



Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 22nd March, 2022

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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Working together for a caring,
healthier, safer Edinburgh

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 8 February 2022 submitted for approval as a correct record 5 - 8

5. Forward Planning

- 5.1 Rolling Actions Log 9 - 12

6. Items of Strategy

- 6.1 Savings and Recovery Programme 2022-2023 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board 13 - 52
- 6.2 2022/23 Financial Plan – Report by the Chief Officer, Edinburgh Integration Joint Board 53 - 72

7. Items of Performance

- 7.1 None.

8. Items of Governance

8.1	Board Assurance Framework – 2021/22 Cycle - Referral from the Audit and Assurance Committee	73 - 90
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9. Committee Updates

9.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	91 - 94
9.2	Draft minute of the Audit and Assurance Committee of 18 February 2022 – submitted for noting	95 - 100
9.3	Draft minute of the Clinical and Care Governance Committee of 17 February 2022 – submitted for noting	101 - 104

Board Members

Voting

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Siddharthan Chandran, Councillor Phil Daggart, Councillor George Gordon, 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

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damage or distress to any individual, please contact Committee Services (committee.services@edinburgh.gov.uk).



Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 8 February 2022

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, Siddharthan Chandran Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Jackie Irvine, Councillor Melanie Main, Peter Murray, Moira Pringle, Judith Proctor and Richard Williams.

Officers: Matthew Brass, Jessica Brown Ann Duff, Tony Duncan, Rachel Gentleman and Mike Massaro-Mallinson, Jay Sturgeon

Apologies: Grant Macrae and Allister McKillop

1. System Pressures Update Briefing

1.1 Deputation – Unite

The Board agreed to hear a deputation from Unite. The deputation made the following key points:

- The deputation thanked the Council for the degree of consultation and information provided on the proposals.
- It was requested that the Board support existing staff through the crisis and not just the newly recruited staff, especially in training and tutoring the new staff.

- It was pointed out there were omissions from the report on certain service areas that have been under significant pressures.
- The deputation highlighted that the current system pressures are a result of years of underfunding and understaffing, with the Pandemic only an accelerator to these underlying issues. This has to be addressed moving forward.

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

The Board was provided with an update on the current pressures on health and social care services and the action being taken to alleviate these. The report also informed members of the decision taken under urgency to suspend IJB Committees through January following agreement with the Chair and Vice-Chair.

Decision

- 1) To note the significant, ongoing pressure and demand being seen within the Health and Care System.
- 2) To circulate a briefing note on an up-to-date position on Assistive Technology Enabled Care 24 (ATEC24).
- 3) to circulate the data supporting the most current position of patients in Edinburgh awaiting a package of care.
- 4) To include in the next system pressures update to the EIJB the wider pressures on community support and unpaid carers and the work of the Third Sector to help tackle this.

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

2. ‘Working Together’ – The Inaugural Workforce Strategy

2.1 – Deputation – Unite

The Board agreed to hear a deputation from Unite. The Deputation made the following key points:

- The goals and aspirations of the strategy are not contentious and should be applauded, however there is the potential for conflicts and confusion of implementing a workforce strategy on workers who already come under a different strategy.
- How influential can the workforce strategy be when the desired outcomes are dependent on material conditions for workers that are negotiated by the Council for all local government employees.
- Concerns were expressed over the lack of engagement with Trade Unions in respect to the working groups laid out in the report.

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

An overview of the development of the Workforce Strategy was presented to the Board for their approval. The Strategy had been in development since 2020 by a small project team who periodically reported to the Transformation Portfolio Board and the Strategic Planning Group.

Decision

- 1) To amend 'NHS Highland' on page 125.
- 2) To request that third sector, trade union, carer and service user and National Workforce Groups representatives are invited to attend the working groups.
- 3) To revise the language throughout to ensure the correct terminology is used to describe specific groups
- 4) To agree to present the Workforce Strategy bi-annually at the Performance and Delivery for scrutiny.

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

3. Minutes

The minute of the Edinburgh Integration Joint Board of 7 December 2021 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

4. Rolling Actions Log

The Rolling Actions Log updated to February 2022 was presented.

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted)

5. Joint Inspection of Older People's Services - Progress Update

Details of the improvement activity undertaken by the Edinburgh Health and Social Care Partnership (EHSCP) in response to the Joint Inspection of Older People's Services in 2016 was presented to the Board. The report assured members that the Joint Inspection Team had noted overall positive progress but had highlighted a limited number of areas where further work is required.

Decision

- 1) To note the positive findings of the review and the remaining outstanding actions.
- 2) To note that thus concludes all further review/scrutiny in respect of this inspection

- 3) To amend 'The Committee was suspended in 2020...' to 'The Group was suspended in 2020...' on page 33 of the report.

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

6. Finance Update

An update on the financial performance of delegated services for the first 9 months of the year was presented to the Board for noting. The report highlighted the financial position of delegated services within NHS Lothian and the City of Edinburgh Council and offered members significant assurance of a break-even position for 2021/22.

Decision

- 1) To note the financial position of delegated services to 31 December 2021.
- 2) To note the significant assurance of a break-even position for 2021/22.
- 3) To recognise that, despite this assurance, the underlying financial deficit will be carried into 2022/23

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

7. Code of Conduct for Members of the Integration Joint Board

Approval was sought for the revised Code of Conduct for Members of the Edinburgh Integration Joint Board. The code had been revised as a result of the new Model Code of Conduct released in December 2021.

Decision

To approve the revised Code of Conduct for Members of the Edinburgh Integration Joint Board for submission to Scottish Government.

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

8. Committee Updates

A report provided an update on the work of the IJB Committees which had met since the last Board meeting. In addition to the summary report, the draft minute of the Strategic Planning Group was submitted for noting.

Decision

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

Rolling Actions Log

March 2022

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Membership Proposal – Referral from the Strategic Planning Group		28-09-21	1) 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 communicate to communities throughout Edinburgh.	Service Director, Strategic Planning	October 2021 Ongoing	<p>Closed December 2021</p> <p>The EACC referral report from the SPG is to be reconsidered at the October EIJB</p> <p>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</p>

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Agenda Item 5.1

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
Page 10			26-10-21	2) To defer the decision of appointing an EACC member to the Strategic Planning Group until concerns on representation, the EACC membership, reporting from the SPG to the EACC and the contribution the member could bring to the SPG were addressed and reported back to the Board.	Service Director – Strategic Planning	April 2022	has established a website. An update on the appointment of a representative of the EACC to the SPG has been deferred as a result of the decision to run a reduced agenda due to system pressures.
	Proposal to Continue Programme Management Resource within the Edinburgh Health and Social Care Partnership		07-12-21	To note that further detail on the proposal would come back to the EIJB in due course.	Service Director – Strategic Planning	April 2022	To focus on closing the existing capability gap and plans for funding any uplift in resource to support the core innovation and sustainability programme.
3	System Pressures Update Briefing		08-02-22	To include in the next system pressures update to the EIJB the wider pressures on community support and unpaid carers	Service Director - Operations	April 2022	A report will be brought to the IJB in April, updating on the system pressures, plans for innovation

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
				and the work of the Third Sector to help tackle this.			and sustainability and work undertaken in collaboration with the 3 rd sector.

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EIJB REPORT

Savings and Recovery Programme 2022/23

Edinburgh Integration Joint Board

22 March 2022

Executive Summary	The purpose of this report is to present the proposed 2022-23 Savings and Recovery Programme for consideration in the approval of the 2022-23 financial plan
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Note the content of 2022-23 Savings and Recovery Programme 2. Note the approach to evolve the current transformation programme into a wider strategic programme that encompasses the principles of innovation and sustainability 3. Agree the proposed plan to review and finalise IIAs for individual projects and the programme
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Directions

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

Whilst no direction is required, the financial impact of the 2022-23 Savings and Recovery Programme is inherent in the direction accompanying the 2022-23 Financial Plan paper presented in a separate paper to this meeting.

Report Circulation

1. This report has not been presented elsewhere.

Background

IJB Financial Position (Financial Gap)

2. The Edinburgh Integrated Joint Board (EIJB), like others across Scotland, operates within a complex environment. Health and social care services are under pressure due to an aging population, with increasing numbers of people living with long term conditions, whilst also facing a reducing work age population, that is further impacted by challenges in workforce supply and resource availability. This is ultimately leading to unparalleled challenges to the sustainability of our health and social care system, resulting in a significant disparity between the level of funding available, and the anticipated costs to deliver the IJB's delegated services at an expected level of outcomes.
3. Following a combined budget offer of £749.2m from the City of Edinburgh Council and NHS Lothian, and the projected costs for delegated services totalling £779.2m, the EIJB has an estimated £30.0m savings requirement going into 2022-23 as shown in table 1 below:

	Total £m
Indicative delegated budgets	749.2
Projected delegated costs	779.2
Savings requirement	(30.0)

Table 1: Projected IJB savings requirement 2022-23

Innovation and Sustainability

4. Throughout 2021-22 there has been ongoing dialogue about how to balance the current care, workforce and financial deficits whilst ensuring the sustainability of the Edinburgh Health and Social Care system. Historically, the approach to financial planning has been focused on understanding the in-year shortfall between projected income and expenditure, and then identifying and delivering savings and recovery schemes to address the gap.
5. It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become increasingly challenging and not without risk to performance and quality outcomes. As such, it is acknowledged that the delivery of further savings will depend on complex funding, workforce and service change and redesign initiatives, that extend past a single financial year. Further, the time require to plan and implement such changes should not be underestimated.
6. The existing and 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. The programme, and the innovations seen more broadly within the organisation, have delivered significant change and

improvement over the past two (2) years. However, on their own these efficiencies were not designed to address in full the financial challenges that will be faced in the next 3-5 years. As such, we are further evolving and transitioning the Transformation Programme into a wider strategic programme that encompasses the principles of innovation and sustainability.

7. This programme, known as the Innovation and Sustainability Programme is developing an approach to evolve 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 to us. With the goal of sustainability across services, workforces and funding, the Innovation and Sustainability Programme, will redesign systems to facilitate earlier interventions at lower costs with sustained outcomes supporting health and wellbeing. Aligned to, and underpinned by the EIJBs Strategic Plan, it focuses on redesigning our approach for Edinburgh to ensure a seamless transition into the National Care Service and balancing the care, financial and workforce deficits as shown in Appendix 1.0.
8. A list of potential pipeline proposals for the Innovation and Sustainability programme have been identified. We will continue to engage key stakeholders in an iterative process to further refine and develop these, whilst also working to identify any further opportunities. Dedicated resource is now in place to support the scoping and prioritisation of key areas, followed by an assessment of feasibility and the production of outline change proposals for priority projects for consideration by the IJB. The first of these is expected to be available for consideration by end of Q2 2022.
9. It is important to recognise that this is a long-term approach, and as such there is still a requirement to deliver savings in the short term. Therefore, a savings and recovery programme has been developed for 2022-23 to bridge the transition to this new approach.

EIJB Savings and Recovery Programme

Developing the Savings Programme

10. During the development of the savings and recovery programme every effort has been made to ensure the alignment of proposals to the EIJB's Strategic Plan and strategic aims, in order to minimise negative impacts and to help support the sustainable delivery of services, now and in the future. As such, there is intent to continually strive to improve outcomes for people, to maintain and improve performance and maintain the scope and quality of services. In setting an unbalanced budget last year, the IJB accepted further savings had the potential to negatively impact on services, people and staff, which in turn may impact performance across social care and health services. This position remains unchanged, with an unbalance financial plan for 2022-23 at the time of this report. However, based on the proposed financial plan there is flexibility in the system to achieve financial balance with the level of saving programme being proposed, presenting an opportunity to develop the innovation and sustainability work.
11. There has been continuing dialogue throughout 2021-22 to ensure sustainable approaches to service provision is continually applied through clearly defined project deliverables. The Savings Programme has been developed through

engagement sessions, dedicated team discussions and utilisation of existing forums (e.g. budget holder meetings, Strategic and Operation Forums, Project Working Groups and Savings Governance Board meetings). Efforts were made to include staff from across operational and strategic areas, including those involved in front line decision making. Appendix 2.0 provides an overview of the timelines of this process.

12. Potential proposals were refined by officers to ensure they remained balanced with strategic intent, risk, impact and ease of implementation to provide options that would both ensure effective service delivery and realise efficiencies. These were further refined through a process of peer and management review and in consultation with finance colleagues from both NHS Lothian and The City of Edinburgh Council.
13. Alongside this process, the EIJB members participated in three budget working group meetings and a Budget Question and Answer (Q&A) session that have informed and shaped the development of the programme. Whilst not decision-making forums, the working group meetings and the Budget Q&A session have provided opportunity for members, to consider, inform, scrutinise and challenge the proposed content of the 2022-23 Savings and Recovery Programme.

Savings Programme Framework and Structure

14. In 2020/21 a clear framework was agreed to support the delivery of a Savings and Recovery Programme which was subsequently applied to the 2021/22 Programme. The framework considers not only the requirement for immediate savings to ensure financial balance, but also supports a clear and structured approach for future years that aligns with our partners financial planning processes. We also recognise within the framework, links to the existing transformation programme to ensure that proposal development, delivery and benefits realisation (including savings) are monitored collaboratively to avoid duplication. The development of the Innovation and Sustainability programme discussed in paragraphs 4-9 will enable this ambition and support future savings programmes to work towards sustainability.

The 2022/23 Savings Programme

15. Within the 2022-23 Savings and Recovery Programme there are ten (10) savings projects and proposals which have been structured under three sections detailed below. Project overviews have been provided for all projects in Appendix 5.0.

15.1. *Section 1: Previously approved proposals:*

Proposals under section 1 are projects that have previously been approved by the EIJB, but that will have an additional financial impact in 2022-23.

15.2. *Section 2: Operational/ Grip and Control proposals:*

These are projects that are:

- Operational projects/decisions, for example annual proposals that are part of an existing programme that will realise savings e.g. the Prescribing savings project that is managed through Lothian Prescribing Forum

OR

- Projects that promote grip and control by ensuring effective financial management or implementation of policies, procedures & processes leading to efficiencies.

As a result, these projects have been identified as not requiring EIJB approval, but for which Project Overviews have been provided in Appendix 5.0.

15.3. **Section 3: Projects under the Transformation:**

These are projects that fall under the governance of the EIJB's Transformation Programme, but which have been identified as realising efficiencies in 2022-23.

16. To monitor progress and provide scrutiny, the delivery of the programme will be overseen by the Savings Governance Board, chaired by the Chief Officer. Furthermore, as established during the delivery of the 2020-21 Savings and Recovery Programme, a quarterly update report will be provided to the EIJB's Performance and Delivery Committee.
17. The impact of 2022-23 Savings and Recovery Programme on the Savings requirement is summarised in table 2 below, with further detail included in Appendix 4.0:

<i>Savings and Recovery Programme</i>	£m
1. Previously Approved Proposals	0.41
2. Operational/ Grip & Control Proposals	3.03
3. Transformation Projects	2.3
Total	5.74

Table 2: Impact of identified savings proposals 2022-23

18. It is also expected that further activities will be prioritised within the financial year, within the Purchasing and Community Equipment projects, to deliver additional savings and support a route towards break even. These workstreams will be reinforced with discrete plans and clearly defined and measurable efficiency outcomes and savings targets, underpinned by robust communication, training and learning and development initiatives. Existing governance routes agreed for the programme will be used to report on any additional activities as and when they arise over the duration of the programme.
19. A separate paper to this meeting sets out the 2022-23 Financial Plan. Were further savings deemed necessary to achieve financial balance, there would be requirement to develop saving proposals that are likely to have a significant negative impact on performance, service quality, staff and, ultimately on outcomes for people.

