

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 19th April, 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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

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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 22 March 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 Drug and Alcohol Recovery Orientated System of Care Development and Investment Plan – Report by the Chief Officer, Edinburgh Integration Joint Board 13 - 28
- 6.2 System Pressures and Renewal and Recovery – Report by the Chief Officer, Edinburgh Integration Joint Board 29 - 38
- 6.3 The Edinburgh Wellbeing Pact: Formulation to Enactment Progress Report – Report by the Chief Officer, Edinburgh Integration Joint Board 39 - 62

7. Items of Performance

7.1 None.

8. Items of Governance

8.1	Edinburgh Integration Joint Board Governance Report – Report by the Chief Officer, Edinburgh Integration Joint Board	63 - 140
8.2	Review of the Edinburgh Integration Joint Board Standing Orders – Report by the Edinburgh Integration Joint Board Standards Officer	141 - 154
8.3	Membership Proposal for the Strategic Planning Group – Report by the Service Director - Strategic Planning, Edinburgh Health and Social Care Partnership	155 - 158

9. Committee Updates

9.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	159 - 162
9.2	Draft minute of the Strategic Planning Group of 23 March 2022 – submitted for noting	163 - 166
9.3	Draft minute of the Performance and Delivery Committee of 2 March 2022 – submitted for noting	167 - 172

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, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Jackie Irvine, Grant Macrae, Jacqui Macrae, Allister McKillop, Moira Pringle, Judith Proctor and Emma Reynish.

Webcasting of Integration Joint Board meetings

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Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 22 March 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, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Jacqui Macrae, Councillor Melanie Main, Allister McKillop, Peter Murray, Moira Pringle, Judith Proctor and Richard Williams.

Officers: Matthew Brass, Jessica Brown, Tony Duncan, Rachel Gentleman, Jenny McCann, Mike Massaro-Mallinson, Kellie Smith, Jay Sturgeon

Apologies: Helen FitzGerald, Jackie Irvine, Ian Mackay and Grant Macrae.

1. Minutes

The minute of the Edinburgh Integration Joint Board of 8 February 2022 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record subject to the amendment of Item 7, where Lay Members had expressed concerns on the Code of Conduct, and how they could participate in the consideration of reports when having declarable interests as a result of the nature of their role on the Board.

2. Rolling Actions Log

The Rolling Actions Log updated to March 2022 was presented.

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted)

3. Savings and Recovery Programme 2022-2023

The proposed 2022-23 Savings and Recovery Programme was submitted to the Board for consideration in the approval of the subsequent Financial Plan for 2022/23.

Decision

- 1) To note the content of the 2022-23 Savings and Recovery Programme.
- 2) To note the approach to evolve the current transformation programme into a wider strategic programme that encompasses the principles of innovation and sustainability.
- 3) To agree the proposed plan to review and finalise IIAs for individual projects and the programme.
- 4) To review the budget setting and financial planning process prior to commencing next year.

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

4. 2022/23 Financial Plan

The draft 2022/23 Financial Plan for the Edinburgh Integration Joint Board was submitted for approval. The Plan included the delegated budgets from EIJB partners and compared these to the projected costs for the year, anticipated growth and assumptions around additional resources.

Decision

- 1) To 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) To 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) To agree to receive an update on progress on a regular and appropriate basis throughout the year, with updates including comparative data from the budget last year and the changes respective to that position of year.
- 4) To issue a direction to the City of Edinburgh Council for the uplifting of contracts in line with nationally agreed methodology.

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

5. Board Assurance Framework 2021/22 Cycle – Referral from the Audit and Assurance Committee

The Board Assurance Framework and associated annual assurance statement for the 2021/22 cycle had been referred from the Audit and Assurance Committee for approval.

Decision

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

(Reference – Audit and Assurance Committee, 18 February 2022 (item 10); Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

6. 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 minutes of the Audit and Assurance Committee and Clinical and Care Governance Committee were submitted for noting.

Decision

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

7. Valedictory Remarks

The Chair gave thanks to both Ian Mackay and Carl Bickler who were resigning from the Board and wished them well in the future.

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Rolling Actions Log

April 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. Recommend for closure: 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. Report to April EIJB.
	2	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	Recommend for closure: Included within the Systems Pressures Report to April EIJB. To focus on closing the existing capability gap and plans for funding any uplift in

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
							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 and the work of the Third Sector to help tackle this.	Service Director - Operations	April 2022	<p>Recommend for closure:</p> <p>A report will be brought to the IJB in April, updating on the system pressures, plans for innovation and sustainability and work undertaken in collaboration with the 3rd sector.</p>

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Drug and Alcohol Recovery Orientated System of Care Development and Investment plan

Edinburgh Integration Joint Board

19 April 2022

Executive Summary	<ol style="list-style-type: none">1. This report describes plans to achieve five treatment outcomes for people in Edinburgh who are drug dependent. The five outcomes are defined as:<ol style="list-style-type: none">a. All people accessing services have the option to start Medication Assisted Treatment (MAT) from the day of presentation.b. All people are supported to make an informed choice on what medication and dose to use for MAT.c. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.d. All people will receive support to remain in treatment for as long as requested and 9% more people will receive MAT.e. More people have access to residential rehabilitation.2. The paper includes a recurring spending plan of £3.512m per annum, draft directions for the implementation of the plans and a risk assessment, noting that funding for full implementation of MAT 2 remains unresolved.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board (EIJB):</p> <ol style="list-style-type: none">1. Notes comments on the plans and allocates funding in line with Appendix 2 (subject to formal confirmation of expected SG funding allocations).2. With the exception of MAT 2, issue directions to implement these plans in line with Appendix 3.3. Instructs the Chair to raise concerns around the lack of funding to fully implement MAT 2 standard with the Scottish Government.
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	4. Instruct the Chief Officer to issue a direction for MAT 2 once the review of EADP slippage has concluded.
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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 directions to City of Edinburgh Council and NHS Lothian	✓

Report Circulation

3. The report has not been considered at any of the other EIJB committees but has been considered by the following groups:
 - a) EADP Adult treatment and recovery collaborative
 - b) EADP Adult treatment and recovery collaborative Core group
 - c) EADP Executive

Main Report

1. In the context of rapid rising levels of drug related deaths in Scotland, the Scottish Government (SG) have developed a new national strategy for drug and alcohol treatment services and increased national investment in their delivery by £250m. Edinburgh's local strategy parallels these national developments and now has substantial additional funding to assist implementation. A fuller report on the financial background and plans for these services will be brought to the June IJB along with proposals for their future financial and strategic governance.
2. The [Medication Assisted Treatment Standards \(MATS\)](#) are nationally set standards for the speed, capacity and quality of treatment for drug users. They are a central element of the national mission to reduce drug related deaths and are key to local and national drug strategies. There is an expectation that standards 1 to 5 be embedded by April 2022. The following pages summarise current progress towards meeting standards 1,2, 3, 5 and 7 and the proposed plans for meeting them. In each case a RAG assessment is given indicating whether the standard is "unlikely to be achieved" (Red), "may be achieved with additional planning and resource" (Amber) or "expected to be achieved" (Green).

3. Expanding access to residential rehabilitation is a key strategic priority for the EADP and the Scottish Government. The SG has made a substantial investment in expanding this provision, allocating £5m revenue pa to ADPs, of which £418k is allocated to Edinburgh, and distributing a similar sum directly via a national Recovery Fund. A plan for using this funding to achieve these outcomes is described below.

MAT Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

4. **RAG status: Amber.** Edinburgh Alcohol and Drug Partnership (EADP) agreed a plan in December 2021 for a central clinic offering same day treatment. The timeline of opening the clinic five days a week from 1st April has proven challenging but the plan itself is expected to be successful (though see risk assessment).

Central Titration Clinic costs pa	(£000's/year)
Clinical component	£368
Social work	£56
Voluntary sector practitioners	£120

MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

5. **RAG status: Amber.** The key development in this area is roll out of Buvidal; an alternative to current prescriptions with significant advantages. Currently approximately 60 of the 3000 people in MAT are treated with Buvidal. It is estimated that if it were universally available as a choice to people, approximately 600 would prefer it. EADP has agreed investment in the nursing capacity needed to begin this (£138k pa). However other developments cannot be implemented until agreement is reached on how dispensing and medication costs will be met (estimated at £1.6m pa). Whilst the Scottish Government (SG) provided funding in 2021/22 to start this programme, they have indicated that no further allocations will be forthcoming. This in turn means that a major policy initiative which comes with a significant additional costs will present a further financial pressure for the EIJB. Discussions are ongoing with SG officials to address this, but the issue remains unresolved at the time of writing. It is recognised that the EIJB would not wish to stop the roll out of Buvidal to this vulnerable group, so it is proposed that, pending a resolution to the funding issue, the additional costs are met from EADP slippage in the meantime. This is clearly a non recurring funding source so, in order to minimise financial risk, it is further recommended that officers undertake further work to ascertain the rate at which this service is expanded in line with the funding available. The associated direction would be issued when this work is concluded. The final recommendation relating to Buvidal is that the Chair is remitted to write to the SG raising the concerns of the board.

MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

6. **RAG status: Green** Edinburgh has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death and harms. Subject to the outcomes of the performance monitoring exercise, it is anticipated that the current work plus planned actions will deliver the standard. Several of the key elements of the current provision have been developed using non-recurring funding and it is proposed to commit revenue to these.

Current non-recurring investments (to be extended)	£000's pa
Outreach post at Harm Reduction Team	35
Operation Threshold	30
A&E navigators	27
Drug liaison nursing contribution	45
Proposed new development:	
Additional outreach capacity in Harm Reduction team	58

MAT Standards 5, 7 and Treatment target: Increasing numbers in treatment, enabling shared care with primary care, matching need and models of treatment

- MAT 5: All people will receive support to remain in treatment for as long as requested
 - MAT 7: All people have the option of MAT shared with Primary Care.
 - [Treatment target](#): the numbers of people in MAT to increase by 9% by April 2024 (from 3,143 in treatment currently to 3,419)
7. These standards require that an additional 276 people are treated by a system of care which already has very high pressures. Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures and new expectations is not possible and the RAG status would be RED. With the additional funding and plan below, status moves to AMBER.
8. In December 2021 the ADP made an application to the MATS Implementation Support Team (MIST) describing a plan with the following intended outcomes:
- Expand total treatment capacity by 9%
 - Test and implement models of care which expand or release capacity with high levels of efficiency, but which are safe, satisfactory to people and meet all MATS.
 - Maximise the use of primary care

9. The funding required to meet these demands was estimated at c£1.6m pa. MIST have offered (though not yet confirmed, see Appendix 2, point 7) a recurring (4-year budget) from 2022 to 2026 of £750k pa. The proposed use of this funding is recruiting staff as described below:

	total cost (£000's pa)
Reducing caseloads in hub services	408
Of which NHS	279
Of which voluntary sector via CEC	128
Developing Low intensity care in hubs (NHS)	305
Project management and implementation (NHS)	37
Total	750

10. Note that (as per risk assessment below) the detail of the staffing will be in the hands of operational and clinical managers. EIJB is asked to approve funding and direct the EHSCP to deliver the required outcomes.

Improving access to residential rehabilitation

11. For Edinburgh residents, most of the rehab provision is delivered by Lothian and Edinburgh Abstinence Programme (LEAP) and its associated detox pathway through the Ritson Clinic at the Royal Edinburgh Hospital. LEAP also provide, family and peer support, out of hours care and accommodation, aftercare support and accommodation, employability and meaningful activity. Pre-COVID, LEAP had capacity to treat 20 people at a time, equating to 80 to 90 people over a year. Approximately 60% of whom are typically Edinburgh residents.
12. Across Lothian ADPS and in conjunction with Royal Edinburgh and Associated Services (REAS) there has been developed a plan for expanding LEAP and its pathway with the aims of:
- Increasing capacity in the Ritson Clinic by 50% (8 beds to 12 beds)
 - Increased capacity at LEAP by 40% (20 places to 28 places)
 - Allowing 112+ residential treatment episodes per year in Lothian
 - Allowing 600+ places over the five years of the fund
 - Increased access for vulnerable groups
 - Removal of barriers to treatment
 - Improved quality of aftercare provision

- Allowing groundwork for a more ambitious East of Scotland Regional approach

13. This plan was fully supported by the three Lothian ADPs and formed the basis of an application to the SG national Recovery Fund. The SG have agreed to meet most of the costs of the bid but have requested that the Lothian ADPs contribute some of the new funding allocated to them in line with the standard formula for pan Lothian costs:

All figures in £000s)	Per year (2022/26)	TOTAL (five years)
Total cost of project	1,164	5,781
SG funding offered	664	3,281
ADP/ IJB contribution requested (Lothian)	500	2,500
Of which:		
Edinburgh IJB/Edinburgh ADP (57%)	285	1,425
East Lothian IJB/MELDAP (12%)	60	300
Midlothian IJB/MELDAP (10%)	50	250
West Lothian IJB/WLADP (21%)	105	525

Implications for EADP

Financial

14. See appendix 2

Legal/risk implications

15. See appendix 1. Risks include: potential impacts of delayed decision-making and implementation; financial contingencies (required funding not having yet been confirmed); challenges recruiting required staff and identifying fit for purpose premises; unintended consequences of developing this area of service.

16. A key risk relates to the lack of funding for the additional costs of the expansion of Buvidal prescribing. This is discussed in paragraph 5 above and it is recommended that the Chair raises this issue with the Scottish Government.

Equality and integrated impact assessment

17. Delivering suitable care for people with all needs is a challenge in drugs treatment. Particular protected characteristics are known to have a potential impact on the ability to access and fully benefit.

18. Mitigation of these risks of excluding/ under treating groups with protected characteristics includes

- a. Adaptations within the LEAP and MAT programme (e, g, offer of same gender care, male and female group work)
- b. arrangements to provide LEAP as flexibly as possible and to make reasonable adaptations, using a ringfenced budget. This flexibility is expected to be enhanced by the additional capacity which will allow, for instance, longer stays for those who need more treatment and greater support for people whose needs have historically been a barrier to rehab (e.g., from homelessness or directly from prison)
- c. the option, as part of the same pathway, of placement in alternative units which meet specialist needs; LEAP is the default provider of rehab, but alternatives are provided when LEAP cannot meet a person's needs.

All of these are facilitated by the joint working arrangements between LEAP and the CEC residential rehab social work team.

Report Author

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Background Reports

None

Appendices

Appendix 1	Risk assessment
Appendix 2	Summary financial plan
Appendix 3	Directions required

Appendix 1: Risk assessment

MATS: The risks attached to the most complex elements of the MAT implementation are summarised below

- 1) Delay: the pace of change required to meet the standards is set by the SG expectations, the allocation of money and the reality of the public health crisis. Protracted delays agreeing and implementing plans have reputational and real-world risks to patient care and public health.
- 2) Recruitment and workforce development: The plan is based on recruiting and training a total of 27 additional staff, 15 of them clinical registrants (mostly nurses). Available nursing capacity, particularly RMNs with skills in addictions, is not likely to meet this. The context is that there is a shortage of nurses nationally, MH services are expanding, other areas are also recruiting, there are already high levels of community vacancies and absence (11/31 nurse posts in community teams at the last count). Some alternatives can be used to mitigate the gaps: using other professional groups and employing non registrants and shifting tasks where possible etc but it still amounts to nearly doubling the nursing workforce and will take time and a clear strategy to achieve.
- 3) Non recurrence of funding: The additional funding provided by the Scottish government is only guaranteed until 2025/6, but recruitment requires offering staff open ended contracts. Potentially, this exposes the H&SCP to the risk of having staff under contract and no dedicated funding streams. However, this is mitigated by a) the expectation that there will be significant ongoing funding allocations to meet these needs beyond 2025/6 b) sufficient notice of any change will allow for changes in staffing or reallocation of remaining funding through a planned process.
- 4) Inaccurate predictions of demand: the plan represents a significant lowering of the threshold for entering treatment. This is exactly the intended effect and is very necessary. However, there is the risk that improving access will result in greater numbers coming forward than can be safely treated. This risk has been mitigated by planning and will be carefully monitored.
- 5) Disruption of care to other groups: the emphasis specifically on increasing access for opiate users in crisis is based on the greatest level of immediate risk of drug related death and is welcome. However, displacing staff and energy into this group may lead to deterioration in treatment for dependant drinkers or for drug users in more developed recovery. This will be mitigated by monitoring of numbers of non-MAT patients treated and waiting times for non-MAT interventions (alcohol detox in particular).

