To commit to a public consultation exercise once the legal advice had been received.
3) To circulate legal advice specifically relating to the IJB undertaking public engagement once received.
4) To include Climate Change specialists in the IIA stakeholder groups.

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

3. Minutes

The minute of the Edinburgh Integration Joint Board meeting held on 22 June 2021 was presented to the Board for approval as a correct record.

Decision

To approve the minute of the Edinburgh Integration Joint Board of 22 June 2021 as a correct record.

4. Rolling Actions Log

The rolling actions log updated to August 2021 was presented to the Board.

Decision

1) To agree to close the following actions:

- Action 2 – Edinburgh Integration Joint Board Risk Register – Referral from the Audit and Assurance Committee.
- Action 3 – Financial Update.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

5. Royal Edinburgh Hospital – Initial Agreement for the Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit and the Initial Agreement for an Integrated Mental Health Rehabilitation and Low Secure Unit

The Board was asked to support an Initial Agreement (IA) for The National Intellectual Disability Unit (NIDAIPU) and an Integrated Mental Health Rehabilitation and Low Secure Unit prior to submission to the Scottish Government.

The Royal Edinburgh Hospital (REH) Modernisation Project was initially approved by the EIJB in May 2018 and the Strategic Planning Group supported an interim report in March 2020 which included a reduction in learning disability beds from 15 to 10.

Moving forward, the EHSCP would continue to support the REH Programme Board in the furtherment of the business case.

Decision

1) To note the reduction in LD bed numbers from 15 to 10.

2) To approve the IAs at appendices 1 and 2 to the report by the Service Director Strategic Planning.3) To acknowledge the continued involvement of EHSCP officers in the development of the business case.

4) To circulate an updated Appendix 2 to Board members as soon as possible.

5) To circulate a briefing before the next meeting of the Board to address issues raised with the Initial Agreements.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted)

6. 2030 Climate Strategy

The Board heard a presentation on the draft 2030 Climate Strategy for Edinburgh from the Policy and Insight team of the City of Edinburgh Council. The slides provided members with an overview of the activity Council partners could get involved in to help contribute to the overall goal of achieving Net Zero by 2030, as well as several case studies where different Council partners had already contributed to these plans.

Decision

To note the presentation.

7. Financial Update

The financial performance of delegated services for the first three months of the year was presented to the Board. The report gave members an overview the financial position of both the Council and NHS Lothian as at June 2021, with the Council reported to have an overall overspend of £4.5m, and NHSL reported to have a £0.1m overspend. Members noted that efforts were ongoing to achieve financial balance.

Decision

1) To note the financial position for delegated services to 30 June 2021.

2) To note that additional funding would be recognised once the Scottish Government has considered the mobilisation plans submitted.

3) To note the ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.

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

8. Financial Regulations – Referral from the Performance and Delivery Committee

Following consideration at the Performance and Delivery Committee Meeting in June 2021, the Financial Regulations were presented to the Board for adoption. The refreshed Regulations were more tailored to the needs of the EIJB and shifted from a more Council-based approach as adopted in previous years.

Decision

To adopt the Financial Regulations as laid out in the Appendix to the report.

(Reference – Performance and Delivery Committee of 9 June 2021, item 7; report by the Chair, Performance and Delivery Committee, submitted)

9. Annual Review of Standing Orders

The Board were presented the EIJB's Standing Orders for review. To be reviewed annually, the Board noted the Standing Orders remained fit for purpose and allowed sufficient flexibility for both physical and virtual meetings.

Decision

1) To note that the Standing Orders of the Integration Joint Board remained fit for purpose and to agree that no changes require to be made.

2) To note that the next annual review of the Standing Orders would be presented to the IJB in August 2022.

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

10. Committee Updates

A report was presented which provided an update on the work of the IJB committees which had met since the last Board meeting. In addition to the summary report, draft minutes of the Audit and Assurance Committee, Clinical and Care Governance Committee, Performance and Delivery Committee and the Futures Committee were submitted for noting.

Decision

To note the update and the draft minutes of the IJB Committees.

11. Mobile Workforce Solution for Homecare and Reablement

The Board resolved that the public be excluded from the meeting during consideration of the item of business on grounds that it involved the disclosure of exempt information as defined under Standing Order 5.9.

The Board were asked to approve the mobile workforce solution for homecare and reablement. The solution of using Totalmobile would support service redesign, increase efficiency and act as a catalyst to improve system wide performance.

Decision

1) To approve the business case which identified Totalmobile as the recommended solution to supersede the legacy system Webroster.
2) To approve the accompanying CR218 (Option 2) Microsoft Licencing for frontline workers.
3) To note that key performance measures were identified but more work was required to gather baseline data and develop a detailed evaluation framework.
4) To instruct the Chief Officer to work with colleagues in the City of Edinburgh Council to secure the required capital funding.
5) To issue the direction to City of Edinburgh Council attached at Appendix 1 to the report by the Chief Officer.

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

Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

2.30pm, Tuesday 28 September 2021

Held remotely by video conference

Present:

Board Members:

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Ruth Hendery, Grant Macrae, Jacqui Macrae, Allister McKillop, Peter Murray, Moira Pringle, Judith Proctor, Emma Reynish and Richard Williams.

Officers: Matthew Brass, Jane Brown, Jessica Brown, Andrew Coull, Ann Duff, Tony Duncan, Rachel Gentleman, Elisa Giannulli and Hazel Stewart.

Apologies: Kirsten Hey, Martin Hill, Jackie Irvine and Ian Mackay

1. Bed Based Care – Phase 1 Strategy

The Board agreed to hear three deputations from Unite, Edinburgh Trade Union Council and Unison.

1.1 – Deputation – Unite

The deputation made the following key points:

- The deputation requested that the Board suspend any decision on the four care homes noted in the report until after the public consultation.
- The deputation requested that the Board ensured the consultation would be undertaken in an open and meaningful manner that can help to shape future proposals.
- More work was requested to complete impact assessments on those who have protected characteristics or of a socioeconomic disadvantage.

- The deputation requested that the Board ensured care providers that staff would benefit from fair pay and fair conditions moving forward.

1.2 – Deputation – Edinburgh Trade Union Council

The deputation made the following key points:

- The deputation requested that the EIJB ask the City of Edinburgh Council to carry out the consultation on their behalf.
- Concerns were raised over the EIJB's ability to undertake a consultation as they would not consider staff or public concerns.
- Concerns were raised over the shift from public to private sector care due to their poor reputation for working conditions.

1.3 – Deputation – Unison

The deputation made the following key points:

- The deputation proposed that the EIJB should immediately recruit nursing staff for Drumbrae, which would allow HBCCC patients to fill the vacant beds in the home and would still allow Liberton Hospital to close as planned as well as reduce HBCCC in remaining NHS units.
- The deputation requested that the EIJB abandon the closure of Ferryfield House which could accommodate the mentioned 68 HBCCC patients and allow Ellen's Glen and Findlay House to provide intermediate care.

1.4 – Report by the Chief Officer, Edinburgh Integration Joint Board

The Board was presented with an update on the work completed in order to aid decision making on the Bed Based care (phase 1) proposals. The report presented members with the outcomes of; Integrated Impact Assessments, engagement with Trade Unions, consultation with key stakeholders, community infrastructure and investment plan, demand profiling, modelling and projections, workforce planning, and the public consultation requirements.

Decision

1) To decommission the residential care model provided at Drumbrae Care Home and direct the re-provisioning of Hospital Based Complex Care (HBCCC) services within that facility.
2) To decommission intermediate care beds currently provided at the remaining wards at Liberton Hospital and to direct the re-provisioning of these within a reconfigured number of beds within the remaining HBCCC estate.
3) To decommission HBCCC beds provided at Findlay House and Ellen's Glen House and direct the re-provisioning of these within the former residential care home facility in Drumbrae.
4) To commission Intermediate Care beds within the bed base remaining at Ellen's Glen House and Findlay House.

5) To decommission the HBCCC beds provided at Ferryfield House, noting this will enable a withdrawal from the lease at intended break point and decommission the service provided there by October 2023.
6) To request an update to the October meeting of the EIJB on the extent of the consultation exercise including the engagement with relevant stakeholders.
7) To agree that the Chair and Vice-Chair would lead on providing regular updates to Board members on the consultation exercise and explore the possibility of circulating these updates to wider, interested parties including the staff, patients and families at Drumbrae Care Home.
8) To agree to establish a semi-formal arrangement between the Chair, Vice-Chair and the Trade Unions in order to maintain a discourse surrounding the formulation of the consultation framework.
9) To ensure throughout the work of the Bed Base Care Strategy that the continued modelling of population care needs is taken to provide assurance and assist with decision making for future of the EIJB.

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

3. Membership Proposal – Referral from the Strategic Planning Group

The Board was presented with a referral report from the Strategic Planning Group on the proposal to appoint a representative of the Edinburgh Association of Community Councils (EACC) to the Group.

Decision

To agree to continue the report to the October 2021 Board meeting in order to seek further information on how the Edinburgh Association of Community Councils would involve, represent and communicate to communities throughout Edinburgh.

(Reference – Strategic Planning Group of 18 August 2021, item 4; Report by the Chair, Strategic Planning Group, submitted)

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Rolling Actions Log

October 2021

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Adult Sensory Support	Provide an update on the Adult Sensory Support contractual arrangements	10-12-19	To agree that an update would be submitted in spring 2021.	Chief Officer	October 2021	**Recommended for closure** Briefing note providing status of contracts was circulated on 15th October 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. Deaf services contracts have been running since October 2020. However, Sight Loss contracts were extended with RNIB to end March 2021, and

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
							new providers will only be commencing in April 2021. It is recommended that the update be delayed to cover both areas after a period of at least 6 months.
2	Bed Based Care – Phase 1 Strategy		17-08-21	To update the board on advice received specifically relating to the IJB undertaking public engagement	Chief Officer	October 2021	**Recommended for closure** Verbal update will be provided to EIJB on 26th October
			28-09-21	To request an update to the October meeting of the EIJB on progress in planning the consultation exercise including the extent of engagement with relevant stakeholders.	Chief Officer	October 2021	**Recommended for closure** Verbal update will be provided to EIJB on 26th October
				To agree to the Chair and Vice-Chair providing regular updates to Board members on the progress in delivering phase 1 of the Bed Based Care Project.	Chair/Vice-Chair		**Recommended for closure** The Chair has contacted the Drumbrae Project

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
							Team leads seeking regular meetings and updates for the Chair/Vice Chair.
				To establish a semi-formal arrangement between the Chair, Vice-Chair and the Trade Unions in order to maintain a discourse surrounding the formulation of the consultation framework.	Chair/Vice-Chair		**Recommended for closure** The Chair has written to the Unison branch Chair and Secretary offering fortnightly meetings / updates to ensure appropriate engagement is taking place.
3	Royal Edinburgh Hospital – Initial Agreement for the Intellectual Disability and National Intellectual Disability Adolescent		17-08-21	To circulate an updated Appendix 2 to Board members as soon as possible.	Service Director, Strategic Planning		**Recommended for closure** The report recommendations were approved by the EIJB. This request has been overtaken by events as the content is being developed by the REH

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
	Inpatient Unit and the Initial Agreement for an Integrated Mental Health Rehabilitation and Low Secure Centre						Programme Board in the design of the Business Case. EHSCP officers continue to support this work in its development.
				To circulate a briefing before the next meeting of the Board to address the issues raised with the Initial Agreements.	Service Director, Strategic Planning		**Recommended for closure** The issues raised on the IAs were relayed to the author at NHSL and have been acknowledged and errors rectified. The Business Case is now being developed by the REH Programme Board.
4	Membership Proposal – Referral from the Strategic Planning Group		28-09-21	To agree to continue the report to the October 2021 Board meeting in order to seek further information on how the EACC would involve, represent and	Service Director, Strategic Planning	October 2021	**Recommended for closure** The EACC referral report from the SPG is to be reconsidered at

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
				communicate to communities throughout Edinburgh.			the October EIJB Service Director Strategy has confirmed that the EACC represents all 44 community councils in Edinburgh. A steering group is in place to ensure engagement and geographical representation including expansion options as required. The EACC holds meetings monthly and has established a website.
				To circulate the EIJB new-member induction pack and the Governance Handbook in order to inform members on the legislation surrounding membership and representation.	Chief Officer		**Recommended for closure** Circulated to EIJB members on 4 October 2021.

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Edinburgh Integration Joint Board

REPORT

Edinburgh Primary Care Improvement Plan Update

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	The purpose of this report is to inform the Edinburgh Integration Joint Board (EIJB) on the progress of the Primary Care Improvement Plan (PCIP) as at 31 March 2021, before submission to the Scottish Government.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Endorses the attached report which was consulted on across the City as a fair reflection of the current status of PCIP implementation, before being finalised through the Edinburgh Primary Care Leadership and Resources Group in August 2021. 2. Note that the progress was previously reported to Lothian GP Sub / Lothian Medical Committee and the City progress supported. 3. Approves the Report and SG template to be reported to SG

Report Circulation

1. The PCIP has reported to the following committees/groups:

   a) NHS Lothian Local Medical Committee/GP Sub Committee
   b) NHS Lothian New Contract Oversight Group

Background

2. A paper was previously brought to the EIJB in June 2017, requesting support for primary care resources made available by NHS Lothian, to be used to address what was increasingly regarded as a crisis across (GMS) primary care in Edinburgh.

3. The EIJB then supported the implementation of the Edinburgh Primary Care Transformation (and Stability) Programme. In January 2018, GPs across Scotland voted to accept Phase 1 of the new (GMS) contract proposals, complementing the work already begun in Edinburgh.

4. In February 2018, Scottish Government issued the 'Memorandum of Understanding' (MOU) on the new contract implementation process and asked that each HSCP produce a PCIP which set out how the new resources would be implemented. £12.9M would become available for investment directly into Edinburgh GMS related provision over 4 years.

5. The PCIP was widely discussed in Edinburgh, and as required by the MOU, was supported through both the tripartite NHS Lothian Oversight Group and the Lothian GP Sub Committee and LMC.

6. The EIJB considered the PCIP in June 2018 and gave enthusiastic support to the proposals and recommendations presented.

7. EIJB established the Edinburgh Primary Care Leadership and Resources Group (L&R) in August 2018, to lead the Primary Care Transformation Programme.

8. The sequencing of PCIP resources has materially affected the implementation process:

2018/19	£4.5M (with considerable portion already in place)
2019/20	£5.1M – restricted recruitment
2020/21	£9.1M – recruitment unrestricted with underspend generated
2021/22	£12.9M – recruitment unrestricted until budget limits reached currently pharmacotherapy only.

9. To end March 2021, the attached 'Primary Care Transformation Report' details 170wte additional staff employed, with a further 20wte employed to the end of September 2021.

Main Report

10. During the period August 2018 to April 2021 all parts of the MOU have been helpful in support of Edinburgh Practices. There remains a high degree of variability in the impact on workload.

11. An important outcome of the 2018 consultation and subsequent implementation in Edinburgh, was the strong preference for practices to have as much of the available resources (workforce) embedded within practice teams, in preference to being organized on behalf of groups of Practices.

12. In addition, the resources available to '17J' City practices were enhanced by both the re-investment of 17C funding (c£1M) and excluding (largely) our 8 x 2C practices from PCIP funds. (Instead, they were given an equivalent proportion of T&S funds).

13. Almost three years in, we know and understand much more about what works most effectively. Going forward, we will ensure that the new workforce is supported to work in a way which carefully balances impact on workload and sustainable staffing.

14. In July 2021 MOU(2) arrived and emphasized the importance of three areas in particular; pharmacotherapy, vaccination transfer and CTACS (Community Treatment And Care Services).

15. MOU(2) also raised the possibility of 'compensatory payments' to practices which had not had the benefit of these services in particular. Scotgov have indicated that further national guidance on this is likely to be forthcoming. In the meantime, Leadership & Resources have agreed a possible City position, should this be left to local determination.

16. In addition, we were able to use the 'T&S' funds to invest c£500K in 'clinical admin' principally to relieve medical staff of the burden of an appropriate portion of routine 'Docman' (clinical administration).

17. We have benefitted greatly from the early investment in an 'Evaluation and Insight Manager' post, which helps all MOU areas systematically assess what impact they are making on workload.

18. The original definition of 600 'missing' medical sessions (a quantifiable workload 'currency') remains controversial but has provided one way to describe where we are with the implementation process.

19. In simple terms, the attached report describes that around 500/600 sessions of extra capacity have been created but acknowledges the important difference between the resource being in place and being effectively deployed and trained to reach the potential contribution.

20. Evaluation of the individual workstreams has demonstrated direct impact on GMS workload, improved access to expert clinical advice and some reduction of referrals to secondary services.

21. From the EIJB perspective overall implementation progress can justifiably be described as 'steady'. At the individual practice level, this description might be quite unrecognizable.

22. The experience and perspective of individual practices is markedly different. A practice with well embedded and experienced additional staff

will see a more substantial and consistent contribution to workload, compared to a practice where staff are new to primary care and may require additional qualifications and training. In the latter, the practice perspective of the PCIP contribution may be marginal.

23. The question of COVID impact on the PCIP implementation process is frequently asked. Each of the new areas of Primary Care capacity has an interesting perspective, but the highlights are;

24. Recruitment was not paused, and new members of staff continued to take up vacancies overall

25. The Community Link Worker service adapted its service hugely to the new circumstances, with much more working with local organisations and known clients rather than new referrals.

26. Mental health nursing, where available, offers improved access, but the Primary Care perspective is that secondary and related mental health services offer little additional capacity or flexibility. The number of requests for help from Primary Care by distressed people is reported to have increased markedly – and continues to do so.

27. Our early success in attracting c15wte Primary Care Mental Health Nurses was able to be sustained, but has not grown to the 35.wte we (and practices) wanted

28. We have set aside some underspend to be used to fill this requirement and are working to try to secure additional capacity to meet this additional demand

29. A huge proportion of the PCST capacity has been absorbed in delivering the flu/covid vaccination programme, and this will continue until the end of this calendar year.

30. The 2020 flu programme was reported through our Clinical Governance Committee and widely praised for its effective and innovative delivery, alongside recognition of the steep learning curve involved.

31. During the early few months to June 2020, the demand for primary care appointments was suppressed by an estimated 5%. Thereafter, demand quickly re-established and - we hear from practices - surpassed previous levels and is currently unsustainable.

32. GPs in particular find themselves more available than ever, working in a way which forces even greater risk management and simultaneously finding, for the first time in their careers, an outspoken proportion of patients unsupportive or even hostile. This has been widespread and intensely de-

moralising for staff.

33. This has been particularly exhausting for everyone since the attached report was compiled in May

34. Looking forward, we are very conscious of the gulf between what capacity we originally estimated was required to rebalance the workload/capacity equation in Primary Care, and what is still required. The underlying direction and progress is positive, despite the frustrations. The persistent concern is whether, after the turbulence of the implementation period, sufficient resources are there to ensure Primary Care is able to remain the solid preventive and locally responsive foundation of health and social care delivery.

35. We need to be cautious about describing 'transformation' rather than relatively modest expansion of capacity at a critical time. Nevertheless, there are now a wide variety of examples where the PCIP staff have become much more than 'bolt-on' parts to the existing teams, but have offered insight, expertise and improvement to patient experience, beyond additional capacity. Transformation requires not only fully trained, experienced, confident staff able to work in the fast-paced Primary Care setting, but also practice staff who actively incorporate them into their team in a supportive environment. The next period will therefore increasingly convert from our previous focus on growing and deploying the workforce, to the optimal deployment of the PCIP workforce

36. We continue to advocate for an assessment of the additional investment required, despite our acute awareness of the wider challenges to public services.

Implications for Edinburgh Integration Joint Board

Financial

37. All investment funds currently available are now in place.

38. There is continuing uncertainty about the status of 17C funds which are embedded in Edinburgh Practices

39. There is a continuing requirement to carry over underspent funds into 2022/23 and into 2023/24.

40. The situation with the expansion of the adult flu programme and the COVID programme requires clarification, to ensure that PCIP resources are not eroded by the expansion of the original target group.

41. Conversely, if additional permanent recurring resources are available for

vaccination, this could be harnessed to boost the delivery of our CTACS programme.

Legal / risk implications

42. None identified

Equality and integrated impact assessment

43. CTACS were subject to an EQA but not the overall programme. This will be undertaken in 2022.

Environment and sustainability impacts

44. None identified

Quality of care

45. As per individual MOU investment area evaluations

Consultation

46. The attached report was consulted on across Primary Care (GMS) in Edinburgh during May & June 2021.

Report Author

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Background Reports

1. Primary Care Transformation Report (August 2021) – Appendix 1

Appendices

Appendix 1 Primary Care Transformation Report (August 2021)

Edinburgh Health and Social Care Partnership

APPENDIX 1

Primary Care Transformation Report

AUGUST 21

EDINBURGH PRIMARY CARE LEADERSHIP & RESOURCES GROUP

Edinburgh Health and Social Care Partnership

Contents

Edinburgh Health and Social Care Partnership

EHSCP Report

Edinburgh Primary Care progress to end of 2020/21 and future priorities (following consultation May-June 21)

1. Purpose

This report summarises our position with Primary Care investment in Edinburgh and the associated 'transformation' anticipated as part of the New GMS (2018) contract investment. The report also confirms answers to some questions about future direction, which required the input of GPs, Clusters and MDT (multi-disciplinary team) representatives.

Tables 1&4 give a quick summary of where the funding has been invested to March 2021, and what is proposed for the final implementation phase this year.

2. Background

PCIP funding was first made available in mid-2018, so we are 3.5 years into implementation. This substantial investment added to NHS Lothian funding made available the previous year ('Transformation and Stability (T&S) funding) and long established 17C funding directly to specific practices. We have used the PCIF to appoint c170wte new MDT posts, of which approximately 150wte will be filled at any given time. These figures do not include the original Community Link Workers (see section 5.3 for further detail). The MDT staff were anticipated to make an **average** workload contribution equivalent to augmenting 3 sessions of GP time 'injected' into practices across the City. Some newly recruited MDT staff had the background to make an immediate impression and exceeded our expectations, others reminded us that the pace and management of clinical risk in Primary Care requires careful acclimatisation, training and supervision, to be successful.

Scottish Government took a welcome leap of faith in prioritising substantial public investment into Primary Care, and BMA negotiators promised they would see results. In Edinburgh, a ring-fenced fund of c£13M was to be made available over a 3-year period, now extended to 4, and delegated to the Health and Social Care Partnership as part of a 'tripartite' system of accountability with the Health Board and LMC. We are now in the last year of that period.

The pandemic changed our delivery of service to the public overnight. We still need to assess together, how much of that change should be retained, and how much essential healthcare was pushed even further out of reach of some of our most vulnerable people. The relationship with our patients has also changed, and not all of this is positive. Mental health demands seem to have reached a 'tipping point' with natural resilience and self-reliance breaking down for a significant minority, but Primary Care remains a trusted place of safety

and help. The worst may not be over.

The pandemic has brought renewed enthusiasm for 'localism' in Edinburgh. There are few public services more local than General Practice, and there are opportunities for us to link more closely with key local partners such as primary schools, libraries and established third sector partners. The public health aspiration to create healthy neighbourhoods, could be given credibility and impetus with the more obvious support and involvement of Primary Care.

Responding to the pandemic demands has absorbed a huge amount of capacity over the last 18 months. The starting position was a city which has welcomed an average of c6000 new patients per year for more than a decade. This rate has barely slowed with 4000 additional in 2020/21, and each year the mismatch between patient numbers and physical capacity becomes more stretched. Our hope of a national infrastructure fund to acquire and re-purpose buildings for required public services has found no traction and this is now negatively impacting on PCIP delivery.

Primary Care remains the service foundation of all health & social care, yet we are so busy with daily demand, it can be difficult to make the opportunities of integration work for our population. Joined up thinking, planning and provision is a long-held ambition for public services. Our engagement with communities in listening and demonstrating our responsiveness to their needs, ideas and capacities will help to define the next period.

Interesting times.

3. Funding

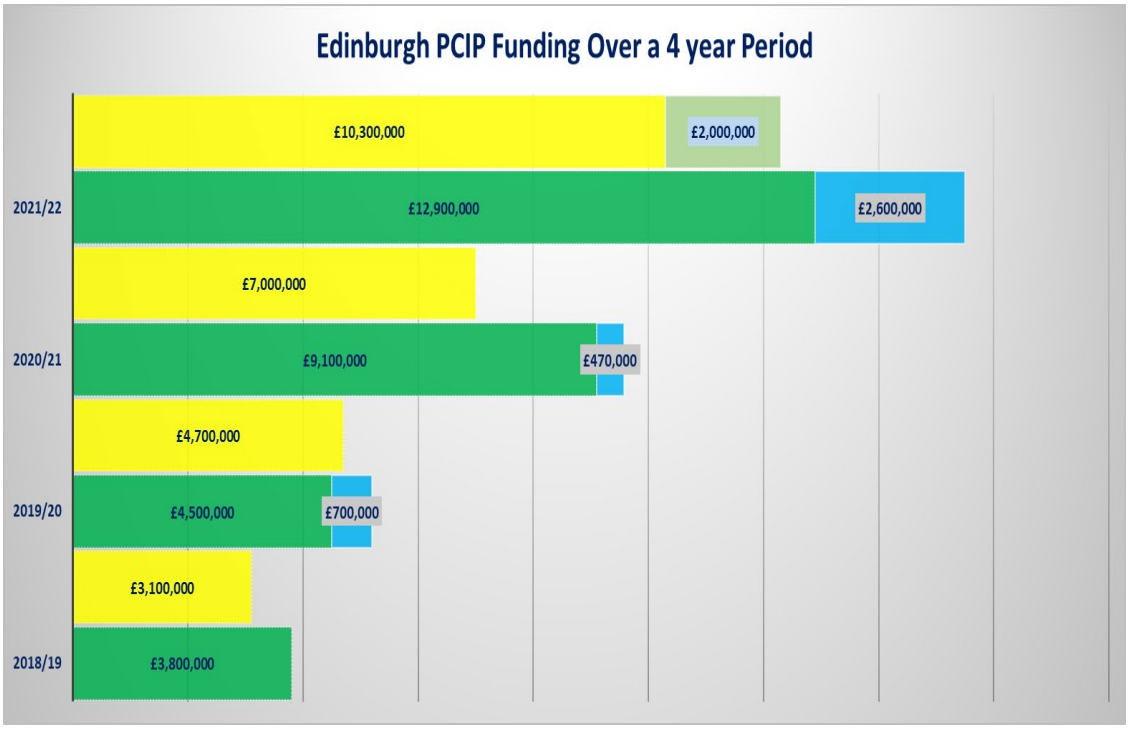
What we did and why?

There are three funding sources under our local (Edinburgh) management which are increasingly referred to as the 'PCIF' but which have different stipulations attached. These are managed on behalf of Edinburgh HSCP by the Leadership and Resources Group (L&R) which was established by the IJB for this purpose. Ultimately, the intention is that these three will be able to be used as flexibly as possible to support GMS under the governance of our Leadership and Resources Group.

3.1 PCIP

The PCIP funding became available from mid-2018, aimed at satisfying the Government MOU (Memorandum of Understanding) covering 6 broad clinical MDT areas where the funding was to be invested.

Figure 1. Build Up of PCIP Investment over Implementation Term.



The planned funding (green) is augmented by underspend carried forward (blue). The Yellow Bar shows what we spent in each year (as previously reported). The £10.3M shown for the current year is what we had committed to by April 2022, with a projected further c£2.0M investment proposed over the course of 2021/2. The first tranche of funding received in 2018 was applied in part to pre-existing commitments which were without recurrent funding, but which clearly lay within the MOU. For example, Edinburgh had been given funding before other areas of Scotland to create a Link Worker Network, and this became part of the PCIP investment. Similarly, central funding had been available to support pharmacotherapy development, which became part of the PCIP. (These investments and others can be seen in the first year of funding in Table 4 later in this paper).

An important local understanding about expectations was rehearsed throughout our local 2019 PCIP consultation and preceding discussions. An illustrative calculation was used to emphasise that to meet the expectations of the new GMS contract, at least c£18M would be required for Edinburgh. The question which was therefore addressed in the 2019 Edinburgh GP consultation was 'what is the best possible use of the £13M funding, within the parameters of the New Contract'. Three years on, we understand much more about what feasible, and about realistic timescales for full implementation is, and about what capacity and associated benefits each post can bring. For the Edinburgh PCIP the initial understanding that £18M investment remains a good indication of proportionate funding, now requires updating. It is likely that this estimate is at the lower end of what is required whilst many in the Primary Care community would advocate a more substantial investment.

3.2 17C funding

Edinburgh was awarded this second GMS funding source in 2004 to encourage innovation in Primary Care. The funding was mainly applied across practices in North West Edinburgh, with two further City practices benefitting from concentrated resources. The 2019 Edinburgh consultation established that these practices would not benefit from additional PCIP resources as a priority, and that 17C funding would gradually be withdrawn as PCIP resources were put in place. The 17C funding released would then be re-invested in the PCIP fund. The value of this re-investment is around £1M, which will be added to our PCIP resource ensuring equal benefit across all City practices.

Practices have asked about the process of withdrawal of 17C funds, and considerable unhappiness expressed by some, who have indicated that the loss of staff would destabilise the practice. This has not been a priority to date, but we will consider PCIP status of each practice and discuss before proceeding. We anticipate this process will begin with adjustments to the 2022/23 17C allocations, where practices have substantial PCIP resources in place.

3.3 Transformation & Stability (T&S)

This third funding source was recurrent funding given by Lothian Health Board to each HSCP in Lothian in 2017, in response to the Primary Care crisis which had been developing since 2014, and before the shape of the New Contact was known. £2.3M was allocated with a further recurrent tranche of £0.6M made available from April 2021.

A summary of the investments made is in Table 1 below.

Table 1 T&S Investments

T&S		2020 / 2021 £2.3m (£2,279,589)		
07/05/2021		20/21 FYE Committed	Actual 2020/21	21/22 FYE Committed
PCST: TPM & PA		£100,000	£90,022	£100,000
A&C Investment		£500,000	£406,482	£500,000
Diabetes LES		£204,000	£203,490	£204,000
Test of Change		£100,000	£0	£100,000
CQL		£100,000	£21,000	£100,000
External Support		£20,000	£0	£20,000
GP Mentor		£5,000	£0	£5,000
Street Pharmacy		£30,000	£30,000	£30,000
Additional Leg Ups		£100,000	£0	£100,000
Infrastructure		£100,000	£100,000	£100,000
Outstanding SLA*		*£210,000*	£102,000	£210,000
2Cs (Including Cluster)		£800,000	£800,000	£800,000
2Cs PM & B2 1.8wte Support		£100,000	£90,000	£100,000
Impact Nurses		£100,000	£0	
Clinical T&S Staff			£490,341	
Total		£2,469,000	£2,333,335	£2,369,000
			-£53,746	

*FYE – Full Year Effect

Explanatory notes are offered below on three of the investments shown in Table 1. Further information is available on all elements where requested.

Firstly, in 2018/19 we were aware that the funding of the **original** 2C practices seemed generous in comparison with 17J/C practices, and that the new 2C practices were not settled enough to judge what additional support they required on a transitional rather than permanent basis. We were reluctant therefore, to give PCIP shares on the same basis as the 17J/C practices. Instead, we allocated £800K from T&S on a potentially recurrent but unconfirmed basis. This £800K approximated to the amount of PCIP fund which the combined 2c practices would otherwise have been allocated through the PCIP. Work continues to understand where additional funding should be applied recurrently. All 2C practices are now stable and delivering all relevant elements of GMS. The clear intention is that 2C practices should not be disproportionately advantaged by transformation resources, unless these are explicitly tied to additional expectations. In three of the 'new' 2C practices for example, we have left a proportion of what was originally crisis funding in place, due to rapidly increasing list sizes which are providing much appreciated local capacity for patients to continue to register. An example of additional expectations is the funding of 'street pharmacy' in the Access (homeless) practice in response to the specialised needs of this vulnerable population.

Secondly, ahead of the New Contract we had offered 'T&S' posts funded 50% through T&S and 50% through the requesting practice. Where these staff had originally been employed under NHS contracts, we were able to move them across to PCIP funding and where the practice employed, they were (are) subject to TUPE. We have now completed all the TUPE transfers, except for those few practices which have decided to keep practice employment arrangements in place and continue to fund 50% of the post. (These appointments will be honoured until the staff concerned leave, after which PCIP arrangements will apply).

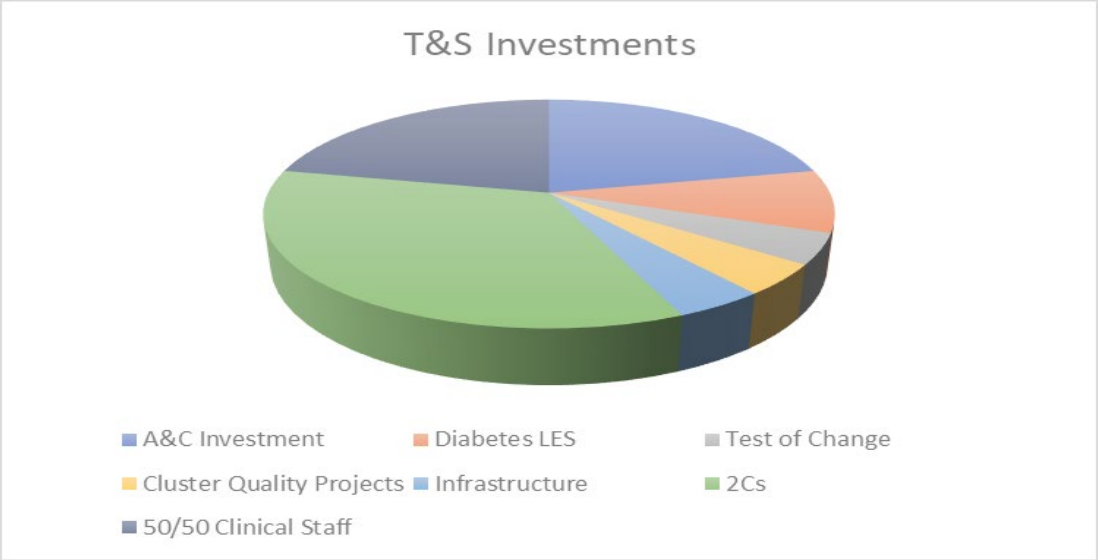
Thirdly, we invested c£500K into encouraging all practices to progress their clinical admin arrangements. The original intention was to ensure that all practices were able to have 50% of results and clinical letter handling ('Docman')undertaken by non-medical staff, and this has been achieved in all but a very small number of practices which did not wish to take advantage of this funding. The offer is still open to those practices. There is a longstanding aspiration for this element of support to be recognised nationally as part of the New Contract arrangements, and in support of the overall transformation of primary care. GPs report this has significantly helped their workload, and we have data to support this. We note that some practices feel they may be penalised for not reporting 50% achievement, when they assess that more than 50% of the associated workload has been removed. We will look again at the impact of this investment and ensure that any disincentives or potential disincentives are mitigated against. Reported numbers are a guide to performance, not necessarily the sole determinant.

It should be noted that £100K was set aside for the development of Cluster working capacity (not cluster services). Relatively little of this funding has been accessed to date due to other

pressures, but we remain committed to this investment, and are keen to find new ways of encouraging Cluster GPs to using this

The final share of recurring T&S funding is available from April 2021. The original intention was to use this funding to extend the availability of the 50/50 funded staff for practices which required more than the PCIP allocation. Practices made some suggestions which included the additional support required by teams

Figure 2 Summary of Transformation and Stability Fund Application (2020/21)



3.4 Summary of Funding available for Primary Care Transformation

In the 2019 City consultation, the PCIP and 17C funds were put together and 'top-sliced' for defined commitments e.g. Link Worker Network, phlebotomy & ANP central training contribution, evaluation support etc. The remaining sum was then divided amongst City practices according to their population size and Global Sum per head (excluding new patient premia and Care Home income). This calculation was weighted by 5% towards SIMD 1 patients and by 2% towards patients aged 80+ years (again, excluding care home patients who are funded separately). In addition, it was determined that 5% would be set aside to give each Cluster some resource to begin to develop locally relevant services. This latter recommendation was subsequently dropped as the case for CTACS grew and the funding was required for this. The total amount available across 17J practices was further inflated by the decision not to allow 2C practices access to PCIP allocations. Instead, funding was allocated to 2C practices from the Transformation and Stability Fund (see **Figure 3** below).

The funding available per practice was then converted to a range of wte staff equivalence, (band 6) which each practice could expect to be in place over the course of the PCIP implementation process. The use of a range rather than a fixed number was to allow some flexibility where population increased/decreased substantially or when highly or modestly graded staff were recruited into a practice. A 'rule of thumb' was that for each additional 2500 patients a practice would be allocated another 1.0wte, but the allocation was not so sensitive that the allocation would be increased simply because a practice list grew by another 300-500 patients (for example). AS part of the consultation we decided not to fund staff to cover absences and illness, though that would be in line with the GMS contract, simply as it would dilute the resource available to each practice. This does mean, however, that practices are sometimes considerably disadvantaged for unpredictable and varying lengths of time, as they manage absences internally.

The total affordable staff (excluding the original government stipulated Link Workers who are top-sliced) to be distributed across the sixty-two 17J/C practices, was calculated as **c211wte across the City**. Colleagues will note that this figure can vary slightly across reports in response to the grade of staff able to be recruited. For example, the decision to employ a cohort of B5 pharmacy technicians in 2020, will benefit the total number of PCIP staff we can afford.

The simple table below notes the total funding available to Edinburgh Primary Care on a recurrent basis from April 2021.

Table 2 Summary of dedicated recurrent local funds for Edinburgh Primary Care

PCIP	T&S	17C reinvest	Total
£12.9M	£2.9M	c.£1M	£16.7M

In addition, c£400K of pharmacotherapy baseline funding will be added to the PCIP pharmacotherapy fund, reflecting the original pharmacotherapy resource which has been fused with the PCIP pharmacotherapy investment. This takes the total funding available to £17.1M.

3.5 Underspends

Scotgov has been very consistent in its insistence that any PCIP underspends must be retained for application within GMS and consistent with the New Contract implementation. The underspends have therefore been preserved and carried forward for future application. This insistence prevents any incentive for HSCPs to delay implementation of the PCIP and use the funding elsewhere. Not using the full government and health board transformation funds as they were intended to support practices, may lead to additional costs elsewhere – in supporting practices which have become unstable, in rising prescribing costs, increasing acute admissions and so on. In Edinburgh, this equilibrium has worked well to date.

Ideally, this non-recurrent element would be relatively minor as we would already have invested fully in the PCIP and agreed L&R commitments. Although there has always been commitment to PCIP investment from Scottish Government, we need to have assurance before the beginning of each subsequent year, that the additional planned funding will be available. This means that we receive funds for each full year, (notably in 2020/21 when this increased from £4.5M to £9.1m) which we cannot fully use in that year as the personnel take time to employ. We have therefore mainly carried forward this funding. It is important that the use of this source, both past and future, remains open to scrutiny.

The application of underspend to minor premises improvements was reported to all practices for both 2019/20 and 2020/21. The list of practices supported from underspend with 'tech 50/50' (or 100%) grants is available to all, as is a record of LEGUPs since their introduction. In addition, practices have benefitted from underspend funded 'tests of change' such as Link Workers in non-deprived practices, in supporting the local Practice Managers network and equipping CTACS. We are more circumspect about openly reporting funding given to individual practices for stability support. These are very individual circumstances and all practices appreciate the importance of discretion during periods of instability, to avoid difficult situations deteriorating as Partners leave or are reluctant to join partnerships. All the funding given on this basis to individual practices is under the oversight of both the locality GP Lead and both LMC/GP Sub representatives. It is important that any misgivings about the use of these discretionary applications are voiced to LMC/GP contract oversight colleagues, to allow us to respond and maintain confidence in the fairness and appropriateness of these discretionary applications. The total spent on this basis is likely to be in the region of £50K in any one year and across several practices.

4. Overall position on PCIP Implementation Progress

Figure 4 (below) shows the steady growth of the MDT workforce employed into Edinburgh. This reports all posts recruited to and filled at some point since mid-2018 and therefore is not sensitive to vacancy which will affect MOU areas differentially. (Again, this does not include the original Link Worker posts which were originally awarded from government funding).

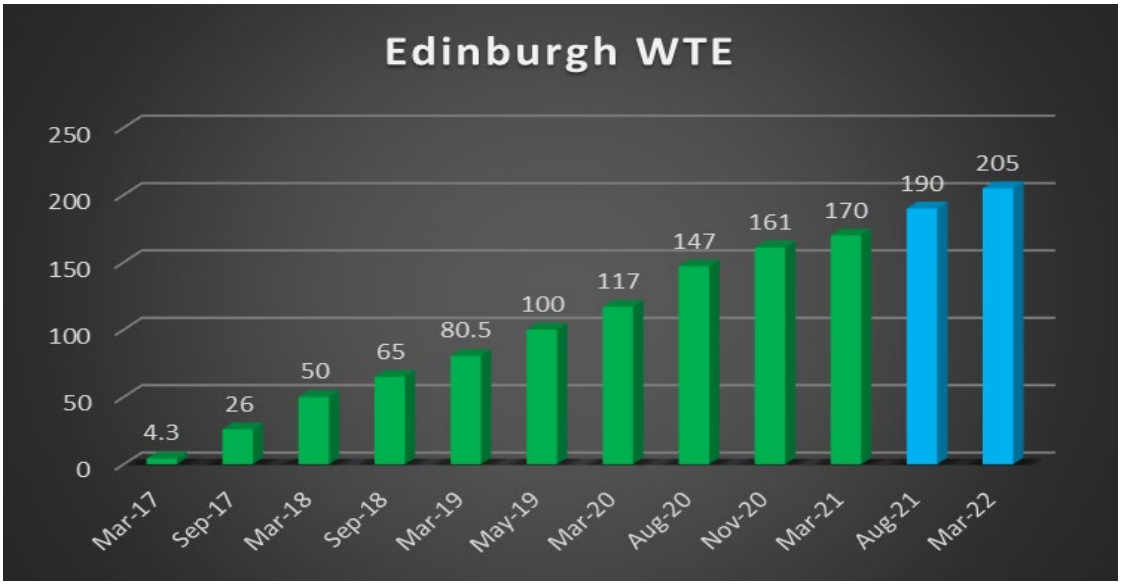
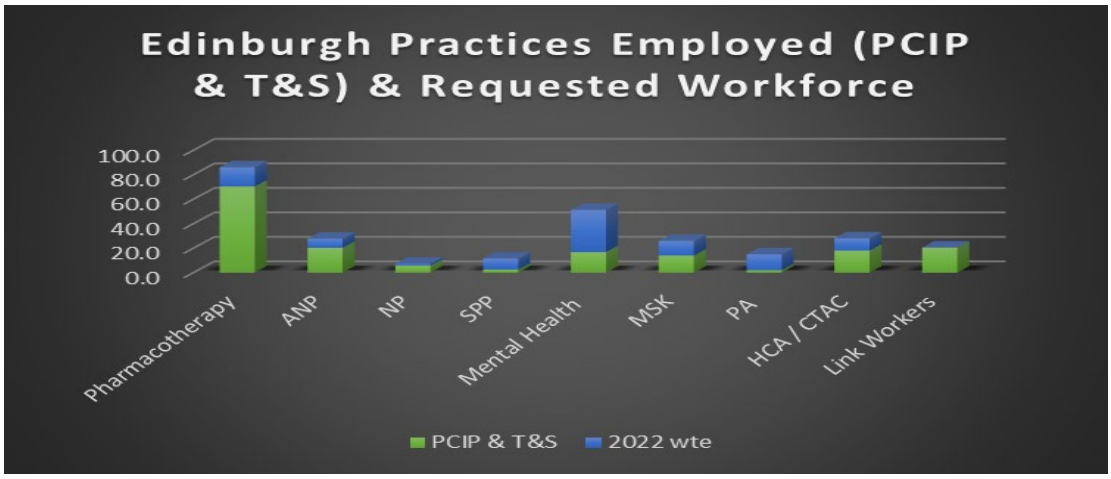


Figure 5 (below) shows the progress by MOU area against what practices advised us they wanted during the 2019 consultation. This will be updated as practices confirm or change their aspirations, in response to experience of the new MDT members and what they bring to a practice. It should be noted that practices interpreted the question of choice differently in response to the 2019 local consultation. Some advised us of their ideal application and others were more tactical; not asking for an ANP for example, knowing they were very scarce. Practices should already be aware that their preferences can be updated at any time and the latest version of our (PCST) understanding is always on the PCST website.



As can be seen in Figure 5, the early success of mental health appointments was not able to be sustained, and we are only starting the introduction of Physicians Associates in 2021. All other areas of the MOU have been successful in recruiting staff, and whilst that falls far short of the GMS promise, we are nearing the planned March 2022 position for the monies available.

5. Workforce development by MOU area

5.1 Pharmacotherapy

The development of the Edinburgh Pharmacotherapy workforce has been one of the successes of the PCIP. Edinburgh has made £3.8M available to date from the PCIP. This investment is augmented by £0.4M which was the pre PCIP team who have been absorbed into the same workforce. This total investment of £4.2M has been converted into MDT staff who provide service to each practice. The strength of this area and the success of skill mix have prompted proposals about how this service might be adjusted to provide cover and better consistency in the core pharmacotherapy service delivered to all practices.

The impact of this workforce when organised into cluster teams, with named pharmacists continuing to be embedded in practice teams is an attractive potential development of our current arrangements. This will be subject to a **dedicated proposal to be discussed through clusters**. An important element of the proposals will be that practices will retain a pharmacist firmly embedded in their practice. Adjusted arrangements will aim to provide more consistent cover which can largely be provided by technicians. By organising across clusters and building upon the new ways of working developed during the covid pandemic, these teams could be utilised to remove non-clinical and duplicated workload from practices. This will then free up clinical pharmacy capacity within practices to undertake more complex roles. Once everyone has this level, we can begin to consider where some practices wish to explore using more of their PCIP allocation to provide an enhanced level of pharmacotherapy, whilst being sensitive to the consequences for other parts of the system.

It is important to note that Edinburgh currently has c25 technicians at a variety of stages of their training. By autumn 2021, around half will be fully trained, with the remainder expected to be fully trained and registered January 2022.

We calculated that to remove ALL acute prescriptions ONLY from GPs, would require c170 wte pharmacotherapy staff across Edinburgh ie three times the total intended pharmacotherapy investment. Pursuing the removal of all Level 1, would mean having to withdraw funding from other embedded programmes which GPs have indicated that they want (ie. other MDT members). We also understand that exclusively undertaking level 1 tasks will not support pharmacy recruitment and retention. We have aimed instead for skill mix and are keen to share learning about effective systems which allow routine activities to be undertaken in a more cost-effective way: indications from elsewhere are that increased use of pharmacy technicians and administrative staff working alongside pharmacists, is key to capacity expansion.

The question has always been about the best-balanced application of the funding available, and not a misleading expectation that 100% of anything would be removed.

An additional important feature of the transformation of pharmacotherapy support is the adoption of efficient prescribing systems, including review of acute/repeat prescribing ratios and increasing adoption of serial prescribing[1] arrangements. Edinburgh practices are increasingly adopting these proven systems. Workload and safety benefits should shortly be obvious to all.

The available investment into pharmacotherapy in Edinburgh is almost complete and we anticipate only a further £100-200K being invested in this area. This adds to the funding agreed in July 2021 by L&R to support the opportunity to increase the technician workforce. It should be noted that the pharmacy team have a compelling case for additional investment of c£500k, should additional PCIP funding become available, aimed at enhancing the skillmix and pharmacotherapy offer available at cluster wide level. (This reflects our overall assessment of the PCIP fund available as being significantly short of what is required to satisfy a proportionate interpretation of the New Contract).

5.2 CTACS (including vaccination supplementation)

Edinburgh practices have gradually warmed to the potential of CTACS, although we remain constrained by site availability. We have plans with varying timescales to have a network of 8 across the City to give reasonable access to over 50 practices. Inevitably this means c.20 practices will gain access to significant CTAC support on a longer timescale.
CTACS development has been hampered by Covid, unlike some of our other programmes of work (eg extending the MDT where we have managed to successfully recruit throughout). We have agreed a range of procedures to be provided for all practices and another range which will be open to some local interpretation. The financial mechanism which supports this has still to be fully developed, but we envisage a standard calculation of wte against the level of service available to the practice. For example, a practice with 10,000 patients which

uses the core CTAC service might have 0.4 wte attributed to their PCIP practice allocation. We have currently set aside a £1.1m investment across all Edinburgh practices, and need to consider how to increase this as the service is able to develop. Lack of premises is a significant, and growing, problem. We also need to consider how best to provide agreed phlebotomy for specialist bloods (funded by secondary care)

In terms of the practice capacity which CTACS create, we are keen to develop the work of PNs in parallel and chronic disease monitoring is an obvious initial focus. We are developing Healthcare Support Workers to work at a more advanced level offering vaccinations and wound management, for example.

The **vaccinations programme** merits its own section, but we have increasingly seen this responsibility as being best managed from within and as part of the CTAC programme. Both CTACS and vaccination programmes are overwhelmingly nurse-led, and CTAC staff will continue to help with delivery, working alongside their Practice Nursing colleagues who are the mainstay of our delivery capacity. We have accounted for the amount spent in 2020/21 (£550k adult prog.) and made provision for 2021/22 (£450K). These numbers have already been subject to change as the adult programme increases its reach and combines with the COVID booster delivery. We have been assured that extra funding will be available for the additional work required.

In 2020 the Edinburgh HSCP delivered the adult flu programme, in close association with GMS. The experience of 2020 emphasised the shortcomings of attempting a surgical removal of all flu vaccination activity from General Practice. The 'opportunistic' delivery of vaccines by practice staff whenever patients attend practices or are visited at home makes sense to everyone, including the GP body. The practice plays a vital role in communications with patients, and the HSCP delivery workforce is mainly Practice Nurses. If GMS played no role in delivery the flu programme would be both more expensive and less effective, using up PCIP resources which would otherwise be available for other MOU areas. Similarly, Community Pharmacies across Edinburgh participated enthusiastically in local delivery, which was much appreciated by many citizens.

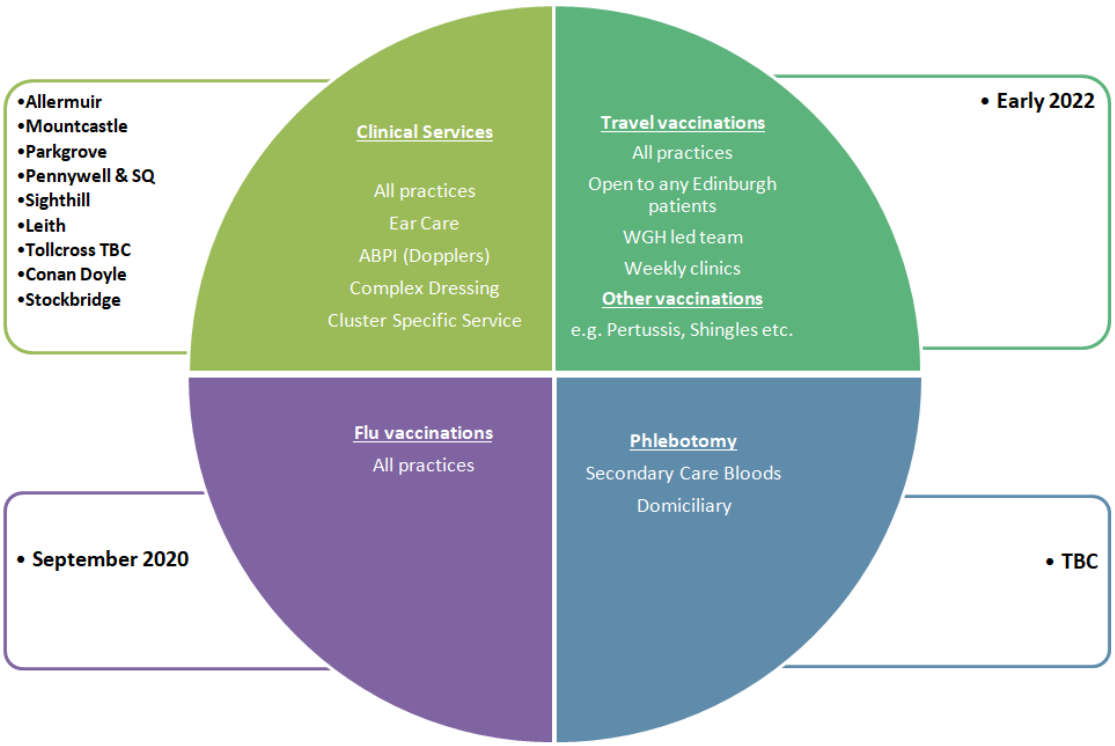
Travel Vaccination is subject to a Lothian wide arrangement with a central clinic at WGH and local access through CTACS. The model has been costed using a £10 charge to each patient and the net cost to Edinburgh is currently noted as c.£175K pa. This is planned to be available to all practices as early as possible in 2022.

Children Vaccinations were carried out and funded by NHS Children's services for c50 City practices prior to the PCIF being available. The service was extended to all 70 practices through a PCIP 'top-slice' of £190K.

Adult and Students Vaccinations will be carried out via CTAC and this relatively small transfer has yet to be costed and may simply be absorbed as part of the CTACS workload and funding.

We propose retaining flexibility for the application of further funding to this area from PCIP in this financial year and from T&S as site opportunities develop.

Figure 5 CTACS Development in Edinburgh



5.3 Link Working and Welfare Rights Network

This network was an early implementation success with funding provided by Scotgov prior to the PCIP. When the New Contract was agreed this funding became part of the PCIP fund available to Edinburgh, together with the expectation that Edinburgh implemented its 'share' of the national 250 Community Link Worker (CLW) posts ie c.23 wte for the City. The original Scotgov funding paid for each of our (19) practices with +20% deprivation to be awarded proportionate capacity (1 day per 1000 patients in SIMD 1). This original network of generic Link Workers was subsequently augmented by investment into the City Welfare Rights Network, in place of additional Link Workers. The original network, its management support and the welfare rights investment satisfy the government stipulation to ensure c23 generic Link Workers across the City as part of the PCIP implementation (c.£1.1M). The 2019 City consultation established that this funding is top-sliced because the original practices had no choice, they were simply offered their share of this national allocation.

Subsequently, several 'non-deprived' practices have chosen to use some of their PCIP allocation on Link Workers, following a successful trial period funded by PCIP underspend.

All Community Link Workers have a role with their practices to encourage and facilitate 'social prescribing/signposting' amongst the wider team and non-deprived practice have developed more 'specialised' support to respond to practice needs eg. isolation in older people/dementia. These additional CLW posts are therefore not top-sliced and count against a practice's PCIP allocation. Any of the original practices which wish additional Community Link Worker resource to complement their top-sliced allocation, need to take this from their PCIP allocation.

Further (non – PCIP) government funding is available to strengthen the presence of Welfare Rights Workers in practices during 2021. This is relatively modest at c£60K across Edinburgh but will allow an additional session in each of our eight most deprived practices.

Future development includes the consideration of a software application which could give a 'curated' choice of social prescribing options for all primary care staff (and others) and improve the recording of both activity and patient outcomes. A proposal was supported through Leadership and Resources in July 2021.

We are not proposing further expansion of the network as the Scotgov stipulation has already been satisfied. Individual non-deprived practices may continue to request Community Link Worker support as part of their discretionary application.

5.4 Advanced Nurse Practitioners and associated Nursing roles

Edinburgh struggled to employ fully trained ANPs during the first two years of implementation. These were amongst the most sought-after staff and where practices did have them, their contribution was highly effective in augmenting the practice workforce. During 2020 we began to place prospective trainee ANPs into practices where they would need training support. Workplace-based assessments required for the ANP course require considerable GP input and dedicated time. We therefore gave retrospective payments (using PCIP underspend) to practices which undertook this work during 2020-21. Future arrangements for 'Training Academies' have been developed and agreed by Leadership and Resources (July 2021). The requirement for training of the extended team, or the mechanism for resourcing it, were not anticipated by the new GMS contract.

We are proposing a further investment of c£200K in this area with room for flexibility should the opportunity present to employ more than 4.0wte colleagues into this area. A professional Primary Care Nursing group has been developed to ensure that all nursing roles are developed and enhanced, including Practice Nursing and including District Nursing.

5.5 MSK

MSK APPs began to be appointed in 2019 and their steady growth has been welcomed by all practices which choose this supplement. As always, the balance between demand and capacity is very practice specific, but it seems that 3-5 sessions per week per 10,000 patients

in an average demand practice is well used and appreciated. We aim to continue to recruit actively this year in accordance with practice choices. APP leads undertook an assessment of this work and, in particular, showed high levels of patient satisfaction.

A further £350K is ear-marked for this area for this year.

5.6 Mental health

The employment of mental health nurses into practices was started in 2017, and quickly spread in large part due to the very experienced nurses who took the first jobs and whose practices were very appreciative of the contribution they were able to make. The job descriptions were subject to the formal evaluation process, and this held up the employment of further colleagues until this year. It is clear from the latest responses to advertisements that Edinburgh is not going to be able to meet the original PCIP intention of c35wte Primary Care Mental Health Nurses for some years. It is proposed that our response to this has three main elements (in addition to periodic advertisement);

- Building on the experience of developing B5 nurses to take on the extended Primary Care Mental Health Nurse role, we will ensure we have 4 x B5 training opportunities running continuously to build this workforce internally and offer an improved career structure to nurses interested in this option.
- We have started discussions with Third Sector colleagues about the possibility of quickly providing some local capacity over the next two years. Depending on the success of this there is opportunity for a blended approach in the longer term. This would seem an ideal use of Action 15 monies which are to provide additional support for every GP practice.
- We also plan to explore the possibility of Mental Health OTs who may wish to work in Primary Care.

  As with pharmacotherapy, it is important to emphasise the limits of the additional capacity a Primary Care Mental Health Nurse can offer. In a practice of c10,000 with average patient demand, we would expect at least 30% of appointment requests will be mental health based, but following the pandemic, this has risen significantly (and was always higher in deprived settings) An experienced mental health nurse with V300 training and well embedded into the practice team, will augment capacity by the equivalent of c5 medical sessions.

  We have set aside £550K of the remaining PCIP to invest in this area, alongside underspend to secure additional capacity for at least the next 2 years.

5.7 Urgent Care

The Scottish Ambulance Service has provided welcome capacity for a pilot and another City

practice has strong positive experience of the direct employment of paramedics. The feedback from the pilot is very positive, but we have continued to raise with the SAS the relative cost of this particular investment. The service provided includes provision for all the equipment, transport and training, but nevertheless is around £40 per hour compared to £25 per hour for a B7 pharmacist or ANP.

We believe the capacity which they can provide may be particularly relevant for certain large practices with high elderly populations during defined periods each morning, and also to provide locality wide capacity for unscheduled visits in the afternoons.

We have set aside a further £300K, allowing for the tests of change which have been funded from the LAS to date, and the expansion which is already being implemented.

5.8 Supporting investments

The first Physician's Associates began work in two Edinburgh practices this year. The feedback from other Scottish sites where they have worked in Primary Care is positive, and we are hopeful they will develop into a recognised and sustainable part of the primary care workforce.

We have set aside a further £200K this year in anticipation of some further expansion of this workforce.

5.9 Management Support (PCIP and T&S funded)

The L&R Group are sensitive to the extent to which funds intended to be for direct workload capacity are invested in additional management support. There is a 'quid pro quo' in that there are several (PCST) roles which contribute substantially to the PCIP, but which are not funded from this source, or the T&S funds. As the workforce grows, the support required will grow and it is important that we are transparent about this. To date;

- PCIP Transformation Manager
- PCIP Evaluation & Insight Manager
- Clinical Nurse Manager for ANPs/CTACs
- Clinical Nurse Manager for Mental Health (Agreed but not yet appointed)
- Quality Cluster Administrator
- Asst. Primary Care Service Manager for 2C practices
- Link Worker and Social Prescribing Network Manager
- Physiotherapy Manager (0.64wte)
- Edinburgh Head of Pharmacy (Agreed but not appointed)
- In addition, there are several roles, notably with the more senior pharmacy roles, mental health team leads and also CTAC leads where management responsibilities are combined with a patient facing role.
- Funding to support the City Practice Managers Network

- We envisage that part of the c£450K we have recommended for the adult flu delivery is invested in some permanent additional capacity which will cover the 6 months during which the programme is designed and delivered.

In total, this element reflects a modest level of investment (c£400k from total £17M) in primary care management support.

No further investment is currently proposed.

6. Impact to date and projected

6.1 Original capacity gap definition

Our first PCIP described a sessional demand for GPs across Edinburgh as c2900 per week, with actual capacity available and supplied as c2300. This gave us a crude starting definition of 'missing capacity' as 600 medical sessions per week. The GMS contract promises more than this eg most of the savings offered by CTACS and the VTP save PN rather than GP time. Each time we make an investment using the PCIP we ask what sessional augmentation has been achieved, and we recognise both that the augmentation of workload and 'value' to the PCIP and the practice team are not the same thing. On initial evaluation, Community Link Worker can only be expected to augment capacity by one session per week, but we maintain that their contribution to linkage and understanding of local resources and the Third Sector in particular, goes far beyond clinical capacity provided (or 'saved' in this case).

As the table below shows, we believe we are now providing overall capacity of c500 sessions out of the 600 envisaged and affordable. There are two very important considerations which accompany this healthy progress. Firstly, we count any post filled as contributing to the 500, even although the post may have subsequently become vacant. The vacancy rate overall is c15%. Secondly, in the last four years the population of Edinburgh has increased by c24,000, and the PCIP allocation does not increase with our steadily increasing population. This is not material whilst we have PCIP underspends available, but from 2023/24 will constrain the support available to practice and begin to erode the equity equation on which the PCIP distribution was founded.

One of the investments we agreed from the beginning was an 'evaluation' post dedicated to understanding and recording the links between capacity put in place and impact on GMS workload. Table 3 indicates where an evaluation is available to substantiate these impacts and where we anticipate further work coming forward this year. To date the evaluations have been convincing, not only in respect of workload but of unintended and additional benefits realised by expanding the MDT and bringing different clinical approaches and skill sets. All evaluations are scheduled to be re-run every 2-3 years to reflect the changing nature of the MDT contribution and its direct and indirect impacts on workload, safety, and quality.

Table 3 Impact on GMS workload of MOU investment

Edinburgh Primary Care Transformation Programme Impact Tracker March 21					
	Practices Benefitting	Wte in post	Sessional Equiv (est)	Funding Origin	Evaluation
Pharmacotherapy	69	69	207	PCIP	Jun-21
Linkworking	37	21	21	PCIP/T&S/17c	Sep-19
Vaccs	70	-	15	PCIP	Feb-21
Nursing	28	34	84	PCIP/T&S	TBC
Mental Health	19	16	64	PCIP	May-19
MSK	22	14	56	PCIP	Nov-19
CTACS	33	15	33	PCIP	Oct-19
Clinical Admin	60	-	22	T&S	Mar-20
Tech	66		TBC	PCIP	
TOTALS		169	502		

Note: All sessional equivalent subject to ongoing structured assessment, actual workload equivalence lower.
WTE total excludes pharmacy techs in training, WRW and LW ToC as workload impact currently marginal.

It should be noted that within each of the MOU evaluations taken thus far, the patient reaction to MDT working has been very positive. High patient satisfaction with the MDT clinical service has been reported.

7. Remaining Investment decisions

The table below shows that as we started 2021/22 we had already committed to spend c£10.3M of the £12.9M PCIP funds available (setting aside the additional pharmacotherapy baseline and the 17C reinvestment funds). Secondly, the table shows where we think these funds should be increased in accordance with both the expressed requirements of practices, the availability of staff and the success of existing application through evaluation. **This takes us to a commitment of £12.5M with £0.4M remaining.**

Table 4 Recurring PCIP Commitments Only (FYE) Edinburgh Primary Care PCIP Implementation Plan - Update Summary for GPs (Issue 7 – May 2021). (Appendix 2)

	2018/2019	2019/2020	20/21 FYE of Committed	2021/2022	Estimated Workforce Projection by end of 21/22 (on £12.1m)	WTE 2019 Wish List	Cost
Funding Available(£M) Carry Forward Omitted	£3.80	£4.50	£9.10	£12.90			
	(K)	(K)	(K)	(K)	(WTE)	(WTE)	(K)
1. Pharmacotherapy	£1,101	£1,810	£3,300	£3,500	70	75	£3,500
2. Link working	£770	£1,190	£1,200	£1,250	25	25	£1,200
3.Mental Health	£390	£600	£950	£1,500	33	50	£2,250
4.Vaccination	£109	£190	£900	£900	/	/	£900
5.ANP		£100	£1,550	£1,750	35	30	£1,500
6.MSK	£75	£260	£750	£1,100	22	25	£1,250
7.CTACS	£83	£105	£800	£900	20	/	£1,200
8.Paramedics/Urgent Care		£50	£100	£400	8	10	£500
9.Physicians Associate			£100	£250	5	10	£500
*Support**	£540	£520	£640	£640			£700
TOTAL	£3.06M	£4.83M	£10.3M	£12.2M	218	225	£12.8m

Practices have already asked 'what happens if the money runs out before I receive all the staff I was supposed to get?' Whilst allocations fall short of the GMS promises (due to restrictions in funding and available workforce), all practices should be able to see the original PCIP allocation related to the additional capacity they have access to. The original understanding or wishes of practices may be subject to some refinement, but this should be through mutual agreement. Three common examples are noted below for illustration.