Risk and Impact

20. Every effort has been made by officers to ensure that the Savings Programme for 2021/22, and the proposals within it, align as fully as possible with the EIJB's strategic aims. However, the significant and challenging financial landscape means the options presented may impact adversely on a combination of: service quality; the level of services provided; outcomes for people; and our ability to maintain

performance improvements. That said, these proposal must also be seen in the wider context of the work and services commissioned by the EIJB (for which there is a total budget of almost £750m), and through which there are opportunities to positively impact upon equality, human rights, the environment and the economy.

21. To aid a properly informed decision-making process, for each of the proposals, we have clearly identified and articulated the associated impacts for proposals in the savings and recovery programme. These impacts have been identified through the completion of IIAs (where appropriate) by lead officers, which have been signed off by the relevant Head of Service or Project Lead.
22. The process of completing the IIA allows us to set equality and human rights considerations alongside our social policy objectives e.g. tackling poverty, it also considers the impact of our decisions in relation to the environment and the economy. The IIA identifies the nature and importance of these effects, and the need for any additional measures to mitigate them. Through the completion of this standardised process we can present in as fair and equal way as possible the impacts of each of the savings proposals and highlight the mitigating actions necessary to manage these.
23. For proposals previously approved by the EIJB, that have financial impact in 2022-23, the associated IIAs were reviewed, and updated where appropriate, and can be found on the EHSCP's website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
24. For projects under Operational/ Grip and Control, either an IIA or an IIA statement has been completed. An IIA statement has been completed for projects where: it is considered that there will be no relevant impact on equality, human rights, the environment or the economy; where at this early stage of project development it is not possible to assess impact; or where an IIA is planned at a later date.
25. While a final IIA is a required document for a decision or approval, it is noted that the IIAs completed for all proposals are evolving documents. Additionally, IIA's are required to be refreshed and updated as part of the ongoing assurance activities for each project within the programme. This is in recognition that the gathering of additional evidence and further consultation will inform options being proposed, and if they are approved, will be required to be reviewed and refined as part of the implementation process. Proposed dates to review IIA's, aligned to planned activities within the phases of the individual projects, has been provided in Appendix 6.0.
26. In addition to individual IIAs/IIA statements for each of the projects and proposals, a cumulative programme IIA has been completed (available within Appendix 7.0). The cumulative IIA provides a cross-system overview of the impacts on all groups, to help ensure that no group or area is cumulatively, disproportionately impacted by the savings programme and that appropriate mitigating actions are identified. Like the individual proposal IIAs, the cumulative IIA will be reviewed and revised as projects develop and to reflect any additional impacts identified.
27. The completion of the cumulative IIA has highlighted that attention should be given to the impact on older people, those with a disability, low income families and carers and steps to mitigate against any negative impact, have been identified within the IIA recommendations and actions.

28. Risks, including reputational risk, our ability to meet our statutory duties and the stability of the external market have also been detailed for each of the proposals (contained within Appendix 5.0), with mitigations identified as appropriate. Ongoing risks associated with the individual proposals and programme will be monitored and managed via the Savings Governance Board and escalated through the agreed governance route as appropriate.

Implications for Edinburgh Integration Joint Board

Financial

29. Are outlined in the main body of this report.

Legal / risk implications

30. The key risk to the EIJB occurs if there is a requirement to develop a more substantive savings programme to ensure financial balance within 2022-23.

Equality and integrated impact assessment

31. Integrated impact assessments have been undertaken for both the individual savings proposals and the programme. Particular attention should be given to the impact on older people, those with a disability and carers and steps to mitigate against any negative impact have been identified within the IIA recommendations and actions.

Environment and sustainability impacts

32. Proposals under the Savings Programme will work where possible to support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 net-zero carbon target.
33. There are no further specific implications arising from this report.

Quality of care

34. Integrated impact assessments have been undertaken for both the individual savings proposals and the programme.

Consultation

35. This report has been prepared with the support of the finance teams in the City of Edinburgh Council and NHS Lothian.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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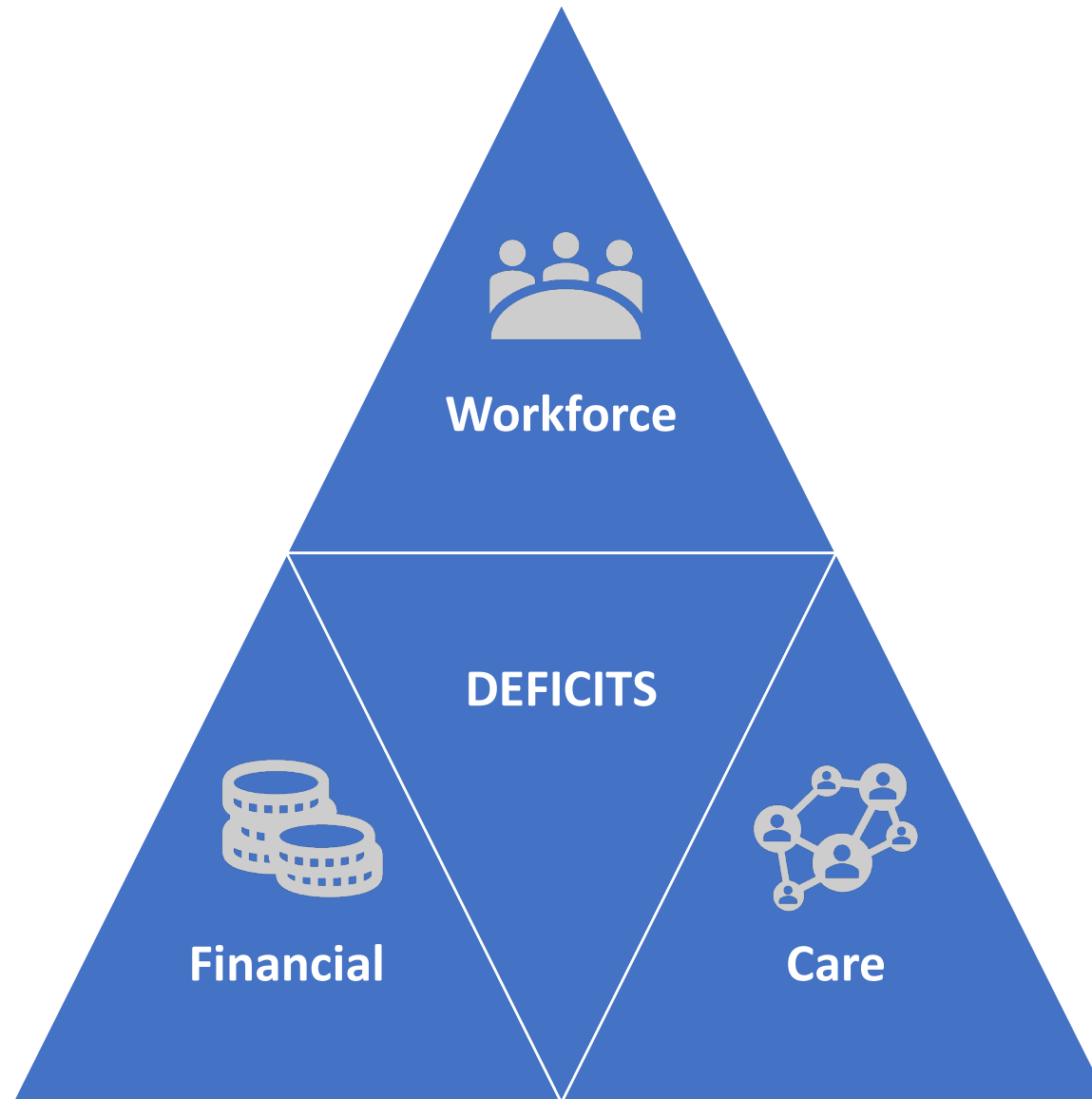
Background Reports

1. Integrated Impact Assessments and Integrated Impact Statements have been completed for all proposals which can be found on the EHSCP Website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
2. *Agreement of Proposal 1-3 & 8-9 as part of the 2020/21 Savings and Recovery Programme at EIJB meeting on 21st July 2020: [Agenda for Edinburgh Integration Joint Board on Tuesday, 21st July, 2020, 10.00 am - Modern Council](#)*
3. *Agreement of Proposal 4-5 as part of 2021/222 Financial Plan & Savings Programme at EIJB meeting on 24th March 2021: [Agenda for Edinburgh Integration Joint Board on Wednesday, 24th March, 2021, 10.00 am - Modern Council](#)*

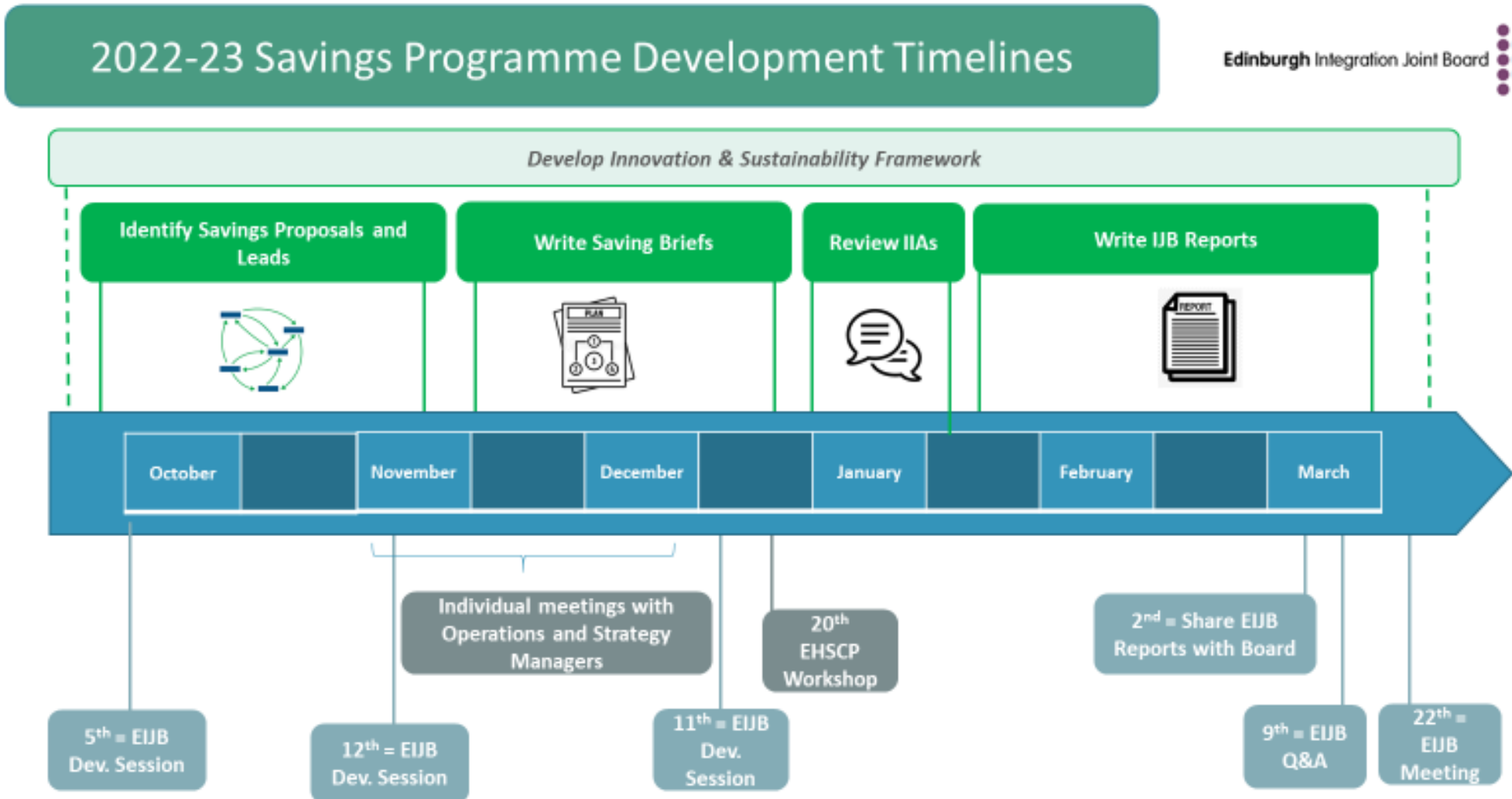
Appendices

Appendix 1	Sustainability: Balancing the Deficits
Appendix 2	2022-23 Savings Programme Development Timeline
Appendix 3	2022-23 Savings Programme Structure
Appendix 4	2022-23 Savings and Recovery Programme - Detailed Table
Appendix 5	2022-23 Savings and Recovery Programme Project Overviews
Appendix 6	2022-23 Savings and Recovery proposed plan to review and finalise IIA's
Appendix 7	2022-23 Savings and Recovery Programme Cumulative IIA

Appendix 1: Sustainability: Balancing the Deficits



Appendix 2: 2022-23 Saving Programme Development Timeline



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Appendix 3: EIJB Savings Programme Structure

1. **Previously approved proposals** from 2019/20 & 2020/21

2. **Operational/ Grip & Control projects** that do not need EIJB approval (e.g. Prescribing)

3. **Projects under the Transformation Programme** that will realise efficiencies

4. **New proposals** – that which will be presented for approval by EIJB as part of Financial Plan in March 2021

Appendix 4: 2021-22 Savings Programme - Detailed Table

No.	Title	Lead	Amount (£m)
Previously Approved Proposals			£0.41
1	Review Rehabilitation Services*	Sheena Muir	£0.14
2	Review Sexual Health Services*	Sheena Muir	£0.11
3	Community Equipment*	Sheena Muir / Sylvia Latona	£0.055
4	LD Overnight Services**	Mark Grierson	£0.075
5	The Works**	Linda Irvine-Fitzpatrick	£0.03
Operational/ Grip and Control Projects			£3.03
6	Hosted Services & Set Aside	Moira Pringle	£0.57
7	Prescribing	Anna Duff	£2.06
8	Purchasing*	Nikki Conway/ Deborah Mackle	£0.4
Transformation Projects			£2.3
9	Medical Day Hospitals*	Katie McWilliam	£0.2
10	Bed Based Review*	Jacquie McCrae	£2.1
Total Savings and Recovery Programme			£5.74

* Agreed at EIJB on 21st July 2020: [Agenda for Edinburgh Integration Joint Board on Tuesday, 21st July, 2020, 10.00 am - Modern Council](#)

** Agreed at EIJB on 24th March 2021: [Agenda for Edinburgh Integration Joint Board on Wednesday, 24th March, 2021, 10.00 am - Modern Council](#)