- 6) At the time of writing, no funding source has been identified to support the roll out of Buvidal. Pending resolution, the associated cost will be underwritten by slippage elsewhere in substance misuse funding.
- 7) The plan assumes confirmation of the £750,000 pa provisionally offered by MIST. Until this funding has been confirmed no expenditures can be committed. The plan would need to be rewritten were the funds not confirmed. Officers will not commit funding until written confirmation of the funding is received.

The chief risk relating to the expansion of residential services is that the bid as formulated might not fully meet the costs of the care and the other costs that might arise in the pathway (e.g. for out of hours care, accommodation during and after placement, family, and peer placements). REAS (who have committed to delivery of the outcomes) will lead on addressing this risk. It is mitigated by a) the substantial underspend in this area, which will enable expansion over the 4 remaining years of the funding cycle even if not all costs could be sustained beyond that period) and b) the strong partnership and good will that surround the project; all partners have historically shown great commitment to the success of the project.

Appendix 2: Proposed allocation of revenue funding streams to meet MAT standards, expand treatment and improve access to residential interventions

This describes the proposed use of the available recurring funding in line with the plans in this paper (all figures in £000s pa).

Proposed investment	Notes	Spend £k
1. Central Titration clinic NHS component	See MAT 1 plan above	368
2. Central Titration clinic Social Worker		56
3. Central Titration clinic Voluntary sector practitioners		120
4. Buvidal Dispensing capacity	See MAT 2 plan above	1,738
5. Community outreach posts (drug liaison nurses, vol sec and NHS outreach workers)	See MAT 3 plan above	195
6. Reducing caseloads in hub services (NHS)	See MAT5/7 plan above	279
7. Reducing caseloads in hub services (vol sec)		129
8. Developing low intensity care in hubs		305
9. MAT project management and implementation		37
10. LEAP and Ritson	See "Improving access to residential rehabilitation" plan above	285
	Total	3,512

Appendix 3: Directions

Reference number	Use format: EIJB-approval date-sequential number eg EIJB-22/10/2019-xxx		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	19/04/2022		
Services / functions covered	Community Substance Use Services		
Full text of direction	MAT 1: Develop city wide clinic to offer same day assessment and initiation of drugs treatment		
Direction to	NHS Lothian: Clinical component The City of Edinburgh Council (commissioning of the third sector component and		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2022/23	£368,000	£190,000
	2023/24	£368,000	£190,000
	2023/24	£368,000	£190,000
	2024/25	£368,000	£190,000
	2025/26	£368,000	£190,000
Performance measures	<p>Numerical (reporting to be coordinated by NHSL public health).</p> <ul style="list-style-type: none"> • Numbers attracted to the clinic. TARGET: 40/ month • % with Rx within 24h (or reason for other outcomes): TARGET: all patients have been assessed for suitability for prescribing within 24h of presentation. • Continued engagement: (number engaged in treatment 3 months following presentation): TARGET: TBC • Successful discharge to mainstream care; TARGET: 80% of those entering treatment achieve a planned discharge to ongoing structured care • Continued engagement 3/12 after Dx to mainstream care: management information, no Target 		

	<ul style="list-style-type: none"> • Lack of adverse incidents: management information, no Target <p>Process (Criteria). Work on this to be led by PM/ operational manager</p> <ul style="list-style-type: none"> • Small test of change: deliver same day titration for people who are currently on a waiting list for MAT: April 2022 • Completion of QI charter: April • Recruitment to all posts: May 2022 • Joint working pathways agreed with key partners/ SOP: May 2022 • Opening five days a week (July 2022) <p>Experiential (to be led by ADP)</p> <ul style="list-style-type: none"> • Base line information of the experience of users, carers and practitioners of the current system (survey/ interview/ focus groups in q1 2022/23) • Satisfaction and experience measures post set up (one year after opening)
Review date	May 2023

Reference number	Use format: EIJB-approval date-sequential number e.g. EIJB-22/10/2019-xxx		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	19/04/2022		
Services / functions covered	Community Substance Use Services		
Full text of direction	<p>MAT 5, & 7 and Treatment target</p> <ul style="list-style-type: none"> • Provide Opiate Replacement Treatment to increased numbers of people. • Test and implement models of care which expand or release capacity with high levels of efficiency, but which are safe, satisfactory to patients and meet all MAT standards. • Maximise use of primary care • Continue to provide appropriate levels of care to non-opiate using patients 		
Direction to	<p>NHS Lothian (clinical components)</p> <p>CEC: (commissioning supportive third sector provision)</p>		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2022/23	£584,000	£129, 000
	2023/24	£584,000	£129, 000
	2023/24	£584,000	£129, 000
	2024/25	£584,000	£129, 000
	2025/26	£584,000	£129, 000
Performance measures	<p>Numerical</p> <ul style="list-style-type: none"> • Increased number of patients in ORT treatment TARGET: April 2022 April 2023 (change) April 2024 (change) 3000 3281 (138) 39 (+276) • Continue to provide treatment for non-opiate using patients at current levels (no reduction in alcohol detoxes provided: NHSL PH to identify baseline April 2022) 		

	<p>Process (Individual tests of change demonstrating models of high-volume care/ increased safe, MAT compliant throughput).</p> <ul style="list-style-type: none"> • Development of QI charters for individual projects • Implementation of individual models • Evaluation reports for each project <p>Experiential (to be led by ADP)</p> <ul style="list-style-type: none"> • Baseline information of the experience of users, carers and practitioners of the current system • Satisfaction and experience measures post implementation of each test of change
Review date	May 2023

Reference number	Use format: EIJB-approval date-sequential number e.g. EIJB-22/10/2019-xxx		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	19/04/2022		
Services / functions covered	REAS Substance Use Services		
Full text of direction	<ul style="list-style-type: none"> • Increase access to residential rehab interventions 		
Direction to	NHS Lothian		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2022/23	£285,00	
	2023/24	£285,00	
	2023/24	£285,00	
	2024/25	£285,00	
	2025/26	£285,00	
Performance measures	<p>Each year, REAS to provide progress report on each of the following outcomes (with specific information on the outcomes for Edinburgh residents)</p> <ul style="list-style-type: none"> • Increased capacity in Ritson Clinic by 50% (8 beds to 12 beds) • Increased capacity at LEAP by 40% (20 places to 28 places) • Allowing 112+ residential treatment episodes per year in Lothian • Allowing 600+ places over the five years of the fund • Increased access for vulnerable groups • Removal of barriers to treatment • Improved quality of aftercare provision 		
Review date	May 2023		

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REPORT

Systems Pressures and Renewal and Recovery

Edinburgh Integration Joint Board

19 April 2022

Executive Summary	<p>The purpose of this report is to:</p> <ol style="list-style-type: none"> 1. Update the Edinburgh Integration Joint Board (EIJB) on system pressures and performance; 2. Provide further detail on how the innovation and sustainability programme will develop and support the EIJB's recovery and renewal priorities; 3. Provide information on additional funding that has been passed through to IJBs as set out in the financial plan approved in March 2022; and 4. Set out the financial support required to deliver the innovation and sustainability programme.
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Notes the current pressures on the Edinburgh Health and Social Care Partnership (EHSCP) and mitigating actions being taken; and 2. Agrees to allocate recurring resources of £0.9m to support the emerging innovation and sustainability 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 & NHS Lothian	

Report Circulation

1. This report has not been circulated to any other group or committees.

Main Report

Context

2. Since October 2021 the board has received updates describing the significant system pressures being faced by the wider Lothian health and social care system as society opened up and restrictions eased. This is also reflected nationally and many of these pressures are not new although they have been exacerbated by the EU exit and the covid pandemic. We are seeing both an increase in referrals to our Assessment and Care Management teams for requests for service, and an increasing number of people being assessed as requiring a service. Other drivers for increasing demand include people being de-conditioned (i.e. frailer, less confident) following periods of lockdown, family/unpaid carers who are exhausted having cared for people during the pandemic returning to work following furlough, and a general build-up of demand emerging as messaging about services being 'open as usual' have been released. Coupled with this increasing demand for services, we were also faced with a decrease in care capacity available to support people, compounding an already challenging position.
3. In early November 2021, the Scottish Government (SG) allocated additional funding of £300m across Scotland for the remainder of the financial year. Supporting this was a nationally agreed framework designed to address areas of priority and to support local systems to address the pressures collaboratively. Using their share of this funding, the IJB agreed a programme of investment, framed to reflect the priority areas identified by the SG. At this point it was recognised that, as well as addressing the immediate system challenges, investments should wherever possible provide the basis for longer term sustainability. We recognised the need to avoid a set of crisis decisions, derailing the strategic direction of the board. Accordingly, although priority was given in the first instance to measures targeted at improving system performance trajectory over the following six months, wherever possible actions were aligned to supporting sustainability beyond the immediate crisis.
4. Whilst the position remains challenging, we are now seeing small improvements in performance and, accordingly the emphasis of the management team will shift from, reacting to the crisis, to supporting a more sustainable future delivery. Our innovation and sustainability approach, as outlined in the financial plan paper presented to the board in March 2022, will give us the framework to deliver the changes required to ensure viable services for the people in Edinburgh we support. As the board has long recognised that addressing the pressures, we face requires active, longer term planning, maximising the use of our base budgets, supplemented by recent investments made by the SG. The associated finances are discussed in more detail later in

this paper but, effectively, integration authorities now have a combination of recurring and non-recurring funding to support recovery, as well as pump prime and deliver change.

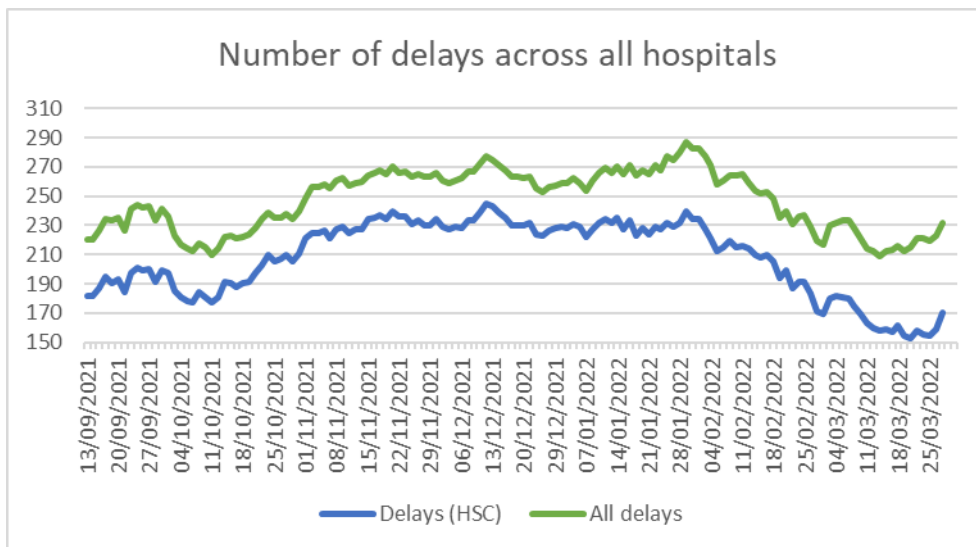
5. This paper sets out:

- An update on the current performance and pressures being faced by the Edinburgh Health and Social Care Partnership (see paragraphs 6 to 15);
- The approach to transforming services, learning the lessons of the pandemic, with the ultimate aim of safeguarding viable, sustainable services for the people of Edinburgh (see paragraphs 16 to 19); and
- A recommendation about an initial investment to deliver the above (see paragraphs 20 to 23).

Current performance and pressures

6. There remain high levels of people in hospital although there has been improvement since the beginning of February (table 1).

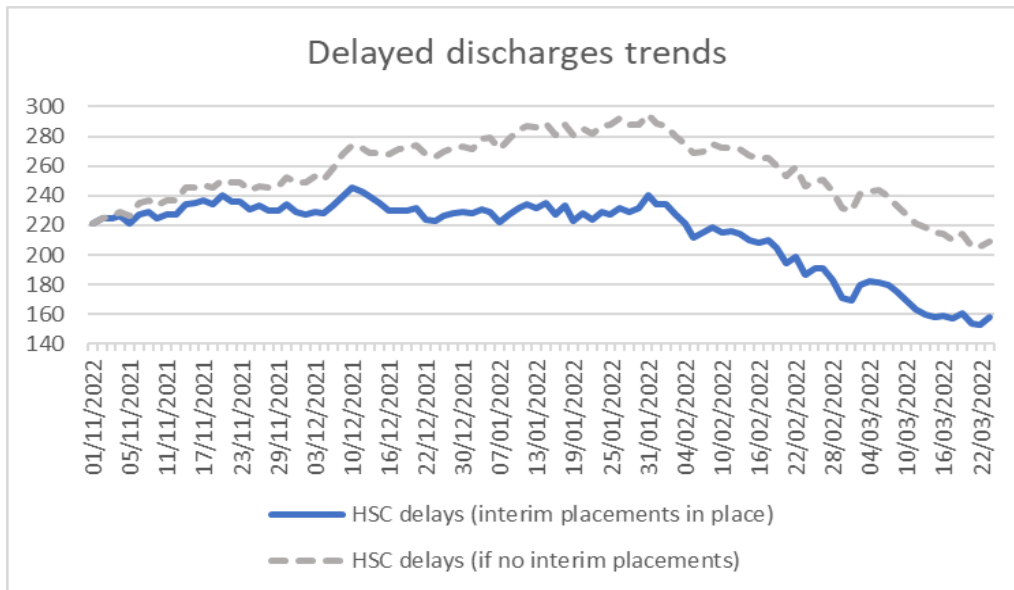
Table 1: Total number of Edinburgh delays



7. While this improvement can, in part, be attributed to seasonal variation, there have been specific actions taken to reduce the number of people delayed in hospital that have had a positive impact, including:

7.1 Interim Beds: Between 2 November 2021 to 16 March 2022, 116 people have been moved to interim beds, with more than 50% of those people having moved home or to a permanent care home of their choice. Table 2 shows the comparison of the number of people that would have been delayed in hospital had interim beds not been funded alongside the actual number of people delayed during the same period.

Table 2: Impact of interim beds on delayed discharges

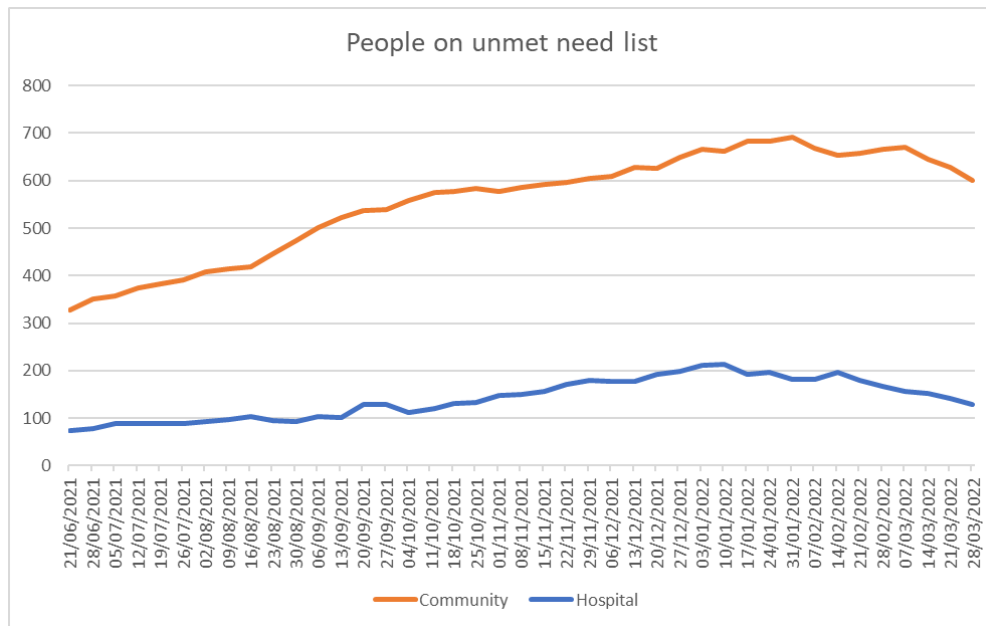


- 7.2 One Edinburgh: With support from PwC in establishing a “Command Centre” function, bringing together key staff members to make intelligence-led decisions regarding those people needing a package of care, there has been an increase in staff contact time and a reduction of those delayed in hospital. Locality and Contracts Teams are working closely with external care at home providers to identify any ongoing capacity challenges and minimize the need for packages of care to be re-provisioned.