- A practice originally wanted 2.0 pharmacists, but through experience and redesign now has 4 days of on site senior pharmacist and 5 days of (mainly) off site pharmacy technician support.
- A practice wanted an ANP but has been offered a Physicians Associate or Nurse practitioner to offer similar capacity.
- A practice wanted a full time MSK APP but now wishes to adjust that to 4 sessions per week.

We have also made clear that the choice of MOU support by practices may evolve. An obvious opportunity for this presents when a member of staff leaves, but we can also discuss when a practice assesses that MDT capacity support needs to be shaped differently

In summary, we have £2.6M available to invest this year and are suggesting where c.£2.2M of this should be applied across the MOU areas. The remaining £0.4M gives us flexibility to respond where there are opportunities to expand elements of the plans. Where this was to result in any additional investment to an MOU area this will be reported through L&R, with the understanding that investments can be both increased and reduced over time.

8. Governance

8.1 Role of L&R

The role of L&R is to ensure that the investment of the available primary care transformation funds is within the relevant guidance, widely agreed, effectively used and well communicated. L&R has a high level of GP involvement; chaired by the (GP) Medical Director, includes all GP Clinical Leads, both LMC/GP Sub reps/2x CQLs/2x Practice Managers, PN lead. The Edinburgh Primary Care Team is represented, and membership is open to two further members of the EHSCP Senior Management Team. All use of these GMS related funds must be sanctioned through L&R and where this is not possible, reported retrospectively.

8.2 'Rules'

L&R maintains governance Over the use of resources. For example, we recommend that any PCIP staff member should have an appropriate clinical 'mentor' at practice level to ensure their role is actively developed and well understood within the practice. L&R is scheduled to approve the first version of a document which sets out the relevant arrangements and understandings for H&SCP employed staff who work within practice teams. This document builds on the last three years of experience and the underlying intention is to balance the expectation that all MDT staff make an effective contribution to workload capacity, with practice responsibility to ensure these staff are well supported and effectively deployed. **Where this is not happening, MDT staff may be withdrawn.**

Part of the 2019 consultation asked practices if they wanted PCST to retain part of the PCIP resource to provide cover for MDT staff. Understandably at the time, practices were anxious to have all relevant resources embedded in their teams. No cover has therefore been provided for PCIP staff to date, but in response to practice feedback we will revisit this for certain MOU groups.

8.3 Continuing role

L&R was originally conceived as the local group charged by the Edinburgh IJB to oversee the New Contract implementation. The role has widened to all aspects of Primary Care Transformation and has proved a useful mechanism for reaching agreement over non PCIP resources such as Scottish Government premises grants and list growth related grants and Lothian's T&S funds. The value of the funding, the ongoing need to report on its application and the potential for further development of the funds, give the group a clear remit across the next few years.

9. Final thoughts

The application of the primary care transformation funds has not fully satisfied anyone's

expectations. It was clear from the start that the funding could not fulfil the full potential of the possible workforce transformation and augmentation promised by the new Scottish GMS contract. At the same time, the additional capacity has been appreciated and has helped the City to a point where all practices are stable, or able to be quickly re-stabilised without a requirement for the practice to move to a different contractual status.

We are also convinced that all parts of the MOU are effective, and we have learnt the scope and capacity of the new services and staff and have sought to learn from experience. Stabilising practices has brought collective benefit. As we develop, we expect the balance between practice specific and local practice network investments will change. At the beginning of the implementation process many practices were worried about being able to continue, but we are now reaching a stage where the benefits of collaboration are more obvious. Pharmacotherapy is likely to become a strong example of this, whereas ANPs are likely to remain very much embedded in practice teams developing bespoke roles, consistent with their relevant professional boundaries. This is not policy, it's about what works best and what gives City practices a continuing incentive to invest time and attention in the MDT arrangements.

We have set funding aside to encourage the further development of Quality Clusters. To date, this opportunity has been difficult to respond to, given the other pressures on practices. This investment in thinking and co-ordinating capacity combined with our determination to develop our 'insight' function, should help to illuminate areas for further development, new opportunities, and linkages with acute and Third Sector colleagues. We have long thought that harnessing the understanding of GMS to the commissioning of the Third Sector was overdue and the 2021 mental health investment should help to test this. Better understanding and joint working with the acute sector have featured in primary care policy for many decades. Again, there is the potential for Quality Clusters to engage on a mutually satisfactory scale and to better understand where variation might be helpfully and appropriately adjusted.

At each PCIP submission to date we have acknowledged the need for a more structured and consistent approach to an open dialogue with the Edinburgh public about their experience of Primary Care. In the wake of the pandemic this has never been more important. We cannot afford to assume our interpretation of what the public want and need is satisfactory. Whilst a minority of primary care interaction with the public is unsatisfactory and inappropriate, the public have been highly adaptive, understanding and supportive of what we offer, and we must reciprocate.

Best Wishes

Edinburgh Primary Care Leadership and Resources Group

July 2021

Appendices

Appendix 1 Edinburgh PCIP4 - Local Implementation Tracker Template - March 2021 (to be completed & submitted by May 31st)

Edinburgh PCIP4 - Local Implementatio

Appendix 2 Recurring PCIP Commitments Only (FYE) Edinburgh Primary Care PCIP Implementation Plan - Update Summary for GPs (Issue 7 – May 2021).

Recurring Commitments EPCST

Appendix 3 Report 1 Mar21

PCIP Report 1 2020 2021.xlsx

Appendix 4 Edinburgh Employed Resources & Requests

Edinburgh Employed Resources

REPORT

System Pressures – Edinburgh Health and Social Care Partnership

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with detail about the significant operational and capacity pressures being experienced in relation to social care in Edinburgh. The paper also provides information regarding the increasing levels of unmet need and risk to people relating to this. These pressures arise both from an increasing level of need and demand in the community, alongside a decreasing availability of care due to vacancies in the care sector. An update is provided in relation to local actions, escalations and additional funding being made available by the Scottish Government to address these pressures over winter. Finally, the paper sets out the need to postpone some IJB Committee work in order to ensure appropriate officer focus on the operational emergency arising from this situation.

Recommendations	It is recommended that the Edinburgh Integrated Joint Board (EIJB): 1. Note the position of the Edinburgh Health and Social Care Partnership (EHSCP) in relation to system pressures 2. Recognise the EHSCP and City of Edinburgh Council (CEC) have raised their risk rating in regard to support for vulnerable people to the highest category of 'Critical' 3. Note that the EHSCP System Pressures status has been reported to the City of Edinburgh Councils (CEC) Policy & Sustainability committee, Lothian Resilience Partnership, Regional Resilience Partnership and through both CEC and NHS management forums to keep partners appraised. 4. Note the measures being taken to address this within the EHSCP and with its partners and the escalation of risk

	5. Note that the wider pan-Lothian Gold meeting held a desktop exercise in relation to concurrent risk on the 1st of October 6. Note that the Scottish Government has made available £300m for this year, nationally to address these pressures and that further guidance on its allocation locally is expected 7. Agree, given the extent of the pressures and the pace officers are required to work at that emergency powers will be invoked so that the Chair and Vice Chair, with advice from the Chief Officer and Chief Finance Officer can agree any mobilisation plan using the EIJB share of the funding in advance of the next EIJB meeting, should this be required 8. Approve suspending all formal committees of the EIJB in December and January with a review of that position to be considered under Urgency by the Chief Officer, Chair and Vice Chair and communicated to members, and publicly, in relation to the planned February IJB and committee meetings. 9. Agree the position as set out at 23 in relation to other aspects of the IJB's business. 10. Agree to receive regular verbal updates every 3 weeks on the position from the Chief Officer via MS Teams

Report Circulation

1. The City of Edinburgh Council's Policy & Sustainability committee considered a report on System Pressures to the EHSCP on the 5th of October 2021.

Background

2. Over the last few months, as society has opened up and as restrictions have been reduced, the EHSCP, as with other partnerships across Scotland, has seen an increase pressures on the system. This is seen in both an increase in referrals to social work and requests for service, and an increasing number of people being assessed as requiring a service. Other drivers for increasing demand include people

being de-conditioned (i.e. frailer, less confident) following periods of lockdown, family/unpaid carers who have cared for people during the pandemic returning to work following furlough and a general, build-up of demand emerging as messaging about services being 'open as usual' have been released.

3. The demand sits across a range of areas:

   3.1 Increasing number of people requesting an assessment and service in the community, as a reaction to declining conditions exacerbated by the long periods of lockdown.

   3.2 Increasing complexity of need being seen due to people being deconditioned following the restrictions of lockdown.

   3.3 Adult Support and Protection referrals have significantly increased, due to the absence of many mitigating factors during Covid, as well as directly from the additional stressors of the situation.

   3.4 Increasing requests for services for people needing support to be discharged home from acute hospital care. The acute hospital sites in Lothian have all seen unprecedented levels of presentations (not merely in terms of covid) much of which has flowed through to subsequent social care demands on the point of discharge back into the community.

   3.5 Pressures on the court system and a significant backlog there has reduced our ability to move Adults with an Incapacity (known as 'Code 9 delays') as a clear legal basis for any move in these cases is required. In addition the increase in referrals under this is also placing an increasing demand on our Mental Health Officer service.

   3.6 Continuing pressure on staffing due to a rise in covid cases.

4. The EHSCP is seeking to balance all these demands through rigorous triage, risk management and prioritisation of need, acuity and safety both within current systems and models of care while also looking to develop new approaches that may relieve the position. However, the overall impact is increasing waits for assessment for people seeking support and increasing waiting times for care to be put in place once need has been identified. This is naturally very frustrating and upsetting for people and families as well as for our professionals who are managing competing demand and risk. It is also a very difficult situation for unpaid Carers who are maintaining that role while waiting for formal support.

5. Coupled with the increasing demand for services, the EHSCP is also seeing a decrease in care capacity available to support people and this is compounding the already challenging position. External providers of care are reporting staffing reductions and high levels of vacancies and turnover. Some providers have reported as much as a 30% reduction in staffing arising from EU nationals returning home

(sometimes as a permanent decision, but also significant numbers leaving for an extended time back home following lengthy travel restrictions which have prevented them doing so), people moving to jobs in other parts of the economy, and due to fatigue and absence related to Covid. We have experienced an aspect of what has been called 'The Great Resignation', in that people who have been on the front line of social care during this lengthy period are seeking a fresh start in new sectors.

Main Report

6. The Edinburgh Integration Joint Board (EIJB) and EHSCP have increased the capacity in Home Care in recent years in response to general demographic change and demand. This had a positive impact on the EHSCP's performance across a range of measures including an ongoing downward trend in Delayed Discharge, and reductions in people waiting for an assessment and in those waiting for care following an assessment. However, given the current levels of demand and complexity as set out above, and the decreasing care capacity available, the partnership is now escalating further the level of risk to people and performance arising from this and the worsening performance being seen.

7. Delays and community capacity are inextricably linked, with delays rising through the reductions in capacity that have been seen in recent weeks and providers being unable to provide care at home. The EHSCP has seen growing waiting lists for assessment and increasing waits for care once an assessment has been completed. Capacity issues are due to reductions in staff available across the sector with both our internal and external provision seeing as much as a 30% reduction in capacity as indicated above. Delays have grown significantly over recent weeks - almost exclusively due to the challenges with capacity necessary to keep pace with demand.

Evidence of increasing demand

8. While the numbers of delays in hospital have increased so too has the demand in the community and there are far more people waiting in a community setting than in an acute hospital. The EHSCP continues to have a significant backlog of people who are waiting for an assessment or for a package of care. These are people who have been determined as having a critical or substantial level of need for social care support and there is a need to balance risk and ensure people's safety

Table 1: People waiting for a package of care and their unmet need shown in hours

Total waiting for an assessment to start	Hospital people	Community people	Total people waiting	Hospital Hours	Community hours	Total hours waiting
30/08/2021 – (1306)	93	474	567	1,498	4,075	5573
23/08/2021 - (1280)	96	446	542	1,466	3,588	5053
16/08/2021 - (1261)	103	419	522	1,615	3,447	5061

09/08/2021 - (1202)	99	421	520	1,726	3,283	5,008
10/08/2020 - (766)	42	489	531	746	3,528	4,274

9. Social care services in Edinburgh are provided through our internal Home Care (HC) service or externally commissioned Care at Home (CAH) services to over 5,000 people. The number of hours per week provided has increased substantially from 104,000 in 2019 to 121,000 in 2021.

10. Additionally, we provide funding for people selecting to have an Individual Service Fund (ISF) and Direct Payments, where they organise their care directly from the market. While we are not directly involved in managing this care, the increase in hours under a Direct Payment also represents the growing pressure in the market.

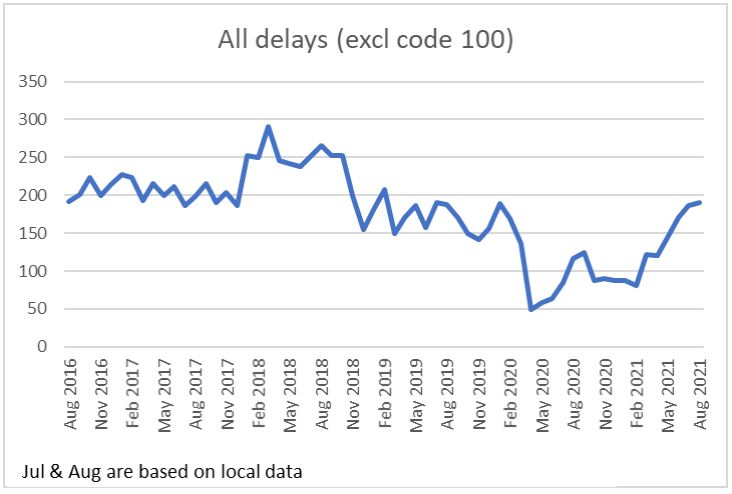
11. As well as the increases in demand for our adult social care services, we are also experiencing pressure in other areas of activity. In particular, the number of adult protection cases has increased over the last year, potentially linked to the restrictions during lockdown. These cases need to be prioritised to ensure the safety of the vulnerable individuals involved. This puts increased pressure on our social work and locality teams.

Table 2: Adult Support and Protection activity

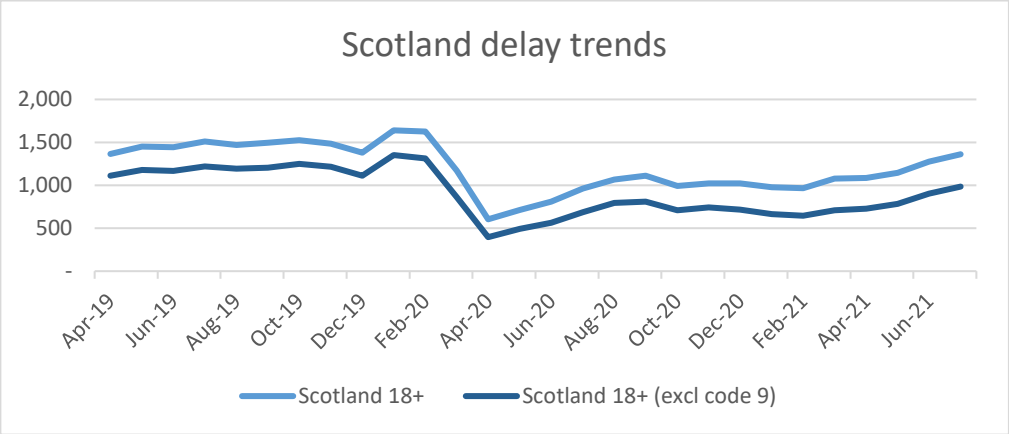
	Jun-19	Jun-20	Jun-21
Duty to Inquire (DTI) Assessments started	89	111	109
Open Adult protection cases	132	149	192
Number of case conferences recorded	38		44

12. As set out above we are also experiencing an increase in the number of people who are delayed in hospital when medically fit for discharge and who are unable to access either a suitable care home place or care in the community. This rise in delays reflects the wider capacity issues in the social care system described above.

Figure 1: Long-term trend in delayed discharges



13. This system pressure is not unique to Edinburgh with a similar pattern of increasing delays and pressures being seen across Scotland. The impact of reducing capacity is also reported in other HSCPs as driving these pressures. Figure 2 below shows a similar pattern as the Edinburgh position in Figure *1.*



Risk Implications

14. The EHSCP management team has recognised the increasing risk to people and performance and we are managing this in a number of ways. At a locality level we have clear systems of triaging and prioritisation of all referrals coming through to ensure consistency of resource allocation, and Practice Oversight Groups in each of the 4 Localities are in place to ensure the consistency is maintained. However, balancing of demand and supply has placed these processes under considerable strain over the past six months.

15. In terms of risk escalation we have moved the risk in relation to care for people from Very High to Critical and have reflected this in the Council's Covid-19 Risk Management Plan and Risk Register, the EHSCP Risk Register and the IJB's Risk Register in relation to its ability to deliver on its strategic plan arising from partners' inability to meet demand. The Chief Officer reports the position at both the Council's CIMT and NHS Gold Command meetings and the EHSCP Incident Management Team (which has been maintained throughout the pandemic) is meeting three times per week to oversee the situation and the actions being taken. There is also a risk in relation to Business as Usual as EHSCP officers have to prioritise the operational crisis. This has a potential impact also on the Integration Joint Board with officers being unable potentially to meet the requirements of the Board and its committees.

Financial

16. The Cabinet Secretary for Health, Social Care and Sport announced a package of measures in support of health and social care pressures on Tuesday the 5th of October and £300m to the end of the financial year to support these. Measures set out include support to build capacity through recruitment, increasing the minimum

hourly rate for commissioned care provision to £10.02 per hour and funding to increase community capacity for Multi-disciplinary teams, Hospital at Home and Home First approaches. At the time of updating this paper the guidance on the allocation of this funding had not been issued. However, given the scale and impact of the pressures it is anticipated that officers will have to act quickly to put further measures in place utilising the funding. To that end, the EIJB is asked to support emergency powers to the Chair and Vice Chair so that decisions relating to this funding can be made quickly and, where necessary, between EIJB meetings. The allocation of funding at a national level has been set out in the letter from Scottish Government set out in Appendix 1 and our planning work will support a focus on these elements.

17. Given the level of uncertainty set out in this paper, and relating to the allocation of the additional funding from Scottish Government, quantifying the financial implications with any degree of confidence is complex. However, there is sufficient flexibility in the system to give reassurance that, in total, the financial consequences of the actions to improve performance set out in this paper will be met in full.

18. The impact of the shortage of care at home on the hourly cost of these services is unknown at this point. However, we have seen some providers offer staff recruitment and retention incentives and seek to reclaim these via the provider sustainability arrangements.

Other actions being taken

19. The EHSCP has developed a number of plans in response to this and these are being reported into both NHS Lothian and Council. The set out below are actions which are underway across the following areas of focus:

    - Increasing capacity within the care sector – working with providers on a single recruitment portal and advertising campaign and work is also underway with education providers on supporting more students into part time work in care to fit with their studies
    - Optimising the care already available – working with providers to ensure efficiency and reduce any duplication in any of the areas of Edinburgh
    - Engaging with 3rd sector on opportunities to work with volunteers and nthe voluntary sector in a way that is safe and appropriate
    - Enhancing multi-disciplinary teams already in place including increasing staffing into District Nursing in-reach, Home First and Discharge to Assess models
    - Optimising use of Technology to support people and carers
    - In each case there will be a natural limit in relation to available workforce, and we anticipate that despite the efforts being undertaken there will continue to be risk of impact on vulnerable people. Communications have been approved and

people who use our services have been written to informing them of the current difficulties and the potential that their services may be changed.

20. An allocation of funding to support these and any further actions will come from the EIJB share of the £300m announced on the 5th of October and the HSCP will adjust or add actions to the existing plan to ensure an appropriate use of the funding. As set out above emergency decision making powers may be required to ensure any requested formal plan submission to Government can be approved by the Chair and Vice Chair outwith normal EIJB meeting cycles.

21. Operational oversight arrangements are in place and a programme management approach is being taken to ensure all the complex elements of the operational response are being implemented. Escalations are in place for any operational aspects of this through the Council Corporate Incident Management Team and NHS Lothian Gold Command.

22. This is a significant, additional workload and all managerial capacity is being focused on undertaking planning in regard to actions that can be taken to mitigate the crisis and in their implementation. The scale of this challenge is recognised in recent correspondence from Scottish Government to NHS Boards which maintains them on an 'emergency footing' until March 2022.

Impact on EIJB Business

23. Given the nature of this operational emergency officers must prioritise effort in support of delivering a response and in supporting frontline delivery, management of the risk and oversight. As a result of the increasing demand on officer time at every level in the HSCP, it is proposed that some elements of the IJB's governance and delivery of its strategic programmes are postponed or paused as set out below:

- Programmed November committee meetings to go ahead if considered necessary by the Chair of committees in discussion with the lead officer, agreeing a manageable agenda
- Cancel all formal EIJB and Committee Meetings in December and January – assume these are reinstated in February but allow decisions about this to be taken under Urgency. It should be noted here that we cannot be certain or confident that February meetings can go ahead and that this will be dependent on the circumstances and demands on the system at that point in winter.
- Postpone delivery of EIJB's Performance Framework
- Cancel November's Budget Working Group
- Internal Audit activity - reschedule remaining activity not yet underway
- Work underway to deliver a revised full Strategic Plan is paused and an interim Plan is produced instead. Given the scale of uncertainty now and in coming months this will support longer term planning to take place after this acute and

difficult phase of the pandemic and with a better understanding of the emerging context of whole system recovery and reform.

24. These arrangements will be reviewed during December and January in consultation between the Chief Officer, Chair and Vice Chair.

25. It's also recognised that some decisions may need to be made outwith the normal timetable of IJB meetings. Under the EIJB's standing orders (15.1) provision is made for urgent decisions to be made 'urgently between meetings of the IJB or Committees, the Chief Officer, in consultation with the Chair and Vice Chair, may take action, subject to the matter being reported at the next meeting of the Integration Joint Board or committee.

Consultation

26. This paper has set out the significant challenge facing the provision of care in Edinburgh and the risk and impact this may have on people. It has also set out the mitigations and actions underway to address the situation and escalation and reporting in place. Clearly the concern is one of impact on the vulnerable people that require support and their families and carers. The EHSCP is writing to all service users and families to appraise them of the situation, the impact it may have on waiting times and actions being taken.

Report Author

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Appendices

Appendix 1	Winter Planning for Health and social Care – Letter from Donna Bell and John Burns

NHS Scotland Chief Operating Officer
John Burns

Director of Mental Wellbeing and Social Care
Donna Bell

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E: donna.bell@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Local Authority Chief Executives
Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS
Chief Executives, NHS
Directors of Human Resources, NHS
Directors of Finance, NHS
Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.

2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.

ii. **Funding a range of approaches to preventing care needs from escalating,** such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.

iii. **Technology-Enabled Care (TEC),** equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care

Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	**NRAC Share**
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7

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Edinburgh Integration Joint Board

REPORT

Preparations for Winter 2021/22

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on preparations that are being made for Winter 2021/22. 1. Preparations for Winter 2021/22 are well underway and are aligned to wider Partnership planning around remobilisation and capacity planning in response to system pressures. Plans were presented and approved at a meeting of the NHS Lothian Performance Overview Board. 2. The methodology for allocating Scottish Government funding for winter pressures changed this year with the Partnership allocation being based on average percentage of funding received in the previous three years. EHSCP received an allocation of £171,000 for Winter 2021/22 which, along with slippage from previous years, is being used to enhance service capacity in key areas as outlined in paragraph 10 below. 3. Edinburgh HSCP allocated an additional £20,132 to other initiatives to improve outcomes for people with severe frailty and those who are at risk of falls through proactive anticipatory care planning, and to provide support for unpaid carers over the festive period. 4. John Burns, Chief Operating Officer for NHSScotland, wrote to NHS health boards on 21 July 2021 setting out requirements for the latest iteration of their Remobilisation Plan, known as RMP4. This included planning for Winter 2021/22 and requested that they should take account of the impact of winter and other seasonal factors likely to affect demand. It also indicated their intention to produce a separate Social Care Winter Preparedness Plan, details of which will be issued later in the year.

	5. Edinburgh HSCP (EHSCP) completed the Checklist for Winter Preparedness for 2021/22 for inclusion with the NHS Lothian remobilisation plan and this was submitted on 13 September 2021. 6. The EHSCP community mobilisation programme is proposing to fund the Community Taskforce Volunteer programme for the next three years, providing ad-hoc support and assistance with daily tasks for people who are elderly, may have underlying health conditions and/or are living in poverty/social isolation. Linking in with the Discharge Hubs this would reduce the risk of further deterioration and re-admission to hospital. 7. The annual flu vaccination programme started in September with the aim of having all eligible people vaccinated by 6 December 2021. The JCVI issued guidance on eligibility for COVID-19 booster vaccinations on 14 September 2021 and this programme is also underway with overall capacity to carry out 20,000 vaccinations a week.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Note progress with the preparations being made for Winter 2021/22. 2. Accept this report as a source of reassurance that the Partnership has developed a robust winter strategy; taking on board learning from our evaluation of the previous winter campaign. 3. Note that the preparations for Winter 2021/22 are interlinked with other aligned workstreams such as the Redesign of Urgent Care, Home First, Partnership remobilisation plans, and capacity planning in response to system pressures.

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. The report will be circulated to the Edinburgh Integration Joint Board for the meeting on 26 October 2021.

Main Report

Background

2. Winter preparedness planning plays a key role in ensuring Health Boards and HSCPs are ready to meet the additional challenges likely to be faced over the winter months, and this has been amplified again this year by the ongoing COVID-19 pandemic. As lockdown ended and society started to open again the impact has been felt across the whole system through increasing demand and workforce pressures.

3. John Burns, Chief Operating Officer for NHSScotland, wrote to NHS health boards on 21 July 2021 setting out requirements for the latest iteration of their Remobilisation Plan, known as RMP4. This included planning for Winter 2021/22 and a self-assessment checklist which was to be completed and returned by 30 September 2021. It requested that their planning should take account of the impact of winter and other seasonal factors likely to affect demand including the need for COVID-19 booster vaccinations alongside the annual flu vaccination programme, and the potential for an upsurge in Respiratory Syncytial Virus (RSV) cases this winter. It also indicated their intention to produce a separate Social Care Winter Preparedness Plan, details of which will be issued later in the year.

4. The Partnership was approached and asked to complete the self-assessment for inclusion in the Lothian return, incorporating:

    - Resilience preparedness
    - Unscheduled/elective care preparedness
    - Out of hours preparedness
    - Norovirus outbreak control measures
    - COVID-19, RSV, seasonal Flu, staff protection and outbreak resourcing
    - Respiratory pathway, and
    - Integration of key partners/services

5. A copy of the completed Edinburgh HSCP Checklist of Winter Preparedness 2021/22 is attached in Appendix 1.

6. At a national level a review is being undertaken of the lessons learned during the previous winter which will inform the route forward over the next few months, building on what has been learned during the pandemic to shape the delivery of services during winter and beyond.

7. EHSCP Winter Planning Group leads on the planning, monitoring and evaluation of preparations for winter. It has multi-agency and pan-system representation, including acute sites, Social Care Direct, and leads for winter vaccination, carers, third sector, resilience, and communications with monthly meetings scheduled to run throughout the winter period.

Financial support for winter pressures

8. Over recent years, a number of different approaches have been used by NHS Lothian Unscheduled Care Committee to ensure best use of Scottish Government funding for winter pressures. This has generally involved submission of proposals from across the system with schemes being scored against criteria including:

    - Supports joint working between acute/HSCPs
    - Supports a Home First approach

- Facilitates 7-day working and discharging
- Site and community resilience/flow
- Admissions avoidance
- Supports a non bed-based model

9. This year however it was agreed that winter funding would be allocated to each area based on average percentage of funding received in the previous three years. This would give local areas autonomy to build more sustainable solutions to winter pressures. The outcome of this was that EHSCP received a total allocation of £171,000 for Winter 2021/22.

10. Allocation of this funding, along with slippage from previous years, has been based on previously identified priorities arising from the evaluation of Winter 2020/21, taking into account funding already set aside through Gold Command and the resultant gaps. An outline of the selected areas of work is given below:

Title	**Outline of proposal**	**Total funding (£)**
Hospital Social Worker Enhancement	4 Social Worker and 2 Senior Social Worker posts to ensure early intervention and responsiveness to the Home First model with assessments taking place earlier in the hospital patient pathway. To ensure early conversations with the person and carers/families to assist and influence the ready for discharge date (or PDD) or support discharge without delay. There will be social work cover for Saturdays and also public holidays over the festive period.	£129,373.00
Edinburgh Community Respiratory Hub CRT+	1 Advanced Physiotherapy Practitioner (APP) Physiotherapist and 2 Specialist Physiotherapist to support patients with respiratory conditions beyond COPD with assessment, treatment, and self-management of acute chest infections with a focus on prevention of hospital admissions.	£44,706.01

Facilitate early supported discharge for people with COVID-19 – a test of change	0.5 WTE APP Physiotherapist to allow early supported discharge of patients with COVID-19, monitoring respiratory symptoms and facilitating oxygen weaning (as appropriate) and discharge. Collaboration with secondary care clinicians where appropriate regarding the deteriorating patient.	£9,473.73
Assistant Practitioners Discharge to Assess teams	4 Assistant Practitioners will enhance D2A skill mix and increase capacity of the service to facilitate early hospital discharge as an alternative to bed-based rehabilitation/ provision of rehabilitation at home.	£46,664.00
Total		**£230,216.74**

11. Recruitment for each of these funded posts is underway. There have been significant recruitment challenges in previous years and efforts are being made to minimise the risks for Winter 2021/22:

- Discharge to Assess – It has been agreed that the four Assistant Practitioner posts will be recruited on a permanent basis, with Home First taking over funding from the end of March 2022. It's recognised that they add considerable value to the flow out of hospital and reducing length of stay. Making them permanent will also make them more attractive to prospective applicants.
- Acute hospital social work capacity - Recruitment to additional posts is underway. These posts will be recruited to on a permanent basis with ongoing funding being made available through the Partnership from the end of March 2022. Recruitment of experienced social work staff has proven exceptionally challenging in recent times and this will be a major risk for winter.
- Community Respiratory Team – Recruitment is underway. Should posts remain unfilled then internal secondments from Physio@Home and associated services will be considered, with posts being backfilled through

the Staffbank.

12. Additional funding has also been made available through the Partnership to improve outcomes for people with severe frailty and those who are at risk of falls through proactive anticipatory care planning, and to provide support for unpaid carers for whom the festive period can be particularly difficult.

Title	Outline of proposal	Allocation
Improving outcomes for people at risk of falls	Proactive identification of people who have fallen, are at risk of further falls and who have not had a multifactorial falls assessment in the previous six months. Offer a multifactorial falls assessment and share key information through ACP to inform shared decision making and reduce emergency department presentation/admission.	£12,000
Improving outcomes for people with severe frailty through ACP	Proactive identification through the development of a NE frailty register of people with no to mild cognitive impairment, provide an Anticipatory Care Plan-Key Information Summary (ACP-KIS) with core quality criteria including information on power of attorney.	£5,332
Surviving Christmas – providing support for unpaid carers	Support for approximately 70 unpaid carers through a series of emotional support groups, drop-in sessions, short-break visits to local attractions, and recreational activities. It can also be a busy time for calls to the office and VOCAL will contribute to the cost of staffing during this time including a SMART recovery group meeting, activities, support and refreshments.	£2,800
Total		**£20,132**

13. In August 2021, NHS Lothian Unscheduled Care Committee requested an update on how allocated funds were being used and how the investment would increase winter capacity (Appendix 2). Partnership plans were subsequently

presented and approved at a meeting of the NHS Lothian Performance Oversight Board. Additional funding may be available to support surplus bids contingent on the outcome of discussions at the Unscheduled Care Committee meeting on 1 October 2021.

Reducing delayed discharges

14. Much has been done in EHSCP in recent years to improve patient flow and increase capacity for home care with delayed discharges falling below the national average for the first time in November 2020. The success of the COVID-19 vaccination programme has resulted in a weaker link between infection and severe illness or hospital admission; however the easing of lockdown means we are experiencing an increase in demand across the entire health and social care system. This is making it difficult to maintain that improved delayed discharge position and is complicated further by workforce pressure caused by staff absence as a result of COVID-19 infection and the need to self-isolate, and difficulties in recruiting to key areas such as Care at Home. How to best balance these demands while continuing to provide the required level of care is being considered at a Partnership level and preparations for Winter 2021/22 are being aligned to support that effort.

15. The Home First model continues to ensure assessment for longer-term care and support is undertaken in the most appropriate setting and at the right time for the individual:

- The onsite presence of Home First Navigators at the RIE and WGH, working as part of the multi-disciplinary team with the Emergency Department, Medical Assessment Unit and wards to support point of access, reduce unnecessary hospital admissions and delays.
- Additional social work (SW) capacity has also allocated for RIE and WGH as well as Intermediate Care to support moves from these facilities and create flow from acute beds by utilising community assets.
- Tests of change are currently underway at the WGH and in intermediate care to begin the rollout of Planned Date of Discharge (PDD) or support

discharge without delay, and a further plan for the RIE. Key benefits of setting a PDD are:

I. for improvement work to identify blockages and improve flow
II. provide a useful target for the MDT to work towards
III. improve working relationships between team members
IV. help keep patient and their family or carers fully informed and improve patient satisfaction

16. A test of change is currently under development within the NW locality in partnership with the WGH. This is primarily aimed at collectively ensuring that packages of care are appropriately prescribed given the current system pressures so that care can be prioritised for those who need it the most. It is anticipated that collaborative, informed and measured risk taking and early conversations with patients, families and carers will manage expectations at an early stage. The MDT planning will also involve members of the ATEC24/tech team who will provide support to consider digital options to enhance or reduce care requirements to support early discharge and reduce length of stay. This test of change is at the planning stage, anticipated to begin in early October.

17. The Partnership has been invited to participate in a nationally-funded Pathfinder Programme – Discharge without Delay – which will augment the PDD work and enable us to develop integrated discharge hubs to facilitate this.

18. Acute hospital SW capacity will be enhanced with the creation of four social worker and two senior social worker posts to support the Home First model of care, deliver on PDD or support discharge without delay ambitions and reduce Code 11 breaches.

- The aim for Winter 2021/22 will be to reduce Code 11B delayed discharges by 90%, an improvement on the 58% reduction achieved during 2020/21, and reduce length of stay.
- The increased capacity will enable the team to handle an additional 80 cases per month, provide cover for bank holidays and Saturdays over the winter period, and build better relationships with acute hospital staff.

19. There will be a prompt allocation of all social work assessments and completion within 72 hours, engaging with the individual, carers and/or families to assist and influence the ready for discharge date (or PDD) or support discharge without delay. It is anticipated that this early intervention will also reduce the numbers being discharged to a care home setting.

20. The Discharge to Assess pathway and service are being fully utilised to create an alternative pathway to admission. We are increasing capacity for home-based rehabilitation which will impact on whole system flow and increase the number of discharges by an estimated 56 to 72 cases per month. Therapy capacity will be increased at a time of peak demand with the addition of four Assistant Practitioner posts aligned to each locality. This will enhance the skill mix within the service, enabling therapists to delegate key tasks, achieve a greater focus on complexity and intensity of rehabilitation, and facilitate early discharge from hospital.

21. Early supported discharge of people with COVID-19 from wards 203/204 at the RIE will be facilitated by the Community Respiratory Team (CRT) with monitoring of respiratory symptoms and oxygen weaning, if appropriate, at home. Collaboration with secondary care clinicians when appropriate regarding the deteriorating patient. This test of change is running from July to December 2021 with current data indicating a reduction in length of stay with two bed days saved per case. Potential expansion of this pathway is being considered for the WGH site as a whole.

22. The District Nurse In-reach Team is being expanded to include Hospital to Home, with the recruitment of 20 community clinical support workers and a team leader. The focus will be on facilitating the early supported discharge of people requiring care at home with previous evaluation suggesting occupied bed days could be reduced by 150 to 200 a month.

23. Hub therapy weekend working will be re-established in November 2021 and SW on Saturdays which will increase the number of end of working week discharges from acute sites. There will also be SW cover on public holidays

over the festive period. There is a low level of system wide discharge at the weekends but the Lothian-wide PDD workstream will drive improvements in performance as it rolls out.

24. Provision of care packages remains an ongoing challenge as the sector continues to struggle with the impact of COVID-19 and the EU Exit on recruitment and retention of staff. To mitigate some of the challenges and pressures EHSCP is working in close partnership with providers and other wider groups of stakeholders to support, at a minimum, stability in the market and the existing capacity that they deliver.

- A campaign to promote employment opportunities in Edinburgh across the health and social care sector will run through to January/February 2022 at a minimum, providing an understanding of the rewards of the career, skills, values and attributes required and linking to current vacancies.
- Additional community care assistants, one WTE each for SE, SW and NW localities, replicating the successful “unmet needs officer” role piloted in NE Edinburgh. This role delivered a significant reduction in unmet need and hospital delays through a single point of contact, and pro-active approach to building of relationships with providers, assessors, other health professionals and people waiting for support. The aim being to come to practical solutions to enable support to be put in place rapidly where previously there were barriers indicated.
- Tracking hospital admissions where care arrangements exist and ensuring that these are re-started at earliest point of fitness to discharge, or where no discharge planning is in place to free up the capacity to match to another individual to support discharge home or prevention of admission.

25. A Care at Home Action Plan is currently being finalised that outlines how the Partnership will prioritise resources, release capacity from existing resource and optimise performance. This includes a new process implemented to increase collaborative working between all organisations delivering support. This will maximise efficiencies that can be delivered through more joined up

approaches to use of existing workforce, increasing the number of individuals who can be supported to remain at home through provision of appropriate support arrangements.

Reducing avoidable admissions and re-admissions

26. Work is ongoing under Phase 2 of the Redesign of Urgent Care (RUC) to redirect appropriate community pathways through the Flow Centre. There has been refinement to pathways to support prevention of admission through Home First, Hospital at Home and the CRT. Pathways have also been established for SAS direct to Hospital at Home, ED direct to Hospital at Home, and the SAS Falls Pathway to direct people not conveyed to hospital to locality hubs for an urgent falls assessment within 24- hours.

27. Hospital at Home takes referrals from SAS crews to prevent the need to transport to hospital, avoiding unnecessary admissions. They have also enhanced weekend referrals to the service by taking GP referrals from care homes.

28. These pathways and services are bedding in and demonstrating increasing success and it is anticipated that they will help avoid admissions for the aging patient with underlying frailty, and co-morbidity, in addition to those with a risk of infection, deconditioning and loss of independence.

29. Resource has been obtained from Health Improvement Scotland and RUC for additional posts in Hospital at Home, the Flow Centre, Home First Team and the Community Respiratory Team which will provide increased capacity and support.

30. An enhanced Community Respiratory Team will again lead on the community-based management of individuals with COPD or acute respiratory illness with the aim of preventing unnecessary admissions to hospital and easing pressure on general practice. The Community Respiratory Team operates an on-call weekend service, including public holidays. This includes the 90-minute response pathway in place for individuals with COPD exacerbations referred

from the SAS and the Flow Centre. The additional service capacity being put in place will enable management of between 40 and 50 new cases over the winter period.

31. The Long Term Conditions Programme has worked with health & social care professionals and third sector organisations to improve anticipatory care planning (ACP) conversations and models for sharing/accessing information across the integrated system. There are now 259,301 active Key Information Summaries in place for people in Edinburgh, which is a 287% increase since March 2020.

32. COVID-19 ACP bundles with educational guidance, information for citizens, and resources for sharing/accessing ACP quality criteria have been developed for health and social care professionals, GP practice teams, care homes and third sector partners. The care home ACP toolkit has been shared nationally and supports open and honest discussions with residents and their families about their health and wellbeing and wishes for the future, putting the resident at the centre of decisions about their health.

33. During winter 2021-22 a model will be tested to proactively identify people at risk of falls using locality Boxi reports and develop an ACP bundle with falls prevention and management information; and with social workers to improve the quality of social care information shared for people with severe frailty, including Power of Attorney arrangements. Both tests of change aim to decrease avoidable admissions and delayed discharges from hospital through ACP.

34. A Lothian-wide short life working group has been established to focus on person-centred care planning that reduces presentations of people to emergency departments at point of crisis. The top ten ‘Frequent Attenders’ have been identified in Edinburgh with analysis undertaken to profile of these individuals and plan care and support to reduce emergency attendances. A mental health focused workstream within the Home First programme is being established to take this work forward.

Supporting people to remain at home

35. The first phase of a bed-based review for residential care in Edinburgh was recently approved by the IJB including plans to increase intermediate care capacity, the phased reduction of hospital-based complex clinical care capacity and investing in nursing provision within care homes. This modernisation will further allow people to be cared for in the most appropriate setting for the needs they have, helping them stay independent at home or in a homely setting for as long as possible.

36. The festive period can be a trying time for many unpaid carers so VOCAL is being funded to provide support for approximately 70 unpaid carers this year. It will offer a range of emotional support group and drop-in sessions, recreational events and short-break respite visits to local attractions. Although the 'open days' at VOCAL carers hub between Christmas and New Year are generally not well attended (VOCAL usually closes to the public during this period), for those who do attend, it can provide a lifeline. It can also be a busy time for calls to the office and VOCAL will contribute to the cost of staffing during this time including a SMART recovery group meeting, activities, support and refreshments. The programme will include socially distanced support, allowing carers who wish it an opportunity to have a break outside their home, as well as online support for those who prefer to isolate. It has been designed flexibly and will be delivered in an online format should physical events become unfeasible.

37. EHSCP community mobilisation programme is proposing to fund the Community Taskforce Volunteers (CTV) programme organised by Volunteer Edinburgh for three years. This was set up in April 2020 following the Scottish Government's Ready Scotland volunteers appeal in response to the COVID-19 pandemic but developed with the expectation that the help of volunteers would be needed beyond the immediate lockdown period and could potentially be developed to provide on-going ad-hoc support to some of the most vulnerable people in Edinburgh, particularly those with no familial or neighbour support. Recipients are generally older people, tend to have underlying health conditions

and/or are experiencing poverty and social isolation. A number have been identified as needing more and/or specialist support and have therefore been signposted to appropriate statutory services. The project benefits people who are unknown to services or at risk of falling through gaps in provision. The support needed is very simple and can be temporary, perhaps as a result of illness or hospital discharge, but without these needs being met could lead to further deterioration:

- Referrals for support can come direct from the individual themselves, from family members (often where the family is geographically distant), Social Care Direct, front line healthcare professionals, and other statutory and third sector partners. Links are being made to the discharge hubs to ensure any additional support which might be beneficial can be put in place prior to a person leaving hospital with the aim of reducing the risk of re-admission.
- Volunteers may provide support with dog-walking, collection/delivery of prescriptions, gardening, waste/recycling and a variety of other one-off tasks. Working with NHS Lothian Audiology, they also collected and returned over 500 repaired hearing aids directly to people's homes, reducing waiting times for people with hearing impairment.
- During Winter 2020, volunteers provided essential support to Flu vaccination clinics across the city and later also the COVID-19 vaccination clinics.
- To date only weekday support has been provided but Volunteer Edinburgh is exploring also extending this to weekends in future.

38. We are in conversation with EVOC and will consider any other initiatives with the potential to support EHSCP capacity planning in response to system pressures.

39. Winter service leads are working closely with ATEC24 to ensure that there can be rapid access to equipment and TEC where required, enabling people to remain in their own homes.

Ensuring business continuity

40. Partnership resilience plans are in place for all essential/critical services, and in the process of being reviewed and updated ahead of winter. Plans document the risks and impact of service disruption and consider the resources required to maintain key services in the event of a resilience event. The Partnership is currently looking to create integrated resilience plans as NHS and Council services are documented differently.

41. The Partnership Resilience Team review the severe weather plan annually as part of a formal review, with reviews undertaken as part of any severe weather incidents to ensure any lessons learned are captured in future iterations of the plan. A severe weather group was set up in 2019 focussing specifically on winter weather-related incidents.

42. Both NHS Lothian and City of Edinburgh Council have procedures in place for what staff should do in the event of severe weather or other issues hindering access to work. The Partnership also ensures that any key communications relating to accessing travel are cascaded through the management line or via colleague news.

43. Annual leave arrangements for all managers and team leads across the four localities, hospital and hosted services, as well as the Executive Management Team will be mapped ahead of the festive period. There will be clearly defined points of contact across the system; providing assurance that there will be adequate leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity.

Coping with periods of peak demand across the system

44. Additional capacity has been created in Social Work, Discharge to Assess, and CRT+ to support areas where peak demand is expected over winter.

45. In primary care, Community Treatment and Care (CTAC) staff can be mobilised if required to do home visits, freeing up district nurse and GP capacity. This was used during lockdown and worked well.
46. We receive regular updates from NHS Lothian Public Health and Infection Prevention and Control teams enabling the Partnership to target activity in response to any surge in flu activity or local outbreaks of Norovirus.
47. The Partnership is in the process of reviewing how any excess capacity in internal care homes might be used to best effect over winter. We are working closely with other providers to secure additional interim care beds to support the Intermediate Care pathway and flow from acute hospital beds, with 26 beds sourced through Northcare.

Ongoing management of COVID-19 and implications for Winter 2021/22

48. As the response to COVID-19 is now being managed in a more planned way, the command centre has been stood down. An Operational Oversight Group was stood up in its place in Summer 2021 and was changed to focus on system pressures highlighting the fluid and dynamic nature of the operational response at this time. This arrangement will be kept under review.
49. COVID-19 guidance is updated regularly and will be monitored and implemented through all appropriate operational and planning for a on an ongoing basis.
50. The Partnership has worked closely with all care home managers to ensure visiting plans are robust, thoroughly risk assessed and that support is available from our RRT and Care Home Support Team to ensure effective infection control measures are in place and homes remain open to both visits and admissions.

Winter vaccination programme

51. Ensuring high uptake of flu vaccination among staff and patients is one of the key underpinning and most effective elements of winter planning. Prevention of flu in the community decreases the number of admissions and presentations, and prevention among staff decreases both hospital transmission and staff

absence. This is even more important given the experiences of the past 18-months and imperative that we continue to reduce the risk of flu and COVID-19 on those who are most vulnerable in our communities.

52. The Chief Medical Officer issued a letter to NHS Boards, Integration Authorities and Local Authorities on 26 March 2021 (Appendix 3) outlining arrangements for the 2021/22 adult seasonal flu programme and the childhood and school programme on 3 June 2021 (Appendix 4).

53. In addition to existing eligible groups this has been extended to offer vaccination to:

- Independent contractors such as GP, dental and optometry practices, and community pharmacies
- Teachers and pupil-facing support staff
- Prison population and prison officers delivering direct detention services
- All secondary school pupils, and
- All those between 50 and 64 years of age.

54. The vaccination transformation programme in Scotland means that responsibility for delivering vaccines has moved from GPs and now sits with health and social care partnerships. Edinburgh HSCP took responsibility for the 2020/21 programme but most other health and social care partnerships are taking responsibility for the first time this year.

55. The programme started in September 2021 with the aim of having all eligible people vaccinated by 6 December 2021 although there will still be opportunities into early 2022. To maximise flexibility, 11 vaccination sites have been set up across the city along with two drive-through sites at Edinburgh Bioquarter and the Scottish Government building at Victoria Quay. The main mass site will be at Ingliston Lowland Hall. There is capacity within the city clinics to vaccinate 200,000 people. This averages 20,000 appointments being available each week. The Partnership has had to adopt the national service appointment system this year but will flex as much as possible to ensure access for

vulnerable groups who cannot make the appointment site they have been scheduled to attend.

- Over 75s and those who are immunocompromised will receive a letter with appointment details.
- Frontline health and social care staff will be able to self-register and book online, providing flexibility around work commitments. There are also a number of peer vaccinators (nursing staff) who are able to administer the vaccination to any staff, regardless of whether they are employed by the NHS or City of Edinburgh Council, within their teams.
- Teachers and children of school age will be vaccinated through the community vaccination team. Home-schooled pupils will be contacted and invited to make an appointment with the team.
- Children's Services across Lothian will start to vaccinate children aged between six months and two years old who are identified as 'at risk'. All two to five year olds will be offered vaccination.
  The rest of the adult population over 50 years of age will be contacted by letter inviting them to self-register and book online.
- Pregnant women may also receive their vaccination through maternity services
- Vaccinations for the housebound and care home residents are being carried out by the Primary Care Treatment and Care Nurses (CTAC) supplemented by bank Home Visit team and district nursing teams in the city.

56. Delivery of the remainder of the COVID-19 first and second dose vaccination programme is being continued through existing walk-in clinics. Additional mobile clinics visited Napier University and Edinburgh College sites in September.

57. 12 to 15 year olds are now also eligible for vaccination and able to attend one of the walk-in clinics, and there was also a mobile clinic at Fort Kinnaird in September for this group.

58. The Joint Committee on Vaccination and Immunisation (JCVI) issued guidance on booster doses of the COVID-19 vaccination for specific groups on 14 September 2021. This includes:
    - Those living in residential care homes for older adults
    - All adults aged 50 years or over
    - Frontline health and social care workers
    - All those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 and adult carers, and
    - Adult household contacts (aged 16 or over) of immunosuppressed individuals
59. Those who are aged 70 or over or were previously on the shielding list will receive a vaccination invitation by letter. Frontline health and social care workers will be able to book online. These groups may be able to have both flu and booster vaccinations at the same appointment to make best use of clinic time and minimise disruption. Other eligible groups will be able to book through the online portal. COVID-19 boosters can only be given if six months have elapsed since the second vaccination was received.

Communications

60. As a Partnership, we will promote preventative or operational messages around seven key topics; winter resilience messages and arrangements, winter vaccination programme, falls prevention, hospital avoidance/signposting, anticipatory care planning, keeping safe and healthy over winter, and support and advice for carers.

61. We will target communications to some of our most vulnerable residents, who are among the largest users of health and social care resources, including vulnerable older people, those who receive a care at home service, technology-enabled care and equipment from us, people with long-term health conditions or are at higher risk of falls.

62. The most effective route to such a wide audience is through the health and social care workers, and organisations that support them to live their daily lives. For that reason, we plan to communicate with our primary audiences through general practice, social work, occupational and physical therapists, pharmacies, care at home agencies, care home staff and ATEC24.

63. In addition we will link with the Carer Support Team to ensure that carer organisations are kept informed and to support unpaid carers who often struggle at this time of year.

64. We will keep the Partnership workforce informed through regular internal communications and a briefing to staff on winter arrangements, including the winter vaccination programme.

65. We will work closely with the City of Edinburgh Council communications team on resilience messaging around severe weather etc to ensure we more effectively reach people in Edinburgh with time critical messages.

66. Responsibility for communications around the flu vaccination programme now also rests with the Partnership although there will be Scottish Government campaign promoting them. Public Health Scotland has also prepared a range of materials explaining the benefits aimed at the different audiences and in a wide variety of languages. We will amplify the Scottish Government campaign on our social media channels and support GPs in their messaging on their websites and social media in addition to making staff aware of the local programme.

Implications for Edinburgh Integration Joint Board

Financial

67. EHSCP has received an allocation of £171,000 of Scottish Government funding for winter pressures and this was combined with slippage from previous winter campaigns.

68. A total of £230,216.74 was allocated to the four priority areas as outlined earlier in this report. An additional £20,132 has been made available by the

Partnership to support unpaid carers over the festive period and proactive anticipatory care planning for people with severe frailty and those who are at risk of falls

Legal / risk implications

69. Ability to recruit to short-term posts that are required only for surge capacity and do not require permanency.

70. Ability to recruit to social work posts as a result of competitive packages being offered by neighbouring organisations.

71. Delays across the Partnership in the procurement of laptops for new staff as a result of global shortages computer chips may influence their ability to carry out duties.

Equality and integrated impact assessment

72. An integrated impact assessment was undertaken in November 2020 to consider both the positive and negative outcomes for people with protected characteristics and other groups.

73. Local residents will continue to benefit from the provision of person-centred care, with improved access to services in a timely manner and providing care closer to home. Admission to hospital will be avoided wherever possible and the quality of discharge and home care support will be enhanced. Additional support being put in place through VOCAL will reduce social isolation and increase the resilience of unpaid carers at what can be a difficult time of year.

74. Communication with groups for whom English is not their first language was highlighted as some communities are disproportionately affected by COVID-19. We are taking this on board and looking at how to strengthen communication plans. Public Health Scotland has also prepared a range of materials explaining the benefits aimed at the different audiences and in a wide variety of languages.

Environment and sustainability impacts

75. As a result of the pandemic, there may be a reduction in service users travelling for treatment and ongoing care. This may be offset by an increase in staff travelling to service user's own homes.

76. Public safety will be improved through identifying vulnerable people in the community and ensuring support is in place, protecting their interests during periods of severe weather.

77. Improving infection control through care management at home.

78. Improving physical environment through improved links with ATEC24 to provide equipment as required.

79. There is the potential for the impact of severe weather and service disruption to be minimised with priority road clearance and gritting, access to emergency food supplies as required.

Quality of care

80. There is a risk that community infrastructure cannot meet demand, resulting in a continued reliance on bed- based models, with associated risk to site flow, Emergency Department crowding and staffing.

81. Experience from previous years leads us to anticipate enhanced challenges to flow due to staff absence, influenza and norovirus. Failure to achieve the delayed discharge trajectories will impact on system wide flow but will be rigorously monitored.

82. A potential increase in prevalence of COVID-19 may also impact on admissions and staff availability.

83. We would also expect a surge in respiratory-related admissions and re-admissions over the winter months.

Consultation

84. Winter plans have been developed in very close consultation with relevant parties through the NHS Lothian Unscheduled Care Committee and the EHSCP Winter Planning Group.

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

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

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Background Reports

None.

Appendices

Appendix 1	Preparing for Winter 2021/22: Supplementary Checklist of Winter Preparedness Self-Assessment
Appendix 2	Edinburgh HSCP Allocation of Winter Funding 2021/22
Appendix 3	SGHD/CMO(2021)7 Adult Flu Immunisation Programme 2021/22
Appendix 4	SGHD/CMO(2021)14 Scottish Childhood and School Flu Programme 2021/22

Preparing for Winter 2021/22: Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities

1. **Resilience**
2. **Unscheduled / Elective Care**
3. **Out of Hours**
4. **Norovirus**
5. **COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing**
6. **Respiratory Pathway**
7. **Integration of Key Partners / Services**

These checklists supplement the narrative and deliverables identified in your RMP4 and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance and experiences of managing Covid -19.

Your winter preparedness assessment should cover systems, processes and plans which take into account the potential impacts of COVID-19, Respiratory Syncytial Virus (RSV), seasonal flu, other respiratory conditions and severe weather impacts. Plans should recognise that some of these events may occur concurrently and should take into account system wide impacts. Plans should also reflect a strategic as well as operational approach to maintain service resilience and business continuity.

The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS National Boards should support local health and social care systems to develop their winter plans as appropriate.

Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.

- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

1	Resilience Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action /Comments
1	NHS Board and Health and Social Care Partnerships (HSCPs) have clearly identified all potential disruptive risks to service delivery and have developed robust Business Continuity (BC) plans to mitigate these risks. Specific risks include the impact of Respiratory Infections (e.g. Covid, RSV, Seasonal Flu) on service capacity, severe weather and staff absence. Business continuity arrangements have built on lessons identified from previous events, and are regularly tested to ensure they remain relevant and fit for purpose. Resilience officers are fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded in Remobilisation / Annual Operating Plans as part of all-year-round capacity and service continuity planning *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details.* This guidance Preparing for Emergencies Guidance*sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	☐ ☐		The Partnership has a designed Resilience Lead and Co-ordinator who regularly link with both Council and NHSL resilience teams in a resilience event. The Partnership Resilience Team review the severe weather plan annually as part of a formal review, with reviews undertaken as part of any severe weather incidents to ensure any lessons learned are captured in future iterations of the plan (eg this year the resilience teams will work with CEC Transport and Roads colleagues to ensure optimal use of existing resources. In addition, additional seasonal resources such as hired 4x4s will be brought in at an earlier stage). There are several groups that manage/co-ordinate resilience activity included the Resilience Steering Group, Resilience Committee which includes a cross-section of the Partnership and focus on resilience events. Alongside this, a severe weather group was set up in 2019, and

				include a range of key stakeholders. This group specifically focuses on winter weather-related incidents. As the response to COVID19 is now being managed in a more planned way, the command centre has been stood down, however an Operational Oversight Group was stood up in its place in Summer 2021 and was changed to focus on system pressures highlighting the fluid and dynamic nature of the operational response at this time. This arrangement will be kept under review. The Partnership are currently in the process of updating their resilience plans and Business Impact Assessments and aim to be completed by early October. The plans cover the arrangements for services to maintain their service in the event of a resilience event (eg loss of building, loss of IT etc). The Partnership are currently looking to create integrated resilience plans as currently the Council and NHSL have difference ways of documenting their approach to a resilience event.

				The Resilience Steering Group also discuss a range of potential resilience related activity that could affect service deliver (eg EU Exit, COP26) and agree / discuss mitigation strategies
2	BC plans take into account all critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios and are linked to a business impact analysis to ensure that essential staff are in place to maintain key services. All critical activities and actions required to maintain them are included on the corporate risk register and are actively monitored by the risk owner. The Health Board and HSC partnership have robust arrangements in place to support mutual aid between local / regional partners in respect of the risks and impacts identified	☐ ☐ ☐		Partnership Resilience Plans cover all essential / critical services and document the risks and impact of service disruption and considers the resources needed to maintain key services in an emergency and appropriate risk assessment have been undertaken. The Partnership have also tested their call trees in terms of how long it would take key staff to arrive on site to allow planning to determine minimum number of staff that could be available in a resilience situation. The Partnership resilience lead / co-ordinator is linked into the relevant Council and NHS Lothian resilience groups.
3	The NHS Board and HSCPs have appropriate policies in place to cover issues such as : • what staff should do in the event of severe weather or other issues hindering	☐		Both CEC and NHS Lothian have appropriate procedures in place which are held on the orb /intranet. The procedures are

	access to work, and • arrangements to effectively communicate information on appropriate travel and other advice to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*			regularly communicated with staff about what they should do in the event of adverse weather/ access to work. The Partnership also ensures that any key communications relating to accessing travel arrangements are cascaded through the management line (eg bus strike) or via colleague news.
4	NHS Board/HSCPs websites will be used to advise patients on any changes to service access arrangements or cancellations of clinics / outpatient services due to severe weather, reduced staffing levels etc,	☐		There are communication plans in place and in the event of severe weather impacting on service delivery, access to services, the Partnership website as well as NHS Lothian and CEC would be updated accordingly. The Partnership would also utilise relevant twitter accounts to communicate any issues.
6	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	☐		This is included the Council's Severe Weather plan.

2	Unscheduled / Elective Care Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	**Clinically Focussed and Empowered Management**			
1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity and visibility of other key performance indicators *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☐		Clear operational lines of escalation and communication processes are in place within EHSCP including regular Executive Management Team meetings and Senior Operational Team meetings.
1.2	Effective communication protocols are in place between clinical departments and senior managers across the whole system, to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked with key actions and timescales assigned to individuals.	☐		Daily tele- or video conferences will be scheduled if there are significant pressures across the system. Individual services have systems in place for daily communication and escalation of pressures or issues, for example via daily huddles. From these actions are identified and followed up.
1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU.	☐		Not applicable – NHS Lothian to complete

	This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact. *Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care, with PDDs (planned dates of discharge) visible and worked towards, to ensure patients are discharged without delay.*			
1.4 Page 100	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	☐		Care Home admissions are managed centrally matched to available capacity and information about capacity in private care homes is also utilised to match service users to places dependant on price and funding available. Should exceptional pressures develop these will be escalated to EMT. Senior Mgt is in regular contact with the AAH Discharge Hub throughout the day especially over winter and has knowledge/early sight of any specific issues in community hospitals which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton Hospital over winter. Any escalations will be via Head of Operations to the EMT/Chief Officer. The Partnership is in the process

				of reviewing how any excess capacity in internal care homes might be utilised to the best effect over winter, and working closely with other providers to secure additional interim care placements should the need arise
2	**Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID-19 activity (both short and medium-term) based on forecast emergency and elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**			
2.1	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.* *Weekly projections for COVID demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.* *Plans in place for the delivery of safe and segregated COVID-19 care at all times.* *Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.* *NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID-19 surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.*	☐		Not applicable – NHS Lothian to complete

2.2	Pre-planning created pathways which provide an alternative to admission, and optimised the use of inpatient capacity for the delivery of emergency and elective treatment, including identification of winter / COVID-19 surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.* *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.* *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*	☐		Not applicable – NHS Lothian to complete
3	**Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.**			
3.1	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant*	☐		EHSCP will map annual leave arrangements for all teams to ensure there is adequate cover in place. There will be clearly defined points of contact across the system for the duration of the festive period; providing assurance there is adequate

	events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.			leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity.
3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	☐		As above
3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations*	☐		EHSCP now has a tactical resilience plan and an Incident Management Team. The resilience plan includes collaborative links with Police Scotland, for example during severe weather.
3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered. *Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.*	☐		This is communicated via NHS Lothian Primary Care Contracts Office (PCCO) at Waverley Gate. PCCO communicate community pharmacy hours of service to relevant parties, including updating NHS Inform.
	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of hospital associated infection and crowded Emergency Departments. **Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.**			

Page 104	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. Referrals to the flow centre will come from: • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide viable appointments / timeslots at A&E services. The impact on health-inequalities and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.			Not applicable – NHS Lothian to complete (under the Redesign of Urgent Care workstream)
	Professional to professional advice and onward referral services should be optimised where required Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.			Work is continuing and ongoing as part of the Redesign of Urgent Care Phase 2 workstream to redirect appropriate community pathways through the Flow Centre . There has been refinement to Urgent Care pathways via the Flow Centre to support Prevention of Admission (Home First, Hospital at Home and the Community Respiratory Team).

Page 105				There have been additional pathways established including that from SAS direct to Hospital and Home, ED direct to Hospital at Home, and the SAS Falls Pathway. Hospital at Home takes referrals from SAS crews to prevent transporting to hospital and therefore avoiding admission. They have also enhanced weekend referrals to the service by taking GP referrals from care homes. Additional resource has been sourced and obtained from HIS and RUC for additional posts in Hospital at Home, the Flow Centre Home First Team and the Community Respiratory Team which will provide increased capacity and support. Development of a frailty nurse post in the Flow Centre to redirect admissions to hospital at home and rapid assessment.
4	**Optimise patient flow by proactively managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools such as – Daily Dynamic Discharge, to shift the discharge curve to the left and optimise in day capacity, and ensure same rates of discharge over the weekend and public holiday as weekday.**			

4.1	Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*	☐		Onsite presence of Home First Navigators on both RIE and WGH acute sites with ED/MAU and wards working as part of the MDT to support POA. Home First Navigator working within discharge hub in WGH to manage people on acute medical wards. Discharge to Assess pathway and service fully utilised to create an alternative pathway to admission. Tests of change currently underway to begin the roll out of PDD in WGH (Wd 51) and ICF (Fillieside) with a further plan for the RIE site. PDD approach is heavily invested in the involvement of the patient and family/carer. Additional SW resource allocated for WGH and RIE sites as well as ICF to promote the Home First approach and early supported discharged maximising community assets.
4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over	☐		Hub therapy weekend working will re-convene in November (Sat and Sun) and Social Work (SW) on

	all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.*			Saturdays. There will also be public holiday SW cover over the festive period for acute sites. SWs will work closely with the D/C hubs. There is a low level of system wide discharge at weekends. The Lothian wide PDD work stream will drive improvements in performance as it rolls out. CRT operates a 7 day service as routine
4.3	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon. *Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.* *Extended opening hours during festive period over public Holiday and weekend*	☐		Not applicable – NHS Lothian to complete
4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes*	☐		The NHS Lothian Community Pharmacy Core Group review demand and adjust Community Pharmacy opening hours accordingly. Pharmacists and Technicians are deployed across GP Practices to support pharmacotherapy services, medicines reconciliation at discharge and acute prescription requests.