Appendix 5: 2022-23 Savings and Recovery Programme Project Overviews

No.	01	Savings Proposal:	Review Rehabilitation Services	Lead:	Sheena Muir								
Proposal Summary (Scope)	<ul style="list-style-type: none"> Through the establishment of the Integrated Rehabilitation Collaborative (IRC) deliver a Pan Lothian integrated and shared vision and model for rehabilitation services, incorporating plans proposed by the four Lothian HSCPS for community rehabilitation Review the existing models of care to identify where improvements can be made to support services to operate more efficiently and effectively Use learning from COVID-19 to inform approach 			Financial Impact <table border="1"> <tr> <td>Full Year Target for 22/23 (£k)</td> <td>£114</td> </tr> <tr> <td>Forecast Savings for 22/23 (£k)</td> <td>£114</td> </tr> <tr> <td>Recurring Savings for 23/24 (£k)</td> <td>£114</td> </tr> <tr> <td>Delivery Investment</td> <td></td> </tr> </table>		Full Year Target for 22/23 (£k)	£114	Forecast Savings for 22/23 (£k)	£114	Recurring Savings for 23/24 (£k)	£114	Delivery Investment	
Full Year Target for 22/23 (£k)	£114												
Forecast Savings for 22/23 (£k)	£114												
Recurring Savings for 23/24 (£k)	£114												
Delivery Investment													
Impacts	<p>These have been drawn from the Integrated Impact Assessment (IIA) completed on 8th June 2020 and which is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> <p>A review and update of the IIA is planned for April 2022.</p>												
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> People requiring inpatient rehabilitation can access it as timely as possible at a level that improves quality and drives better outcomes. People who no longer require inpatient rehabilitation can access their ongoing rehabilitation and care requirements in the community Improved systems and processes, with efficient use of resources <p>Disbenefits</p>			Dependencies <ul style="list-style-type: none"> Ensuring models of care fit with the overall shared vision for the delivery of integrated rehabilitation services across Lothian. Dependant on a joined-up approach with Community Rehabilitation Services in all four HSCPs Non-Lothian usage of the inpatient service Future re-provision of rehabilitation service and associated business case 									
Risks/ Considerations	<p>People: confusion or misunderstanding of how and why new model is being implemented</p> <p>Reputational damage: service model does not meet existing expectations and perceptions</p> <p>Resistance to change: by workforce/ stakeholders/ people</p> <p>Change management: pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p>Consensus in approach: lack of agreement across the 4 HSCPs on the model of care</p> <p>Governance processes reduced ability to work at pace: working across 4 HSCPs may lead to a delay in decisions being made</p> <p>Financial risk: that we do not achieve the planned efficiencies</p>			Strategic Alignment <ul style="list-style-type: none"> Person Centred Care Managing our resources effectively Making best use of capacity across the system Right care right place right time Home First and Discharge Without Delay 									

No.	02	Savings Proposal:	Review of Sexual Health Services	Lead:	Sheena Muir
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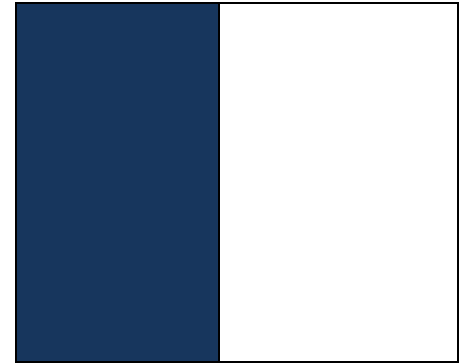
Proposal Summary (Scope)	<p>Review the Lothian Sexual and Reproductive Health Services (LSRHS) to ensure that models of care are as effective and efficient as possible and are aligned with national and local public health and sexual health priorities.</p> <p>Considering COVID-19 the recovery planning process will be used to facilitate the review. Appropriate learning gained from the response to the COVID-19 pandemic, when some LSRH services had to be paused and others reduced or adapted (e.g. using technology), are used to inform and shape sustainable and future proofed models of care.</p> <p>This will be aligned to nationally agreed stages of recovery for Sexual and Reproductive Health Services which provides a guide as service remobilisation. This is in recognition that users of sexual and reproductive health services are often transient, and where possible reducing variation in services supports continuity of care.</p>
Impacts	<p>These have been drawn from the Integrated Impact Assessment (IIA) completed on 23rd June 2020 and which is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> <ul style="list-style-type: none"> • A review and update of the IIA is planned for April 2022.
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> • It is anticipated that there may be greater consistency in services between regions with resources allocated based on identified need • More flexible services as a result of the use of technology • Improved systems and processes <p>Disbenefits</p>
Risks/ Considerations	<p>People: Increase in population health risk and inequalities</p> <p>Reputational damage: service model does not meet existing expectations</p> <p>Resistance to change: by workforce/ stakeholders/ people</p> <p>Change management: pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p>Consensus in approach: lack of agreement across the 4 HSCPs on the model of care</p> <p>Governance processes reduced ability to work at pace: working across 4 HSCPs may lead to a delay in decisions being made</p> <p>Financial risk: that we do not achieve the planned efficiencies</p> <p>COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes</p>

Financial Impact	
<i>Full Year Target for 22/23 (£k)</i>	£110
<i>Forecast Savings for 22/23 (£k)</i>	£110
<i>Recurring Savings for 23/24 (£k)</i>	£110
<i>Delivery Investment</i>	
Dependencies	<ul style="list-style-type: none"> • Ensuring that any new service model fits with the overall vision for the delivery of LSRHS • Support of the LSRHS SMT in completing the review and implementing any recommendations • That any services review meets Public Health requirements and associated budget priorities •
Strategic Alignment	<ul style="list-style-type: none"> • Person Centred Care • Managing our resources effectively • Making best use of capacity across the system • Right care right place right time

No.	03	Savings Proposal:	Community Equipment	Lead:	Sylvia Latona, Sheena Muir
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Proposal Summary (Scope)	<p>Ensure appropriate Grip and Control of the Community Equipment Loan Service features. The proposed changes for the community equipment function as part of this proposal, sit under 8 workstreams:</p> <ol style="list-style-type: none"> 1. Single use items 2. Small aids 3. Non-catalogue items 4. Satellite stores 5. Out of hours 6. Crisis deliveries 7. Click and collect 8. Recharge model / budgets <p>Appropriate learning gained from the response to the COVID-19 pandemic, when some services had to be paused and others reduced or adapted, and technology solutions optimised, and will be used to inform and shape how the service can sustainably be delivered in the longer term.</p>	Financial Impact	
		<i>Full Year Target for 22/23 (£k)</i>	£55
		<i>Forecast Savings for 22/23 (£k)</i>	£55
		<i>Recurring Savings for 23/24 (£k)</i>	£55
	<i>Delivery Investment</i>		
Impacts	<p>Devolved budgets: will lead to more sustained grip and control over spend and greater scrutiny and accountability against budgetary spend</p> <p>Community Equipment Loan Model: review of equipment and criteria for Community Equipment; streamlining processes and introduction of a ‘future proofed’ strategy for provision of equipment, will contribute to supporting people to leave hospital, the prevention of admissions and end of life care. Aligned to both the prevention and crisis intervention work streams.</p> <p>Transformation Programme: Lessons learned from implementing changes through the Savings Programme, and adaptations from COVID-19 19 will be utilised and help to inform the broader review and reform of the community equipment service which falls under the scope of the Transformation Programme</p> <p>Edinburgh Pact: Provide clarity on service and support offering and redefine what statutory services can contribute in terms of preventing crisis, and supporting people to manage their health and personal independence at home</p> <p>Home First, SDS and 3 conversations</p>	Dependencies	<ul style="list-style-type: none"> • The Edinburgh Pact • Community Equipment Model • Home first • 3 conversations • SDS
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> • Consistency in assessment and associated equipment • Clearer and fairer processes • Improved systems and processes • Improved accountability and transparency of the process including decision making • Improved reporting, and audit trails 	Strategic Alignment	<ul style="list-style-type: none"> • Prevention and early intervention • Person Centred Care • Managing our resources effectively
Risks/ Considerations	<p>Reputational damage: associated with changing criteria, and altering equipment available</p> <p>Resistance to change: from Locality and Hospital staff regarding new criteria for products, and new budgetary responsibility</p> <p>Resistance to change: from Equipment service staff, to new working patterns to improve productivity</p>		

Change management: potential impact on equipment service workforce from involvement and supporting change whilst delivering business as usual
Change management: referrers reluctance to change patterns demand, despite better reporting and information on criteria
Change management: reliance on other partners and HSCPs
Change management: SRO has not been confirmed for Transformation Programme, and PM redeployed
Change Management: key challenges associated with engagement and involvement owing to covid-19
Transition challenges: ensuing that affected people can access suitable alternatives that meet their needs
Financial risk: that the planned efficiencies are not achieved
Financial Risk: that the devolvement of budgets and efficiencies to recharge model are not achieved
COVID-19: Operational priorities due to COVID-19 mean that it is not possible to implement all the service changes



No.	04	Savings Proposal:	Over Night Services	Lead:	Mark Grierson
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Proposal Summary (Scope)	<p>Several block contract for shared overnight support services will have been in place for many years and it is possible that they will not have been reviewed to determine if current remote technology could be a more person-centred solution.</p> <p>A review of seven contracts was completed in 21/22, delivering a saving target of £75,000. It is anticipated that by working with other providers a further saving of £75 is achievable.</p>
Impacts	<p>These have been drawn from the Integrated Impact Assessment (IIA) completed on 15th February 2021 and which will be located on the EHSCP website here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> <p>A review and update of the IIA is planned for June 2022.</p>
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> • A less restrictive model of support for clients • Improved work / home life balance for staff • Builds a stronger culture of enablement including increased digital inclusion and communication with family members and friends <p>Disbenefits</p> <ul style="list-style-type: none"> • Perception that support delivered by technology presents more risks • Possible reduction in income for some staff • Organisations may perceive a change in model of support as loss of income across the system
Risks/ Considerations	<p>Resistance to change: by workforce/ stakeholders/ people – mitigated through clear and appropriate engagement and communication.</p>

Financial Impact	
<i>Full Year Target for 22/23 (£k)</i>	£39
<i>Forecast Savings for 22/23 (£k)</i>	£75
<i>Recurring Savings for 23/24 (£k)</i>	£75
<i>Delivery Investment</i>	None identified
Dependencies	An openness from providers to engage with partnership staff and agreements from service users and carers to move to technology options and responder services for overnight support where appropriate.
Strategic Alignment	<ul style="list-style-type: none"> • Tackling Inequalities • Person Centred Care • Best use of capacity across the system • Right care, right place, right time <p>Managing our resources effectively</p>

No.	05	Savings Proposal:	Mental Health Whole System Review: Independent review of The Works	Lead:	Linda Irvine-Fitzpatrick
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Proposal Summary (Scope)	<p>To conduct an independent review of The Works, to establish if this is the most cost effective and efficient method of service delivery that will enhance the outcome for service users in their employability needs and wider recovery.</p> <p>The Works is an NHS vocational rehabilitation service serving the City of Edinburgh. The focus is on supporting adults with complex mental health difficulties into paid employment or higher/ further education. In addition to gaining paid employment participants are also able to experience the multitude of soft outcomes such as reduction in symptoms, improved mental wellbeing and confidence, increased sense of self-worth, hope and optimism. The Works follows the internationally evidence-based, Individual Placement and Support (IPS) model</p> <p>The review will be completed within the context of the EIJB's current challenging financial position, however, no further assumptions or recommendations about the outcome of the review have been made except to give due consideration to the interlinkages with strategic priorities under Thrive workstreams. The savings target is based on historical underspend figures.</p>	Financial Impact	
		<i>Full Year Target for 21/22 (£k)</i>	£34
		<i>Forecast Savings for 21/22 (£k)</i>	£34
		<i>Recurring Savings for 22/23 (£k)</i>	TBC
Impacts	An Integrated Impact Assessment (IIA) will be conducted alongside the review to ensure any potential equalities, human rights, environmental or economic impacts, are appropriately considered and mitigated. Due consideration will be also given to equalities regarding proposed changes to service delivery resulting from the review. The IIA will be updated to reflect this in recognition that this should be an ongoing part of any service review. Currently, there is no anticipated impact on staff.	<i>Delivery Investment</i>	None identified
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> - Potential to enhance the opportunities available to a broader group of people - Potential for increased opportunities/ collaborative & cross sector working - Staff will inform & have direct involvement in the review - Potential for staff to develop new or additional skills/ share knowledge & skills across system <p>Disbenefits</p> <ul style="list-style-type: none"> - Expectations of service may not be met - Change process may be challenging and unsettling for citizens & staff - May be concerns about diluting current model that staff are familiar with 	Dependencies	<ul style="list-style-type: none"> - Shared funding arrangements with Working Health Services, - Midlothian HSCP Employability Service is reliant on staff within The Works service for support and supervision
Risks	<p>People: confusion/misunderstanding of why the review is occurring & the potential outcomes of the review - <i>mitigated through clear & appropriate communication with stakeholders</i></p> <p>Reputational damage: service model may be required to change to ensure the most effective & efficient model of service is delivered. - <i>mitigated through engagement with stakeholders & ensuring appropriate linkages are made with Edinburgh Pact Workstream</i></p> <p>Resistance to change: by workforce/ stakeholders/ people – mitigated through clear and appropriate engagement and communication whilst adhering to NHSL policy and procedure</p>	Strategic Alignment	<ul style="list-style-type: none"> • Tackling Inequalities • Person Centred Care • Best use of capacity across the system • Right care, right place, right time • Managing our resources effectively

No.	06	Savings Proposal:	Hosted Services and Set Aside	Lead:	Moira Pringle
Proposal Summary (Scope)	Hosted services are operationally managed by a HSCP or business unit within NHS Lothian on behalf of two or more of the Lothian IJBs. For example:				
	<ul style="list-style-type: none"> • Dietetics is a single system team that is managed within Midlothian HSCP on behalf of all four Lothian IJBs; and • Inpatient adult mental health is hosted within the Royal Edinburgh and Associated Services (REAS) business unit on behalf of East Lothian, Edinburgh and Midlothian. 				
	Similarly set aside services are acute, hospital based and are operationally managed by NHS Lothian on behalf of all 4 IJBs.				
	Operational business units within NHS Lothian are expected to breakeven and demonstrate 3% efficiency savings on a yearly basis. Each business unit will develop savings plans locally and some of these will involve services hosted on behalf of IJBs. The development, implementation and monitoring of these schemes will take place in accordance with local arrangements.				
	Several proposals have been identified via this route and are reflected in the NHS Lothian financial plan.				
Impacts	These will be assessed at local business unit level, the share of any savings realised will be allocated to Edinburgh IJB based on the existing NHS Lothian mechanisms for attributing expenditure to IJBs.				
Benefits & Disbenefits	These are assessed locally and monitored through local governance arrangements.				
Risks/ Considerations	These are assessed locally and monitored through local governance arrangements				
Financial Impact					
<i>Full Year Target for 22/23 (£k)</i>		Hosted = £2,915 Set Aside = £3,085 TOTAL = £6,001			
<i>Forecast Savings for 22/23 (£k)</i>		Hosted = £399 Set Aside = £171 TOTAL = £570,000			
<i>Recurring Savings for 23/24 (£k)</i>		Hosted = £399 Set Aside = £171 TOTAL = £570,000			
<i>Delivery Investment</i>		None identified			
Dependencies		These are assessed locally and monitored through local governance arrangements.			
Strategic Alignment		These are assessed locally and monitored through local governance arrangements.			