8. More recently, there has been an increase in the number of people delayed in hospital requiring guardianship under Mental Health legislation. This is a recent development and work is being undertaken to identify the reason for the increase. To help meet the level of demand, additional capacity is currently being created.

9. The number of people waiting for a package of care is stabilising, with a recent decrease (table 3). As can be seen, the larger proportion of the problem remains within the community where more people are waiting for care than are doing so than in an acute setting. The reasons for stabilisation are predominantly due to external care at home providers having additional capacity and work being undertaken by the One Edinburgh Command Centre which is creating capacity within internal Homecare and Reablement teams and improving the quality of data we have.

Table 3: Number of people awaiting a package of care in community and hospital



10. There remains a high level of request for people requiring a social care assessment of need. At 1 March 2022, there were 28 Social Worker vacancies within the city. Recruitment is currently underway and a plan is currently being developed to increase capacity of social work teams, supported by additional investment from the Scottish Government.
11. Care homes continue to be impacted by Covid 19, affecting planned discharges and discharges to interim beds. At 28 March 2022, 12 care homes were closed to admissions due to covid outbreaks.
12. We also continue to experience pressures across our Older People’s Mental Health provision. This is particularly seen in the waiting list for the Memory Assessment Treatment clinic where on 28 March 2022, 568 people were on the waiting list, who were waiting an average of 29 weeks. With an anticipated increase in diagnosis rates this will potentially increase referrals to Community Mental Health Teams, Psychology services, diagnostic imaging, social care services and older people’s day services. Additional funding has been allocated by the Scottish Government and prioritisation has been given to addressing the waiting list and improvement of access to assessment and treatment. A working group has been established to address the issues and monitor recruitment already underway to medical, nursing and occupational therapy posts.
13. Primary Care is continuing to experience long-term pressures from population changes and availability of GPs, as well as increasing pressures linked to wider system pressures. This includes increased demand for supporting people who are distressed and upset and also other clinical services as a result of increased waiting lists for secondary services.

14. It is important to note that 3rd sector organisations and informal carers have proven an invaluable support to people in our communities, providing them with ongoing physical and emotional support during this critical time.
15. A separate report to this meeting 'The Edinburgh Wellbeing Pact – Formulation to Enactment Progress Report, April 2022' provides further evidence of the role the 3rd sector has played and updates on progress made since April 2021. The report sets out new recommendations that will further accelerate whole system change to create more resilient communities and a sustainable health and care system. They also focus on improving population health and tackling inequalities, with a particular emphasis on preventative and proactive care and place and wellbeing, all in line with the Scottish Government's Covid 19 Scotland's Strategic Framework Update (February 2022).

Innovation and Sustainability

16. As stated earlier in this paper, pressures within the system are not new although they have been exacerbated by the impacts of EU Exit and covid pandemic. These pressures have been longstanding in Edinburgh and are a result of many factors, not all of which are under the control of the partners. The EIJB has recognised the need for a longer-term strategy of transformation, sustainability and innovation and this has been set out in successive strategic plans. All aspects of this ambitious programme aim to improve outcomes for people and provide greater opportunity for people to be as independent as they can be, for as long as possible and, when they require care, for this to be provided as close to home or in as homely environment as possible. Again, recognising the long-term challenges, the change programme is seen as multi-year, over at least 5 years. We are just over 2 years into delivery of this programme, much of which has been impacted by the pandemic.
17. In addition to existing projects and agreed projects yet to start, there is also a need to identify, scope, develop and deliver the next phase of major change and innovation, with a focus on financial sustainability in the medium to longer term. Early scoping work is underway looking at the potential for radical and innovative change in a number of service areas. This next phase of major change seeks to take a different approach, developing holistic, whole-system, strategic change, focusing on the overall investment of the EIJB budget and moving away from the need for short term budget savings proposals on an annual basis.
18. By June 2022, the Scottish Government intends to introduce legislation to enable the creation of the National Care Service. While there remains much uncertainty around what this will mean in practice, it is anticipated that it will generate a significant programme of work for the EIJB and EHSCP, with the potential for major impacts on existing strategic priorities and programmes. Dedicated project and programme management capacity will be essential to support operational managers and strategic leads to ensure that these changes are well-managed, appropriately governed and that benefits are realised.



19. As demonstrated in paragraph 16 to 18 and as described elsewhere in this paper, a multi faceted, cross cutting and complex programme of change is essential to deliver the scale of transformation required to support recovery, innovation and sustainability. This work is currently coordinated through the transformation team, funding for which is in place until the end of the calendar year. In December 2021, the EIJB agreed in principle to identify a permanent funding source for the team, recognising that delivering change at the scale required is not possible without suitable resource.

Implications for Edinburgh Integration Joint Board

Financial

20. The Scottish Government has recognised, through its funding settlements to both local authorities and health boards, the pressing need for further investment in social care and health services. These funds have been provided to integration authorities to address a number of areas including:
- ongoing financial consequences of the Covid pandemic;
 - interim care beds to support flow in the wider system;
 - financial impact of the backlog of demand and increasing unmet need and frailty of people living in our communities;
 - investment 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; and
 - impact on mental health and services.
21. It will clearly be important to invest these monies in ways which balance the need to respond immediately to service pressures with supporting redesign and transformation of services in support of our longer term sustainability. The majority of the funding is non-recurring and will be carried forward to next financial year via the IJB's reserves. Current estimates are that the non-recurring budget available will be c£50m. This will be finally quantified when the books for 2021/2022 are closed. These non recurring funds will be supplemented by the recurring funding agreed as part of the Scottish Government's budget for 2022/2023, as set out in the paper on the IJB's financial plan which the board agreed in March 2022. Elements of recurring funding which are currently unallocated include:
- £5.5m to increase care at home capacity
 - £2m for additional social workers
 - £3.6m to support multi-disciplinary teams
 - £1.8m for interim care.

22. As evidenced above, we are now seeing small improvements in performance across several areas. Work continues across all services to sustain these improvements, however, we know that without transformational change, this will result in marginal gain. It is therefore vital that the focus shifts to innovation, transformation and sustainability, building on the local and national learning from the covid pandemic and making the best use of new national funding allocations to the IJB to deliver the ambition of the strategic plan.
23. Paragraph 19 above referenced the paper the IJB considered in December 2021 which made the case for the continuation of the resource which has successfully supported our transformation programme to date. The paper was supported in principle, recognising that a dedicated team supporting executive and senior managers across the system is an absolute requirement for delivery. Given this clear link between the next steps in our sustainability journey outlined above and this investment, it is recommended that the team is funded from the recurring monies set out above. Further work, involving partnership and Trades Union colleague is ongoing to scope the exact requirements and priorities and it is proposed that the IJB approve a budget of £0.9m. The impact will continue to be closely monitored and evaluated.

Legal/risk implications

24. We continue to review and update the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.
25. Colleagues are also working closely with the risk teams in the Council and NHS Lothian and report through the Partnership Risk Committee. As a result of the continued system pressures, the Partnership has maintained the level of risk arising from these pressures at Critical.
26. There is significant risk to key strategic projects if current resource were to be withdrawn in 2022. This proposal ensures that momentum is not lost and dedicated capacity to manage major change is embedded within the permanent establishment of the EHSCP in support of EIJB strategic aspirations.
27. There is an outstanding internal audit action to conclude a review of the strategic planning area to ensure sufficient resource is in place to support the EHSCP and deliver EIJB strategic ambitions. This proposal will ensure adequate resource to support medium – long term strategic planning.

Equality and integrated impact assessment

28. There are no direct equalities issues arising from the content of this report.

Environment and sustainability impacts

29. There are no direct environmental or sustainability impacts arising from the content of this report.

Quality of care

30. The extent of pressures on the Health and Social Care system is without recent comparable precedent. The underlying causes are multi-factorial and the resolution remains very challenging. It requires concerted and resolute action across a number of fronts and with partners across the wider system at local and national level. Our response will always take account of the latest standards and guidance and we will continue to run our services in ways that minimise the risk of harm to people. It should be recognised however that, during these unprecedented times, there are likely to be occasions where the level of the demand we are facing temporarily overwhelms our ability to run services safely. We will continue to ensure that we are clearly communicating that fact, and any available options to mitigate the impact, to our service users, patients and the wider community so that they may assist in preventative and supportive measures where possible.

Consultation

31. Extensive engagement with a wide range of stakeholders has been undertaken to develop and deliver the transformation programme.
32. The recently published Care Inspectorate report on the Older Peoples Improvement Plan recommends continued resource to support strategic priorities.

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Background Reports

None

Appendices

None

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REPORT

The Edinburgh Wellbeing Pact: Formulation to Enactment Progress Report

Edinburgh Integration Joint Board

19 April 2022

Executive Summary	<p>1. The purpose of this report is to:</p> <ul style="list-style-type: none"> a. Provide an update on the 7 recommendations of the Edinburgh Pact Formulation to Enactment report which were approved by the Edinburgh Integration Joint Board (EIJB) in April 2021. b. To inform the EIJB of the More Good Days Public Social Partnership (PSP).
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ul style="list-style-type: none"> 1. Acknowledge the progress made on the 7 recommendations of the Edinburgh Pact Formulation to Enactment report agreed by the EIJB in April 2021. 2. Approve a two-year extension of the EIJB Grants Programme from 31 March 2023 to 31 March 2025 whose beneficiaries will continue to be active contributors to the More Good Days PSP.
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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	To follow
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. The progress and recommendations of this report were discussed at the EIJB Strategic Planning Group (SPG) on 23 March 2022.

Main Report

2. The Edinburgh Wellbeing Pact is one of the key elements of the EIJB strategic plan. Using an intersectoral framework – Incite¹ – in June 2020 we began a dialogue with citizens, staff from the Edinburgh health and Social Care Partnership (EHSCP), staff from partner agencies, communities of interest, community planning partners other and interested stakeholders, to redefine our relationship with Edinburgh Citizens.
3. In April 2021, the EIJB supported 7 recommendations. An update on progress is contained at Appendix One. This includes details on programmes which will further accelerate whole system change to create more resilient communities and a sustainable health and social care system, focusing on improving population health and tackling inequalities with a particular emphasis on preventative and proactive care and place and wellbeing in line with the Scottish Government’s Covid 19, Scotland’s Strategic Framework Update (February 2022).
4. Internationally a debate has started on whether the adverse health effects of a recession may be greater than the increased morbidity and mortality within the pandemic² and that the health impacts brought about by inequalities may themselves be more significant in the future. In Edinburgh, citizens, the voluntary sector, public services, academic institutions, and the private sector are collaborating and mobilising to support those most in need.
5. During periods of such upheaval, a clear narrative, or vision, is one that people can move and respond to which has cultural resonance’— if it ‘rings bells’ with people’s beliefs, values, ethics, and commitments - can accelerate the mobilisation for change process.³ The Edinburgh Wellbeing Pact’s “More Good Days” is creating momentum for change in the city.
6. The Community Mobilisation Plan continues to be an iterative and dynamic process, reflecting the current and future context and policy direction. For example, through our dialogue process we moved away from talking about community anchor organisations to reframing this as community networks and community networked organisations. Networks often cross formal

¹ 1 Irvine Fitzpatrick L, Maciver D, Forsyth K. Incite to Practice: Development of a Realist-Informed Program Theory to Support Implementation of Intersectoral Partnerships. SAGE Open. 2021;11(3).

² Banks et al 2020

³ Greenhaigh et al 2009.

organisational, professional, and social boundaries and provide the bonds of solidarity and the foundation for organisational innovation and activity.⁴

7. Alliances and networks lie at the heart of mobilisation concerning social change, and these networks of everyday life harbour a multitude of resources which can be tapped. This ongoing awareness to the importance of being agile in responding to an ever-changing context has resulted in a more dynamic and fluid plan and building an increasing social movement across the city with a shared narrative of achieving more good days for everyone.
8. The Community Mobilisation Plan also needs to reflect the emerging aspirations of the National Care Service which is highlighting need to develop ethical and community commissioning approaches whilst ensuring sustainability to current providers.
9. The Edinburgh Pact and community mobilisation work undertaken in the last year has highlighted the complex structures and processes we have in our commissioning space; four key factors have led to the creation of a “More Good Days” Strategic Public Social Partnership (PSP).
 - a. The mapping work undertaken to identify all commissioned services demonstrated that we have commissioning streams structured around care groups reflecting how we define and allocate funding streams. The opportunity exists within the PSP to look at commissioning in a different way and to incorporate the national guidance on ethical commissioning as we approach the next stage of a National Care Service.
 - b. The increase of integrated service delivery models between 3rd sector and statutory including the Recovery Hubs and Thrive Welcome Teams have emphasised that partnership working is not limited to partnerships between 3rd sector partners but across statutory and 3rd sector.
 - c. Recent commissioning programmes such as the Thrive Collective and the Learning by Doing Community Commissioning approach have garnered valuable learning for the future, and by establishing this learning by doing culture we will be better placed to deal with policy changes, direction and pressures.
 - d. All of this is happening with and for communities, but we often ask communities the same questions, ask them to define their priorities through the lens we have set defined by care group or funding stream rather than through the lens of what health and care means to them. The two questions we asked at the beginning of the Edinburgh Pact dialogue.
10. The Strategic PSP model can be considered as an example of co-production rooted in the idea of citizen participation in the design and delivery of goods or services. It is a strategic partnering arrangement which involves the Third

⁴ New Economics Foundation 2012).



Sector earlier and more deeply in the design and commissioning of public services⁵. Edinburgh was one of six places across Scotland to establish strategic PSP. The Edinburgh Wellbeing PSP led to a formal competitive tendering for the Thrive Welcome Team and Thrive Collective. However, 7 of 9 lots were awarded to collaborative partnership bids demonstrating that the PSP had led to greater collaboration between agencies.

11. Creating a structure which encompasses evaluation monitoring and commissioning work across the city allowing us to consider community mobilisation, community commissioning, community networked organisations under the umbrella of a PSP will allow us to move forwards with a shared narrative and allow us to develop incrementally and react quicker to new funding streams.
12. The More Good Days PSP will be:
 - a. Community led, collaborative and ethical.
 - b. Clear and transparent – how we are using funding currently, what impact are we having and how do we need to use our funding in the future
 - c. Focused on improving health, social, environmental, and economic outcomes for the wider community
 - d. Promote innovation and move away from over-specified services and asking all partners/providers and people to come up with ideas to benefit their community and service provision
 - e. Be iterative and adaptive using learning from ‘doing’ and from measuring
13. In September 2021, EIJB grant recipients were informed that their grants would be extended to 31 March 2023 with formal notification letters confirming their 2022-23 allocation were issued in February 2022.
14. The organisations funded by the EIJB Grant programme have all actively participated in the process that was established from the onset of the grants and have demonstrated that key performance indicators are being met. The organisations have responded with agility and imagination to the challenges that the pandemic presents whilst simultaneously engaging with the Edinburgh Pact formulation and enactment work. The organisations have been supported in this by the Community Health forum.
15. The status of the More Good Days PSP was briefed to the SPG on 23 March 2022, at which time the case for an extension to existing grants was made. The SPG discussion centred on the importance of developing this new approach at the right pace; ensuring there was adequate time and focused

⁵ Scottish Government, 2011

resource to fully develop and co-produce the PSP. The extension of the EIJB grants programme will enable sustainability for the organisations and their delivery whilst signalling that the expectation of continued involvement in the community mobilisation efforts through the More Good Days PSP will be met. This extension will also enable greater alignment with other funding streams which in turn will provide greater opportunities for increased collaboration and consolidation. A two-year extension for existing grants from 31 March 2023 to 31 March 2025 was generally supported by the SPG.