5	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.**			
5.1	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels. *This will be particularly important over the festive holiday periods.* *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions. Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.* *Assessment capacity should be available to support a discharge to assess model across 7 days.*	☐		Provision of care packages in Edinburgh is an ongoing challenge, in keeping with the trends across much of the Health and Social Care sector. The sector as a whole continues to struggle with the impact of COVID and Brexit on the available workforce and this is evidenced by the increasing levels of unmet need in the community and hospital delays. To mitigate some of the challenges and pressures EHSCP are working in close partnership with providers of these support services, and other wider groups of stakeholders to support at a minimum stability in the market and the existing capacity that they deliver. Measures currently being implemented to support and hopefully improve the situation are: • EHSCP funded and led campaign to promote employment opportunities in Edinburgh across the Health

Page 109				and Social Care sector targeted to start end Sept/early Oct and run through to Jan/Feb at a minimum. A landing page on EHSCP website will provide an understanding of what working in Health and Social Care means, rewards of the career, skills, values and attributes required and linking to roles organisations advertise through My Job Scotland. . • Additional CCA resources in post - 1WTE each for SE/SW/NW localities to start in Oct. This will replicate the successful “unmet need officer” role piloted in NE Locality which delivered a significant reduction in unmet need and hospital delays through a single point of contact and pro-active approach to building of relationships with providers, assessors, other health professionals and people waiting for support. The aim being to come to practical solutions to enable support to be put in place rapidly where previously there were barriers indicated. Also tracking

Page 110				hospital admissions where care arrangements exist and ensuring that these are re-started at earliest point of fitness to discharge, or where no discharge planning is in place to free up the capacity to match to another individual to support discharge home or prevention of admission. • Mapping exercise of existing care capacity both internally and externally, and new process implemented to increase collaborative working between all organisations delivering support. Maximise efficiencies that can be delivered through more joined up approaches to use of existing workforce to increase the number of individuals who can be supported to remain at home through provision of appropriate support arrangements.
5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.* *All delayed discharges will be reviewed for alternative care arrangements and discharge to*	☐		Additional Assistant Practitioner posts have been agreed and are currently being implemented to increase therapy capacity to support Discharge to Assess. The additional skills mix will ensure that the therapists are made available to provide additional

	assess where possible			rehabilitation, supporting better outcomes in a shorter duration. Patients considered through a variety and increasing range of pathways and services, including Discharge to Assess, Hospital at Home, Intermediate Care, and the Community Respiratory Team to reduce the length of hospital stay and to prevent a delayed discharge.
5.3 Page 111	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*	☐		The Long Term Conditions (LTC) Programme has worked with health & social care professionals and third sector organisations to improve ACP conversations and models for sharing/accessing information across the integrated system. COVID19 ACP bundles with educational guidance, information for citizens, and resources for sharing/accessing ACP quality criteria across the integrated system have been developed for health and social care professionals, GP practice teams, care homes and third sector partners. The care home ACP model has been shared nationally and recently updated with

				learning and improvements gained during the pandemic, available on the NHS Lothian care home website: 7 steps to ACP: Creating Covid-19 relevant ACPs in Care Homes - Implementation Guide and Resources All other ACP bundles are available on the NHS Lothian intranet and will be soon be available on the HIS
5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances. *KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.*	☐		There are 259,301 active Key Information Summaries (KIS) in place for people in Edinburgh, a 287% increase since March 2020. Guidance has been shared with GP practices on how to review and update the volume of KISs in place, including when to obtain consent to prevent KISs for high risk individuals created under the COVID19 protocol being deleted. The Long Term Conditions Programme is facilitating the scale and spread of ACP across community, primary, acute, and 3rd sector services. Providing improvement and implementation support to utilise the ACP bundles (see 5.3), working with teams to test and embed ACP across the patient journey (eg Medicine of the Elderly, Old Age Psychiatry,

				Emergency Medicine, Clinical Genetics Service, Community Nursing, Lanfine Service (neurological conditions), District Nursing, Home Care, Carer Support Services, Adults with Complex and Exceptional Needs Service, Care Homes, and Home First teams, Dementia Link Workers, Admiral Nurses, and Improving the Cancer Journey Link Workers). The Edinburgh ACP Stakeholder Group meets quarterly to drive ACP improvements in practice and during the pandemic has focused on improving information sharing at the interface between acute and primary care. During winter 2021-22 an ACP model will be tested with: falls practitioners to improve information shared through ACP on falls prevention and management; and with social workers to improve the quality of social care information shared for people with severe frailty, including Power of Attorney arrangements. Both tests of change aim to decrease avoidable admissions and delayed discharges from hospital through ACP.

				800 KIS magnets and wallet cards have been given to people who are at risk of hospital admission to display in their home, prompting SAS, OOH, ED to check KISs for quality criteria that will improve shared decision-making on providing quality care at home or as close to home as possible.
5.5	COVID-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.			Not applicable – NHS Lothian to complete
6	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. *Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☐		Managed at a corporate level across the whole system through Gold Command and at a partnership level though the winter command centre group. .
6.2	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.	☐		EHSCP will amplify the Scottish Government campaign promoting flu vaccination and promote Public Health Scotland's range of

	SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public. *The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.* *The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.* *Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns*			promotional materials aimed at the different audiences. As well as that, EHSCP will promote preventative or operational messages around seven key topics; winter resilience messages and arrangements, winter vaccination programme, falls prevention, hospital avoidance/signposting, anticipatory care planning, keeping safe and healthy over winter, and support and advice for carers. We will target communications to some of our most vulnerable residents, who are among the largest users of health and social care resources. This includes vulnerable older people, people who receive a care at home service, those who receive technology-enabled care and equipment from us, people with long-term health conditions or who are at higher risk of falls. The most effective route to such a wide audience is through the health and social care workers, their unpaid carers and organisations that support them to live their daily lives. For that

Page 116				reason, we plan to communicate with our primary audiences through general practice, social work, occupational and physical therapists, pharmacies, care at home agencies, care home staff and ATEC24. We will also support GPs in their messaging on websites and social media. In addition we will link with the Carer Support Team to ensure that carer organisations are kept informed to allow them to support unpaid carers who often struggle at this time of year. We will keep the EHSCP workforce informed through regular internal communications and briefings to staff on winter arrangements, including the winter vaccination programme. And we will work closely with the City of Edinburgh Council communications team on resilience messaging around severe weather etc to ensure we more effectively reach people in Edinburgh with time critical messages.

3	Out of Hours Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays. *This should include an agreed escalation process.* *Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?*	☐		Not applicable – NHS Lothian to complete
2	The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.	☐		Not applicable – NHS Lothian to complete
3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	☐		Additional capacity has been put in place provide seven-day working in areas of key demand Operational managers will ensure that there is sufficient capacity to provide front-line services over the festive period.
4	There is reference to direct referrals between services. *For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?*	☐		Not applicable. EHSCP has no OOH other than the emergency social work. Other services will link with LUCS.
5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	☐		Processes are in place to ensure availability of robust management information and this will be monitored by senior management on an on-going basis.

6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	☐		Pharmacists have established professional to professional lines in place and LUCS has access to the Community Pharmacy Palliative Care Network of pharmacies providing an emergency call out service. NHS24 algorithms updated to include details of the community pharmacy first service, treating UTI and impetigo infections.
7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	☐		Emergency mental health assessment is provided 24/7 via the Mental Health Assessment Centre at REH. Referral is via GP or phone call; and includes self-referral. Due to COVID19 MHAS is not at present offering a 24-hour walk in service but individuals needing a face-to-face assessment will be offered a specific time slot which will be as soon as possible within hours. Intensive Homecare Treatment Team can provide intensive crisis service into people's homes following an MHAS referral. The crisis centre is a third sector commissioned service that is operational 52 weeks of the year and provides people with advice and support, it also has the capacity for people to stay over in the building.

				This service is accessed by people in distress, services can refer but it is a not clinical area and people need to be self-determined
8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres *This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	☐		PCCO lead on this for HSCPs
9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	☐		EHSCP will map annual leave arrangements for all teams to ensure there is adequate cover in place. Operational managers will ensure that there is sufficient capacity to provide front-line services over the festive period.
10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	☐		Not applicable – NHS Lothian to complete
11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☐		The Home First navigator posts are well established within the RIE and WGH (4) alongside the In-Reach Nurses (4) in a Home First Team providing a link between acute and community services. Additional SW resource has been allocated for WGH and RIE sites as well as ICF to promote the

				Home First approach and early supported discharged maximising community assets. Additional capacity has also been obtained to support the Flow Centre Home First Navigator not only support POA, also to support the flow out of hospital, a reduced length of hospital stay and prevention of delayed discharge by utilising community assets. The Hospital at Home team has been successful in obtaining funding for resource to increase its capacity for an ANP and APP/AHP. There have been additional pathways established for Hospital at Home and other EHSCP services including that from SAS direct to Hospital and Home, ED direct to Hospital at Home, and the SAS Falls Pathway. These pathways and services are bedding in and demonstrating increasing success and it is anticipated that they will help avoid admissions for the aging patient with underlying frailty, and co-morbidity, in addition to those with

				a risk of infection, deconditioning and loss of independence.
12	There is evidence of joint working between the Board and NHS 24 in preparing this plan. *This should confirm agreement about the call demand analysis being used.*	☐		Not applicable – NHS Lothian to complete
13	There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.*	☐		Not applicable – NHS Lothian to complete
14	There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan. *This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.*	☐		The Winter Planning Group includes multi-agency and pan-system representation, including membership from acute sites, Social Care Direct, and includes leads for flu, carers, third sector, resilience, and communications. The group leads on the planning, monitoring and evaluation of the winter plans. Members of the group have all contributed to preparing the plan and this checklist.
15	There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☐		All Partnership services have resilience plans/business impact assessments in place, and are in the process of reviewing and updated through September / and October. All resilience plans are held by the Resilience Lead in a

				confidential shared space and can be accessed in an emergency situation.

4	Prepare for & Implement Norovirus Outbreak Control Measures *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	☐		All EHSCP staff have access to appropriate guidance depending on care setting and report cases via local reporting system's e.g. Huddles, care inspectorate reporting. Bed based areas - Escalation to local infection control teams Care Homes – Escalation to Public health
2	IPCTs and HPTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their IPCTs and Health Protection Teams (HPTs) are supported to undertake the advance planning to ensure that Norovirus outbreaks in hospitals and care homes are identified and acted upon swiftly. Boards should ensure that there are sufficient resources to provide advice and guidance to ensure that norovirus patients are well looked after in these settings.*	☐		Not applicable – NHS Lothian to complete
3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff	☐		All EHSCP staff have access to appropriate guidance. In hospital settings staff are required to access most up to date information on line with the exception of daily outbreak records which are kept through the course

				of the outbreak. In other settings paper copies may be held for ease of access. Local outbreaks are discussed and recorded at daily safety huddles.
4	How are NHS Board communications regarding bed pressures, ward closures, kept up to date in real time. *Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☐		Local sit rep reports are in place detailing capacity and any pressures. Staff also have access to NHS Lothian infection control sit rep which is circulated at least twice a day or more frequently if necessary. This advises on ward closures.
5	Debriefs will be provided following significant outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	☐		Outbreak management systems are in place for all settings • Problem assessment groups (PAG) • Incident management teams (IMT) These are led by IPCT and include local clinical management teams.
6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	☐		This information is available and shared as appropriate
7	Are there systems in place that would ensure appropriate patient placement, patient admission and environmental decontamination post discharge in ED and assessment areas	☐		Not applicable – NHS Lothian to complete

8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	☐		Not applicable – NHS Lothian to complete
9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	☐		Surge capacity planning is incorporated in the EHSCP resilience plans
10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.	☐		Not applicable – NHS Lothian to complete
11	Are there systems in place to deploy norovirus publicity materials information internally and locally as appropriate,	☐		Materials are available on NHS internet and CEC Orb for staff to access. Any communications are cascaded through operational and professional lines to front line staff
12	Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of COVID-19.			Not applicable – NHS Lothian to complete

5	COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
Page 125	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMOs seasonal flu vaccination letter published on Adult flu immunisation programme 2021/22 (scot.nhs.uk) and Scottish childhood and school flu immunisation programme 2021/22 . Further CMO letters will be issued before the flu season begins to provide further details on aspects of the programme, including the marketing campaign and details of education resources for staff administering vaccinations.	☐		EHSCP is working closely with colleagues from NHS Lothian and nationally to implement the winter vaccination programme, starting in September and aiming to have all eligible people vaccinated by 6 December 2021. This will include existing eligible groups, NHS Lothian staff and social care staff delivering direct personal care, and additional groups added this year such as independent contractors, teachers and prison officers. The winter vaccination programme will be offered acute sites, through peer vaccination and by self-registering to attend one of 11 vaccination sites/2 drive-through sites being made available across Edinburgh.

2 Page 126	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.* *Vaccine uptake will be monitored weekly by performance & delivery division*	☐		Online booking for self-registration will go live on 13 September with vaccinations offered on acute sites, through peer vaccination and by self-registering to attend one of 11 vaccination sites/2 drive-through sites being made available across Edinburgh. The aim is to ensure the programme is as accessible as possible and provide flexibility around work commitments. The Community Vaccination Team will lead on the school programme covering both staff and pupils in primary and secondary schools. Full guidance is still awaited from the JCVI and centrally, including whether there will be a need for COVID booster doses, so there may still be alterations to these plans as that position becomes clearer.

3	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. SG procures additional stocks of flu vaccine which is added to the stocks that Health Boards receive throughout the season, which they can draw down, if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals co-ordinated and issued by the Vaccinations Strategy Division.)*	☐		EHSCP has sufficient capacity to meet the demands of the winter vaccination programme and is ensuring that appropriate training is in place to facilitate it.
4	PHS weekly updates, showing the current epidemiological picture on COVID-19, RSV and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *Public Health Scotland and the Vaccinations Strategy Division within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	☐		Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines.
5	Adequate resources are in place to manage potential outbreaks of COVID-19, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	☐		Partnership resilience plans are now in place (subject to review / updating) and detail the required resourcing / response to dealing with concurrent events which may include prioritisation to essential services only.

6	Ensure that sufficient numbers of staff from high risk areas where aerosol generating procedures are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) are fully aware of all IPC policies and guidance, FFP3 fit-tested and trained in the use of PPE for the safe management of suspected COVID-19, RSV and flu cases and that this training is up-to-date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***	☐		All staff have access to PPE and training. This is monitored via safety huddles, Care Inspectorate, care home support teams, PQIs, IPCTs and informally by team leads, senior charge nurses, care home managers.
7	Staff in specialist cancer & treatment wards, long stay care of the elderly and mental health (long stay) will also will be required to continue to undertake asymptomatic weekly testing for COVID-19 throughout this period. We are actively reviewing the current asymptomatic Healthcare Worker testing Operational Definitions to ensure they are still fit for purpose.	☐		Weekly PCRs continue to be undertaken in HBCCC -frail elderly and old age psychiatry areas. This is supplemented by LFT testing
8	Ensure continued support for care home staff asymptomatic LFD and PCR testing and wider social services staff testing. This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results. *Enhanced care home staff testing introduced from 23 December 2020 . This involves twice weekly LFD in addition to weekly PCR testing review of enhanced staff testing underway. PCR testing - transition to NHS lab complete. Good level of staff participation in PCR testing.* *Testing has been rolled out to a wide range of other social care services including care at home, sheltered housing services.*	☐		Weekly PCR testing of care home staff has now transferred from NHS Lighthouse to the NHS Lothian Lauriston Hub.

9	NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows: • Adults aged over 65 • Those under 65 at risk • Healthcare workers • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household • Eligible shielding households The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from day 1 of the programme utilising automated data collection methods for performance monitoring. Public Health Scotland will report weekly.	☐		Not applicable – NHS Lothian to complete EHSCP are operationally responsible for the Vaccination Programme and will monitor uptake with NHS colleagues and adjust any delivery arrangements to ensure performance trajectory is on target ie use of bus for 'pop up', opening up more appointments
10	**Low risk** – Any care facility where: a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals are regularly tested (remain negative)	☐		EHSCP follows NHS Lothian guidance on classification of wards with all areas classed as Amber (medium) risk. We follow COVID pathways for those in, admitted to or transferred into our service using both local and national infection control standards and risk assessments.

	Medium risk Any care facility where: a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARSCoV-2 (COVID-19) test result with no known recent COVID-19 contact OR b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals decline testing **High risk** Any care facility where: a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals who decline testing So all emergency admissions where COVID-19 status is unknown/awaited will fall into the medium risk pathways until testing can be undertaken to allow them to transition into green.			http://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/#a2732
	All NHS Scotland Health Boards have provided assurance that all emergency and all elective patients are offered testing prior to admission. *Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster.*	☐		Not applicable – NHS Lothian to complete
12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf *In mid-February 2021, the scope of the LFD testing pathway was expanded further to include patient facing primary care staff (general practice, pharmacy, dentistry, optometry), hospice staff, and NHS24 and SAS call handlers. Some hospice staff had been included in the original scope where staff worked between hospitals and hospices, so this addition brought all patient facing hospice staff into the testing programme.*	☐		These decisions are made at IMTs in conjunction with IPCT and partnership (union) representatives

	On the 17 March Scottish Government announced that the scope of the HCW testing pathway would be further expanded to include all NHS workers. The roll out is currently underway and we expect that all Boards across Scotland will have fully implemented the roll-out of twice weekly lateral flow testing to eligible staff by the end of June 2021. This will include staff who may have been shielding or working from home and is in line with national guidance. *Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-COVID-19-healthcare-worker-testing/*			

6	**Respiratory Pathway** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☐		Multi-disciplinary Community Respiratory Hub is well established in Edinburgh. Annually, GPs, Out of Hours, SAS receive winter reminder of service available to prompt clinicians to access this highly effective community service. Fortnightly MDT meeting held at RIE to discuss COPD patients at risk and strengthen links between RIE and community services. Between April 2020 and March 2021 414 people who were at immediate high risk of hospital admission were assessed by the Community Respiratory Team within the hub. 84% of these people were able to be safely kept at home.

1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☐		Multi-disciplinary Community Respiratory Hub operates 7 day week, 8am-6pm weekdays and 0830am-4pm weekends with acute response to COPD exacerbations. 90min response pathway in place for COPD exacerbations referred from Scottish Ambulance Service and Flow Centre. Prof to Prof support line set up with Respiratory Consultant for Community Respiratory Hub to escalate decision making if necessary and/or fast track to hot clinic during winter period. The Community Respiratory Hub will increase staffing capacity to support a larger group of patients to include all those with acute respiratory illness over the winter period, including at the weekend. This may include supporting appropriate hospital discharge of COVID-19 patients, with an existing respiratory condition. Enhanced staffing is also planned for over the festive weekend periods to support respiratory care in the community.

1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	☐		Individuals at high risk of admission identified via COPD frequent attender database. High risk patients reviewed at consultant led multi-disciplinary team meeting using care bundle checklist. ACP/KIS generated for high risk patients shared across the health system via TRAK alert and ACP created using KIS. Special notes of KIS created to alert all staff across the health system to contact Community Respiratory Team for COPD exacerbation. Patients issued with self management ACP and 'Think COPD Think CRT' fridge magnet to prompt them to **'MyCOPD'** is an app to support people living with Chronic Obstructive Pulmonary Disease (COPD) to remotely self-manage their condition.
1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	☐		Key messages are sent to all patients with COPD known to CRT including fridge magnet of CRT contact details as first point of contact should the patient feel unwell with their COPD. Simple advice given by all HCPs to keep warm and hydrated over the winter period

2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**			
2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. *Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).*	☐		Community respiratory Hub will support the discharge plan by ensuring a holistic assessment and management plan is put in place, This may include medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☐		Dedicated pharmacist within community respiratory hub. Medication review will be carried out at initial assessment by the Community Respiratory Hub. Access to specialist pharmacy review available if required
3	**People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.**			
3.1	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.*	☐		Individuals with COPD at high risk of admission are proactively identified via COPD frequent attender database which is refreshed every 6-8 weeks. KIS accessible by primary & secondary care, LUCS and SAS out of hours.

	SPARRA Online: Monthly release of SPARRA data, *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*			TRAK alert as prompt for prompt to acute services COPD KIS in place. COPD patients issued with ACP self management plan and 'Think COPD Think CRT' fridge magnet to prompt contacting CRT in event of exacerbation as alternative to emergency services. 918 of patients actively managing their condition using LiteTouch telehealth – with dedicated CRT support line should their condition deteriorate.
4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**			
4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860) Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period. Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*	☐ ☐ ☐ ☐		Patients with COPD should aim to have oxygen saturations on air of 88% or above at rest if doesn't have LTOT at home. If a patient is acutely unwell with lower oxygen saturations they should be referred to hospital for treatment which may include acute oxygen therapy If a patient is stable and oxygen saturations on air are 88% or below then they should be referred for an LTOT assessment at the respiratory outpatient clinic. There is no evidence for only ambulatory oxygen for patients with COPD.

				Once a patient receives LTOT they will be given the appropriate system for their requirements.
5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**			
5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*	☐		Currently 918 CRT patients on Lite Touch/ Self Referral have a pulse oximeter at home. There is capacity for this to increase and pulse oximeters are available**.**

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	☐		
	Nursing / Medical Consultants	☐		
	Consultants in Dental Public Health	☐		Not applicable, done through PCCO
	AHP Leads	☐		
	Infection Control Managers	☐		
	Managers Responsible for Capacity & Flow	☐		
	Pharmacy Leads	☐		
	Mental Health Leads	☐		
	Business Continuity / Resilience Leads, Emergency Planning Managers	☐		
	OOH Service Managers	☐		
	GP's	☐		
	NHS 24	☐		
	SAS	☐		
	Other Territorial NHS Boards, eg mutual aid	☐		Not applicable
	Independent Sector	☐		
	Local Authorities, inc LRPs & RRPs	☐		
	Integration Joint Boards	☐		
	Strategic Co-ordination Group	☐		Through Chief Officer
	Third Sector	☐		
	SG Health & Social Care Directorate	☐		Through Chief Officer

COVID-19 Surge Bed Capacity Template **Annex A**

		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out						

PART B: CPAP	Please set out the maximum number of COVID-19 patients (at any one time) that could be provided CPAP in your NHS Board, should it be required		
PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID-19 patients (share of 3,000 nationally), should it be required		

Health Protection Scotland

Infection Prevention and Control COVID-19 Outbreak Checklist

(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information http://www.nipcm.hps.scot.nhs.uk/)

NHS National Services Scotland

This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings. **Definitions: 2 or more confirmed or suspected cases of COVID-19 within the same area within 14 days where cross transmission has been identified.** **Confirmed case: anyone testing positive for COVID-19** **Suspected case: anyone experiencing symptoms indicative of COVID (not yet confirmed by virology)** **This tool can be used within a COVID-19 ward or when there is an individual case or multiple cases.**					
Standard Infection Control Precautions; **Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.**					
Patient Placement/Assessment of risk/Cohort area **Date**					
Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities					
Cohort areas are established for multiple cases of **confirmed** COVID-19 (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.					
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).					
If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.**					
Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.					
Personal Protective Clothing (PPE)					

1. PPE requirements: PPE should be worn in accordance with the **COVID 19 IPC addendum** for the relevant sector: • **Acute settings** • **Care home** • **Community health and care settings** 2. All staff should wear a FRSM in accordance with the updated guidance on face coverings, which can be found **here**.					
Safe Management of Care Equipment					
Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient.					
Safe Management of the Care Environment					
All areas are free from non-essential items and equipment.					
At least twice daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination (at least twice daily)is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. “frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Hand Hygiene					
Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water					
Movement Restrictions/Transfer/Discharge					
Patients with suspected/confirmed COVID should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations. Discharge home/care facility: Follow the latest advice in COVID-19 - guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings.					
Respiratory Hygiene					
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag					
Information and Treatment					
Patient/Carer informed of all screening/investigation result(s).					
Patient Information Leaflet if available or advice provided?					

Education given at ward level by a member of the IPCT on the IPC COVID guidance?					
Staff are provided with information on testing if required					

Winter Plans Edinburgh Health and Social Care Partnership (EHSCP)

DD codes (impact on any of the DD codes?)	DD position	Service	Service Description	Resource	Capacity (this is the activity that the resource will generate e.g. the number of cases per month, hours of care etc)	Effect on flow	Risk (any current service risks or issues)	Comments	Cost
11a/11b-Social Care Assessment PDD/all codes	DD position in the month of July 2021 on 11b delays is: **58**	**Hospital Social Worker Enhancement** Monday - Saturday (6 days/week)	Prompt allocation of all hospital social care assessments and completion within 72 hours. Proactive early intervention, responsiveness to the home first model with assessments taking place earlier in the hospital patient pathway. To ensure early conversations with the person and carers/families to assist and	4x WTE SW 2x WTE SSW	Estimated additional capacity of 20 cases /month / SW which will yield estimated: **80 cases/ month.** Saturday cover by Social Worker and Bank Holiday cover will be provided	For this Winter 21/22 the target is a **90% reduction of 11Bs (20/21 achieved a 58% reduction)** Reduction in LOS	Recruitment	No system-wide agreed data set for PDD yet and that will be derived from test of change in ward 51 WGH.	**£129,373**

Winter Plans Edinburgh Health and Social Care Partnership (EHSCP)

DD codes (impact on any of the DD codes?)	DD position	Service	Service Description	Resource	Capacity (this is the activity that the resource will generate e.g. the number of cases per month, hours of care etc)	Effect on flow	Risk (any current service risks or issues)	Comments	Cost
			influence the ready for discharge date (or PDD).						
This is a prevention service	N/A	**Edinburgh Community Respiratory Hub CRT+**	To support patients with respiratory conditions beyond COPD with assessment, treatment, and self-management of acute chest infections with a focus on prevention of hospital admissions.	1 x WTE APP Physiotherapist 2 x WTE Specialist PT	Estimated **additional of 10 NP referred/ month** (capacity using baseline data) Total of **40 to a maximum of 50 NP** over the 4 month winter period (Dec-Mar)	Prevention of hospital admissions for patients with chest infection last winter we achieved: Reduced readmissions Reduced demand in primary care	Recruitment	Substantive caseload for CRT has increased, by 10% since March 2019 and activity increased by 17%. Higher activity and caseloads suggest more complex patients which requires a skilled	**£44,706.01**

Winter Plans Edinburgh Health and Social Care Partnership (EHSCP)

DD codes (impact on any of the DD codes?)	DD position	Service	Service Description	Resource	Capacity (this is the activity that the resource will generate e.g. the number of cases per month, hours of care etc)	Effect on flow	Risk (any current service risks or issues)	Comments	Cost
								workforce with appropriate capacity, especially over the winter period.	
N/A	N/A	**Facilitate early supported discharge for people with COVID-19**	Early supported discharge of patients with COVID-19, monitoring respiratory symptoms and facilitating oxygen weaning (as appropriate) and discharge. Collaboration with secondary care clinicians where appropriate regarding the	0.5 x FTE WTE APP Physiotherapist	Estimate of 2 NP per week (based on test of change period July – Dec 2021)	Early supported discharge of people on this pathway LOS reduction (2 bed days saved per case)	Recruitment	Expansion of this pathway would be subject to evaluation of this test of change.	**£9,473.73**

Winter Plans Edinburgh Health and Social Care Partnership (EHSCP)

DD codes (impact on any of the DD codes?)	DD position	Service	Service Description	Resource	Capacity (this is the activity that the resource will generate e.g. the number of cases per month, hours of care etc)	Effect on flow	Risk (any current service risks or issues)	Comments	Cost
			deteriorating patient.						
Healthcare Delay	N/A	**Assistant Practitioners Discharge to Assess teams**	Enhance D2A skill mix and increase capacity of the service to facilitate early hospital discharge as an alternative to bed based rehabilitation/ provision of rehabilitation at home. This skill mix will increase capacity, enable therapists to delegate key tasks and achieve a greater focus	4 x WTE Assistant Practitioners, one per locality.	Estimated 14-18 cases per month per AP. It is estimated that AP resource will allow for an additional capacity of 56 - 72 cases per month.	Increase of D2A referrals (**over 20% increase in demand winter 2020/21**) Reduction on LOS in acute care settings Reduction of bed days lost Reduction on DD	Recruitment		**£46,664**

Winter Plans Edinburgh Health and Social Care Partnership (EHSCP)

DD codes (impact on any of the DD codes?)	DD position	Service	Service Description	Resource	Capacity (this is the activity that the resource will generate e.g. the number of cases per month, hours of care etc)	Effect on flow	Risk (any current service risks or issues)	Comments	Cost
			on complexity and intensity of rehabilitation.						
This is a prevention/ early intervention service	N/A	**Improving outcomes for people at risk of falls**	Proactive identification of people who have fallen, are at risk of further falls and have not had a multifactorial falls assessment in the previous 6 months. A focus on prevention of future falls and unnecessary ED presentations. Share key information through ACP to inform shared decision making	1 x WTE Assistant Practitioners	SAS Number of Falls Attended in 2020: **2186** Number of falls conveyed: **1612** **26% non-conveyed** Total falls Assessment Referrals to Hubs 2020: **1019 referrals** Further data will be gathered at the start of the test of change.	Reduced presentations to ED Prevention of falls Increase in falls assessments and ACP completions	Recruitment	Now funded through Long-Term Conditions Programme (Original proposal was for 2 x WTE AP posts)	**£12,000**

Winter Plans Edinburgh Health and Social Care Partnership (EHSCP)

DD codes (impact on any of the DD codes?)	DD position	Service	Service Description	Resource	Capacity (this is the activity that the resource will generate e.g. the number of cases per month, hours of care etc)	Effect on flow	Risk (any current service risks or issues)	Comments	Cost
			and reduce ED presentation and admissions. NW locality has the highest number of ED presentations due to falls and is intended to focus in this area.						
This is a prevention/ early intervention service	N/A	**Improving outcomes for people with severe frailty through ACP**	Proactive identification through the developing NE frailty register of people with no to mild cognitive impairment, provide an Anticipatory Care Plan-Key Information Summary (ACP-	0.2 WTE SW		Reduced presentations in ED Prevention of falls Multifactorial falls assessment increase ACP completions		Now funded through Long Term Conditions programme	**£5,332**

Winter Plans Edinburgh Health and Social Care Partnership (EHSCP)

DD codes (impact on any of the DD codes?)	DD position	Service	Service Description	Resource	Capacity (this is the activity that the resource will generate e.g. the number of cases per month, hours of care etc)	Effect on flow	Risk (any current service risks or issues)	Comments	Cost
			KIS) with core quality criteria including information on Power of Attorney (POA).						

Funding Breakdown:

Title	**Amount Requested**
Edinburgh Community Respiratory Hub CRT+	£44,706.01
Hospital Social Worker Enhancement	£129,932.00
Assistant Practitioners D2A	£46,664.00
Early support discharge of people with COVID-19	£9,473.73
TOTAL	**£230,216.74**
Proposals received but now being funded by LTC Programme	
Improving outcomes for people at risk of falling	12,000
Improving outcomes for people with severe frailty through ACP	5,332
TOTAL	**£17,332**

Chief Medical Officer Directorate

E: SeasonalFluProgramme@gov.scot

The Scottish Government

Dear Colleagues

ADULT FLU IMMUNISATION PROGRAMME 2021/22

1. We are writing to provide you with information about the adult seasonal flu immunisation programme 2021/22.

2. We would like to begin by thanking you for all the hard work you are doing as part of the health and social care response to the global Covid-19 pandemic. We know that this has been an extremely challenging time for all staff across the health and social care sector.

3. Given the impact of Covid-19 on the most vulnerable in society, it is imperative that we continue to do all that we can to reduce the impact of seasonal flu and Covid-19 on those most at risk. It is therefore essential that we build on the success from last year's seasonal flu programme to prevent ill health in the population and minimise further impact on the NHS and social care services.

Planning

4. We recognise that delivering the flu programme this year will be a greater challenge than ever before because of the impact of Covid-19 on our health and social care sector. We would expect us all to draw on learning from our experience with Covid-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.

5. We will continue to work with the Scottish Immunisation Programme Group to develop vaccination service delivery to ensure that all who will benefit most from the flu vaccine will have the opportunity to receive it in a timely manner while maintaining good Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the flu vaccination programme will remain an important part of the programme planning. Please refer to the Covid-19 guidance available at: HPS Website - Infection prevention and control (IPC) guidance in healthcare settings.

From Chief Medical Officer
Chief Nursing Officer
Interim Chief Pharmaceutical Officer
Dr Gregor Smith
Professor Amanda Croft
Professor Alison Strath

26 March 2021

SGHD/CMO(2021)7

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information
Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
Chief Executive, Public Health Scotland
NHS 24

Further Enquiries
Policy Issues
Vaccination Policy Team
seasonalfluprogramme@gov.scot

Medical Issues
Dr Syed Ahmed
St Andrew's House
syed.ahmed@gov.scot

Pharmaceutical and Vaccine Supply Issues
William Malcolm
Public Health Scotland
nss.fluvaccineenquiries@nhs.scot

Key Objectives

6. The flu programme is a strategic and Ministerial priority. The key objectives of the 2021/22 adult flu programme are summarised below:

   - To protect those most at risk from flu in the coming season and to ensure that the impact of potential co-circulation of flu and Covid-19 is kept to an absolute minimum.

   - To plan to deliver the programme building on lessons learnt from previous years and our experience of Covid-19, recognising that arrangements may need to be adapted with vital resources correctly positioned to deliver the programme at scale.

   - To further increase flu vaccine uptake across all eligible groups with particular focus on those who are aged 65 years and over; those aged 18-64 years in clinical risk groups, as well as pregnant women (at all stages of pregnancy). Full details of eligibility for flu immunisation this season is set out in Annex A.

   - To extend the national programme again to offer vaccination to social care staff who deliver direct personal care, unpaid and young carers, Independent Contractors (GP, dental and optometry practices, community pharmacists), laboratory staff (working on Covid-19 testing) including support staff, Teachers, Nursery Teachers and support staff working in close contact with pupils in both a Local Authority and Independent setting, prison population and prison officers and support staff in close contact with prison population delivering direct detention services, secondary school pupils and all those aged 50-64 years old. Some of those aged 50-64 are otherwise eligible due to underlying health conditions or their employment.

   - To encourage greater uptake amongst frontline health and social care workers, including Independent Contractors (GP, dental and optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) including support staff, who are delivering patient front facing services. An innovative timely approach is required and is critical to safeguard staff, whilst also protecting those in their care.

7. The Scottish Government has procured additional vaccine to cover increased uptake amongst existing cohorts, in light of Covid-19, as well as to provide vaccine supply to introduce additional eligible groups to the programme.

8. Throughout the programme life cycle, uptake rates and vaccine supply will be reviewed to ensure that those at greatest clinical risk receive their vaccination.

9. A separate letter for the childhood flu immunisation programme was circulated on 6 June 2020 and is available here: https://www.sehd.scot.nhs.uk/cmo/CMO(2021)14.pdf.

10. A further CMO letter will be issued later in the season providing additional information.

11. More information on the flu vaccines for the forthcoming season, as well as vaccine composition is provided in Annex B.

Extension of the programme

12. Scottish Ministers have indicated that they wish to extend the eligibility of the flu immunisation programme to:

- Independent Contractors (GP, dental and optometry practices, community pharmacists), laboratory staff (working on Covid-19 testing) including support staff,
- Teachers, Nursery Teachers and support staff working in close contact with pupils in both a Local Authority and Independent setting,
- Prison population and prison officers and support staff in close contact with prison population delivering direct detention services,
- Secondary school pupils and,
- all those aged 50-64 years old.

13. Some of the groups may be eligible due to being part of one or more other cohorts e.g. those aged 50-64 years may be otherwise eligible due to underlying health conditions or their employment.

14. The rationale for expanding to:

- Independent Contractors, teachers, prison population, prison officers who deliver direct detention services is to maintain the resilience of services during the Scottish Government's response to the global Covid 19 pandemic and to reduce the risk of infection and transmission of the virus.

- Secondary School pupils is that it will both provide direct protection, lowering the impact of influenza on children and indirect protection, lowering influenza transmission from children to other children, adults and those in the clinical risk groups of any age.

- All 50-64 year olds, beyond those who are already eligible through underlying health conditions or their employment, is that it will help to protect an age group who are more vulnerable to both Covid-19 and seasonal flu viruses than those in younger age groups; and will lower the risk to this age group, of suffering concurrent infection with both viruses. The vaccination of those aged 50-64 years who would not be otherwise eligible should commence from the start of the programme.

15. The Covid-19 pandemic has had an effect on every aspect of public health, including vaccine supply at a global level. With that in mind, the Joint Committee on Vaccination Immunisations' view was sought for the coming season and this informed our decision to expand eligibility for this season. The pandemic has shown us that situations can change rapidly, and we will adapt our approach to any changes that occur throughout flu season, continuing to prioritise those most at risk from seasonal flu, and seeking to protect the NHS and social care as far as possible.

16. To allow us to be responsive to the changing context, we will review the availability of vaccine after uptake levels become clear within existing and expanded cohorts. The Scottish Government will remain in regular dialogue with delivery partners through the Scottish Immunisation Programme Group and will update on any significant developments.

Health and Social Care Workers

17. Timely immunisation of all health and social care workers in direct contact with patients/clients remains a critical component in our efforts to protect the most vulnerable in our society.

18. High rates of staff vaccination will help to protect individual staff members, but also reduce the risks of transmission of flu viruses within health and social care settings, contributing to the protection of individuals who may have a suboptimal response to their own immunisations. Furthermore, it will help to protect and maintain the workforce and minimise disruption to vital services that provide patient/client care, by aiming to reduce staff sickness absence.

19. Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our Covid-19 response to the care sector as a means to prevent transmission of the flu virus in an already vulnerable group.

Communication materials

20. The national media campaign (TV, radio, press, digital and social media) will be developed and further details will be circulated in due course.

21. The Scottish Government will work with Public Health Scotland colleagues to develop a toolkit to encourage the promotion of the flu vaccine that will support NHS and Social Care colleagues.

22. Public Health Scotland will produce and make available a range of national accessible information materials to support informed consent for all eligible cohorts.

23. The public should be signposted to Flu vaccination - Immunisations in Scotland | NHS inform for up to date information on the programme.

Workforce Education

24. NHS Education for Scotland and Public Health Scotland will work closely with stakeholders to develop and thereafter make available a range workforce education resources/opportunities. These will be available on the NHS Education for Scotland TURAS Learn website https://learn.nes.nhs.scot/14743/immunisation/seasonal-flu.

Resources

25. NHS Boards are asked to ensure that immunisation teams are properly resourced to develop and deliver the extended programme, and we are working with the Scottish Immunisation Programme Group to ensure this work is supported.

26. Any additional costs related to adapting immunisation programmes to meet Covid-19 requirements (e,g. physical distancing, PPE) should be recorded in NHS Boards' Local Mobilisation Plans, now called Covid-19 finance returns. This is in the form of a single row figure in the return.

27. A template was issued by Scottish Government Finance to NHS Board Finance leads and returns should be fed back to your Finance Teams. Please ensure that costs are not double counted for services already delivered. NHS Boards are asked to ensure that immunisation teams are appraised of this information.

Action

28. NHS Boards and those GP practices which may participate and are operationalising the programme, are asked to note and implement the arrangements outlined in this letter for the 2021/22 adult seasonal flu immunisation programme. It is important that every effort is made this year to maximise uptake as this winter, more than ever, the flu vaccine is going to be a key intervention to reduce pressure on the NHS and social care services and protect the most vulnerable in our population.

29. We have procured additional vaccine to support higher uptake, however, ongoing and effective management at a local level is essential to the success of the programme. NHS Boards and social care services should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.

30. We would ask that action is taken to ensure as many people as possible are vaccinated early in the season, and before flu viruses begin to circulate. The benefits of flu vaccination should be communicated and vaccination made as easily accessible as possible.

31. Integration Authority Chief Officers and Local Authorities are asked to work closely to communicate and promote the flu vaccination programme to social care workers providing direct personal care, and to ensure that they are fully supported to access the service. A separate letter will be issued to social care membership organisations to communicate the need to support higher uptake in this discipline to social care providers.

32. We would like to take this opportunity to express our gratitude for your professionalism and continuing support in planning and delivering the flu immunisation programme and a heartfelt thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith	*Amanda Croft*	*Alison Strath*
Dr Gregor Smith **Chief Medical Officer**	Professor Amanda Croft **Chief Nursing Officer**	Professor Alison Strath **Interim Chief Pharmaceutical Officer**

Annex A

FLU VACCINE: PRIORITISING UPTAKE AND ELIGIBILITY

Prioritising flu vaccine uptake

1. Flu vaccination is one of the key interventions we have to reduce pressure on the health and social care system this winter. Since March 2020 we have seen the impact of Covid-19 on the NHS and social care, and this coming winter we may be faced with co-circulation of viruses causing Covid-19 and flu. As flu prevalence last flu season was extremely low, we understand that planning for this year is more challenging with the uncertainties of prevalence, staff absences, and how long policies around physical distancing and alternative models of schooling that may be in place. However, it is more important than ever to make every effort to deliver flu vaccination.

2. Those most at risk from flu are also most vulnerable to concurrent infection with Covid-19. The people most at risk from flu are already eligible to receive the flu vaccine, and in order to protect them as effectively as we can, their vaccination should be prioritised.

3. We should also prioritise the vaccination of eligible health, social care workers and Independent Contractors, to protect them and minimise the likelihood of them spreading Covid-19 and flu to those they care for.

4. All those eligible should be offered the flu vaccination as soon as possible so that individuals are protected when flu begins to circulate. This is the case for all high-risk cohorts.

5. For those aged 50-64 years, not otherwise eligible through underlying health conditions or employment, this will mean starting to vaccinate from the beginning of the programme to provide Health Boards with the maximum flexibility to deliver the programme efficiently and before the end of the calendar year.

6. To provide NHS Boards and GP Practices participating in the programme the maximum flexibility to deliver the programme efficiently before the end of the calendar year, all cohorts may be called from the start of the programme, if possible: beginning in late September/early October.

Pregnant Women

7. Most NHS Boards and Health and Social Care Partnerships (HSCPs) will be delivering flu vaccine to pregnant women through their local maternity services this season and should keep local GP practices informed about their plans, including how to refer women to the services as appropriate or whether they will need GP practices to vaccinate this cohort directly.

Existing Eligible Groups (those eligible in previous flu seasons)

8. In 2021/22, the seasonal flu vaccine should be offered, from the commencement of the programme, to the existing cohorts set out in the table below:

Eligible Groups	Additional Information
Pre-school children aged 2-5 years; All primary school children in P 1-7.	The childhood flu CMO letter for the 21/22 programme was circulated on 6 June 2020 and is available here: https://www.sehd.scot.nhs.uk/cmo/CMO(2021)14.pdf
All patients aged 65 years and over.	"Sixty-five and over" is defined as those aged 65 years and over by 31 March 2022.
Chronic respiratory disease aged six months or older.	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months or older.	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months or older.	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation.
Chronic liver disease aged six months or older.	Cirrhosis, biliary atresia, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes.
Chronic neurological disease aged six months or older.	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.
Diabetes aged six months or older.	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4,

Immunosuppression aged six months or older.	NEMO, complement disorder). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).
Asplenia or dysfunction of the spleen.	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women.	Pregnant women at any stage of pregnancy (first, second or third trimesters).
People in long-stay residential care or homes.	Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, university halls of residence etc.
Unpaid Carers and young carers.	Someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult. Vaccination can also be given on an individual basis at the GP's discretion following a risk assessment after discussion with the carer.
Health care workers.	Health care workers who are in direct contact with patients/service users should be vaccinated.
Morbid obesity (class III obesity).	Adults with a Body Mass Index ≥ 40 kg/m².

9. The list above is not exhaustive, and clinicians should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have or compromise their care due to illness of their carer, as well as the risk of serious illness from flu itself. Seasonal flu vaccine can be offered in such cases even if the individual is not in the clinical risk groups specified above.

Call and recall of patients aged 65 years and over

10. As in previous years the Scottish Government will arrange for a national call-up letter to be sent to all those who will be aged 65 years and over by 31 March 2022. Further details will be issued in due course.

Call and recall of patients under 65 years "at-risk"

11. National call-up letters for those aged under 65 years at-risk will be reviewed and further information will be provided in due course.

New Eligible Groups 20/21

12. In 2021/22, the seasonal flu vaccine should be offered to the new cohorts set out in the table below:

Eligible Groups	Additional Information
NHS Independent Contractors.	This is defined as GP, dental, optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) and support staff.
All secondary school children.	The childhood flu CMO letter for the 21/22 programme has further details.
Nursery, Primary and Secondary school Teachers and support staff.	This is defined as Teachers, Nursery Teachers and support staff working in close contact with pupils in both a Local Authority and Independent setting.
Prison population.	Prison population in the detention estate.
Prison Officers and support staff.	Prison officers and support staff in close contact with prison population delivering direct detention services.

13. Health, social care workers, Independent Contractors, those aged 50-64 years (by the 31 March 2022), Nursery, Primary, Secondary school teachers and support staff should be vaccinated from the commencement of the flu vaccination programme.

Call and recall of patients aged 50-64 years

14. As with last year, the Scottish Government is currently considering the possibility of sending a national call-up letter to patients aged 50-64. Further information on this will be provided in due course.

Health and Social Care Workers

15. Immunisation against flu should be considered an integral component of infection prevention and control. As in previous years, free seasonal flu vaccination should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but an occupational health responsibility being provided to NHS staff by the NHS as their employers.

16. Uptake of seasonal flu vaccination by health and social care workers continues to be below the CMO target - in 2020/21 the combined uptake was 41.3% in Territorial Boards, compared with a minimum target of 60%.

17. While vaccination of NHS staff remains voluntary, we will look to all NHS Boards to do everything they can to increase uptake, which should include offering the vaccine in an accessible way, helping all staff understand the seriousness of being vaccinated for themselves, protecting their family contacts, their patients and the NHS in helping to reduce the potential for the spread of flu.

18. Independent Contractors such as GPs, dental and optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) as well as support staff, should also arrange vaccination of their staff.

Social Care Workers

19. The current Covid-19 situation has highlighted the need to ensure that front line staff across both health and social care settings do not inadvertently transmit infection and should therefore be encouraged and able to access free flu vaccination on a national basis. Scottish Ministers have therefore indicated that the policy on flu vaccination for the coming and future seasons should continue to include social care staff delivering direct personal care to patients/clients. This is in order to protect frontline social care staff and those they care for from flu, and to help limit sickness absence amongst the workforce.

20. For clarity, social care staff delivering direct personal care in the following settings should be covered by this programme:

    - residential care for adults;
    - residential care and secure care for children;
    - and community care for persons at home (including housing support and Personal Assistants).

21. This is targeted at those delivering direct personal care in these settings no matter whether they are employed by Local Authorities, private or the third sector.

22. The prevalence of Seasonal Flu has been very low this year, however, it is difficult to predict the level of circulation for the coming season. With the possibility of both seasonal flu and Covid-19 circulating next winter, to alleviate NHS pressure, support key services, and reduce the risk of infection and transmission, the following groups have also been included in this year's programme:

    - Independent Contractors (GP, dental, optometry practices, community pharmacists, laboratory staff (working on Covid-19 testing) and support staff,
    - Teachers, Nursery Teachers and support staff working in close contact with pupils in both a Local Authority and Independent setting,
    - Prison population, Prison Officers and support staff in close contact with prison population delivering direct detention services.

This will be reviewed in the coming year to establish if these additional groups will be included in coming years.

Immunisation against Infectious Disease ('The Green Book')

23. Further guidance on the list of eligible groups clinically at risk of seasonal flu can be found in the most recent influenza chapter (chapter 19) of the Green Book available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf.

24. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf.

25. Any Green Book updates will be made to the linked pages above.

Annex B

RECOMMENDED FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

Flu vaccines for 2021/22

1. The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and are set out in the table below.

Eligible Groups	Vaccine – JCVI Recommended
Individuals aged 65 years and over.	aQIV - Adjuvanted Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 18-64 years with "at-risk" conditions.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Health, Social Care Workers and NHS Independent Contractors.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Unpaid/Young carers.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 50-64 years not otherwise eligible through a qualifying health condition or employment.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Nursery, Primary and Secondary school Teachers and support staff.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Prison population, Prison Officers and support staff.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).

2. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products should always be referred to when ordering vaccines for particular patients.

Vaccine composition for 2021/22

3. Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world.

4. This monitoring is continuous and allows experts to make predictions on which strains are most likely to cause flu outbreaks in the northern hemisphere in the coming winter. Getting vaccinated is the best protection available against an unpredictable virus that can cause severe illness.

5. For the 2021/22 flu season (northern hemisphere winter) it is recommended that cell or recombinant-based Vaccines contain the following strains:

   - an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
   - an A/Cambodia/e0826360/2020 (H3N2)-like virus;

- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

6. For the 2021/22 flu season (northern hemisphere winter) it is recommended that egg based vaccines contain the following strains:

   - an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
   - an A/Cambodia/e0826360/2020 (H3N2)-like virus;
   - a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
   - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

For more information

7. Recommended composition of influenza virus vaccines for use in the 2021-2022 northern hemisphere influenza season – full report' (February 2021) available here: 202102_recommendation.pdf (who.int).

8. Questions and Answers - Recommended composition of influenza virus vaccines for use in the Northern hemisphere 2021-2022 influenza season and development of candidate vaccine viruses for pandemic preparedness' (February 2021) available here: https://www.who.int/influenza/vaccines/virus/recommendations/202102_qanda_recommendation.pdf?ua=1.

9. Candidate vaccine viruses and potency testing reagents for development and production of vaccines for use in the northern hemisphere 2021-22 influenza season (27 February 2021 15:29 CET) available here: https://www.who.int/influenza/vaccines/virus/candidates_reagents/2021_22_north/en/.

Egg-free vaccine

10. For individuals with egg allergy the advice in the most recent influenza chapter of the Green Book should be followed: https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

11. Any Green Book updates will be made to the linked pages above.

12. Egg-allergic adults and children over age two years with egg allergy can also be given QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus) (i.e. egg-free) vaccine, which is recommended and licensed for use in this age group.

Vaccine ordering and delivery arrangements

13. Information on ordering and delivery arrangements for the flu vaccine will be provided within further correspondence. Details of the supply arrangements for community pharmacies supporting this year's immunisation programme will be shared directly via relevant NHS Boards.

14. Orders for the flu vaccine should be placed on the Movianto online ordering system - Marketplace: (https://ommarketplace.co.uk/Orders/Home). Log-in details used in previous seasons remain valid and should continue to be used.

15. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact Movianto Customer Services on 01234 248 623 for assistance.

16. NHS Boards and GP practices participating in the programme should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. NHS Boards are charged for each delivery made to practices participating in the programme.

17. NHS Boards and GP practices participating in the programme must ensure adequate vaccine supplies before organising vaccination clinics.

18. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example, if vaccines are required for patients aged 18 to 64 years these can be found in Marketplace by entering the search term “QIVc” or on the ‘Orders’ screen. If vaccines are required for patients aged 65 or over, these can be found by searching for “aQIV”.

19. To make it simpler for front line staff in the coming season, all NHS Boards will be allocated the same type of vaccine for each cohort e.g. QIVc for most cohorts. Only aQIV should be ordered for individuals aged 65 years and over. Only QIVc should be used for 50-64 year olds, not otherwise eligible due to underlying health condition or employment. Those who are egg-allergic should be offered the QIVc vaccine as detailed above.

20. Vaccines are available in packs of 10. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10.

21. Patient information leaflets for vaccines supplied in packs of 10 will be provided separately to the vaccines. These will be automatically added to orders by the manufacturer.

22. A small volume of QIVe (Sanofi) has been procured for children aged 6 months to under 2 years. GPs should request this vaccine from their local Vaccine Holding Centre.

Further information and support

23. As with last year, a Procurement Officer within NHS National Procurement will act as a link between participating GP practices and Movianto to ensure any potential allocation or delivery issues can be minimised and swiftly resolved.

Contact details for the Procurement Officer are as follows:
NSS.fluvaccineenquiries@nhs.scot

24. For queries linked to ordering and deliveries, please contact the Movianto Customer Service Team (01234 248 623) If any delivery service issues cannot be resolved satisfactorily through dialogue, the issue should be escalated to NHS National Procurement (contact details as above) in the first instance and thereafter the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email: immunisationprogrammes@gov.scot

Chief Medical Officer

E: seasonalfluprogramme@gov.scot

The Scottish Government

Dear Colleagues

SCOTTISH CHILDHOOD AND SCHOOL FLU IMMUNISATION PROGRAMME 2021/22

1. We are writing to provide you with information about the childhood and school based seasonal flu immunisation programme 2021/22 (this includes both a Local Authority and Independent school setting).

2. We would like to begin by thanking you for all the hard work you are doing as part of the NHS response to the global Covid-19 pandemic. We know that this has been an extremely challenging time for all staff across the health and social care sector.

3. Delivery of the flu immunisation programme will protect those at risk, and it is therefore essential that we build on the success from previous year's programmes to prevent ill health and minimise further impact on the NHS.

4. A recommendation to extend influenza vaccination to children and adolescents was made in 2012 by the JCVI, to provide both individual protection to the children themselves and reduce transmission across all age groups. Implementation of the programme began in 2013, with pre-school and primary school children offered vaccination.

5. The expanded influenza vaccination programme that we implemented last

From Chief Medical Officer
Chief Nursing Officer
Interim Chief Pharmaceutical Officer
Dr Gregor Smith
Professor Amanda Croft
Professor Alison Strath

3 June 2021

SGHD/CMO(2021)14

Addresses

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
School Nurses
Immunisation Co-ordinators
CPHMs
Scottish Ambulance Service

For information
Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Public Health Scotland
Chief Executive, Public Health Scotland
NHS 24

Further Enquiries

Policy Issues
Vaccination Policy Team
seasonalfluprogramme@gov.scot

Medical Issues
Dr Syed Ahmed
St Andrew's House
syed.ahmed@gov.scot

Pharmaceutical and Vaccine Supply Issues
William Malcolm
Public Health Scotland
nss.fluvaccineenquiries@nhs.scot

season, will continue in 2021/22 as part of our wider planning for the next winter, with the programme being further extended to include secondary school pupils.

6. Vaccinating children provides direct protection to children but also reduces transmission of influenza among household members and close contact. JCVI have recommended that expanding flu vaccination to secondary school pupils would be cost effective and provide further resilience to the NHS during the winter months, particularly if Covid-19 is still circulating. During the coming winter, it remains a key intervention to reduce pressure on the NHS and will be reviewed going forwards on an on-going basis. This is a school based programme and only pupils attending school at the time of the vaccination programme are eligible (see below about home educated children).

Planning

7. We recognise that delivering the flu programme this year will be a greater challenge than ever before because of the impact of Covid-19 on our health and social care sector. We would expect us all to draw on learning from our experience of Covid-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.

8. We will continue to work with the Scottish Immunisation Programme Group to develop vaccination service delivery to ensure that children will have the opportunity to receive the flu vaccination in a timely manner while maintaining good Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the childhood flu vaccination programme will remain an important part of the programme planning. Please refer to the Covid-19 guidance available at: https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/infection-prevention-and-control-ipc-guidance-in-healthcare-settings/#title-container

Eligibility

9. Health Boards should continue to arrange vaccination for any primary and secondary school pupil (outlined below) resident in Scotland at the time of the immunisation programme who was not vaccinated during their local school immunisation session or who requires a second dose of inactivated vaccine to complete their first course of flu vaccine.

Those eligible for the childhood and school flu vaccination programme include:

- All children aged two-five* years (not yet at school) (*children must be aged two years or above on 1 September 2021); and
- All primary school children (primary one to primary seven) at school.
- All secondary school pupils (years one to six) at school

10. A number of Health Boards and Health and Social Care Partnerships (HSCPs) have either transferred, or are in the process of transferring across delivery of the flu vaccine to children in the two-five years age group from GP Practices. A small number of Health Boards and HSCPs have not yet made alternative delivery arrangements. Health Boards and HSCPs will be working closely with local practices to ensure that all eligible children are offered this vaccine timeously to protect them against this infection. GP practices will be responsible for vaccinating this age group where they agree to do so under the forthcoming Influenza and Pneumococcal DES for 2021/22.

Vaccine

11. Fluenz Tetra®, a live attenuated nasal influenza vaccine (LAIV), is the vaccine available for the majority of children and adolescents aged under 18 years this year. A very small number of pupils may be aged 18 years at the time they receive the vaccine and they should also be offered the LAIV off label and this will be included in the national PGD template. Please note that, as a live, attenuated vaccine, Fluenz Tetra® is contraindicated in a very small number of children and pupils. Children who have a contraindication to LAIV should be offered a suitable quadrivalent, inactivated flu vaccine, as appropriate for their age. Cell based quadrivalent influenza vaccine (Seqirus Vaccines) (QIVc), which is now licensed for all children aged two years and above, will be available to order for children in at risk groups who are contraindicated to receive LAIV. Children in clinical risk groups aged 6 months to less than 2 years should be offered egg based quadrivalent influenza vaccine (Sanofi Pasteur Vaccines) (QIVe).

12. Fluenz Tetra® has a shorter shelf life (18 weeks) than other flu vaccines. The expiry date on the nasal spray applicator should always be checked before use.

13. The delivery schedule for Fluenz Tetra® for 2021/22 has not yet been confirmed, as this is subject to manufacturing and ongoing regulatory processes. As Fluenz Tetra® has a shorter shelf life than other vaccines it will be delivered into the national stockpile in a number of

consignments in order to ensure that there are in date supplies available throughout the period vaccine can be offered.

14. To support efficient delivery of the programme, it is anticipated that the delivery schedule will result in most of the vaccine becoming available to order in the initial weeks of the programme.

15. Arrangements should be made to ensure that pupils who missed out on vaccination during the school session are recalled and offered subsequent opportunities to attend. Precise arrangements for achieving this are for local determination. Children who are in eligible age groups and are home educated should also be offered vaccination through local arrangement.

16. Sufficient vaccine has been procured for flu season 2021/22 to ensure adequate vaccine supply is available, and will also allow for an increased uptake in light of Covid-19. NHS Boards and practices must ensure adequate vaccine supplies before organising vaccination clinics. Any issues or queries should be escalated to the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email seasonalfluprogramme@gov.scot.

17. More information on the vaccines available for the 2021/22 seasonal flu immunisation programme, as well as additional information is set out in **Annex B**.

Communication materials

18. An invitation letter and leaflet will be issued to parents/guardians of all eligible pre-school children aged two to five years inviting them for vaccination. A national media campaign (TV, radio, press, digital and social media) will be timed around parents receiving this communication. Research and insight activity will underpin the campaign in light of Covid-19, and potentially changing attitudes to vaccination.

19. Posters, leaflets and other materials to support the campaign will also be distributed to relevant settings such as nurseries and GP Practices. Some NHS Boards and HSCPs may undertake additional local communication activity as appropriate to complement national communication.

20. For school based programmes, consent packs will be distributed to local schools to be sent home in school bags. These packs will include a

letter and leaflet for parents of primary and secondary school pupils as well as a consent form. The messaging within these is currently being revised and tested in light of Covid-19.

21. To support the programme in schools, Public Health Scotland will ensure all schools have supporting materials on the flu vaccine for staff, parents, children and pupils. These will all be available for schools to download from mid-August 2021.

22. Information for children aged two to five years, primary and secondary school flu leaflets will be available in other languages (including Polish, Mandarin and Arabic) and alternative formats (BSL, audio and Easy Read) at www.nhsinform.scot/childflu (under 'Further Information'). Public Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 314 5300 or email phs.otherformats@phs.scot.

23. The public should be signposted to www.nhsinform.scot/childflu for up to date information on the programme.

Workforce education materials

24. Workforce education materials will be made available before the start of the programme at Seasonal flu | Turas | Learn (nhs.scot).

Resources

25. Health Boards are asked to ensure that immunisation teams, including vaccine holding centres, are properly resourced to develop and deliver the extended programme. Scottish Government Workforce and Chief Nursing Officer Directorates will support Boards through the provision of workforce planning tools and resources to ensure that at all times suitably qualified and competent individuals, from a range of professional disciplines as necessary, are working in numbers appropriate for the health, wellbeing and safety of patients, enabling the provision of safe and high-quality health care and the wellbeing of staff.

26. Any additional costs related to adapting immunisation programmes to meet Covid-19 requirements (e,g. physical distancing, PPE) should be recorded in Health Boards' Local Mobilisation Plans, now called Covid-19 finance returns. This is in the form of a single row figure in the return. Please ensure that costs are not double counted for services already delivered.

ACTION

27. Health Boards, including their Primary Care teams, and GP practices are asked to note and plan appropriately to implement the arrangements outlined in this letter for the 2021/22 childhood and school seasonal flu immunisation programme. It is important that every effort is made this year to ensure high uptake as this winter, more than ever, the flu vaccine is going to be a key intervention to reduce viral transmission and pressure on the NHS and social care services.

28. We have procured additional vaccine to support higher vaccination uptake however, ongoing and effective management at a local level will also be required. Health Boards and Primary Care teams should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.

29. We would ask that action is taken to ensure as many children and adolescents as possible are vaccinated early in the season, and before flu viruses begin to circulate. The benefits of flu vaccination should be communicated and vaccination made as easily accessible as possible.

30. We would also ask Health Boards to engage early with education colleagues, including school heads, to ensure that models of vaccine delivery are discussed and agreed particularly in light of physical distancing and the potential for a blended learning model to be in place.

31. We would like to take this opportunity to express our gratitude for your professionalism and continuing support in planning and delivering the flu immunisation programme and a heartfelt thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith	*Amanda Croft*	*Alison Strath*
Dr Gregor Smith **Chief Medical Officer**	Professor Amanda Croft **Chief Nursing Officer**	Professor Alison Strath **Interim Chief Pharmaceutical Officer**

Annex A

FLU VACCINE: PRIORITISING UPTAKE AND ELIGIBILITY

Prioritising flu vaccine uptake

1. Flu vaccination is one of the key interventions we have to reduce pressure on the health and social care system this winter. Since March 2020 we have seen the impact of Covid-19 on the NHS and social care, and this winter we may be faced with co-circulation of viruses causing Covid-19 and flu. We understand that planning this year is even more challenging with the uncertainties of staff absences, and how long policies around physical distancing and alternative models of schooling that may be in place. However, it is more important than ever to make every effort to deliver flu vaccination.

2. Those most at risk from flu are also most vulnerable to concurrent infection with Covid-19. The people most at risk from flu are already eligible to receive the flu vaccine, and in order to protect them as effectively as we can, their vaccination should be prioritised.

Eligible Groups

3. In 2021/22 the seasonal flu vaccine should be offered, from the commencement of the programme, to all pre-school, primary and secondary school children and pupils.

Recommendation

4. The Joint Committee on Vaccination and Immunisation (JCVI) recommends the live attenuated influenza vaccine (LAIV) is offered to children and adolescents, as it is more effective in the programme than the inactivated injectable vaccines. This is because it is easier to administer and considered better at reducing the spread of influenza to others, who may be vulnerable to the complications of influenza.

5. Uptake of seasonal flu vaccination last year for children aged 2-5 years was 59.3% with a national target of 65%. For primary school children, the national target was 75% and the actual uptake was 75.3%.

6. While vaccination uptake for primary school children has risen, we will look to all NHS Boards to do everything they can to further increase uptake to all children in the existing and new cohorts. It is important that parents understand the seriousness of vaccinating their children as this will reduce the potential spread of the virus and pressure on the NHS.

Immunisation against Infectious Disease ('The Green Book')

7. Further guidance on the list of eligible groups can be found in the most recent influenza chapter (chapter 19) of the Green Book available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931139/Green_book_chapter_19_influenza_V7_OCT_2020.pdf

8. Chapter 12 of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf

9. Any Green Book updates will be made to the linked pages above.

Annex B

RECOMMENDED FLU VACCINES, VACCINE COMPOSITION AND ORDERING INFORMATION

Flu vaccines for 2021/22

1. The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and are set out in the table below.

Eligible Groups –	Vaccine – JCVI Recommended
At risk children aged 6 months - 2 years	Offered Egg based Quadrivalent Influenza Vaccine (split virion, inactivated Sanofi Pasteur Vaccines (QIVe),
Children aged 2 –18 years who cannot receive LAIV	Offered, Cell-based Quadrivalent Influenza Vaccine (surface antigen, inactivated), (now licensed from the age of 2 years) Seqirus Vaccine QIVc,.
Pre-school children aged 2-5 years	Offered live attenuated influenza vaccine (LAIV)
Primary school children	Offered live attenuated influenza vaccine (LAIV)
Secondary school pupils	Offered live attenuated influenza vaccine (LAIV)

2. Some flu vaccines are restricted for use in particular age groups. The Summary of Product Characteristics (SPC) for individual products and Patient Group Directions (PGD) should always be referred to when ordering vaccines for particular patients.