No. 07	Savings Proposal: Prescribing	Lead: Anna Duff
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Proposal Summary (Scope)	<p>Each year, the NHS Lothian Primary Care Pharmacy team identify proposals aimed at delivering efficiencies in the primary care prescribing budget of approximately £4m across NHS Lothian. The 2022/23 Lothian prescribing action plan includes an overall efficiencies target of £4m of which £2,06m is attributed to EHSCP.</p> <p>The 22/23 NHS Lothian Primary Care Prescribing Plan builds on existing and established prescribing initiatives which promote cost effective prescribing without compromising patient care. The plan has been developed by the pharmacy team with appropriate stakeholder engagement and approved by the NHS Lothian Prescribing Forum (February 2022). The aim of the scheme is to promote financial stability through implementation of a range of prescribing projects led by pharmacy and dietetic teams within general practice. The schemes are monitored using a tracker which is reviewed on a monthly basis by the NHSL Prescribing Forum, providing a mechanism for identification and mitigation of slippage.</p>
Impacts	<p>These have been drawn from the Integrated Impact Assessment (IIA) completed on 20th May 2021 and which is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> <p>A review and update of the IIA is planned for April 2022.</p>
Benefits & Disbenefits	<p>Implementation of the prescribing plan is expected to deliver the following benefits:</p> <ul style="list-style-type: none"> • support delivery of financial stability through cost effective prescribing • improve patient access to evidence-based medication and multidisciplinary medication review, minimising inappropriate polypharmacy and supporting self-care. <p>Potential Disbenefits include:</p> <ul style="list-style-type: none"> • pharmacy and practice time to implement plan will be at the expense of other operational priorities and workstreams.
Risks/ Considerations	<p>COVID-19: Operational priorities due to COVID-19 could result in a lack of capacity to deliver plan. New ways of working post-COVID may alter delivery of identified prescribing initiatives.</p> <p>Recruitment: difficulties with retention/recruitment of appropriately qualified staff</p> <p>People: training & induction of new staff could impede on efficiencies delivery.</p> <p>Finance: Variable prescription item volume and costs due to unforeseen pressures (e.g. drug shortages) could lead to increases/decreases in spend against prescribing initiatives outside of the team's control</p> <p>Operational Priorities: additional priorities for the pharmacy team such as pharmacotherapy service development will be ongoing throughout 21/22 & may impact on delivery of the plan.</p>

Financial Impact	
<i>Full Year Target for 21/22 (£k)</i>	£2,06
<i>Forecast Savings for 21/22 (£k)</i>	£2,06
<i>Recurring Savings for 22/23 (£k)</i>	£2,06
<i>Delivery Investment</i>	None identified
Dependencies	<ul style="list-style-type: none"> - GP and stakeholder engagement is maintained to deliver efficiencies. - Pharmacy team are supported to deliver plan within their practice role. - Ongoing pharmacotherapy service development , inc. recruitment, training & skill mix optimisation will impact on team capacity & could affect savings delivery.
Strategic Alignment	<ul style="list-style-type: none"> • Prevention and early intervention • Person Centred Care • Making best use of capacity across the system • Right care, right place, right time • Managing our resources effectively

No.	08	Savings Proposal:	Purchasing	Lead:	Deborah Mackle/Nikki Conway
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Proposal Summary (Scope)	<p>Review practice and process associated with the delivery of statutory obligations to ensure effective fiscal control and a focus on best practice including a move away from a dependency model to an enabling model that supports people to utilise their assets, develop new skills and take responsibility for their own decisions. The scope of the proposal includes a range of workstreams to be reviewed including:</p> <ol style="list-style-type: none"> 1. Review of purchasing, implementation and monitoring of care packages 2. Self-Directed Support 3. Corporate Appointeeship 4. Debt recovery 5. Transport 6. Spot purchasing of specialist support including for mental health and learning disability 7. Overnight provision 	
Impacts	<ul style="list-style-type: none"> • Best use of purchasing budget to maximise the benefit to eligible individuals • Provision of care and support in the most fair and equitable manner possible, within available resources. • Person centred care using a collaborative approach which promotes choice and control • Resources are allocated fairly across the system • Services are delivered which ensure legal compliance and application of best practice 	
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> • Consistency in assessment and provision of care and support • Improved practice, systems and processes • Consistency of decision making • Improved communication • Improved accountability for spend • Clarity of purpose 	<p>Disbenefits</p> <ul style="list-style-type: none"> • Increase in the number of challenging and complex conversations • Period of inconsistency as new systems and processes are implemented, mitigated by communication • Some people may no longer receive the same level of funding to access the same level of care and support previously provided to them
Risks/ Considerations	<p>People: confusion/misunderstanding of how and why new model is being implemented, increase in population health risk and inequalities</p> <p>Reputational damage: new service model does not meet existing expectations leading to increased complaints; Perceptions of actions taken to reduce spend being at odds with the principles of 3 Conversations approach and improved outcomes for people</p> <p>Skill and knowledge gap: inconsistency in the skills, knowledge and confidence of current decision makers and assessors</p>	<p>Change management: pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p>Scale: the work required does not match the capacity of assessors to undertake</p> <p>Volatility of the market: challenges with managing purchasing spend due to the volatility and nature of the market</p> <p>Resistance to change: by workforce/ stakeholders/ people</p>

Financial Impact	
<i>Full Year Target for 22/23 (£k)</i>	£400,000
<i>Forecast Savings for 22/23 (£k)</i>	£400,000
<i>Recurring Savings for 23/24 (£k)</i>	£400,000
<i>Delivery Investment</i>	
Dependencies	<p>Integrated working with development and implementation of:</p> <ul style="list-style-type: none"> • C1.1 Community Investment • C1.3 Three Conversations • C3.4 The Edinburgh Pact • CEC Business Support and Finance systems and resources
Strategic Alignment	<ul style="list-style-type: none"> • Prevention and early intervention • Person Centred Care • Managing our resources effectively • Making best use of capacity across the system • Right care, right place, right time

No.	09	Savings Proposal:	Medical Day Hospital Review	Lead:	Katie McWilliam
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Proposal Summary (Scope)	<p>Undertake a review of Medical Day Hospitals:</p> <ul style="list-style-type: none"> Identify and determine the future function, demand and capacity required for medical day hospitals. This will include developing a consistent and fair framework for how day hospitals services will function. Within this context we will then be able to determine the unique role, and proportionate demand for comprehensive geriatric assessment requiring multi-disciplinary and medical assessment, and the demand for more integrated community based non-medical interventions, and the linkages to be made, given the associated growing re-enablement and rehabilitation support in the wider community. Appropriate learning gained from the response to the COVID-19 pandemic, when some services had to be paused and others reduced or adapted, have been used to inform and shape how the service can sustainably be delivered in the longer term.
Impacts	<ul style="list-style-type: none"> Day hospitals will be used for the identified and agreed functions; consistent framework for day hospital service delivery, including standard operational procedures (SOP) across locations Reframe and reshape people’s expectations about what day hospital services can provide through the central framework Fair and consistent accessibility and referral criteria; support people to access the right services in the right place at the right time, to improve their experience Develop more meaningful relationships with the people who refer for comprehensive geriatric assessments, and ensure pathway is clear, and experience for people being referred is fair and equitable
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> Consistent and fair approach for medical day hospitals across the City of Edinburgh that offers proportionate, personalised medical, rehabilitation and re-ablement support Promotion of Home First principles will allow people to be cared for in the most appropriate environment <p>Disbenefits</p> <p>Nil noted</p>
Risks/ Considerations	<p>People: ensuring people’s needs are met on an ongoing basis in the right place, at the right time, by the right people</p> <p>Reputational damage: associated with the potential perception of ‘loss’ of service, where in fact the provision will become more equitable</p> <p>Resistance to change: by workforce/ stakeholders/ people</p> <p>Change management: potential impact on workforce from involvement and supporting change whilst delivering business as usual. Changes in some management structures creates delays</p> <p>Transition challenges: ensuring that the workforce are suitably aware to ensure all new referrals are triaged and directed to the most appropriate provision</p> <p>Financial risk: that we do not achieve the planned efficiencies, particularly if community investments in the wider integrated community assessment, rehabilitation and reablement are required</p> <p>COVID-19: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes</p>

Financial Impact	
<i>Full Year Target for 22/23 (£k)</i>	£200
<i>Forecast Savings for 22/23 (£k)</i>	£200
<i>Recurring Savings for 23/24 (£k)</i>	TBC
<i>Delivery Investment</i>	TBC
Dependencies	Successful roll out and implementation of this project will rely on consistent operational ownership to drive any agreed changes, and the appropriate linkages being made and consistent support with and from key workstreams within the Transformation Programme and Savings Governance projects.
Strategic Alignment	<ul style="list-style-type: none"> Prevention and early intervention Person Centred Care Managing our resources effectively Making best use of capacity across the system Right care right place right time

	<ul style="list-style-type: none"> Improved overall value <p>Disbenefits</p> <ul style="list-style-type: none"> Overall reduction in Partnership managed care home capacity Major workforce organisational change across 3 x service areas Due to phasing, full impact and benefits of review will take longer to realise
Risks/ Considerations	<p>People: confusion or misunderstanding of how and why new model is being implemented</p> <p>Reputational damage: service model does not meet existing expectations and perceptions</p> <p>Resistance to change: by workforce/ stakeholders/ people</p> <p>Change management: pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p>Transition challenges: ensuring that if appropriate affected people can access suitable alternatives that meet their needs</p> <p>Financial risk: that the planned efficiencies are not achieved</p>

Strategic Alignment	<ul style="list-style-type: none"> Person Centred Care Managing our resources effectively Making best use of capacity across the system Right care, right place, right time

Appendix 6 **2022-23 Savings and Recovery proposed plan to review and finalise IIA's**

Project Number	SRO	Project Name	IIA Status on EHSCP site	Recommendation	IIA Proposed Review date
1	Sheena Muir	Rehabilitations Medicine Service Review	IIA Completed - Published	Update IIA in parallel to option approval activities	Apr-22
2	Sheena Muir	Sexual Health Service Review	IIA Completed - Published	Update IIA in parallel to option approval activities	Apr-22
3	Sheena Muir Sylvia Latona	Community Equipment	Interim	Update IIA in parallel to option approval activities	Jun-22
4	Mark Grierson	L &D Overnight Support Contracts	IIA Completed - Published	IIA to be reviewed in parallel with activities to select providers	Jun-22
5	Linda Irvine-Fitzpatrick	The Works	IIA Statement - Published	Update IIA in parallel to option approval activities	Jun-22
6	Moira Pringle	Hosted and Set aside services	IIA Statement - Published	IIA statement requires updating to align with 22/23 programme	Mar-22
7	Anna Duff	Prescribing	IIA Statement - Published	EHSCP site needs to be updated to point to the NHS Lothian site for the Prescribing IIA from April 21	Apr-22
8	Nikki Conway Deborah Mackle	Purchasing	Interim	Review needs to occur at each proposed change in process/service /pathway as part of the documents to approve the process/service/pathway change.	May-22 (GF change approval) June-22 (DP change approval)
9	Katie McWilliams	Medical Day Hospitals	Unable to find any documents	IIA date interim dependent on the anticipated option approval date	Jun-22
10	Jackie McCrae	Bed Based Review	Final	No action required at this time.	Date will be provided following approval of next phase

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Appendix 7 2022-23 Savings and Recovery Programme Cumulative IIA

**Integrated Impact Assessment
Summary Report Template**

Each of the numbered sections below must be completed

Interim report		Final report	✓	(Tick as appropriate)
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- 1. Title of plan, policy or strategy being assessed**
Edinburgh Integration Joint Boards (EIJB's) Savings Programme 2022/23 – Cumulative Integrated Impact Assessment
- 2. What will change as a result of this proposal?**

To support the delivery of a balanced budget for the 2022/23 financial year the EHSCP has developed a Savings Programme with a range of savings proposals.

The proposals have been developed, to where possible help:

- Achieve a balanced budget
- Improve efficiencies in service delivery
- Allow for continuous improvement of services
- Move forward and support the principles of the Strategic Plan
- More effectively target resources

Every effort has been made to ensure the alignment of proposals to the EIJBs Strategic Plan, in order to minimise negative impacts and to help support the sustainable delivery of services, now and in the future. However, it is recognised that the need to deliver a savings programme in 2022/23, may lead to an impact on services, people and staff. Throughout 2021/22 there has been ongoing dialogue about how to balance the current care, workforce and financial deficits whilst ensuring the sustainability of the Edinburgh Heath and Social Care system. The need to evolve and transition into a wider strategic programme encompassing the principles of innovation and sustainability, has been identified. As such, the 2022/23 Saving Programmed has been developed to support and ensure alignment with these principles.

This Cumulative IIA provides an opportunity to review collectively, the equality impact of the proposals on the population of Edinburgh . It provides a level of assurance that a robust consideration of potential impacts has taken place. As well

as providing an overarching strategic perspective of how projects link together, this process is helping to ensure that work is not progressing in silos. The IIA also highlights any interdependencies between projects and work streams, within the savings programme and the EHSCPs wider transformation schemes of work.

Summaries of the proposals will be available on the City of Edinburgh Council website from the 14th March 2022 when papers will be published in advance of the EIJB meeting on the 22nd March 2022:

<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=5569&Ver=4>

3. Briefly describe public involvement in this proposal to date and planned

While there has been no overarching public engagement around the EIJBs savings proposals for 2022-23, public engagement has been undertaken for agreed projects within the 2022-23 Saving Recovery Programme that are currently undergoing option approval. Several budget workshops involving EIJB members, including elected members and non-executive NHS Board members have taken place.

Project specific engagement which has taken place to date is noted in each IIA report.

The proposals align as far as possible with the intentions of the strategic direction laid out within the EIJB Strategic Plan. Extensive engagement was integral to the Plan's development including significant public and stakeholder engagement, consultation and feedback.

4. Date of IIA: 28th Feb 2022

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	IIA role	Job Title	Date of IIA training
Moira Pringle	Lead Officer	Chief Finance Officer	
Sarah Bryson	Facilitator	Planning & commissioning Officer	Nov 2017
Kellie Smith	Report writer	Finance Programme Manager	May 2021
Cat Young	Contributor	Assistant Strategic Programme Manager for Mental Health and Wellbeing with Thrive Edinburgh	Aug 2018

Jenny McCann	Contributor	Finance Programme Manager	March 2020
Sheena Muir	Contributor	Hospital and Hosted Services Manager	
Deborah Mackle	Contributor	Locality Manager – South West	
Nikki Conway	Contributor	Locality Manager – South East	
Anna Duff	Contributor	Locality Manager – North West	
Sylvia Latona	Contributor	Senior Manager Assistive Technology Enabled Care	

6. Evidence available at the time of the IIA

The purpose of the cumulative IIA is to consider potential cumulative impacts arising from the various budget proposals. The individual IIAs have considered and noted the appropriate evidence in relation to the corresponding budget proposal. The table below only notes the overarching evidence.