Implications for EIJB

Finance

16. There are 3 elements to the finances associated with this work, summarised as follows:
 - a. Proposed extension of the grants programme - £4.7m.
 - b. Accelerate and prevention programme - £0.9m.
 - c. Capacity to Collaborate - £0.35m.

The proposed extension to the grants will be met within the current allocated resource envelope of £4.7m. This would provide sufficient budget to continue to fund organisations at the 2022/23 level for 2023/24 and 2024/25. Extensions will be offered for both the main programme and, where appropriate, for the innovation programme.

17. In December 2021, the EIJB supported as part of system pressures headline investment of up to £1m for the Prevention Programme (community navigators, community helpline, 'community taskforce', developing capacity). Over the following months the supporting detail was worked up with 3rd sector partners. The resultant investments (totalling £0.9m) are now being implemented and are detailed in Appendix One.
18. An initial allocation of up to £0.35m was agreed to support the capacity to collaborate programme. This will be funded from the overall £1m investment in community capacity previously agreed by the EIJB.

Legal / risk implications

19. A risk register and with mitigation strategies continues to be updated and forms part on ongoing governance for the programme.

Equality and integrated impact assessment



20. An Integrated Impact Assessment (IIA) was conducted following Phase 1 of Edinburgh Pact engagement activities in October 2020. This assessment enabled an objective review of the engagement approach adopted and to identify any gaps to be rectified in future engagement cycles. The outcome of the IIA indicated there were several groups with specific protected characteristics who were either under-represented in participation levels or there was insufficient engagement in advance to promote equal opportunities.
21. Throughout the community mobilisation work IIA and Reviews have been factored in as key milestones. This will ensure that we are paying continual attention to ensuring that our formulation and enactment activities and service delivery are inclusive and, when appropriate, targeted at specific communities of interest or identity.
22. Learning by Doing Community Commissioning worked with collective advocacy to ensure that the voices of lived / living experiences were informing the development of proposals. The Thrive collective service user led, and service user led support groups along with well-established fora facilitated by EVOC will be key partners to ensure that seldom heard voices are amplified as part of More Good Days PSP.

Environment and sustainability impacts

23. The More Good Days PSP will also be an opportunity to consider in a more collective and cohesive way environmental and sustainability impacts including an increased focus on community wealth building.

Quality of care

24. The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers, and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make, for individuals.
25. In line with the Measuring and Evidencing Change theme, which emerged from the formulation of the Pact, we will be using different methodologies and approaches demonstrating “distance travelled “to achieving outcomes. This will be fully detailed in the evaluation framework to support the PSP.

Consultation

26. The success of creating, formulating, and enacting the Pact is predicated on robust and meaningful engagement, participation and consultation with Edinburgh citizens, and the workforce in the Health and Social Care

Partnership, commissioned 3rd sector services and independent sector and our wider planning partners and key agencies across the city.

27. We have continued to build on our initial engagement and participation activities which detailed in April 2021. A summary of this activity is detailed below:

Engagement activity	Description	Participants	Sessions held
Third Sector Forums	Voluntary sector forum meetings (From August 2020 onwards)	210	9
Community Interest Groups	Specific community of interest groups including participants from BAME communities, faith groups, and people with specific health conditions (From August 2020 onwards)	238	20
EHSCP Staff Groups	Focus groups with frontline staff and practitioners (From August 2020 onwards)	197	24
PhotoVoice	“Picturing Health” photography (June – July 2020)	115	1
Citizen Survey	Public survey through our HSC Website (June 2020)	355	1
Thought Leaders	23 in-depth interviews with city leaders from the 3 rd sector, public sector, elected members, Board members, academia, and private sector (March - April 2020)	23	23
Public events	November 2020 - March 2022 <ul style="list-style-type: none"> • “The Art of the Possible” • “Anchoring our Thoughts” • “Wellbeing: The Power of our Communities • “On our Way: Formulation to Enactment” • “Checking In: Formulation to Enactment” • “Talking about Transition • “Accelerate” • “Seasons Change • Edinburgh Wellbeing Pact: “Check In” 	1,329	11
Summer Season	Events across communities of place, interest, and identity	3,200	38

28. The work we have been doing has generated interest from Health Improvement Scotland who have invited us to be lead their inaugural Good Practice Sessions which are supporting their work on developing new commissioning models.
29. New Local – this organisation’s primary focus is community power, and their network includes 60 of the UK’s most innovative councils (Ayrshire and Arrans are the only Scottish member). Their chair is Professor Donna Hall, former CE of Wigan, and originator of Wigan Deal and now Bolton NHS Foundation Trust. They are now planning to focus more on health in the next year and they are very interested and impressed by the work we are doing in Edinburgh. We will be the first ESCP to join the network.

30. The iCircle Cities Urban Mental Health Network following a presentation on Thrive Edinburgh have invited Edinburgh to join their leadership group which is member group of the International Mental Health Leadership programme,
31. The above three examples illustrate our continuing commitment to learn and share our developing practice nationally and internationally.

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Background Reports

“The Art of the Possible” (21st January 2021). Stakeholder report: [Art-of-the-Possible-Report](#)

“Anchoring our Thoughts” (24th March 2021). Stakeholder report: [Anchoring-our-Thinking-Report](#)

Persevere Mobilising Communities in Edinburgh to live well locally” (March 2021)

“The Power in our Communities” National event (March 2021)

<https://www.edinburghhsc.scot/the-partnership/the-edinburgh-pact/>

<https://ihub.scot/media/8108/20210316-wellbeing-the-power-in-our-communities-presentation-v30.pdf>

[PowerPoint Presentation \(ihub.scot\)](#)

“Wellbeing: The Power of our Communities” [Healthcare Improvement Scotland event] (21st March 2021). <https://www.edinburghhsc.scot/the-partnership/the-edinburgh-pact/>

“On our Way: Formulation to Enactment” (13th May 2021). Stakeholder report: [On-Our-Way Report](#)

Summer Conversations, (July 2021). Summary report: [Summer Conversations Summary Report](#)

“Checking In: Formulation to Enactment” (22nd July 2021). Stakeholder report: [Formulation-to-Enactment Report](#)

Talking about Transition (28th October 2021). Stakeholder report: [Talking-About-Transition Report](#)

“Accelerate” (18th November 2021). Stakeholder report: [Accelerate-Report](#)

Community Mental Health Fund: <https://www.evoc.org.uk/funding/edinburgh-community-mental-health-and-wellbeing-fund-is-now-open/>

Putting People First: How health and social care in Scotland can be different -

https://www.healthcareimprovementscotland.org/news_and_events/events/putting_people_first.aspx

“Seasons Change”, (14th December 2021). Stakeholder report: [Season Change Report](#)

“Edinburgh Wellbeing Pact: Check In” [https://www.evoc.org.uk/wordpress/wp-](https://www.evoc.org.uk/wordpress/wp-content/media/2022/04/Edinburgh-Wellbeing-Pact-Check-In-Event_sent-1-April.pdf)

[content/media/2022/04/Edinburgh-Wellbeing-Pact-Check-In-Event_sent-1-April.pdf](https://www.evoc.org.uk/wordpress/wp-content/media/2022/04/Edinburgh-Wellbeing-Pact-Check-In-Event_sent-1-April.pdf)

Appendices

Appendix One: Progress Update on Edinburgh Wellbeing Pact – Formulation and Enactment Recommendations from April 2021

Appendix One

Progress Update on Edinburgh Wellbeing Pact – Formulation and Enactment Recommendations from April 2021

1. *Recommendation 1 - Recognise the extensive dialogue that took place from June 2020 to March 2021 with citizens, communities of interest, public, third and private sector staff and city leaders to co-create the Edinburgh Health and Social Care Pact*
2. *Recommendation 3 - Welcome the continuing and planned dialogue sessions with citizens and staff.*
3. The success of creating, formulating, and enacting the Pact is predicated on robust and meaningful engagement, participation and consultation with Edinburgh citizens, and the workforce in the Health and Social Care Partnership, commissioned 3rd sector services and independent sector and our wider planning partners and key agencies across the city.
4. We have contained to build on our initial engagement and participation activities which detailed in April 2021. A summary of this activity is detailed below:

Engagement activity	Description	Participants	Sessions held
Third Sector Forums	Voluntary sector forum meetings (From August 2020 onwards)	210	9
Community Interest Groups	Specific community of interest groups including participants from BAME communities, faith groups, and people with specific health conditions (From August 2020 onwards)	238	20
EHSCP Staff Groups	Focus groups with frontline staff and practitioners (From August 2020 onwards)	197	24
PhotoVoice	“Picturing Health” photography (June – July 2020)	115	1
Citizen Survey	Public survey through our HSC Website (June 2020)	355	1
Thought Leaders	23 in-depth interviews with city leaders from the 3 rd sector, public sector, elected members, Board members, academia, and private sector	23	23

	(March - April 2020)		
Public events	<ul style="list-style-type: none"> • IJB public event, November 2020 • “The Art of the Possible” 21 January 2021 • “Anchoring our Thoughts” 24 March 2021 • “Wellbeing: The Power of our Communities” [Healthcare Improvement Scotland event] 21 March 2021 • “On our Way: Formulation to Enactment” 13th May 2021 • Healthcare Improvement Scotland, 15 June 202 • “Checking In: Formulation to Enactment” 22 July 2021 • “Talking about Transition” 28 October 2021 • “Accelerate” 18 November 2021) • “Seasons Change” 14 December 2021) • “Edinburgh Wellbeing Pact: Check In” 22 March 2022 	1,329	11
Summer Season	Events across communities of place, interest, and identity	3,200	38

5. Each of the large stakeholder events have had a specific focus with tie at the beginning to recap and reflect on the last event. Full reports are written up after each event and those are sent to all on the Edinburgh Wellbeing distribution list and posted on the EHSCP and EVOC websites. A short summary of each event is detailed below:
6. **On our Way Formulation to Enactment, 13 May 2021** - 139 people joined the event from community organisations, third, public and private sector which saw the ‘enactment’ phase commence, following on the IJB’s endorsement in April 2021
7. **Checking In, Formulation to Enactment, 22 July 2021** - people joined the and focused on a number of areas including vision and purpose; flexibility and agility; funding and community wealth building; living with uncertainty; diversity and values



8. Summer Season Conversations, May to October 2021

The Summer Season initiative invited organisations to create spaces and events during the long summer to talk to people in their communities. 38 organisations received funding to support community events inviting people to talk about: What does wellbeing mean to you? How connected or disconnected do you feel from your community? And What kind of things are important in communities?

What kind of things are important to communities? - Word Cloud Sample from Community Event



- 9. Talking about Transition, 28 October 2021** – this focused on several different themes including supporting people to stay at home, supporting those who are subject to legislation, the power of networked organisations, different models/workforce/recruitment, unpaid carers and cared for and neighbourhood model or care and support and how we could create solutions to address community and system pressures.
- 10. Accelerate, 18 November 2021** – in the context of “*The best way to explain it, is to do it*” this session focused on how we could accelerate the initiatives in line with our longer-term strategic narrative, a number will build momentum for change, and some will feed into our cocreation and coproduction of community commissioning.¹¹
- 11. Season’s Change, 14th December 2021** – this focused primarily on the “Learning by Doing” Community Commissioning approach for the Governments’ new community mental health and wellbeing, fund. The Capacity to Collaborate programme was also launched.
- 12. Edinburgh Wellbeing Pact: Check In, 22 March 2022** - this session provided an opportunity for stakeholders to receive updates on several enactment activities, leaning by doing commissioning wider work that the 3rd sector playing a key role across the city.



13. There will be further work now undertaken to ensure that we have effective and multiple channels for communicating on the wide range of work and conversations that are happening.
14. We have also produced a glossary of terms used so that we can ensure we are using consistent language and shared definitions of concepts.
15. The work we have been doing has generated interest from Health Improvement Scotland who have invited us to be lead their inaugural Good Practice Sessions which are supporting their work on developing new commissioning models.
16. New Local – this organisation’s primary focus is community power, and their network includes 60 of the UK’s most innovative councils (Ayrshire and Arrans are the only Scottish member). Their chair is Professor Donna Hall, former CE of Wigan, and originator of Wigan Deal and now Bolton NHS Foundation Trust. They are now planning to focus more on health in the next year and they are very interested and impressed by the work we are doing in Edinburgh. We will be the first ESCP to join the network.
17. The iCircle Cities Urban Mental Health Network following a presentation on Thrive Edinburgh have invited Edinburgh to join their leadership group which is member group of the International Mental Health Leadership programme,
18. The above three examples illustrate our continuing commitment to learn and share our developing practice nationally and internationally.
19. *Recommendation 2 - Support the formulation of the Pact framed on Wellbeing, in line with current policy and anticipating future policy direction*
20. It was widely recognized that the pandemic was a unique opportunity to harness the kindness and compassion that citizens have shown. In Edinburgh, with a vibrant 3rd sector, we experienced a flourishing of relational and radical kindness which indicated connections and a recognition that some people’s needs were greater because of structural disadvantage.
21. Radical kindness acknowledges the vulnerabilities and complexities of relationships, and facilitates deep, meaningful connection between individuals - it can be found in communities, in place where people take more risks to connect than might be considered normal, and where kindness and relationships create a sense of belonging. It can also be found in organisations with people performing at the limits of their autonomy, in many case ignoring guidelines or breaking rules to do the right thing, or the kind thing. This was reflected in the themes of relationship, agility and radical transformation which were identified through the initial formulation of the Pact.
22. Internationally a debate has started on whether the adverse health effects of a recession may be greater than the increased morbidity and mortality within

the pandemic⁶ and that the health impacts brought about by inequalities may themselves be more significant in the future. In Edinburgh, citizens, the voluntary sector, public services, academic institutions, and the private sector were collaborating and mobilising to support one another and ensure that those already pushed to the brink, and who would be most affected, received the help they needed.

23. It was these experiences and collective efforts that highlighted the importance of creating a simple and straightforward narrative that all could support. During periods of such upheaval, a clear narrative, or vision, is one that people can move and respond to which has cultural resonance’— if it ‘rings bells’ with people’s beliefs, values, ethics, and commitments - can accelerate the mobilisation for change process.⁷ The Edinburgh Wellbeing Pact’s “More Good Days” is resonating across the city creating an impetus and momentum for accelerant change.
24. *Recommendation 4 - Agree to the enactment of a three-year community mobilisation plan which sets out clear milestones which reflect the themes and policy drivers identified through the dialogical process.*
25. The Community Mobilisation Plan continues to be an iterative and dynamic process as it needs to reflect the current and future context and policy direction. For example, through our dialogue process we moved way from talking about community anchor organisations to reframing this as community networks and community networked organisations. Networks often cross formal organisational, professional, and social boundaries and provide the bonds of solidarity and the foundation for all sorts of organisational innovation and activity.⁸ Social networks and relationships play a key role in recruiting, mobilising, and retaining participants and partnership who will make enact the Pact.
26. Alliances and networks lie at the heart of mobilisation concerning social change, and these networks of everyday life harbour a multitude of resources which can be tapped.
27. As part of the ongoing Edinburgh Wellbeing dialogue, stakeholder sessions in October and November beginning with the belief that communities have hidden assets; understand their situation better than anyone outside of their communities; can mobilise changes, are more likely to achieve solutions better tailored to the local people than any state-led service, if authentically empowered to do so and already have many excellent examples of community empowerment we invited stakeholders to consider solutions for how we could collectively response to the increasing pressures being felt across communities and services as a result of the pandemic with solutions,

⁶ Banks et al 2020

⁷ Greenhaigh et al 2009.

⁸ New Economics Foundation 2012).