Vaccine composition for 2021/22

3. Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world.

4. This monitoring is continuous and allows experts to make predictions on which strains are most likely to cause flu outbreaks in the northern hemisphere in the coming winter. Getting vaccinated is the best protection available against an unpredictable virus that can cause severe illness.

5. For the 2021/22 flu season (northern hemisphere winter) it is recommended that cell or recombinant-based Vaccines contain the following strains:

    - an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
    - an A/Cambodia/e0826360/2020 (H3N2)-like virus;

- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

6. For the 2021/22 flu season (northern hemisphere winter) it is recommended that egg based vaccines contain the following strains:

    - an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
    - an A/Cambodia/e0826360/2020 (H3N2)-like virus;
    - a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
    - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

For more information

7. Recommended composition of influenza virus vaccines for use in the 2021- 2022 northern hemisphere influenza season – full report' (February 2021) available here: 202102_recommendation.pdf (who.int)

8. Questions and Answers - Recommended composition of influenza virus vaccines for use in the Northern hemisphere 2021-2022 influenza season and development of candidate vaccine viruses for pandemic preparedness' (February 2021) available here: https://www.who.int/influenza/vaccines/virus/recommendations/202102_qanda_recommendation.pdf?ua=1

9. Candidate vaccine viruses and potency testing reagents for development and production of vaccines for use in the northern hemisphere 2021-22 influenza season (27 February 2021 15:29 CET) available here: https://www.who.int/influenza/vaccines/virus/candidates_reagents/2021_22_north/en/

Egg-free vaccine

10. For individuals with egg allergy the advice in the most recent influenza chapter of the Green Book should be followed: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796886/GreenBook_Chapter_19_Influenza_April_2019.pdf.

11. Any Green Book updates will be made to the linked pages above.

12. Egg-allergic young people and children over age two years with egg allergy can also be given the quadrivalent inactivated cell based (i.e. egg-free) vaccine, Seqirus Vaccines) (QIVc), which is licensed for use in this age group.

Vaccine ordering and delivery arrangements

13. Information on ordering and delivery arrangements for the flu vaccine will be provided within further correspondence.

14. Orders for the flu vaccine should be placed on the Seqirus online ordering system - Marketplace: https://ommarketplace.co.uk/Orders/Home). Log-in details used in previous seasons remain valid and should continue to be used.

15. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact Seqirus Customer Services on 01628 641 500 for assistance.

16. Health Boards and participating GP practices should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. NHS Boards are charged for each delivery made to practices.

17. Health Boards and participating GP practices must ensure adequate vaccine supplies before organising vaccination clinics.

18. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example, if vaccines are required for patients aged 2-5 years these can be found in Marketplace by entering the search term "LAIV" or on the 'Orders' screen.

19. Vaccines are available in packs of 10. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10.

20. Patient information leaflets for vaccines supplied in packs of 10 will be provided separately to the vaccines. These will be automatically added to orders by the manufacturer.

Further information and support

21. As with last year, a Procurement Officer within NHS National Procurement will act as a link between vaccination teams and GP practices, Seqirus and Sanofi to ensure any potential allocation or delivery issues can be minimised and swiftly resolved. Contact details for the Procurement Officer are as follows: NSS.fluvaccineenquiries@nhs.net

22. For queries linked to ordering and deliveries, please contact the Seqirus Customer Service Team (01628 641 500) and Sanofi Customer Services Team (0845 023 0441). If any delivery service issues cannot be resolved satisfactorily through dialogue, the issue should be escalated to NHS National Procurement (contact details as above) in the first instance and thereafter the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email immunisationprogrammes@gov.scot

Edinburgh Integration Joint Board

REPORT

Public Bodies Climate Change Return

Edinburgh Integrated Joint Board

26 October 2020

Executive Summary	This report seeks 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).

Recommendations	It is recommended that the Edinburgh Integrated Joint Board: 1. approves the draft EIJB Public Bodies Climate Change Duties (PBCCD) return 2020/21 at Appendix 1.

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 Edinburgh Integrated Joint Board.

Main Report

2. In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act which states that a pubic 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)
3. In 2015, secondary legislation came into force which requires listed bodies to prepare annual returns on compliance with those climate change duties.
4. Integration Joint Boards were required to complete their first return for the year 2016-17 and have completed returns annually since then. No feedback has been received regarding these returns.
5. The PBCCD return covering the period 2020-21 is attached as Appendix 1. This is required to be submitted to Scottish Government on or before 30 November 2021.
6. EIJB has no direct responsibility for the delivery of service, employs only two members of staff and has no delegated capital assets (buildings, fleet nor 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.
7. Guidance on completing the PBCCD return recognises this unique nature of IJBs and that the corresponding local authority and NHS board currently provide the information required. This is reflected in the return. No emissions data has been reported by IJBs to date.
8. 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. The return notes that climate change consideration is embedded in the EHSCP through the use of Integrated Impact Assessments (IIAs). IIAs can help ensure that the environmental impact of all new projects, proposals and policies are considered in line with the

requirements of the Climate Change Act outlined in para 1 above. Findings from the IIAs are included in reports to the EIJB and its sub-groups for consideration.

9. The PBCCD return references the EIJB's Strategic Plan 2019-22, which commits to working with its partners to support the target of becoming carbon neutral by 2030, and the EIJB's Climate Change Charter, which recognises the work of the Edinburgh Climate Commission and outlines the EIJB's commitments, pledges of support and changes to business practices which will help Edinburgh reach its net zero carbon emission target by 2030.

10. The Scottish Government is proposing a review of reporting with a view to possibly customising reporting requirements according to sub-sector or organisation type. The review timescale has not yet been set and so there is no confirmation of the nature or timings of any changes to IJB reporting at this stage.

Implications for Edinburgh Integration Joint Board

Financial

11. There are no additional financial implications arising as a result of the PBCCD return.

Legal / risk implications

12. There is a risk of non-compliance with the duties of the Public Bodies Climate Change Act if the PBCCD return is not submitted by 30 November 2021.

Equality and integrated impact assessment

13. There are no equality issues in relation to the PBCCD reporting.

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Background Reports

EIJB Report, 27 April 2021, EIJB Climate Change Charter

Appendices

Appendix 1 Public Bodies Climate Change Report

Public Sector Report on Compliance with Climate Change Duties 2021 Template

1. Introduction

This template is for public bodies required to produce annual climate change reports under the 'Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015'.

The template covers all six parts of the required reporting form, as well as the recommended reporting section on public bodies' wider influence.

All information and data must be entered using this master template available on the SSN website.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Reports submitted after this date means the organisation will be non-compliant with Public Bodies Duties legislative reporting requirements.

2. Guidance

1. Please save-as this workbook with your organisations name somewhere in the title before completing
2. Please fill out question 1f
3. Sufficient rows should be available but if you need to add more please email the file to ccreporting@ed.ac.uk
4. Homeworking emissions - Please include an estimate of emissions associated with homeworking in the designated row provided in table 3b
   In order for this to be calculated correctly users must complete Q1c relating to number of full time employees (FTEs)
5. For question 4d - please complete the optional text box instead of the original table which relates specifically to SCCAP1.
6. Local Authorities reporting in the recommended section 1a should select their local authority region at the top of the sheet
   and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Drop down box selection for users to select from list of options
	Uneditable/fix entry cells
	Editable cells for users to report in freely

Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Edinburgh Integration Joint Board

1b Type of body

Select from the options below

Integration Joint Boards

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

2 THIS MUST BE COMPLETED

1d Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Population size served	population	525000.00	
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
£850,000,000	

1f Report type

Specify the report year type

Report type	Report year comments
Financial	

THIS MUST BE COMPLETED

1g 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 manged 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 servicesCommunity Health Services•District Nursing•Services relating to an addiction or dependence on any substance.•Services provided by Allied Health Professionals

Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 2 Governance, Management and Strategy

Governance and management

2a 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. Provide a diagram / chart to outline the governance structure within the body.

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 and its Futures sub-group.

<Insert Diagram Here or Attach File>

2b How is climate change action managed and embedded in 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. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

Climate Change consideraion is embedded within the EIJB through the use of Integrated Impact Assessments (IIAs). 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.

<Insert Diagram Here or Attach File>

Strategy

2c 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.

Wording of objective	Name of document	Document Link
There are currently no specific climate change mitig	Edinburgh Integration Joint Board Strategic Plan 2019-22	https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-
An independent audit of sustainability was		
The EIJB's Climate Change Charter, which r	The Edinburgh Integration Joint Board Climate Change Charter	emocracy.edinburgh.gov.uk/documents/s33362/6.4%20EIJB%20Climate%20Change%20Ch

2d 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, however it has a Climate Change Charter - https://democracy.edinburgh.gov.uk/documents/s33362/6.4%20EIJB%20Climate%20Change%20Charter.pdf

2e 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 covered	Comments
Adaptation				
Business travel				
Staff Travel				
Energy efficiency				
Fleet transport				
ICT				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (please specify in comments)				
Please select from drop down box				

2f 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

2g **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.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

No

Further information

2h **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.

Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the 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 baseline year 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.

(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

ENSURE QUESTION 1f IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial				-	tCO_2e	
Year 1 carbon footprint	0	Financial				-	tCO_2e	
Year 2 carbon footprint	0	Financial				-	tCO_2e	
Year 3 carbon footprint	0	Financial				-	tCO_2e	
Year 4 carbon footprint	0	Financial				-	tCO_2e	
Year 5 carbon footprint	0	Financial				-	tCO_2e	
Year 6 carbon footprint	0	Financial				-	tCO_2e	
Year 7 carbon footprint	0	Financial				-	tCO_2e	
Year 8 carbon footprint	0	Financial				-	tCO_2e	
Year 9 carbon footprint	0	Financial				-	tCO_2e	
Year 10 carbon footprint	0	Financial				-	tCO_2e	
Year 11 carbon footprint	0	Financial				-	tCO_2e	
Year 12 carbon footprint	0	Financial				-	tCO_2e	
Year 13 carbon footprint	0	Financial				-	tCO_2e	
Year 14 carbon footprint	0	Financial				-	tCO_2e	
Year 15 carbon footprint	0	Financial				-	tCO_2e	

3b Breakdown of emissions 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 there is no data consumption available for an emission source enter the emissions in kgCO2e in the 'Consumption' column of one of the "Other" rows and assign the scope and an emission factor of 1.

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor Year: 2020 — The emission factor year is assigned based on your answer to Q1f, if you think it is incorrect please contact SSN.

User defined emission sources and sources where only emissions are known should be entered at the bottom of the table in the space provided

Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO_2e)	Comments
Please select from drop down box	Please select from drop down box					-	
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Please select from drop down box	Please select from drop down box					-	
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Homeworking emissions	Scope 3		percentage of total FTEs home-based	0.30000	tCO2e/FTE/annum	-	
Other (please specify in comments)	Please select from drop down box					-	
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Other (please specify in comments)	Please select from drop down box					-	
Other (please specify in comments)	Please select from drop down box					-	
						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 Electricty		Renewable Heat		
	Total consumed by the body (kWh)	Total exported (kWh)	Total consumed by the body (kWh)	Total exported (kWh)	Comments
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Targets

3d Organisational 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	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Progress against
	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box	
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Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented against an emissions source, enter "0".
If the body does not have any information for an emissions source, enter "Unknown".
If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO_2e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
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Total	-	

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 CO_2e 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 (tCO_2e/annum)	Estimated costs savings (£/annum)

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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

Emissions source	Total estimated annual emissions (tCO_2e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Total		-	

3h **Anticipated annual carbon savings from all projects implemented by the body in the year ahead**

If no projects are expected to be implemented against an emissions source, enter "0".

If the organisation does not have any information for an emissions source, enter "Unknown".

If the organisation does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO_2e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet Transport		
Other (please specify in comments)		
Please select from drop down box		
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Total	-	

3i **Estimated decrease or increase in emissions from other sources in the year ahead**

If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO_2e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total		-	

3j **Total carbon reduction project savings since the start of the year which the body used 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 savings	Total estimated emissions savings (tCO_2e)	Comments
Total project savings since baseline year		

Further information

3k **Supporting information and best practice**

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

Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 4 Adaptation

Assessing and managing risk

4a **Has the body assessed current and future climate-related risks?**
If yes, provide a reference or link to any such risk assessment(s).

No

4b **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 Edinburgh Integrated Joint Board (EIJB), however policies documented in both the CEC and the NHS Lothian Climate Change Reports are relevant as appropriate.

Taking action

4c **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.

Staff are employed by CEC and NHS Lothian and ongoing staff awareness raising is detailed in their respective returns. Staff training in relation to carrying out IIAs is ongoing.

4d **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 an 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' 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 reference	Theme	Policy / Proposal reference	Deliver	Comments

Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		The EIJB is not listed with responsibility for delivery of any of the policies noted in this section
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
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Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	Please select from drop down box		
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment	Please select from drop down box		
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment	Please select from drop down box		
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment	Please select from drop down box		
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment	Please select from drop down box		

Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		

Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society	Please select from drop down box		
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		

4d (optional) Where applicable, what contributions have been made to the (SCAAP2) Programme?

Not applicable

Review, monitoring and evaluation

4e 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, as this lies with the Council and NHS Board

4f 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).

No arrangements are in place, as this lies with the Council and NHS Board

Future priorities for adaptation

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

Priorities for adaptation have not been set, as these lie with the Council and NHS Board

Further information

4h **Supporting information and best practice**
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

not applicable

Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 5 Procurement

5a **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

5b **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.

Not applicable

Further information

5c **Supporting information and best practice**

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

not applicable

Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 6 Validation and Declaration

6a 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

6b 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.

6c 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

6d 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:	Sarah Bryson
Role in the body:	Strategic Planning & Commissioning Officer
Date:	21/09/2021

Recommended Reporting: Reporting on Wider Influence

Wider Impact and Influence on GHG Emissions

Q1) Historic Emissions (Local Authorities Only)
Please indicate emission amounts and unit of measurement (e.g. tCO_2e) 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 realcised CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities)
(2) UK local and realcised CO2 emissions: **full dataset**

https://data.gov.uk/dataset/723e2438-2f1d-4351-8ddc-a8b59e2b5f7a/emissions-of-carbon-dioxide-for-local-authority-areas

Local Authority (Please State)	Please select from drop down box
BEIS Dataset (full or sub-set)	Please select from drop down box

Source	Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Units	Comments
BEIS Sectors	Total Emissions													ktCO2	
	Industry and Commercial													ktCO2	
	Domestic													ktCO2	
	Transport (inc land													ktCO2	
	Per Capita													ktCO2	
Other Sectors	Please select from drop down box													Please select from drop down box	
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2a) Targets
Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target	Target/End year	Saving in latest year measured	Latest Year Measured	Comments
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2b) 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
Please detail any of the specific policies and actions which are underway to achieve your emission reduction targets

Sector	Start year for policy/action implementation	Year that the policy/action will be fully implemented	Annual CO_2 saving once fully implemented (tCO_2)	Latest Year measured	Saving in latest year measured (tCO_2)	Status	Metric/Indicators for monitoring progress	Delivery Role	During project/policy design and implementation, has UKE 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
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Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communications and Capacity Building
Please detail your Climate Change Partnership, Communication or Capacity Building initiatives below.

Key Action Type	Description	Organisation's project role	Lead Organisation (if not reporting overarisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments
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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
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Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

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Edinburgh Integration Joint Board

REPORT

Edinburgh Integration Joint Board Audited Annual Accounts for 2020/21

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	This paper presents the audited 2020/21 annual accounts for the Edinburgh Integration Joint Board.

Recommendations	The board is asked to: 1. note the 'amber' rated Internal Audit opinion for the year ended 31st March 2021; 2. approve and adopt the annual accounts for 2020/21; 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

1. The unaudited annual accounts were considered by the Audit and Assurance Committee on 11th June 2021.

2. Audited annual accounts along with the external audit annual report and the internal audit annual opinion were considered by the same committee on 1st October 2021.

Main Report

Background

3. Integration Joint Boards (IJBs) 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.

4. Draft financial statements were presented to the Audit and Assurance Committee (AAC) on 11th June 2021. Following this, these were subject to audit scrutiny over the summer months with the final, audited accounts presented to AAC on 1st October 2021. A small number of minor presentational amendments suggested by AAC have been actioned.

Audit and completion

5. Over the summer months the draft financial statements were considered by the appointed external auditors, Azets Audit Services Limited. 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.

6. 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.

7. The financial statements for the IJB for 2020/21 are attached as appendix 1 to this report.

8. 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

9. 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

10. The Chief Internal Auditor has produced an internal audit annual opinion 2020/21 for the IJB based on activity undertaken for the financial year ended 31st March 2021. This was presented to and discussed by the Audit and Assurance Committee on 20th August 2021 and is included as appendix 4 to this report.

11. Internal Audit (IA) considers that some improvement is required to the IJB control environment and governance and risk management frameworks and is

reporting an 'amber' rated opinion with an assessment towards the top of this category. This outcome is aligned with the 2019/20 IA opinion.

12. This opinion is has based on the outcomes of the three audits completed as part of the 2020/21 IA annual plan and the status of open IJB IA findings as at 31st March 2021; 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."*

Implications for Edinburgh Integration Joint Board

Financial

13. 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

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

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

18. 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

Moira Pringle
Chief Finance Officer, Edinburgh Integration Joint Board

Email: moira.pringle@nhslothian.scot.nhs.uk

Appendices

Appendix 1	Edinburgh Integration Joint Board Annual Accounts 2020/21
Appendix 2	2020/21 Annual Audit Report to the Board and the Accounts Commission for Scotland
Appendix 3	Letter of representation
Appendix 4	Internal Audit annual opinion 2020/21

Edinburgh Integration Joint Board

Annual Accounts 2020/21

The Annual Accounts of Edinburgh Integration Joint Board for the year ended 31 March 2021, 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 2020/21 and Service Reporting Code of Practice.

CONTENTS

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 2021 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.

Integration Authorities were established to transform health and care in response to the challenges faced across the system. This transformation is happening against a backdrop of sustained real terms reductions in funding, coupled with a demand for health and social care services which is projected to increase significantly and at a faster rate than the wider economy.

One of the key levers available to the EIJB to support transformation is that NHS and Local Authority budgets are no longer separate. We can move resources between the partners in order to deliver new models of care and ensure the health and care system for Edinburgh is high quality, sustainable and effective.

The board meets bi 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 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
• 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	• 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 * includes responsibility for those aged under 18	• 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

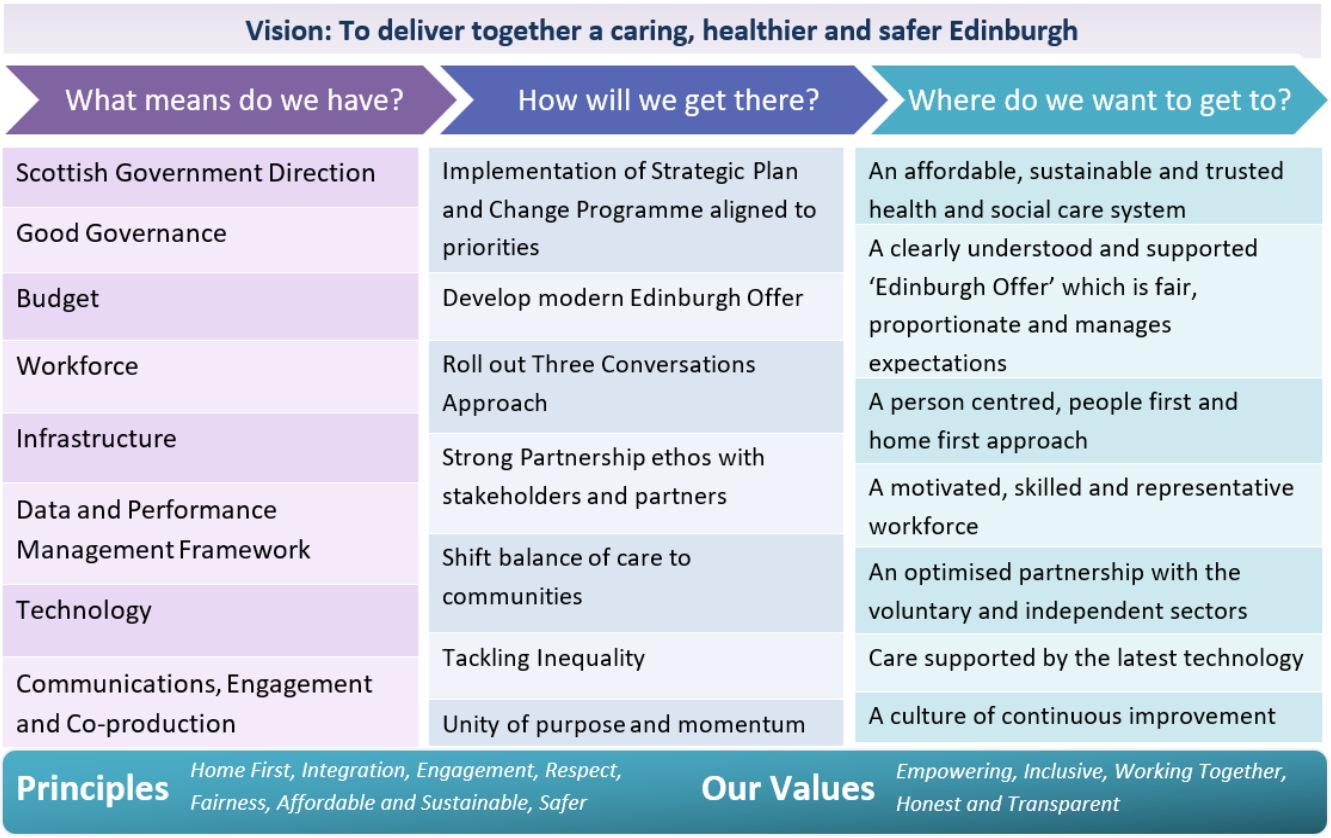
Strategic Plan

Over the past five 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 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 work with our partners to reduce 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.

We are now engaged in the next planning cycle, remaining focussed on four key areas: redefining the Edinburgh Pact, embracing the three conversations approach, adopting the principle of home first and

advancing our transformation programme. The current strategic plan can be found here and our strategic framework is captured in the schematic below



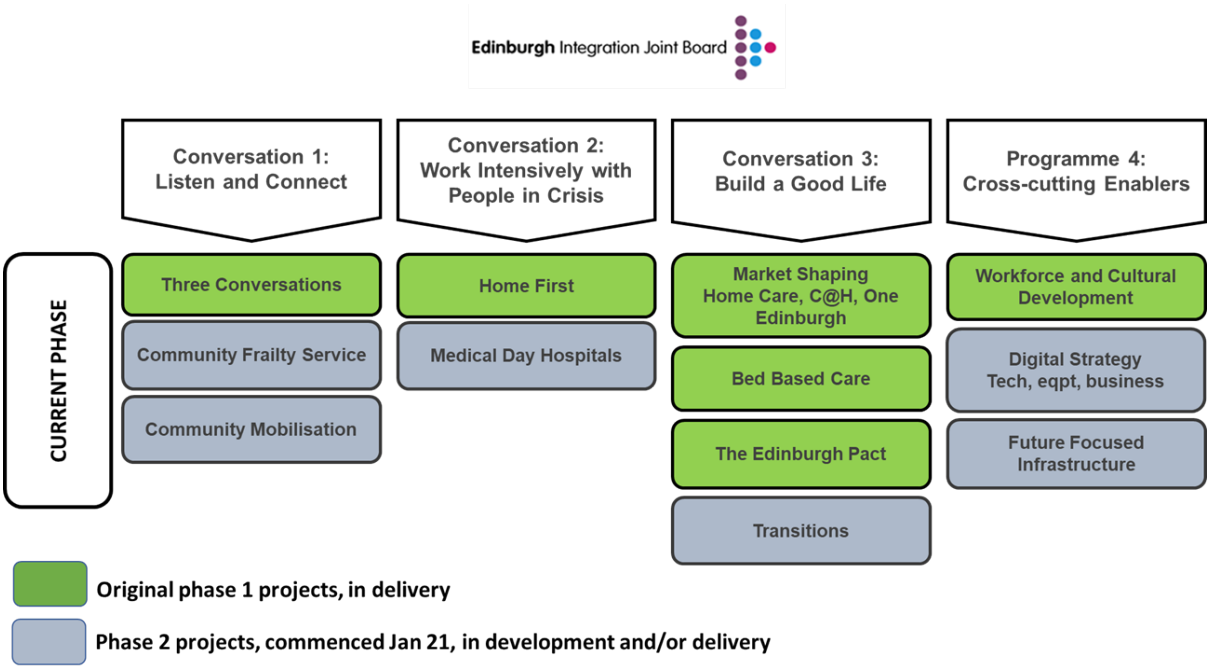
Our intent, as encapsulated in the strategic plan, is to further develop integration to deliver a sustainable and trusted health and social care system for Edinburgh. We seek to shrink bureaucracy, reduce waiting lists, improve choice and assist people to remain at home for as long as they can under 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:

Transformation programme

To deliver the vision set out in the strategic plan, we designed a comprehensive programme of redesign and transformation, working in tandem with other core strategies such as Carers, Thrive Edinburgh (mental health) and the Primary Care Improvement Plan. Our transformation programme remains a key element of our strategy, and 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 was recruited to drive the programme, which launched formally in February 2020. As illustrated in the diagram below, 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.



Our transformation programme has continued to make good progress, despite additional challenges presented by the COVID-19 pandemic. The ***3 Conversations*** approach is rolling out widely across our locality teams, with positive impacts both in terms of much quicker response times and our ability to support people towards good outcomes without the need for formal, paid-for services. The ***home first*** project is helping to avoid the need for hospital admission and supporting people to get home as quickly as possible once it is safe for them to do

so. We aim to embed the home first ethos, with a dedicated staff team, into our business as usual service by the end of 2021.

Significant work has been completed to develop an overarching, strategic ***bed based care strategy***. Phase 1 of the strategy was presented to the EIJB in June 2021 and focussed on the innovative redesign of models of care in intermediate care, care homes and hospital based continuing complex care (HBCCC). The bed based care strategy will provide the framework for the implementation of person-centred, high-quality bed-based services which maximise capacity, manage demand and provide quality outcomes for individuals in the right place and at the right timed.

We have completed an extensive engagement exercise to develop our ***Edinburgh wellbeing pact*** and are now moving towards the first stages of practical enactment of the pact through the delivery of our community mobilisation plan. The plan, which was approved by the EIJB in April 2021, will see the development of more collaborative, partnership approaches to supporting community sector organisations, including the roll-out of community-based approaches to commissioning to replace traditional grants programmes.

We have also made good progress with our ***home based care*** transformation, working closely with independent sector providers in the development of a "One Edinburgh" approach to care at home services, which will focus on quality outcomes and creating additional capacity. The new contract is expected to be in place by March 2022. In parallel, we are transforming our models of internal home care, supported by the development of a business case for a new, fit-for-purpose scheduling tool to enable more efficient deployment of our workforce.

Elements of the strategic programme have been affected by the COVID-19 pandemic and the lessons learned have been folded into individual projects. Over the next stage of the strategic planning cycle, our priorities and planned actions will be refined and adjusted where necessary and any identified gaps will be closed. The projects within the transformation programme will transition to join the core strategic programme to coincide with the publication of the next 3-year strategic plan for 2022-2025 in March 2022 and allowing us to continue to drive performance and quality improvement across all delegated services.

Operational overview

Annual performance report

We will publish our fifth annual performance report at the end of October 2021 which will provide a review of the progress made during 2020/21. The year has been shaped by the response to the new coronavirus (COVID-19) and resulting global pandemic. The subsequent restrictions have had a significant impact on operational service delivery. Services have had to adapt, with many having to change their focus to meet emerging frontline needs and continue to deliver services to our most vulnerable citizens within a rapidly-changing landscape.

The Annual Performance Report for 2020/21 outlines our progress over the last year against our strategic plan 2019-22 and the ways that services responded to the pandemic. As in previous years, we detail our performance against the six strategic priorities in our strategic plan and against the national health and wellbeing outcomes and associated indicators.

We compare favourably to the Scottish average in 11 out of 19 of the national indicators and are closing in the gap in others. We have positive trends in the majority of the indicators we can compare across the life of the partnership. However, our performance against almost all the national indicators in 2020/21 has been affected by the covid-19 pandemic. While this makes it difficult to directly compare our performance against previous years, the changes seen in Edinburgh figures this year broadly reflect national trends.

The rate of emergency admissions and bed days dropped in Edinburgh in 2020, in line with the national drop in people attending hospital. Readmissions continued at a higher rate than the Scottish average and we are continuing work to better understand our performance in this area. The downward trend in the rate of days

people over 75 spend in hospital when they are ready to be discharged continued. Between 2019/20 and 2020/21, this figure decreased by 51% in Edinburgh compared to a 37% decrease in the figure for Scotland. This likely builds on the success of our Home First model, which was accelerated during the pandemic.

Despite the disruption this year, we continue to deliver on our transformation programme. This included redefining the Edinburgh offer, embracing the three conversations approach, and adopting the principle of home first. These pieces of work have become more crucial considering the impact the pandemic had on our services and the lives of individuals across Edinburgh.

COVID-19 impact and response

The last 12 months have been extremely challenging for our citizens, staff and partners. 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. Colleagues across health and social care have risen to the challenge presented by COVID-19, showing a great deal of flexibility and inventiveness in altering service delivery arrangements and stepping up the use of IT and other technologies to maintain support to the people of Edinburgh. Barriers between health and social care are being dismantled as teams work in a more integrated way, accelerating the wider adoption of ways of working that were in place before the pandemic. COVID-19 also presented an opportunity to build on and further enhance our community connections. This will support the continuing development of strong, sustainable and supportive communities for the future.

Turning to the Partnership's response, throughout the year the Partnership sought to innovate and improve services within the restrictions in place. While many services were disrupted by COVID-19, new and adapted ways of working allowed quality support to continue to be provided. This included making more use of telephone and online methods of connecting with people in need of support, from outbound wellbeing calls to online classes. Digital technology and the redeployment of staff also allowed us to work in new ways that provided greater flexibility to service delivery.

Examples of innovation include online support to prevent falls in care homes, and livestreaming Fit for Health and physiotherapy classes to support people to stay physically active during the pandemic. NearMe and similar technology used by GPs and other services to allow them to attend virtually in people's homes. ATEC24 (Assistive Technology Enabled Care 24) initiated an outbound calling service to check on individuals' wellbeing, provide companionship and offer advice and support on coping with lockdown. Similar calls were made to those with a dementia diagnosis who were living in their own homes with no formal service involvement.

To protect staff and service users, the Partnership had to make the very difficult decision to pause some services, including day centres and respite care, with many other services disrupted or offering reduced delivery. In May 2020, a Route Map Project Board was established to support implementation of the Scottish Government's Route Map through and out of the COVID-19 crisis. While this work was paused as restrictions returned later in 2020, this Project Board was restarted in early 2021 to support the remobilisation of services into 2021/22.

While this was a difficult year for health and social care workers, our people remained committed and flexible throughout this crisis, with many staff being temporarily redeployed to support our response to COVID-19. A Care Home Support team was developed, initially using redeployed staff, to help care homes comply with increased safety measures in place to keep residents and staff safe as well as the additional reporting and testing regimes. While services were shut due to pandemic restrictions, the Southeast Mobility and Rehabilitation Technology (SMART) team, hosted by the Partnership, shifted their attention to the creation and distribution of personal protective equipment (PPE) and other support to frontline services. 8.4 million items were issued across the southeast of Scotland. The team also utilised their resources to manufacture over 34,000 face shields (visors), producing 1,875 on their busiest day. This incredible flexibility was representative of many teams during the pandemic.

The impact of the pandemic on our finances is covered in the financial performance section below.

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.

2020/21 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 2020/21 our financial plan (agreed by the board in July 2020) assumed funding from our partners totalling £685m and estimated costs for the year at £707m, giving an initial gap of £22m. To mitigate this, we agreed a savings and recovery programme of £16m and further mitigating actions totalling £6m to balance the plan.

In August 2020 the board agreed to implement the nationally mandated 3.3% uplift to contracts to support providers to pay the living wage. This recognised of the work all heath and social care staff make towards keeping vulnerable people in our city safe. Although this decision added a further financial challenge the board recognised that it was required to ensure providers were enabled to maintain a fair working regime to suitably recompense workers for the key roles they are undertaking, and to support our strategic intent to build and maintain a high quality, skilled and sustainable health and social care workforce.

Regular updates on the financial position were provided to the Performance and Delivery Committee as well as to the EIJB itself. Included in these regular updates were details of the financial impact of the pandemic and progress with the savings and recovery programme.

Financial Performance

EIJB's financial performance for the year is presented in the comprehensive income and expenditure statement, which can be seen on page 29. The balance sheet (page 30) sets out the liabilities and assets at 31st March 2021.

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 surplus of £22.2m in the annual accounts, largely as a result of the additional funding made available by the Scottish Government. All funding received during the year but not yet spent has been transferred to reserves, bringing our total reserves to £25.4m. The vast majority of these reserves is 'ring fenced' for specific purposes, with the balance of £1.0m being held in general reserve and the diagram below sets out the categorisation of these funds.

Funding received in 2020/21 for **COVID pressures** (£11.6m)	•a share of £100m provided nationally to support ongoing COVID costs, including new ways of working and additional capacity •funding received in 2020/21 to meet costs in 2021/22
Community living change fund (£1.9m)	•Edinburgh's share of £20m provided to facilitate discharge from hospital of people with complex needs
Funding for **specific initiatives** (£4.9m)	• Action 15 •Primary Care improvement funding •Drug and alcohold monies
Other balances (£5.9m)	•includes: •balance of transformation funding previously agreed by the EIJB •unscheduled care monies which would historically been carried forward by SG on behalf of NHS Lothian
The **surplus** for the year (£1.0m)	•surplus against the delegated budget

Key

Earmarked reserves

General reserves

This is the second year in a row in which we have achieved financial balance without additional support from our partners at the City of Edinburgh Council and NHS Lothian. Whilst there is no doubt that the pandemic made interpreting financial information more difficult, this nonetheless demonstrates the sustained improvements in financial planning and performance. Overall, we incurred costs of £850m during the year, £40.5m as a direct result of COVID-19.

The pandemic clearly had an impact on our finances, and this was closely monitored during the year. NHS Lothian submitted regular information to Scottish Government through the Local Mobilisation Plan (LMP). These returns were the main route for confirming the additional cost and funding required in supporting the COVID-19 response. Through this process the financial consequences of the pandemic were funded in full by the Scottish Government. Detailed below are some of the initiatives and responses funded as a direct consequence of the pandemic:

- **Sustainability payments** - since the beginning of lockdown the Health and Social Care Partnership has been supporting local social care providers by ensuring that reasonable additional costs are

met through the National Principles for Sustainability and Remobilisation Payments to Social Care Providers. COSLA, Scottish Government and key partners regularly review the principles and evolving COVID situation to ensure that they are fit for purpose and service providers are supported to deliver a sustainable service;

- **Additional capacity** - we 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' was also applied for those whose normal caring arrangements had been compromised, for example, by the primary carer becoming unwell;
- **COVID assessment hub** - in April 2020 we set up COVID-19 assessment hubs as part of NHS Lothian's regional strategy for the management of patients needing assessment for possible coronavirus infection. Mobile testing units were also set up to identify positive cases and break chains of transmission;
- **Vaccination programme** – the Partnership is proud to be playing its part in the biggest vaccination programme the country has ever seen, to help protect the population from COVID-19. Our dedicated clinical and administrative team develop, manage and deliver the Edinburgh, offering vaccinations in line with the Joint Committee of Vaccination and Immunisation (JCVI) prioritisation programme. We acknowledge the support to the vaccination programme provided by Partnership staff, City of Edinburgh Council staff, volunteers and partners and their role in maintaining safe and effective vaccine service provision;
- **Health and social care staff bonus payment** - one off thank you payments to health and social care staff to recognise their extraordinary services in this toughest of years. Payments were also made to staff working in for external providers in adult social care services; and
- **Slippage in the delivery of savings** – recognising that the workforce was focused on continuity of service during the pandemic, the savings and recovery programme agreed as part of the financial plan was not delivered in full.

We received funding of £43.4m to meet the net additional costs of the pandemic and spent £40.5m (£29m on services ran by the Council and £11.5m on those provided by NHS Lothian). Reflecting the fact that COVID-19 related costs will span across financial years, the Scottish Government has confirmed that any associated funding allocations which have not been fully used in 2020/21 should be carried forward to 2021/22. Accordingly we have transferred the balance of £2.9m to an earmarked reserve.

As described above the comprehensive income and expenditure statement is recording a surplus of £22.2m. Comparing the actual costs for the year to the delegated budget gives a much lower surplus of £1.0m. The impact of the pandemic on expenditure levels has meant that the underlying variances to budget are more difficult to interpret than in previous years. Despite this it is clear that the financial pressures facing us have not materially changed, these include:

- **Externally purchased services** where demographic factors continue to drive demand for these services, this is also evidenced in the continuing growth in direct payments and individual service funds. Although we have seen significant growth of 9% during 2020/21 this was largely in line with assumptions. In the main, the increased costs can be attributed to spot purchasing, predominantly care at home, care and support, residential services and direct payments;
- **Medicines** prescribed by General Practitioners cost £79m in 2019/20. 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. Although normally presenting an in year pressure, a combination of financial plan and COVID funding resulted in a slight in year underspend;
- 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

Our in year surplus of £1.0m has been transferred to a general reserve. It is clearly extremely positive that, for the second year in a row, we have not had to rely on additional financial support from our partners. However, the continued reliance on one off measures to achieve financial balance remains a concern. As a board we face a number of significant and long standing financial pressures and a baseline gap in our financial plan which we struggle to address on a recurring basis. Our integration and sustainability work (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 developed in the coming financial year.

Financial Framework 2021-2024

We continue to face unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term condition; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand. These challenges are enduring and the recent Independent Review of Adult Social care recognises that adult social care support in Scotland requires greater investment.

In the case of Edinburgh this is evidenced by the structural deficit which the IJB inherited from partners (particularly for social care services). Since its inception the EIJB has routinely faced an underlying budget gap of between £10m and £15m which we are unable to bridge on a sustainable basis. In spite of these challenges overall financial performance has improved in recent years. For the last 2 years we have achieved our in year financial targets without additional support from partners. However, these recent successes are underpinned by material levels of non recurring solutions with the factors outlined above directly impacting our ability to set a budget which is balanced on a recurring basis.

In October 2019 the EIJB considered the draft financial outlook for 2020-23 which set out the projected financial gap for the 3 year period. This recognised that both our funding partner organisations face significant financial constraints and would require sizeable savings programmes to balance their budgets. This was updated in December 2020 when the financial framework for 2021 to 2024 was shared with the board. At this point we also introduced our Integration and Sustainability Framework, developed in response to the longer term financial challenges facing us. This new approach recognises that, to address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient ‘salami slicing’, there is an acknowledged requirement to evolve our thinking and approach. This premise underpins the Integration and Sustainability Framework, which considers how the EIJB directs the totality of its resources in a manner which best serves the people of Edinburgh.

Our current approach to financial planning focuses firstly on quantifying the in year shortfall between projected income and expenditure. Subsequently we identify, and then deliver, savings and recovery schemes to address the gap. Each year, developing savings proposals which will have limited impact on performance, quality and outcomes becomes more difficult. Our agreed transformation programme sets out ambitious and clear actions that aim to develop and deliver tailored solutions to make sure that people get the services that are right for them. However, even with this programme and the innovations seen more broadly within the organisation, it will not realise efficiencies sufficient to address the financial challenges that will be faced in the next 3-5 years. In this context we introduced the concept of a Integration and Sustainability Framework, aligned to/ underpinned by the EIJBs Strategic Plan, which looks at how we work with our staff and the people of Edinburgh to shape and reimagine, the delivery of services within communities within the funding available.

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. Thirteen risks are captured under 3 headings: strategic planning and commissioning; issuing of directions; and management and role of the IJB. A summary extract of the register at 31st March 2021 is included overleaf:

ID	Risk	Rating
1.	**Strategic Planning and Commissioning**	
1.1	Failure to deliver EIJB strategic objectives leading to a requirement to revise the strategic plan.	**High**
1.2	Failure to influence decision-making over services that are not managed by the EHSCP leading to the inability to review service delivery and drive strategy.	**High**
1.3	Failure to deliver delegated services within available budgets leading to a requirement to revise the strategic plan.	**High**
1.4	Insufficient asset planning arrangements leading to failure or delays in delivering the strategic plan.	**High**
2.	**Issuing of Directions**	
2.1	Failure of NHS Lothian and The City of Edinburgh Council to deliver directions leading to services not aligned to strategic intentions.	**High**
2.2	Failure to deliver EIJB directions leading to a mismatch between workforce requirements and availability.	**High**
3.	**Management and Role of the EIJB**	
3.1	Inability to operate effectively as a separate entity leading to a failure to deliver the benefits of integration.	**Medium**
3.2	Failure to make best use of the expertise, experience and creativity of its partners leading to a negative impact on the delivery of the strategic outcomes and poor relationships.	**Medium**
3.3	EIJB infrastructure lacks the professional, administrative and technical infrastructure to operate effectively leading to failures in governance, scrutiny and performance arrangements.	**High**
3.4	Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	**Medium**
3.5	Non-compliance with applicable legislative and regulatory requirements leading to legal breaches, fines and/or prosecution.	**Low**
3.6	Officers with operational responsibilities are being asked to scrutinise performance in areas where they are not totally independent leading to inadequate oversight of delegated EIJB functions.	**Low**
3.7	Insufficient or poor-quality assurance from assurance providers to support effective delivery of their scrutiny responsibilities.	**Low**

During the year we developed a new tool to help enhance and simplify the risk management process. We have taken steps to ensure that we are identifying a wider range of potential threats preventing us from achieving the IJB's strategic objectives and directly relaying their impact to the IJB and also in terms of

outcomes for the people of Edinburgh. This new approach helps us better understand how the IJB is exposed to those risks and what controls we need to have in place to mitigate the risks. This has been achieved by introducing a new 'risk profile card' format was for risks scored as 'very high', 'high' or 'medium', which:

- identifies the risk, states the objective (what the IJB is trying to achieve) and the source of that objective (key document or relevant legislation);
- names a risk owner who is responsible for actions;
- explains how the risk would happen and the potential outcomes;
- illustrates the historic and current risk score and how it relates on the risk assessment matrix;
- provides a recent update on risk management activities; • identifies what we are currently doing to reduce the risk; and
- summarises the planned actions to reduce the risk score.

This systematic risk management approach has been endorsed by both the Audit and Assurance Committee and the board itself and will support the more dynamic nature of the new risk register style.

Conclusion

Throughout the public sector finances are under more pressure than ever before and the impacts of the wider economy and ongoing impact of the pandemic bring 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. Moving into 2021/22, 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
26th October 2021

Ricky Henderson
Chair
26th October 2021

Moira Pringle
Chief Finance Officer
26th October 2021

STATEMENT OF RESPONSIBILTIES

STATEMENT OF RESPONSIBILITIES FOR THE STATEMENTS OF ACCOUNT

Responsibilities of the Edinburgh Integration Joint Board

The Edinburgh Integration Joint Board is required:

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

I confirm that these Annual Accounts were approved for signature by the Edinburgh Integration Joint Board on 26th October 2021.

Ricky Henderson
Chair of the Edinburgh Integration Joint Board
26th October 2021

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
26th October 2021

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 2020 to March 2021 were:

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

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

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

NHS Non-Executive Director A. McCann was in receipt of additional remuneration in 2020/21 relating to his duties for the EIJB as Chair of £8,842 (£6,991 part-year 2019/20). Councillor Henderson was in receipt of additional remuneration in 2020/21 in relation to his duties for the EIJB as Vice-Chair of £15,626 (£15,289 2019/20). No allowances were paid to other voting members during the year.

The remuneration and pension benefits received by all voting members in 2020/21 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 2021, no expense claims were made in relation to work on the EIJB.

Remuneration Paid to Senior Officers

	Year to 31/03/2021			Year to 31/03/2020
	Salary, fees and allowances (£)	Total remuneration (£)	*Full Year Effect (£)*	Total remuneration (£)
J Proctor, EIJB Chief Officer	161,247	**161,247**	161,247	156,550
M Pringle, EIJB Chief Finance Officer	89,799	**89,799**	89,799	88,132

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 2020/21 were as follows:

Whole Time Pay	Contribution rate
On earnings up to and including £22,300 (2019/20 £21,800)	5.50%
On earnings above £22,300 and up to £27,300 (2019/20 £21,800 to £26,700)	7.25%
On earnings above £27,300 and up to £37,400 (2019/20 £26,700 to £36,600)	8.50%
On earnings above £37,400 and up to £49,900 (2019/20 £36,600 to £48,800)	9.50%
On earnings above £49,900 (2019/20 £48,800)	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 31/03/21 **£**	**For year to 31/03/20** **£**		**As at 31/03/21** **£000**	**Difference from 31/03/20** **£000**
J Proctor, EIJB Chief Officer	36,764	35,238	Pension	6	6
			Lump Sum	0	0
M Pringle, EIJB Chief Finance Officer	18,768	18,420	Pension	30	2
			Lump Sum	61	1
R Henderson, Chair (to 26/06/2019), Vice Chair (from 27/06/19)	7,633	7,305	Pension	8	1
			Lump Sum	2	0

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
26th October 2021

Ricky Henderson
Chair
26th October 2021

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.

2020/21 has been an unprecedented year for the EIJB, responding to the COVID-19 pandemic and the impact that has had on service delivery, resources and impact on the citizens of Edinburgh. The EIJB responded quickly, recognising that initially it was important to allow resources to be concentrated on the front line, dealing with the immediate impact of the pandemic. It did though continue to improve upon its governance, recognising that the pandemic should not mean that robust controls were not maintained or improved. Progress was slowed on general governance improvements during 2020/21 but there has still been significant progress and as the pandemic hopefully recedes, it is expected that these will bed in over the next financial year.

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.

These governance arrangements comply with the key elements set out in CIPFA's 'Delivering Good Governance Framework'.

Board and Committee Structures

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

Following an independent review of governance by the Good Governance Institute (GGI), that concluded the EIJB needed to take action to strengthen its governance, the EIJB agreed to implement the recommendations of the GGI, including a major overhaul of its committees and sub-groups. This aimed to improve clarity on lines of accountability and reporting with a view to streamlining reporting arrangements. In June 2019 revised committees were established as follows:

- **Audit and Assurance** – Monitors, reviews and reports to the Board on the suitability and efficacy of the Partnership's 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 of the Partnership 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 the Partnership.
- **Strategic Planning Group** – Monitors, reviews and reports to the Board on the strategy, plans and delivery of the Partnership's 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 Audit and Assurance Committee are responsible for oversight of the risk management arrangements and considers the risk register quarterly. This is in turn referred to the EIJB Board 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.

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 meets monthly and 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.

In April 2021 the EIJB adopted a complaints handling procedure based on the model complaints handling procedure designed by the Scottish Public Services Ombudsman.

In April 2021 the EIJB agreed a protocol for responding to consultations with those with a significant impact being approved by the Board.

Review of Effectiveness

The EIJB has responsibility for reviewing the effectiveness of its governance arrangements, including internal controls. The underpinning arrangements are subject to continuous improvement and review.

The impact of the pandemic has been significant with major changes to the Board's governance. On 14 April 2020 the EIJB agreed to suspend all Board and Committee meetings until 30 June 2020 (with the exception of the budget meeting on 28 April 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 in providing essential front-line services alongside the impact the virus had put on staffing levels. Subsequently there was a need to prioritise front-line service, so resource was not available to effectively support the Board and its committees. On 21 July 2020 the EIJB met again and agreed to resume its committees from the end of that month. Steps were taken to ensure that business was limited to the most significant items. Agendas were streamlined, with the agenda planning process tailored to ensure that the administration of the Board and its committees was as efficient as possible whilst enabling oversight and scrutiny.

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 be taken to ensure capacity to reduce delays and free up acute beds as well as develop capacity in the community to care for people while managing a predicted depletion of the workforce. This mobilisation plan was considered by the EIJB on 14 April 2020.

This review of effectiveness is informed by:

- The Chief Officer's annual assurance attestation 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 to address weaknesses in scrutiny of performance and clarify the relationship between committees.
- An EIJB induction in place for all new voting and non-voting members.
- Standing Orders that are reviewed annually in a report to the EIJB, to ensure they are up to date and relevant.
- A performance report that is considered monthly by Health and Social Care Partnership management. Performance on local indicators that is reported regularly to the Board and its committees and an annual performance report that is also considered by the Board.
- The Annual Performance Report that was presented to the EIJB in August 2020 as per legislative requirements, though the scope of this report was affected by the pandemic.
- Regular financial monitoring reports that 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 savings plans.
- The EIJB in March 2021 agreed a budget with a deficit of £9.3m. It was noted that further updates would be received throughout the next financial year and although significant funding had been received by the Scottish Government close monitoring would be essential.
- The Accounts Commission's Best Value Assurance Report into the City of Edinburgh Council in November 2020 concluded that the EIJB although making considerable progress on short term financial planning had yet to develop a medium or long term financial plan. A financial framework for a three year period is being developed but is too early to identify its effectiveness.
- The financial plan for 2020/21 focussed on the potential consequences of Covid-19, the assumptions in the savings and recovery programme and the identification of other proposals to meet the deficit. The consequences of the pandemic were significant and close monitoring of these costs was taken throughout the year. The confirmation later in the financial year that the Scottish Government would cover all additional costs related to the pandemic provided assurance in the EIJB's funding.
- The Savings and Recovery Programme made progress in all areas. Recognising the pressures caused by the pandemic, the slippage was funded through support from the Scottish Government.
- In November 2019, the EIJB updated its resilience and business continuity arrangements. Sub-groups were created on severe weather, city centre events, EU exit, Reset 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 business continuity arrangements put the service and the EIJB in a better place to respond when 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 June 2021 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 charter is based on Public Sector Internal Audit Standards and details the responsibilities of both management and internal audit to support delivery of EIJB audit assurance.
- The Chief Internal Auditor in August 2021 reported an 'amber' rated opinion with an assessment towards the top of this category. This outcome is aligned with the 2019/20 IA opinion.

- The EIJB developed a new tool in September 2020 to enhance and simplify the risk management process, introducing a risk profile card for the most significant risks. The aim was to better understand how the EIJB is exposed to those risks and the controls necessary to mitigate them. This new approach results in a more detailed and comprehensive risk register and it is expected that this will support a more dynamic approach.
- 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 was successful in reducing the number of overdue actions, with the Chief Internal Auditor observing an improving trend but it was recognised that work was necessary to continue to improve this situation further. Scrutiny is carried out at the Audit and Assurance Committee on internal audit actions.
- The transformation programme launched in February 2020 and was established with a comprehensive governance structure which included four programme boards feeding into an overall portfolio board. The development and delivery of the programme was significantly impacted by the pandemic with many of the programme boards suspended before they met. Work did continue on some aspects of the project and a' lessons learned' exercise was launched in April 2020 which informed a review of the programme. The programme is due to end in March 2022 and it will transition to the Strategic Core Programme which is a medium change programme designed to deliver sustainable and high quality health and social care. The effectiveness of the transformation programme was adversely affected by the pandemic but there has been progress in this period and a realisation that further change was required.
- External Audit had previously highlighted that there was a risk that the lack of professional, administrative and technical support provided by the Council and NHS Lothian may lead to failures in governance, scrutiny and performance. It is still recommended that the level of support is formalised in the Integration Scheme.
- The Best Value Assurance Report concluded that the EIJB was addressing governance issues in line with the review carried out by the Good Governance Institute.
- In December 2020 the EIJB agreed an approach for an overarching Board assurance framework. The EIJB agreed that each of its committees should review their effectiveness, with the Audit and Assurance Committee having oversight of the process. Each committee would produce an annual report which would include feedback from committee members. This process has not been established long and a 'light touch' approach was taken for 2020-21. As a result, it is too early to review the Framework's effectiveness but this approach produces a robust foundation to enable self-improvement and ensure a more efficient and effective committee structure beneath the EIJB.

Last Year's Actions

	Issue	Responsible Party	Status
1	Creation of Governance Handbook to support the EIJB and its members	Chief Officer	delayed to June 2021
2	Review of Directions Policy	Chief Officer	completed
3	Risk mitigation activities, as instructed by Audit and Risk Committee	Chief Financial Officer	ongoing – risk register mitigations reviewed and amended as required
4	Review of Transformation Programme in light of COVID19 developments	Chief Officer	completed
5	Development of an integrated performance framework	Chief Officer	ongoing – the performance architecture is in place less the measures against EIJB priorities - completion estimated as Nov 2021
6	Review of Integration Scheme	Chief Officer	delayed due to the pandemic – work progressing on draft scheme
7	Development of stakeholder engagement approach with GGI	Chief Officer	completed
8	Risk appetite exercise	Chief Financial Officer	ongoing – audit and assurance led risk workshop held with EIJB in Dec 2020

Further Improvement – Action Plan

	Issue	Responsible Party	Reporting Date
1	Workforce Strategy	Chief Officer	December 2021
2	Review of Integration Scheme	Chief Officer	October 2021
3	Creation of Governance Handbook to support the EIJB and its members	Chief Officer	June 2021 (now complete)
4	Principles to govern the relationship between the Council, NHS Lothian and IJB respective audit committees	Chief Internal Auditor	December 2021

Certification

As evidenced above the EIJB has made considerable progress in improving its governance structures, creating a comprehensive committee structure, reviewing its consultation, communications and risk arrangements and starting the process for a more robust assurance framework. Many of the weaknesses identified in the EIJB's governance have been addressed. The EIJB has moved quickly to restart its improvement plans whilst still in full response to the Covid pandemic. The Covid-19 pandemic did though impact on the EIJB's improvements and although progress was made, it is understandable that some scheduled improvements have been delayed a further year. It is expected that in a further year many of the governance improvements will have bedded in and their effectiveness judged. The EIJB continues to face considerable financial challenges and annually struggles to deliver a balanced budget. Work is ongoing to address this but the challenges are set to remain and long term financial sustainability will remain ambitious.

Judith Proctor
Chief Officer
26th October 2021

Ricky Henderson
Chair
26th October 2021

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 31 MARCH 2021

2019/20			2020/21		
Net Expenditure			Gross expenditure	Gross income	Net Expenditure
£000		Note	£000	£000	£000
	Health Services	8			
276,427	Core services		327,922	0	327,922
87,894	Hosted services		106,129	0	106,129
55,502	Non-cash limited		62,856	0	62,856
100,776	Set aside services		100,754	0	100,754
520,599			597,661	0	597,661
	Social Care Services	8			
151,814	External purchasing		164,867	0	164,867
30,722	Care at home		28,498	0	28,498
15,675	Day services		14,161	0	14,161
18,074	Residential care		19,801	0	19,801
14,904	Social work assessment and care management		14,662	0	14,662
484	Corporate services		438	0	438
9,376	Other		9,571	0	9,571
241,049			251,998	0	251,998
384	Corporate services	3	395	0	395
762,032	**Cost of services**		**850,054**	**0**	**850,054**
-755,504	**Taxation and non-specific grant income and expenditure**	2	**0**	**(872,298)**	**(872,298)**
6,528	**(Surplus)/Deficit on provision of services**		**850,054**	**(872,298)**	**(22,244)**

BALANCE SHEET

The Balance Sheet shows the value, as at 31 March 2021, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

BALANCE SHEET AS AT 31 MARCH 2021

31/03/2020 £000		Notes	31/03/2021 £000
	Current assets		
3,186	Short term debtors	4	25,440
	Current liabilities		
-20	Short term creditors	5	-30
3,166	**Net assets**		**25,410**
-3,166	Usable reserves	MIRS	-25,410
-3,166	**Total reserves**		**-25,410**

The unaudited Annual Accounts were authorised for issue by the Chief Finance Officer on 11th June 2020.

Moira Pringle
Chief Finance Officer
26th October 2021

MOVEMENT IN RESERVES

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

	31/03/2021	31/03/2020
	£000	£000
Usable reserves – General Fund brought forward	-3,166	-9,694
Deficit/(surplus) on the provision of services	-22,244	6,528
Total comprehensive income and expenditure	**-25,410**	**-3,166**
Balance, as at 31 March, carried forward	**-25,410**	**-3,166**

NOTES TO ACCOUNTS

1. ACCOUNTING POLICIES

1.1 General Principles

The Annual Accounts for the year ended 31 March 2021 have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (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 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.

1.11 Assumptions made about the future and other major sources of estimation uncertainty

The cost of services provided by NHS Lothian is based on the NHS Lothian Director of Finance's assessment of the split of costs between the four Integration Authorities in the NHS Lothian area. This assessment is underpinned by a financial model which is reviewed at least annually and supported by the four Chief Finance Officers. As such this is an area of key judgement and estimation uncertainty within these annual accounts.

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:

	31/03/2021 £000	31/03/2020 £000
NHS Lothian	-621,834	-543,499
City of Edinburgh Council	-250,027	-211,521
Total	**-871,861**	**-755,020**

Expenditure relating to the two parties was as follows;

	31/03/2021 £000	31/03/2020 £000
NHS Lothian	597,839	520,772
City of Edinburgh Council	251,744	240,744
Total	**849,583**	**761,516**

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

3. CORPORATE EXPENDITURE

	31/03/2021 £000	31/03/2020 £000
Staff costs	362	353
Other fees	3	3
Audit fees	30	28
Total	**395**	**384**

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 £0.727m (£0.734m 2019/20) have been provided.

4. SHORT TERM DEBTORS

	31/03/2021	31/03/2020
	£000	£000
Other Local Authorities	25,440	3,186
Total	**25,440**	**3,186**

5. SHORT TERM CREDITORS

	31/03/2021	31/03/2020
	£000	£000
Other bodies	-30	-20
Total	**-30**	**-20**

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:

	2020/21 Actual Expenditure	2019/20 Actual Expenditure
	£000	£000
SERVICES PROVIDED BY NHS LOTHIAN		
Core services		
Community hospitals	12,699	12,364
District nursing	11,750	11,130
General medical services	90,106	84,024
Prescribing	79,071	81,690
Resource transfer	90,571	43,655
Primary care services	12,385	10,271
Other core services	31,340	33,293
Total core services	**327,922**	**276,427**
Hosted services		
Mental health, substance misuse and learning disabilities	46,710	43,796
Other hosted services	59,419	44,098
Total hosted services	**106,129**	**87,894**
Non- Cash Limited		
Dental	32,412	29,135
Ophthalmology	9,720	9,700
Pharmacy	20,724	16,667
Total Non-Cash Limited	**62,856**	**55,502**
Set aside services		
General medicine	26,103	27,767
Geriatric medicine	16,234	14,375
Junior medical	3,460	15,171
Other set aside services	54,957	43,463
Total set aside services	**100,754**	**100,776**
TOTAL SERVICES PROVIDED BY NHS LOTHIAN	**597,661**	**520,599**
SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL		
External purchasing	164,867	151,814
Care at home	28,498	30,722
Day services	14,161	15,675
Residential care	19,801	18,074
Social work assessment & care management	14,662	14,904
Other services provided by City of Edinburgh Council	10,009	9,860
TOTAL SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL	**251,998**	**241,049**
Corporate expenditure	395	384
TOTAL ALL SERVICES	**850,054**	**762,032**

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

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of the Edinburgh Integration Joint Board for the year ended 31 March 2021 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 2020/21 (the 2020/21 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 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 2020/21 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 five years. We are independent of the body 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 body. 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 concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from 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 judgements 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 body'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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result 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 skilfulness 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.

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.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Financial Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the statutory other information and, in doing so, consider whether the statutory 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 this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this statutory other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the statutory other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

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

2020/21 Annual Audit Report to members of Edinburgh Integration Joint Board and the Controller of Audit

October 2021

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Key messages

This report concludes our audit of the Edinburgh Integration Joint Board ("the IJB") for 2020/21.

This section summarises the key findings and conclusions from our audit.

Financial statements audit

Audit opinion	The IJB's annual accounts for the year ended 31 March 2021 are due to be considered by the Audit & Assurance Committee on 1 October 2021 and approved by the Board on 26 October 2021. We intend to report unqualified opinions within our draft independent auditor's report.
Key findings on audit risks and other matters	COVID-19 continues to present unprecedented challenges to the operation, financial management and governance of organisations, including public sector bodies. In response to the pandemic we identified potential areas of increased risk of material misstatement to the financial statements and our audit opinion. We are pleased to report those risks identified did not materialise. The IJB had appropriate administrative processes in place to prepare the annual accounts and the required supporting working papers.
Audit adjustments	We are pleased to report that there were no material adjustments to the unaudited annual accounts. We identified one unadjusted difference following the receipt of further information after the publication of the unaudited accounts. We deem this unadjusted difference to be immaterial. We identified some disclosure and presentational adjustments during our audit. These have been reflected in the final set of financial statements.
Accounting systems and internal controls	We have applied our risk based methodology to the audit. This approach requires us to document, evaluate and assess the IJB's processes and internal controls relating to the financial reporting process. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we have included these in this report. No material weaknesses or significant deficiencies were noted.

Wider scope audit

Financial Sustainability

Auditor judgement	

The IJB continues to face significant financial pressures, both immediately and over the medium to longer term, with latest projections suggesting a funding gap of £63.5 million by 2023/24. Management have recognised the need for a more strategic approach to financial planning and have proposed the development of an Integration and Sustainability Framework that will consider how the IJB directs the totality of its resource in a financially sustainable manner that best serves the people of Edinburgh. The development of a medium-term financial strategy has been further delayed and we encourage the IJB to develop this alongside its Integration and Sustainability Framework as an area of priority in 2021/22.

Substantial work has been undertaken in 2020/21 to develop the IJB's inaugural workforce strategy. This outlines the IJB's vision and priorities for delivering a high quality, skilled and sustainable workforce, whilst recognising the challenges faced in recruiting and retaining appropriately skilled staff. The IJB is due to consider the final strategy for sign off in December 2021.

Financial Management

Auditor judgement

Whilst the IJB started 2020/21 with an unbalanced budget, it reported an accounting surplus of £22 million at 31 March 2021. This has arisen from funding received in 2020/21 to be spent in future years, with £21 million ring fenced for specific purposes. The IJB incurred £40.5 million of net additional costs directly attributable to the COVID-19 pandemic response which has been offset by additional Scottish Government funding of £43.4 million, with £2.9 million carried forward to spend in 2021/22.

The Board approved the 2021/22 financial plan in March 2021 and a savings and recovery programme of £19.2 million. At the start of the financial year, modelling indicated that even after assuming full delivery of the 2021/22 savings programme and maximum utilisation of reserves, the budget remains unbalanced by £9.3 million. The IJB and partners have agreed that the remaining budget gap is at a level where it is feasible to identify mitigating actions as the year progresses.

In line with internal audit's recommendation, we encourage the IJB to undertake a lessons learned exercise to ensure opportunities to strengthen financial reporting and management processes are capitalised on. Management intend to finalise this exercise in 2021/22.

Governance & Transparency

Auditor judgement	

The IJB has continued to improve the maturity of its governance arrangements during 2020/21. The IJB approved the Good Governance Handbook in July 2021 which covers a range of themes including the principles of good governance , the role of the Board and IJB members, code of conduct and risk management arrangements. This handbook is intended to provide practical value for members of the IJB and staff, setting out the hallmarks of best practice.

Another area of focus in 2020/21 has been strengthening risk management arrangements. Improvements have been introduced to supporting effective scrutiny of risks scored as 'high' or 'very high' and to increase the level of engagement from the Executive Management Team in monitoring and managing risks.

Further work is required in 2021/22 to develop the IJB's risk appetite and escalation approach and to commission an independent assessment of the leadership and managerial capacity needed for the IJB to succeed over the next three years. Given the level of significant change the IJB has committed to over the next three years, this work should be completed as an area of priority in 2021/22.