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need:		
<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	Yes	Provides current and projected data on the wider population in the City of Edinburgh /Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)
<i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i>	Yes	Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated). Actions highlighted as needed to address these include: <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf
<i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i>	Yes	Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Data on service uptake/access	No	See individual IIAs
Data on equality outcomes:	Yes	Completed/Interim IIAs and IIA statements for the 2022/23 savings programme proposals (will be available here: https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/) and provide details of
<i>Individual Savings Proposals IIAs</i>		

Evidence	Available?	Comments: what does the evidence tell you?
		<p>identified impacts that may come from the implementation of the proposed changes:</p> <ol style="list-style-type: none"> 1. Review Rehabilitation Services (IIA) 2. Review Sexual Health Services (IIA) 3. LD Overnight Services (IIA) 4. Mental Health Whole System Review: Review the Works (IIA Statement) 5. Hosted Services & Set Aside (IIA Statement) 6. Community Equipment (IIA) 7. Prescribing (IIA Statement) 8. Purchasing (IIA) 9. Medical Day Hospital (IIA statement) 10. Bed Based Review (IIA)
Research/literature evidence	No	See individual IIAs
Public/patient/client experience information	No	See individual IIAs
<p>Evidence of inclusive engagement of service users and involvement findings</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	Yes	<p>See individual IIAs</p> <p>Details consultation completed with stakeholders about the EIJB Strategic Plan: https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p>
<p>Evidence of unmet need</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	Yes	<p>See individual IIAs</p> <p>Details the health needs and priorities for the people of Edinburgh https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p>
Good practice guidelines	No	See individual IIAs
Environmental data	No	See individual IIAs
Risk from cumulative impacts	Yes	

Evidence	Available?	Comments: what does the evidence tell you?
<p><i>Savings Programme Cumulative IIA Evidence Document</i></p> <p><i>Impacts due to the restrictions imposed due to the Coronavirus</i></p>		<p>Impacts identified within each budget proposal IIA have been considered to undertake this cumulative impact assessment.</p> <p>Due to the restrictions imposed to control the coronavirus pandemic:</p> <ul style="list-style-type: none"> • the number of unpaid carers, and associated stressors of unpaid carers has risen in the city, and nationally. • there is a likelihood that some people may now present with a higher level of need as some services have been restricted for an ongoing period • staff absentee rates have significantly increased impacting service delivery and quality across all sectors • services have been working to critical criteria for several years • those with long term mental health and physical health conditions experienced elevated levels of anxiety compared to the wider population • There have been positive experiences of digital services and wider online supports and it is important we harness these. • There is need to ensure that all people in Scotland can be digitally connected through the removal of practical and financial barriers. • The role of community pharmacies has amplified during the pandemic • Outdoor activities and the value of green space has had a huge impact on public mental health and wellbeing - working more locally could allow us to use our spaces differently in the city • Financial concerns were high early in the pandemic but did subsid (potentially due to furlough schemes). However, there is a potential for this anxiety to re-emerge if unemployment rises and businesses struggle. • There has been positive uptake and engagement with online networks and support as a result of Covid-19. There is a need throughout our public policy to maximise and invest in community-based supports to enable social networks to

Evidence	Available?	Comments: what does the evidence tell you?
		flourish (clubs, societies, neighbourhood schemes and peer supports). By enhancing individual wellbeing and community cohesion this will bring benefits to both mental and physical health
Other (please specify)		<p>The Independent Review of Adult Social Care https://www.gov.scot/groups/independent-review-of-adult-social-care/</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p>
Additional evidence required		

<p>people to attend services or activities out of their local area to support their health and wellbeing.</p> <p>There is an opportunity to incorporate technological solutions to aid and provide flexible access to service delivery.</p> <p>Changes will provide a level of support which we can afford, that achieves current and future sustainability.</p> <p>There will be a reduction in cost for people through not having to pay travel costs to receive help and support</p> <p>Negative</p> <p>Savings will be made through efficiencies and improved effectiveness, which may result in some people not receiving the same support to that which they currently receive or would expect to. Some services may also be delivered through a different approach.</p> <p>Any change may cause anxiety, disruption and stress, particularly to those most vulnerable (including their unpaid carers), and a perceived sense of loss. This must be recognised and alleviated through considered planning and good communication.</p> <p>The ask of families, friends and unpaid carers (particularly women as a higher proportion of carers are women) has increased in the last 12 months due to another year of government restrictions associated with Covid 19 - links with the Carers Strategy will be established. People's support networks vary considerably and cognisance of this will be taken using a person-centred approach</p> <p>Anxiety and stress due to perceived or actual financial and/or safety concerns with obtaining and receiving care. Reduced capacity to travel to receive care without additional financial or personal support</p> <p>Those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access will be considered whilst developing any technology enabled services or any move to a more self-managed care approach</p>	<p>All people who receive services – more of which are older people, people with disabilities and carers</p> <p>Unpaid carers and women</p> <p>People with long terms conditions, people experiencing mental health problems, and low income single-parent families</p> <p>Those with poor literacy skills; those for whom English is not as a first language, and those with less access to digital technology</p>
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<p>stressful/anxiety provoking and can place a considerable time burden on staff.</p> <p>Staff shortages, recruitment and retention issues has continued to impact the physical and mental health and wellbeing of the current workforce. With less personnel in posts, overall workloads have increased. This has resulted in increased anxiety and stress in staff associated with a lack of capacity to provide safe and optimal care services on an ongoing and sustained basis.</p>	
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<p>Environment and Sustainability</p> <p>The Strategic Plan 2019-22 commits EHSCP to working with its partners to support the development of the city's new sustainability strategy for 2030 – pg. 21 – https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> <p>Positive</p> <p>The creation of more locality/community-based models aligns with the 20-minute neighbourhood concept. There will be potentially less travel to a central location by people who can instead access services in the localities (leading to reduced emissions).</p> <p>Staff are encouraged to travel sustainably, and where appropriate engage with people through Near Me, etc and other technological and digital options</p> <p>Reduction in travel using technology and digital staff scheduling solutions.</p> <p>Ensures any changes proposed will support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 net-zero carbon target.</p> <p>Any changes in practice provides an opportunity to implement change to culture and working practices and support the Edinburgh 2030 net-zero carbon target.</p> <p>Negative</p> <p>There could be an increase in staff travelling (leading to increased emissions) as they deliver more community-based support to people in their own homes instead of centrally. Staff should be encouraged to travel sustainably</p>	<p>Affected populations</p> <p>All populations</p>
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<p>Economic</p> <p>Positive Changes will help ensure the long-term sustainability of services.</p> <p>Negative Any reduction in external commissioning may lead to a reduction in third sector and independent staffing. This impact should be limited as there is a recognised shortage of care staff across most organisations.</p>	<p>Affected populations</p> <p>All those that access services</p> <p>All those that access services and staff in third/ independent sector</p>

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights , environmental and sustainability issues be addressed?

Yes, a number of the proposals cover services that will be delivered by contractors.

Procurement processes and contract documents will consider how potential contractors will address equality, human rights, environmental and sustainability issues including how contractors will support the implementation of relevant sustainability strategies referred to in this document.

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

See individual IIAs for communication proposals.

All communications plans/ strategies will include specific information for patients, unpaid carers, staff and wider stakeholders compliant with;

- UK Government guidance on Accessible Communication formats (2021); and
- The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

Consideration will also be given to health literacy and the use of different mediums and channels for sharing information.

Feedback from ongoing communication with stakeholders will inform the wider Savings Programme as well as the transformation programme (in particular the Edinburgh Pact).

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, a SEA should be completed, and the impacts identified in the IIA should be included in this.

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

Several budget proposals are currently undergoing activities to identify options for appraisal. Reviews of the services have taken longer than previously planned due to; the complexity of the service being reviewed, the number of stakeholders involved and/or the diversion of planned resources to address current system pressures. As such, activities to review, update and finalise the IIA's for the individual projects has been aligned with the projected activities to approve options for implementation in the 2022/23 programme. The Savings Programme 2022-23 Cumulative IIA will be reviewed and updated to reflect any identified impacts as each of the individual IIA's are finalised

12. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Relevant leads for savings proposals should progress any specific actions identified in individual IIAs	Savings proposal leads	Ongoing	Ongoing
Overarching report re delivery of the savings programme to be provided to Savings and Governance Board (SGB) monthly	Finance Programme Manager	Monthly	July 2022
Ongoing reporting to EIJB bi-monthly	Chief Finance Officer (EIJB) (with support from Finance Programme Manager)	Bi-monthly	June 2022

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Training and support for staff is provided.	Savings proposal leads – where pertinent to their proposal	Ongoing	Ongoing
Procedures and policies should be clearly set out and available	Savings proposal leads – where pertinent to their proposal	Ongoing	Ongoing
The rationale for the changes should be clearly communicated to staff including the over-riding financial position	Savings proposal leads	Ongoing	Ongoing
Proposals to be implemented in line with appropriate strategies and relevant workstreams	Savings proposal leads	Ongoing	Ongoing

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

An overarching view on delivery of the savings programme, including monitoring of activity and spend, will be provided at the monthly Savings Governance Board, chaired by EHSCP’s Chief Officer. Bi-monthly reports will also be provided to the EIJB and quarterly reports provided to the Performance and Delivery Committee.

Existing NHS Lothian & CEC finance reporting processes will also be utilised as appropriate.

Where appropriate there will be ongoing consultation with staff, patients, and carers about any changes

15. Sign off by Head of Service/ Project Lead

Name: *Moira Pringle (Chief Finance Officer, EIJB)*

Date: *XX/03/21*

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.

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REPORT

2022/23 Financial Plan

Edinburgh Integration Joint Board

22 March 2022

Executive Summary

This report presents the draft 2022/23 financial plan for the Integration Joint Board (IJB). The paper sets out the latest available information, including the budgets which will be delegated from our partners and compares these to projected costs based on the current forecast outturn, anticipated growth and assumptions around additional resources.

The modelling indicates that delivering financial balance by the end of the year is achievable but there remains some risk as not all the mitigations can be quantified at this point. These mitigations, including significant reserve balances, are presented in paragraph 31. This position has been the subject of tri partite talks with our partners. All involved in these discussions recognise and accept a number of complex inter related factors, namely: the ongoing improvements in performance; the likely negative impact on outcomes for people and performance more generally of any further savings initiatives; the ongoing uncertainty as we emerge from the Covid pandemic; and the IJB's structural deficit. In this context, partners are supportive of the proposed approach and committed to working with IJB officers to bridge the financial gap as the year progresses.

Recommendations

It is recommended that the Board:

1. Note the 2022/23 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant draft financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme;
2. Agree that officers continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in year shortfall;
3. Agree to receive an update on progress on a regular and appropriate basis throughout the year; and
4. Issue a direction to the City of Edinburgh Council for the uplifting of contracts in line with nationally agreed methodology.

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. This report has not been presented elsewhere but the content and issues raised in the paper have been explored and discussed through a series of IJB Budget Working Group sessions.

Main Report

Background

2. Immediately after the agreement of the IJB's 2021/22 financial plan, work started on the 2022/23 budget. The Chief Finance Officer liaised closely with senior colleagues in the finance teams of NHS Lothian and the City of Edinburgh Council (the Council) as the financial plans for the respective organisations were developed. Work also continued to develop the savings and recovery programme in accordance with the board's aim to align efficiency with strategic intent.
3. In setting an unbalanced budget for 2021/22, the IJB recognised the clear risk that agreeing stringent additional savings at a time of significant uncertainty could lead to unnecessary public concern as well as a material deterioration in performance. On this basis, the board agreed that officers would work collaboratively with partners to identify the means to address the gap as the year progressed. Whilst the final financial results for the year are not yet available, the Chief Finance Officer has given the board significant assurance of a break even position for the year, reflecting the success of this approach.
4. At this current time, the draft financial plan for 2022/23 is not balanced. The underpinning details and assumptions are set out in this paper, and it is recommended that there is sufficient flexibility in the system to agree a similar approach as for 2021/22. This recognises that, to address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing", we need to evolve our thinking and adopt a longer term, strategic approach. This work has started, with an initial focus on scoping and identifying key areas where we can work collaboratively to start to reshape and reimagine services. The paper also sets out the additional funding included in the budget settlement, reflecting the increasing recognition of the financial challenges faced by health and social care. It is proposed that, as far

as possible, this funding is ring fenced to support the transition to sustainable services. This could also cover investing in the resources required to deliver the significant level of transformation required for sustainability, the need for which has previously been recognised by the board.

Funding - IJB delegated budget 2022/23

5. On 9th December 2021, the Cabinet Secretary for Finance and the Economy presented a draft one-year Scottish Budget and Local Government Finance Settlement to the Scottish Parliament. The figures contained within the settlement remain provisional, pending the draft budget's Parliamentary passage. This is a key document which informs the budgets delegated to the IJB from its 2 partners, the Council and NHS Lothian. Details are discussed in paragraphs 6 to 15 below.
6. For **local authorities**, the Scottish Government (SG) budget provided an additional £553.9m to be transferred from the health portfolio for investment in adult social care and integration (see table 1 below). This additional funding was to support: delivery of the living wage; continued implementation of the carers act; the uprating of free personal care; investment in increased capacity; with the balance for local prioritisation. Local authorities were required to pass this additional funding on in full to integration authorities and the Council's budget has been set on this basis.

	Scotland £m	Edinburgh IJB £m
Carers Act	20.4	1.7
Living wage - uplift to £10.02 from 1/12/21	174.5	14.2
Free personal and nursing care	15.0	2.4
Winter funding - investment in increased capacity	124.0	11.0
Winter funding - interim care	20.0	1.8
Balance (including living wage uplift to £10.50)	200.0	16.3
Total	553.9	47.3

Table 1: Council delegated budget 2022/23

7. As can be seen from the table, Edinburgh's share of the £553.9m is £47.3m. Whilst elements of this will be matched by increased costs (Carers Act, living wage uplifts and free personal and nursing care) the balance is available for

prioritisation by the IJB. In addition to the budget settlement the Scottish Government has subsequently announced funding for additional social workers (£22m for Scotland, £1.9m for Edinburgh) and the mental health recovery programme. Further announcements on mental health monies are expected as we move into 2022/23 and £0.5m has been recognised in the IJB's budget at this point.

8. Beyond this, analysis of the settlement is on-going as additional details are received. Based on work undertaken by Council officials, the provisional level of funding is slightly more favourable than the "flat cash" position originally assumed.
9. The Council set its budget on 24th February 2022. As well as passing on the £47.3m in full, the Council has provided funding to cover the upcoming increase in employers' national insurance costs and the full year impact of the 2021/22 pay settlement. However, the non recurring contribution agreed in 2021/22 has not been reinstated. This was one of a range of investments allocated by the Council following the receipt of significant additional revenue funding last financial year.
10. These adjustments bring the total budget delegated by the **Council** to **£284.5m**, as summarised in table 2.
11. All **health boards** received a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In terms of pay, initial funding has been allocated in line with the Scottish public sector pay policy for planning purposes. This will be used as an anchor point in the forthcoming agenda for change pay settlement and funding arrangements for boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.
12. In addition, those boards furthest from NRAC parity received a share of £30.2m, NHS Lothian's share of which was £3m. NRAC is the formula used to assess each board's fair share of the overall NHS Scotland resource.
13. The NHS Lothian Finance and Resource Committee considered their financial plan on 17th January 2022. At this point, a gap of £50m was projected and the Director of Finance provided the board with limited assurance that a balanced

outturn would be achieved in 2022/23. Work continues to refine the plan and the final iteration will be scrutinised by the committee on 21st March 2022. Assuming they endorse the plan, it will be presented to the NHS Lothian board for approval on 6th April. Following which it will be submitted to the SG.