28. These pressures were defined as: Increasing number of people requiring assessment, help and support due to conditions being exacerbated by the long periods of lockdown: Increasing complexity of need being seen due to people due to restrictions of lockdown: increase in Adult Support and Protection referrals due to the absence of support and the additional stressors of the situation: Increasing requests for services for people needing support to be discharged home from acute hospital care: Unprecedented levels of presentations in the acute hospital sites placing demands on the point discharge back into the community: Continuing pressure on staffing due to a rise in covid cases.
29. A briefing paper was sent to all on our Edinburgh Pact distribution list and posted on the EVOG website) setting out a range of potential solutions which had been co-created with the senior operational and strategic managers and the senior team at EVOG and the ongoing dialogue with Edinburgh Pact stakeholders has led to the proposed solutions which may address some of the systemic pressures.
30. The Community Mobilisation Plan also needs to reflect the emerging aspirations of the National Care Service which is highlighting need to develop different ethical and community commissioning approaches whilst ensuring sustainability to current providers.
31. This ongoing awareness to the importance of being agile in responding to an ever-changing context has resulted in a more dynamic and fluid plan and building an increasing social movement across the city with a shared narrative of achieving more good days for everyone.
32. Following these workshops and subsequent agreement and approval from The Executive Management Team several new developments are now underway.
33. Set out below is a short summary of community mobilisation activities.
34. The **Edinburgh Community Resilience Programme** with Cyrenians and Queen Margaret University is an intersectoral partnership designed to increase community resilience to support health and wellbeing of older people in the city of Edinburgh. It has been developed based on existing expertise and research evidence, inclusive of the resilience framework and community navigation / social prescribing approach will develop and optimise an evidence based, resilience focussed model of community support through Participatory Action Research (PAR). The ambition is to gain a better understanding of how to construct a more efficient, effective, and sustainable community support of this type. This will be achieved by exploring experiences of and perspectives on the proposed model of both, older people who receive community support and staff and project partners who deliver it.
35. **Op Ready:** People whose current health status is impacting on addressing identified surgical procedures. The last two years have severely impacted people who are awaiting surgery. Many individuals have become physically



decommissioned which is now affecting their mental health and emotional wellbeing, worsened by isolation and loneliness, and preventing them from accessing much needed surgery. The Op Ready programme with Edinburgh Leisure, was devised from the evidence that increasing physical activity levels prior to surgery improves a patient's strength, cardiovascular fitness, and emotional wellbeing making it more likely that surgery can progress and that having improved health can also help the individual to cope with the physical and emotional stress of surgery, reduce the risk of complications and help them recover faster. The project will deliver individually tailored programmes for people who require knee or hip surgery referred by Acute Physicians.

36. Invites for organisations to build **Capacity to Collaborate** were issued on 26 January with a submission date of 28 February. 52 applications received. A decision-making panel comprising of 6 staff members from EVOC, EHSCP Public Health, EHSCP Thrive Edinburgh and Health Improvement Scotland reviewed and scored all applications using the 6 elements which were set out in the expression in interest invite.
37. Following the initial scoring a panel discussion took place to focus on the notes and scores that people had made This consensus building was a key step in which people could bring their specialist knowledge into the discussion reflecting the nature of the process whereby organisations were being encouraged to increase capacity to collaborate rather than the more traditional and transactional relationship of being a service provider. The funding earmarked for this development was up to £350,000 p.a
38. Twenty-two proposals, ranging from £2,075 to £24,075, were recommended by the panel to receive funding with a total value of £482,994 over a three-year period. These awards will be made through NHS Lothian Service Level Agreements which is consistent with the mechanism used for the Accelerate Programme allocations and will be part of the "More Good Days" Public Social Partnership.
39. The remaining expressions of interest have been grouped into themes: Income Maximisation; Older People's Support; Advocacy; Dementia Friendly City; Community Transport, and City (E) Scaping, Thrive Edinburgh. People and organisations will be invited to attend *Capacity to Collaborate* formulation sessions where the ideas will be discussed and developed further. This will include staff from other 3rd sector organisations, EHSCP and CEC who are currently working within these areas. These conversations will increase connectivity and collaboration, minimising duplication, and parallel work. There may be funding requirements identified from these sessions, if so, these will be met from within the Capacity to Collaborate resource envelope
40. One proposal relating to research and carers will be discussed as part of the Edinburgh Wellbeing Pact Research into Action Programme.
41. The **Community Taskforce Volunteer Programme** led by Volunteer Edinburgh has received a three-year allocation and a nonrecurring allocation for digital developments. The programme builds on the initiative began during



Covid 19 and will provide short term, simple, practical support to individuals in the community who are in need and who do not have existing familial, statutory or third sector support; support statutory partners, where appropriate, with volunteer support where existing provision is not available and provide a meaningful volunteering opportunity to individuals who wish to contribute with flexibility that enables their participation.

42. The **Fit and Active programme for People with Learning Disabilities** with Edinburgh Leisure will create opportunities for people with learning disabilities to be physically active and socially connected, providing e support, motivation, and access to 100 individuals to improve their health, wellbeing, and quality of life. The next step is to establish the delivery group and agree the framework evaluation.
43. The **Enliven Edinburgh - addressing loneliness and isolation campaign** will build on the knowledge gleaned from the 39 Summer Season Conversations which highlighted that loneliness and Isolation were key concerns across communities of place, interest, and identity. This correlates with the findings of the Mental Health Foundation's [Mental Health in the Pandemic](#) research which found that loneliness has been exacerbated by the Covid pandemic and that it had been an important factor contributing to higher levels of distress, resulting from people's sense of isolation and reduced ability to connect with others.
44. During Mental Health Awareness Week from 9 – 15 May Enliven Edinburgh will be the city's call out to address the increasing levels of loneliness and isolation. Organisations will be able to apply for funding to either continue or commence activities to promote social connection and relationships across the city. Information was disseminated on 1 April to the stakeholder email list (c730 stakeholders).
45. **The Neighbourhood Recruitment Programme** has been created to encourage people to apply and achieve employment with Edinburgh Health and Social Care Partnership and will initially comprise of 6 recruitment drives across the city. The recruitment drives will be held in local trusted places with food and creche facilities. There will be a wide range of input from EHSCP staff side and HR colleagues, occupational therapists, and frontline managers to talk with people about the job opportunities available and hear from people about what would make some of the jobs more attractive to people. This might be different shift patterns being able to work to work in a place closer to home rather than having expense of travel.
46. The 1st event led by Whale Arts at Broomhouse Space will take place on 6 May 2022.
47. A key component of community mobilisation has been **the Learning by Doing Community Commissioning** process for the allocation of the Scottish Government's Community Mental Health and Wellbeing Fund.



48. On 15 October 2021, Scottish Government announced a £15m Communities Mental Health and Wellbeing Fund to support local mental health and wellbeing activities to be delivered in local communities by small, grassroots organisations by 31 March 2022. The distribution to Edinburgh was £1.255m. This investment was increased in March 2022 by £6m nationally, with an additional £72,992.70 invested in Edinburgh, for a total of £1.328m to be distributed by the Edinburgh Third Sector Interface (TSI).
49. Reflecting the ambitions of the enactment of the Edinburgh Wellbeing Pact and the theme of community mobilisation, it was agreed to test a Community Commissioning approach which would prioritise community voices and offer a deliberative process.
50. This has allowed participants to engage throughout the decision-making process, respond to other participants' proposals, and engage in a creative, collaborative process to build local solutions.
51. This was led by Edinburgh Voluntary Organisations' Council (EVOC) and supported by Volunteer Edinburgh (VE) and Edinburgh Social Enterprise (ESE) within the TSI and the Thrive Edinburgh Strategic Planning Team within Edinburgh Health and Social Care Partnership (EHSCP).
52. The fund was targeted toward support for several multiply marginalised priority groups and equalities groups particularly those with lived experience, those who are experiencing health inequalities and minority ethnic communities. During the establishment of the fund EVOC consulted extensively with organisations and other local stakeholders to localise the guidance from Scottish Government which informed the production of a local Partnership Plan.
53. On 23 March the Thrive Edinburgh Adult Health and Social Care Programme Board agreed the recommendations for the funding allocations which resulted in 121 projects receiving an investment between £612.00 and £29,756.00. All allocations were made by EVOC in accordance with the deadline of 31 March 2022 as required by the Government's guidance.
54. The overwhelming response to the process has been positive but it's fully acknowledged that the process, expectations, and timelines were far from perfect. The Community Commissioning approach was employed was heavily informed by the work of New Local – a research network which seeks to influence the delivery of public services.
55. One of the key aims for the programme was to test the Community Commissioning approach: to understand what worked well and what would require to be modified to ensure robust decision-making while strengthening the voices of the key priority groups and stakeholders. Over the next weeks and months, EVOC will be carrying out a formal lessons-learned programme, led by an independent researcher. A survey to inform this work is currently underway.



56. There are several new developments across the city which the 3rd sector is leading on either well established programmes or new developments in response to new funding allocation. As we consider the community mobilisation plan, it is important to ensure we are maximising impact and promoting and seeking collaborative working. Examples of recent developments include:
57. **Thrive Edinburgh – Building Resilient Communities** initiatives underway. These include building a legacy from the Scottish Government funded Get into Summer Programme which focused on young people to the age of 25. With three new developments.
- **Something to eat, someone to eat with** programme led by the Cyrenians.
 - **Strange Town Touring Company** delivering drama on mental health and social issues to High Schools across Edinburgh as part of a three-year programme
 - Partnership with **the Scran Academy** to focus on transitions for young people, creating more employment opportunities.
58. Thrive Edinburgh **City (E) Scaping** programme will see two new developments transforming brown places into a flourishing green and art places. The new sites are at the Access Place and Linburn Walled Garden. Garden. These two developments will be led by the Cyrenians, and we hope to develop further places and spaces with different partners as the year progresses.
59. **The Thrive Arts programme** will be a major contributor once again to the Scottish National Arts Programme which begins on 4 May for three weeks with 40+ events across the city. This will include a Gathering at Saughton Park on 14 May, the **3rd Thrive Fest** on World Mental Health Day on 10 October and the 10th celebratory year of the **Out of Sight Out of Mind Exhibition** led by CAPS at Summerhall.
60. The 3rd sector is also making a key contribution to several activities and opportunities to support the **health and wellbeing of EHSCP staff**. The Edinburgh Health and Social Partnership's Executive Management Team chose to use part of the Scottish Government funding allocation to partner with The Scran Academy to deliver treats and coffee to staff working in health and social care sites across the city in the Scran Van: to invite staff to identify brown spaces that could be made green reflecting the restorative impact of green spaces on people's health and wellbeing; encouraging staff to have a good day out with free membership and taster sessions at Edinburgh Leisure facilities.
61. Several new developments for different care groups have also recently been put into place, reflecting the holistic bio-psycho-social model of care for people with mental health problems. These include:



Children and young people with eating disorders the provision of independent individual and collective advocacy for (CAPS); support for carers (Carers Council); arts activity-based programme (Cyrenians) and peer workers (Penumbra). These programmes are for three years commencing 1 April 2023 and in direct response to the 100 per cent increase in referrals to CAMHS for children and young people with eating disorders.

Adults with eating disorders - The provision of Independent individual advocacy for adults with eating disorders (CAPS); additional support for carers (Carers Council); and peer workers (Penumbra). These two-year programmes are in response to the national recommendations set out by the Scottish Government to support the care and treatment of adults with eating disorders.

62. The **Thrive Edinburgh Redesign of Unscheduled Care** programme was awarded additional funding by the Scottish Government to employ Navigators to work with Mental Health Service Assessment Service (Penumbra) and additional funding was secured for Street Assist. The Edinburgh Crisis Centre contract has been extended to 31.03.25.
63. The Edinburgh Pact and community mobilisation work undertaken in the last year has shown a light on the complicated and complex structures and processes we have in our commissioning space; four key factors have led to this new recommendation to create a “More Good Days” Strategic Public Social Partnership.
- (i) The mapping work undertaken to identify all commissioned services demonstrated that we have commissioning streams structured around care groups reflecting how we define and allocate funding streams. The opportunity exists within the PSP to look at commissioning in a different way and to incorporate the national guidance on ethical commissioning as we approach the next stage of a National Care Service. e
 - (ii) The increase of integrated service delivery models between 3rd sector and statutory including the Recovery Hubs and Thrive Welcome Teams have emphasised that partnership working is not limited to partnerships between 3rd sector partners but across statutory and 3rd sector.
 - (iii) Recent commissioning programmes such as Thrive Collective and the Learning by Doing Community Commissioning approach have garnered valuable learning for the future, and by establishing this learning by doing culture we will be better placed to deal with policy changes and directives and pressures
 - (iv) All of this is happening with and for communities, but we often ask communities the same questions, ask them to define their priorities through the lens we have set defined by care group or funding stream rather than through their lenses of what health means; what care means. The two questions we asked at the beginning of the Edinburgh Pact dialogue.

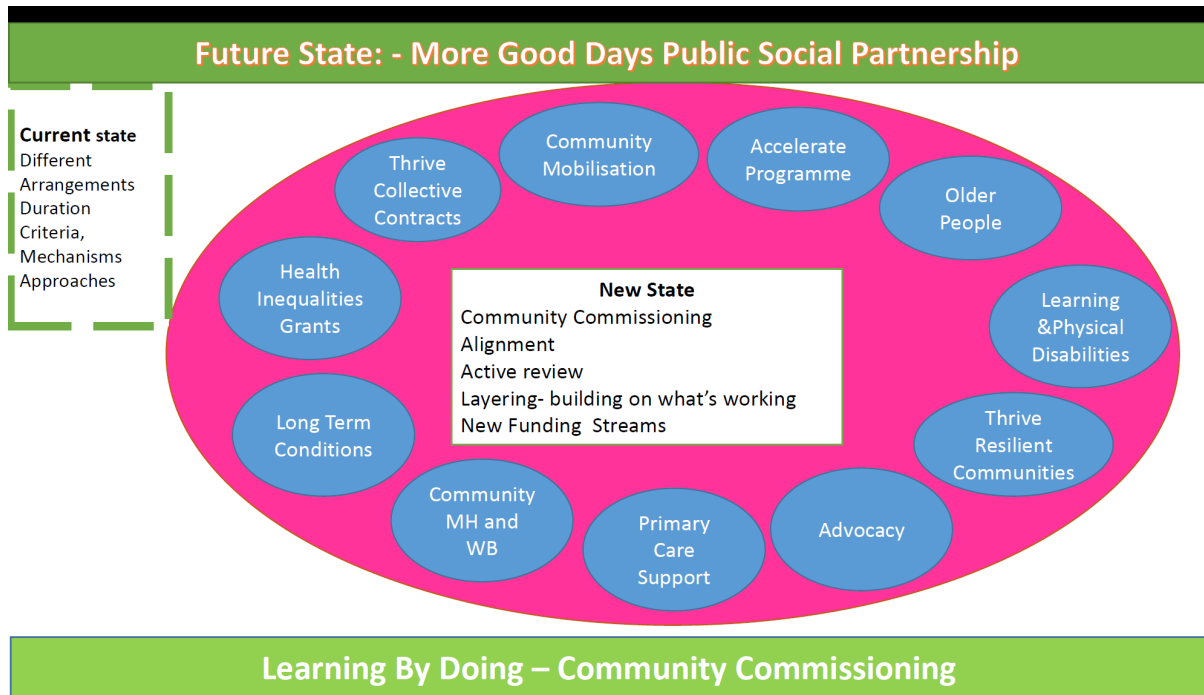
64. The Strategic PSP model can be considered as an example of co-production rooted in the idea of citizen participation in the design and delivery of goods or services. It is a strategic partnering arrangement which involves the Third Sector earlier and more deeply in the design and commissioning of public services⁹. Edinburgh was one of six places across Scotland to establish strategic public social partnerships. The Edinburgh Wellbeing PSP led to a formal competitive tendering for the Thrive Welcome Team and Thrive Collective however, 7 of 9 lots were awarded to collaborative partnership bids demonstrating that the PSP had led to greater collaboration between agencies.
65. Creating a structure which encompasses evaluation monitoring and commissioning work across the city allowing us to consider community mobilisation, community commissioning, community networked organisations under the umbrella of a “More Good Days” Public Social Partnership will be a better way of moving forwards with our shared narrative and allow us to make incremental changes and developments. It would also allow us to be more dynamic and agile when new funding opportunities arrive.
66. The More Good Days PSP would be:
- community led, collaborative and ethical
 - clear and transparent – how we are using funding currently, what impact are we having and how do we need to use our funding in the future
 - focus on improving health, social, environmental, and economic outcomes for the wider community
 - promote innovation and move away from over-specified services and asking all partners/providers and people to come up with ideas to benefit their community and service provision
 - be iterative and adaptive using learning from ‘doing’ and from measuring
67. *Recommendation 5 - Support the extension of the EIJB Grant Programme 2019-22 programme for a further year to 31st March 2023 to provide a degree of stability and engaging in the community mobilisation programme.*
68. In September 2021 Health Inequalities grant recipients were informed that their grants would be extended to 31 March 2023 with formal notification letters confirming their 2022-23 allocation issued in February 2022,
69. The organisations funded by the Integration Joint Board grant programme have all actively participated in the robust monitoring process that was established from the onset of the grants and have demonstrated that key performance indicators are being met. The organisations have responded with agility and imagination to the challenges that the pandemic presents whilst simultaneously engaging with the Edinburgh Pact formulation and

⁹ Scottish Government, 2011

enactment work. The organisations have been supported in this by the Community Health Forum.