Value for Money

Auditor judgement	

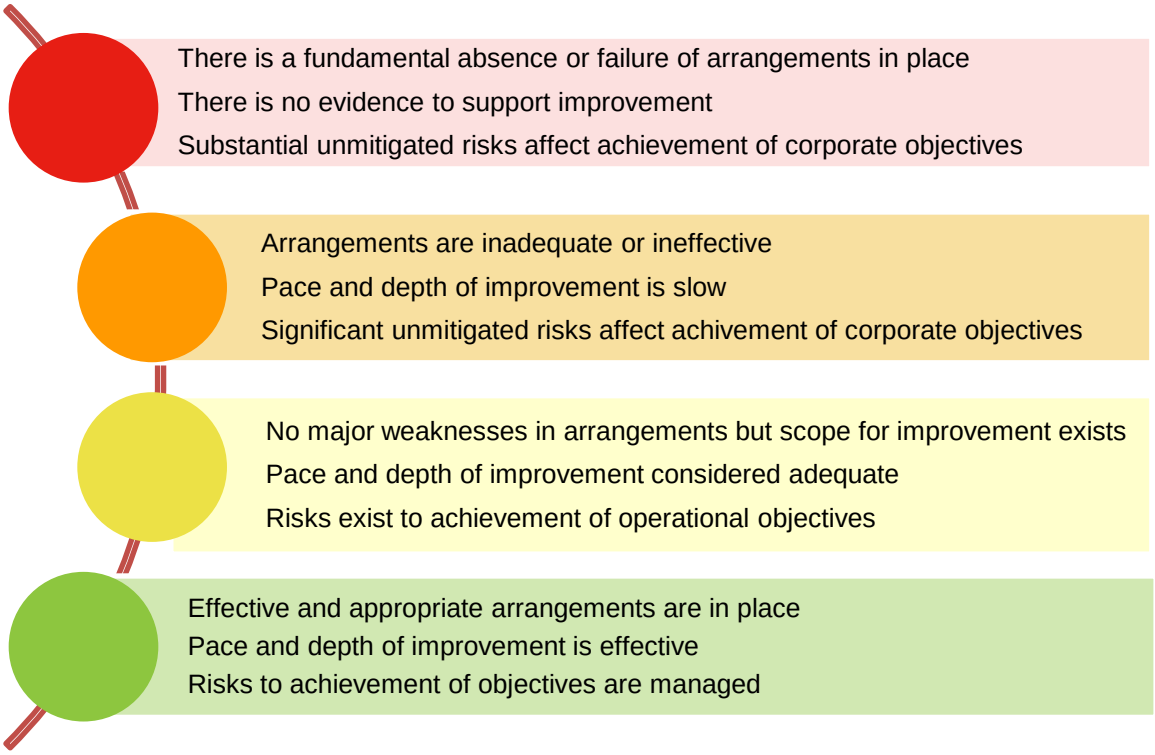
Further work is required to develop a robust performance management framework and management have committed to delivering this in 2021/22. Five overlapping workstreams have been established, including understanding the outcomes the IJB wants to measure performance against, developing a set of corresponding indicators, and establishing the relevant mechanisms and responsibilities to measure and report on this data.

Performance continues to be mixed, with the IJB performing above the Scottish average in 10 of the 19 core national indicators. The IJB continues to perform poorly against a number of key indicators, such as readmission to hospital within 28 days of discharge and the proportion of last six months of life spent at home or in a community setting. These areas have been recognised and reflected within the transformation programme.

COVID-19 has had a significant impact on the operations and service delivery. The Partnership has recognised the opportunity to be innovative and embrace new ways of working and is looking to develop a lessons learned framework in 2021/22 in order to continue to capture lessons learned through the pandemic.

Definition

Our wider scope audit involves consideration of the IJB's arrangements as they relate to financial sustainability; financial management, governance and transparency and value for money. We have used the following grading to provide an overall assessment of the arrangements in place as they relate to the four dimensions.



Introduction

We carried out our audit in accordance with Audit Scotland's Code of Audit Practice and maintained auditor independence

Scope

1. This report summarises the findings from our 2020/21 audit of the Edinburgh Integration Joint Board ("the IJB").

2. We outlined the scope of our audit in our External Audit Plan, which we presented to the Audit and Assurance Committee at the outset of our work. The core elements of our work include:

- an audit of the 2020/21 annual report and accounts and related matters;
- 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

Responsibilities

3. The IJB is responsible for preparing an annual report and accounts which show a true and fair view and for implementing appropriate internal control systems. The weaknesses or risks identified in this report 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 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. 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.

Auditor independence

5. 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.

6. We confirm that we complied with the Financial Reporting Council's (FRC) Ethical Standard. In our professional judgement, we remained independent and our objectivity has not been compromised in any way.

7. We set out in Appendix 1 our assessment and confirmation of independence.

Adding value through the audit

8. 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

9. 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.

Openness and transparency

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

Financial statements audit

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

Overall conclusion

11. The annual accounts are due to be considered by the Board on 26 October 2021. We intend to report unqualified opinions within our independent auditor's report.

12. We received the unaudited annual accounts and supporting papers of a reasonable standard, in line with our agreed audit timetable. Our thanks go to staff at the IJB, Council and NHS Lothian for their assistance with our work.

13. The annual report and accounts will be submitted to the Scottish Government and Controller of Audit by the 31 October 2021 deadline.

Our audit opinion

Opinion	Basis for opinion	Conclusions
Financial statements	We conduct our audit in accordance with applicable law and International Standards on Auditing. Our findings / conclusion to inform our opinion are set out in this section of our annual report.	We intend to issue an unqualified audit opinion.
Going concern basis of accounting	In the public sector when assessing whether the going concern basis of accounting is appropriate, the anticipated provision of the services is more relevant to the assessment than the continued existence of a particular public body. We assess whether there are plans to discontinue or privatise the IJB's functions. Our wider scope audit work considers the financial sustainability of the IJB.	We reviewed the financial forecasts for 2021/22. 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. Our audit opinion is unqualified in this respect.
Opinions prescribed by the Accounts Commission on:	We read all the financial and non-financial information in the annual report and accounts to identify material inconsistencies with the	The statutory other information contains no material misstatements or inconsistencies with the financial statements.

Opinion	Basis for opinion	Conclusions
• Management Commentary • Annual Governance Statement • Remuneration Report	audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. We plan and perform audit procedures to gain assurance that the statutory other information has been prepared in accordance with; • Statutory guidance issued under the Local Government in Scotland Act 2003 (Management Commentary); • The Delivering Good Governance in Local Government: Framework (Annual Governance Statement); and • The Local Authority Accounts (Scotland) Regulations 2014 (Remuneration Report).	We have concluded that: • The management commentary is consistent with the financial statements and has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003. • The information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the Delivering Good Governance framework. • The audited part of the Remuneration Report has been properly prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014.
Matters reported by exception	We are required to report on whether: • adequate accounting records have not been kept; or • the financial statements and the audited part of the Remuneration and Staff 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 no matters to report.

An overview of the scope of our audit

14. The scope of our audit was detailed in our External Audit Plan, which was presented to the Audit and Assurance Committee in January 2021. 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.

15. 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.

16. In our audit, we test and examine information using sampling and other audit techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain evidence through performing a review of the significant accounting systems, substantive procedures and detailed analytical procedures.

Significant risk areas

17. Significant risks are defined by professional standards as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, we consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.

18. The significant risk areas 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.

Significant risk areas

1. Management override	
Significant risk description	In any organisation, there exists a risk that management have 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. **Audit risk assessment**: **High**
How the scope of our audit responded to the significant risk	**Key judgement** There is the potential for management to use their judgement to influence the financial statements as well as the potential to override IJB's controls for specific transactions. **Audit procedures** • Review of IJB's accounting records and audit testing on transactions. • Review of judgements and assumptions made in determining accounting estimates as set out in the financial statements to determine whether they are indicative of potential bias. This included a retrospective review of the prior year estimates against the current year estimates.
Key observations	We have not identified any indication of management override in the year. We did not identify any areas of bias in key judgements made by management and judgements were consistent with prior years.

2. Revenue recognition	
Significant risk description	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 income and expenditure transactions in such a way as to lead to a material misstatement in the reported financial position. **Audit risk assessment: High**
How the scope of our audit responded to the significant risk	**Key judgements** Given the financial pressures facing the public sector, there is an inherent fraud risk associated with the recording of income around the year end. However, we do not deem this risk to be present for contributions received from the IJB's funding partners due to a lack of incentive and opportunity to manipulate transactions. **Audit procedures** • As the IJB does not undertaken any income generating activity and funding from partners is its only source of income, no further audit procedures were deemed necessary.
Key observations	We revisited our conclusion to rebut the risk of revenue recognition throughout the audit and our conclusion did not change.

3. Expenditure recognition	
Significant risk description	As most public sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. There is a risk that expenditure may be misstated resulting in a material misstatement in the financial statements. **Audit risk assessment: High**
How the scope of our audit responded to the significant risk	**Key judgements** Given the financial pressures facing the public sector as a whole, there is an inherent fraud risk associated with the recording of accruals around the year end. **Audit procedures** • Evaluate the significant expenditure streams and review the controls in place over accounting for expenditure. • Consideration of the IJB's key areas of expenditure and obtain evidence that expenditure is recorded in line with appropriate accounting policies and the policies have been applied consistently across the year.
Key observations	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 the audit to take account of developments as they arise. We have specifically updated our risk assessment to identify charges for services provided by NHS Lothian as a key accounting estimate and a key audit risk.

4. Charges for services provided by NHS Lothian (significant accounting estimate)	
Significant risk description	NHS Lothian is partnered with four integration authorities and is responsible for delivering integration functions across the entire Lothian region. Some services are delivered specifically for one integration authority (disclosed as core services) and the charge for delivering this service can be easily determined. Some services however are delivered on a pan-Lothian basis, utilised by one or more integration authority, in which case the charge for delivering these services is allocated across the relevant integration authorities. We therefore deem the charge recognised by the IJB for services provided by NHS Lothian to be a significant accounting estimate and represents an increased risk of misstatement in the financial statements. **Audit risk assessment: High**
How the scope of our audit responded to the significant risk	**Key judgements** NHS Lothian developed a model, in agreement with partners, to determine how costs related to integration services were allocated between the four integration authorities. The proportion allocated to Edinburgh IJB represents 100% of costs related to core services and a percentage of hosted and set aside services based on demographics and population data. **Audit procedures** • Consider the basis for costs allocated to the IJB and ensure this is reasonable. • Obtain assurances from the audit of NHS Lothian that the information provided to the IJB is arithmetically correct, consistent with underlying data and free from material misstatement
Key observations	We deem the basis for cost allocation to be reasonable given the nature of data available to NHS Lothian. We obtained assurances that the information used to prepare the IJB's annual accounts is arithmetically correct, consistent with underlying data and fairly stated within the annual accounts.

Other risk factors

Impact of COVID-19 on the annual accounts

20. COVID-19 continues to present unprecedented challenges to the operation, financial management and governance of organisations, including public sector bodies. In response to the pandemic we identified potential areas of increased risk of material misstatement to the financial statements and/or our audit opinion. Our conclusions are set out in the table below.

Area considered	Description	Conclusion
Access to audit evidence	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.	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. We stayed in close contact with the IJB colleagues right up until the point of accounts signing, to ensure all relevant issues were satisfactorily addressed.
Timescales	The pre COVID-19 deadline was 30 September . The Scottish Government amended the accounts regulations to require the 2020/21 annual accounts to be signed off by 31 October (amended from 30 September) and published by 15 November (amended from 31 October). However, the provision of the Coronavirus (Scotland) Act 2000 (which permitted bodies to delay publication of the 2019/20 accounts until reasonably practicable) have been extended. 'Reasonably practicable' was considered to be 30 November and this date is considered appropriate for 2020/21. The extension of the Act also allows flexibility over the date (usually 30 June) for the unaudited accounts.	The IJB committed to continue with its original timetable; for both the publication of the unaudited accounts and approval of the audited accounts. The annual accounts are due to be considered by the Audit and Assurance Committee on 1 October and approved by the Board on 26 October.

Estimates and judgements

21. We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the financial statements.

22. As part of the planning and fieldwork stages of the audit we identified all accounting estimates made by management and determined which of those are key to the overall financial statements. Consideration was given to income, expenditure, accruals and provisions for legal obligations. Other than charges for services provided by NHS Lothian, we have not determined the other accounting estimates to be significant. We revisited our assessment during the completion stages of our audit and concluded that our assessment remained appropriate.

23. Our audit work consisted of reviewing these key areas for any indication of bias and assessing whether the judgements used by management are reasonable. We have summarised our assessment of this below, categorised between Prudent, Balanced and Optimistic.

Estimates and judgements	
Charges for services provided by NHS Lothian	Balanced
We reviewed the reasonableness of the assumptions used in the calculation of the IJB's liability for services provided by NHS Lothian and deemed this to be reasonable. Management have updated their accounting policies to reflect on this as a key area of estimation and judgement.	

Materiality

24. 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 and is affected by our assessment of the risk profile of the organisation and the needs of users. We review our assessment of materiality throughout the audit.

25. Whilst our audit procedures are designed to identify misstatements which are material to our audit opinion, we also report to the IJB and management any uncorrected misstatements of lower value errors to the extent that our audit identifies these.

26. Our initial assessment of materiality for the IJB's financial statements was £11.000million. On receipt of the unaudited annual accounts, we reassessed materiality and updated it to £12.750million. We consider that our updated assessment has remained appropriate throughout our audit.

Materiality

Overall materiality

£12.750million

100%

Accounts materially misstated where total errors exceed this value

Performance materiality

£9.563million

75%

Work performed to capture individual errors at this level

Trivial threshold

£250,000

5%

All errors greater than this level are reported

Materiality	Our assessment is made with reference to the IJB's cost of delegated services. We consider the cost of delegated services to be the principal consideration for the users of the accounts when assessing the performance of the IJB Our assessment of materiality equates to approximately 1.5% of the IJB's cost of delegated services as disclosed in the 2020/21 unaudited annual accounts. In performing our audit we do apply a lower level of materiality to the audit of the Remuneration and Staff Report. Our materiality is set at £5,000.
Performance materiality	Performance materiality is the working level of materiality used throughout the audit. We use performance materiality 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. 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 the uncorrected and undetected misstatements exceed overall materiality.
Trivial misstatements	Clearly trivial are matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

Audit differences

27. We are pleased to report that there were no material adjustments to the financial statements.

28. We identified one unadjusted difference and some disclosure and presentational adjustments during our audit which have been detailed in Appendix 2.

Internal controls

29. As part of our work we considered internal controls relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we report these to the IJB. These matters are limited to those which we have concluded are of sufficient importance to merit being reported.

Area	Assessment	Comment
Control and process environment	**Satisfactory**	We consider the control environment within the entity to be satisfactory.
Quality of supporting schedules	**Satisfactory**	The supporting schedules received during the course of the fieldwork were sufficient for our audit purposes.
Responses to audit queries	**Satisfactory**	Management's responses to our audit queries were appropriate and received on a timely basis.

Follow up of prior year recommendations

30. We followed up on progress in implementing the outstanding audit recommendations from the prior year. Detail on these is included in the action plan at Appendix 4.

Other communications

Accounting policies, presentation and disclosures

31. Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies adopted by the IJB.

32. The accounting policies, which are disclosed in the annual accounts, are in line with the Code and are considered appropriate.

33. There are no significant financial statements 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.

34. Overall we found the disclosed accounting policies, and the overall

disclosures and presentation to be appropriate.

Fraud and suspected fraud

35. We have previously discussed the risk of fraud with management. We have not been made aware of any incidents in the period nor have any incidents come to our attention as a result of our audit testing.

36. Our work as auditor is not intended to identify any instances of fraud of a non-material nature and should not be relied upon for this purpose.

Non-compliance with laws and regulations

37. As part of our standard audit testing, we have reviewed the laws and regulations impacting the IJB. There are no indications from this work of any significant incidences of non-compliance or material breaches of laws and regulations that would necessitate a provision or contingent liability.

The Local Authority Accounts (Scotland) Regulations 2014

38. As part of our audit we reviewed the IJB's compliance with the Local Authority Accounts (Scotland) Regulations 2014, in particular in respect to regulations 8 to 11 as they relate to the annual accounts.

39. The Scottish Government Finance Circular 10/2020 provided guidance on the publication and inspection of the unaudited accounts as a result of the COVID-19 pandemic.

40. Overall we concluded that appropriate arrangements are in place to comply with these Regulations and the guidance as set out in the Finance Circular 10/2020.

Written representations

41. We will present the final letter of representation to the Chief Finance Officer to sign at the same time as the financial statements are approved.

Related parties

42. We are not aware of any related party transactions which have not been disclosed.

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.

Auditor judgement

The IJB continues to face significant financial pressures, both immediately and over the medium to longer term, with latest projections suggesting a funding gap of £63.5 million by 2023/24. Management have recognised the need for a more strategic approach to financial planning and has proposed the development of an Integration and Sustainability Framework that will consider how the IJB directs the totality of its resource in a financially sustainable manner that best serves the people of Edinburgh. The development of a medium-term financial strategy has been further delayed and we encourage the IJB to develop this alongside its Integration and Sustainability Framework as an area of priority in 2021/22.

Substantial work has been undertaken in 2020/21 to develop the IJB's inaugural workforce strategy. This outlines the IJB's vision and priorities for delivering a high quality, skilled and sustainable workforce, whilst recognising the challenges faced in recruiting and retaining appropriately skilled staff. The IJB is due to consider the final strategy for sign off in December 2021.

Significant audit risk

43. Our audit plan identified a significant risk in relation to financial sustainability under our wider scope responsibilities:

Financial sustainability
The IJB has been able to demonstrate arrangements for short term planning. However, as we first reported in our 2016/17 Annual Audit Report, the IJB has not developed a medium or long-term financial plan or strategy. In October 2019, the Board considered a Financial Framework 2020-2023. This was intended to form the basis of a medium-term financial strategy, however further development of this was postponed due to the outbreak of the pandemic. An updated Financial Framework 2021-2024 was considered by the Board in December 2020, highlighting the significant financial challenges the IJB continues to face over the medium term. The Financial Framework outlines a savings requirement of £30.3million in 2021/22, £46.8million in 2022/23 and £63.5million in 2023/24. In an acknowledgement of the need to evolve their thinking and approach to financial planning, the IJB has introduced an Integration and Sustainability Framework that will focus on how the IJB can direct the totality of its resources to best serve the people of Edinburgh in a sustainable manner. There is an urgent need to work with partners to develop this strategic approach to financial planning and address the savings requirements in an effective and sustainable manner. Work is ongoing to develop a savings and recovery programme for 2020/21 to bridge the transition into this new approach.
Noted in the 2020/21 External Audit Plan

44. Whilst the IJB has updated its Financial Framework to reflect the latest position, a medium-term financial strategy has not been developed. Management had committed to developing a strategy by December 2020 however progress has been halted. The IJB has recognised the need for a more long-term approach within its Integration and Sustainability Framework, however this is at the early stages of development.

45. The health and social care sector continues to face unprecedented challenges to the sustainability of the system, some of which have been exacerbated by the COVID-19 pandemic. The IJB is faced with an ageing population, an increase in demand, an aging workforce and limited resource availability. In an environment of heightened financial pressures, increasing demand and the growing need to redesign services, robust and timely financial planning is essential in supporting the sustainability in the medium to long-term. The IJB

should develop a medium-term financial strategy in 2021/22 as an area of priority.

Financial Outlook

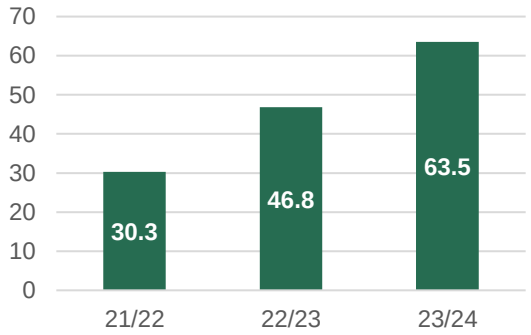
46. The IJB's Financial Framework, first developed in October 2019, was intended to form the basis of a medium term financial strategy and presents an initial outlook over the medium term based on partner's planning assumptions.

47. The Framework takes cognisance of the IJB's authority to direct the totality of resources across both NHS Lothian and City of Edinburgh Council in a manner that best serves the people of Edinburgh. Aligned to the 2019-2022 Strategic Plan and transformation programme, the Framework takes account 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.

48. The Board approved the Financial Framework 2021-2024 in December 2020. Many of the assumptions were indicative, prior to announcement of the Scottish Government's 2021 budget and within the Framework it is assumed that COVID-19 costs will be met by the Scottish Government through the mobilisation planning process.

49. The Framework highlights that even with the commitments around redesign and the initiatives outlined in the transformation programme, the medium-term financial outlook remains extremely challenging, as summarised in exhibit 2.

Exhibit 2: Cumulative Future Financial Gap (£m)



Source: Financial Framework 2021-2024- December 2020

50. The Board subsequently developed a Savings and Recovery Programme to bridge the funding gap for 2021/22. However, further work is required to address the £63.5million funding gap identified for 2023/24.

Integration and Sustainability Framework

51. The IJB's approach to financial planning focuses on quantifying the in-year financial gap and subsequently identifying and delivering savings plans to address the gap. Management recognise that this approach results in saving proposals with limited impact on performance, quality and outcomes.

52. Recognising the need for a more strategic approach, the IJB proposed the development of an Integration and Sustainability Framework, introducing this concept alongside the Financial Framework 2021-24. The Framework will consider how the IJB directs the totality of its resources in a manner

which best serves the people of Edinburgh in a financially sustainable manner.

53. To inform this Framework, the first phase is establishing a clear understanding of what health and social care services in Edinburgh currently look like and how they are provided. The next phase will focus on identifying opportunities to reshape and reimagine services through collaborative working.

54. Work has commenced, ensuring appropriate linkages with the existing transformation programme. However there is no clear timeline for finalising this Framework.

55. This analysis should underpin the medium-term financial strategy and we encourage the IJB to develop the Integration and Sustainability Framework and the medium term financial strategy as an area of priority. As detailed in Audit Scotland's Local Government in Scotland: Financial overview 2019/20, Edinburgh is one of four IJBs that do not have a medium-term financial strategy in place

Workforce Planning

56. The IJB identified workforce and cultural development as a priority phase one project of the Transformation Programme. Building on the Baseline Workforce Plan presented in December 2018, substantial work has been undertaken in 2020/21 to develop its inaugural workforce strategy. Management's latest update on the delivery of the transformation programme presented this project as on track.

57. The initial draft, with the working title 'Working Together', was shared with the Transformation Programme Board in January 2021 and the Portfolio Board in February 2021, accompanied by a draft action plan, implementation plan and governance arrangements. This remains a work in progress and is yet to be considered by the Board.

58. 'Working Together' outlines the IJB's vision and priorities for its workforce and considers the actions needed to deliver a high quality, skilled and sustainable workforce. The draft strategy takes cognisance of the IJB's overarching Strategic Plan and is structured under four strategic workforce priorities;

- Health & Wellbeing;
- Culture & Identity;
- Workforce Capacity & Transformation; and
- Leadership & Development.

59. When the IJB formed in 2016, two distinct health and social care teams working in NHS Lothian and City of Edinburgh Council were merged into one operational organisation; the Edinburgh Health and Social Care Partnership (the Partnership). Whilst the IJB does not directly employ staff they are responsible for coordinating the services delegated to the Partnership.

60. The strategy recognises the challenges currently faced within the workforce. The Partnership consists of just under 5,000 colleagues, of which 44% are aged 50 and above. National demographic projections indicate a reduced capacity within working age groups which could further exacerbate the Partnership's ability to recruit and retain skilled and knowledgeable staff. Staff training,

development, recruitment, retention and succession planning are all due to be considered as part of the strategy.

61. Management engaged with the existing workforce on the content of the draft strategy through focus groups and surveys to ensure this reflected their needs and ambitions. Work is now ongoing to revise and adapt the strategy and supporting three year action plan based on the feedback received.

62. The final Workforce Strategy is due to be considered by the Board in December 2021 for final sign-off. In addition, the Scottish Government has requested that all integration authorities submit a workforce plan by March 2022 (previous deadline of March 2021 extended as a result of the COVID-19 pandemic). The IJB is committed to developing this plan alongside their Workforce Strategy and are on track to meet this deadline.

Independent Review of Adult Social Care (Feeley Report)

63. On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the 2020/21 Programme for Government. The review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland.

64. The review took a human-rights based approach and aimed to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who used services, their carers and families, and the experience of people who work in adult social care.

65. The report from this review (the Feeley Report[1]) was published in February 2021 and highlighted three things that must change in order to secure better outcomes across adult social care;

- Shift the paradigm
- Strengthen the foundations
- Redesign the system

66. The report outlined 53 recommendations, including the establishment of a National Care Service for Scotland, created on an equal footing with NHS Scotland and a call for integration authorities to be funded directly by the Scottish Government.

67. In August 2021, the Scottish Government commenced a consultation on their response to the report and proposals to improve the way social care is delivered. The IJB is actively engaging is this consultation and has already reflected on how the principles outlined in the Feeley Report are aligned to the IJB's transformation programme.

68. With the consultation due to close in November 2021, we will continue to consider the Scottish Government's response to the Feeley Report and any potential impact on the IJB as part of our 2021/22 audit.

[1] https://www.gov.scot/publications/independent-review-adult-social-care-scotland/

Financial management

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

Auditor judgement

Whilst the IJB started 2020/21 with an unbalanced budget, it reported an accounting surplus of £22 million at 31 March 2021. This has arisen from funding receiving in 2020/21 to be spent in future years, with £21 million ring fenced for specific purposes. The IJB incurred £40.5 million of net additional costs directly attributable to the COVID-19 pandemic response which has been offset by additional Scottish Government funding of £43.4 million, with £2.9million carried forward to spend in 2021/22.

The Board approved the 2021/22 financial plan in March 2021 and a savings and recovery programme of £19.2 million. At the start of the financial year, modelling indicates that even after assuming full delivery of the 2021/22 savings programme and maximum utilisation of reserves, the budget remains unbalanced by £9.3 million. The IJB and partners have agreed that the remaining budget gap is at a level where it is feasible to identify mitigating actions as the year progresses.

In line with internal audit's recommendation, we encourage the IJB to undertake a lessons learned exercise to ensure opportunities to strengthen their financial reporting and management processes are capitalised on.

Significant audit risk

69. Our audit plan identified a significant risk in relation to financial management under our wider scope responsibilities:

Financial management
In July 2020, the Board agreed the 2020/21 financial plan and the savings and recovery plan which set out how financial balance could be achieve in the year. By August however the year end forecasts provided by NHS Lothian and City of Edinburgh Council projected overspends of £10.9million. The latest forecast (October 2020) projected overspends of £17.896million, the majority of which relates to COVID-19 spend. Both partners had commissioned work to further understand the financial impact of COVID-19. As reported in our 2019/20 Annual Audit Report, interpreting these financial projections has been challenging given the differences in partners approach to reporting and the level of uncertainty over additional funding. The Government has committed to fully funding the financial impact of COVID-19, however, until further allocations are confirmed and received, this remains a significant risk to the IJB's financial position. This is of particular concern given the low level of reserves held by the IJB (£3.166million at 31 March 2020)
Noted in the 2020/21 External Audit Plan

70. As outlined below, whilst the IJB started 2020/21 with an unbalanced budget, they reported a surplus of £22 million, largely as a result of additional funding made available by the Scottish Government. We are satisfied that the partnership has taken an appropriate approach to financial management in 2020/21, having introduced a number of improvements to enable the accurate and timely identification of additional costs arising from the COVID-19 pandemic. In line with internal audit's recommendation, we encourage the IJB to reflect on how these improvements can be used to strengthen their standard financial reporting process. Management intend to complete this exercise in 2021/22.

71. The Board approved the 2021/22 financial plan in Mach 2021 that, even after assuming full delivery of the 2021/22 savings and recovery programme and utilisation of reserves, recognises a funding gap of £9.3 million. The IJB has agreed with partners that identifying additional savings at this time could lead to unnecessary public concern and deterioration in service delivery and performance. The IJB and partners have agreed that the remaining budget gap is at a level where it is feasible to identify mitigating actions as the year

progresses. We will continue to consider financial management as a significant risk in our 2021/22 audit plan.

Financial performance in 2020/21

72. The IJB started 2020/21 with an initial funding gap of £21.9 million. The financial plan identified three mitigating actions totally £6 million and a savings and recovery programme was developed to address the resultant savings requirement of £15.9 million. The Savings Governance Board was established to monitor and scrutinise progress and delivery.

73. The IJB spent £850 million delivering health and social care services to the people of Edinburgh in 2020/21 (2019/20: £762 million). For 2020/21 the Board is reporting a surplus of £22 million (2019/20: deficit of £6.5million), largely as a result of additional funding made available by the Scottish Government. This is the second year that the IJB has not needed to rely on additional contributions from partners to manage their financial position.

74. Of this surplus, £21 million is ring fenced for specific purposes, representing funding received in 2020/21 but not yet spent. The remaining £1 million represents a surplus on delegated services for 2020/21 and an unallocated general reserve balance. The surplus has been transferred to usable reserves bringing the total balance to £25.4 million as at 31 March 2021 (31 March 2020: £3.2 million).

75. The financial position of the IJB going into 2021/22 has increased the reserves position, however the majority of funding in reserves is ring fenced for specific purposes. The IJB are actively in discussion with partners and the Scottish Government to determine the extent of flexibility in the application of these monies going forward.

Exhibit 3: Financial Performance in 2020/21

	Budget £000	Actual £000	Variance £000
Health services	621,642	620,618	1,025
Council services	228,157	228,157	-
Total Outturn	849,800	848,775	1,025

Source: Finance Update- June 2021

Impact of COVID-19

76. Of the £850 million costs incurred in 2020/21, net costs of £40.5 million are directly attributable to COVID-19. In line with their commitment to fully fund the financial consequences of the pandemic, the IJB received funding of £43.4 million to meet these additional costs. Reflecting the fact that COVID-19 related costs will likely span across financial years, the Scottish Government agreed that any associated funding not fully utilised in 2020/21 should be carried forward to 2021/22. The IJB has transferred the balance of £2.9 million to an earmarked reserve as part of their 2020/21 surplus.

77. The impact of the pandemic on the IJB's finances has been closely monitored throughout the year. NHS Lothian submitted regular and timely information to the Scottish Government through Local Mobilisation Plans, reflecting the impact on both their own services and those of the Health and Social Care Partnership. These returns provided the necessary information to determine the additional cost and funding required to support the COVID-19 response.

78. Additional costs incurred as a result of the COVID-19 response include;

- Sustainability payments made to support providers during the pandemic;
- Purchase of additional capacity to relieve the strain on acute medical services;
- Establishment and running of COVID assessment hubs and mobile testing units;
- Delivery of the vaccination programme; and
- Payment of health and social care staff bonus payment.

79. In addition, the IJB could not deliver the 2020/21 savings and recovery programme in full as a result of the workforce being refocussed onto the COVID-19 response. The IJB recognised £2.929 million slippage in the delivery of savings as an additional cost of COVID-19 and like other integration authorities, received funding to offset the financial impact of this.

Partnership Working

80. The IJB has continued to work closely with both partner organisations to determine the financial impact of the pandemic and update projections for the year.

81. We previously noted that challenges in interpreting financial information with the IJB's partners taking differing approaches to forecasting. The Council assumed that all COVID-19 costs would be fully funded whereas NHS Lothian did not recognise any additional monies until the funding was confirmed.

82. A number of improvements were introduced in 2020/21 to support financial management arrangements and the submission of Local Mobilisation Plan returns to the Scottish Government;

- The IJB Chief Finance Officer (CFO) worked with both the Council and NHS Lothian to interpret the Scottish Government guidance and prepare the Partnership's submission .

- A timetable was agreed with partners for the timely provision and submission of information.
- The IJB CFO joined the national partnership benchmarking group and engaged across the CFO network to share evidence of good practice and to ensure these insights were incorporated into Partnership returns.
- A consistent approach to preparing financial information was introduced to support the efficient preparation of Partnership returns.

83. Internal audit undertook a review of the design and operation of the key controls established to ensure that complete and accurate Partnership financial information was included in the mobilisation plans provided to Scottish Government. As reported to the Audit and Assurance Committee in May 2021, internal audit gave this area an effective rating and concluded that the arrangements in place were adequately designed and operating effectively. One low risk finding was raised, recommending that a lessons learned exercise should be completed to identify areas of best practice. Management have committed to undertaking this by October 2021.

84. One area of good practice identified by internal audit was the completion of reconciliations between current and previous returns to identify any significant changes in cost estimates or actuals, and the provision of an explanation where such changes were identified. We encourage management to reflect on how they can maintain the same level of accountability, transparency and scrutiny over significant changes month to month as part of their standard financial reporting process.

Delivering Financial Balance

85. The 2021/22 budget was considered and approved by the Board in March 2021. Modelling indicates that even after assuming full delivery of the 2021/22 savings and recovery programme and maximum utilisation of reserves, the budget remains unbalanced by £12.11 million, with the potential to further reduce to £9.3 million. The IJB Chief Officer has led urgent discussions with NHS Lothian and City of Edinburgh Council on this position.

86. Delegated budgets from partners total £692.2 million for 2021/22 (2020/21: £684.6 million). For NHS Lothian this represents a 1.5% uplift (£5.7 million) from the 2020/21 budget and an additional allocation of £0.8million through NRAC (the formula used to assess each board's fair share of the overall NHS Scotland resource) consequences.

87. The Scottish Government 2021/22 budget provided for an additional £72.6 million to be transferred from the health portfolio for investment in adult social care and integration. Local authorities were required to pass this additional funding to integration bodies in full, and hence the uplift in budget allocation from City of Edinburgh Council is as follows:

- £2.9 million to support the delivery of the living wage;

- £2.4 million to support continued implementation of the Carers Act; and
- £1.6 million for the uprating of free personal and nursing care.

88. Set against this, the projected cost of delegated services for 2021/22 is £723.5 million (2020/21: £706.4 million). This results in a savings requirement of £31.3 million.

Savings and Recovery Programme 2021/22

89. The Board considered and approved the 2021/22 savings and recovery programme in March 2021 which aimed at addressing the funding gap. The IJB has tried to ensure the alignment of proposals to the strategic plan and demonstrate a commitment to continually strive to improve outcomes for people and maintain the quality of services. However, the savings and recovery programme recognises that given the magnitude of the 2021/22 savings requirement, changes will need to be made that may impact services, people and staff.

90. As part of the programme, the Board approved 17 savings projects and proposals totalling £19.2 million which have been aligned to the IJB's Strategic Plan and strategic aims. The savings proposals are structured under the following four sections:

Exhibit 4: Savings and Recovery Programme 2021/22

	£m
21/22 savings requirement	**31.30**
Previously approved proposals	**8.53**
Purchasing	*7.19*
External housing support	*0.50*
Other initiatives below £0.5m	*0.84*
Operational / Grip & Control	**4.74**
Prescribing	*2.20*
Hosted services & set aside	*2.16*
Other initiatives below £0.5m	*0.37*
Transformation projects	**1.81**
New proposals	**4.12**
Policy Development & Implementation	*4.00*
Other initiatives below £0.5m	*0.12*
Total savings	**19.20**
Net position	**12.11**

Source: Savings and Recovery Programme 2021/22 – March 2021

91. The financial plan identified two further mitigating actions totalling £2.8 million, reducing the budget gap to £9.3 million, as summarised below. These relate to reducing investment in community mobilisation by £1 million and limiting contractual uplifts to what is affordable unless additional funding is provided by Scottish Government for the living wage (£1.8 million).

Exhibit 5: Financial Plan 2021/22

	NHS £m	Council £m	Total £m
Delegated budget	458.3	234.0	692.2
Projected expenditure	(463.7)	(259.9)	(723.5)
Savings requirement	**(5.4)**	**(25.9)**	**(31.3)**
Savings and recovery programme	5.8	13.4	19.2
Updated shortfall	**0.4**	**(12.5)**	**(12.1)**
Route to break even			
Community mobilisation			1.0
Contract uplifts			1.8
Remaining gap for 2021/22			**(9.3)**

Source: 2021/22 Financial Plan

92. The IJB has been in regular discussion with NHS Lothian and City of Edinburgh Council over additional measures required to balance the plan. Opportunities to deliver further efficiencies whilst maintaining performance and improving outcomes are deemed to be exhausted. In addition, in the context of a country emerging from the pandemic and reshaping services, much uncertainty exists and additional in-year budget allocations are considered likely in 2021/22.

93. Taking these factors into consideration, the IJB has agreed with partners that identifying additional savings at this time could lead to unnecessary public concern and a significant deterioration in service delivery and performance. The IJB and partners have agreed that the remaining budget gap is at a level where it is feasible to identify mitigating actions as the year progresses.

94. The financial position will be closely monitored by the IJB and we will continue to consider the financial management arrangements during our 2021/22 audit.

Prevention and detection of fraud and irregularity

95. 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 arrangements to be sufficient and appropriate.

96. Since the start of the pandemic, the risk of fraud and error has increased, as summarised in Audit Scotland's report, "*COVID-19 Emerging Fraud Risks*", with resources being stretched and the introduction of changes to controls and governance. We reviewed the arrangements in place within the IJB, NHS Lothian and City of Edinburgh Council against the risks outlined in Audit Scotland's report and are satisfied that where there have been changes in the control environment, appropriate mitigating controls have been implemented.

Risk of fraud and corruption in the procurement function

97. 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 partner bodies.

98. In line with our approach previously used, we sought assurances from the external audit of NHS Lothian and City of Edinburgh Council regarding the level of risk present in the procurement function and no significant issues were highlighted.

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.

Auditor judgement

The IJB has continued to improve the maturity of its governance arrangements during 2020/21. The IJB approved the Good Governance Handbook in July 2021 which covers a range of themes including the principles of good governance , the role of the Board and IJB members, code of conduct and risk management arrangements. This handbook is intended to provide practical value to members of the IJB and staff, setting out the hallmarks of best practice.

Another area of focus in 2020/21 has been strengthening risk management arrangements. Improvements have been introduced to supporting effective scrutiny of risks scored as 'high' or 'very high' and to increase the level of engagement from the Executive Management Team in monitoring and managing risks.

Further work is required to develop the IJB's risk appetite and escalation approach and to commission an independent assessment of the leadership and managerial capacity needed for the IJB to succeed over the next three years. Given the level of significant change the IJB has committed to over the next three years, this work should be completed as an area of priority in 2021/22.

Significant audit risk

99. Our audit plan identified a significant risk in relation to governance and transparency under our wider scope responsibilities:

Governance and transparency
The IJB has continued to refine its governance arrangements since it was formally constituted in April 2016. In 2018/19 the IJB commissioned the Good Governance Institute to undertake a review of their systems and process, 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. The report outlined a series of 18 recommendations and the IJB developed an action plan in response in April 2019. As reported in our 2019/20 Annual Audit Report, whilst some progress has been made in addressing these recommendations, the pace of change has been slower than originally planned and further action is still required. This includes the finalisation of a Good Governance Handbook, review and definition of risk appetite, development of an integrated performance framework and an independent assessment of leadership and managerial capacity. The IJB has not formally reported on or considered progress against the action plan since its development in April 2019. The Good Governance Institute's report echoes a number of the issues raised in the IJB's Statement of Intent, agreed by the Board in October 2017, and the subsequent recovery plan. The IJB has recognised the need to strengthen governance arrangements and define reporting processes to bring clarity to the partnership's activities and support the IJB in effectively discharging its duties. Whilst we recognise that the development and strengthening of the IJB's governance will be a continual process, requiring the commitment of IJB members over time, there is a risk of suboptimal performance and quality, and financial imbalance if sufficient action is not taken in a timely manner.
Noted in the 2020/21 External Audit Plan

100. Progress in delivering the Good Governance Institute's recommendations has been considered by the Executive Management Team but has not been formally reported to the Board in 2020/21. At the time of writing, 16 of the 18 recommendations are deemed to be complete with the remaining two in progress.

101. The Board approved the IJB's Good Governance Handbook in July 2021 which covers a range of themes, providing a practical reference guide that supports the hallmarks of good governance. The IJB has committed to reviewing the Good Governance Handbook in 18 months (January 2023).

102. The handbook has been developed in collaboration with the Good Governance Institute and reflects the work undertaken over the past two years to increase the maturity of the IJB's governance arrangements, including;

- Revision of the committee structure and terms of reference;
- Clarity over the roles and responsibilities of chairs and committee members; and
- The establishment of a development programme for members.

103. Further work is required to address the remaining recommendations which relate to;

- The development of the IJB's risk appetite and risk escalation approach; and
- Commissioning an independent assessment of the leadership and managerial capacity needed for the IJB to succeed over the next three years.

104. We encourage the IJB to continue building on their governance arrangements and consider these outstanding recommendations as an area of priority. The IJB recognises the significant level of transformation required over the medium term to modernise and streamline service delivery and improve outcomes whilst remaining financially sustainable. Robust risk management arrangements and leadership is essential to successfully driving this process. Whilst the pace of change has improved in 2020/21, we will continue to monitor the development of governance arrangements as part of our 2021/22 audit.

Governance and transparency

Governance Arrangements

105. On 14 April 2020 the Board agreed to suspend all Board and Committee meetings until 30 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.

106. With the exception of the scheduled budget meeting held on 28 April 2020, the Board first met again on 21 July 2020. The Board agreed the resumption of the supporting committees on the following dates:

- Audit and Assurance - 28 July;
- Clinical and Care Governance - 6 August

- Performance and Delivery - 19 August
- Futures- 9 September
- Strategic Planning- 15 September

107. 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. The IJB expect these arrangements to continue whilst social distancing guidelines remain in place.

108. The Board continued to receive and consider all standing agenda items during 2020/21 including quarterly finance update reports and committee updates. We are therefore satisfied that the Board received sufficient and appropriate information throughout the period to support effective and timely scrutiny and challenge.

109. However, we noted that whilst the Audit and Assurance Committee appropriately consider and scrutinise delivery of internal audit actions, progress against external audit recommendations is not considered outwith the annual external audit process.

110. Of the four outstanding audit recommendations reported at Appendix 4, three were first raised in 2016/17 and one raised in 2017/18. Whilst we acknowledge that these recommendations may have required a high degree of work, the pace of change over the past five years has been slow. We recommend that the Audit and Assurance Committee regularly consider and scrutinise progress against external audit recommendations to ensure work is completed in a timely manner.

Action Plan point 1

Integration scheme

111. The Board had committed to reviewing the Integration Scheme in 2020/21 but this was delayed for a second financial year due to COVID-19. Work is ongoing to develop an updated draft by October 2021 for discussion with partners and approval through the relevant governance groups. We will continue to monitor progress made as part of our 2021/22 audit.

Openness and Transparency

112. 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.

113. 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.

114. 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

115. 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".

116. 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.

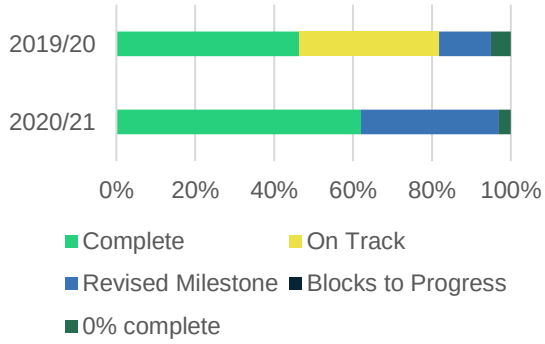
117. Audit Scotland identified six key recommendations to support integration authorities in fully integrating health and social care. In February 2019, the Scottish Government Ministerial Strategic Group published a report containing 25 proposals for ensuring the success of health and social care integration structured under the six recommendations raised by Audit Scotland. The IJB performed a self-evaluation against both reports and a detailed action plan in response.

118. In February 2021, the IJB considered progress against the reports from Audit Scotland and the Ministerial Strategic Group through their detailed Ministerial Strategy Group action plan.

119. As outlined in Exhibit 6, approximately 62% of the identified actions are complete in 2020/21 compared to 46% in 2019/20. The majority of actions deemed to be on track in 2019/20 have been provided with revised milestones in 2020/21, which the IJB attributes to the refocus of activity in response to the COVID-19 pandemic. In line with 2019/20, no blocks to progress were identified within the progress report.

120. For the 3% of actions where no progress has been made (2019/20: 5%), 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.

Exhibit 6: Progress against Ministerial Strategic Group Health and Social Care action plan



Source: Ministerial Strategic Group Action Plan updates – February 2020 and February 2021

121. The IJB have committed to assess the impact of the Review of Adult Social Care on the future direction of both the Audit Scotland and Ministerial Strategic Group reviews during 2021/22.

Risk Management

122. The IJB has recognised the need to strengthen risk management

processes and it has been an area of focus in 2020/21. The Good Governance Handbook outlines best practice and sets six principles that the IJB should adhere to;

- An engaged Board focuses the business on managing the things that matter
- The response to risk is most proportionate when the tolerance of risk is clearly defined and articulated
- Risk management is most effective when ownership or, and accountability for, risks is clear
- Effective decision-making is underpinned by good quality information
- Decision-making is informed by a considered and rigorous evaluation and costing of risk
- Future outcomes are improved by implementing lessons learned

123. The risk register is reviewed by the Audit and Assurance Committee quarterly and by the IJB every six months. The register was updated in 2020/21 to reflect the threat and impact of the COVID-19 pandemic and other potential external forces such as new Scottish Government regulation.

124. During the year, the Audit and Assurance Committee has focused on simplifying the way risks are described and ensuring the challenges are clearly defined with identified actions to reduce the overall risk score.

125. From September 2020, the IJB introduced a new risk profile card format for risks scored as 'high' or 'very high'. The risk profile card clearly identifies the risk and related objective, explains how the risk would happen and the potential outcome, illustrates the historic and current risk score, provides a recent update on risk management activities, summarises the planned actions to reduce the risk score and names a risk owner who is responsible for delivering actions.

126. The use of the risk profile cards allows the IJB to focus their attention on the most significant risks to the delivery of their objectives. The IJB has continued to enhance the risk profile card format to ensure it includes all the necessary information to support effective scrutiny.

127. Enhanced risk management arrangements were adopted by the Executive Management Team in March 2021, as communicated to the Audit and Assurance Committee in June 2021. The Executive Management Team committed to reviewing the risk profile cards once they have been updated by risk owners but prior to these being presented to the Audit and Assurance Committee. This supports appropriate scrutiny of risk mitigating actions at all key levels of the governance structure.

128. The IJB have recognised that continuous development of risk management activity is required, in particular the identification of further ongoing or additional controls aimed at reducing the level of risk. A risk workshop is planned for 2021/22 to review target risk levels, perform a further in-depth analysis of actions required to mitigate risk, and to identify whether there are any further risks need to be captured with the register. We will therefore continue to monitor

the development of the IJB's risk management framework as part of our 2021/22 audit work.

Internal Audit

129. 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.

130. 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 2020/21, 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.

131. In her Annual Opinion, the Chief Internal Auditor notes that 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 in line with the outcome reported in 2019/20.

132. The IJB has recognised the need to develop the principles governing the relationship between City of Edinburgh Council's, NHS Lothian's and the IJB's respective audit committees. The Chief Internal Auditor is currently working with NHS Lothian's Chief Internal Auditor and the IJB's Chief Financial Officer to update the principles and revise the relationship with NHS Lothian Audit Committee and internal audit function.

133. In August 2021, an update was provided to the Audit and Assurance Committee highlighting that the refreshed principles had been received by NHS Lothian. However, the workshop to review, discuss, and finalise the refreshed principles has still to be scheduled. It is estimated that this work will not be completed until February 2022 to allow the principles to be reviewed and finalised and approved by relevant committees.

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.

Auditor judgement

Further work is required to develop a robust performance management framework and management have committed to delivering this in 2021/22. Five overlapping workstreams have been established, including understanding the outcomes the IJB wants to measure performance against, developing a set of corresponding indicators, and establishing the relevant mechanisms and responsibilities to measure and report on this data.

Performance continues to be mixed, with the IJB performing above the Scottish average in 10 of the 19 core national indicators. 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 had a significant impact on the operations and service delivery. The Partnership has recognised opportunity to be innovative and embrace new ways of working and is looking to develop a lessons learned framework in 2021/22 in order to continue to capture lessons learned through the pandemic.

Significant audit risk

134. Our audit plan identified a significant risk in relation to value for money under our wider scope responsibilities:

Value for Money: Performance Management Framework

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 IJBs Statement of Intent (approved October 2017) and subsequent Transformation Programme is the development of a performance management framework.

In June 2019, the Board approved a new committee structure which included the establishment of the Performance and Delivery Committee. The committee has met on a bi-monthly basis since September 2019 (excluding the period of April to August 2020 when all Board and Committee meetings were suspended in response to the COVID-19 pandemic).

Delivery against local and national targets is presented to the Performance and Delivery Committee on a bi-monthly basis. However, as reported in 2019/20 Annual Audit Report, further work is required to refine the format and structure of performance reports 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.

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.

Noted in the 2020/21 External Audit Plan

135. The IJB has outlined a proposed approached to developing an integrated performance framework which is considered further below. Management have committed to developing this by April 2022 to coincide with the commencement of the new Strategic Plan 2022-2025. Significant work is required in 2021/22 to meet this deadline and we will continue to monitor the development of this framework in 2021/22 as a significant risk area.

Performance Framework

136. 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.

137. The Performance and Delivery Committee is responsible for overseeing the performance and progress monitoring framework. Committee meetings were suspended from April to August 2020 as a result of the COVID-19 pandemic, but the . committee has continued to meet bi-monthly since. Approved minutes of each meeting are presented to the Board.

138. The Strategic Plan 2019-2022 identifies the need to develop an integrated performance management framework that better reflects progress against priorities. Work has continued to be delayed in 2020/21 as result of the IJB's focus on responding to the COVID-19 pandemic.

139. An overview of the proposed approach to developing the performance framework was presented to the Performance and Delivery committee in July 2021. The work is intended to be conducted in line with the development of a new strategic plan 2022-2025, such that the refreshed performance reporting can be put in place alongside the new strategic plan.

140. The IJB has identified five overlapping workstreams which outline the work required to develop the performance framework(exhibit 7). The four principles that management want their performance framework to reflect are;

- Outcomes-based;
- Clear;
- Comprehensive; and
- Robust.

141. We will continue to monitor progress in developing the performance framework as part of our 2021/22 audit work.

Exhibit 7- Performance Framework identified workstreams and timetable

Workstream	Timeline
Understanding the outcomes we want to monitor performance against	April- Nov 2021
Developing a set of indicators that build a picture of performance against these outcomes	Aug- Dec 2021
Ensuring we have robust data in place to measure this performance	Aug- March 2022
Understanding performance roles and responsibilities- who needs to receive what performance information	Aug- Nov 2021
Creating a mechanism and deliverables for reporting	Dec- March 2022

Source: Performance framework update to the Performance and Delivery Committee- July 2021

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. As highlighted in our 2019/20 Annual Audit Report, performance reports are significant in length with the most recent committee report in excess of 50 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 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.

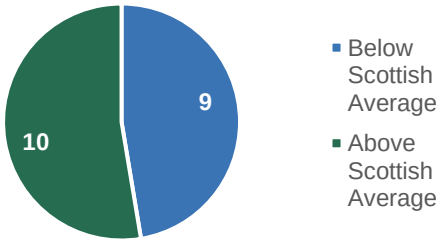
145. In addition, the annual performance report attributes the COVID-19 pandemic and the significant impact on operations and service delivery as the reason for the majority of movement in the IJB's performance during the year. However, the performance reports presented more regularly to the Performance and Delivery committee provide limited narrative for scrutiny on the impact of the COVID-19 pandemic on the IJB's performance.

Performance during 2020/21

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 performance report compares the IJB's performance against 19 core national indicators to the Scottish average. For some indicators, performance is based on data for the 2020 calendar year due to the national data for 2020/21 being incomplete at the time of writing. As a result, figures will not take into account the full impact of the COVID-19 pandemic. .

Exhibit 8- Edinburgh IJB performance against the core national indicators



Source: EIJB Annual Performance Report 2020-21- July 2021

148. As Exhibit 6 demonstrates, performance continues to be mixed compared to the Scottish average. The IJB performed worse than the national average in nine of the 19 indicators. The following two indicators were highlighted where the IJB is ranked in the bottom 20% of integration authorities;

- Readmission to hospital within 28 days of discharge; and
- Proportion of last six months of life spent at home or in community setting.

Delayed Discharges

149. The IJB has historically underperformed against their delay discharges target (the number of days people aged 75+ spend in hospital when they are ready to be discharged). However, performance improved significantly for both Edinburgh and Scotland in 2020/21.

150. It is recognised that the 2020/21 figures will be affected by the pandemic both due to the lower number of people being admitted to hospital and the focus to free up beds to increase hospital capacity. Between 2019/20 and 2020/21, the number of bed days lost due to delayed discharges decreased by 51% for the IJB, compared to a 37% decrease in the national average.

151. Whilst the IJB remains above the national average, the gap has closed significantly over the past few years and in 2020/21 the IJB were ranked 22nd out of 31 partnerships, compared to 27th in 2019/20.

152. The IJB is continuing to work to reduce the levels of delayed discharges. For example, through the ongoing Home First project, the IJB intend to introduce a 'planned date of discharge' to support and encourage more proactive discharge planning. It is recognised however that delayed discharges will likely increase again as services are remobilised and the IJB will continue to closely monitor performance in the area.

Impact of COVID-19 on service delivery

153. COVID-19 has had a significant impact on the operations and service delivery of the IJB. Given the scale of required response, some services have stopped or been reduced to allow resources to be refocused 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.

154. A key priority for the Partnership was to ensure timely, efficient and appropriate resumption of service delivery in areas where this had been reduced or stopped. In May 2020, a Project Board was established to oversee this process and manage the resumption of service delivery in line with the Scottish Government's route map through the COVID-19 pandemic.

155. For services that had stopped or been reduced, managers collated project plans outlining the initial impact on services, what could be reintroduced with social distancing and what service re-design or transformation opportunities have arisen. Project proposals were considered and approved by the project team and reopened as appropriate.

156. The Partnership completed a lessons learned exercise in May 2020 to identify areas for improvement and share good practice. Four consistent themes emerged from this exercise which have been reflected in the Transformation Plan; workforce, redesigning services, ICT, and governance and risk.

157. The Partnership have recognised that lessons learned is an iterative process

but have not carried out any further lessons learned exercises during the year. The Partnership are looking to develop a framework going forward which captures lessons learned from the longer-term period affected by the COVID-19 pandemic.

158. City of Edinburgh Council are currently developing a lessons learned framework which is expected to be completed by the end of the 2021/22. The Partnership have aligned the development of their own lessons learned framework with this milestone.

Appendices

Appendix 1: Respective responsibilities of the Board and the Auditor

The Code of Audit Practice (2016) sets out the responsibilities of both the Board and the auditor and are detailed below.

Board responsibilities

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).

Area	Chief Financial Officer responsibilities
Corporate governance	The Chief Financial Officer is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Those charged with governance should be involved in monitoring these arrangements.
Financial statements.	The Chief Financial Officer has responsibility for: • preparing financial statements which give a true and fair view of its financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation; • maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support its financial statements and related reports disclosures; • maintaining proper accounting records; and • preparing and publishing, along with the financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that is consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also address the longer term financial sustainability of the IJB. Management is responsible, with the oversight of those charged with governance, for communicating relevant information to users about the entity and its financial performance, including providing adequate

Area	Chief Financial Officer responsibilities
	disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.
Standards of conduct for prevention and detection of fraud and error	The Chief Financial Officer is responsible for establishing arrangements to prevent and detect fraud, error and irregularities, bribery and corruption and also to ensure that its affairs are managed in accordance with proper standards of conduct.
Financial position	The Chief Financial Officer is responsible for putting in place proper arrangements to ensure the financial position is soundly based having regard to: • Such financial monitoring and reporting arrangements as may be specified; • Compliance with statutory financial requirements and achievement of financial targets; • Balances and reserves, including strategies about levels and their future use; • Plans to deal with uncertainty in the medium and long term; and • The impact of planned future policies and foreseeable developments on the financial position.
Best value	The Chief Financial Officer has a specific responsibility to ensure that arrangements have been made to secure best value. They are responsible for ensuring that these matters are given due priority and resources, and that proper procedures are established and operate satisfactorily.

Auditor responsibilities

Auditor responsibilities are derived from statute, the Code of Audit Practice, International Standards on Auditing (UK), professional requirements and best practice. These are to:

- undertake statutory duties, and comply with professional engagement and ethical standards;
- provide an opinion on the financial statements and the regularity of transactions;
- review and report on, as appropriate, other information such as annual governance statements, management commentaries and remuneration reports;
- notify the Controller of Audit when circumstances indicate that a statutory report may be required; and
- demonstrate compliance with the wider scope of public audit.

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 dimensions.

Independence

In accordance with our profession's ethical guidance and further to our External Audit Annual Plan issued confirming audit arrangements there are no further matters to bring to your attention in relation to our integrity, objectivity and independence.

We confirm that Azets Audit Services and the engagement team complied with the FRC's Ethical Standard. We confirm that all threats to our independence have been properly addressed through appropriate safeguards and that we are independent and able to express an objective opinion on the financial statements.

Audit and non-audit services

The total fees charged to the IJB for the provision of services in 2020/21 (with prior year comparators) is as follows:

	Current year £	Prior year £
Audit of Edinburgh Integration Joint Board (Auditor remuneration)	21,112	20,500
Total audit	**21,112**	**20,500**
Non-audit services	-	-
Total fees	**21,112**	**20,500**

FRC's Ethical Standard stipulates that where an auditor undertakes non audit work, appropriate safeguards must be applied to reduce or eliminate any threats to independence. No non-audit services were provided to the IJB.

Audit quality

The Auditor General and the Accounts Commission require assurance on the quality of public audit in Scotland through comprehensive audit quality arrangements that apply to all audit work and providers. The audit quality arrangements recognise the importance of audit quality to the Auditor General and the Accounts Commission and provide regular reporting on audit quality and performance.

Audit Scotland maintains and delivers an Audit Quality Framework.

The most recent audit quality report which covers our work at the IJB since appointment can be found at https://www.audit-scotland.gov.uk/report/quality-of-public-audit-in-scotland-annual-report-202021

Appendix 2: Adjusted and unadjusted errors identified during the audit

Corrected misstatements

We did not identify any corrected misstatements during our audit of the IJB's annual accounts.

Uncorrected misstatements

We identified one uncorrected audit difference, as detailed below, which we have discussed with management and confirmed that it is individually immaterial. We are satisfied that the unaudited annual accounts were prepared based on the best available information at the time, and that the difference has arisen following the provision of more up to date information during the course of the audit.

No	Detail	Assets	Liabilities	Reserves	CIES
Details of unadjusted audit differences		Dr / (Cr) £m	Dr / (Cr) £m	Dr / (Cr) £m	Dr / (Cr) £m
1.	Adjustment to LMP sustainability payments following confirmation of actual figures	(2.24)		2.24	-

Disclosure amendments

No	Detail
1	Annual Governance Report – additional disclosure to confirm how the IJB complies with the governance requirements of the statements from CIPFA on the Role of the Chief Financial Officer in Local Government, the Role of the Head of Internal Audit, the Code of Practice on Managing the Risk of Fraud and Corruption and Audit Committees: Practical Guidance for Local Authorities and Police.
2	Assumptions made about the future and other major sources of estimation uncertainty – an explanation of any estimation uncertainty regarding the charges for services provided.
3	Independent Auditor's Report should not be disclosed as a note to the accounts.

Appendix 3: Action Plan

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

The recommendations are categorised into three risk ratings:

Key:

Significant deficiency

Other deficiency

Other observation

1. Delivery of external audit actions

Other observation

Observation	The Audit and Assurance Committee do not consider progress in delivering external audit recommendations outwith our Annual Audit Report.
Implication	Whilst we acknowledge that these recommendations may require a high degree of work and are reflected in other operational plans, the pace of change has been slow over the past five years. Without regular updates from management, the Audit and Assurance Committee does not receive sufficient and regular information to support effective scrutiny of how the IJB is managing and addressing the risks identified through the external audit process.
Recommendation	The Audit and Assurance Committee should receive regular updates on progress made in addressing external audit recommendations.
Management response	Accepted. Progress will be reported to the Audit and Assurance Committee on a 6 monthly basis with the first report in Spring 2022. Responsible officer: Chief Financial Officer Implementation date: Spring 2022

Appendix 4: Follow up of prior year recommendations

We have followed up on progress in implementing the outstanding action raised in the prior years. This action remains in progress.

The recommendations are categorised into three risk ratings:

Key:

Significant deficiency

Other deficiency

Other observation

Medium term financial plan – action raised in 2016/17			
Recommendation	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.		
Rating	**Significant deficiency**	**Implementation date**	Initial December 2017 Latest: December 2020
Ongoing	The Board has not yet developed a medium term financial strategy. The IJB has recognised the need for a more long-term approach to financial planning within its Integration and Sustainability Framework, however this is at the early stages of development. The IJB should develop a medium-term financial strategy in 2021/22 as an area of priority.		

Assurance Framework – action raised in 2017/18			
Recommendation	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.		
Rating	**Other deficiency**	**Implementation date**	Initial: March 2019 Latest: December 2020
Complete	In December 2020 the EIJB agreed an approach for an overarching Board assurance framework. This included a suggested mechanism for reviewing the work of the IJB committees. The Governance Handbook was finalised and approved by the Board in June 2021. However, due to all committees not resuming until September 2020, a “light touch” approach was agreed for the implementation of the Assurance Framework in 2020/21.		

Recovery Plan – action raised in 2017/18			
Recommendation	The Board should ensure that action plans to deliver improvement actions are; • Reported on a regular basis, using succinct format which include a clear assessment of progress against actions • Framed in SMART terms		
Rating	**Significant deficiency**	**Implementation date**	Initial: January 2019 Latest: March 2021
Ongoing	Regular reporting on the Transformation Programme to both the Transformation Portfolio Board and Strategic Planning Group outlines progress against key milestones for each of the seven phase one projects. The programme is due to end in March 2022 when it will transition to the Strategic Core Programme. Whilst the reporting 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.		

Performance – action raised in 2016/17			
Recommendation	To enable the IJB to report progress against both the national outcomes and its own strategic priorities, it should ensure sufficient performance measures are clearly attributed to each strategic priority. The Board should work with partners to ensure that sufficient financial and leadership capacity is available to deliver sustained improvement		
Rating	**Significant deficiency**	**Implementation date**	Initial: December 2017 Latest: March 2021
Ongoing	A number of areas showed poor performance in 2020/21 and the IJB is continuing to work with partners to support the delivery of sustainable improvement. 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. The IJB have committed to developing the performance framework by April 2021. The revised deadline is attributed to timing of the strategic planning cycle where the performance framework timescales are now aligned with development of the new Strategic Plan for 2022-2025.		

Workforce planning – action raised in 2016/17			
Recommendation	The IJB should develop an integrated workforce plan for the city.		
Rating	**Significant deficiency**	**Implementation date**	Initial: December 2018 Latest: December 2021
Ongoing	Workforce and cultural development was identified as a priority phase one project in the Transformation Programme. The update presented to the Transformation Portfolio Board in June 2021 provided the project with a Green RAG rating, demonstrating that the IJB is on track with this project. A draft workforce strategy has been developed by the IJB during 2020/21 which is to be presented to the Board in December 2021. The IJB has committed for the development of the workforce strategy to run in parallel with the revised deadline of March 2022 to submit a workforce plan to the Scottish Government.		

Independent auditor's report to the members of Edinburgh Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of the Edinburgh Integration Joint Board for the year ended 31 March 2021 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 2020/21 (the 2020/21 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 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 2020/21 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 five years. We are independent of the body 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 body. 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 concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a

period of at least twelve months from 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 judgements 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 body'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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result 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 skilfulness 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.

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.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Financial Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the statutory other information and, in doing so, consider whether the statutory 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 this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this statutory other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the statutory other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

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:

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

Edinburgh Integration Joint Board

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as I consider necessary in connection with your audit of Edinburgh Integration Joint Board's (the IJB's) annual accounts for the period ended 31 March 2021. These enquiries have included inspection of supporting documentation where appropriate and are sufficient to satisfy myself that I can make each of the following representations. All representations are made to the best of my knowledge and belief.

GENERAL

1. I have fulfilled my responsibilities for preparing financial statements in accordance with 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 2020/21 (the 2020/21 Code), for being satisfied that they give a true and fair view, and for making accurate representations to you.
2. All the transactions undertaken by the IJB have been properly reflected and recorded in the accounting records.
3. All the accounting records have been made available to you for the purpose of your audit. I have provided you with unrestricted access to all appropriate persons within the IJB, and with all other records and related information requested, including minutes of all committee meetings.

ADJUSTMENTS & DISCLOSURES

4. The financial statements are free of material misstatements, including omissions.
5. The effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. (See appendix 1 for details of such uncorrected misstatements).
6. I have reviewed and approved all disclosures made in the financial statements and I am not aware of any other matters which require disclosure in order to comply with the requirements of International Financial Reporting Standards as adopted by the European Union, and as interpreted and adapted by the 2020/21 Code.