14. Based on the January version of the plan, we have now received formal confirmation of the indicative budget offer to the IJB. In line with the other 3 Lothian IJBs this reflects a 2% uplift on the recurring baseline budget excluding general medical services, giving a delegated budget of **£465.0m** for 2022/23. Further changes may be made pending the final SG settlement which will only be confirmed after the pay uplift for 22/23 is confirmed.
15. The combination of both budget offers would give the IJB a **delegated budget of £749.5m** at the beginning of financial year 2022/23 as shown below in table 2 below:

	Council £m	NHS Lothian £m	Total £m
2021/22 delegated budget	236.2	457.7	693.9
<i>Less: non recurring element</i>	(2.8)		(2.8)
Local Authority settlement:	47.4		47.4
Allocation for additional social work staff	2.0		2.0
Mental health recovery	0.5		0.5
Funding for NI increase & pay adjustment	0.8		0.8
Council motion adaptations	0.5		0.5
NHS pass through of 2% uplift		7.3	7.3
Total delegated budget 2022/23	284.5	465.0	749.5

Table 2: Indicative delegated budget 2022/23

Expenditure - IJB projected costs for 2022/23

16. In conjunction with the City of Edinburgh Council and NHS Lothian finance teams, the estimated costs of delegated services for the coming financial year have been modelled. The following assumptions were used in completing this task:
 - Council pay costs will rise as per the assumptions set out in the council budget (3% plus the full year impact of the 2021/22 pay deal and a further 1.25% as a result of the increase in employers' NI contributions);

- The impact of demographic growth on Council purchasing costs has been assumed at a further £9m. This assumption is in line the increase experienced in recent years and this approach will continue to be refined in line with the development of the joint strategic needs assessment (JSNA);
- National care home inflation cost estimates have been provided by the Council finance and contracting teams and are based on an assumed outcome from the ongoing national negotiations;
- Other contractual inflation has been calculated in line with the methodology developed nationally and allows for the increase in the living wage to £10.50 from 1st April 2022. For the first time in some years, this increase has been fully funded and it is **recommended** that the IJB agrees this and instructs the Council, via a direction, to implement. This direction is attached as appendix 2;
- Pay award for NHS staff has been calculated in line with the Scottish public sector pay policy for planning purposes. Final confirmation on the 2022/23 pay award is expected at the beginning of the new financial year, with additional funding anticipated to meet any costs increase. Accordingly, our planning assumption is that NHS Lothian will reflect the relevant funding in the budget delegated to the IJB;
- Health boards have been allocated a nominal 0.5% budget uplift on the baseline to meet the additional cost of the NI increase, although the impact will vary across the system. Lothian has still to calculate the additional financial impact, but on the basis resources are sufficient, they have committed to ensuring all additional NI costs incurred within delegated health functions are fully funded;
- The second iteration of the financial plan assumes a cost growth on hospital drugs of 10% overall. This is split between underlying drug growth and the impact of new medicines approved through Scottish Medicines Consortium. Work is ongoing to refine these estimates;
- The Medicines Management Team have estimated prescribing growth of 3.3% overall next year; and

- Excluding the elements above, the expected growth in NHS Lothian's non-pay costs has been set at 2% in the plan for 22/23. This also excludes energy costs, which are based on actual estimated growth (and non-delegated).

17. The financial impact of Covid is not reflected in the plan at this stage. This is discussed in more detail in paragraphs 21 to 24.

18. The impact of these assumptions is that the cost of delivering delegated services will rise by £68.3m to £778.8m, a breakdown is shown below in table 3:

	Council £m	NHS Lothian £m	Total £m
Baseline spend	252.7	457.9	710.6
Projected increases in spend:			
<i>Pay inflation</i>	3.5	5.0	8.5
<i>Purchasing inflation</i>	29.0	0.0	29.0
<i>Non pay inflation</i>	0.0	0.7	0.7
<i>Prescribing and medicines growth</i>		6.1	6.1
<i>Demographic growth</i>	9.0	0.0	9.0
<i>Provisions</i>	11.0		11.0
<i>Other</i>	2.92	1.0	3.9
Total increases	55.4	12.9	68.3
Total projected spend	308.1	470.7	778.8

Table 3: projected delegated expenditure 2022/23

19. Comparing these budget offers from the Council and NHS Lothian with the projected costs for delegated services gives the IJB a £29.3m savings requirement going into 2022/23 as shown in table 4 below:

	£m
Baseline budget	691.1
Uplift	58.4
Total budget	749.5
Baseline expenditure	710.6
Cost increases	68.3
Total expenditure	778.8
Savings requirement	(29.3)

Table 4: projected IJB savings requirement 2022/23

20. This can be further analysed as a brought forward deficit of £19.4m which will increase by £9.9m during the year. See table 5 below:

	Council £m	NHS Lothian £m	Total £m
Brought forward deficit	(19.3)	(0.2)	(19.4)
Increase 22/23	(4.3)	(5.6)	(9.9)
Total projected budget gap 22/23	(23.6)	(5.7)	(29.3)

Table 5: projected IJB savings requirement 2022/23

Financial impact of COVID-19

21. In the previous 2 financial years (ie 19/20 and 20/21) Covid related costs have been met in full by the SG via the mobilisation planning process.
22. On 25th February 2022, the SG's Director of Health Finance and Governance wrote to IJB Chief Finance Officers and health board Directors of Finance with the final Covid allocation for the year. This letter also confirmed an additional tranche of funding *'being provided on a non-repayable basis and includes provision for under-delivery of savings.'* It went on to say *'The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. Investment is needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges. Alongside this is the impact on mental health and services have been stepped up through, for example, mental health assessment units. This funding will also cover sustainability payments to social care providers and additional staff costs across health & social care'*.
23. Edinburgh's share of this funding is £70.3m, with any balance not required to meet the costs of the pandemic in 2021/22 being carried forward. Finance teams in both the Council and NHS Lothian are finalising the in year Covid costs and this exercise will confirm the extent of any carry forward to 2022/23 via the IJB's reserves. It is clear at this point though that this figure will be significant, in the region of £35m to £40m.

24. For next financial year (22/23) the potential financial impact of Covid was assessed as part of the financial planning process and is currently being refined in the light of recent national changes.

Savings and recovery programme

25. The savings and recovery programme is covered in a separate paper to this meeting. This is aligned to the IJB's aim to deliver change through transformation and in a way which has minimal impact on outcomes for people and general performance.
26. In setting an unbalanced budget for 2021/22 the board recognised the difficulty of delivering further savings without having a materially detrimental impact. This decision reflected the fact that immediate possibilities had been exhausted and that a longer term strategic approach was required.
27. The planned programme for 2022/23 is summarised in table 6:

	£m
1. Previously approved proposals	0.41
2. Operational grip & control proposals	3.03
3. Transformation projects	2.3
Total	5.7

Table 6: summary IJB savings and recovery programme 2022/23

Achieving financial balance

28. 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 longstanding and have been recognised on a UK and Scotland wide basis. Indeed, the recent Audit Scotland report 'NHS in Scotland in 2021' underscores the financial and other challenges facing health and social care services across the country.
29. 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 IJB has routinely faced an underlying budget gap which we are unable to bridge on a sustainable basis.

30. Paragraphs 25 to 27 above described the savings and recovery programme which would deliver cost reductions of £5.7m in 2022/23. This is clearly insufficient to balance the plan so further mitigations will be needed in the absence of additional savings proposals. As far as possible, the savings and recovery programme presented at this meeting, has been developed to align to the strategic plan and transformation programme. However, the opportunities to deliver further efficiencies at the same time as maintain performance and improve outcomes for people have now been exhausted. Savings beyond the level currently built into the plan will have a significant negative impact on performance gains and, ultimately on outcomes for people.
31. During the development and refinement of the IJB's financial plan, the Chief Officer and Chief Finance Officer have been working closely with the Council's Head of Finance and NHS Lothian's Director of Finance. These tripartite discussions have been productive and reflect a shared intent. A key part of the discussions has been the impact of the additional measures which would be required to balance the plan. The shared view which has emerged from these tripartite discussions is that there is sufficient flexibility in the system to support the IJB to deliver financial balance by the end of the year. There are several specific areas which have been identified as contributing towards bridging the budget gap, only some of which can be quantified at this point. These areas of flexibility include:
 - As detailed above, the SG settlement included **funding** of £11.0m to support an **increase in capacity**. Included in the financial plan is an assumption about the cost of demographic growth and this therefore contributes to the budgetary gap. It is proposed that 50% of the available funding is used to offset this pressure, thereby reducing the deficit by £5.5m. This would leave the balance of £5.5m for prioritisation against the investments needed to ensure ongoing sustainability. Both these sums would be held in reserves pending the approval of business cases;
 - The Partnership is in the process of procuring a framework for providers who can deliver an **overnight responder** service to adults within their

own homes. Where appropriate, this is intended to provide support in circumstances where an overnight carer stay would have been required. The associated procurement plan estimates that the service could provide support for an additional 60 people each year, and the financial impact of providing an alternative service has been incorporated in the estimate of demographic growth built into the financial plan. Introducing an overnight responder service would offset projected costs, and thereby the deficit, by c£1.2m;

- Expenditure projections for the year assume that the majority of existing vacancies are filled from 1st April. Given the ongoing recruitment and retention challenges and the high levels of current staffing gaps, it would be reasonable to assume that some of these vacancies will be carried for at least part of the year. It is not possible to predict with any certainty where these vacancies will fall or to quantify the financial impact at this point. This will be closely monitored as the year progresses;
- Whilst the value of reserves carried into next financial year has yet to be quantified it is clear that these will be substantial. Funding announced in October 2021 and received in 2021/22 will not be spent in full. This will be supplemented by the additional Covid funding released by the SG and discussed at paragraph 22 above. Taking these together it is clear that there will be significant flexibility in the system next financial year. The application of these reserves will have to be agreed with the SG and an early meeting to explore the potential for this is being sought;
- Added to this, the IJB will have additional reserves to carry into 22/23. These would include the anticipated underspend for 21/22; and
- As described in the separate paper to this meeting, we have moved away from high level savings targets for individual projects. Nonetheless work continues to develop detailed plans (particularly for purchasing and community equipment projects). It is not possible to quantify at this point what these efforts will deliver but it is a reasonable expectation that this work will support a route towards break even. These workstreams will be reinforced with discrete plans and clearly defined and measurable

efficiency outcomes and savings targets, underpinned by robust communication, training, and learning and development initiatives.

32. Where possible, the financial impact of these actions has been quantified and would reduce the budget gap to £16.9m as outlined in table 7:

	£m
Savings requirement	(29.3)
Savings & recovery programme	5.7
Shortfall after savings and recovery	(23.6)
Demography offsets	
<i>Responder service</i>	1.2
<i>Winter funding (capacity)</i>	5.5
Remaining gap for 2022/23	(16.9)
Other mitigating actions	16.9
Projected net position	0.0

Table 7: Balancing the IJB's 2022/23 budget

33. It is the shared view of the senior officers from the 3 partners that, those areas which, given the prevailing uncertainty, are problematic to quantify with any accuracy at this point will be sufficient to deliver the balance of £16.9m. This means that we have agreed with our partners that the remaining budget gap is at a level where it is feasible to identify means to address as the year progresses. This will require the support and commitment of all 3 organisations and strong leadership to deliver. Such an approach clearly brings risk but, equally, a more aggressive savings and recovery programme will lead to reductions in services and have a detrimental impact on people.
34. Work will continue across a number of fronts to provide the IJB assurance as the year progresses. In further mitigation, the financial position of the delegated services will be closely monitored. It is **recommended** that progress towards financial balance by the end the year is formally considered by the board following the quarter 1 review with further updates will be provided via the regular finance report.
35. The draft budget is reflected in the initial allocation for all delegated services set out in the financial schedule which accompanies appendix 2, direction EIJB-22/03/2022-1.

Moving towards sustainability

36. The financial outlook facing the IJB is longstanding and Edinburgh is not in a unique position, with integration authorities across Scotland facing similar financial challenges. Throughout 2021/22 there has been ongoing dialogue about how to balance the current care, workforce and financial deficits whilst ensuring the sustainability of the Edinburgh health and social care system.
37. It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become increasingly challenging and not without risk to performance and quality outcomes. As such, it is acknowledged that the delivery of further savings will depend on complex funding, workforce and service change and redesign initiatives, that extend past a single financial year.
38. As mentioned above, work to develop an alternative approach has started. The innovation and sustainability programme, aligned to and underpinned by the IJB's strategic plan, will see us work with our staff and the people of Edinburgh to reshape and reimagine services for the future, within the funding available to us. This will be a long-term programme, the complexities of which will require a phased approach that will span multiple financial years. A list of potential pipeline proposals for the innovation and sustainability programme have been identified. We will continue to engage key stakeholders in an iterative process to further refine and develop these, whilst also working to identify any further opportunities. An initial, dedicated resource is now in place to support the scoping and prioritisation of key areas, followed by an assessment of feasibility and the production of outline change proposals for priority projects for consideration by the IJB. The first of these is expected to be available for consideration by end of Q2 2022. As work progresses it will be necessary to ensure additional capacity is made available to ensure this work is driven forward. Further detail about the innovation and sustainability programme is set out in the separate paper to this meeting.

Implications for Edinburgh Integration Joint Board

Financial

39. Are outlined in the main body of this report.

Legal/risk implications

40. This report outlines how the budget for 2022/23 could be balanced, albeit recognising that elements of mitigation are difficult to quantify at this point. This clearly presents a risk for the IJB as delivery is not certain. However we have secured the commitment of our partners to work collaboratively to address this as the year progresses. Regular updates will be provided for the board with the quarter 1 review providing a key milestone for review.
41. Whilst every effort has been made to ensure all likely additional costs have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation, at this stage.
42. A number of specific risks should be considered by the board, as noted below:
 - The impact Covid has on service delivery, new and emerging models of care and the financial support that will be required to manage this;
 - The impact of material changes to the cost base for next year, for example the financial impact of workforce shortages and rising energy costs. This is being closely monitored by partners;
 - Potential costs associated with the national move from analogue to digital telecommunications systems have not been included in the plan at this stage. These are currently being quantified, particularly as they impact on the ATEC 24 alarm service;
 - Continued management of the financial exposure facing NHS Lothian arising from the escalation of operational performance on elective, mental health and unscheduled care capacity pressures including delayed discharges;
 - Availability of SG funding for both nationally funded programmes & initiatives and services funded annually on a non recurring basis; and
 - Ongoing impact of uncertainty in global markets as a result of the Russian invasion of Ukraine.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

46. This report has been prepared with the support of the finance teams in the City of Edinburgh Council and NHS Lothian.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

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Appendices

Appendix 1	Direction to the City of Edinburgh Council – Contractual uplifts from 1 st April 2022
Appendix 2	Direction to the City of Edinburgh Council and NHS Lothian – 2022/23

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD (EIJB)

Partner agencies are required to carry out this direction in accordance with statutory and regulatory obligations, ensuring adherence to relevant guidance, policies and procedures, in pursuit of the EIJB's strategic objectives.