70. Further collaborations have and are developing notably with the community mobilisation programme, and it is recommended that to maintain and, indeed increase, momentum that we confirm that the current grants will continue until 31 March 2025. This will enable sustainability for the organisation and their delivery whilst signally that the expectation of continued involvement in the community mobilisation efforts through the More Good Days PSP will be met. This extension will also enable greater alignment with other funding streams which in tun will provide greater opportunities for increased collaboration and consolidation.
71. The extension to the grants will be met within the current allocated resource envelope.
72. *Recommendation 6 - Agree that the initial tranche of £1m new investment will be focused on creating a strong infrastructure to support community mobilisation and delivery in line with the evidence base*
73. In the April 2020 report it was recognised that a number of services and initiatives who are whose funding is precarious, Communities of interest where the impact of Covid has been particularly damaging; Smaller organisations often working with said communities of interest have limited capacity to engage in Edinburgh Pact formulation activities and that there were citizens that we haven't managed to reach and we needed to use different and creative approaches to ensure more voices are heard . It was proposed that that the £1m transition funding was used to meet the gaps identified above.
74. This recommendation was subject to the IJB Financial Plan being in balance. It was confirmed in February 2022 that recurring funding of £1m would be available from 1 April 2022.
75. In December 2021 the IJB also supported that up to £1m non-recurring funding would be allocated to support community solutions from systems pressures funding. In March 2022 it was agreed that £895,500 non-recurring allocation would contribute to taking forward a number of developments.
76. Working with procurement and commissioning colleagues including colleagues from Health Improvement Scotland has helped to shape the proposal to establish the More Good Days PSP Wellbeing PSP which will be the mechanism for unallocated funding from these allocations identified using community commissioning. The PSP will also enable us to be as agile as possible with any additional and / or new allocations of funding received.
77. It is also important to note that our focus on capacity to collaborate has enabled further funding for different sources to be unlocked. For example, the capacity to collaborate allocations for the NESSIE collaboration in the

Northwest of the city will generate additional income from the Robertson Trust of £226,500 over a three-year period to support the collaborative intent



78. *Recommendation 7 - Endorse the establishment of the Edinburgh Wellbeing Research into Action Community of Practice*

Dr Irvine Fitzpatrick has pioneered knowledge transfer partnerships in the field of mental health for over a decade resulting in £9.8m of additional income through grants and awards. The **Edinburgh Wellbeing Research into Action Community of Practice** has now been established and will seek to generate income through grant awards, collaborating with citizens, practitioners and academics using a wide range of methodological approaches reflecting the ambitions which the Pact seeks to achieve.

79. Since its inception in June 2021 two new developments were funded through grants in partnership with the University of Edinburgh. The two projects have now been completed and seminars to disseminate the learning and consider next steps will be taking place in May and June this year.

80. **Communities in Motion** -, agreed minimum data set with 8 3rd sector providers enabling consistent reporting and data to be extracted for linkage with wider data within DataLoch to inform service specifications for future commissioning.

81. **Active Citizenship** - developed a system to capture individual's data from a range of sources focused on a concept of wellness. The short-term output was the creation of a prototype interactive dashboard for certain neurological conditions supported by data capture interfaces from digital devices (e.g.,

wearables), validated diagnostic measurement devices and self-reported protocols.

82. The Data Driven Innovation Steering Group set up to oversee the above two programmes are now focusing on the **Knowledge Management Systems** required to support access to up-to-date resources including self-management and self-help.

83. Work is underway to create the **Narrative Change Programme** which will use a number of qualitative approaches and methodologies to produce the compelling narrative of individuals and communities which in turn generate further potential to transform and transverse historical and hierarchical relationships and systems.

REPORT

Edinburgh Integration Joint Board Governance Report

Edinburgh Integration Joint Board

19 April 2021

Executive Summary	<p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on the following areas of governance:</p> <ul style="list-style-type: none"> • Proposed dates for the meetings of the Edinburgh Integration Joint Board, Development Sessions, Budget Working Groups and the Committees for 2023. • Terms of reference for each of the EIJB committees. • Inform the EIJB of changes to membership.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Agree the proposed EIJB, Development Sessions, Budget Working Groups and committee dates for 2023; and 2. Agree the updated terms of reference for each of the EIJB committees; and 3. Approves the recommendation from the Futures committee in the referral report (appendix 6) to remove this committee from the EIJB and committee structure, and replace with an annual event for all EIJB members to attend; and 4. Note that in line with the Covid-19 restrictions the appropriate engagement and consultation will take place for the future ways of working for the EIJB; and
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	<p>5. Appoints Alyson Falconer to replace Belinda Hacking on the Strategic Planning Group as the non-voting Health Professional; and</p> <p>6. Appoints Susan McMillan to replace Phillip Brown on the Strategic Planning Group as the non-voting Performance Lead.</p> <p>7. Notes the current vacancies on the EIJB and Committees.</p>
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Directions

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

Report Circulation

1. This report has not been considered elsewhere, however; the terms of reference included in the appendices have been signed off by each relevant committee.

Main Report

Diary Dates for 2023

1. Following from the revision of the Development Sessions and Working Group dates and structure for the 2021 diary, the EIJB diary for 2023 incorporates the same meeting patterns for these sessions alongside a similar structure of Board meetings.
2. The 2023 diary aims to incorporate Committee meetings into the calendar, allowing Chairs and committee members clarity on dates relevant to the IJB meetings.
3. Committee dates follow meeting patterns set out in the Terms of Reference for each committee, which are as follows;
 - a. Audit and Assurance – Quarterly (with an additional meeting in June to consider the annual accounts)
 - b. Clinical and Care Governance – Quarterly



- c. Performance and Delivery – Bi-monthly – two weeks prior to the IJB
 - d. Strategic Planning Group – Six meetings per year.
4. The only exception to the above is the Performance and Delivery Committee. Last year, the Chair requested two additional meetings – one in April and one in September – to consider the savings reports. The same additional meetings have been scheduled for 2023.
 5. Appendix 1 gives Board Members the proposed Diary for 2023. The Diary will be reviewed following the Local Government Election to ensure there are no clashes with Council Committee meetings.
 6. Given the NHS Lothian Committee Diary has not been completed or approved yet, NHSL colleagues can be assured that there are no member clashes with the EIJB dates.
 7. The EIJB dates has been considered in line with the City of Edinburgh Council committee diary, but as noted at point 5, the Diary will be reviewed due to the uncertainty of what other Council committees the new elected members will also be members of.
 8. Given the upcoming Council election in May, further development sessions are in the process of being scheduled for this calendar year to provide new members with an extensive induction into the EIJB and committees.
 9. In line with the Covid-19 restrictions, appropriate engagement will be taken with the members to agree the future ways of working with the EIJB, this will also be considered with the new members of the EIJB.

Review of Terms of Reference for EIJB Committees

10. The EIJB agreed at its meeting of 14 December 2018 to implement the recommendations of the independent review of its governance undertaken by the Good Governance Institute (GGI). This included a revised committee structure, with revised terms of reference.
11. Changes to each committees Terms of Reference are documented on each of the covering reports which reported to committees and are included in appendices 2-5 along with the terms of reference. After consultation with the EIJB's Standards Officer, guidance on how each Committee should proceed when in quorate has been revised. The revised wording is included in each Committee's Terms of Reference
12. The EIJB Legislative and Regulation Requirements log (appendix 7) was also included with the Terms of Reference report to each of the committees so committees could note the legislative and regulation requirements of the EIJB and note where relevant the appropriate committee reporting structure for these.



13. Each committee has considered their individual terms of reference over the February and March period and have now signed off their respective Terms of Reference
14. The annual review of EIJB committees' terms of reference will be scheduled for each April meeting allowing committees to consider each year of the February and March period.
15. The Futures committee were due to meet on 31st March 2022 to consider the report included at appendix 6 which considers the future of the committee, due to the quorum not being met the meeting was cancelled and the committee are currently considering the report. An update will be provided to the EIJB meeting on 22 April 2022, however, it's worth noting that the recommendation is to remove the Futures committee from the EIJB Committee Structure.

Appointments to the EIJB and Committees

16. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.
17. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.
18. Belinda Hacking has resigned from her role on the Strategic Planning Group. This has left a non-voting Health Professional vacancy on the Committee.
19. It is recommended that Alyson Falconer is appointed to the Strategic Planning Group to fill this vacancy.
20. After Susan McMillan was appointed the Performance and Evaluation Manager for the Edinburgh Health and Social Care Partnership, it is recommended that she is to replace Philip Brown as the non-voting Performance Lead on the Strategic Planning Group.
21. If the Board approve the appointments, there would be two remaining non-voting vacancies on the Strategic Planning Group after Nigel Henderson resigned from his role as the representative for third sector organisations delivering health and social care activity, and Judith Stonebridge resigned from her role as the Public Health Representative.
22. Currently, the EIJB has 3 vacancies after the resignation of Martin Hill, Ian Mackay, and Carl Bickler. This has also left vacancies on the Audit and Assurance Committee and the Clinical and Care Governance Committee.

23. Any proposed replacements to these vacant positions will be submitted to the Board for their approval in due course

Implications for Edinburgh Integration Joint Board

Financial

24. There are no financial implications arising from this report.

Legal / risk implications

25. Failure to appoint Joint Board members and members of the Strategic Planning Group would result in the Joint Board failing to meet the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Equality and integrated impact assessment

26. There are no equalities implications arising from this report.

Environment and sustainability impacts

27. There are no environment or sustainability implications arising from this report.

Quality of care

28. Not applicable.

Consultation

29. None.

Report Author

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Chief Officer, Edinburgh Integration Joint Board

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Background Reports

1. [Edinburgh Integration Joint Board Governance Report](#), 21 July 2020
2. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
3. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
4. [Integration Scheme](#)
5. [The Revised Code of Conduct for Members of the Edinburgh Integration Joint Board – Report by the Edinburgh Integration Joint Board Standards Officer.](#)

Appendices

- Appendix 1 Edinburgh Integration Joint Board Diary 2023
- Appendix 2 Terms of Reference – Strategic Planning Group
- Appendix 3 Terms of Reference – Performance and Delivery
- Appendix 4 Terms of Reference – Audit and Assurance
- Appendix 5 Terms of Reference – Clinical and Care Governance
- Appendix 6 Futures of Futures Committee
- Appendix 7 EIJB Legislative and Regulation Requirements log

<i>(Christmas and New Year Recess until w/c 9 January 2023)</i>					
Wk1	Mon	9	January	a.m.	
				p.m.	
	Tue	10	January	a.m.	
				p.m.	
	Wed	11	January	a.m.	
				p.m.	
	Thu	12	January	a.m.	
				p.m.	
	Fri	13	January	a.m.	
			p.m.		
Wk2	Mon	16	January	a.m.	
				p.m.	
	Tue	17	January	a.m.	
				p.m.	
	Wed	18	January	a.m.	
				p.m.	
	Thu	19	January	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Fri	20	January	a.m.	
			p.m.		
Wk3	Mon	23	January	a.m.	
				p.m.	
	Tue	24	January	a.m.	
				p.m.	
	Wed	25	January	a.m.	Strategic Planning Group
				p.m.	
	Thu	26	January	a.m.	Budget Working Group
			p.m.		

	Fri	27	January	a.m.	
				p.m.	
Wk4	Mon	30	January	a.m.	
				p.m.	
	Tue	31	January	a.m.	
				p.m.	
	Wed	1	February	a.m.	Performance and Delivery
				p.m.	
	Thu	2	February	a.m.	
				p.m.	
	Fri	3	February	a.m.	
				p.m.	
Wk5	Mon	6	February	a.m.	
				p.m.	
	Tue	7	February	a.m.	
				p.m.	
	Wed	8	February	a.m.	
				p.m.	
	Thu	9	February	a.m.	
				p.m.	
	Fri	10	February	a.m.	
				p.m.	

Wk6	Mon	13	February	a.m.	
				p.m.	
	Tue	14	February	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	15	February	a.m.	
				p.m.	
	Thu	16	February	a.m.	
				p.m.	
	Fri	17	February	a.m.	Audit and Assurance
			p.m.		
Wk1	Mon	20	February	a.m.	
				p.m.	
	Tue	21	February	a.m.	Budget Working Group
				p.m.	
	Wed	22	February	a.m.	
				p.m.	
	Thu	23	February	a.m.	
				p.m.	
	Fri	24	February	a.m.	
			p.m.		
Wk2	Mon	27	February	a.m.	
				p.m.	
	Tue	28	February	a.m.	
				p.m.	
	Wed	1	March	a.m.	
				p.m.	
	Thu	2	March	a.m.	Clinical and Care Governance
				p.m.	
	Fri	3	March	a.m.	
			p.m.		
Wk3	Mon	6	March	a.m.	

				p.m.	
	Tue	7	March	a.m.	Budget Q&A
				p.m.	
	Wed	8	March	a.m.	Performance and Delivery
				p.m.	
	Thu	9	March	a.m.	
				p.m.	
	Fri	10	March	a.m.	
				p.m.	
Wk4	Mon	13	March	a.m.	
				p.m.	
	Tue	14	March	a.m.	
				p.m.	
	Wed	15	March	a.m.	EIJB Governance Session
				p.m.	
	Thu	16	March	a.m.	
				p.m.	
	Fri	17	March	a.m.	
			p.m.		

Wk5	Mon	20	March	a.m.	
				p.m.	
	Tue	21	March	a.m.	Edinburgh Integration Joint Board (Budget)
				p.m.	
	Wed	22	March	a.m.	Strategic Planning Group
				p.m.	
	Th	23	March	a.m.	
				p.m.	
	Fri	24	March	a.m.	
			p.m.		
Wk6	Mon	27	March	a.m.	
				p.m.	
	Tue	28	March	a.m.	
				p.m.	
	Wed	29	March	a.m.	
				p.m.	
	Th	30	March	a.m.	
				p.m.	
	Fri	31	March	a.m.	
			p.m.		
Wk1	Mon	3	April	a.m.	
				p.m.	
	Tues	4	April	a.m.	
				p.m.	
	Wed	5	April	a.m.	Performance and Delivery
				p.m.	
	Thu	6	April	a.m.	
				p.m.	
	Fri	7	April	a.m.	
			p.m.		
Wk2	Mon	10	April	a.m.	

				p.m.	
	Tue	11	April	a.m.	
				p.m.	
	Wed	12	April	a.m.	
				p.m.	
	Thu	13	April	a.m.	
				p.m.	
	Fri	14	April	a.m.	
				p.m.	
Wk3	Mon	17	April	a.m.	
				p.m.	
	Tue	18	April	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	19	April	a.m.	
				p.m.	
	Thu	20	April	a.m.	
				p.m.	
	Fri	21	April	a.m.	
			p.m.		