INTERNAL CONTROL AND FRAUD

7. I acknowledge my responsibility for the design, implementation and maintenance of internal control systems to prevent and detect fraud and error. I have disclosed to you the results of my risk assessment that the financial statements may be misstated as a result of fraud.
8. I have disclosed to you all instances of known or suspected fraud affecting the IJB involving management, employees who have a significant role in internal control or others that could have a material effect on the financial statements.
9. I have also disclosed to you all information in relation to allegations of fraud or suspected fraud affecting the IJB's financial statements communicated by current or former employees, analysts, regulators or others.
10. I have disclosed to you any significant changes in the IJB's processes, controls, policies and procedures that I deem necessary to address the likely effects of the COVID-19 pandemic on the IJB's system of internal controls.

ASSETS AND LIABILITIES

11. All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.

12. The IJB has no plans or intentions that may materially alter the carrying value and, where relevant, the fair value measurements or classification of assets and liabilities reflected in the financial statements.

13. I confirm that all bank accounts have been disclosed to you and are included within the financial statements.

14. I confirm that the IJB has not contracted for any capital expenditure other than as disclosed in the financial statements.

ACCOUNTING ESTIMATES

15. The methods, data and significant assumptions used by the IJB in making accounting estimates, and their related disclosures, are appropriate to achieve recognition, measurement and disclosure that is reasonable in the context of the applicable financial reporting framework.

LEGAL CLAIMS

16. I have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for and disclosed in the financial statements.

LAWS AND REGULATIONS

17. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements and disclosures, including non-compliance matters:

    a. Involving financial impropriety;

    b. Related to laws or regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements;

    c. Related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the IJB's business, its ability to continue in business, or to avoid material penalties; and

    d. Involving management, or employees who have significant roles in internal control, or others.

18. I am unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements, and there have been no communications from regulatory agencies, Scottish Government or Scottish Ministers concerning investigations or allegations of non-compliance, other than those already disclosed.

RELATED PARTIES

19. Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. I have disclosed to you all relevant information concerning such relationships and transactions and I confirm that such information is complete. I am not aware of any other matters which require disclosure in order to comply with the requirements of applicable law or accounting standards.

SUBSEQUENT EVENTS

20. All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

GOING CONCERN

21. I believe that the IJB's annual accounts should be prepared on a going concern basis on the grounds that sufficient funding has been made available to the IJB to support the anticipated continuation of the provision of services.

22. I also confirm our plans for future action(s) required to enable the IJB to continue as a going concern are feasible.

23. I have considered a period of twelve months from the date of approval of the financial statements. I believe that no further disclosures relating to the IJB's ability to continue as a going concern need to be made in the financial statements.

24. The implications of the Covid-19 pandemic continue to create uncertainty and it is therefore difficult to evaluate the likely effect on the IJB's activities and the wider economy. My assessment at the date of approval of these accounts is that the pandemic does not create a material uncertainty related to going concern.

DISCLOSURE OF INFORMATION TO THE AUDITOR

25. I acknowledge my legal responsibilities regarding disclosure of information to you as auditor and confirm that so far as I am aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware.

26. I have taken all the steps that I ought to have taken in order to make myself aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully

.....

Moira Pringle

Chief Financial Officer

Date:

Appendix 1 – Uncorrected misstatements

No	Detail	Assets	Liabilities	Reserves	CIES
Details of unadjusted audit differences		Dr / (Cr) £m	Dr / (Cr) £m	Dr / (Cr) £m	Dr / (Cr) £m
1.	Adjustment to LMP sustainability payments following confirmation of actual figures	(2.24)		2.24	-
Total					-

Edinburgh Integration Joint Board

REPORT

Internal Audit Annual Opinion 2020/21

IJB Audit and Assurance Committee

20 August 2021

Some Improvement Required	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.

Executive Summary	
	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 2021. Internal Audit (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. This outcome is aligned with the 2019/20 IA opinion. Our opinion is based on the outcomes of the three audits completed as part of the 2020/21 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 in line with 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 5.

Recommendations	It is recommended that the Audit and Assurance Committee: 1. notes the final 'some improvement required' amber rated IA opinion for the year ended 31 March 2021. 2. reviews and scrutinises the outcomes of the audit of 'EIJB Management Information' internal audit completed in July 2021 to support the annual opinion.

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. The 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 usually completed annually (three by the Council and one by NHSL). In 2020/21 three audits were completed by the Council reflecting the ongoing impacts of the Covid-19 pandemic.
6. The role of Chief Internal Auditor for the EIJB is performed by the Council's Chief Internal Auditor.

7. 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.

8. 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.

9. The original 2020/21 EIJB IA plan included four audits and was approved by the EIJB Audit and Assurance Committee on 11 March 2020 prior to the beginning of the pandemic. The plan was based on the November 2019 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.

10. The 2020/21 annual plan was then re-based and approved by the EIJB Audit and Assurance Committee on 15 September 2020. Management advised that the only significant change to the November EIJB risk profile was the increased financial risk as a result of Covid-19. The revised plan included three audits in comparison to the four audits included in original plan.

11. 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.

12. 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.

13. 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.

14. 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 raised on adult social care services are subject to ongoing review and scrutiny by the Council's Governance, Risk and Best Value Committee.

15. 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.

16. Basis of Opinion

17. Our opinion is based on the outcomes of the three audits included in the 2020/21 EIJB Internal Audit annual plan; and the status of EIJB open and overdue IA findings as at 31 March 2021.

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 2021.

19. No information is currently 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 the position with open and overdue IA findings is not reflected in the NHSL Internal Audit Annual Report and Opinion.

Internal Audit 2020/21 Annual Opinion

20. 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. This opinion remains aligned with the outcome reported for the 2019/20 financial year.

21. This opinion reflects the outcomes of three EIJB audits completed in 2020/21, with one assessed as 'effective' (green), and two assessed as 'some improvement required' (amber). Further detail is included at Appendix 3, table 2.

22. We have observed an increase in the percentage of open EIJB IA findings that were overdue as at 31 March 2021 (88%) in comparison to the 2019/20 financial year (55%). It is important to highlight that this is mainly due to management's ongoing focus on the Covid-19 operational resilience response.

23. Further action is also required to fully address the risks associated with the remaining historic EIJB IA finding that was reopened in June 2018 and remained open as at 31 March 2021. Further information is included at Appendix 4.

24. This opinion recognises that the EIJB management also has operational responsibility for delivery of health and social care services through the Partnership. Consequently, whilst a four-month extension timeframe was applied to all open EIJB IA findings to reflect the impact of the pandemic, it is likely that this was insufficient to reflect its ongoing impact on EIJB activities, and the need for EIJB management to focus on both EIJB and Partnership operational resilience activities.

25. Whist an audit of the EIJB risk management framework was not completed in 2020/21, 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. Additionally, this potential conflict may have been further exacerbated by the impacts of Covid-19 on the EIJB's overall financial position during financial year 2020/21. An audit of the EIJB Risk Management framework is included in the 2021/22 IA annual plan.

EIJB Audit Outcomes

26. Completion of the three EIJB audits included in the 2020/21 EIJB IA annual plan, and follow-up on findings raised in previously completed audits provided assurance over all of the EIJB's auditable 'Very High' and 'High' rated risks included in the EIJB risk register as at 30 November 2019.

27. One of three completed EIJB audits (Covid-19 Financial Management) had an overall significant assurance / effective (green) outcome, whilst the Capital and Workforce Planning audit and the EIJB Management information audits had overall 'some improvement required' (amber) outcomes. A total of 5 IA findings (4 Medium and 1 Low) were raised from these reviews. Further detail is included at Appendix 3, table 2.

28. The final EIJB Management Information report is included for review and scrutiny at Appendix 7, whilst the Capital and Workforce Planning audit report and the Covid-19 Financial Management report were presented to the Committee in March and June 2021 respectively.

City of Edinburgh Council Audit Outcomes

29. The 2020/21 IA annual opinion for the Council was a limited opinion, reflecting that the number of audits completed was reduced and that scope of Covid-19 reviews were mainly limited to considering the design of controls, with limited effectiveness testing performed. This approach was adopted to support the Council in implementing and managing its Covid-19 resilience response.

30. A total of 16 Council audits have been identified that may be of interest to the EIJB Audit and Risk Committee. Of these, 6 include control gaps that could have a direct impact on core IJB activities; and 10 include control gaps that could have an impact on ancillary IJB activities.

31. An overall report assessment of 'significant improvement required' (red) was the outcome for 3 of the audits; with a 'some improvement required' (amber) assessment for a further 9; and an 'effective' (green) assessment for the remaining 4.

32. A total of 36 Internal Audit findings (19% High; 64% Medium; and 17% Low) were raised. Details of the reports that have been published are included at Appendix 3, table 3.

NHS Lothian Audit Outcomes

33. A total of 9 NHSL audits have been identified that may be of interest to the EIJB Audit and Risk Committee. Of these 6 include control gaps that could have a direct impact on core IJB activities; and 3 include control gaps that could have an impact on ancillary IJB activities.

34. Two audits have an overall report assessment of 'limited assurance' (amber); two 'moderate assurance' (yellow); four 'significant assurance' (green); with the overall assessment of one (as yet unpublished) audit to be confirmed.

35. A total of 34 Internal Audit findings (6% Critical; 44% Medium; 38% Medium; and 12% Low) were raised. Links to these reports on the NHSL website are included at Appendix 3, table 4 where published.

36. 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.

Status of Internal Audit Findings

37. No information is currently 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 the position with open and overdue IA findings is not reflected in the NHSL Internal Audit Annual Report and Opinion.

38. As at 31 March 2021, the EIJB had a total of 18 open Internal Audit findings (9 High and 9 Medium). This total includes a High rated historic finding that was reopened in June 2018. Of the 18 open findings, 16 (88%) were overdue (9 High and 7 Medium) as at 31 March 2021, including the 1 remaining historic finding.

39. As at 31 March, the Health and Social Care Partnership (the Partnership) was also working towards closure of 17 open Internal Audit findings (7 High and 10 Medium) that were raised from relevant Council IA reviews. Of these open findings 14 (82%) comprising 4 High and 10 Medium rated findings were overdue as at 31 March 2021.

40. Details on the status of open and overdue Internal Audit findings for the EIJB and the Council is included at Appendix 4.

Comparison with Prior Year – Audit Outcomes

41. The 2020/21 EIJB amber 'some improvement required' annual opinion assessment remains aligned with the outcome reported for the 2019/20 financial year.

42. This opinion outcome recognises a slight downward trend in the outcomes of the three EIJB audits completed in 2020/21 (20% green and 80% amber) in comparison to 2019/20 (67% green and 33% amber); and the improvement in comparison to the 2018/19 position (50% red and 50% amber), with no High rated audit findings raised in the last two years. Further detail is included at Appendix 3, table 2.

43. Recognising that the Council 2020/21 IA annual opinion was limited, there has also been improvement in the outcomes of relevant Council audit reports, with the proportion of overall report outcomes assessed as 'significant improvement required' (red) decreasing across the last three years (2020/21: 19%; 2019/20: 44%; and 2018/19: 50%;) and a reduction in the proportion of high rated findings raised in the last year (2020/21: 19%; 2019/20: 33%; 2018/19: 47%).

44. It is important to note that, similar to the Council, NHSL has completed fewer audits in 2020/21 in comparison to prior years. Of the completed audits, 9 have been identified as being of interest to the EIJB. Of these, 2 (22%) have been assessed as 'limited assurance' (red), reflecting an increasing trend when compared with prior years (2019/20: 18%; 2018/19: 7%). This is supported by an increase in the proportion of critical (2020/21: 6% with none raised in prior years) and high rated (2020/21: 44%; 2019/20: 7%; 2018/19:13%) findings raised Further detail is included at Appendix 3, table 4.

Comparison with Prior Year – Overdue Findings

45. We have noted an increasing trend in the percentage of open EIJB IA findings that were overdue as at 31 March 21, with 88% overdue in 2020/21 in comparison to 55% in 2018/19; and 88% in 2018/19, and an increase in the proportion of High rated overdue findings (2020/21: 100%; 2019/20: 70%; and 2018/19: 80%). Further detail is included at Appendix 4.

46. The percentage of relevant Partnership IA findings that were overdue as at 31 March 2021 (82%) remains broadly aligned with prior years (2019/20: 83%; and 2018/19: 86%), with a consistent decrease in the proportion of High rated overdue findings (2020/21: 57%; 2019/20: 83%; and 2018/19: 100%). Further detail is included at Appendix 4.

Internal Audit Independence

47. 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.

48. Neither the Council or the NHSL audit teams consider that we have faced any significant threats to our independence during 2020/21, nor do we consider that we have faced any inappropriate scope or resource limitations when completing our work.

49. IA independence for NHS Lothian was confirmed in the Internal Audit Annual Report and Opinion 2020/21 that was presented to the NHS Lothian Audit and Risk Committee in June 2021 (refer Appendix 6).

50. 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 2021 presented at the Governance Risk and Best Value committee on 10 August 2021 (see item 8.1).

Conformance with Public Sector Internal Audit Standards

51. Both the City of Edinburgh Council and NHSL IA teams have fully conformed with PSIAS requirements during 2020/21 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 2021 and June 2021 respectively.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

53. 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

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

Environment and sustainability impacts

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

Quality of care

56. There are no direct quality of care impacts associated with this report.

Consultation

57. 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

58. The IA annual opinion has also been discussed agreed with EIJB senior management.

Report Author

Lesley Newdall

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 2021 item 8.1)

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 2020/21 Internal Audit Opinion**
Appendix 4	**Open and Overdue Internal Audit Findings as at 31 March 2021**
Appendix 5	**Limitations and responsibilities of Internal Audit and management responsibilities**
Appendix 6	**NHS Lothian Annual Report and Opinion**
Appendix 7	**Final report: EIJB Management Information**

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	
1 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 Council's objectives should be achieved.*	**2 Some Improvement Required** *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.*
3 Significant Improvement Required *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.*	**4. Inadequate** *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.*
NHS Lothian Assurance Categories Applied to EIJB Internal Audit Reports	
1 Significant Assurance *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.*	**2 Moderate Assurance** *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.*
3 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.*	**3 No Assurance** *The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.*

Appendix 2 - Classifications Applied to Internal Audit Findings

City of Edinburgh Council	
Rating	**Assessment rationale**
Critical	A finding that could have a: • ***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 Council which could threaten its future viability.
High	A finding that could have a: • ***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 Council.
Medium	A finding that could have a: • ***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 Council.
Low	A finding that could have a: • ***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 Council.
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 2020/21

Table 1: Summary of Internal Audit reports		No of Findings Raised				
	No of Audits	Critical	High	Medium	Low	Totals
EIJB	3	-	-	4	1	5
City of Edinburgh Council	16	-	7	23	6	36
NHS Lothian	9	2	15	13	4	34
Total 2020/21	**28**	**2 (3%)**	**22 (29%)**	**40 (53%)**	**11 (15%)**	**75 (100%)**
Total 2019/20	28	-	19 (23%)	44 (52%)	21 (25%)	84 (100%)
Total 2018/19	33	-	27 (27%)	57 (56%)	17 (17%)	101 (100%)

Internal Audit Opinion

Table 2: EIJB Internal Audit Reports		No of Findings Raised			
	Overall Report Rating	High	Medium	Low	Totals
COVID 19 Financial Management	**Effective**	-	-	1	1
Capital and Workforce Planning	**Some Improvement required**	-	1	-	1
Management Information	**Some Improvement required**	-	3	-	3
Total 2020/21 – 3 reports		-	**4 (80%)**	**1 (20%)**	**5 (100%)**
Total 2019/20 – 3 reports (2 significant assurance / effective (green), 1 some improvement required (amber))		-	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%)

Table 3: City of Edinburgh Council Internal Audit Reports

		*Impact	Overall Report Outcome	Findings Raised			
				High	Medium	Low	Totals
1.	Covid-19 - Procurement and Allocation of Personal Protective Equipment	Direct	**Effective**	-	-	1	1
2.	Covid-19 Workforce Management	Direct	**Some Improvement Required**	-	2	-	2
3.	Covid-19 Employee Testing	Indirect	**Some Improvement Required**	-	1	1	2
4.	Covid-19 Shielding and Vulnerable Groups	Indirect	**Some Improvement Required**	1	2	-	3
5.	Covid-19 Lessons Learned	Direct	**Some Improvement Required**	-	1	-	1
6.	Covid-19 Physical Distancing and Employee Protection	Indirect	**Some Improvement Required**	-	3	-	3
7.	Employee Lifecycle Data and Compensation and Benefits Processes for the 2019/20 Financial Year	Direct	**Effective**	-	1	-	1
8.	Digital Services Change Implementation	Indirect	**Some Improvement Required**	-	2	-	2
9.	Salary Overpayments – Findings Only Report	Direct	**Some Improvement Required**	1	-	-	1
10.	Technology Resilience	Indirect	**Significant Improvement Required**	1	3	-	4
11.	Corporate and Learning and Teaching Network Management	Indirect	**Significant Improvement Required**	2	2	-	4
12.	Direct Access and Mobile Device Management	Indirect	**Some Improvement Required**	-	2	2	4
13.	Covid-19 Scottish Government / COSLA Returns	Indirect	**Effective**	-	1	-	1
14.	CSWO Assurance and Annual Report	Direct	**Effective**	-	-	2	2
15.	Edinburgh Health and Social Care Partnership – Command Centre	Indirect	**Some Improvement Required**	-	2	-	2
16.	Managing Behaviours of Concern	Indirect	**Significant Improvement Required**	2	1	-	3
Total 2020/21 – 16 reports (3 (19%) Significant Improvement Required; 9 Some Improvement Required (56%); 4 (25%) Effective)				**7 (19%)**	**23 (64%)**	**6 (17%)**	**36 (100%)**
Total 2019/20 – 18 reports (8 (44%) Significant Improvement Required; 8 (44%) Some Improvement Required; 2 (12%) Effective)				17 (33%)	26 (51%)	8 (16%)	51 (100%)
Total 2018/19 – 14 reports (7 (50%) Significant Enhancements; 7 (50%) Generally Adequate)				17 (47%)	14 (39%)	5 (14%)	36 (100%)

Table 4: NHS Lothian Internal Audit Reports

				Findings Raised				
		*Impact	Overall Report Outcome	Critical	High	Medium	Low	Totals
1.	Property Transaction Monitoring 2019-20	Direct	Significant Assurance	-	-	-	1	1
2.	Workforce Planning	Direct	Significant Assurance	-	-	-	-	-
3.	Key Financial and Procurement Controls	Direct	Moderate Assurance	-	-	1	-	1
4.	Waiting Times Compliance	Indirect	Significant Assurance	-	-	-	-	-
5.	Estates (report not yet published)	Direct	Limited Assurance	1	11	2	-	14
6.	Consort Invoicing	Direct	Limited Assurance	1	3	2	-	6
7.	Urgent Care Programme	Direct	Significant Assurance	-	-	-	2	2
8.	Complaints Handling (report not yet published)	Indirect	To Be Confirmed		1	3	1	5
9.	Risk Management at a Divisional/HSCP level	Indirect	Moderate Assurance	-	-	5	-	5
Total 2020/21 – 9 reports (2 (22%) limited assurance; 2 (22%) moderate assurance; 4 (45%) significant assurance; 1 (11%) to be confirmed)				**2 (6%)**	**15 (44%)**	**13 (38%)**	**4 (12%)**	**34 (100%)**
Total 2019/20 – 11 reports (2 (18%) limited assurance; 2 (18%) moderate assurance; 7 (64%) significant assurance)				-	2 (7%)	16 (53%)	12 (40%)	30 (100%)
Total 2018/19 – 15 reports (1 (7%) limited assurance; 6 (40%) moderate assurance; 8 (53%) significant assurance)				-	7 (13%)	34 (64%)	12 (23%)	53 (100%)

***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 2021

	Number of open Internal Audit findings				
	Critical	**High**	**Medium**	**Low**	**Total**
EIJB open findings	-	9	9	-	18
EIJB overdue findings (2019/20: 55% of open findings were overdue; 2018/19: 88%)	-	9 (100%)	7 (77%)	-	16 (88%)
City of Edinburgh Council Health and Social Care Partnership open findings	-	7	10	-	17
City of Edinburgh Council Health and Social Care Partnership overdue findings (2019/20: 83% of open findings were overdue; 2018/19: 86%)	-	4 (57%)	10 (100%)	-	14 (82%)
Total Open Findings 2020/21	**-**	**16**	**19**	**-**	**35**
Total Overdue Findings 2020/21	**-**	**13 (81%)**	**17 (89%)**	**-**	**30 (86%)**
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%)

Appendix 5 - 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 2020 to 31 March 2021. 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 2020/21 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 2021. 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

REPORT

Annual Performance Report 2020-21

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	1. The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with a copy of the draft EIJB Annual Performance Report 2020-21 (APR) for approval. 2. The APR has been reviewed by the Performance and Delivery Committee at their committee meeting on 27 July and by circulation of the final draft in September 2021. 3. We have streamlined the content for the APR this year to allow a greater focus on our performance in relation to the COVID-19 pandemic. While we continue to make good progress with our transformation programme, the pandemic has impacted many areas of our work, with most of the national performance indicators not comparable to previous years due to the scale of disruption caused by the pandemic. 4. Following approval by the EIJB, we will submit the APR to the Scottish Government and publish it on our website by 31 October 2021.

Recommendations	It is recommended that the EIJB approves the publication of the APR 2020-21

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. The APR 2020-21 was considered by the Performance and Delivery Committee as the lead Committee for performance issues at their committee meeting on 27 July 2021 and by circulation of the final draft in September 2021.

Main Report

2. Integration Joint Boards (IJBs) are required by legislation to produce an APR each year covering performance over the previous financial year.

3. The APR provides an opportunity for us to set out our story of overall performance over the last year and how we work to improve health and social care in Edinburgh. It covers significant pieces of work we have progressed over the last year as well as key performance indicators.

4. Given the disruption over the last year, the APR has a strong focus on COVID-19. This highlights the restrictions on our services, the exceptional work of our staff and the ways in which we worked with partners to adapt services and continue to provide support during the crisis.

5. The report then provides a summary of progress against key projects, including our transformation programme, under each of the EIJB's strategic priorities. There is also a dedicated section on our performance against the Core Indicators and Ministerial Strategic Group (MSG) indicators that the EIJB is required to report on.

6. We have ensured that the APR aligns with our communication and engagement principles, as set out in the Communications and Engagement Strategy presented to the EIJB on 22 June 2020, particularly that it is clear and accessible.

7. In line with accessibility guidance from the UK Government, we will be publishing the APR as a suite of webpages on our website, rather than as a single pdf. This will make sections of the report easier for people to access individually, as well as ensuring accessibility requirements are met. As a result, the pdf presented to the EIJB for approval does not contain any design elements.

Timeline for publication

8. IJBs are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an APR by 31 July each year for the previous financial year. This is problematic due to the timing of when performance data against the Core Indicators is available and this year due to continuing pressures related to the pandemic.

9. As agreed at the Performance and Delivery Committee on 14 April 2021, we are utilising a provision in the Coronavirus (Scotland) Act, allowing us to delay publication of the APR beyond the usual deadline of 31 July. Utilising this provision, we have delayed publication of the APR to end October, following approval by the EIJB on 26 October 2020.

10. Discussions are ongoing with Scottish Government about the requirement for IJB annual performance reports to be published by 31 July each year.

Implications for Edinburgh Integration Joint Board

Financial

11. Financial details in relation to performance are included within the report

Legal / risk implications

12. There are no direct legal or risk implication arising from this report.

Equality and integrated impact assessment

13. As detailed above, the APR has been created in line with accessibility requirements to meet the clear and accessible principle in our Communications and Engagement Strategy.

14. There are no direct equality implications arising from this report.

15. An integrated impact assessment is not required.

Environment and sustainability impacts

16. There are no direct environmental or sustainability impacts arising from this report.

Quality of care

17. The report seeks to demonstrate our continued effort to improve the quality of care and experience for the citizens of Edinburgh and where applicable across Lothian.

Consultation

18. The APR was developed in consultation with a working group containing performance leads and data analysts from The City of Edinburgh Council and Public Health Scotland as well as the Communications and Engagement Manager. Senior managers have reviewed the sections directly relevant to their areas of work.

19. We are grateful for the case studies received from partners, including grant recipients, of their work over the last year.

Report Author

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Appendices

Appendix 1 EIJB Annual Performance Report 2020/21

Edinburgh Integration Joint Board

Annual Performance Report 2020/21

Note: This document is for drafting and approval purposes only, the final APR will be embedded on our website to ensure we meet accessibility requirements.

Foreword

Our work over 2020/21 has been shaped by the response to the new coronavirus (covid-19) and resulting global pandemic. The services we deliver were significantly impacted by the restrictions put in place to control the spread of the virus.

Our frontline staff continued to deliver exceptional services to our most vulnerable citizens, including adjusting to service changes required due to physical distancing and increased infection control. We also developed new and adapted ways of working to allow quality support to continue to be provided while restrictions were in place. We made more use of telephone and online methods of connecting with people in need of support, from outbound wellbeing calls to online exercise classes.

It has been a difficult and challenging time. 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.

In this Annual Performance Report for 2020/21, we outline our progress over the last year against our Strategic Plan 2019-22 and the ways that we responded to the pandemic across our services. As in previous years, we detail our performance against the six strategic priorities in our strategic plan and against the national health and wellbeing outcomes and associated indicators.

Despite the disruption this year, we continue to deliver on our transformation programme. This included redefining the Edinburgh offer, embracing the three conversations approach, and adopting the principle of home first. These pieces of work have become more crucial considering the impact the pandemic had on our services and the lives of individuals across Edinburgh.

We compare favourably to the Scottish average in 11 out of 19 of the national indicators and are closing in the gap in others. We have positive trends in the majority of the indicators we can compare across the life of the partnership. However, our performance against almost all the national indicators in 2020/21 has been affected by the covid-19 pandemic. While this makes it difficult to directly compare our performance against previous years, the changes seen in Edinburgh figures this year broadly reflect national trends.

The rate of emergency admissions and bed days dropped in Edinburgh in 2020, in line with the national drop in people attending hospital. Readmissions continued at a higher rate than the Scottish average and we are continuing work to better understand our performance in this area. The downward trend in the rate of days people over 75 spend in hospital when they are ready to be discharged continued. Between 2019/20 and 2020/21, this figure decreased by 51% in Edinburgh compared to a 37% decrease in the figure for Scotland. This likely builds on the success of our Home First model, which was accelerated during the pandemic.

During 2020/21 the Chair of the Edinburgh Integration Joint Board was held by Angus McCann, as appointed by NHS Lothian. On 27 June 2021, Councillor Ricky Henderson was appointed by the City of Edinburgh Council as our Chair for the next two years. We thank Angus for his work as Chair and look forward to continuing to work with him as our new Vice-Chair.

Councillor Ricky Henderson, Chair
Edinburgh Integration Joint Board

Judith Proctor, Chief Officer
Edinburgh Integration Joint Board

Overview

Introduction

The Edinburgh Integration Joint Board (EIJB) was established in 2016 to bring together the planning and operational oversight for a range of NHS and Local Authority services. This was intended to improve overall health and wellbeing through the delivery of more efficient and effective health and social care services.

The Edinburgh Health and Social Care Partnership (EHSCP) is responsible for providing integrated services through the operational delivery of the EIJB's strategic plan. Its workforce is made up of staff employed by both the City of Edinburgh Council and NHS Lothian. Our Chief Officer is accountable to the Chief Executives of both the City of Edinburgh Council and NHS Lothian.

Our current Strategic Plan 2019-22 is available online. This performance report sets out our progress against the strategic priorities and transformation plans within the Strategic Plan. The content in this report covers the financial year April 2020 to March 2021 unless otherwise shown.

About Edinburgh

Edinburgh is one of the largest health and social care partnerships in Scotland, with a population of 527,620 as of June 2020. 79,979 residents were aged over 65, with this age group projected to increase the most over the coming years.

Edinburgh is also the wealthiest city in Scotland, with 74.6% of the working age population in employment. 38.1% of the economically inactive population within the city are students.

However, 15% of the population, and as many as a fifth of children, live in relative poverty. This poverty is spread throughout the city, with two thirds of those living in poverty not living in areas described as deprived. The majority of those in poverty are in employment.

Our recently updated joint strategic needs assessment (JSNA) provides more detail on the population and demographics of Edinburgh.

Our Localities

We organise our community health and social care services in Edinburgh around four localities: South East, South West, North East and North West. The management of most community health and social care services is carried out in these localities, including assessment and care management, home care, day centres for older people and care homes in Edinburgh.

This allows us to plan and tailor services to the communities we are supporting. Each locality has a hub team that responds to new and urgent work and two cluster care management teams that arrange and review ongoing support. There is also a mental health and substance misuse team in each locality. We are in the process of developing locality operational plans that will support and implement our Strategic Plan.

There is a lot of variation across, and within, the four localities with areas of high and low deprivation found in each.

North East

- 118,760 people live in the North East locality[1]
- 50.8% are female and 49.2% are male
- 15.2% are aged under 18, 71.4% are 18-64 and 13.5% are over 65
- 16.5% of the population reside within the 20% most deprived areas of Scotland[1]
- life expectancy at birth is 80.5 years for women and 76.1 for men[2]
- 31,900 average home care hours per week between January and March 2020
- 1,464 receive home care service
- 18 GP practices[3]

North West

- 149,417 people live in the North West locality[1]
- 51.8% are female and 48.2% are male
- 19.9% are aged under 18, 62.7% are 18-64 and 17.3% are over 65
- 9.0% of the population reside within the 20% most deprived areas of Scotland[1]
- life expectancy at birth is 83.6 years for women and 79.8 for men[2]
- 25,600 average home care hours per week between January and March 2020
- 1,378 receive home care service
- 18 GP practices[3]

South East

- 136,200 people live in the South East locality[1]
- 52.1% are female and 47.9% are male
- 13.8% are aged under 18, 72.3% are 18-64 and 13.9% are over 65
- 9.4% of the population reside within the 20% most deprived areas of Scotland[1]
- life expectancy at birth is 82.4 years for women and 78.3 for men[2]
- 25,100 average home care hours per week between January and March 2020
- 1,170 receive home care service
- 19 GP practices[3]

South West

- 120,553 people live in the South West locality[1]
- 49.8% are female and 50.2% are male
- 17.3% are aged under 18, 67.3% are 18-64 and 15.4% are over 65
- 12.6% of the population reside within the 20% most deprived areas of Scotland[1]
- life expectancy at birth is 83.3 years for women and 79.1 for men[2]
- 27,900 average home care hours per week between January and March 2020
- 1,251 receive home care service
- 16 GP practices[3]

[1] Edinburgh Joint Strategic Needs Assessment
[2] The Scottish Public Health Observatory (ScotPHO)
[3] National Primary Care Clinicians Database (NPCCD), Public Health Scotland

Key messages from the year

Covid response

As with all areas of society the coronavirus pandemic had a huge impact on our delivery of services. While we continued to deliver vital support to the most vulnerable, initial analysis highlights that the pandemic has exacerbated existing health and social inequalities[4].

Employment and social impacts from the pandemic adversely affected many of the people who use our services, including those with disabilities and their carers. Unpaid carers were particularly affected by the restrictions on the services that support their caring role, such as respite care. Early research also suggests that loneliness and anxiety may have risen during the pandemic but the impact on heath and wellbeing in Edinburgh is not yet clear[5].

The covid-19 pandemic is likely to continue to affect health and wellbeing and how we deliver our services for the immediate future. We continue to monitor and prepare for this longer-term impact by learning lessons from our experiences over 2020/21.

Pausing and remobilising services

As part of our covid-19 response, we developed a mobilisation plan setting out the actions we were taking to ensure the health and care system was prepared for the impact of the virus. To protect our staff and service users, we had to make the very difficult decision to pause some of our services, including day centres and respite care. Many other services, including community resources, were disrupted, offering reduced delivery or changing the way they deliver support. Care provision was also reduced during this time, with supported people prioritised so that care continued to be provided to the most vulnerable in our society. Incoming demand dropped for much of the year.

Our hospital-based services were also impacted by the pandemic. Wards where covid-19 was present were closed to new admissions and social distancing measures were introduced across other wards. This meant some beds had to be closed to allow enough circulation space, reducing the capacity available. As a result, there was a nationwide focus at the start of the pandemic on creating capacity in hospitals by ensuring only those that needed to be in a hospital setting occupied beds. We utilised temporary ‘Safe Haven’ beds and assessment of long-term needs at home (Discharge to Assess) to ensure fewer people were delayed in hospital and were able to move home, or if their needs required it, move to a care home.

Demand for hospital services decreased during the pandemic as hospitals shifted focus and the public were asked to adjust their behaviour to protect the NHS. This saw a notable drop in elective procedures and a reduced number of people attending accident and emergency. As services begin to increase capacity and reintroduce regular procedures, and as people return to their usual activities, we expect to see a rise in hospital attendances and ongoing treatment.

[4] Edinburgh Joint Strategic Needs Assessment
[5] Personal well-being in the UK, quarterly - Office for National Statistics (ons.gov.uk)

In May 2020, we set up a Route Map Project Board to ensure we could implement the Scottish Government's Route Map through and out of the covid-19 Crisis across our services. This work was paused as restrictions returned later in 2020 but restarted in early 2021 to support the remobilisation of our services into 2021-22.

Supporting continuing services

Throughout the pandemic, our care homes, home care and reablement workforce and our external providers continued to deliver care and support to people across Edinburgh. These services faced significant challenges during the initial wave of covid-19, with high levels of staff absence due to covid-19 or self-isolation requirements, and periodic outbreaks of covid-19 within care homes.

Early in the pandemic we mobilised a Care Home Support team to provide ongoing support to the care homes for older adults in Edinburgh. The service was made up of staff from services which were temporarily halted due to the pandemic. In line with Scottish Government guidance, assurance visits took place in all care homes for older adults focusing on infection control measures, use of PPE, resident wellbeing and supporting staff with additional reporting and testing regimes. After the initial few months of forming this new service, staff were asked to return to their substantive posts as services opened back up. Recognising the value of this service as a consistent support to care homes, we recruited a team of 12 nurses at the end of 2020 to continue this valuable service.

In May 2020, the Scottish Government issued an update to the *National Clinical and Practice Guidance for Adult Care Homes in Scotland* in response to the Covid-19 pandemic. A multi-disciplinary team, including our Chief Nurse, key clinical leads and the Chief Social Work Officer was put in place. This team provided assurance to the health board and Scottish Government that the care homes within our remit had the support they needed to provide the highest standards of care to residents.

The treatment of covid-19 also presented challenges to our teams as they sought to continue care in the community in the face of a rapidly spreading new virus. To support our community nursing teams to reduce the suffering for those requiring palliative care due to covid-19, clear guidance and resources were developed, including 'grab bags' and exceptional use guidelines for the administration of covid-19 medicine.

Adapting our services – provision of PPE

We host the Southeast Mobility and Rehabilitation Technology (SMART) team, which provides a range of rehabilitation technology services. To meet the demands of the pandemic, the team adapted their services and redeployed staff. Routine services were paused, with only urgent and essential repairs and maintenance undertaken.

Instead, the service shifted their attention to the creation and distribution of Personal Protective Equipment (PPE) and other support to frontline services. The SMART team managed a PPE advice line and PPE distribution for all our services, with 8.4 million items issued across the southeast of Scotland. The team also utilised their resources to manufacture over 34,000 face shields (visors), with 1,875 made on biggest day.

This incredible flexibility was representative of many of our teams during the pandemic.

Supporting the most vulnerable through the pandemic

Throughout the pandemic front-line mental health and substance misuse services remained operational in the statutory and third sector. Face-to-face contact was kept at a minimum and PPE used as required. Special arrangements were made to drop off medicines, with telephone and digital contact used to assess and support people in recovery. A thriving Edinburgh recovery community put on a programme of digital events to support people and their families. As restrictions eased, walk and talk sessions were arranged and group work was resumed in line with the Scottish Government's Route Map.

Remarkable work was carried out with the homeless community during the early part of lockdown. People were accommodated in city centre hotels and this provided opportunities for better care, including access to health and psychosocial interventions. A significant number of people were started on substitute prescribing to reduce harmful drug use.

The work of the public protection committee continued, with adult protection case conferences being held through digital means.

Innovative responses to the pandemic

Throughout the year, we worked with partners to innovate and improve our collective services within the restrictions in place. Digital technology and the redeployment of staff allowed us all to work in new ways that provided greater flexibility to our service delivery.

As with many other organisations, we had to rapidly switch much of our work to digital channels last year. Where possible, our staff moved to working from home and many of our services moved to online delivery. This technology provided increased flexibility to both our service delivery and the people that use our services. We will work with our partners to consider where it is appropriate to continue these ways of working into the future.

Wellbeing calls

Over 46,000 outbound calls were made through the partnership's ATEC24 (Assistive Technology Enabled Care 24) service. These calls provided an opportunity to check on individuals' wellbeing, provide companionship and offer advice and support on coping with lockdown. Of those participating in a customer satisfaction survey, 96% felt the wellbeing phone calls during the pandemic had been helpful and enabled them to feel well-supported.

Wellbeing calls were also made to 457 people identified with dementia who were not receiving formal service involvement. These calls allowed a focus on wellbeing, including food/medication/shopping check, daily living activities, general wellbeing, and carer support, with advice and onward referrals provided as required.

Supporting people to stay active (long term conditions programme)

During the early stages of the Covid-19 pandemic, it was recognised that care home residents had reduced physical activity levels, leading to deconditioning and increased risk of falls. In response, a multi-disciplinary care home falls prevention support service was tested between May – October 2020 using the video-consulting platform 'Near Me'. The aim was to support care home staff to reduce the risk of falls and increase physical activity

during the pandemic. Nine care homes received support, resulting in a 61% reduction in reported falls.

We also continued to support people living with long term conditions, many of whom were shielding, through the *Fit for Health* physical activity programme, run in partnership with Edinburgh Leisure. While sports and leisure venues were closed, we used a pre-recorded *Fit for Health* class, coupled with motivational and wellbeing calls, to support people with long term conditions to stay active at home. The pre-recorded *Fit for Health* class was viewed over 4,000 times. A further two *Fit for Health* pre-recorded classes were made available to all participants in November 2020, with over 170 views in the first month. During December, we launched twice weekly live-streamed *Fit for Health* classes, which increased to three classes a week from January 2021. Live streaming allows for up to 24 people per week to access Fit for Health on a supported video platform where instructors provide live feedback to participants.

Case study – Steady Steps

Gwen and Arnold, both 91, were attending Steady Steps at the Craiglockhart Leisure Centre prior to lockdown in March 2020. Both were referred to Steady Steps by their physio after having serious falls around the home. During the pandemic, Gwen and Arnold continued their exercise through pre-recorded Steady Steps sessions initially, then live sessions over Zoom. They said:

"We believe the online videos have played an important role in maintaining our mobility, strength, and balance, it gave us structure to our week during the long months of isolation. The fact that we knew [the Steady Steps instructor] beforehand and having that continuity of seeing a familiar face made the online class so enjoyable. It was like having an old friend in the living room with us."

As a result of Steady Steps online support, Gwen and Arnold have continued to be active during lockdown. They are feeling physically and mentally stronger and the classes have provided an opportunity to socialise with others.

Digital connections

With many of our services, including older people's day services, having to pause in-person support during the pandemic, our providers have continued to support as many people as possible using digital means to connect with service users. This included the use of virtual groups, where individuals could continue to meet and enjoy activities together online, and online events like presentations on various subjects.

Case Study – Online support from day service providers

Prior to the pandemic, Michael[6] was retired and providing care for his wife who was living with dementia and attending a day service once per week. At the start of lockdown, the day service provider offered a wellbeing call once a week, which Michael took as his wife was unable too. When the provider began offering virtual support groups, Michael signed himself

[6] Name has been changed.

and his wife up to three different groups. They both looked forward to the interaction with staff and other participants.

Unfortunately, Michael's wife went into hospital and subsequently passed away. As the family were quite far away, the provider encouraged Michael to continue using the groups for socialisation and to help minimise his isolation and loneliness.

Michael has since been working with the provider to form a carers group, as he had enjoyed connecting with the other carers in the groups so much. This has kept him busy and provided a place where he can continue to talk about his wife.

For those without digital access, support was available from many of the organisations that we fund through our grants programme. These organisations were quick to assist those that needed help in making the transition to the use of digital technology.

Case Study - Golden Years digital inclusion service

Danny[7] is 66 years old. He recently moved into a new flat provided by City of Edinburgh Council. Before that, he lived in veterans housing but had lost contact with the residents of the veterans' home and was feeling increasingly isolated. Due to the restrictions caused by the covid-19 pandemic he was unable to meet his social worker and his only daughter lives abroad. Danny spends all his time alone at home, only occasionally going to the local shop, but is not confident doing this due to the covid-19 situation.

Danny was referred to Golden Years digital inclusion service by Family Housing Support. The service provided him with a Chromebook and training to support him to set up and use the device. Danny feels less isolated now, enjoying weekly meetings with both his daughter and social worker. He is also able to access online shopping, banking and healthcare services, connect with his friends online and further develop his hobbies despite the restrictions brought on by the pandemic.

ATEC24's Sheltered Housing Support Service have also recently purchased technological devices, tablets and keyboards for each of the Sheltered Housing schemes with community rooms, using community benefit funding from Utilita. These devices will enable citizens to interact with services online including ordering repeat prescriptions and attending medical appointments using the Near Me initiative. Building their confidence with these devices also allowed citizens to use social media, email or video calls as a means of maintaining connections with family or friends they are unable to see in person, reducing the negative impact of isolation from the pandemic restrictions.

Transformation progress

Our transformation programme continued into 2020-21. After redeployment of resources due to the pandemic, the EIJB approved a rescheduled transformation programme in July 2020.

Our transformation programme is a wide-ranging and ambitious programme of change and innovation, aiming to deliver high-quality and sustainable health and social care services for our citizens. The programme has been structured around the Three Conversations model, with three main programmes of work aligned to conversation stages and a further element

[7] Name has been changed.

delivering cross-cutting, enabling change. The programme is scheduled to run until March 2022.

The key projects within the transformation programme progressed in 2020-21 are discussed under the most relevant strategic priority:

- Edinburgh Pact and community mobilisation – Prevention and Early Intervention
- Three conversations – Person Centred Care
- Bed-Based review – Managing our resources effectively
- Home Based Care – Making the best use of the capacity across the system
- Workforce Strategy – Making the best use of the capacity across the system
- Home First – Right Care, Right Place, Right Time

Strategic priorities

Priority 1: Prevention and early intervention

Investing in prevention and early intervention services is a key part of our strategy. By identifying those people most at risk of poor outcomes and providing effective early support we can prevent problems occurring or minimise the impact on the individual's health and wellbeing.

Edinburgh Wellbeing Pact and Community Mobilisation

The commitment to create an Edinburgh offer was one of the key elements of our Strategic Plan for 2019-2022. To achieve this, we have been developing the Edinburgh Wellbeing Pact - a reciprocal agreement between the Partnership and everyone who lives and works in Edinburgh, inviting citizens, staff and partners to contribute to realising a shared vision. We are working towards an ambition to create healthy communities, empowered by local services and organisations that support people to prevent crisis and manage their health and personal independence at home.

In 2020-21, we began a dialogue with citizens, staff from EHSCP and partner agencies, communities of interest, community planning partners, and interested stakeholders. Due to restrictions, all engagement activities took place online, including:

- 12 focus groups with 84 frontline staff and practitioners
- Public survey through our website with 356 responses
- 11 Community of Interest groups with 91 participants including black and minority ethnic communities, faith groups, and people with specific health conditions
- 8 voluntary sector forum meetings with 191 participants
- 23 in-depth interviews with city leaders from the third sector, public sector, elected members, Board members, academia and private sector
- 115 images submitted through "Picturing Health", a project inviting people to take photographs of what health and care meant to them

From all the conversations to date we identified 6 emerging themes: Shared Purpose; Relationships; Community Mobilisation; Agility; Radical Transformation; and Measuring and Evidencing Change. We want to build thriving communities in Edinburgh and embrace the opportunity to create a different type of relationship with residents, communities and organisations across the city.

We are now moving to enactment of the Wellbeing Pact through a 3-year community mobilisation and commissioning plan. The plan, which was approved by the EIJB in April 2021, will see the development of more collaborative, partnership approaches to supporting community sector organisations, including the roll-out of community-based approaches to commissioning to replace traditional grants programmes. To shape what community mobilisation can look like for Edinburgh, we held two collaboration events with a wide range of key stakeholders in January and March 2021, with further events planned in 2021-22.

Long-term conditions programme

Our long-term conditions programme provides support to health and social care teams to improve care for people living with long-term health conditions and those who are at risk of

falls. This year we created a new Long Term Conditions Section on our website. As well as information for people living with long term conditions, it includes information for families and carers.

Supporting people living with Chronic Obstructive Pulmonary Disease (COPD)

Edinburgh's Community Respiratory Hub provides support to people living with Chronic Obstructive Pulmonary Disease (COPD) who are at high risk of hospital admission. During 2020, the Community Respiratory Team assessed 414 people, who were at immediate high risk of hospital admission because of an acute exacerbation of their COPD. Following assessment, the Community Respiratory Team supported 84% of these people to be safely cared for at home, avoiding hospital admission.

In place of our Pulmonary Rehabilitation classes we offered support for those already engaged, or with completed assessments, to use the myCOPD app. The myCOPD app supports people living with COPD to better manage their condition and improve their outcomes. Telephone coaching and group virtual classes were also offered.

Supporting people at risk of falls

By proactively providing support on how people can stay active and steady on their feet, we can either prevent falls happening or improve the way a fall is managed. Working in partnership with the British Red Cross, 250 'Staying Active' packs were distributed via community nurses and physiotherapists to people who were shielding and at risk of falls during Covid-19 pandemic and 600 Staying Active leaflets were distributed via the City of Edinburgh Council's shielding phone line.

Anticipatory care planning

Anticipatory care planning (ACP) is a person-centred, proactive, 'thinking ahead' approach, with health and care professionals working with individuals, carers and their families to make informed choices about their care and support. Key Information Summaries, which contain anticipatory care planning information such as care preferences taken securely from the GP electronic record, are shared with health professionals if people need urgent care.

During the pandemic, we focussed on supporting practitioners to have care planning conversations and create plans for people living with long term conditions who were most at risk of Covid-19. The number of Key Information Summaries for people living in Edinburgh has increased from 66,966 in March 2020 to 237,372 in March 2021 (254% increase).

To support the creation of Covid-19 relevant ACPs, all care homes for older people and GP practices in Edinburgh were provided with a Covid-19 revised edition of the *7 steps to ACP for care homes*. We also continue to work with VOCAL and the Edinburgh Carer Support Team to support carers through care planning conversations.

Self Management

Self management supports people living with long term conditions to be actively involved in their own health and wellbeing as the leading partner in their care. In partnership with Lothian Centre for Inclusive Living, we successfully tested and adopted a new Self Management Support Worker post during the pandemic. This role will help people with long term conditions develop self-management skills and connections with community support.

We also launched the Edinburgh Self Management Network during Self Management week (28th September-2nd October 2020). This online network supports practitioners to share good practice, find out about services, activities and events, and innovate self-management approaches. This network has created a self-management toolkit, including the Edinburgh Connect Here Directory of City Wide Community Resources, which contains over 2,000 community resources to help people live with their long term condition.

Digital support

We also accelerated the rollout of the telemonitoring programme to support diagnosis and self-care of hypertension and reduce the requirement for patients to attend health centres to have their blood pressure checked. People using this approach require one less consultation per annum on average, a 25% reduction in face to face contacts with a clinician. This was particularly important for patients who were shielding over the last year, many of whom have cardiovascular disease.

Between April 2020 and March 2021, 1,561 new patients have used the Florence Scale Up Blood Pressure programme in Edinburgh to remotely monitor their blood pressure and adhere to their shared management plan. In total, 4,014 patients in Edinburgh from across 60 GP practices use this programme.

Prevention of harm

We have a responsibility for adult protection and our Chief Officer sits on the multi-agency Chief Officers Group for Public Protection that is responsible for all areas of public protection across Edinburgh. This group is supported by the Adult Protection Committee.

The Adult Protection Committee meets bi-monthly to provide assurance and governance of the quality of Adult Support and Protection in Edinburgh. Its membership is drawn from agencies across the public and voluntary sector involved in Adult Protection. The committee considers routine reports to ensure the policies and processes in place keep adults in Edinburgh safe. It also considers what can be learnt and applied from case reviews.

Between April 2020 and March 2021, there were 1,868 adult protection contacts across the city. 43.5% of these referrals were made by Police Scotland, followed by City of Edinburgh Council (22.5%) and NHS Lothian (7.5%). Of the 1,868 referrals received during the year further action was taken in nine out of ten cases.

Just over a quarter of referrals (505) progressed to investigation in the period. Mental health was the most common client group for those whose case was being investigated, followed by infirmity due to old age. The cases that resulted in an investigation were principally due to physical harm (24.4%) and financial harm (20.2%). Of the 505 investigations, seven out of ten resulted in further action.

There were also 641 adult protection case conferences in the year, of which just under a third were initial case conferences.

Priority 2: Tackling inequalities

We have a key role to play in addressing inequality, in particular the health inequalities that represent thousands of unnecessary premature deaths every year in Scotland. The fundamental causes of health inequalities are an unequal distribution of income, power and wealth which can lead to poverty and the marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider social determinants of health, such as the availability of good-quality affordable housing, green space, work, education and learning opportunities, access to services and social and cultural opportunities. These also have strong links to mental and physical health.

Edinburgh Poverty Commission

We are a member of the Edinburgh Partnership, the body responsible for community planning in the city. In 2019 the Edinburgh Partnership and City of Edinburgh Council set up the Edinburgh Poverty Commission to explore the extent and nature of poverty in Edinburgh.

In May 2020 the Edinburgh Poverty Commission published an interim report on Poverty and Coronavirus in Edinburgh. This was followed by a full report, A Just Capital: Actions to End Poverty in Edinburgh, on 30 September 2020. A supplementary data and evidence paper was also published.

These reports highlighted the extent of poverty across Edinburgh, with an estimated 77,600 people in poverty in Edinburgh in the year prior to the covid-19 outbreak (15% of the population compared with 19% for Scotland). Almost two thirds of people (65%) who are living in poverty do not live in the 20% most deprived datazones in Scotland, meaning poverty exists across Edinburgh.

Grants programme

Our grants programme aims to prevent poor health and wellbeing and reduce health inequalities by investing in projects that tackle the root causes of health inequalities and support those whose health is at greatest risk from inequality.

2020/21 was a difficult year for everyone, however the impact of covid-19 and the restrictions imposed have not been felt equally, with the most disadvantaged hit the hardest. The year saw a heightened reliance on digital technologies and the negative consequences of being digitally excluded were greater than ever. Funded organisations were quick to assist those that needed help in making the transition to the use of digital technology.

An annual Grant Monitoring and Evaluation Report is completed each year using monitoring returns from funded organisations. We have not yet finalised the comprehensive report for 2020/21, however returns demonstrate how grant funded organisations quickly adapted to the lockdown restrictions. Most recipients continued to provide their services, albeit in a different way, and some organisations quickly re-organised to provide emergency support. This included the delivery of food packages and assistance with shopping and prescriptions.

Many of the case studies contained in this report are from projects funded through our grant programme. These demonstrate how recipients have not only continued to improve the

health and well-being of individuals in-line with the seven priorities of the programme but have, in some cases, been lifelines for many vulnerable individuals during this difficult time.

Case study – Cook Club

Katrina[8] is a mother of 5 children and has literacy issues, meaning she finds it hard to follow recipes or look for healthier options in the supermarket. She had very little experience of cooking from scratch. To help with weight management, her social worker referred her to the Cook Club, a project to support people to learn to cook homemade meals run by Edinburgh Community Food through the Edinburgh & Lothians Greenspace Trust Out & About healthy lifestyle programme. These sessions were run on Zoom throughout lockdown.

To enable her to participate fully in the sessions, Katrina was sent a pictorial, Easy Read version of the recipe. This resource shows step-by-step how to prepare the food with simple written instructions to familiarise the participant with key words. The online session was also run in such a way as to allow Katrina to cook the steps in a friendly and non-pressured environment.

In later weeks Katrina also encouraged two of her children to participate, demonstrating the positivity that Katrina was showing around her newfound abilities in the kitchen. At the evaluation at the end of the sessions Katrina said: *"Making food from scratch is easier that I though. It's good to learn new things and meet new people."*

Mental health services

Our mental health and wellbeing strategy, Thrive Edinburgh, sets out the links between underlying societal inequalities and mental health as well as our roadmap for improving the support on offer in Edinburgh to promote good mental health and wellbeing for all. Our strategy is built on four pillars: Change the Conversation, Change the Culture; Partner with Communities; Act Early; and Use data and evidence to drive change.

In October 2020, we launched the i-Thrive website to support a change in the conversation and culture and provide advice to those in need. This was supplemented by the Thrive News Bulletin and "Thrive on Thursday Dialogue" sessions to share information and explore emerging issues and opportunities. We also launched the Thrive Exchange Community of Practice in June 2020, consisting of 55 people with an active interest in research.

With our community partners, we held the first Thrive Fest online arts festival for Mental Health Awareness Day on 10 October 2020 and took the 8th annual Out of Sight, Out of Mind artwork exhibition live and online. We have also developed an action plan to progress the Rights in Mind workstream and worked with Universities and Colleges to strengthen care pathways.

To support early intervention, we prototyped Thrive Welcome Teams, which integrate public and third sector teams in each of our localities. These received positive feedback from both staff and people using the teams and are now being rolled out more widely. The contracts for our newly commissioned Thrive Collective Services also commenced on 1 December 2020, with an annual value of £2.6m.

[8] Name has been changed.

LGBT and dementia

People from the LGBT community often face barriers to accessing good health and social care support and, even when they can access care, it sometimes fails to meet their specific needs. With our support, Scottish Care created Proud to Care: LGBT and Dementia, a good practice guide for health and social care workers and accompanying self-audit tool. This resource aims to support health and social care workers to better work with people with dementia receiving support, who also identify as being part of the LGBT community.

While the planned launch of this tool was cancelled due to covid-19, the Edinburgh Dementia Training Partnership sent out electronic copies to all care homes and care at home services and funded hard copies for all these services.

Priority 3: Person-centred care

Being person-centred is about focusing care on the needs of the person rather than the needs of the service and working with people to develop appropriate solutions, instead of making decisions for them. Key to this is working with people using health and social care services as equal partners in planning, developing and monitoring care to make sure it meets their needs and achieves positive outcomes.

Three Conversations

We continue to roll out the Three Conversations model as a strategic and cultural framework to working with the people who approach us for support. This approach aims to achieve improved outcomes for people and families, working in a more preventative and personal way. Three Conversations is based on the principle that we should focus on what matters to people, working collaboratively with them as the experts in their own lives. It recognises the power of connecting people to the strengths and assets of community networks, and the necessity to work dynamically with people in crisis. Staff are encouraged to think creatively about how to support people to deliver improved outcomes.

This approach is allowing us to respond to new requests for support very quickly, with the average time to speak to a worker reduced to 2.5 days between December 2020 and February 2021 compared with an average of 37.3 days for those working in the traditional assessment model. As we no longer start with a presumption that paid for support is the only or best response, we are better able to connect people to wider support meaning fewer people require paid for or formal long-term services.

The impact of covid-19 in early 2020 caused a period of uncertainty and slowed progress as we adjusted to pandemic restrictions and staff were redeployed to care homes or other teams to help with the crisis situation. However, the innovation sites rose to the challenge of providing services within the lockdown situation and in 2020-21 we successfully set up a further five new innovation sites and expanded one existing site. Innovation sites have reported that the Three Conversations approach provided an excellent foundation for how they are supporting people through the crisis, and many have utilised digital innovations to remain connected.

Care Inspectorate Reviews

We deliver 34 registered adult care services that are subject to inspection by the Care Inspectorate. Due to the impact of the covid-19 pandemic, the Care Inspectorate suspended inspections of all adult care services other than care homes for older adults. The Care Inspectorate developed a new assessment question to meet the duties placed on the Care Inspectorate by the Coronavirus (Scotland) (No. 2) Act and subsequent guidance that they must evaluate infection prevention and control and staffing.

Inspection results are graded on a scale from 1 ‘unsatisfactory’ (urgent remedial action required) to 6 ‘excellent’ (outstanding or sector leading), with the grades 3 and 4 being assessed as ‘adequate’ and ‘good’ respectively.

During 2020/21, 7 covid-focused inspections of our care homes for older adults took place, with grade evaluations summarised below. Our other adult care services were not inspected in 2020/21.

Service Name	Date of Inspection	How good is our care and support during the covid-19 pandemic?	Requirements (covid)	Areas for improvement (covid)
Cherry Oak Care Home	06-Oct-20	3	0	3
Ferrylee	17-Feb-21	4	0	0
Inch View	11-May-21	4	0	0
Jewel House	28-Sep-20	4	0	4
Marionville Court	13-Jan-21	3	0	2
Royston Court	28-Jul-20	2	3	5
Royston Court	16-Dec-20	3	2	0

During 2020/21, one non-covid inspection took place in Royston Court. As described in the section below, this care home was the focus of improvement work this year.

Service Name	Date of Inspection	How well do we support peoples' wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Royston Court	09-Mar-21	3	3	Not assessed	Not assessed	3

Quality Improvement and Assurance in Care Homes

A Care Home Transformation Group, chaired by our Chief Nurse, was established in June 2020 to oversee a programme of transformation and improvement across care homes.

In 2020/21 improvement work focused on Royston Court Care Home, a 60 bedded purpose-built Local Authority Care Home in North West Edinburgh providing care for frail elderly and people with a dementia. This care home had several outstanding requirements and areas of improvement from previous inspections, which the Care Inspectorate condensed into 7 requirements and 7 areas for improvement in September 2020.

Our quality team worked with the care home to implement the Quality Management System approach to improvements. This included understanding the challenges and issues, getting to know the residents and their needs, and reviewing current processes, systems, documentation and reporting. The team also measured quality of care against the health and social care standards to identify areas for improvement. All staff groups were engaged in the plans for improvement and encouraged to develop and act upon change ideas.

An unannounced inspection in December 2020 showed an overall marked improvement across all areas with an indication that improvement is moving in the right direction, with grades expected to be higher at future inspections and if there is evidence of sustained improvement. Since the inspection in December there was another unannounced inspection

in March 2021. Across these inspections all seven requirements and 5 of the areas for improvement were met. Further progress has been made around the requirements and areas for improvement and a sustainability plan has been developed to ensure the progress made will be maintained and built on.

Older People's Services Joint Inspection

During 2020/21, we continued to engage with the Care Inspectorate and Healthcare Improvement Scotland (HIS) (known as the Joint Inspectors) on how we are improving our Older People's Service following the Older People's Services Joint Inspection (May 2017) and Progress review (June 2018). The remaining actions on our revised improvement plan, agreed in May 2019, are largely being delivered through our transformation programme. In particular, the Three Conversations, Bed Based Review, Home Based Care, Home First and Workforce Strategy projects outlined in this report will allow us to robustly respond to the recommendations of the Joint Inspection and ensure we continue to provide quality services for older people. A formal response from the Joint Inspectors on our improvement activity is expected in August 2021.

Priority 4: Managing our resources effectively

In a climate of increasing need for services and continuing pressures on budgets, it is vital that we make best use of its available resources.

Financial management and performance

Financial information is a key element of our governance framework with financial performance for all delegated services reported at each of our IJB meetings. Budget monitoring of delegated functions is carried out by the finance teams in the City of Edinburgh Council and NHS Lothian, reflecting the EIJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash. However, the IJB maintains oversight of the in-year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.

Each year we produce a financial plan which sets out how we ensure our limited resources are targeted to support delivery of our strategic plan. For 2020/21 our financial plan (which can be found here) was agreed by the IJB in July 2020. Regular updates on financial performance were provided to the Performance and Delivery Committee as well as to the EIJB itself. Included in these reports were details of the financial impact of the pandemic and progress with the savings and recovery programme.

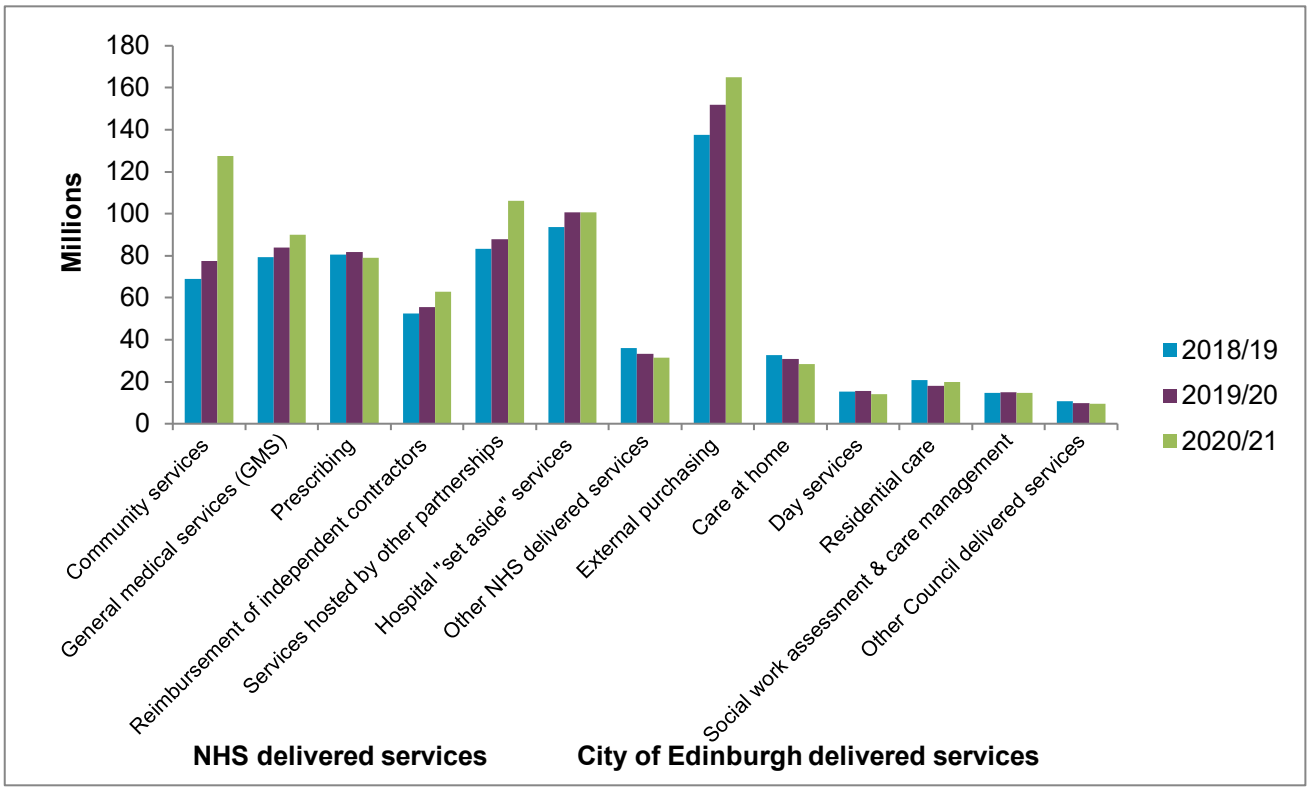
You will find a comparison of costs against the budget for the year summarised in the table below:

Service	20/21 budget £m	20/21 actual £m	Variance £m
NHS DELIVERED SERVICES			
Community services	126	127	(1)
General medical services (GMS)	90	90	(0)
Prescribing	79	79	(0)
Reimbursement of independent contractors	63	63	0
Services hosted by other partnerships/NHS Lothian	107	106	1
Hospital 'set aside' services	101	101	(0)
Other	33	31	2
Subtotal NHS	**599**	**598**	**1**
CITY OF EDINBURGH DELIVERED SERVICES			
External purchasing	157	165	(8)
Care at home	30	28	1
Day services	16	14	2
Residential care	22	20	2
Social work assessment and care management	15	15	1
Other	11	10	2
Subtotal Council	**252**	**252**	**0**
Net position	**850**	**849**	**1**

Whilst there is no doubt that we will continue to face significant financial pressures, we saw our previous improvements in financial planning and performance sustained during 2020/21 as we delivered a surplus of £1m against the budget for the year. These funds have been transferred to our reserves and will be carried forward to 2021/22 for prioritisation by the IJB.

Interpreting the financial results during a pandemic is not straightforward but it is evident from the table above that we continue to experience pressure in our purchasing budget. In the main this can be attributed to spot purchasing, predominantly care at home/care and support, residential services and direct payments. We saw growth in the purchasing budget during 2020/21 but this was largely in line with assumptions. The variance therefore relates to slippage in delivery of savings as the workforce was focused on continuity of service during the pandemic. Accordingly, the in-year savings target attributed to purchasing has been recognised in the 2021/22 financial plan and the savings target rolled over to 2021/22.

The chart below shows a comparison of costs in key areas for the last 3 financial years. The increases in certain categories from last year reflect the areas of additional spend to support the response to the pandemic.