Reference number	EIJB-22/03/2022-2		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	22 March 2022 (TBC)		
Services/functions covered	<ul style="list-style-type: none"> • All purchased services • All direct payments, individual service funds and payments to personal assistants 		
Full text of direction	Implement a contractual uplift to bring rates in line with a minimum hourly rate of £10.50 for front line social care staff. This uplift to be in line with the methodology agreed nationally by the Scottish Government and COSLA.		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report/reports	TBC		
Budget/finances allocated to carry out the direction.	State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction.	<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	Year one funding (2022/23)		£23.8m
	Recurring funding		£23.8m
Performance measures	Uplift to be actioned		
Date direction will be reviewed	September 2022		

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD (EIJB)

Partner agencies are required to carry out this direction in accordance with statutory and regulatory obligations, ensuring adherence to relevant guidance, policies and procedures, in pursuit of the EIJB's strategic objectives.

Reference number	EIJB-22/03/2022-1		
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes - this supersedes direction EIJB-22/10/2019-1		
Approval date	22 March 2022 (TBC)		
Services/functions covered	All		
Full text of direction	For those services that are not covered by a specific direction, the City of Edinburgh Council and NHS Lothian will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan.		
Direction to	NHS Lothian and The City of Edinburgh Council		
Link to relevant EIJB report/reports	TBC		
Budget/finances allocated to carry out the direction.	State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction.	<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2022/23	The financial schedule sets out financial allocations for all delegated services.	
Performance measures	Relevant national and local targets, through regular reporting mechanism via Performance and Delivery Committee and the annual performance report.		
Date direction will be reviewed	April 2023		

Therapy services	10,493
Other core services	791
Total delegated - core	282,749
Delegated - hosted	
Community equipment	1,874
Complex care	1,142
Hospices & palliative care	2,520
Learning disabilities	8,308
LUCS	6,408
Mental health	31,321
Oral health services	7,335
Other hosted services	1,654
Primary care services	3,028
Psychology services	4,018
Public health	1,072
Rehabilitation medicine	5,134
Sexual health	4,012
Substance misuse	1,660
Therapy services	8,027
UNPAC	3,768
Total delegated - hosted	91,282
Delegated - set aside	
Acute management	2,922
Cardiology	4,047
Diabetes & endocrinology	2,130
ED & minor injuries	9,039
Gastroenterology	6,821
General medicine	24,176
Geriatric medicine	16,822
Infectious disease	6,085
Junior medical	1,826
Other set aside	747
Rehabilitation medicine	1,740
Respiratory medicine	5,661
Therapy services	8,955
Total delegated set aside	90,971
Net delegated budget - NHS Lothian	465,002
Total Net Delegated Budget (Council + NHSL)	725,701

REFERRAL REPORT

Board Assurance Framework – 2021/2022 Cycle – Referral from the Audit and Assurance Committee

Edinburgh Integration Joint Board

22 March 2022

Executive Summary

The purpose of this report is to refer the attached report on the Board Assurance Framework – 2021/2022 Cycle from the Audit and Assurance Committee to the Edinburgh Integration Joint Board for approval with the Committee's recommendation detailed below.

Recommendations

The Audit and Assurance Committee recommends that the Edinburgh Integration Joint Board:

1. Approves the revised Board Assurance Framework and associated committee annual assurance statement for the 2021/2022 assurance cycle.

Terms of Referral

1. The Audit and Assurance Committee on 18 February 2022 considered a report on the Board Assurance Framework for 2021-2022 Cycle, which provided a revised Framework and associated committee annual assurance statement for the upcoming assurance cycle.
2. During consideration of the report, the Committee discussed the following:

- The improvement in the approach from last year after a review of practice across several organisations, including; The City of Edinburgh Council, NHS Lothian, National Audit Office, Deloitte and Ernst and Young.
- The plans to allow the revised Framework to run for one assurance cycle, then allow Internal Audit to undertake a reflective, evaluative exercise on the process.
- The plans to include training on the new Board Assurance Framework in induction sessions for new Committee Chairs following the local government elections in 2022.

The Committee also noted the legal/risk implications in the report; with the process designed to provide appropriate assurance to the Board, thus reducing risk.

3. The Committee agreed:
 - 3.1 To endorse the revised Board Assurance Framework and associated committee annual assurance statement for the 2021/2022 assurance cycle.
 - 3.2 To refer the revised Board Assurance Framework to the Edinburgh Integration Joint Board.
4. The Integration Joint Board is asked to consider the recommendation of the Audit and Assurance Committee.

Report Author

Moira Pringle

Chief Finance Officer

Contact for further information:

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Email: matthew.brass@edinburgh.gov.uk

Appendices

Appendix 1 Board Assurance Framework – 2021/2022 Cycle

REPORT

Board Assurance Framework – 2021/2022 cycle

Audit and Assurance Committee

18 February 2022

Executive Summary	This report provides a revised Board Assurance Framework and associated committee annual assurance statement, encompassing the learning and feedback from the 2020/2021 Edinburgh Integration Joint Board (EIJB) committee assurance process.
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Recommendations	<p>It is recommended that the Audit and Assurance Committee:</p> <ul style="list-style-type: none"> a) Endorse the revised Board Assurance Framework and associated committee annual assurance statement for the 2021/2022 assurance cycle; and b) Refer the revised Board Assurance Framework to the Edinburgh Integration Joint Board.
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Directions

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

Report Circulation

- This report has not been considered elsewhere.



Main Report

2. The Edinburgh Integration Joint Board (EIJB) agreed its [Board Assurance Framework](#) in December 2019 and requested all EIJB committees submit an annual assurance statement covering the remit of the committees during 2020/21, it should support the assurance the committees are providing to the EIJB and identify any significant issues. The committee annual assurance statements were submitted to Audit and Assurance Committee for scrutiny on 20 August 2021. It was recognised that all committees approached the completion of their committee annual assurance statements in slightly different ways. Therefore, the process for the 2021/22 cycle was to be reconsidered and where possible consider best practice from other organisations.
3. A review has now been undertaken, looking at committee effectiveness processes across several organisations including City of Edinburgh Council, NHS Lothian and externally including the National Audit Office, Deloitte and Ernst and Young. Attached at Appendix 1 is a proposed committee annual assurance statement for completion by committees.
4. The main changes are the inclusion of several revised questions across a wider remit based around:
 - Membership, independence, objectivity and understanding
 - Skills
 - Role and scope of the Committee
 - Support and resources
 - Communicating and reporting
5. The headings and associated questions are based on the core good practice principles from the HM Treasury's Audit and Risk Assurance Committee Handbook (where applicable) and are also included in committee effectiveness checklists used by organisations referenced in paragraph 3. Only those questions which are applicable to all committees have been used to ensure consistency.
6. Alongside, more in-depth questions covering a wider remit, it is proposed each template is populated with the terms of reference for each committee and the relevant work outputs prior to circulation to committee chairs. This ensures that there is a consistent approach taken to complete the committee annual assurance schedule. The Operations Manager will also meet with the Committee Chairs individually / provide training to ensure there is clarity about the process.
7. Committee chairs will circulate the template to committee members for completion with returns submitted back to the relevant Executive Support Lead for collation. The first iteration will be submitted to the committees for discussion and amendment/agreement. Finalised submissions from

Committees should be submitted to Angela Ritchie (angela.ritchie@edinburgh.gov.uk) and will be presented to the September 2022 Audit and Assurance Committee and onto the Edinburgh Integration Joint Board. A submission timeline is attached at appendix 2 of this report.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

9. The process agreed by the EIJB is designed to provide appropriate assurance to the board, thus reducing risk.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

Moira Pringle

Chief Finance Officer, Edinburgh Integration Joint Board

Contact for further information:

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Email: angela.ritchie@edinburgh.gov.uk

Appendices

Appendix 1	Committee Annual Assurance Statement 2021/2022
Appendix 2	Committee Annual Assurance Statement submission timeline

Appendix 1 –Committee Annual Assurance Statement

NAME OF COMMITTEE:	
NAME OF COMMITTEE MEMBER:	
DATE OF RESPONSE:	

Instructions

Section 1 & 2

On the following pages you will find a number of statements in relation to the _____Committee. Those statements relate to the following topics:

1. Membership, independence, objectivity and understanding
2. Skills
3. Role and Scope of the Committee
4. Support and Resources
5. Communicating and Reporting

Please consider each statement and indicate if you think the committee meets the detailed good practice question – “yes” “no” “N/A” and provide any relevant comment for those areas especially if the response is no.

There is also an opportunity for committee members to identify areas of good practice or note issues and actions identified at the end of each section and the ability to add additional commentary.

Section 3

This section asks members to consider what outputs presented to Committee (over the course of the year) and provide assurance that the Committee is sufficiently covering their remit. Committee members are also asked to specify a level of assurance based on the quantity and quality of outputs.

Committee Annual Assurance Statement 2021/2022

Section 1 – Self Assurance Checklist

A. Membership, Independence, Objectivity and Understanding

Each Committee member should be independent and objective and should have a good understanding of the objectives and priorities of the EIJB and of their role as a Committee member.

Statements		Yes	No	N/A	Comments
A.1	There are a sufficient number of voting and non-voting members (as specified in the committee terms of reference).				
A.2	There is adequate attendance at committee by members and other participants.				
A.3	There is effective scrutiny and challenge from all committee members.				
A.4	All members of the Committee contribute to its deliberations on an informed basis.				
A.5	Committee members should declare any potential conflicts of interest with any of the business items on the committee agenda at the start of the committee.				
A.6	In instances where there is a declaration of interest in any of the agenda business items, appropriate actions are taken, e.g. is the member asked to leave the meeting while the business item is being discussed.				
A.7	All committee members have a clear understanding of what is expected of them in their role including: <ul style="list-style-type: none"> • Their appointment and purpose, including duration of appointment and how often it will be renewed • The support and training they will receive 				

Committee Annual Assurance Statement 2021/2022

	<ul style="list-style-type: none"> • The commitment required • Conflict of interest procedures • Expected conduct 				
A.8	Where applicable, the transition to a new committee chair was handled efficiently and effectively.				
A.9	There is a clear succession plan in place for future membership of committees, allowing adequate time to consider appropriate replacements.				
Comments					
Is the committee performing effectively in this area?					
Are there any actions the committee want to take to build its effectiveness?					

Committee Annual Assurance Statement 2021/2022

B. Skills					
Committee members should have an appropriate mix of skills to allow it to carry out its overall function.					
Statements		Yes	No	N/A	Comments
B.1	The membership of the committee has the correct blend of skills, knowledge and experience.				
B.2	The chair of each committee demonstrates good knowledge of the Edinburgh Integration Joint Board (EIJB) and has good knowledge and professional scepticism, and able to constructively challenge management teams.				
B.3	Ongoing training requirements of committee members are agreed at the start of each year with each committee member (according to their specific training needs).				
B.4	Committee members are offered appropriate development opportunities to support them in undertaking their role.				
B.5	The committee can make recommendations to the EIJB on the committee and individual members training needs.				
B.6	All new members of the committee attend an induction session.				
B.7	An induction checklist is in place for new members detailing the key things that they must do.				
B.8	<p>The Committee feel empowered to:</p> <ul style="list-style-type: none"> • Co-opt members for a period of less than one year to provide specialist skills that the members do not have to be an effective committee • Procure specialist advice at reasonable approved expense to the organisation on an ad-hoc basis to support them in relation to pieces of committee business 				

Committee Annual Assurance Statement 2021/2022

Comments	
Is the committee performing effectively in this area?	
Are there any actions the committee want to take to build its effectiveness?	

Committee Annual Assurance Statement 2021/2022

C. Role and Scope of the Committee

Committees should support the EIJB by reviewing the comprehensiveness and reliability of assurances across a range of areas, including risk, safe delivery of health and care services, governance, internal audit, performance and strategic delivery.

The scope of the committee should be defined in its terms of reference and should encompass all the assurance needs of the EIJB.

Statements		Yes	No	N/A	Comments
C.1	The committee terms of reference are reviewed at least annually.				
C.2	The number and scheduling of committee meetings in each year is appropriate.				
C.3	The length of committee meetings is appropriate, all key agenda items are well considered, and committee members can raise any queries or areas for discussion.				
C.4	The committee agenda is well managed and all topics within the remit are considered.				
C.5	There is a clear plan for the year to ensure that all matters within the remit of the committee (both core activities and specific items on a cyclical basis) are covered over the year.				

Comments

Is the committee performing effectively in this area?	
Are there any actions the committee want to take to build its effectiveness?	

Committee Annual Assurance Statement 2021/2022

D. Support and Resources

Committees should be provided with appropriate support to enable it to be effective. This is more than a minute-taking function – it involves providing proactive support for the work of the committee and helping its members to be effective in their role.

Statements		Yes	No	N/A	Comments
D.1	Committee is provided with sufficient resources to fulfil its duties.				
D.2	The support provided to the committee by executives and senior management is appropriate.				
D.3	Meeting documents are circulated to all committee members one week before committee.				
D.4	Meeting action notes / minutes are circulated within 10 days of the committee meeting.				
D.5	Papers presented to the committee are of a high standard and ensures that committee members have access to appropriate information.				
D.6	The committee receives adequate information in relation to national policy/direction/technical developments to enable it to fulfil its role and responsibilities.				
D.7	A record of when members' terms of appointments are due for renewal or termination is held.				
Comments					
Is the committee performing effectively in this area?					
Are there any actions the committee want to take to build its effectiveness?					

Committee Annual Assurance Statement 2021/2022

E. Communicating and Reporting

Committees should ensure it has effective communication with all key stakeholders.

Statements		Yes	No	N/A	Comments
E.1	The committee sends regular reports or provides verbal updates to the Edinburgh Integration Joint Board (EIJB).				
E.2	The committee provides an annual assurance statement to the EIJB timed to support the preparation of the annual accounts.				
E.3	The minutes of committee meetings are circulated to all EIJB members, unless, it would be inappropriate to do so.				
E.4	The processes of interaction between each committee and the EIJB, are reviewed regularly.				
E.5	The committee has formally considered how it integrates with other committees and groups.				
E.6	The committee keeps abreast of best practice and developments in key areas noted within the terms of reference.				
Comments					
Is the committee performing effectively in this area?					
Are there any actions the committee want to take to build its effectiveness?					

Committee Annual Assurance Statement 2021/2022

Section 2 – General Comments	
Is there anything which prevents the committee from being as effective as they would like to be? If so, please expand.	
Are there any issues of concern you would wish raised at the EIJB? If so, please expand.	
What (if any) changes are you making based on your experience within the committee?	
Are there any other issues you wish to raise?	

Committee Annual Assurance Statement 2021/2022

Section 3 – Committee Assurance		
Assurance Need from Terms of Reference	Evidence / outputs to support assurance statement	Level of Assurance
<<This section will be pre-populated with the key outputs from the Terms of Reference>>	Provide evidence to demonstrate we have fulfilled the outputs specified in the terms of reference	This section should specify the assurance level noted below.