Wk4	Mon	24	April	a.m.	
				p.m.	
	Tue	25	April	a.m.	
				p.m.	
	Wed	26	April	a.m.	
				p.m.	
	Thu	27	April	a.m.	
				p.m.	
	Fri	28	April	a.m.	
			p.m.	Audit and Assurance	
Wk5	Mon	1	May	a.m.	
				p.m.	
	Tue	2	May	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	3	May	a.m.	
				p.m.	
	Thu	4	May	a.m.	
				p.m.	
	Fri	5	May	a.m.	
			p.m.		
Wk6	Mon	8	May	a.m.	
				p.m.	
	Tue	9	May	a.m.	
				p.m.	
	Wed	10	May	a.m.	
				p.m.	
	Thu	11	May	a.m.	
				p.m.	
	Fri	12	May	a.m.	
			p.m.		
Wk1	Mon	15	May	a.m.	

				p.m.	
	Tue	16	May	a.m.	
				p.m.	
	Wed	17	May	a.m.	
				p.m.	
	Thu	18	May	a.m.	
				p.m.	
	Fri	19	May	a.m.	
				p.m.	
Wk2	Mon	22	May	a.m.	
				p.m.	
	Tue	23	May	a.m.	
				p.m.	
	Wed	24	May	a.m.	
				p.m.	
	Thu	25	May	a.m.	Clinical and Care Governance
				p.m.	
	Fri	26	May	a.m.	
				p.m.	
Wk3	Mon	29	May	a.m.	
				p.m.	
	Tue	30	May	a.m.	
				p.m.	
	Wed	31	May	a.m.	Performance and Delivery
				p.m.	
	Thu	1	June	a.m.	
				p.m.	
	Fri	2	June	a.m.	
				p.m.	
Wk4	Mon	5	June	a.m.	
				p.m.	

	Tue	6	June	a.m.	
				p.m.	
	Wed	7	June	a.m.	EIJB Governance Session
				p.m.	
	Thu	8	June	a.m.	
				p.m.	
	Fri	9	June	a.m.	
				p.m.	
Wk5	Mon	12	June	a.m.	
				p.m.	
	Tue	13	June	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	14	June	a.m.	Strategic Planning Group
				p.m.	
	Thu	15	June	a.m.	
				p.m.	
Wk6	Fri	16	June	a.m.	
				p.m.	
	Mon	19	June	a.m.	
				p.m.	
	Tue	20	June	a.m.	
				p.m.	
	Wed	21	June	a.m.	
				p.m.	
Wk1	Thu	22	June	a.m.	
				p.m.	
	Fri	23	June	a.m.	Audit and Assurance (accounts)
				p.m.	
	Mon	26	June	a.m.	
				p.m.	
	Tue	27	June	a.m.	

				p.m.	
	Wed	28	June	a.m.	
				p.m.	
<i>(Summer recess until w/c 1 August 2021)</i>					
Wk2	Mon	31	August	a.m.	
				p.m.	
	Tues	1	August	a.m.	
				p.m.	
	Wed	2	August	a.m.	Performance and Delivery
				p.m.	
	Thu	3	August	a.m.	
				p.m.	
	Fri	4	August	a.m.	
			p.m.		
Wk3	Mon	7	August	a.m.	
				p.m.	
	Tue	8	August	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	9	August	a.m.	
				p.m.	
	Thu	10	August	a.m.	
				p.m.	
	Fri	11	August	a.m.	
			p.m.		
Wk4	Mon	14	August	a.m.	
				p.m.	
	Tue	15	August	a.m.	
				p.m.	
	Wed	16	August	a.m.	Strategic Planning Group
				p.m.	
	Thu	17	August	a.m.	

				p.m.	
	Fri	18	August	a.m.	
				p.m.	
Wk5	Mon	21	August	a.m.	
				p.m.	
	Tue	22	August	a.m.	
				p.m.	
	Wed	23	August	a.m.	
				p.m.	
	Thu	24	August	a.m.	
				p.m.	
	Fri	25	August	a.m.	
				p.m.	
Wk6	Mon	28	August	a.m.	
				p.m.	
	Tue	29	August	a.m.	EIJB Governance Session
				p.m.	
	Wed	30	August	a.m.	
				p.m.	
	Thu	31	August	a.m.	
				p.m.	
	Fri	1	September	a.m.	
			p.m.		
Wk1	Mon	4	September	a.m.	
				p.m.	
	Tue	5	September	a.m.	
				p.m.	
	Wed	6	September	a.m.	Performance and Delivery
				p.m.	
	Thu	7	September	a.m.	Clinical and Care Governance
			p.m.		

	Fri	8	September	a.m.	
				p.m.	
Wk2	Mon	11	September	a.m.	
				p.m.	
	Tue	12	September	a.m.	Budget Working Group
				p.m.	
	Wed	13	September	a.m.	
				p.m.	
	Thu	14	September	a.m.	
				p.m.	
	Fri	15	September	a.m.	Audit and Assurance
				p.m.	
Wk3	Mon	18	September	a.m.	
				p.m.	
	Tue	19	September	a.m.	
				p.m.	
	Wed	20	September	a.m.	
				p.m.	
	Thu	21	September	a.m.	
				p.m.	
	Fri	22	September	a.m.	
			p.m.		
Wk4	Mon	25	September	a.m.	
				p.m.	
	Tue	26	September	a.m.	Edinburgh Integration Joint Board Annual Accounts & Development Session
				p.m.	
	Wed	27	September	a.m.	
				p.m.	
	Thu	28	September	a.m.	
				p.m.	

	Fri	29	September	a.m.	
				p.m.	
Wk5	Mon	2	October	a.m.	
				p.m.	
	Tue	3	October	a.m.	
				p.m.	
	Wed	4	October	a.m.	Performance and Delivery
				p.m.	
	Thu	5	October	a.m.	
				p.m.	
	Fri	6	October	a.m.	
				p.m.	
Wk6	Mon	9	October	a.m.	
				p.m.	
	Tue	10	October	a.m.	
				p.m.	
	Wed	11	October	a.m.	Strategic Planning Group
				p.m.	
	Thu	12	October	a.m.	
				p.m.	
Wk1	Mon	16	October	a.m.	
				p.m.	
	Tue	17	October	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	18	October	a.m.	
				p.m.	
	Thu	19	October	a.m.	
				p.m.	
	Fri	20	October	a.m.	

				p.m.	
Wk2	Mon	23	October	a.m.	
				p.m.	
	Tue	24	October	a.m.	
				p.m.	
	Wed	25	October	a.m.	
				p.m.	
	Thu	26	October	a.m.	
				p.m.	
	Fri	27	October	a.m.	
			p.m.		
Wk3	Mon	30	October	a.m.	
				p.m.	
	Tue	31	October	a.m.	
				p.m.	
	Wed	1	November	a.m.	
				p.m.	
	Thu	2	November	a.m.	Clinical and Care Governance
				p.m.	
	Fri	3	November	a.m.	
			p.m.		
Wk4	Mon	6	November	a.m.	
				p.m.	
	Tue	7	November	a.m.	Budget Working Group
				p.m.	
	Wed	8	November	a.m.	
				p.m.	
	Thu	9	November	a.m.	
				p.m.	
	Fri	10	November	a.m.	
			p.m.		

Wk5	Mon	13	November	a.m.	
				p.m.	
	Tue	14	November	a.m.	
				p.m.	
	Wed	15	November	a.m.	
				p.m.	
	Thu	16	November	a.m.	
				p.m.	
	Fri	17	November	a.m.	
			p.m.		
Wk6	Mon	20	November	a.m.	
				p.m.	
	Tue	21	November	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	22	November	a.m.	
				p.m.	
	Thu	23	November	a.m.	
				p.m.	
	Fri	24	November	a.m.	Audit and Assurance
			p.m.		
Wk1	Mon	27	November	a.m.	
				p.m.	
	Tue	28	November	a.m.	
				p.m.	
	Wed	29	November	a.m.	Performance and Delivery
				p.m.	
	Thu	30	November	a.m.	
				p.m.	
	Fri	1	December	a.m.	
			p.m.		

Wk2	Mon	4	December	a.m.	
				p.m.	
	Tue	5	December	a.m.	Edinburgh Integration Joint Board Development Session
				p.m.	
	Wed	6	December	a.m.	Strategic Planning Group
				p.m.	
	Thu	7	December	a.m.	
				p.m.	
	Fri	8	December	a.m.	
			p.m.		
Wk3	Mon	11	December	a.m.	
				p.m.	
	Tue	12	December	a.m.	Edinburgh Integration Joint Board
				p.m.	
	Wed	13	December	a.m.	
				p.m.	
	Thu	14	December	a.m.	EIJB Governance Session
				p.m.	
	Fri	15	December	a.m.	
			p.m.		
Wk4	Mon	18	December	a.m.	
				p.m.	
	Tue	19	December	a.m.	
				p.m.	
	Wed	20	December	a.m.	
				p.m.	
	Thu	21	December	a.m.	
				p.m.	
	Fri	22	December	a.m.	
			p.m.		

REPORT

Terms of Reference

Strategic Planning Group Committee

23 March 2022

Executive Summary

This paper presents the Terms of Reference for review by the Strategic Planning Group (SPG).

Recommendations

- The SPG is asked to review and agree the Terms of Reference.
- The SPG is asked to refer the Terms of Reference to the EIJB for formal ratification following discussion and agreement at this meeting.

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 circulated to any governance committee prior to submission to the SPG.

Main Report

2. The Terms of Reference (ToRs) for all committees were agreed at the Edinburgh Integration Joint Board (EIJB) on 21 July 2020 with all committees expected to review their ToRs on an annual basis. The annual review for 2022 is now due.
3. This report proposes the following changes to the SPG ToRs and is included at appendix 1, which is mainly presentational / using consistent terminology:
 - a) Integration Joint Board (IJB) has been amended to EIJB throughout the terms of reference;
 - b) Paragraph 4.4 changed “Head of Strategic Planning” to “Service Director – Strategic Planning”.

- c) Paragraph 4.13 has been added to provide on advice on what actions can be taken if the Committee does not meet quorum.
- d) Paragraph 5.1 point e) added “Develop the Strategic Plan for sign off by the EIJB and thereafter.”
- e) The EIJB has several legislative and regulatory requirements that have been delegated to the SPG namely:
 - The requirement to develop the Strategic Plan for sign off by the EIJB
 - The requirement to review the Strategic Plan on behalf of the EIJB.
- f) All elements delegated to the SPG have been included within the revised ToRs. Appendix 2 provides a full list of the EIJB legislative and regulatory requirements.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

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

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

Tony Duncan

Service Director – Strategic Planning

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Appendices

Appendix 1	Strategic Planning Group – Terms of Reference
Appendix 2	Log of Regulatory and Legislative Requirements

Edinburgh Integration Joint Board Strategic Planning Group Committee Terms of Reference

1. Constitution of the Committee

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

2. Purpose and function

- 2.1 The purpose and function of the Committee, on behalf of the Edinburgh Integration Joint Board is to:
- a) Oversee strategic planning processes to meet statutory obligations placed on the EIJB in respect of strategies and plans
 - b) Provide assurance to the EIJB that processes are fully inclusive of stakeholders and partners and formal consultative processes are followed;
 - c) Identify on behalf of the EIJB key priorities, progress arrangements and outcomes in relation to the planning of services;
 - d) Approve Directions, in line with the current EIJB Directions policy, in order to deliver the Strategic Plan. If the SPG accepts these Directions, they will be recommended to the EIJB for formal adoption; and
 - e) Consider ideas from all interested groups, including EIJB committees, on ways to deliver the objectives of the Strategic Plan. If adopted this will initiate revised Directions.

3. Authority

- 3.1 The Committee is:
- a) A statutory Committee of the EIJB reporting directly to the EIJB, and has no executive powers, other than those specifically delegated in these Terms of Reference;
 - b) Authorised by the EIJB to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Partnership, and to invite any employee of an organisation within the Partnership to provide information by request at a meeting of the Committee to support its work, as and when required, taking due

cognisance of their employing organisation's policies and procedures in doing so.

- c) Authorised by the EIJB to secure the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Leads of the Committee and / or Office of the Chief Officer).

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

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

4. Membership and quorum

Membership

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

4.2 The Vice Chair of the EIJB will be the Chair of the Committee. The Chair of the EIJB will act as Vice Chair of this committee.

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

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

- Non-voting members of the IJB
- NHSL Director of Planning
- Health professionals;
- Service users of health care;
- Carers in health care;

- Social care professionals;
- Service users of social care;
- Carers from social care;
- Independent providers of social care;
- Staff side representative;
- Registered Social Housing organisations; and
- Third sector bodies carrying our activities related to health care or social care

- 4.5 The Chief Officer shall not be a member of the Committee but may be in attendance.
- 4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.
- 4.7 Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.8 Secretariat support will be provided by a combination of the Office of the Chief Officer and the City of Edinburgh Council Committee Services' team.
- 4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the EIJB.
- 4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

- 4.11 The quorum necessary for the transaction of business shall be 4 members as defined in 4.1 above, including the Chair and at least one Voting member.
- 4.12 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers, and discretions delegated to the Committee.
- 4.13 If inquorate, the committee may meet informally to discuss reports but is not permitted to make any decisions. Decisions including those based on recommendations in a report must be agreed under quorum.

5. Duties

Core duties

5.1 Core duties on behalf of the EIJB:

- a) Review reports (with business cases as necessary) and related Directions measured against the Strategic Plan.
- b) Ensure appropriate consultation and engagement activity has taken place with Partners in the development of reports and Directions.
- c) Ensure Directions have appropriate finance and performance measures in place.
- d) Provide a forum to debate the implications of emerging health and social care themes and any local or national initiatives; to include input from Locality Planning Groups.
- e) Develop the Strategic Plan for sign off by the EIJB and thereafter review the Strategic Plan annually and recommend any proposed amendments to the EIJB.
- f) Consider the implications of future Joint Strategic Needs Assessments and input provided by the Futures Committee.
- g) Collaborate on and oversee the production and delivery of future Strategic Plans.
- h) Monitoring of Financial Framework

Cycle of Business

- 5.2 The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress and appendix 2 includes the annual plan which will be subject to change as additional workstreams may be added to the annual plan throughout the year. The annual plan will be presented to the committee at each meeting to ensure accuracy.

6. Reporting and accountability

- 6.1 The Committee Chair will report formally to the EIJB on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.
- 6.2 The Terms of Reference shall be reviewed by the Committee and approved by the EIJB on an annual basis.

7. Committee Administration

- 7.1 The Committee shall meet a minimum of six times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.

- 7.2 The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the office of the Chief Officer and Partnership Executive leads reflecting an Integration cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than seven working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than five working days before the date of the meeting.
- 7.5 Committee papers shall include an outline of their purpose and key points in line with the IJB's Committee protocol, and make clear what actions are expected of the Committee.
- 7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.
- 7.7 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten days of the meeting.
- 7.8 The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the EIJB.

Procedural control statement:

Date approved: awaiting approval by April 2022 EIJB

Approved by: Integration Joint Board

Review date: March 2023 or earlier

Appendix 1 – Membership

Strategic Planning Group	
Chair	Angus McCann
Voting	Councillor Ricky Henderson (Vice Chair)
	Siddharthan Chandran
	Councillor Robert Aldridge
Non-voting	Christine Farquhar
	Bridie Ashrowan
Executive Lead	Tony Duncan
Attendees	Grant Macrae – (Citizen Representative) Allister McKillop – (Citizen Representative)
	Colin Briggs – NHSL Director of Planning
	Colin Beck – Strategy Planning and Quality Manager (Social Care Professional)
	Alyson Falconer – Head of Adult Psychology Services, NHSL, (Health Professional)
	Peter McCormick – (Social Care Commercial Provider)
	Rene Rigby – Independent Sector Lead (Social Care Commercial Provider)
	Stephanie-Anne Harris – Strategic Development Manager, Edinburgh Community Health Forum (Health Care Non-Commercial Provider)
	Hazel Young – Managing Director, Dunedin Canmore (Social Housing Non-Commercial Provider)
	Vacancy - Third sector organisations delivering health and social care activity
	Michelle Mulvaney - Community Engagement Manager

	Susan McMillan – Performance and Evaluation Manager (Performance Lead)
	TBC - Public Health Consultant
Committee Secretary	Donna Rodger, Executive Assistant Committee Services

REPORT

Terms of Reference

Performance and Delivery Committee

2 March 2022

Executive Summary	This paper presents the Terms of Reference for review by the Performance and Delivery Committee
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Recommendations	<ul style="list-style-type: none"> The Committee is asked to review and agree the Terms of Reference. The Committee is asked to refer the Terms of Reference to the EIJB for formal ratification following discussion and agreement at this meeting
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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

- As stated in paragraph 3.3 of the Terms of Reference (ToR) for the Performance and Delivery Committee, the ToR is to be reviewed annually at a Committee meeting and then be forwarded to the Integration Joint Board for its approval. The ToR is attached as an Appendix to this paper for that review.
- This report proposes the following changes to the ToR:
 - Paragraph 4.14 has been added to provide on advice on what actions can be taken if the Committee does not meet quorum.
 - The Edinburgh Integration Joint Board (EIJB) has several legislative and regulatory requirements that have been delegated to the Performance and Delivery Committee namely:

- The requirement to prepare an annual performance report
- The requirement to monitor directions issued
- The requirement to comply with the Equalities Act 2010 / Public Sector Equality Duty

3.3. All elements delegated to the Performance and Delivery Committee have been included within the revised terms of reference. Appendix 2 provides a full list of the EIJB legislative and regulatory requirements.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

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

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

Moira Pringle, Chief Finance Officer, Edinburgh Health and Social Care Partnership

Name: Helen Elder, Executive Assistant

Email: Helen.Elder@edinburgh.gov.uk

Appendices

Appendix 1	Performance and Delivery Committee – Terms of Reference
Appendix 2	Log of Regulatory and Legislative Requirements

Edinburgh Integration Joint Board Performance and Delivery Committee Terms of Reference

1. Constitution of the Committee

- 1.1 The Performance and Delivery Committee is a non-statutory Committee established by the Integration Joint Board to provide advice and assurance to the Board on the effectiveness on the operational and financial performance of the Edinburgh Health and Care Partnership.