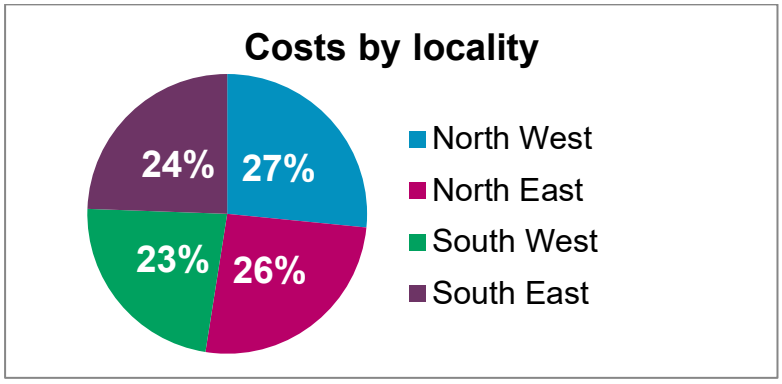
The pandemic clearly had an impact on our finances, and this was closely monitored during the year. We incurred net additional costs of £40m as a direct result of the pandemic. The main categories of associated expenditure being:

- sustainability payments made to support providers during the pandemic;
- purchase of additional capacity;
- additional staffing and reimbursement of independent contractors;
- increased prescribing costs, and;
- slippage in the delivery of the savings and recovery programme.

In line with their commitment, these costs were met in full by the Scottish Government and are summarised below:

	£m
Additional costs - Council services	
Additional staffing	2.0
Additional capacity	3.3
Equipment & sundries	1.5
Loss of income	2.2
Personal protective equipment	1.0
Social care provider sustainability payments	16.0
Underachievement of savings (net of offsets)	2.9
Subtotal Council costs	**29.0**
Additional costs - NHS services	
Additional Family Health Services (FHS) prescribing	2.5
Additional payments to FHS contractors	1.9
Additional set aside costs	4.0
Hospices - loss of income	0.8
Staff bonus payment	2.3
Subtotal NHS costs	**11.5**
Grand total additional costs	**40.4**

Although many of the delegated services are delivered directly in localities, a significant proportion are run on a city-wide basis. Showing how the associated costs are incurred within each locality requires a degree of estimation and assumption. This exercise shows that the cost of services is relatively consistent across the four localities, as shown in the diagram below.



Bed-based review

The bed-based care project within our Transformation Programme is continuing the redesign of our bed base across the city, taking into consideration demand and capacity to ensure provision of sustainable bed-based services. The project has 8 workstreams relating to bed types, covering both medically led beds in hospital settings and beds located in the community led by social care staff.

Due to the size, scale and complexity of the project, a phased approach to project activities has been agreed. Phase one contains four workstreams (Intermediate care; Hospital Based Complex Clinical Care; Care Homes and Specialist Inpatient Rehabilitation), with a further four workstreams forming phase two (Respite; Palliative and end of life care; Mental Health and Supported Accommodation). No changes within our bed base can be made in isolation as they will affect different bed types across our estate and will have wider system implications, such as increased demand for Home Care and Reablement. The phasing took into consideration the impact changes would have on other service areas, the buildings and estate the services were located in, and the people cared for in the bed types.

As with much of our other work, the project was paused for a time during 2020 due to resource redeployment to support the pandemic response but was reinstated in June 2020. Further work was undertaken to gather data and evidence and a research phase was completed to understand other bed base models, demographics and population projections, and areas of good practice. Visioning workshops based on bed type were held with key stakeholders and service leads from each of the work streams. The outputs from the workshops were collated and key learning extracted to inform the bed-based strategy.

Phase one of the bed-based strategy will go to the EIJB for approval in 2021/22. Work will also commence on redesign options for phase two workstreams.

Priority 5: Making best use of the capacity across the system

It is important to ensure that capacity within the system is utilised in a balanced and progressive way to deliver the best outcomes for the people of Edinburgh. We continue to work with our partners in the third and independent sectors to ensure that the services we offer can meet increasing needs and demands within the continuing challenging financial climate.

Our people

Our people are our most valuable partners and the past year has proven this more than ever. The pandemic has been tough on everyone, and our people were incredibly committed to supporting the people of Edinburgh through this crisis. Many staff were temporarily redeployed to support our response to covid-19, with our 2020 iMatter pulse survey showing that 78% of respondents had experienced a change either in their job role or the environment they work in during the pandemic. This included staff who were redeployed to support continuing services, for example, staff from day care centres that had to close due to the restrictions worked alongside existing teams to enhance support in our residential units and home care service.

Through our transformation programme, we have been developing our inaugural workforce strategy, to help us ensure that we have a skilled and capable workforce that can deliver our vision of 'a caring, healthier and safer Edinburgh'. It will set out our vision and priorities for the workforce and a pathway for where we need to be. The strategy focuses on both our own workforce across the City of Edinburgh Council and NHS Lothian as well as the implications for those we work with such as the third and independent sectors, volunteers and the role of carers. At the end of 2020-21 we began engagement with staff on the proposed strategy.

While the pandemic caused some delay in this project, it has also been a catalyst for positive change, expediting changes to how and where we work as well as how we engage, network and communicate.

Once a nurse, always a nurse - A journey back to District Nursing

Sue works within our organisational development team but was asked to return to clinical practice for two months during the pandemic to support our district nursing team. It had been 18 years since Sue worked fully in district nursing, though she had picked up the odd shift to support the team over that time. Sue recently wrote about the experience of returning to the frontline:

"I have to say it was the most valuable and grounding experience, and I feel privileged to have had the opportunity. The extraordinary care, which is provided by community teams 24 hours a day, seven days a week, is truly inspiring. Being alongside caring and compassionate staff at all levels, feeling welcomed, safe and supported, enabled me to transition quickly back into a role I had loved, albeit such a long time since I had held a caseload in the community.

I knew my capabilities and limitations, so with the support of the DN Team Lead and the community nursing team, we agreed what was realistic and achievable in terms of competencies and clinical skills in a two-month period, ensuring patient safety at all times."

One Edinburgh approach to home-based care

The Market Shaping project within our Transformation Programme will look to transform Edinburgh's approach to supporting people in their own homes, recognising that choice and control for supported people cannot happen unless there is a sustainable market of providers and services to choose from. It will support the development of a market facilitation strategy and plan taking into consideration our approach to commissioning care at home services, our internal Home Care and Reablement provision, and further development of the One Edinburgh concept. A One Edinburgh Charter will set our expectations and values and ensure that all providers we work with are committed to offering equitable care and support, fair working practices and have common values in line with our own.

In line with the recommendations within the Independent Review of Adult Social Care, we are moving away from the traditional commissioning approach. Alongside work on the One Edinburgh Charter, the project team have been collaborating with providers to co-produce the new over 65s care at home contract. While the covid-19 pandemic meant that collaboration with providers had to pause to allow them to focus on delivering care to existing service users, this work has accelerated from August 2020 onwards. The new contract is expected to be in place by October 2022, with an emphasis on moving away from time and task models of care provision to focus on better outcomes for the people we support.

This project is also supporting the development of a market facilitation strategy and plan to ensure there is a sustainable market of providers and services for supported people to choose from.

Pharmacotherapy evolution

Pharmacotherapy is one of the main constituents of the Primary Care Improvement Plan and is expected to invest around £3.5 million each year over the 4-year implementation period (April 2018 – April 2022).

As with many other services, at the beginning of the 2020/21 financial year there was huge disruption to the established pattern of prescribing demand. This was likely linked to changing patterns of patient interaction and demand due to behaviour changes at the start of the pandemic. It is too early at this stage to say whether these changes in behaviour will be sustained. We also saw a strengthening of the role of the community pharmacy during the pandemic, as people stayed local and avoided hospital visits alongside the extension of the Pharmacy First service to allow all patients in Scotland access to treatment for minor ailments at a community pharmacy.

Despite this disruption, we continued to successfully implement many aspects of the Primary Care Improvement Plan linked to pharmacotherapy. New staff continued to be successfully inducted with around 20 new pharmacists and pharmacy technicians deployed and supported. Several new ways of working were explored such as providing pharmacotherapy

services remotely and a move towards utilising serial prescribing. This created additional capacity within the system and will be further explored, along with other innovations.

We also met our financial targets with around £2.1 million delivered against an adjusted target of £1.9 million.

Priority 6: Right care, right place, right time

As part of making sure people receive the right care in the right place at the right time, we want to ensure people are supported to live as independently as possible. We are committed to ensuring people are supported at home and within their communities whenever possible and are admitted to and stay in hospital only when clinically necessary. Central to our thinking is working towards the provision of care tailored to the individual, in a place which best provides this care and as close as possible to when it is required.

Home First

The Home First project is helping to avoid the need for hospital admissions and supporting people to get home as quickly as possible once it is safe for them to do so. We aim to embed the Home First ethos, with a dedicated staff team, into business as usual by March 2022.

Between April and August 2020, the Home First teams were dedicated to supporting the covid-19 response by helping people out of hospital and back home when it was safe to do so. This resulted in historically low delayed discharges. Since then we have supported the introduction of Home First navigators in both the Royal Infirmary of Edinburgh and the Western General Hospital to support earlier discharge planning and work with Home First teams in the community. From April 2020 the Home First team has been screening all referrals to intermediate care to ensure the patient is on the right pathway to have their care needs met, with a Home First co-ordinator successfully piloted within these intermediate care facilities to support this work.

The Home First team also supported the national drive to redesign urgent care initiated by the Scottish Government, with new pathways implemented in January 2021. Approximately 20% of all people who present to the front door of acute services could have their assessment, care and treatment elsewhere. The redesign of urgent care has implemented a single point of contact via NHS24 to triage patients and redirect them to the most appropriate service to meet their care needs. We have implemented an urgent therapy and social care pathway to support urgent referrals relating to social care. This pathway has been live from January 2021 and will be evaluated iteratively to ensure its success.

Supporting carers

Carers are a vital partner in supporting the most vulnerable people in society and were significantly affected by the restrictions put in place during the pandemic, with limited access to many of the services they rely upon, including respite care. Carer Centres continued to offer emotional support, information and practical advice to carers, including connecting carers with a service that's right for them. The Edinburgh Carers Strategic Partnership Group continues to work together to implement the Edinburgh Joint Carers' Strategy 2019-22 and ensure support is in place to mitigate the impact of the pandemic on carers.

During 2020/21 we also undertook a comprehensive commissioning exercise to establish new carer support contracts, which commenced on January 2021. These have been designed to expand supports that were already valued and deliver against the six key priority areas in the Edinburgh Joint Carer's Strategy 2019-22: Identifying Carers; Information and

Advice; Carer Health and Wellbeing; Short Breaks; Young Carers; and Personalising Support for Carers. They include additional supports for carers to have a break from caring.

Contracts were awarded to four lead providers, with a value of £17,373,169 over 8 years. Through encouraging providers to consider a collegiate approach, the contract award has supported the development of a Carewell Partnership, with a lead provider and four other providers, to deliver carer health and wellbeing support.

Assistive Technology Enabled Care

Our Assistive Technology Enabled Care (ATEC 24) service uses technology to help people live safely in their homes for as long as possible. This is a hosted service which operates on a Lothian-wide basis. The importance of this service has been highlighted during the pandemic when it has been more difficult to physically visit those in need of support.

In 2020/21, 1,200 new telecare installations were completed. Our telecare service responded to 550,000 alarm calls, with 11,500 emergency intervention visits.

We also established a ‘click and collect’ service for equipment to supplement our existing delivery service, with over 116,000 essential items provided across Edinburgh, Midlothian and East Lothian in 2020. An estimated 66,000 of these were provided to Edinburgh residents.

Sensory impairment community-based services

In 2020-21 we commissioned a new suite of sensory impairment community-based services. This included commissioning of specialist deaf social work services, deaf equipment service, eye clinic support service, rehabilitation and mobility service for people with sight loss, and administration and management of the Certificate of Vision Impairment register. Delivery of social work for people with vision impairment was brought inhouse to our locality teams, supported by interactive visual impairment awareness training delivered to 150 locality staff.

Contracts for deaf services were awarded to local provider Deaf Action commencing October 2020 to run for 3-5 years. The existing sight loss services were extended by 6 months to take account of covid-19, with new sight loss services commencing in April 2021 with our new community partners, also for 3-5 years. Sight Scotland (formerly Royal Blind) won the contract to deliver both rehabilitation and mobility training for people with a vision impairment, and the management of the Certificate of Vision Impairment database on behalf of the City of Edinburgh Council, while Visibility Scotland will deliver the Patient Support Service at the Princess Alexandra Eye Pavilion. Both organisations have great commitment to working in partnership with us and each other to deliver high-quality and seamless services to the person with sight loss.

Health and wellbeing outcomes

There are nine national health and wellbeing outcomes which have been set by the Scottish Government. Each Integration Joint Board (IJB) uses these outcomes to set their local priorities.

The table below shows how the strategic priorities form our Strategic Plan contribute to these national outcomes.

Strategic priority	National outcomes this priority contributes to	Associated national indicators
Prevention and early intervention	Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer Outcome 4: Health & social care services are centred on helping to maintain or improve the quality of life of people who use those services	Indicator 1 Indicator 7 Indicator 12 Indicator 16
Tackling inequalities	Outcome 5: Health & social care services contribute to reducing health inequalities	Indicator 11
Person-centred care	Outcome 3: People who use health & social care services have positive experiences of those services, and have their dignity respected Outcome 7: People who use health and social care services are safe from harm	Indicator 3 Indicator 4 Indicator 5 Indicator 9 Indicator 17
Managing our resources effectively	Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services	Indicator 14 Indicator 20
Making best use of the capacity across the system	Outcome 8: People who work in health & social care services feel engaged with the work they do and are supported to continuously improve information, support, care and treatment they provide	Indicator 6
Right care, right place, right time	Outcome 2: People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	Indicator 2 Indicator 8 Indicator 13 Indicator 15 Indicator 18 Indicator 19

Underpinning the nine wellbeing outcomes sits a core suite of integration indicators, which all HSCPs report their performance against. These national indicators have been developed from national data sources to ensure consistency in measurement. There are 23 indicators but four of them (indicators 10, 21, 22 and 23) have not yet been finalised for reporting.

National indicators (NI) 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government. The primary source of data for national indicators 11 to 20 are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records.

Calendar year 2020 is used for some of the indicators as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that figures presented will not take into account the full impact of covid-19 during 2020/21.

Performance against national indicators

Health and Care Experience Survey indicators

National indicators (NI) 1 to 9 are based on the Scottish Health and Care Experience Survey (HACE) commissioned by the Scottish Government. This survey is sent randomly to around 5% of the Scottish population every two years.

The most recent survey results for inclusion in this report are from the 2019/20 survey. In 2019/20 the survey was sent to 46,099 people in Edinburgh with 11,415 responses which shows a response rate of 25%. The response rate across Scotland was also 26%. The methodology was changed in 2019/20 therefore, following advice from PHS, we have provided the results from previous surveys but have not made direct comparisons.

Edinburgh is above the Scottish average for 2019/20 in six of the nine HACE survey indicators, as shown in the table below.

National Indicator (NI)	2019/20* Edinburgh	2019/20* Scotland	2015/16* Edinburgh	2015/16* Scotland	2017/18* Edinburgh	2017/18* Scotland
NI-1: Percentage of adults able to look after their health very well or quite well	93.8%	92.9%	96.1%	95.0%	93.6%	93.0%
NI-2: Percentage of adults supported at home who agree that they are supported to live as independently as possible	77.6%	80.8%	80.8%	83.0%	78.6%	81.0%
NI-3: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	76.7%	75.4%	77.4%	79.0%	73.8%	76.0%
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.6%	73.5%	71.4%	75.0%	66.7%	74.0%
NI-5: Total percentage of adults receiving any care or support who rated it as excellent or good	82.2%	80.2%	78.1%	81.0%	80.4%	80.0%
NI-6: Percentage of people with a positive experience of the care provided by their GP practice	82.5%	78.7%	86.9%	85.0%	84.2%	83.0%

NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83.2%	80.0%	82.6%	83.0%	78.9%	80.0%
NI-8: Total combined % carers who feel supported to continue in their caring role	33.0%	34.3%	36.6%	40.0%	34.8%	37.0%
NI-9: Percentage of adults supported at home who agreed they felt safe	86.5%	82.8%	81.8%	83.0%	77.5%	83.0%

*Figures for 2019/20 are not directly comparable due to changes in methodology
Source: Scottish Government HACE surveys

The areas where we are just below the Scottish average are:

- Adults supported at home agree that they are supported to live as independently as possible
- Adults supported at home agreed that their health and social care services seemed to be well co-ordinated
- Carers feel supported to continue in their caring role

We continue to focus on improvement in each of these areas. Our Home First project, described here, seeks to increase the provision of care and support in the community so people can continue to live as independently as possible. The project is also looking at pathways through the health and social care services to ensure that these are provided in way that is well coordinated between services and makes sense for the individuals experiencing those services.

The Three Conversations approach, currently being rolled out as shown here, focuses on working differently to achieve improved outcomes for people and families. This includes collaborating with the people who are referred to our services to focus on what matters to them and help them make connections or build relationships in order to go on with their life independently. Our Three Conversations approach also seeks to improve coordination between services by ensuring a holistic approach is taken to the needs of individual to connect them with the different services, both internally and in the community, that will best support their needs.

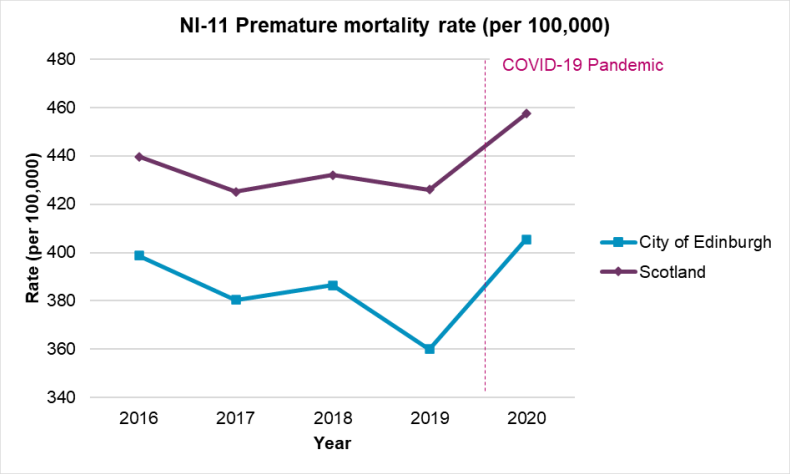
We have also put in place new contracts to support the implementation of our Joint Carers' Strategy, as described here. These will focus on increasing support for the health and wellbeing of carers as well as the provision of robust advice and information. As with many areas across Scotland, we still have work to do to identify all those in caring roles in Edinburgh and ensure they receive the support they need.

Indicator 11: Premature mortality rate

The impact of the pandemic can sadly be seen in this indicator. After declining for years, the premature mortality rate rose sharply in Edinburgh in 2020. This increase was also seen across Scotland. Edinburgh continues to have a lower premature mortality rate than the

Scottish average, and in 2020 Edinburgh is ranked 15 out of the 31 health and social care partnerships in Scotland.

Our Edinburgh Wellbeing Pact and community mobilisation approach will support continued improvement in this indicator, as described earlier. The Pact is underpinned by a shared common purpose: to achieve and maximise the wellbeing of all our citizens. It sets out a reciprocal agreement with the people of Edinburgh to create healthy communities, empowered by local services and organisations that support people to prevent crisis and manage their health and personal independence at home, working together to put wellbeing first.



	2015	2016	2017	2018	2019	2020
Edinburgh	406	399	380	386	360	405
Scotland	441	440	425	432	426	457

Source: Public Health Scotland

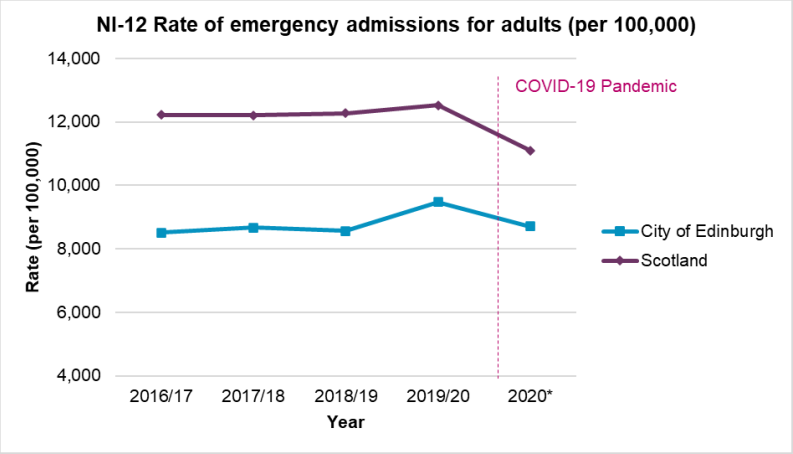
Indicator 12: Rate of emergency admissions for adults

We continue to have a much lower rate for emergency admissions than the Scottish average. The Edinburgh rate is the second lowest in Scotland, following Aberdeenshire.

The rate increased in 2019/20 due to a service change at A&E at the Royal Infirmary Edinburgh that artificially increased the number of emergency admissions. This change will continue to affect the emergency admission rate in 2020, however this has also been influenced by changes in behaviour due to the pandemic, with fewer people attending hospital A&E departments. The drop in emergency admissions in 2020 was much lower in Edinburgh than in Scotland, likely reflecting the lower number of emergency admissions to begin with. Due to the disruption over the last year, we can't accurately assess the ongoing trend in this indicator.

While we cannot yet know whether this behaviour change will be sustained, our Home First project, described here, continues to look for ways to treat patients at home or in the community where appropriate, including through a redesign of unscheduled care pathways.

The differences in the rate between our localities reflects the different demographics of these localities, shown here.



	2016/17	2017/18	2018/19	2019/20	2020*
Edinburgh	8,512	8,670	8,564	9,481	8,711
Scotland	12,229	12,210	12,279	12,522	11,100
Our localities					
North East	8,852	9,042	9,128	10,210	9,391
North West	9,360	9,471	8,961	9,974	9,267
South East	7,480	7,502	7,306	7,998	7,303
South West	8,402	8,750	9,059	9,959	9,071

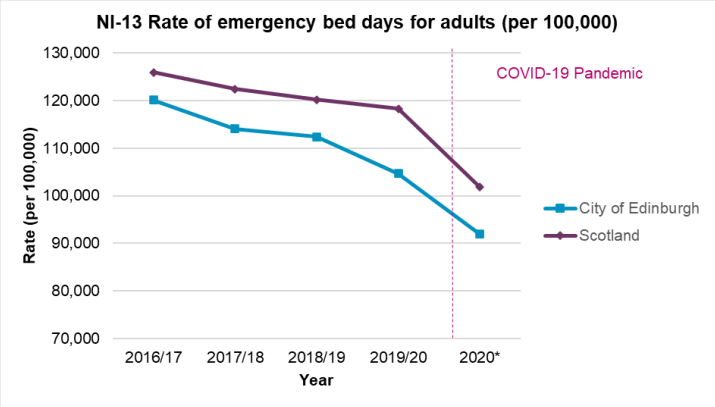
* 2020 calendar year data has been used instead of 2020/21 financial year data due to data availability.
Source: Public Health Scotland

Indicator 13: Rate of emergency bed days for adults

Like the rate of emergency admissions, the rate of emergency bed days has been consistently below the Scottish average over the last five years. We are the eighth best performing partnership on this indicator.

This indicator has also been affected by the impact of the pandemic and fewer people attending our hospital for emergency treatment. We are therefore unable to accurately compare to previous years, as we are unable to identify how much of the continuing drop in emergency bed days is due to the pandemic.

As with the rate of emergency admissions, the rate of emergency bed days varies across our localities depending on demographics outlined here.



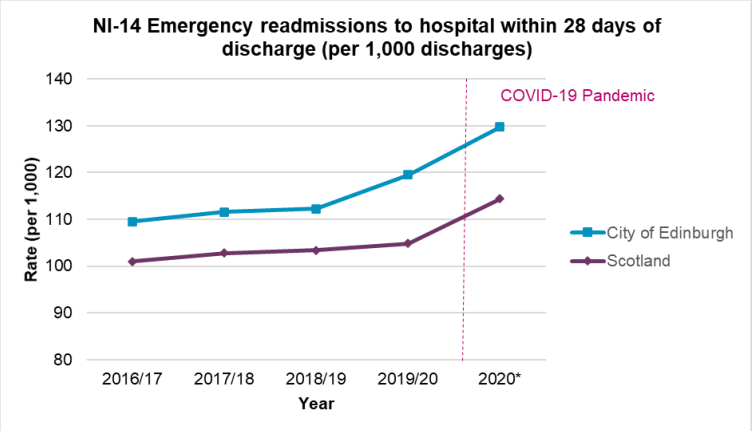
	2016/17	2017/18	2018/19	2019/20	2020*
Edinburgh	120,090	114,035	112,425	104,646	91,920
Scotland	125,948	122,388	120,155	118,288	101,852
Our localities					
North East	113,830	103,505	106,451	98,567	87,934
North West	129,659	120,854	114,742	105,552	90,960
South East	133,043	127,709	120,753	110,399	101,998
South West	98,478	99,542	105,390	102,810	84,613

* 2020 calendar year data has been used instead of 2020/21 financial year data due to data availability.
Source: Public Health Scotland

Indicator 14: Readmissions to hospital within 28 days of discharge

Edinburgh has been consistently above the Scottish average on this indicator and ranks in the lowest 20% of partnerships. Work is ongoing to better understand the reasons behind this high rate of readmissions and look at how we can target improvements in this area.

This indicator was also affected by the pandemic, with a sharp increase in both Edinburgh and Scotland between 2019/20 and 2020. The increase in rate in Edinburgh is roughly the same as the increase in Scotland. This is likely partially due to the lower number of people in hospital over 2020, meaning that those in hospital have more complex issues and are therefore more likely to have recurring issues that result in the need to be readmitted. Again, we can't accurately compare this indicator to previous years due to the impact of the pandemic on these figures.



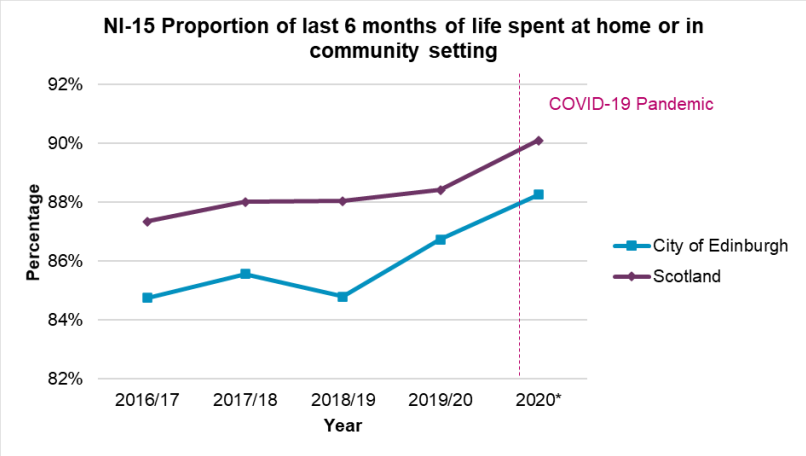
	2016/17	2017/18	2018/19	2019/20	2020*
Edinburgh	110	112	112	119	130
Scotland	101	103	103	105	114
Our localities					
North East	113	110	119	124	131
North West	104	106	104	112	130
South East	116	116	109	119	122
South West	107	117	119	124	135

* 2020 calendar year data has been used instead of 2020/21 financial year data due to data availability.
Source: Public Health Scotland

Indicator 15: Proportion of last 6 months of life spent at home or in community setting

Edinburgh has a lower rate than the Scottish average on this indicator but while we have one of the lowest rates in Scotland, the difference with the national average is small. Over the last five years, we have made progress to close this gap and improve our performance in this space. As this measure is based on how much time people spent in hospital during the last six months of their life, the lower numbers in hospital in 2020 will have affected the trend.

Our Home First project is continuing to focus on supporting people at home or in a community setting where appropriate, including through our Hospital at Home service. Our bed based strategy is also looking to ensure we have the right mix of beds across hospital and community setting to support a shift in the balance of care to the community.



	2016/17	2017/18	2018/19	2019/20	2020*
Edinburgh	85%	86%	85%	87%	88%
Scotland	87%	88%	88%	88%	90%
Our localities					
North East	85%	85%	85%	87%	88%
North West	82%	84%	83%	85%	86%
South East	86%	87%	87%	88%	90%
South West	87%	86%	86%	87%	89%

* 2020 calendar year data has been used instead of 2020/21 financial year data due to data availability.
Source: Public Health Scotland

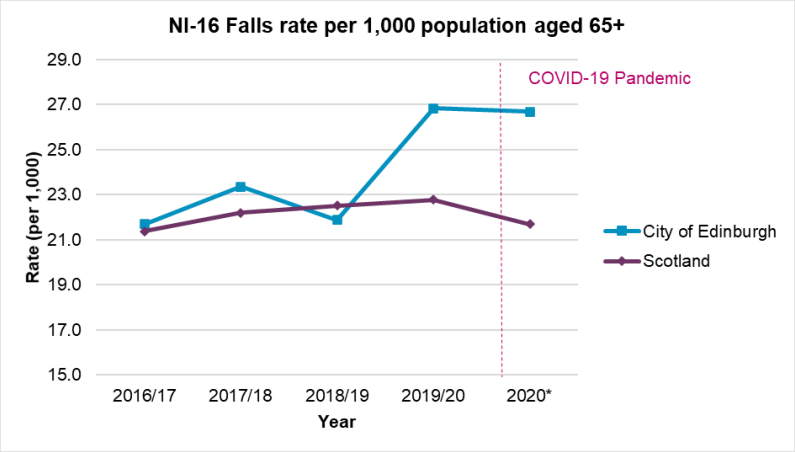
Indicator 16: Falls rate per 1,000 population in over 65s

The falls rate in Edinburgh is higher than the national average and in 2020 we have the third highest rate out of all the health and social care partnerships. However, in 2018/19 we had the 12th lowest rate out of the 31 partnerships. This rate is based on the number admitted to hospital following a fall, rather than all falls in the community.

The rate increased sharply from 2019/20 and was accompanied by a drop in the average length of stay following admission. It is likely this is linked to the service change at A&E at the Royal Infirmary Edinburgh that artificially inflated emergency admission numbers.

The restriction in activities associated with the pandemic may also have influenced this figure in 2020. Many people could have lost fitness or muscle tone following the inability for them to continue their normal activities, particularly those who were shielding. This increases the risk of falls and may have offset the reducing numbers attending hospital last year.

The staying active activities described here, run through our long term conditions programme and funded through our grants programme, continue to support our vulnerable population and those with long term conditions to stay active and reduce the likelihood of falls.



	2016/17	2017/18	2018/19	2019/20	2020*
Edinburgh	21.7	23.4	21.9	26.8	26.7
Scotland	21.4	22.2	22.5	22.8	21.7
Our localities					
North East	22.0	25.0	23.0	30.0	29.2
North West	22.0	24.0	22.0	27.0	27.8
South East	24.0	23.0	22.0	28.0	26.4
South West	19.0	21.0	21.0	23.0	23.1

* 2020 calendar year data has been used instead of 2020/21 financial year data due to data availability.
Source: Public Health Scotland

Indicator 17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Indicator 17 has also been affected by the pandemic, as the Care Inspectorate altered the way they ran inspections and their areas of focus during the inspections.

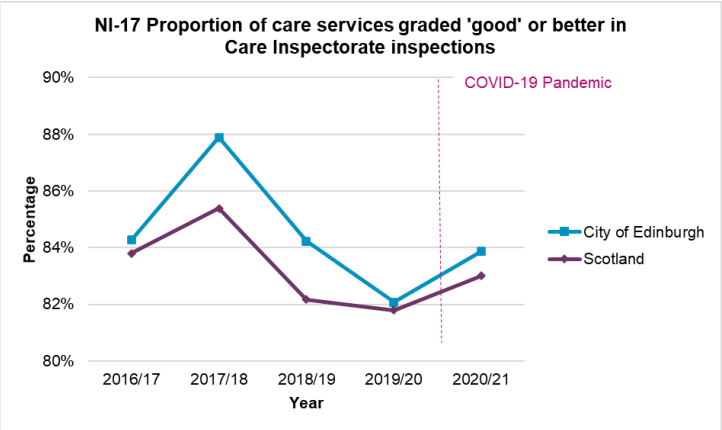
Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading covid-19 in Scotland's care homes. With agreement from Scottish Government, the Care Inspectorate therefore restricted their presence in services unless necessary. This approach resulted in most services not being graded as normal and instead retaining the grades they had last received.

Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic. The Care Inspectorate also developed a new question to allow them to focus inspections on how services were responding to pandemic, particularly in relation to increased infection prevention and control requirements.

The data for NI-17 comes from the Care Inspectorate and covers all registered services in Edinburgh, not just those that we run. The figure covers the latest inspection result for each registered service, even if the inspection took place before the referenced financial year.

In 2020/21, 84% of care services in Edinburgh had a grade of 'good' (4) or better, compared to 83% in Scotland, meaning we are above the Scottish average. We rank 20th out of 31

partnerships on this indicator. A summary of the Care Inspectorate reviews of our services during financial year 2020/21 and the work we have done to improve services in our care homes is shown here.



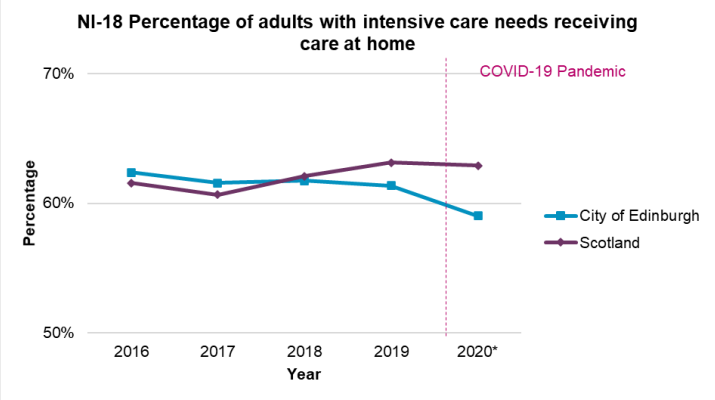
	2016/17	2017/18	2018/19	2019/20	2020/21
Edinburgh	84%	88%	84%	82%	84%
Scotland	84%	85%	82%	82%	83%

Source: Care Inspectorate

Indicator 18: Percentage of adults with intensive needs receiving care at home

There has been a slight drop in the percentage of adults with intensive needs receiving care at home (those receiving personal care or direct payments for personal care) in 2020 from 61.4% to 59%. We remain below the national average and are ranked 24th out of 31 partnerships. In 2020 this indicator has likely been affected by the need to prioritise our support to the most vulnerable during the pandemic.

We continue to work to shift the balance of care from hospital settings to the community, including through our bed-based review and Home First approach.



	2016	2017	2018	2019	2020
Edinburgh	62.4%	61.6%	61.8%	61.4%	59.0%
Scotland	61.6%	60.7%	62.1%	63.1%	62.9%

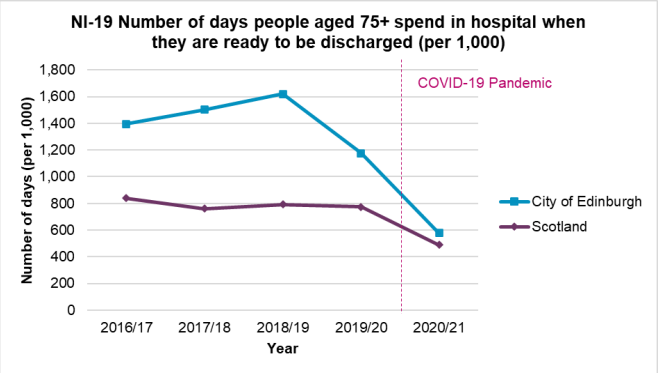
Source: Public Health Scotland

Indicator 19: Number of days people aged 75+ spend in hospital when they are ready to be discharged

The rate of bed days lost due to delayed discharged for those over 75 has decreased sharply in 2020/21 for both Edinburgh and Scotland. The figure for Edinburgh was 579 compared to 488 in Scotland. This is a decrease in Edinburgh from 1,175 days in 2019/20.

The 2020/21 figures will be affected by the pandemic both due to the lower number of people being admitted to hospital and the focus on this area to free up beds to increase hospital capacity. However, between 2019/20 and 2020/21, this figure decreased by 51% in Edinburgh compared to a 37% decrease in the figure for Scotland. We remain higher than the national level, but the gap has closed over the last few years. In 2020/21 we were ranked 22nd out of 31 partnerships, an improvement from our ranking of 27th in 2019/20.

We continue to work to reduce the levels of delayed discharges in Edinburgh, however these are likely to increase again as our services remobilise and pressures on capacity increases following the removal of restrictions. Our bed-based strategy will implement changes that support increased capacity in intermediate care and nursing homes and a smoother pathway for referrals to additional bed-based care. Ongoing work through the Home First project on implementing a Planned Date of Discharge will also support more proactive discharge planning.



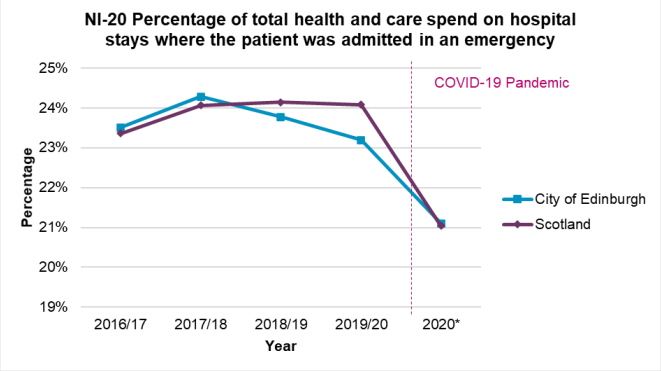
	2016/17	2017/18	2018/19	2019/20	2020/21
Edinburgh	1,395	1,502	1,621	1,175	579
Scotland	841	762	793	774	488

Source: Public Health Scotland

Indicator 20: Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency

The percentage of total health and care spend on hospital stays resulting from emergency admissions has decreased in 2020. This figure includes spend that is not part of our budget so does not match our financial information. The figure in 2020 likely decreased due to the combination of increased spending, primarily community based, due to the pandemic, and the lower numbers of emergency admissions. As with other indicators, this means that we are unable to accurately compare trends across years.

This indicator is linked to our desire to shift the balance of care from hospital settings to the community where appropriate. This is supported by our Home First, bed-based strategy and community mobilisation projects within our Transformation programme. We have described our own financial situation in more detail here.



	2016/17	2017/18	2018/19	2019/20	2020*
Edinburgh	23.5%	24.3%	23.8%	23.2%	21.1%
Scotland	23.4%	24.1%	24.1%	24.1%	21.0%

* 2020 calendar year data has been used instead of 2020/21 financial year data due to data availability.
Source: Public Health Scotland

Ministerial Strategic Group indicators

We also report performance indicators to the Scottish Government through the Ministerial Strategic Group for Health and Community Care (MSG). These performance indicators give a view of how HSCPs are progressing against a range of whole system level measures. The performance indicators are largely based on hospital sector data due to routine availability of national data. While similar to some of the core indicators, these figures are calculated in slightly different ways so are not comparable.

As with the core indicators, these figures have been impacted by the pandemic. The restrictions on both people's movement and hospital activity resulted in lower numbers of A&E attendances, unplanned admissions, emergency bed days and delayed discharges. The percentage of the last 6 months spent in community setting and the population over 65 living at home (balance of care) were also likely affected by the reduction in hospital activity.

A summary of the MSG measures and performance for Edinburgh in 2020/21 is shown in the table below. No targets were set for 2020/21 due to the pandemic.

Indicator	2017/18 Baseline total	Desired direction of travel	Latest available figures	Latest period available
A&E Attendances	103,986	↓	83,458	2020/21
Unplanned Admissions	35,597	↓	36,642[+]	2020
Emergency Occupied Bed Days:				
• Acute	330,759	↓	268,972	2020
• Geriatric Long Stay[^]	22,324	↓	19,472[^]	2020/21
• Mental Health	122,841	↓	131,002[p]	2019/20
Delayed Discharges	76,933	↓	32,798	2020/21
Last 6 months of life spent in a community setting	85.7%	↑	86.7%[p]	2019/20
Balance of Care[#]	95.5%*	↑	95.7%[p]	2019/20

[+] More detail on the change in emergency admissions since 2017/18 is provided here.

^ Geriatric long stay unscheduled occupied bed days data is affected by SMR completeness issue.

p This data is provisional.

This indicator is still under development and may change in future releases.

* The Balance of Care 2017/18 baseline figure has been updated since it was last published, it was previously 95.6%.

Looking ahead

The impact of covid-19 and related restrictions will likely have a continuing impact directly on health and wellbeing as well as indirectly through the economic situation that may exacerbate existing inequalities. We continue to monitor and prepare for this longer-term impact.

Over 2021/22 we will be refreshing and consulting on our Strategic Plan for 2022 to 2025. This will consider our evolving strategic priorities in light of the impact of covid-19 as well as wider trends our services need to respond to.

We will also draw on the findings of the Independent Review of Adult Social Care, released in February 2021, to ensure our strategic plan responds to the opportunities presented by this report. The full extent of changes to adult social care resulting from this report may not be realised for some time but we need to ensure our plans align to the direction endorsed by the Scottish Government.

Our focus on our transformation programme will continue over 2021/22. We will reach significant milestones in a few of our major projects, including:

- Finalise and embed the 'Edinburgh Pact' through community mobilisation and other transformation projects.
- Continue our bed-based care project by seeking approval of phase one of the bed-based strategy and commencing work on redesign options for phase 2 work streams.
- Embed the Home First ethos, with a dedicated staff team, into business as usual by March 2022.
- Roll out the Three Conversations approach to all services completing assessments, allowing a reduction in waiting times for assessment, better and more person-centred outcomes for individuals and reduced referrals to paid-for services.
- Develop a market facilitation strategy and plan to ensure there is a sustainable market of providers and services for supported people to choose from.
- Implement new Care at Home contracts by October 2022 following a co-production process focused on moving away from time and task models of care provision to focus on better outcomes for the people we support.

Our transformation programme was funded and resourced on a two-year basis, which is due to end in March 2022. Some projects will be transitioned into our business as usual structures by this time, with the ethos of Home First and Three Conversations embedded into our everyday work. Other projects will require ongoing support for implementation over a longer period – for example, the Bed Base Strategy and Market Shaping – and consideration will be given on how best to resource this within a core strategic programme of work.

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Edinburgh Integration Joint Board

REPORT

Finance update

Edinburgh Integration Joint Board

26th October 2021

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board (IJB) with an update on the financial performance of delegated services for the first 5 months of the year.

Recommendations	It is recommended that the board note: a. the financial position for delegated services to 31st August 2021; and b. the ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.

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 information contained within this report was scrutinised by the Performance and Delivery Committee (P&D) on 13th October 2021.

Main Report

Background

2. In March 2021, the IJB agreed the 2021/22 financial plan and associated savings and recovery programme. Recognising that the additional measures required to balance the plan would have a significant negative impact on performance gains and, ultimately on outcomes for people, the board made the difficult decision to support a budget which did not deliver financial balance. At this point the plan had a deficit of £9.3m which has subsequently been reduced to £6.8m. The Chief Office and Chief Finance Officer are continuing tripartite efforts with colleagues in the City of Edinburgh Council (the Council), NHS Lothian and the Scottish Government to bridge this remaining shortfall.

3. 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.

4. Financial reporting throughout 2020/21 highlighted the challenges inherent in providing meaningful, consistent and relevant financial information in the context of prevailing uncertainty arising from the Covid pandemic. Whilst much work has been undertaken, this remains an issue for 2021/22 due to the ongoing uncertainty around Covid including mobilisation plans, timelines to continue Covid services, Covid exit planning and the fact that identifying Covid specific costs is not straightforward. Current service pressures and associated deteriorating performance will also increasingly impact the financial position, compounding these challenges.

Overview of financial position

5. The information in this report is based on the period 5 (August 2021) monitoring reports from the Council and NHS Lothian and the NHS Lothian quarter 1 review. These show an overall **projected deficit of £16.3m** (£6.3m for the first 5 months) as summarised in table 1 below. The main drivers of this position are slippage in the delivery of the purchasing related savings and the year to date impact of the budget deficit discussed above. Further detail is included in appendices 1 (NHS Lothian) and 2 (the Council), with narrative explanations in paragraphs 6 to 10.

	Annual Budget £k	To August 2021			Year end forecast £k
		Budget £k	Actual £k	Variance £k	
NHS services					
Core	297,078	101,381	100,879	501	2,058
Hosted	98,237	39,133	38,948	185	(351)
Set aside	99,760	38,555	39,342	(788)	(3,042)
Sub total NHS services	**495,075**	**179,068**	**179,169**	**(101)**	**(1,335)**
CEC services	**239,197**	**99,666**	**105,893**	**(6,228)**	**(14,947)**
Total	**734,273**	**278,734**	**285,063**	**(6,329)**	**(16,282)**

Table 1: financial position for delegated services to August 2021

NHS Lothian

6. NHS Lothian has now completed its first financial forecast for the year, the quarter 1 review. Delegated health services are reporting a small overspend of £0.1m for the 5 months to August 2021. This rises to a projection of £1.3m by the end of the financial year.

7. As for last financial year, interpretation is complicated by the impact of Covid costs, offsets and funding. Given the low risk to receiving additional funding from the SG, NHS Lothian has allocated budgets against Covid costs incurred to date. This has allowed improved reporting of core pressures and easier budget management across services.

8. Key variances remain largely as previously reported and include:

   - *Vacancies* – continue to drive the projected year end underspends in a number of services, including community hospitals (£0.8m), mental health

(£1.2m), therapies (£0.4m) and rehabilitation (£0.4m). Given the impact of this level of vacancy on service delivery, operational staff continue to prioritise recruitment. In some areas, for example district nursing, new staffing models have been developed and the forecast assumes posts will be filled in line with this.

- *Prescribing (£0.4m over)* – volumes are higher than predicted with a 1.4% increase over the average for the last 6 month of 2020/21. Prices have remained high but are due to reduce from July, the impact of this can be seen in the improvement in the outturn when compared to the current year to date position. Work to unpick the impact of Covid on this year's prescribing patterns is ongoing and an element of associated funding has been assumed in the outturn variance but no funding yet released in the current position.

- *Hosted services (£0.4m over by year end)* – increased issues of community equipment, potentially linked to Covid, continues to be a material pressure. This service is hosted by the Edinburgh Partnership and is the subject of an ongoing review, supported by the sustainability and value team from NHS Lothian. Also driving the financial position for hosted services are overspends in adult mental health services where additional beds have been opened in response to activity pressures and medical staffing costs have increased. These are offset by underspends across a number of services, including therapies, rehabilitation and sexual health. These areaa are impacted by staff vacancies (see above) and the influences of Covid on the needs and delivery of these services.

- *Set aside services (£3.0m over)*- continues to be the main financial issue facing NHS delegated services. Key drivers include staffing (mainly at the acute hospital's front doors and in therapies) and drugs (in gastrointestinal and cystic fibrosis services). Other areas of pressure include adult insulin pumps within diabetes & endocrinology, and within therapy services at the Royal Infirmary of Edinburgh (both occupational therapy and physiotherapy. There continues to be pressures in relation to set aside junior medical costs also.

City of Edinburgh Council

9. Council delegated services are reporting an overspend for the year to date of £6.2m, equating to a projected year end outturn of £14.9m. This is after assuming funding to offset Covid related costs. As happened in 2020/21, where possible Covid costs have been captured separately and reported on the appropriate expenditure lines. Beyond this, funding has been recognised in line with the quarter 1 local mobilisation plan (LMP) submission. The one exception to this are any projected undelivered savings as the Scottish Government (SG) has not yet confirmed their position on this.

10. As with the NHS Lothian position, interpretation is complicated by the impact of Covid costs, offsets and funding. Nonetheless, the headline issues are in line with those reported throughout last year, namely:

    - *External services* (net projected overspend of £10.6m) – also referred to as 'purchasing'. Progress continues to be made in purchasing savings plans totalling £11.2m, however it is unlikely that the required level of savings will be achieved in 2021/22. The impact of COVID on savings plans cannot be understated, with continuity of care and the safety of people using our services taking priority. Significant pressures over winter are anticipated, across both NHS and community services. These pressures could lead to a further deterioration in the reported financial position if additional community capacity is required.

    - *Internal services* (forecast net underspend of £3.1m) - can mainly be attributed to employee costs across the services, but mostly in homecare and residential services. Continuing difficulty in recruiting to the sector in addition to care homes with low occupancy rates are the main contributing factors. Building based day services remain closed to service users, with some outreach taking place, therefore variable costs are down leading to a favourable budget position. However it is likely that there will be a link between the consequent reduction in capacity in internally run services and increases in purchasing costs.

    - *Budget deficit* (£6.8m over) – reflecting the fact that the budget remains unbalanced.

Funding for the financial impact of Covid-19

11. In 2020/21 Covid related costs were met in full by the SG via the local mobilisation planning (LMP) process, with funding released by the Government at various points during the year. Reflecting the fact that pandemic related costs will span financial years, elements of funding received last year were held in reserve by integration authorities and carried forward to 21/22. For this financial year, the SG will release additional funds when these reserves, which for Edinburgh total £11.6m, are exhausted.

12. Quarter 1 LMP returns were submitted to the SG at the end of July, in anticipation of this the SG allocated an initial tranche of funding to NHS Boards to support current and ongoing Covid costs. This allocation also covered test and protect and vaccination expenditure. NHS Lothian received £12.6m for general pandemic costs.

13. Funding for Integration Authority is currently being assessed by the SG, taking into account amounts carried forward in reserves. Whilst this position is being considered, no further funding was allocated in advance of the quarter one review. However SG officials have reiterated that any specific areas where funding pressures are impacting on service delivery should be flagged at the earliest opportunity to Health Finance for consideration.

14. The SG's approach to supporting financial balance considers the 'core' and 'covid' positions separately. They continue to provide assurance that sufficient funding will be available to meet the associated costs in full. However, at this point, unachieved savings are being classed as core overspends and funding is not confirmed at this point. This is a national issue and Health Boards and Integration Authorities continue to press for a treatment consistent with 20/21 when slippage on delivery was recognised in the LMPs.

15. On behalf of the IJB and, in the context of the unbalanced financial plan, the Chief Officer and Chief Finance Officer are actively seeking to influence partners to maximise flexibility in the application of these monies in the current financial year.

Savings and Recovery Programme

16. Delivery of the IJB's Savings and Recovery Programme is overseen by the Savings Governance Board (SGB), 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. As part of this process all reports are signed off by finance colleagues to ensure accurate and appropriate reporting.

17. At their meeting on the 13th October 2021 the P&D Committee considered the routine quarterly update. Appendix 3 details the validated and reported progress status and associated RAG evaluation for all approved projects within the 21/22 programme up until the end of August 2021. Financial RAG evaluation for each project has been provided up until the end of July and lags one month behind the project progress status to allow time for the data to be confirmed with the NHS Lothian and Council finance teams. A high-level summary, outlining the current status and agreed actions, has been provided against each project.

Implications for Edinburgh Integration Joint Board

Financial

18. Outlined elsewhere in this report

Legal/risk implications

19. Like any year end projection, the IJB's relies on a number of assumptions and estimates each of which introduces a degree of risk. The most material issues remain the unbalanced financial plan and the delivery of the agreed savings and recovery programme.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

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Appendices

Appendix 1	Financial outturn for NHS delegated services to August 2021
Appendix 2	Financial outturn for Council delegated services to August 2021
Appendix 3	21/22 savings and recovery programme - project status including progress and financial rag evaluation
Appendix 4	Glossary of terms

FINANCIAL POSITION FOR NHS DELEGATED SERVICES TO AUGUST 2021

	Annual Budget £k	To August 2021 Budget £k	Actual £k	Variance £k	%	Year end forecast £k
Core services						
Community Hospitals	13,595	5,556	5,150	406	3%	763
District Nursing	12,724	5,302	5,005	297	2%	47
Geriatric Medicine	3,058	1,167	1,162	5	0%	3
GMS	85,417	35,723	35,635	88	0%	(343)
Learning Disabilities	1,246	520	456	64	5%	142
Mental Health	8,624	3,602	3,068	534	6%	1,219
PC Services	11,682	974	991	(17)	0%	187
Prescribing	77,945	31,223	32,166	(943)	-1%	(355)
Resource transfer and reserves	66,128	12,102	12,213	(111)	0%	(121)
Substance Misuse	4,604	1,925	1,894	31	1%	(22)
Therapy Services	11,270	3,023	2,918	105	1%	350
Other	784	265	221	44	6%	187
Sub total core	**297,078**	**101,381**	**100,879**	**501**	**0%**	**2,058**
Hosted services						
Community Equipment	1,862	776	1,415	(639)	-34%	(1,310)
Complex Care	1,156	375	376	(1)	0%	13
Hospices & Palliative Care	2,505	1,044	1,052	(8)	0%	(5)
Learning Disabilities	8,433	3,028	2,995	33	0%	(44)
LUCS	7,367	2,832	2,918	(86)	-1%	(86)
Mental Health	31,908	12,360	12,420	(60)	0%	(517)
Oral Health Services	10,439	4,244	4,154	89	1%	(21)
Pharmacy	1,181	1,653	1,653	0	0%	0
Primary Care Services	2,994	1,261	1,229	32	1%	86
Psychology Services	5,163	1,979	1,883	96	2%	31
Public Health	1,069	310	257	53	5%	58
Rehabilitation Medicine	5,364	2,107	1,909	199	4%	369
Sexual Health	3,957	1,547	1,486	61	2%	184
Substance Misuse	2,180	849	829	20	1%	1
Therapy Services	8,393	3,452	3,163	289	3%	559
UNPAC	3,746	1,019	912	106	3%	342
Other	520	297	297	1	0%	(11)
Sub total hosted	**98,237**	**39,133**	**38,948**	**185**	**0%**	**(351)**
Set aside services						
Acute management	3,434	1,385	1,398	(13)	0%	19
Cardiology	4,120	1,688	1,690	(2)	0%	152
Diabetes & endocrinology	2,184	975	985	(11)	0%	(308)
ED & minor injuries	10,777	4,345	4,328	18	0%	91
Gastroenterology	10,480	4,761	5,075	(314)	-3%	(1,048)
General medicine	26,913	11,091	11,303	(212)	-1%	(441)
Geriatric medicine	17,140	7,105	7,109	(5)	0%	(228)
Infectious disease	3,367	(850)	(1,019)	169	5%	297
Junior medical	3,667	1,532	1,627	(95)	-3%	(201)
Other	644	220	195	25	4%	142
Rehabilitation medicine	1,728	720	757	(37)	-2%	(77)
Respiratory medicine	5,998	1,835	2,071	(236)	-4%	(986)
Therapy services	9,309	3,748	3,824	(76)	-1%	(456)
Sub total set aside	**99,760**	**38,555**	**39,342**	**(788)**	**-1%**	**(3,042)**
Net position	**495,075**	**179,068**	**179,169**	**(101)**	**0%**	**(1,335)**

21-22 SAVINGS AND RECOVERY PROGRAMME - PROJECT STATUS INCLUDING PROGRESS AND FINANCIAL RAG EVALUATION

	Annual Budget £k	To August 2021 Budget £k	Actual £k	Variance £k	%	Year end forecast £k
External						
Assessment and care management	410	171	171	0	0%	0
Care and support	59,114	24,631	25,864	(1,233)	-5%	(2,960)
Care at home	33,411	13,921	15,570	(1,649)	-12%	(3,956)
Day services	12,600	5,250	5,178	72	1%	173
Direct payments/individual service funds	39,576	16,490	17,910	(1,420)	-9%	(3,408)
Other/generic/universal services	14,067	5,861	5,774	88	1%	211
Residential services	69,708	29,045	29,393	(348)	-1%	(836)
Transport services	904	377	294	82	22%	198
Total external services	**229,789**	**95,746**	**100,153**	**(4,408)**	**-2%**	**(10,579)**
Internal						
Assessment and care management	14,681	6,117	5,855	262	4%	630
Care and support	7,276	3,032	3,118	(86)	-3%	(207)
Care at home	26,090	10,871	10,299	571	5%	1,371
Day services	10,632	4,430	3,738	692	16%	1,660
Equipment services	8,551	3,563	4,464	(901)	-25%	(2,163)
Management	2,436	1,015	967	48	5%	116
Other operating costs	1,688	703	852	(148)	-21%	(356)
Other services	5,983	2,493	2,271	221	9%	531
Residential services	27,490	11,454	10,700	754	7%	1,811
Strategy/contract/support services	3,859	1,608	1,720	(112)	-7%	(268)
Therapy services	3,656	1,523	1,520	4	0%	9
Pension costs	439	183	183	0	0%	0
Total internal services	**112,779**	**46,991**	**45,685**	**1,306**	**1%**	**3,135**
Total service wide COVID costs			**9,786**	**(9,786)**	**N/A**	**(23,487)**
Total costs	**342,569**	**142,737**	**155,625**	**(12,888)**	**-4%**	**(30,931)**
Income and funding						
Government grants	805	335	329	(6)	-2%	(15)
Funding and cost recovery	75,295	31,373	31,283	(90)	0%	(215)
Customer and client receipts	19,999	8,333	8,333	0	0%	0
COVID LMP funding	0	0	9,786	9,786	N/A	23,487
Total income and funding	**96,098**	**40,041**	**49,731**	**9,690**	**10%**	**23,257**
Budget gap	**(7,273)**	**(3,030)**	**0**	**(3,030)**	**100%**	**(7,273)**
Net position	**239,197**	**99,666**	**105,893**	**(6,228)**	**-3%**	**(14,947)**

Appendix 3

21/22 SAVINGS AND RECOVERY PROGRAMME - PROJECT STATUS INCLUDING PROGRESS AND FINANCIAL RAG EVALUATION

Project Number	Project Name	Phase	Target Saving	Progress RAG as of End AUGUST 21	Savings RAG as of End JULY 21	Progress update as of 31st August 2021
9	The Works	2	£30,000.00	1	1	SRO has recommended the planned service review be completed by an independent body. An action for the SRO to bring a proposal to next meeting detailing the planned activities required to achieve the agreed project benefits has been documented. Despite a delayed start, there remains enough time within the programme to complete a service review and implement an agreed service change that delivers savings.
7	Purchasing	1	£7,190,000.00	4	2	Work has been ongoing to implement changes across the purchasing project that support grip and control and improve practice, despite increased demand and reduced capacity due to the impact of COVID-19. A detailed project plan to address training issues and realign service provision following the pandemic has been developed, agreed and baselined. Data processing and quality issues continue to impact financial reporting against this project due to SWIFT issues. Mitigations to address the issues have been incorporated in the plan to realign the service. A significant dependency on the Policy Development project has been documented for this project.
6	Community Equipment	1	£250,000.00	4	2	Covid pressures continue to change the demand for equipment at pace. As a result of this, the project has completed a rescoping exercise. Eight (8) project goals have been identified Work to quantify project goals, confirm project duration and prioritise work is expected to complete in the next 2 weeks. A revised project brief will be completed to determine if a formal change request is required for the project.
11	Substance Misuse	2	£150,000.00	4	2	In June 2021, a spike in Edinburgh drug related deaths raised a significant risk with the financial savings against the approved project. A new project plan, which is focused on an operational review to determine savings, is currently being scoped. The revised proposal is expected to be agreed and approved within the next 2 months. A change request will be completed and documented as part of this process.
17	Policy Development	4	£4,000,000.00	4	2	A detailed gap analysis of current policies and procedures has been completed and a dependency on resources within the Office of the Chief Social Worker has been identified to complete the work. A single shared database of 115 policies and procedures has been identified as required to be reviewed or are a new document. The list has been agreed and shared with stakeholders, prioritisation has been completed based on recommendations from Audit and

21/22 SAVINGS AND RECOVERY PROGRAMME - PROJECT STATUS INCLUDING PROGRESS AND FINANCIAL RAG EVALUATION

Project Number	Project Name	Phase	Target Saving	Progress RAG as of End AUGUST 21	Savings RAG as of End JULY 21	Progress update as of 31st August 2021
						work is underway to identify resource gaps and determine the total effort required. Concerns have been raised regarding the process to complete a procedure review across different directorates within the CEC. A plan to address this issue is being undertaken with the Office of the Chief Social Worker.
14a	Medical Day Hospitals	3	£200,000.00	5	5	Work has progressed to refine an integrated community model. Financial modelling of the option is required to be completed to assess the impact on the Savings programme and provide assurance. This is expected to complete in October 2021. It is expected that this project will correct in both progress and financial RAG within the next quarter.
14b	Bed Based Review	3	£1,610,000.00	5	5	Slippage in the project has meant that full savings is unlikely to be realised. This is expected to be mitigated through in year savings as result of low occupancy rates in residential care.
5	Sexual Health Service Review	1	£110,000.00	5	5	Remobilisation of services has progressed concurrent to identifying areas for improvement. Service user engagement activities have been planned and a shared vision for the delivery of LSRHS across Lothian is expected to be agreed in October. There is currently enough time to implement agreed service changes and deliver the project savings target. A service review is underway, and it is expected that this project will correct in both progress and financial RAG within the next quarter.
16	LD Overnight Services	4	£75,000.00	5	5	Four providers have been engaged and confirmed for a contract reduction that will deliver the project saving in full. It is expected that this project will correct in both progress and financial RAG within the next report period.
13	Hosted Service & Set aside	1	£2,160,000.00	6	6	Hosted services progress remains on track. It is expected that the progress and financial RAG will continue to improve over the next quarter.
4	Review Rehabilitation Services	1	£140,000.00	6	6	Opportunities for savings through vacancies and non-pay budgets have been identified. Further work to understand the impact of these on the model of care is expected to complete in the next 3 months. Current YTD underspend puts this project at minimal risk. It is expected that this project will correct in both progress and financial RAG within the next quarter.
10	Prescribing 21-11	2	£2,200,000.00	6	6	While good progress has been reported against this project, the impact of Covid continues to be of concern. Remedial actions have been put in place and it is expected that this project

21/22 SAVINGS AND RECOVERY PROGRAMME - PROJECT STATUS INCLUDING PROGRESS AND FINANCIAL RAG EVALUATION

Project Number	Project Name	Phase	Target Saving	Progress RAG as of End AUGUST 21	Savings RAG as of End JULY 21	Progress update as of 31st August 2021
						will correct in both progress and financial RAG within the next report period.
12	OP Day Opportunity	2	£163,000.00	6	8	Expenditure reduced at the expected level and the contract value in the General Ledger has been confirmed as reduced to deliver the savings. While a delay in occupancy of Canalside has slowed the progress of the project, CEC Finance have confirmed a delay in occupancy will not put the overall budget at risk. It is expected that this project will correct in both progress and financial RAG within the next report period.
1	Ex Housing Support - Older People	1	£500,000.00	9	9	This project is progressing as planned and will be closed within the next reporting cycle with a full realisation of savings.
	Day Centres & BeAble	1	£130,000.00	9	9	This project is progressing as planned and will be closed within the next reporting cycle with a full realisation of savings.
	BBV Service Review	4	£45,000.00	5	10	Full savings have been confirmed. Project has been closed under CLR-04. Despite a full saving confirmed the project did not progress as expected. Lessons learnt have been logged in alignment with programme governance.
3	Learning Disabilities	1	£200,000.00	10	10	Full savings has been realised. Project activity has completed as planned. The project has been closed under CLR-01
8	Positive Steps	2	£30,000.00	10	10	Full savings has been realised. Project activity has completed as planned. The project has been closed under CLR-02

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	Services provided to under 65s in their homes.
DAY SERVICES	Services provided to clients in buildings owned by the Council or a third party.
DIRECT PAYMENTS	Option 1 of self directed support where the client has chosen to be responsible for organising their care.
GMS	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.
HOSTED SERVICES	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).
INDIVIDUAL SERVICE FUNDS (ISF)	Option 2 of self directed support where the client has chosen for a 3rd party (not the Council) to organise their care.
LUCS	Lothian Unscheduled Care Service – provides out of hours GP services
RESIDENTIAL SERVICES	Services provided to clients in care homes.
SET ASIDE SERVICES	Acute hospital based services managed on a pan Lothian basis by NHS Lothian
THERAPY SERVICES	Mainly occupational therapy teams.

Edinburgh Integration Joint Board

REPORT

Annual Assurance Statement

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	This report provides the Edinburgh Integration Joint Board (EIJB) with an update on the committee annual assurance process.