Assurance Levels					
	Significant	Moderate	Limited	None	Not yet assessed
Definition	<p>The IJB (or committee) can take reasonable assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none. Examples of when significant assurance can be taken are:</p> <ul style="list-style-type: none"> • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The IJB/committee is provided with evidence from several different sources to support its conclusion 	<p>The IJB/committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. Moderate assurance can be taken where:</p> <ul style="list-style-type: none"> • In most respects the “purpose” is being achieved. • There are some areas where further action is required, and the residual risk is greater than “insignificant”. • The report includes a proposed remedial action plan; the committee considers it to be credible and acceptable. 	<p>The IJB/committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken. Examples of when limited assurance can be taken are where:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is 	<p>The IJB/committee cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.</p>	<p>The IJB/committee will ask the Chief Officer/executive lead to provide a further paper at its next meeting and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally, the chair of the meeting will notify the Chair of the issue.</p>

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Committee Annual Assurance Statement 2021/2022

Most likely course of action by the IJB or committee			not comprehensive or credible or deliverable		
	If there are no issues at all, the IJB or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, the IJB or committee may ask for assurance that they have been completed later agreed with the Chief Officer or relevant executive lead, or it may not require that assurance.	The IJB/committee will ask the Chief Officer/executive lead to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk. If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the IJB/committee may prefer to take assurance from that source’s follow-up process, rather than require the Chief Officer/executive lead to produce an additional report.	The IJB/committee will ask the Chief Officer/executive lead to provide a further paper at its next meeting and will monitor the situation until it is satisfied that the level of assurance has been improved.	The IJB/committee will ask the Chief Officer/executive lead to provide a further paper at its next meeting and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally, the chair of the meeting will notify the Chair of the issue.	

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When complete, please email the form to XX by 04 July 2022

The results will be reviewed and aggregated and used to inform the content of the committee’s annual report. Any identified areas for development or improvement shall be translated into an action plan which will be reviewed and monitored by the committee.

If you have any queries on the completion of the form, please contact Angela Ritchie on 0131 529 4050 / angela.ritchie@edinburgh.gov.uk

Committee Annual Assurance Statement 2021/2022



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REPORT

Committee Update Report

Edinburgh Integration Joint Board

22 March 2022

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of Committees in February 2022.

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 February 2022. 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.

Clinical and Care Governance Committee – 17 February 2022

2. **Annual Cycle of Business** – the committee were presented with the updated annual cycle of business.
3. **Outstanding Actions** – the committee considered the outstanding actions from previous meetings.
4. **Learning Disabilities** – the committee were presented with a report with the detail around the levels of assurance across our services for people with a learning disability prior to and during the pandemic.

5. **Health and Safety Update** – the committee were presented with a report which provided an update on Health and Safety matters within the Edinburgh Health and Social Care Partnership.
6. **Terms of Reference** – the committee were presented with an updated terms of reference for consideration and noted the EIJB Regulations and Legaslitive log.
7. **Vaccination Programme Update** – the committee were presented with a verbal update on the Vaccination Programme.

Audit and Assurance – 18 February 2022

8. **Annual Cycle of Business** – the committee were presented with the updated Annual Cycle of Business.
9. **Outstanding Actions** – the committee considered the outstanding actions from previous meetings.
10. **External Audit Annual Plan 2021-22** – the committee were presented with the External Audit Annual Plan 2021-22.
11. **EIJB Risk Register** – the committee were presented with the latest EIJB Risk Register.
12. **Set-Aside Risk Profile**– the committee were presented with a report providing information on set-aside and an analysis of the high-level risks associated with this area of the EIJB’s budget and services.
13. **Internal Audit Update** – the committee were presented with a report on Internal Audit assurance activity on behalf of the EIJB.
14. **Internal Audit: Principles to Underpin the Working Relationship between the EIJB Audit and Assurance (A&A) Committee and the Councils Governance Risk and Best Value (GRBV) Committee** – the committee were presented with a report around the principles and operational arrangements designed to formalise an established relationship between the EIJB A&A Committee and the Councils GRBV committee.
15. **Board Assurance Framework** – the committee were presented with the revised Board Assurance Framework.

16. **Review of Terms of Reference** – the committee were presented with an updated terms of reference for consideration and noted the EIJB Regulations and Legislative Log.

Forward Planning – March and April 2022

17. Performance and Delivery Committee – 2 March 2022
18. Strategic Planning Group – 23 March 2022
19. Futures – 31 March 2022
20. Performance and Delivery Committee – 4 April 2022

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Minutes

IJB Audit and Assurance Committee

10.00am, Friday 18 February 2022

Virtual Meeting, Microsoft Teams

Present:

Councillor Phil Doggart (Chair), Kirsten Hey, Grant Macrae and Peter Murray.

Officers: Matthew Brass (Clerk), Laura Calder (Internal Audit), Helen Elder (Executive Assistant), Nicola MacKenzie (External Audit – Azets), Russell McIntosh (Internal Audit – NHS Lothian), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), Angela Ritchie (Operations Manager EHSCP),

Apologies: Councillor George Gordon

1. Resolution to Consider Business

IT issues prior to and during the Committee meeting required multiple attendees to join the call from personal mobile devices after the link to the meeting was shared to their personal email addresses.

2. Minutes

The minute of the Audit and Assurance Committee of the 12 November 2021 was presented for approval as a correct record.

Decision

To approve the minute as a correct record.

3. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To agree the updated Annual Cycle of Business attached as an appendix.
(Reference – Annual Cycle of Business, submitted)

4. Outstanding Actions

The outstanding actions updated to February 2022 were presented to committee.

Decision

1) To agree to close the following actions:

- Action 2 – Internal Audit Update for the period: 2 May to 14 September 2021
- Action 3 – Integration Joint Board – Principles to Underpin Working Relationships between Lothian NHS and IJB
- Action 4 – Edinburgh Integration Joint Board Risk Register

2) To otherwise note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted)

5. External Audit Annual Plan 2021-22

The work plan for the 2021/2022 external audit of the Edinburgh Integration Joint Board (EIJB) was presented to Committee. The core elements of the work included audits of; the 2021/22 accounts, governance and financial management & sustainability arrangements, and any other work requested by Audit Scotland.

Members were supportive of the plans and were encouraged by the plans of including both partners as well as service users throughout audit activity.

Decision

To note the report.

(Reference – Report by Azets, External Auditors, submitted)

6. Edinburgh Integration Joint Board Risk Register

The latest iteration of the EIJB Risk Register was presented to the Committee for their consideration. Each risk card had been updated to reflect the current position of each risk, and member's concerns surrounded the following specific areas of the report:

- Risk 1.3 – this was noted to be a risk that hasn't occurred but was included as a means of managing and regularly reviewing in order to avoid the risk coming to fruition.

- Risk 2.2 – members noted that the actions taken to maintain a coherent workforce supply to meet demand have resulted in the system being steady (not better or worse) thus far. Members recognised the unknowns faced regarding the pandemic, restrictions and any future variants, however, were encouraged that resources were beginning to be fed back into workforce transformation from the pandemic resilience workstreams.
- Risks 3.5 and 3.6 – members noted that there was no risk rating attached to these risks. Although officers assured members that these are not provided with risk ratings that already low, members questioned the need for them to still be included on the risk register.

Moving forward, members were supportive of the plans to review the register to ensure there is no overlap between risks and create a clearer pathway to the target risk rating.

Decision

- 1) To consider the updated risk cards for ‘very high’, ‘high’ and ‘medium’ risks noting that these were reviewed by the Executive Management Team in February 2022.
- 2) To determine if the mitigating controls identified against these current risks are adequate.
- 3) To consider if further risks need to be added to the register.
- 4) To maintain risk card 2.2 at very high recognising that system pressures are still having an impact on service delivery.
- 5) To agree that the target risk for 2.1 remains at high as the main impact still relates to the availability of the workforce.
- 6) To agree that the Chief Finance Officer and Operations Manager will undertake further work with the Executive Management Team to revise and reword the risk cards to ensure clear risk articulation.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

7. Set-Aside Risk Profile

Information was provided on set-aside and the high-level risks associated with this area of the EIJB’s budget and services. The report also presented any measures currently in place to mitigate these risks.

Members expressed concerns on the budget for set-aside services and highlighted that – although not a current risk – if the recruitment drive is successful, capital could be diverted away from set-aside towards workforce budgeting. The shift to home-first care was expected to further-effect the set-aside budget.

Concerns also arose over the performance indicators that measure the performance of set-aside services. Members questioned whether these indicators were 'person-centred' enough and could deliver a true reflection of performance within set-aside.

Decision

- 1) To note the content of the report, the actions that are already taking place to influence set-aside and mitigate associated risks.
- 2) To recognise the current system pressures and the lack of resource currently available to support specific workstreams impacting on set-aside.
- 3) To note 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.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

8. Internal Audit Update

The progress of Internal Audit (IA) assurance activity on behalf of the EIJB performed by the City of Edinburgh Council (the Council) and NHS Lothian (NHSL) was presented to Committee. As per previous iterations of the report, the up-to-date status of agreed management actions to support closure of IA findings were also presented.

Members questioned the relevance of historic risks, and how risks that were flagged over four years ago could still pose a risk today. Officers assured members that many historic risks were still relevant in the current climate.

Further, members wished to see the progress that had been made against historical actions. Given some risks had been apparent for multiple years, it raised concerns that – even though there may have been progress – there was no evidence that any actions had been undertaken to address the historic risks.

Moving forward, it was noted that the EIJB's Management Team had accepted the risks laid out in the report and up-to-date positions on each risk – including agreed actions and revised estimated completion dates – were presented at appendix 2 of the report.

Decision

- 1) To note progress with the delivery of the EIJB 2021/22 IA plan and the outcomes of the Delivery of EIJB Legislative and Regulatory requirements audit.

- 2) To note progress with implementation of agreed management actions to support closure of EIJB IA findings raised.
- 3) To refer this report to the Council's Governance, Risk and Best Value Committee for their information as a number of the open EIJB IA findings relate to operational service delivery for the Health and Social Care Partnership by the Council.
- 4) To agree to include the progress made against historical management actions in the next quarterly update to Committee.

(Reference – Report by the Chief Internal Auditor, City of Edinburgh Council, submitted)

9. Internal Audit: Principles to Underpin the Working Relationship between the Edinburgh Integration Joint Board Audit and Assurance Committee and the Council's Governance, Risk and Best Value Committee

Approval was sought for the proposed Principles that would underpin working relationship between the Audit and Assurance Committee and the Council's Governance, Risk and Best Value Committee.

Decision

- 1) To approve the proposed Principles and supporting operational arrangements to formalise the established working relationship between the committees.
- 2) To ensure that the supporting operational arrangements are consistently applied following approval of the Principles.

(Reference – Report by the Chief Internal Auditor, City of Edinburgh Council, submitted)

10. Board Assurance Framework – 2021/22 Cycle

A revised Board Assurance Framework and associated committee annual assurance statement process was presented for endorsement.

Members supported the revised Framework and supported the plans to run the revised system for a year and then allow a reflective evaluation of the process from Internal Audit. Further, members supported the plans to include training on the Framework in an induction for new Committee chairs post-election.

Decision

- 1) To endorse the revised Board Assurance Framework and associated committee annual assurance statement for the 2021/2022 assurance cycle.

- 2) To refer the revised Board Assurance Framework to the Edinburgh Integration Joint Board for approval.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

10. Review of Audit and Assurance Terms of Reference

The Committee's Terms of Reference (ToRs) were presented for review. The annual review suggested minor amendments to the current ToRs and included additional core duties that were reflective of the Committee's legislative requirements.

Decision

- 1) To endorse the terms of reference for the Audit and Assurance Committee.
- 2) To refer the revised terms of reference for Audit and Assurance Committee to the Edinburgh Integration Joint Board for approval.

(Reference – Report by the Chief Finance Officer, EIJB, submitted)

11. Date of Next Meeting

The date of the next meeting was noted to be Wednesday, 27 April 2022.



Minute

IJB Clinical and Care Governance Committee

2.00pm, Thursday 17 February 2022

Microsoft Teams

Present:

Richard Williams (Chair), Councillor Robert Aldridge, Colin Beck, Helen FitzGerald, Councillor George Gordon, Jackie Irvine, Jacqui Macrae, Ian McKay, Allister McKillop

In attendance: Matthew Brass, Helen Elder, Mark Grierson, Mike Massaro-Mallinson

Apologies: None.

1. Minutes

Decision

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 11 November 2021 as a correct record.

2. Annual Cycle of Business

(Reference – Annual Cycle of Business, submitted)

3. Rolling Actions Log

The rolling actions log updated to February 2022 was presented to Committee.

Decision

1) To agree to close the following actions:

- Action 2 – Edinburgh Joint Carers Strategy 2019-2022 Strategic Key Performance Indicators.
- Action 3 – Annual Cycle of Business

- Action 4 – Physical Disabilities
- Action 6 – Assurance Framework for Mental Health Services.

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

4. Learning Disabilities

Assurance was sought on the provision of learning disability services across the Edinburgh Health and Social Care Partnership. The report gave an update on service provision before and during the pandemic and highlighted the plans to sustain and improve levels of assurance in the longer-term.

Members questioned the limited scope of the report and highlighted the services that provide learning disability care that were not included in the report, this included provision in clinical care and provision in localities. Although there was recognition that the report author could only report on his service area, members raised concerns of the ‘false assurance’ that could be incurred if the Committee were to only consider one specific part of the system, but take assurance on learning disability service provision as a whole.

Members also questioned the ability of learning disability services to return to pre-pandemic levels once restrictions were fully eased, and it was noted that some service users preferred the current model of delivery compared to pre pandemic services.

It was noted that the current staffing crisis and the confidence of service users to return to in-person meetings may challenge this, however, changes in the way services are delivered – as a result of the pandemic – may result in a new normative approach to learning disability service delivery. Despite the staffing crisis, officers praised staff for their ability to ensure no slippage in care for service users.

Decision

To agree to present a report to the next Committee meeting on all the services provided for people with a learning disability, in particular the Community Learning Disability Teams in order to achieve a representative assurance level.

The committee felt unable to accept the recommendations at this time but agreed to use these as guidance to seek further assurance.

(Reference – Report by the Disability Support and Strategy Manager, submitted)

5. Health and Safety Update

An update on the management of health and safety matters within the Health and Social Care Partnership was presented to the committee for noting. Members were assured that the Partnership was managing health and safety processes and were encouraged by the work being undertaken in relation to staff who don't have access to IT equipment, with the roll out of TotalMobile addressing these concerns.

Decision

To note the information provided in the report.

(Reference – Report by the Service Director – Operations, EHSCP, submitted)

6. Terms of Reference

The Committee's Terms of Reference (ToRs) were presented for review. As per the ToRs, the review required to be undertaken annually and subsequently referred to the Edinburgh Integration Joint Board for approval.

Decision

- 1) To review and agree the Terms of Reference
- 2) To refer the Terms of Reference to the EIJB for formal ratification following discussion and agreement at this meeting.

(Reference – Report by the Service Director – Operations, EHSCP, submitted)

7. Vaccination Programme Update

This verbal update was not heard by the Committee. It was agreed to summarise the update into a briefing note and circulate this to members following the Committee meeting. A more substantial written update on the programme would be considered at the next Committee meeting.

Decision

To circulate a briefing note to Committee members which provided an update on the vaccination programme.

8. Date of Next Meeting

The date of the next meeting was to be confirmed.

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