Recommendations	The Integration Joint Board is asked to: a) note the moderate assurance offered by the Audit and Assurance Committee following their review of the committee assurance statements attached at appendices 1 to 5; and b) consider the issues raised by the committees as summarised in paragraph 6.

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 committee assurance statements have been presented to the Audit and Assurance Committee (AAC) for scrutiny on 20 August 2021 (Clinical and Care Governance Committee, Futures Committee, Performance and Delivery Committee and Strategic Planning Group) and 1 October 2021 (Audit and Assurance Committee).

Main Report

2. The Edinburgh Integration Joint Board (EIJB) agreed a new annual assurance process at their meeting in December 2020. All EIJB committees were asked to submit an annual assurance statement which covers the business of all meetings held during 2020/21.The link to the full paper is **here** .

3. Assurance statements should be designed to support the assurance the committees are giving to the EIJB and identify any significant issues.

4. Once committees (including Audit and Assurance Committee) agreed their committee annual statements they were scrutinised at AAC on the 20 August 2021. The submission by AAC was considered and agreed on the 01 October 2021 and this reflected the issues raised by the other four committees. The purpose of the review by AAC is to provide the EIJB with assurance (or otherwise) on the effectiveness of the EIJB committee structure and how well the committees are fulfilling their duties.

5. In this inaugural year, each committee took a different approach to agreeing its assurance statement. It is recognised that this was partly due to a lack of guidance and this will be addressed for future years with guidance being issued to ensure a consistent approach is adopted next year. As well as this, the AAC has commissioned a review of best practice and this is being undertaken by the Operations Manager and may impact the approach and format for future years.

6. For 20/21, the main theme coming through all the assurance statements related to resourcing, specifically:

    - capacity of officers adversely impacting the ability to fulfil the full range of duties specified within committee terms of reference;
    - the lack of an independent Chief Risk Officer; and
    - availability and quality of data.

7. Based on the assurance statements submitted from the committees, the AAC are able to provide a moderate level of assurance.

8. Where improvements or actions have been identified within the annual assurance statements, they will be collated together into a composite action plan, with proposed improvement actions developed (where possible) as part of the development of the EIJB committee structure.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

10. The process agreed by the EIJB is designed to provide appropriate assurance to the board, thus reducing risk.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

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Chair of EIJB Audit and Assurance Committee

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Appendices

Appendix 1	Annual Assurance Statement 2020/21 - Audit and Assurance Committee
Appendix 2	Annual Assurance Statement 2020/21- Clinical and Care Governance Committee
Appendix 3	Annual Assurance Statement 2020/21 – Futures Committee
Appendix 4	Annual Assurance Statement 2020/21 - Performance and Delivery Committee
Appendix 5	Annual Assurance Statement 2020/21 - Strategic Planning Group

Appendix 1 – Audit & Assurance Committee Annual Assurance Statement

COMMITTEE ANNUAL REPORT – 2020/21

NAME OF COMMITTEE:	**Audit and Assurance Committee**
NAME OF COMMITTEE MEMBER:	**Phil Doggart (Chair)**
DATE OF RESPONSE:	**14 September 2021**

		Evidence to support statement
Committee objectives	The purpose and function of the Committee is to: a) provide assurance to the Integration Joint Board that it is fulfilling all its statutory requirements and all systems are performing as required, with appropriate and consistent escalation of notice and action. b) review and continually re-assess their system of governance, risk management, and control, to ensure that it remains effective and fit for purpose. c) approve and oversee the annual audit programme in respect of the Integration Joint Board's services. d) develop Integration public reporting of the Integration Joint Board as an independent, objective process; and e) ensure that its arrangements for delegation within the Integration Joint Board structures promote independent judgement and assist with the balance of power and the effective discharge of duties	Terms of reference (agreed at IJB on 21 July 2020)

		Evidence to support statement
Work undertaken this year	General 1. Rollout of the Board Assurance Framework to support the integrity of the annual accounts - December 2020 2. Continuing development of the IJB risk register and its governance arrangements – quarterly 3. Declaration of Members Interest covered at every meeting 4. Approval of the Records Management Plan – November 2020 Internal Audit 5. Scrutiny of Internal Audit update reports including outstanding management actions 6. Approved the Internal Audit Charter 20/21 7. Scrutiny of Outstanding Internal Audit Actions External Audit 8. Endorse the External Audit Report 2019/20 9. Endorse the External Audit Plan 2020/21	***Item 3 - At each committee meeting: 28/07/20; 15/09/20;06/11/20; and 29/01/21*** • Committee agendas
Outputs	**1. Financial Reporting** Through scrutinising of the unaudited and final annual accounts 19/20, development of the annual assurance framework, External and Internal Audit annual reports, and Internal Audit update, the Audit and Assurance Committee can demonstrate they have covered the following activities as referenced in their Terms of Reference in the 2020/21 period: • 1a - ensure financial reporting systems are subject to review	***Agreed at meeting 28/07/20*** • Unaudited Accounts ***Considered at meeting 15/09/20*** • Audited Accounts 19/20

		Evidence to support statement
	• 1b - ensure the integrity of the annual report and financial statements before submission to the IJB. • 1c - Review summary financial statements, significant financial returns to regulators and any financial information contained in other official documents. • 1d - review the consistency of, and changes to, accounting policies across the Integration Joint Board and its subsidiary undertakings. • 1e - review the methods used to account for significant or unusual transactions where different approaches are possible • 1f - review whether the Integration Joint Board has followed appropriate accounting standards and made appropriate estimates and judgements, • 1g - review the clarity of disclosure in the Integration Joint Board's financial reports and the context in which statements are made.	• External Audit Annual Report • Internal Audit Annual Opinion
Outputs	**2. Governance, risk management and internal control** Through scrutinising of the EIJB records management plan, review of the IJB risk register on a quarterly basis, implementation of the annual board assurance framework, annual audit plans (Internal and External Audit), the IJB complaints handling procedure (agreed at EIJB), regular review of declaration of interest, regular internal audit key findings (including overdue management actions) report, the Audit and Assurance Committee can demonstrate they have covered the following activities as referenced in their Terms of Reference: • 2a - the establishment and maintenance of an effective system of Integration governance, risk management and internal control, across the	***At each committee meeting: 28/07/20; 15/09/20; 06/11/20; and 29/01/21*** Internal Audit Update Report ***Approved at meeting of 06/11/20 with verbal updates at other meetings (28/07/20; 15/09/20; and 29/01/21)***

		Evidence to support statement
	whole of the Integration Joint Board's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. • 2b - the risk environment of the Integration Joint Board • 2c -the adequacy of risk and control related disclosure statements • 2d - the Board Assurance Framework and processes • 2e - the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, any related reporting and self-certifications, and work related to counter fraud and security, as required by NHS Scotland Counter Fraud Services • 2f - the policies for managing and investigating complaints and legal claims against the Integration Joint Board. • g) the Register of Members' Interests; and Register of Gifts and Hospitality on a regular basis, and not less than annually. **Further work required** The Audit and Assurance as part of it is work programme for the next cycle need to develop an approach to ensure the following areas are covered: • 2e - the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, any related reporting and self-certifications, and work related to counter fraud and security, as required by NHS Scotland Counter Fraud Services	Records Management Plan ***Considered at each committee meeting: 28/07/20; 15/09/20; 06/11/20; and 29/01/21*** IJB Risk Register ***Recommended to IJB on 06/11/20; and process agreed on 29/01/21*** Annual Board Assurance Process ***Agreed on 28/07/20 and update agreed on 15/09/20 -*** Internal Audit Annual Plan
Outputs	**3. Internal audit and counter fraud** Through scrutinising of the IJB risk register on a quarterly basis, implementation of the annual board assurance framework, annual audit plans (Internal Audit), regular review of registers of interest, regular internal audit key findings (including	***At each committee meeting: 28/07/20; 15/09/20; 06/11/20; and***

		Evidence to support statement
	overdue management actions) report, Internal Audit Charter, the Audit and Assurance Committee can demonstrate they have covered the following activities as referenced in their Terms of Reference: • 3a - ensure that there is an effective Internal Audit function that meets the Public Sector Internal Audit Standards. • 3b - consider and approve the Internal Audit Strategy and Annual Plan. • 3c - review all reports from the Internal and External Auditors which identify "limited assurance" or "no assurance". • 3d - review and monitor the Executive Management's responsiveness to the findings and recommendations of audit reports. **Further work required** The Audit and Assurance as part of it is work programme for the next cycle need to develop an approach to ensure the following areas are covered: • 3e - meet the Head of Internal Audit on a formal basis, at least once a year, without Executive directors or management, to consider issues arising from the internal audit programme and its scope and impact. The Head of Internal Audit will be given the right of direct access to the Chair of the Committee, Chief Officer, Integration Joint Board and to the Committee. • 3f - assure itself that the Integration Joint Board has policies and procedures for all work related to fraud and corruption in line with requirements of NHS Scotland Counter Fraud Services. • 3g - assess the effectiveness of Counter Fraud services once every five years through a full process of review; and	***29/01/21 -*** Internal Audit Update Report ***Recommended to IJB on 06/11/20; and process agreed on 29/01/21*** Annual Board Assurance Process ***Considered with the annual accounts at meeting on 15/09/20*** Internal Audit Annual Opinion ***Agreed on 28/07/20 and update agreed on 15/09/20*** Internal Audit Annual Plan ***Agreed on 15/03/20*** Internal Audit Charter

		Evidence to support statement
	• 3h - monitor the implementation of the policy on standards of business conduct for directors and staff (i.e., Codes of Conduct and Accountability) to offer assurance to the Integration Joint Board on probity in the conduct of the Integration Joint Board's business.	
Outputs	**4. External audit** Through scrutinising of the IJB risk register on a quarterly basis, implementation of the annual board assurance framework and annual audit plans (External Audit), regular updates at Committee, the Audit and Assurance Committee can demonstrate they have covered the following activities as referenced in their Terms of Reference: • 4c - review and monitor the External Auditors' independence and objectivity and the effectiveness of the audit process. • 4e - establish with the External Auditors, the nature and scope of the audit, as set out in the annual plan before the audit commences; and • 4f - review all External Audit reports, **Further work required** The Audit and Assurance as part of it is work programme for the next cycle need to develop an approach to ensure the following areas are covered: • 4a - approve the External Auditor's remuneration and terms of engagement, including fees for audit or non-audit services and the appropriateness of fees, to enable an adequate audit to be conducted	***Considered at each committee meeting: 28/07/20; 15/09/20; 06/11/20; and 29/01/21*** IJB Risk Register ***Recommended to IJB on 06/11/20; and process agreed on 29/01/21*** Annual Board Assurance Framework ***Meeting 29/01/21*** External Audit Annual Plan

		Evidence to support statement
	• 4b - agree and review the policy regarding the supply of non-audit services by the External Auditor and monitor that service, considering relevant ethical guidance. • 4d - meet the External Auditor at least once a year, without management being present; to discuss their remit and any issues arising from the audit.	
Outputs	**5. Other board assurance functions** **Further work required** The Audit and Assurance as part of it is work programme for the next cycle need to develop an approach to ensure the following areas are covered: • 5a - review the findings of other significant assurance functions, both internal and external, and consider the implications for the governance of the Integration Joint Board. • 5b - review the work of other Committees within the organisation and its subsidiaries, whose work can provide relevant assurance to the Audit and Assurance Committee's own scope of work • 5c - ensure there is no duplication of effort between the Committees, and that no area of assurance is missed as part of its responsibility for reviewing the Annual Governance Statement • 5d - receive details of Single Tender Waivers, as approved by the Chief Officer. • 5e - review registers relating to the Standards of Business Conduct Policy and consider any breaches and action taken. • 5f - review every decision by the Integration Joint Board to suspend their respective Standing Orders; and	

		Evidence to support statement
	• 5g - in fulfilling its responsibilities, the Committee will primarily utilise the work of Internal Audit, External Audit, and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of Integration governance, risk management and internal control, together with indicators of their effectiveness	
Is there anything which prevents the committee from being as effective as they would like to be? If so, please expand.	Recruitment to the Chief Risk Officer as there is a potential conflict of interest in the Chief Financial Officer currently undertaking this role.	
Are there any issues of concern you would wish raised at the Board? If so, please expand.	As above, the lack of an independent Chief Risk Officer.	

		Evidence to support statement
What (if any) changes are you making based on your experience within the committee?	The Committee is seeking to increase the rigour and speed with which outstanding audit actions are closed off, with priority according to their risk rating. There are a number of synergies with the NHSL Audit committees work which may need to be referenced. There is also the assumption that some assurance for the work of the IJB is provided by committees in NHSL. Furthermore, does the committee need to seek assurance from any hosted services and how should this be referenced in the far-right column which for the most part is very specific to work discussed at the committee and not drawing on assurances which may be mostly provided elsewhere but are relevant to the work on EIJB.	
Do you feel that there is sufficient skill either on the committee or supporting the committee?		
Are there any other issues you wish to raise?		

Appendix 2 – Clinical and Care Governance Committee

COMMITTEE ANNUAL REPORT – 2020/21

NAME OF COMMITTEE	Clinical and Care Governance Committee
NAME OF COMMITTEE MEMBER	Richard Williams (Chair)
DATE OF RESPONSE	June 2021

Committee objectives	To report to the Edinburgh Integrated Joint Board and to provide assurance on the quality of care to the local population, specifically in relation to safety, quality of access and clinical effectiveness and experience.
Work undertaken this year	4 formal committee meetings and 1 development workshop which explored priorities for scrutiny in our workplan following the impact of covid-19 on our services
Outputs	Mental Health Services (including Substance Misuse): Quality Assurance The Committee made the recommendation that the Health and Social Care Partnership join the Royal College of Psychiatrists Accreditation Scheme commencing with community mental health teams Definitions of five levels of assurance were adopted by the Committee and recommended to the other Governance committees

Outputs	Commissioned a workstream to develop a Partnership framework for whistleblowing taking account of partner organisations policies and processes. Gave assurance that Primary Health Care Teams had a variety of process and structures in place to monitor, evaluate and remedy quality of care Gave limited assurance that Council owned Care Homes for the Elderly had robust governance processes in place, but supported the development of a new structure being developed by the Lead Nurse
Is there anything which prevents the committee from being as effective as they would like to be? If so, please expand.	Some committee members expressed a lack of clarity over development opportunities available to them to support them in undertaking their role. There is a concern that the committee does not receive adequate information in relation to national policy/direction/technical developments to enable it to fulfil its role and responsibilities.
Are there any issues of concern you would wish raised at the Board? If so, please expand.	Difficulties ensuring adequate attendance for proper scrutiny. The committee has however always been quorate.
What (if any) changes are you making based on your experience within the committee?	We will seek clarity from the Executive Team on development and training opportunities for committee members. To ensure executive Lead(s) update the committee on national policy/direction/technical developments
Do you feel that there is sufficient skill either on the committee or supporting the committee?	Yes, particularly with the appointment of a dedicated committee secretariat.

Are there any other issues you wish to raise?	There have been occasions when there have been challenges receiving agenda items in a timely manner. This requires "goodwill" from authors of papers or presenters to provide the information requested by the committee, as they are not employees of the Health and Social Care Partnership. Efforts have been made to ensure that the committee does focus on issues specific to Integration, thus reducing duplication of effort for those submitting to the committee.	

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Appendix 3 – Futures Annual Assurance Statement

COMMITTEE ANNUAL REPORT – 2020/21

NAME OF COMMITTEE:	Futures Committee
NAME OF COMMITTEE MEMBER:	Peter Murray Chair of Futures Committee Angus McCann, Interim Chair of Futures Committee and Chair of EIJB. Tony Duncan, Head of Strategic Planning
DATE OF RESPONSE:	June 2021

Committee objectives	The objectives of the Futures committee are to: • Provide strategic focus and stimulus on long-term issues relevant to the vision and purpose of the Integration Joint Board. • Evaluate assurance to the Integration Joint Board about strategic approach to capacity building, community development, consultation, and engagement. • Provide protected time and space for consideration of the core narratives for change and transformation on behalf of the Integration Joint Board. With a specific focus on: • Community innovation. • Environmental protection. • Data and technological innovation
Work undertaken this year	The following were the Futures items of business for the period March 2020 – March 2021: 09 September 2020

	Review of Strategic Framework in light of lessons learned from Covid-19 A report was provided by the Head of Strategic Planning on the lessons learned exercise conducted in response to the Covid-19 pandemic. The committee noted the high-level findings, themes, and the alignment to the transformation programme. The committee noted the need to consider the needs of unpaid carers and those with disabilities as part of planning and shaping future service delivery. the committee also recognised the challenge of health inequality which existed prior to Covid. The committee requested the Head of Strategic Planning to issue a note on the Strategic ENDS to members out of committee and to invite feedback and to be presented back to the Futures committee on 02 December 2020. Actioned. IJB Chairs and Vice-Chairs questionnaire The Chair requested that documentation received on the "Innovation Steering Group for NHS Scotland and Social Care" was circulated around the group. The request was for the EIJB to input into the questionnaire which was circulated around all IJB's in Scotland which would inform the production of an innovation strategy for NHS Scotland / Social Care. The committee agreed that the Chair of the IJB and Chief Officer would agree a mechanism to submit a response to this request. The committee also agreed to share the Feely Review report when published in January 2021. Actioned. Environmental Considerations Cllr Melanie Main provided a verbal update to the committee on sustainability under environmental considerations following a publication on a report by the Intergovernmental Panel on Climate Change. The committee noted it was incumbent upon the Futures committee to progress environmental outcomes and to retain this as an agenda item for subsequent Futures committees. The committee also noted that a short report was to be provided to the EIJB on Environmental Considerations and Cllr Melanie Main agreed to review the paper during the drafting process. the committee agreed to ascertain the current status of environmental health and social care baseline work being conducted by CEC and NHSL. The committee also proposed that a Climate Change Charter be designed to clarify the IJB position on Climate Change. Actioned.
Work undertaken this year	02 December 2020 Better Supporting Elderly Citizens to Live Well at Home The committee was presented with a presentation by colleagues from SICCAR an Edinburgh-based tech company who had developed a 'digital trust network' that proposed to have a range of benefits for the health

	and social care sector. The presentation was noted, and it was agreed that colleagues in SICCAR were to organise a meeting with the Poverty Commission and EVOC to gain an input on the proposed network from their perspective. High Level Strategy Update A presentation was provided by the Head of Strategic Planning on the design of a higher-level strategic directive which would inform future 3-year strategic plans. The committee requested a definition of the Edinburgh Pact be circulated. The committee also agreed the horizon timeframes of 0-6 years (Horizon 1), 6-18 years (Horizon 2), and 18+ years (Horizon 3). The committee noted the invitation for members to contact the Head of Strategic Planning with feedback on the proposed high- level strategy. Actioned. Climate Change Charter A report was provided by the Strategic Planning and Quality Manager for Older People on the Climate Change Charter. The committee were requested to support the approach and agree the production timeline. The committee noted the report and a further meeting with the authors and Cllr Melanie Main was to be arranged to review and develop the Climate Charter. Actioned. Climate Change Charter A report was provided by the Strategic Planning and Quality Manager for Older People on the Climate Change Charter. The committee were requested to support the approach and agree the production timeline. The committee noted the report and a further meeting with the authors and Cllr Melanie Main was to be arranged to review and develop the Climate Charter. Actioned. Joint Strategic Needs Analysis This report was withdrawn.
Work undertaken this year	10 February 2021 Strategy Progress Update A presentation was provided to the committee by the Head of Strategic Planning with an update on the timeline for the EIJB Strategic Plan 2022-2025. The presentation also contained updated information on the high-level design, principles, and considerations of the Programme, as well as the potential next steps and outcomes of the Plan. The committee noted the presentation. Actioned. Climate Change Charter

	A draft Climate Change Charter was provided by the Strategic Planning and Quality Manager for Older People. The committee considered the charter, made amendments, and requested the new draft be circulated around the committee prior to submission to the EIJB. Actioned. Edinburgh PACT As per the action from the 02 December 2020 Futures committee the Strategic Programme Manager for Mental Health and Wellbeing drafted an Edinburgh Pact definition for consideration by the committee. The committee noted and supported the principles, aspiration, and translation to action the Edinburgh Pact. Actioned. Building Relationships and Maximising Opportunities A presentation was provided by the Strategic Programme Manager for Mental Health and Wellbeing on the benefits of using academia research to build relationships and maximise opportunities for the EIJB. The committee noted the presentation. Afternote: This engagement is still developing with the aspiration to build relationships with academic institutions which would be seen as mutually beneficial.
Outputs	As listed above. Key outputs: • Produced and referred a Climate Change Charter to the EIJB. • Produced an Edinburgh PACT definition which has been incorporated into the project. • Provided input into the “Innovation Steering Group for NHS Scotland and Social Care” Provided input and guidance to the Higher-Level Strategic Directive.
Is there anything which prevents the committee from being as effective as they would like to be? If so, please expand.	There is a lack of resource available to assist with the demand and aspirations of the Futures committee. Until such time that this issue is resolved, the Futures Committee will consider reducing the number of times it sits within the year. The resource issue is recognised by EHSCP. It is anticipated that an organisational review of the strategic planning area will find a work able resolution. Head of Strategic Planning has shared initial plans with the Committee.

<table>
<tr><td>Are there any issues of concern you would wish raised at the Board? If so, please expand.</td><td></td></tr>
<tr><td>What (if any) changes are you making based on your experience within the committee?</td><td>The futures committee purpose is to consider longer term strategic considerations for the EIJB. The frequency may be too much with too little time set aside for ‘blue sky’ thinking. Options are being considered, such as twice a year but for longer to facilitate more detailed discussions which would include experts and stakeholders.

Peter Murray the current Chair of the Futures committee is standing down due to other commitments so Angus McCann the Chair of the IJB has taken on the role on an interim basis, appointment to the Chair of the Futures longer term will need to be considered under the review of terms of reference.</td></tr>
<tr><td>Do you feel that there is sufficient skill either on the committee or supporting the committee?</td><td>As noted above with the lack of resource, there is intention to have an officer dedicated to the longer- term strategic thinking for the EIJB which will assist with the demand for the Futures committee.

Below is the current membership of the Futures committee:
<table><tr><td></td><td></td></tr><tr><td>Voting</td><td>• Peter Murray
• Chair of IJB (taking on interim chair)
• Vice Chair of IJB
• Councillor Main</td></tr><tr><td>Non-Voting</td><td>• AHP Lead
• Clinical Director
• EVOC Chief Executive</td></tr></table></td></tr>
</table>

Appendix 4 – Performance and Delivery Annual Assurance Statement

COMMITTEE ANNUAL REPORT – 2020/21

NAME OF COMMITTEE:	EIJB Performance and Delivery Committee
NAME OF COMMITTEE MEMBERS:	Councillor Melanie Main (Chair)
DATE OF REVIEW:	29 July 2021

		Evidence
Committee objectives	The purpose and function of the Committee, on behalf of the Integration Joint Board is to: a) Oversee, a performance and progress reporting framework and supporting processes which provide assurance to the Integrated Joint Board about performance, progress, and delivery of delegated services. b) Receive and gain assurance from the **performance** framework and reports on services commissioned by the IJB and the financial consequences of delivering these services. c) Overview and report on the **delivery** of health & social care in Edinburgh.	Terms of Reference

Work undertaken this year	Performance 1. Scrutiny of the Annual Performance Report before referring concerns to the IJB. 2. Agree to close actions when considering the Annual Review of Directions 3. Considered the Performance Report 4. Considered the EIJB Annual Performance Report 2020-21 before referring to the IJB. 5. Agreed the KPIs and timescales when reviewing the Edinburgh Joint Carers Strategy 2019-2022 Strategic Key Performance Indicators 6. Considered the Mainstreaming Equality and Equality Outcomes 7. Scrutinised the Mental Health Services – Planning and Operational Arrangements 8. Scrutinised the Transitions for Young People with a Disability from Children to Adult Services Financial 1. Scrutiny of the financial Outturn 2019/20 2. Scrutiny of finance Updates 20-21/21-22 3. Reviewed the findings of the Health and Social Care Grant Programme Evaluation 2019-20	Committee agendas

	4. Savings and Recovering Programme 2020-21 Update 5. Reviewed the NHS Lothian Financial Overview – Acute (Delegated Services) 6. Scrutinised the Finance Update – 2020/21 Outturn 7. Adopted the Review of Reserves Policy 8. 8. Recommended the Financial Regulations to the IJB for adoption.	
Outputs	Through the reporting of, and subsequent scrutiny of (which included recommending closures and changes to action 'ratings) Performance and Delivery can subsequently show they have covered the following activities as referenced in their Terms of Reference for 2020/21: 1. Make use of risk registers and directions register to inform work plan priorities and produce an annual work plan for the Committee. 2. Review annually the integrated data set and Directions Register. Through their scrutiny of the EIJB's Annual Performance Report and various Performance Reports through the year, the Committee were able to deliver the following as per their activities referenced in the Terms of Reference: 1. Review Performance Reports in advance of the Board considering them in order to give assurance when required. 2. Consider performance reports which examine the relevant data, as defined by the relevant directions, and explore the level of	Annual Review of Directions, Directions Tracker EIJB Annual Performance Report 2020-21, Performance Report

	assurance the committee can recommend to the IJB on the delivery of each direction. Committee were presented with information on a range of delegated services throughout the year. Members scrutinised the reports and hence, were able to deliver the actions from their TORs as follows:	
Outputs	1. Consider the information on delegated functions for Edinburgh, which will be included in the Annual Report for adoption and approval by the IJB. 2. Develop and review a comprehensive performance management system (5.1.3 of the Integration Scheme) including the Performance and Delivery Framework and financial reporting in respect to delivery of the delegated functions. **Further Work Required** The following delegated core duties from the Performance and Delivery Terms of Reference were not met this year, and the Committee needs to incorporate this into the Work Plan for the coming year: Liaise with CEC and NHSL to receive assurance that CEC and NHSL carry out their remits for assurance and scrutiny (5.1.5 of the Integration Scheme).	NHS Lothian Financial Overview – Acute (Delegated Services), Transitions for Young People with a Disability from Children's to Adult Services, Mental Health Services: Planning and Operational Arrangements.
Is there anything which prevents the committee from being as effective as they would like to	**Finance** The disparity in basis and accounting practices NHS and CEC, makes budgeting and accounts scrutiny difficult and has resulted in lack of clarity	

be? If so, please expand.	and inconsistent useful comparative layouts. Reported explanatory detail has sometimes been weak and requires further development. Greater involvement of the accounting staff from CEC and NHSL in explaining financial reporting and bases for financial budgeting etc. would be welcome. **Performance data** Over the last year, partly due to Covid, the committee has felt frustrated at the lack of staff resource has meant little progress has been made towards a Data framework. The data that has been available is related to social care and MSG indicators ring-fenced staff time. Data reported to committee on areas of concern has not always been satisfactory and given a clear understanding of services and issues. This has prevented good scrutiny, in particular Mental Health services and the performance of other services delivered by the partners for the IJB. The ability to scrutinise core services might give us some significant insight on issues the affect services. Integrated Impact Assessments are sometimes lacking, not well prepared or reported, and appear not to be being used appropriately in some cases to inform service delivery. **Support for committee** At times the relevant operational managers and staff who have key responsibility are not present for discussions. Users of services and staff delivering on the ground are not included enough in scrutiny at committee, which is a missed opportunity which would improve insight.	

	Work programme The work programme could be better developed so that more relevant to Board priorities. There continue to be challenges of trying to ensure there is a timeliness and coordination of the workplan integrating with other governance committees and the board Changes in the work programme have been disruptive to committee work **Governance** Dates of meetings and reporting times change constantly which make setting work schedules around the committee difficult. At times the papers are late in arriving, or incomplete, and the data is a little out of date. It is a relatively small committee, and any absence makes it difficult to ensure proper scrutiny and there may be helpful to bring more expertise and addition skills into the committee	
Are there any issues of concern you would wish raised at the Board? If so, please expand.	**Financial information** In the short term, clear accounting note explaining the detail and differences in accounting practices need further development. The committee feels strongly that the Board should set an aim of single method of accounting and integrated accounts and a timescale to achieve this.	

What (if any) changes are you making based on your experience within the committee?	**Finance reporting** The Finance Officer will continue to develop clear accounting notes to management accounts, to improve Boards understanding, aid discussion and informed decisions in reporting to the board. Following a board decision, discussions with partners as to approach to and possibilities of integrated accounts would be taken forward as part of the work plan for this year. **Performance Data** The arrival of dedicated data Manager is very welcome and well-planned progress towards a data framework is underway in line with the renewed Strategic Plan. It is hoped that dedicated staff time given to committee business will help ensure appropriate useful data is available for scrutiny The Committee will set aside time this year to discuss and develop how it will consider quality and deep dives and build this into a fixed work plan. **Workplan and Governance** A clear fixed annual plan is being developed and will be signed of in October by the Committee. Dates of meetings are being checked against other committees and board diaries and the relevant operational meetings. A fixed work plan will mean that the relevant staff and service users to be notified and invited well in advance and any additional expertise or skills required to be identified will in advance and planned for. The committee has agreed to hold 2 additional meetings, so that financial and performance data can each be scrutinised quarterly this year.	

	Audit staff have suggested that the committee may wish to record their meetings for private use – allowing for reference to discussions and decisions taken. The committee welcomes the Board review of the new governance arrangements which should include a review of the impact of the work of the committee.	
Do you feel that there is sufficient skill either on the committee or supporting the committee?	As above	
Are there any other issues you wish to raise?	Summary This committee has come a long way and members feel that their work is becoming much more relevant and productive, but there is still a way to go. The members work well together and take an active role in discussions, questioning and scrutiny. Members have worked hard to scrutinise information given and there is some progress but often data, financial information and clarity around delegation has been hard to secure. The persistence of members has led to progress being made in increasing clarity and transparency.	

Appendix 5 – Strategic Planning Group Annual Assurance Statement

COMMITTEE ANNUAL REPORT – 2020/21

NAME OF COMMITTEE:	Strategic Planning Group
NAME OF COMMITTEE MEMBER:	Ricky Henderson, Chair Tony Duncan, Head of Strategic Planning
DATE OF RESPONSE:	30 June 2021.

Committee objectives	The objectives of the Strategic Planning Group (SPG) are to: • Oversee strategic planning processes to meet statutory obligations placed on the Integration Joint Board in respect of strategies and plans. • Provide assurance to the IJB that processes are fully inclusive of stakeholders and partners and formal consultative processes are followed. • Identify on behalf of the IJB key priorities, progress arrangements and outcomes in relation to the planning of services. • Approve Directions, in line with the current IJB Directions policy, in order to deliver the Strategic Plan. If the SPG accepts these Directions, they will be recommended to the IJB for formal adoption. • Consider ideas from all interested groups, including EIJB committees, on ways to deliver the objectives of the Strategic Plan. If adopted this would initiate revised Directions.

Work undertaken this year	The SPG covers a lot of ground throughout the year directly linked to matters of strategic planning. Time is spent considering options and focussing on key areas for improvement. The SPG is well attended and represents a cross section of stakeholders, all with an interest in the future of health and social care in the city. The following were the SPG items of business for the period March 2020 to March 2021: **10 March 2020** **Integrated Older People Service (IOPS) – Hospital at Home** A report was provided by the Head of Strategic Planning on the IOPS. The purpose of this report was to inform the SPG of the planned transfer of management of the IOPS from NHSL acute services to Edinburgh Health and Social care Partnership (EHSCP). The SPG noted that transfer of IOPS line management had been approved at Director level in EHSCP and NHSL, that IOPS was planned to move to full EHSCP management by no later than 31 March 2020 and that IOPS would be considered as part of the Home First Edinburgh project within the Transformation Programme. **Actioned.** **Market Facilitation Framework** A report was provided by the Contracts Manager EHSCP on a proposed Market Facilitation Framework. This would inform the approach taken to collaborate and develop a full Market Facilitation Plan. The SPG agreed the content and proposed timeline for the plan, requested a draft plan was submitted to SPG in September 2020, and amendments to be made to the framework. **Afternote**: Production of a Market Facilitation Plan was suspended due to the COVID-19 pandemic. The SPG agreed through the Rolling Actions log (RAL) to align production with the next strategic plan. An update was provided to the SPG in May 2021.

Work undertaken this year	**NHS Annual Operational Plan** This report was withdrawn from the agenda. **Equality Outcomes and Mainstreaming Report** A report was provided by the Head of Strategic Planning on Equality Outcomes. The purpose of this report was to discharge the action to consider how public sector equalities duties are embedded in the work of the EIJB and if the issuing of Directions is an appropriate means to achieve this. The SPG agreed to note the process for embedding public sector equalities duties in the work of the EIJB. The SPG also agreed to receive an update on this work at a future meeting, to include information on the approach taken in other IJB's. **Afternote**: A Briefing Note on this was provided to the SPG in November 2020. **Re-provisioning of Royal Edinburgh Hospital Learning Disabilities and Mental Health** A report was provided by the Disability Support and Strategy Manager on the volume of beds required in future for adults with complex mental health and learning disabilities. The SPG agreed the number of assessment and treatment beds to be commissioned from REAS. To note the review of current community places and change programmes which aims to increase efficiency and choice for people. To support the initiation of formal dialogue with the Scottish Government and Mental Welfare Commission to collectively consider the potential impact of legislation and the report was referred to the EIJB for consideration. **Afternote**: The report is scheduled to be submitted to the EIJB in August 2021. **NHS Lothian Primary Care Priorities** A report was provided by the Director of Primary Care Transformation on the NHS response to the EIJB priorities on Primary Care. The SPG agreed that community dentistry, optometrists and pharmacists should be included in strategic planning. **Actioned**.
Work undertaken this year	**12 May 2020 – Cancelled.** All EIJB committees were suspended due to the COVID-19 pandemic.

	15 September 2020 Review of Strategic Plan A report was provided by the Head of Strategic Planning on the annual review of the EIJB Strategic Plan in accordance with the SPG Terms of Reference. The SPG noted the progress that had been made and the timeline for the next strategic planning cycle. The SPG approved the report and referred it to the EIJB for approval. **Actioned**. **Edinburgh Wellbeing Pact Situation Report** A presentation was provided by the Strategic Programme Manager for Mental Health and Wellbeing on the Edinburgh Wellbeing Pact. The SPG noted the progress being made. **COVID-19 Lessons Learned Report** A report was provided by the Head of Strategic Planning on the COVID-19 Lessons Learned exercise which ran from early April to late July 2020. The Transformation Manager explained the process and how the lessons had been categorised and folded into projects within the Transformation Programme. The SPG noted the lessons learned and process applied. **Actioned**.
Work undertaken this year	**City Vision 2050** A report was provided by the Strategic Programme Manager for Mental Health and Wellbeing on City Vision 2050. The SPG approved the report and referred it to the EIJB for approval. **Actioned**. **Learning Disabilities - Short Breaks Statement** A report was provided by the Disability Support and Strategy Manager on Short Breaks. The report proposed to redesign Short Break Support increasing the use of Local Area Co-Ordination for Self-Directed Support. 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.

	Afternote: Now being considered as a workstream within the Bed Base Review in the Transformation Programme. **10 November 2020.** **Approach to the Next Strategic Planning Cycle** A report was provided by the Head of Strategic Planning on the proposed approach to the next strategic planning cycle. The purpose of the report was to begin the conversation with the SPG and seek approval on the approach to the next strategic planning cycle. The SPG approved the report. **Actioned**. **20 January 2021** **Strategy Progress Update** A report was provided by the Head of Strategic Planning on the Strategy Progress Update. The SPG noted the update and the proposed frameworks to be applied to the next planning cycle, including the timeline and milestones for the EIJB Strategic Plan 2022-2025. **Actioned**.

Work undertaken this year	**JSNA Update** A report was provided by the Head of Strategic Planning on the progress of the JSNA. The SPG noted the work to date and agreed for the topic papers to be published on the EHSCP website. **Actioned**. **Transformation Programme Update** A presentation was provided by the Transformation Manager updating the SPG on the ongoing work in the Transformation Programme. The SPG noted progress and agreed that this work should be incorporated into the Strategy Progress Update referred to the EIJB. **Actioned.** **Edinburgh Wellbeing Pact and Community Mobilisation** A presentation was provided by the Strategic Programme Manager for Mental Health and Wellbeing on the Community Mobilisation Project which directly supports the Edinburgh Wellbeing Pact project within the Transformation Programme. The SPG noted progress and requested a report be produced for the EIJB. **Actioned.**
Outputs	As listed above. Key outputs: • Reviewed the EIJB Strategic Plan 2019-22 and referred it to the EIJB for noting. • Approved the development of the next strategic planning cycle and referred it to the EIJB for noting. • Approved the development of the JSNA refresh and referred it to the EIJB for noting. • Approved the City Vision 2050 Charter and referred it to the EIJB for approval. • Approved progress in the Community Mobilisation project and requested a report be produced for the EIJB for noting.

Is there anything which prevents the committee from being as effective as they would like to be? If so, please expand.	SPG membership. The SPG membership by its nature must be diverse and representative. There have been some gaps over the past year which are being closed through official channels, so this is expected to improve.
Are there any issues of concern you would wish raised at the Board? If so, please expand.	
What (if any) changes are you making based on your experience within the committee?	Review of the terms of reference for appropriate membership in line with the appointment to members of the EIJB.

Do you feel that there is sufficient skill either on the committee or supporting the committee?	The SPG has statutory membership on the committee, which is indicated below, given the representation from key partners on the SPG, there is enough experience and skill to discuss the various important workstreams and to scrutinise as required. The EIJB has recently approved Judith Stonebridge Public Health Consultant to sit on the SPG under the Health Professionals membership. **Statutory Membership** • Non-voting members of the IJB • NHSL Director of Planning • Health professionals. • Service users of health care. • Carers in health care. • Social care professionals. • Service users of social care. • Carers from social care. • Independent providers of social care. • Staff side representative. • Registered Social Housing organisations; and • Third sector bodies carrying our activities related to health care or social care • EHSCP support

Edinburgh Integration Joint Board

REFERRAL REPORT

Membership Proposal – Referral from the Strategic Planning Group

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	The purpose of this report is to refer the attached report on the Membership Proposal from the Strategic Planning Group to the Edinburgh Integration Joint Board for approval/consideration with the Committee's recommendations detailed below.

Recommendations	The Strategic Planning Group recommends that the Edinburgh Integration Joint Board**:** 1. Appoints a member of the Edinburgh Association of Community Councils (EACC) to join the Strategic Planning Group as a non-voting member. 2. Agrees to amend the Strategic Planning Group's membership within the Committee's Terms of Reference accordingly to accommodate the new member.

Terms of Referral

1. The Strategic Planning Group on 18 August 2021 considered a report on a Membership Proposal, which sought views from members on a representative of the Edinburgh Association of Community Councils (EACC) joining the Committee.

2. During consideration of the report, the Committee discussed the following:

   - The important role the EACC play in the development of communities across the city.
   - The engagement already undertaken between the Chair and Vice Chair of the Edinburgh Integration Joint Board, who have met with senior members of the EACC on two formal occasions over the past year, with further engagements planned on a six-monthly basis.
   - The positive impact and fresh, alternative points of view an EACC member could bring to discussion at the SPG.

   The Committee also noted the legal/risk implications in the report; as there was currently no vacancy for an EACC member on the Committee's membership within the Terms of Reference, these would have to be updated to reflect the addition of the member if approved. The Committee's Terms of Reference would be updated as follows;

   "Other Attendees at the Committee shall be appointed by the IJB and shall be made up of representatives drawn from the following groups:

   - Non-voting members of the IJB
   - NHSL Director of Planning
   - Health professionals
   - Service users of health care
   - Carers in health care
   - Social care professionals
   - Service users of social care
   - Carers from social care
   - Independent providers of social care
   - Staff side representative
   - Registered Social Housing organisations

- Third sector bodies carrying our activities related to health care or social care; and
- **Representative from the Edinburgh Association of Community Councils (EACC)"**

3. The Committee agreed:

   3.1 To consider the proposal to invite an EACC representative to join the SPG as a member with immediate effect.

   3.2 To refer the proposal to the EIJB for formal ratification.

4. The Edinburgh Integration Joint Board is asked to consider the recommendations of the Strategic Planning Group.

Report Author

Angus McCann

Chair, Strategic Planning Group

Contact for further information:

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Appendices

Appendix 1 Membership Proposal

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Edinburgh Integration Joint Board

REPORT

Committee Update Report

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of Committees in August, September and October 2021.

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 committees covering August and September 2021. 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.

Strategic Planning Group – 18 August 2021

2. **Membership Proposal** - the committee were presented with a report which considered expanding membership to allow Edinburgh Association of Community Councils representation.
3. **Terms of Reference -** the committee were presented with an updated version of Terms of Reference for consideration.
4. **Annual Assurance Statement -** the committee were presented with the SPG Annual Assurance Statement for consideration and referring to the Audit and Assurance committee.

5. **JSNA –** the committee were provided with an update report and considered another topic om population health and inequalities for consideration.
6. **Draft Strategic Plan –** the committee were provided with a working draft of the EIJB Strategic Plan 2022-2025.
7. **Situational Update on Climate Change –** the committee were provided with a verbal update on Climate Change.

Audit and Assurance Committee – 20 August 2021

8. **Annual Cycle of Business –** the committee were presented with an updated version of the Annual Cycle of Business.
9. **Internal Audit Annual Opinion –** the committee were presented with Internal Audit Annual Opinion for the EIJB as of 31 March 2021.
10. **Annual Assurance Statements -** the committee considered the Annual Assurance Statements for the following committees, Clinical and Care Governance, Futures, Performance and Delivery and the Strategic Planning Group.
11. **Records Management Plan -** the committee were provided with a revised EIJB Record Management Plan for consideration.

Performance and Delivery Committee - 13 October 2021

12. **Finance Update –** the committee were provided with a report on the financial performance of delegated services for the first 5 months of the financial year.
13. **Savings and Recovery Programme Update –** the committee were provided with an update on the position of the 21/22 Savings and Recovery Programme. When considering the report, members expressed concern over the very complex and inter-dependent savings for policy development and purchasing, recognising that these will not be achieved in full this year.
14. **Set-Aside Services –** the committee were provided with information on set-aside services.
15. **Health and Social Care Grant Programme Evaluation –** the committee were provided with an overview of the activities through the Health and Social Care Grant Programme for 2020/21

16. **Equality Outcomes and Mainstreaming Progress Report -** the committee were provided with an update on the progress in mainstreaming equality and in achieving the Equality Outcomes agreed by the EIJB in December 2019.

Forward Planning – October - December 2021 Committee Update Report

17. Strategic Planning Group – 27 October 2021
18. Clinical and Care Governance – 11 November 2021
19. Audit and Assurance – 12 November 2021
20. Performance and Delivery – 24 November 2021

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Edinburgh Integration Joint Board

Minute

IJB Strategic Planning Group

10.00am, Wednesday 18 August 2021

Virtual Meeting – Via Microsoft Teams

Present: Angus McCann (Chair), Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Philip Brown, Christine Farquhar, Stephanie-Anne Harris, Nigel Henderson, Linda Irvine-Fitzpatrick, Rene Rigby Judith Stonebridge and Hazel Young.

In attendance: Matthew Brass, Jessica Brown, Sarah Bryson, Tony Duncan, Linda IrvineFitzpatrick, Susan McMillan, Katie McWilliam, Moira Pringle, Donna Rodger.

Apologies: Allister McKillop

1. Minutes

Decision

1) To approve the minute of the Edinburgh Integration Board Strategic Planning Group of 12 May 2021 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented to Committee.

Decision

- To agree to close action 2 – Strategy Progress Update
- To note the remaining outstanding action.

(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

4. Membership Proposal

Views were sought on the proposal of including a representative of the Edinburgh Association of Community Councils (EACC) in the membership of the Strategic Planning Group.

Members noted that a change to the Terms or Reference would be needed to support this proposal and it would need to be referred to the EIJB.

Decision

1) The SPG agreed to the proposal to invite an EACC representative to join the SPG as a member with immediate effect.
2) To refer the proposal to the EIJB for formal ratification.

(Reference – Report by the Service Director, Strategic Planning, EHSCP, submitted)

5. Terms of Reference

The Group's Terms of Reference (TORs) were submitted to be reviewed in line with the obligation to review these on an annual basis. The current TORs were submitted, and opinions were sought on how these could be amended and improved moving forward. Members made the following comments:

- To list the current membership as an appendix.
- To include the EACC membership if approved at the EIJB.
- To revise the description of the representation groups listed at 4.4.
- To consider changing the word 'oversee' in 2.1(a) – 'direct, guide, sign-off' may be better alternatives.

Members were content for the comments to be incorporated into the TORs with no follow-up report required.

Decision

To incorporate member's comments into the TORs and refer this to the EIJB for formal ratification.

(Reference – EIJB Strategic Planning Group (Committee) Terms of Reference, submitted)

6. Annual Assurance Statement

The Annual Assurance Statement for the SPG was presented to members for their approval before it's submission to the Audit and Assurance Committee.

Decision

To approve the Annual Assurance Statement subject to the removal of 'INPUT FROM CHAIR' throughout the document.

(Reference – Annual Assurance Statement, submitted)

7. Joint Strategic Needs Assessment Update

The SPG were presented with an update on the Joint Strategic Needs Assessment (JSNA) and a topic paper on population health and inequalities for strategic consideration. The topic paper was to be used to inform the Strategic Plan, and members welcomed that subsequent reports of the JSNA at the SPG would come in the form of topic papers, including regular updates and data on key issues, commissioning or strategies underway in the Partnership.

A range of questions arose from the consideration of the topic paper. Members firstly noted the potential gaps in the papers, with areas such as homelessness and housing not included. Officers noted that these areas could be included in future iterations of the topic paper, but for this one, certain areas needed to be prioritised for consideration.

Members also questioned why there was such a large differential between the wealthy/poor life expectancy when compared to surrounding areas. Officers explained that – although difficult to pinpoint exact reasoning – the difference between wealthy/poor throughout Edinburgh was stark, with the example of children and the large number attending private schools as well as a large number in poverty cited.

Despite concerns being addressed and constructive debate ensuing, members expressed the desire to translate the rhetoric into action, and not have a follow up report in the future on the same topic with more concerning data. Officer's noted their desire to combat the issues, with the topic paper linking into the Strategic Plan, meaning the outcomes will form part of the overall performance of the Partnership. Furthermore, officers signalled the intent for strategic decisions to shift practice, to aid this, members questioned if holding the paper in a public domain to help engage with the Third Sector, Volunteers and Communities could aid this.

Decision

1) To approve the additional topic paper on population health and inequalities for publication.
2) To note the plan for a dynamic, ongoing programme of needs assessment.
3) To endorse the proposed topic papers for the remainder of 2021/22: mental health and carers.

(Reference – Report by the Service Director, Strategic Planning, EHSCP, submitted).

8. Draft Strategic Plan

The SPG were presented with the first draft of the Strategic Plan for the next 3-year cycle. Members were asked to contribute to the Plan by expressing views on four different sections of the Plan; Strategic Objectives and links to national outcomes, intent, timeframes/time horizons and priority areas. The contributions of members are laid out under each heading below.

Strategic Objectives

- Objectives need to be ambitious but also realistic and should include at this stage the potential barriers that could challenge them, for example, resource, funding and contractual factors.
- Consider strengthening the wording of the Objectives – like in Objective 2 – to avoid differing interpretations of each.

Intent

- Include a more community focus, rather than focusing the intent on individuals.
- Attempt to create a culture through the intent that can relate to all levels of the organisation, giving all a sense of contribution.
- Manage public protection (risks, human rights) through the intent of the Plan.
- In future drafts of the Plan, make the intent section a standalone area in order to magnify the importance.

Timeframes/Time Horizons

- Include more information on what is going to be done in the future and less on the projects that have already taken shape.
- Focus on ‘generational’ – especially in relation to health inequalities.
- Develop locality improvement plans that can aid the delivery of shorter time-scaled local projects.

Priority Areas

- Consider the balance of in-house and external social care provision as well as strengthening care in the community.
- Risk management.
- Enablers – community, housing etc.
- Training of GPs – have more GPs becoming specialists in specific areas, not 'general specialists'.

Decision

To note the update on the Draft Strategic Plan.

(Reference – Report by the Service Director, Strategic Planning, EHSCP, submitted)

9. Situational Update on Climate Change

A presentation on Climate Change and the current status of plans to achieve the Net Zero 2030 Plan was presented to the Group. Members noted the update and noted the ways in which the EIJB could be incorporated.

SPG members were asked to consider whether the EIJB should be a signatory of the Edinburgh Climate Change Compact, however, as a body without significant staff resource, members agreed not to become a signatory and noted this would not affect the already planned actions.

Members also noted that both NHS Lothian and the City of Edinburgh Council should not be directed by the EIJB in their plans to contribute to the Net Zero targets.

Decision

1) To note the update on Climate Change.
2) To agree to not becoming a signatory of the Edinburgh Climate Change Charter nor direct NHSL or CEC in their plans.

10. Date of Next Meeting

To note that the next Strategic Planning Group meeting would be held at 10.00am on Wednesday 27 October 2021.

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Edinburgh Integration Joint Board

Minutes

IJB Audit and Assurance Committee

10.00am, Friday 20 August 2021

Virtual Meeting, Microsoft Teams

Present:

Councillor Phil Doggart (Chair), Councillor George Gordon, Kirsten Hey, Martin Hill, Grant Macrae and Peter Murray.

Officers: Matthew Brass (Clerk), Laura Calder (Principal Audit Manager), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), Angela Ritchie (Operations Manager, EHSCP), Donna Rodger (Executive Assistant).

Apologies: Nick Bennet and Nicola Mackenzie

1. Minutes.

The minute of the Audit and Assurance Committee of the 11 June 2021 was presented for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To agree the updated Annual Cycle of Business.

(Reference – Annual Cycle of Business, submitted.)

3. Rolling Actions Log

The outstanding actions up to August 2021 were presented to committee.

Decision

1) To agree to providing an update on Action 2 at the September meeting.

2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

4. Internal Audit Annual Opinion 2020-21

Committee were presented with the Internal Audit (IA) Annual Opinion for the year ended 31 March 2021. The Opinion was based on the outcomes of three audits completed as part of the 2020/21 IA Plan and was also informed by the outcomes of the relevant Partnership audits performed by the Council and NHS Lothian. Overall, the IA Opinion gave an amber rating, with some weaknesses identified and improvement required, but suggested that risks are being managed and the EIJB's objectives should be achieved.

Members questioned the timescales of risks and challenged why the implementation date for basic actions was so far in the future. Officers noted that the date published in the report referred to when IA would be content the action had become engrained in Committee/Team practise, which may be after two or three Committee cycles. Members suggested that it may be beneficial to publish both a management completion date alongside the IA follow-up closure date in order to clarify exactly when actions should be implemented by. Officers agreed to investigate the suitability of the approach but did note that the follow-up process had to be stringent given the Code of Audit Practice's regulations.

Moving forward, members questioned officers over what had to be done to get on track and achieve a green rating. IA suggested there had to be more amber/green ratings in the overall assessments – and undergoing processes such as Trend Analyses may help this – however the current 2021-22 Opinion was unknown due to the unknown impacts of Covid-19.

Decision

1) To note the final 'some improvement required' amber rated IA opinion for the year ended 31 March 2021.

2) To review and scrutinise the outcomes of the audit of 'EIJB Management Information' internal audit completed in July 2021 to support the annual opinion.

3) To request further reference in the September IA report on a suggested path to a green opinion for 2021-22.

(Reference – Report by the Chief Internal Auditor, submitted)

5. Annual Assurance Statements – Clinical and Care Governance, Futures, Performance and Delivery and the Strategic Planning Group

The annual assurance statements from each Committee was presented to Audit and Assurance members for their scrutiny on behalf of the Edinburgh Integration Joint Board. Members were asked to provide scrutiny on the assurance levels taken from each Committee as well as provide oversight over the process as a whole, with different Committees using different approaches.

Members noted the statements and found a common factor through most Committees was the lack of resources each Committee reported which hindered their ability to fulfil their duties, this included reliable data shortages and staffing shortages.

Moving forward, although there were different approaches taken, members expressed the need for further information regarding follow-up/improvement actions and suggested seeking advice and guidance from NHS Lothian or External Auditors on best practice models for assurance statements.

Decision

4) To consider the 2020/21 annual assurance statements from the; Clinical and Care Governance Committee, Futures Committee, Performance and Delivery Committee and the Strategic Planning Group.

5) To circulate the Audit and Assurance Committee statement as soon as possible.

6) To share feedback with Committee Chairs.

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

6. Records Management Plan – Update

Committee were presented with a revised EIJB records management plan (RMP) and policy statement. The revised version came off the back of the National Records of Scotland (NRS) feedback after their review after both documents were submitted in November 2020. The updated version incorporated these revisions and members approval was sought prior to resubmission to the NRS.

Members requested that in future iterations of the RMP that efforts would be made to make it more concise and highlight the key compliance points that are most significant for members.

Due to the minor changes sought, members and officers agreed that the RMP would not need to be referred to the EIJB for formal ratification.

Decision

1) To approve the revised Records Management Plan and Policy Statement
2) To agree the revised Records Management Plan, Policy Statement and Business Classification Scheme should be submitted to National Records of Scotland.

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

7. Date of next Meeting

TBC

Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 13 October 2021

Microsoft Teams

Voting Members:
Councillor Melanie Main (Chair) and Councillor Phil Doggart

Non-Voting Members:
Colin Beck (from item 6), Helen Fitzgerald and Ruth Hendery

In Attendance:
Bridie Ashrowan (EVOC)
Morag Barrow (Midlothian HSCP)
Matthew Brass (Clerk)
Ian Brooke (EVOC)
Philip Brown (CEC Strategy & Communications)
Sarah Bryson (Planning & Commissioning Officer, EHSCP)
Elenora Clemente (NHS Lothian)
Tom Cowan (Head of Operations, EHSCP)
Tony Duncan (Head of Strategic Planning, EHSCP)
Helen Elder (Executive Management Support, EHSCP)
Deborah Mackle (EHSCP Locality Manager, South West)
Mike Massaro-Mallinson (EHSCP Locality Manager, North West)
Moira Pringle (Chief Finance Officer, IJB)
Kellie Smith (Programme Manager, EHSCP)
Julie Tickle (Strategic Planning Officer, EHSCP)
David Walker (CEC Senior Accountant)

Apologies: Emma Reynish and Richard Williams.

1. Minute

The minute of the Performance and Delivery Committee from 28 July 2021 was presented for approval and any matters arising.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The Annual Cycle of Business updated to October 2021 was presented to Committee. The Programme was presented with a covering report which highlighted the changes made since the last Committee meeting, as per an Internal Audit recommendation.

Decision

1) To agree the updated annual cycle of business attached as an appendix.
2) To agree April 6 2022 and September 7 2022 as the preferred additional meeting dates.

(Reference – Annual Cycle of Business, submitted).

3. Rolling Actions Log

The Rolling Actions Log updated for this meeting were submitted.

Decision

1) To agree to close the following actions:

- Action 4 – Performance Report
- Action 5 – Annual Assurance Statement
- Action 6 – Annual Cycle of Business
- Action 7 – EIJB Annual Performance Report 2020-21

2) Action 9 – A verbal update on Psychological Services was given by Linda Fitzpatrick: the waiting list had currently 1121 people who have been waiting less than 18 weeks, and 1002 people who had been waiting over 18 weeks, and services remain under ‘special measures’. It was agreed to arrange a meeting between the Chair and appropriate officers to discuss whether a written update report should be submitted to the Committee or to the Board on concerns surrounding the waiting times for psychological therapists and mental health services.

(Reference – Rolling Actions Log, submitted).

4. Finance Update

An update on the financial performance of delegated services for the first five months of the year was presented to Committee. The report noted an overall projected deficit

of £16.3m at the end of the financial year; £1.3m projected from NHS Lothian and £14.9m from the City of Edinburgh Council.

Members expressed disappointment over the projections but noted it was predictable savings would slip given the current circumstances. Despite the commitment made by the Scottish Government (SG) to fund the incurred costs of Covid-19, members suggested that balance should still be an aim and questioned what would happen if the SG did not fund the entirety of costs incurred.

Members also questioned the impacts of having staff vacancies through delegated services, and in particular, the impacts on service delivery and ultimately end users. Moving forward, members acknowledged an assessment through a service delivery lens would be beneficial and more tailored to the outcomes the Committee is trying to achieve.

Decision

1) To note the financial position for delegated services to 31st August 2021.
2) To note the ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.
3) To agree to including information on the impact of inflation rates in the next quarterly update.
4) To agree to making a distinction between core funding and Scottish Government brokerage in the Finance Update submitted to the December EIJB.
5) To agree to arrange a meeting between lead officers and Committee members to address staff vacancy problems prior to the next Committee meeting.

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

5. Savings and Recovery Programme Update

An update on the position of the 2021/22 Savings and Recovery Programme – as at the end of August 2021 – was presented to the Committee.

The main concerns of members arose on the budgets of policy development and purchasing, which would need to deliver savings of £4m over the next 5 months to achieve their goal. Members raised concerns of setting an unrealistic budget and questioned the process of how a budget can be quantified in the first place when an updated position cannot be presented due to the complexity of data collection. Officers reiterated the complexity of collating the data – especially in relation to purchasing – and also highlighted the fluid context in which budgets are set, with many risks and challenges unknown at the time. Further, the process of recruiting a report writer was noted to be underway, which had the potential to improve data collection and the presentation of data in further iterations of the report. Moving forward, members raised concerns on agreeing to savings programmes in the future if the target savings were unachievable.

Members also sought assurance from officers that, when savings targets are not met, the negative impacts on families cannot be forgotten. In the future, a template that included lived examples of how decisions can affect individuals and families (that goes further than the already established IIAs) was requested.

Decision

1) To note the current position of the 2021/22 Savings and Recovery Programme.
2) To endorse the proposed changes to the Financial RAG definitions to be submitted for approval to the IJB.
3) To bring to the attention of the IJB that the very complex and inter-dependent savings in policy development and purchasing budgets will not be achieved this year, and – financial reporting, because it is so complex, meaningful financial details cannot be provided currently
4) Changes to recording financial and service details 'real life' tracking is in under development, but the current lack of resource to identify to what extent the budget has been achieved at this current position is also concerning.

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

6. Set-Aside Services

Information on set-aside services was presented to the Committee which updated members on the work underway to address the recommendations of the Ministerial Strategic Group (MSG) and Audit Scotland. The paper also presented an opportunity for members to discuss any pertinent issues around set-aside and hosted services.

Members acknowledged the highly complex arrangements within set-aside services and expressed the desire to highlight specific service areas where the IJB could shape policy and areas that NHS Lothian need to take responsibility for.

Decision

1) To note the content of this report, including the work that is already taking place to influence set-aside and hosted services.
2) To note that the next stage of the sustainability programme will scope services to be included in the next tranche of transformation proposals, which could impact on, or include, elements of services classed as set-aside or hosted.
3) To acknowledge current system pressures and the lack of resource currently available to support specific workstreams impacting on set-aside or hosted services.
4) To note that the outcome of the National Care Service consultation and any future implementation plans are likely to have profound impact on how services are currently organised and funded.
5) To acknowledge the complexity of the issues of set-aside services and request these are considered in the update report presented at the December EIJB.

(Reference – Report by the Service Director – Strategic Planning, EHSCP submitted)

7. Health and Social Care Grant Programme Evaluation 2020-21

An overview of the activities funded through the Health and Social Care Grant Programme for 2020/21 was presented to the Committee. The report highlighted the agility and adaptability of the grant-funded organisations in their response to Covid-19 and demonstrated the Programme's local and national strategic fit.

Members praised organisations for their ability to adapt to the changing circumstances during Covid but stressed that, in many areas, negative impacts were still being felt due to services not returning to face-to-face normality. Members requested that this impact is not underestimated when evaluating the programme's success.

Further, members questioned how the impact on users was captured and highlighted that many of the Integrated Impact Assessments (IIAs) need to be progressed to be cumulative and not just 'tick-box' exercises. This would allow officers to better reflect on lessons learnt and better inform decision making moving forward, as well as having a positive impact on services – and hence users – who benefit from grants.

Decision

1) To note the findings of the Health and Social Care Grant Programme Evaluation Report 2020/21 attached as Appendix 1.
2) To agree to include the 'lessons learnt' from previous grant programmes in next years' report to Committee and how these lessons can influence future decision making.
3) To note that services users often receive more than one service, and the cumulative effect of service cuts and changes can have severe impact. To request that officers consider how cumulative impact can be measured and that future reporting includes the cumulative effects on service users and carers.
4) To note that community mobilisation is developing at pace, and that this will be reflected in the new strategic plan and system changes
5) To note the adverse changes in Health Inequalities as a direct result of Covid-19 Pandemic as a key priority in future funding plans.

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

8. Equality Outcomes and Mainstreaming Progress Report

An update on the progress made in mainstreaming equality and in achieving the Equality Outcomes agreed by the Edinburgh Integration Joint Board in December 2019 was presented to Committee.

Members raised concerns of the omissions from the report, which did not seem to explicitly state the progress made since the last iteration of the report. Further, potential gaps were noted throughout the report, including information on BAME communities.

Decision

To arrange a discussion between officers and any interested Board members on how to address the gaps in the report, and present the updated version to the December Committee meeting if officer workload and timescales allowed

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

9. Date of Next Meeting

Wednesday, 24 November 2021.

Edinburgh Integration Joint Board

REPORT

EIJB Consultation Response – Ethical Standards Commissioner

Edinburgh Integration Joint Board

26 October 2021

Executive Summary	The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the consultation response on the Ethical Standards Commissioners Strategic Plan

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Note the EIJB consultation response which has been approved by the Chair and Vice Chair of the EIJB and submitted by the Chief Officer in line with the agreed consultation protocol.

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. This report has not been circulated to any governance committee prior to submission to the EIJB.

Main Report

2. The Ethical Standards Commissioner undertook a consultation exercise on its Strategic Plan asking for views on its draft strategic plan. The consultation exercise ran from the 28 May to 30 July 2021 and the EIJB were asked to share their views through the Chair of the EIJB.

3. The draft strategic plan was reviewed, and it was determined that it would have a minor impact on the business of the EIJB.

4. In line with the consultation protocol agreed at the EIJB on 27 May 2021, the consultation response was signed off by the Chief Officer in consultation with the Chair and Vice Chair.

5. The finalised version of the consultation response is included at Appendix 1 for awareness and was submitted to the Ethical Standards Commissioner in August 2021.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

7. There are no legal or risk implications arising from this report.

Equality and integrated impact assessment

8. There are no equality or integrated impact assessments required as a result of the information contained within this report.

Environment and sustainability impacts

9. There are no environment or sustainability impacts arising from this report.

Quality of care

10. There are no quality of care issues arising from this report.

Consultation

11. Key stakeholders have been involved in the development of the consultation response as appropriate.

Report Author

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Background Reports

Draft strategic plan for 2021-24 consultation version | Ethical Standards Commissioner

Appendices

Appendix 1	Consultation on the Strategic Plan – Ethical Standards Commissioner

Consultation Response

Ethical Standards Commissioner Strategic Plan 2021-24

The Edinburgh Integration Joint Board (EIJB) welcomes the opportunity to contribute to the development of the Ethical Standards Commissioner's Strategic Plan 2021 – 24.

The Edinburgh Integration Joint Board supports the key changes set out the consultation document (page 5) and noted below:

- Greater assurance on quality than currently provided via targets, indicators, and review systems all of which will be consulted on and published.
- Improved governance designed to oversee and ensure delivery of our strategic objectives.
- Recruiting and developing staff to ensure consistent high quality of our professional skills base.
- Better complaints handling via a streamlined, high-quality service.
- More meaningful engagement with MSPs, local authority councillors and Public Body board members to inform and shape our work and our performance.
- Codifying a coherent, comprehensive suite of procedures which we'll publish so people know what to expect.
- Revising the Code and guidance on Ministerial Appointments to Public Bodies in Scotland and promoting and supporting its implementation.

We welcome the following enhancements:

- Introduction of a statement about the purpose, values and strategic objectives and ensures that complaints are investigated swiftly and effectively.
- Commitment to codify procedures and make these available publicly.
- Improved governance and assurance.

We also recognise the value of regular reporting of quality assurance measures in helping to rebuild confidence in the Office and the ability of stakeholders to contribute to the scrutiny of this information. It is important that if any improvement actions are identified, these are publicly reported alongside milestones and targets for delivering on improvement actions.

The EIJB also supports the commitment to develop staff to ensure high-quality investigations are undertaken demonstrating commitment and the importance of the investigations process. The implementation of a high-quality complaints system is also welcomed to consider feedback and builds trust that stakeholder views are being acted upon.

The EIJB wants to strengthen its relationships with the Ethical Standards Commissioner and welcomes the opportunity to consult on its Strategic Plan and hopes to continue its engagement and that any engagement will be consistently carried out on a regular basis with both officers / members and carried out at an early stage when issues do arise, or complaints are received.