2. Purpose and function

- 2.1 The purpose and function of the Committee, on behalf of the Integration Joint Board is to:
- a) Oversee, a performance and progress reporting framework and supporting processes which provide assurance to the Integrated Joint Board about performance, progress and delivery of delegated services;
 - b). Receive and gain assurance from the **performance** framework and reports on services commissioned by the IJB and the financial consequences of delivering these services;
 - c) Overview and report on the **delivery** of health & social care in Edinburgh.

3. Authority

- 3.1 The Committee is:
- a) a non-statutory Committee of the Integration Joint Board reporting directly to the Integration Joint Board, and has no executive powers, other than those specifically delegated in these Terms of Reference
 - b) authorised by the Integration Joint Board to investigate any activity within its terms of reference, to seek any information it requires from any officer of the Partnership, and to call any employee to be questioned at a meeting of the Committee as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so
 - c) authorised by the Integration Joint Board to secure the attendance of individuals and authorities with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Committee Secretary)



- 3.2 The Committee shall have the power, in exceptional circumstances, to establish task and finish groups for the purpose of addressing specific tasks or areas of responsibility. In accordance Standing Orders, the Committee may not delegate powers to a task and finish group unless expressly authorised by the Integration Joint Board.
- 3.3 The terms of reference, including the reporting procedures of any task and finish group, must be approved by the Integration Joint Board and be reviewed on an annual basis.

4. Membership and quorum

Membership

- 4.1 Members of the Committee shall be appointed by the Integration Joint Board and shall be made up of 4 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. Four non-voting IJB members shall be appointed to the Committee as non-voting members.
- 4.2 One of the Voting members will be appointed by the Integration Joint Board as the Chair of the Committee. The Chair will be rotated between Voting members on a basis agreed by the Integration Board to ensure a suitable balance between partner organisations is maintained across the five main committees of the IJB.
- 4.3 In the absence of the Chair, a Voting member of the Committee may assume the role of Chair in the formal absence of the appointed Chair.
- 4.4 The Chief Finance Officer or a designated alternative shall act as the executive lead for the committee and shall attend all meetings.
- 4.5 The Chair of the Integration Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.
- 4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.
- 4.7 Members and attendees are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.8 If a committee fails to meet quorum, the Committee can agree to either suspend and reorganise the meeting, or continue, with that decision noted and decisions made on reports noted in the minute and agreed by all members at the next meeting.

- 4.9 Secretariat support will be provided by named members of the Office of the Chief Officer and CEC committee Services.
- 4.10 All members of the Committee shall receive training and development support before joining the committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Integration Joint Board.
- 4.11 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

- 4.12 The quorum necessary for the transaction of business shall be 4 members as defined in 4.1 above, including the Chair and at least one Voting member.
- 4.13 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers, and discretions delegated to the Committee.
- 4.14 If inquorate, the committee may meet informally to discuss reports but is not permitted to make any decisions. Decisions including those based on recommendations in a report must be agreed under quorum.

5. Duties

Core duties

- 5.1 The core duties of the committee will be to:
- a) Develop and review a comprehensive performance management system (5.1.3 of the Integration Scheme), including the Performance and delivery framework and financial reporting in respect of delivery of the delegated functions.
 - b) Consider performance reports which examine the relevant data, as defined by the relevant directions, and explore the level of assurance the committee can recommend to the IJB on the delivery of each Direction.
 - c) Make use of risk registers and directions register to inform work plan priorities, and produce an annual work plan for the committee.
 - d) Review annually the integrated data set and Directions Register.

- e) Review performance reports to EIJB in advance of the Board considering them in order to give assurance when required.
 - f) Consider the information on delegated functions for Edinburgh, which will be included in the Annual Report for adoption and approval by the IJB.
 - g) Liaise with CEC and NHSL to receive assurance that CEC and NHSL continue carry out their remits for assurance and scrutiny. (5.1.5 of the Integration Scheme).
 - h) The Committee reserves the right to examine any aspect of the delivery of any delegated functions, but it will define 'exception and variance' limits in order to focus its work to the most important areas and those at risk. This approach will also ensure that appropriate management action can be taken or, if necessary, the Committee can recommend to the IJB if a Direction needs to be modified. Where it appears that neither of these will address the issues identified, the Committee will refer this to the IJB.
- 5.2 The Edinburgh Integration Joint Board (EIJB) has several legislative and regulatory requirements that have been delegated to the Performance and Delivery Committee namely:
- 5.2.1 The requirement to prepare an annual performance report
 - 5.2.2 The requirement to monitor directions issued
 - 5.2.3 The requirement to comply with the Equalities Act 2010 / Public Sector Equality Duty
- 5.3 All elements delegated to the Performance and Delivery Committee have been included within the revised terms of reference.

Cycle of Business

- 5.3 The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress and appendix 2 includes the annual plan which will be subject to change as additional workstreams may be added to the annual plan throughout the year. The annual plan will be presented to the committee at each meeting to ensure accuracy.

6. Reporting and accountability

- 6.1 The Committee Chair shall report formally to the Integration Joint Board on its proceedings after each meeting outcomes and exception issues within its duties and responsibilities, summarising areas where action or improvement is needed.
- 6.2 An Integration report with narrative will be provided by the Executive to each Integration Joint Board meeting.

- 6.3 The terms of reference shall be reviewed by the Committee and approved by the Integration Joint Board on an annual basis. (Normally at its June meeting).

7. Committee Administration

- 7.1 The Committee shall meet *bi-monthly* and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.
- 7.2 The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Committee Secretariat support and executive lead, reflecting an Integration cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than five working days before the date of the meeting.
- 7.5 Committee papers shall include an outline of their purpose and key points in line with the IJB's Committee protocol, and make clear what actions are expected of the Committee.
- 7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 7.7 The Committee secretariat support shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten working days of the meeting.

Procedural control statement:

Date approved: awaiting approval by April 2022 EIJB

Approved by: Integration Joint Board

Review date: March 2023 or earlier

Appendix 1 – Membership

Chair	Councillor Melanie Main
Voting	<ul style="list-style-type: none"> • Richard Williams • Councillor Phil Daggart • Siddharthan Chandran
Non-voting	<ul style="list-style-type: none"> • Helen Fitzgerald • Colin Beck • Ruth Hendery • Emma Reynish
Executive Lead	<ul style="list-style-type: none"> • Moira Pringle/Tony Duncan
Attendees	<ul style="list-style-type: none"> • Susan McMillan - Performance • Ele Clemente/David Walker - Finance
Committee Secretariat support	<ul style="list-style-type: none"> • Helen Elder, Office of the Chief Officer • Mathew Brass, Committee Services

REPORT

Terms of Reference

Clinical and Care Governance Committee

17 February 2022

Executive Summary

This paper presents the Terms of Reference for review by the Clinical and Care Governance Committee

Recommendations

- The Committee is asked to review and agree the Terms of Reference.
- The Committee is to be asked to refer the Terms of Reference to the EIJB for formal ratification following discussion and agreement at this meeting

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 considered elsewhere.

Main Report

2. As stated in paragraph 3.4 of the Terms of Reference (ToR) for the Clinical and Care Governance Committee, the ToR is to be reviewed annually at a Committee meeting and then be forwarded to the Integration Joint Board for its approval. The ToR is attached as an Appendix to this paper for that review.
3. The Edinburgh Integration Joint Board has a range of regulatory and statutory requirements and this has been considered as part of the review of the terms of reference and no requirements delegated to the Clinical and Care Governance Committee. Appendix 2 provides an overview of where responsibility has been delegated for a range of regulatory and statutory requirements.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

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

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

Mike Massaro-Mallinson, Service Director – Operations, Edinburgh Health and Social Care Partnership

Name: Helen Elder, Executive Assistant

Email: helen.elder@edinburgh.gov.uk

Appendices

Appendix 1	Clinical and Care Governance Committee – Terms of Reference
Appendix 2	Log of Regulatory and Legislative Requirements

Edinburgh Integration Joint Board Clinical and Care Governance Committee Terms of reference

1. Constitution of the Committee

- 1.1 The Clinical and Care Governance Committee is established by the Integration Joint Board to monitor, review and report to the Board on the quality of care to the local population, specifically in relation to safety, quality of access and clinical effectiveness and experience.

2. Purpose and function

- 2.1 The purpose and function of the Committee is to gain assurance, on behalf of the Integration Joint Board:
- a) on the systems for delivery of safe, effective, person-centred care in line with the Integration Joint Board's statutory duty for the quality of health and care services.
 - b) that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.
 - c) to provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.
 - d) through the Clinical and Care Governance Group to ensure that there are effective structures, processes and systems of control for the achievement of the Integration Joint Board's priorities, where these relate to regulatory compliance, service user experience, safety and the quality of service outcomes.
 - e) that services respond to requirements arising from regulation, accreditation (including staff accreditation and registration) and other inspections' recommendations

3. Authority

- 3.1 The Committee is:
- a) a non-statutory Committee of the Integration Joint Board reporting directly to the Integration Joint Board, and has no executive powers, other than those specifically delegated in these Terms of Reference;

- b) authorised by the Integration Joint Board to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Partnership, and to invite any employee of an organisation within the Partnership to provide information by request at a meeting of the Committee to support its work, as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so; and
 - c) authorised by the Integration Joint Board to invite the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Leads of the Committee and / or Office of the Chief Officer).
- 3.3 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Integration Joint Board. In accordance with the Partnership's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Integration Joint Board.
- 3.4 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups must be approved by the Integration Joint Board and reviewed on an annual basis.

4. Membership

- 4.1 Members of the Committee shall be appointed by the Integration Joint Board and shall be made up of least 4 Voting Members of the IJB, drawn equally from NHS Lothian and The City of Edinburgh Council. 2 non-voting IJB members shall be appointed as members of the Committee by the IJB as non-voting members of the Committee.
- 4.2 One of the Voting members will be appointed by the Integration Joint Board as the Chair of the Committee.
- 4.3 A further Voting member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.
- 4.4 The Executive Lead (Service Director - Operations or a designated alternative) shall act as the executive lead for the committee and shall attend all meetings.
- 4.5 The Chair of the Integration Joint Board and the Chief Officer shall not be members of the Committee, but they may be in attendance.

- 4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.
- 4.7 Members and attendees are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.8 Secretariat support will be provided by named members of the Office of the Chief Officer and CEC Committee Services.
- 4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Integration Joint Board.
- 4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

- 4.11 The quorum necessary for the transaction of business shall be four members, as defined in 4.1 above, including the Chair, and at least one other Voting Member.
- 4.12 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.
- 4.13 If inquorate, the committee may meet informally to discuss reports but is not permitted to make any decisions. Decisions including those based on recommendations in a report must be agreed under quorum.

5. Specific Duties

5.1 Strategy

The Committee will:

- a) inform the strategic priorities and investments needed to support high-quality clinical/care outcomes and improve clinical effectiveness in the Partnership, and advise the Board accordingly;
- b) take account of international intelligence and research evidence on clinical/care safety and practice and distil their relevance to the Partnership's strategic priorities (including where necessary commissioning research to inform its work);



- c) take account of the development and effective use of shared clinical/care intelligence and data with partners to shape the growth of high-quality care and services in the 'place' of Edinburgh and Scotland.

5.2 Risk

The Committee will:

- a) receive regular reports on the high value risks in the Partnership and review the suitability and robustness of risk mitigation plans with regard to their potential impact on patient/citizen outcomes and quality of care;
- b) triangulate and be assured of the robustness of the process of reviewing the trends, themes and patterns emerging from key quality indicators in the Partnership that inform and shape risk assessment, priority-setting and development of fit-for-purpose policies and procedures

5.3 Outcomes and processes

The Committee will:

- a) be assured of the integrity of the Partnership's control systems, processes and procedures relating to critical areas of integration, to include:
 - high quality care (through the Partnership's quality review processes);
 - compliance with fundamental standards of quality and safety;
 - patient/citizen safety and harm reduction;
 - introduction of new clinical pathways and procedures;
 - dissemination and implementation of statutory guidance;
 - escalation and resolution of quality concerns; and
 - seek assurance on patient/citizen and carer involvement and engagement;
- b) ensure the effective operation of processes relating to clinical/care practice and performance, including early detection of issues and problems, escalation, corrective action and learning.

5.4 Learning and communication

The Committee will:

- a) be assured of the effectiveness of systems and processes used for continuous learning, innovation and quality improvement, establishing ways of gaining assurance that appropriate action is being taken;
- b) be assured that the robustness of procedures ensure that adverse incidents, complaints and events are detected, openly investigated, with

lessons learned being promptly applied and appropriately disseminated in the best interests of patients/citizens, of staff and of the Partnership;

- c) review how systematically evidence-based practice, ideas, innovations and statutory and best practice guidance are identified, disseminated and applied within the Partnership;
- d) be assured of the effectiveness of communication, engagement and development activities designed to support patient/citizen safety and improve clinical governance.

5.5 Patient and public engagement

The Committee will:

- a) be assured of the effectiveness of a credible process for assessing, measuring and reporting on the person's experience in a consistent way over time, including the appropriateness and effectiveness of processes for service user's engagement in support of the Partnership's strategic goals and programmes of work.

5.6 Progress and performance reporting

The Committee will:

- a) review a range of evidence and data from multiple sources, including management and executive committees and groups, on which to arrive at informed opinions on:
 - the standards of clinical and service quality in the Partnership;
 - compliance with agreed standards of care and national targets and indicators; and
 - Partnership organisation's quality performance measured against specified standards and targets;
- b) review a succinct set of key performance and progress measures relating to the full purpose and function of the Committee;
- c) review progress against these measures on a regular basis and seek assurance around any performance issues identified, including proposed corrective actions and reporting any significant issues and trends to the Integration Joint Board;
- d) agree the programme of benchmarking activities to inform the understanding of the Committee and its work;



- e) be assured of the credibility of sources of evidence and data used for planning and progress reporting to the Committee and to the Board in relation to the Committee's purpose and function;
- f) ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit Committee, Strategic Planning Group, Performance and Delivery Committee, and Futures Committee.

5.7 Statutory and regulatory compliance

- a) The Committee will be assured of the arrangements for ensuring maintenance of the Partnership's compliance standards specified by the Scottish Government Health and Social Care Directorate, Healthcare Improvement Scotland, NHS Scotland, and statutory regulators of health care professionals.

5.8 Cycle of Business

- a) The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, informed by the Board Assurance Framework, and report to the Board on its progress.

6. Reporting and Accountability

- 6.1 The Committee Chair will report formally to the Integration Joint Board on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.
- 6.2 The Terms of Reference shall be reviewed by the Committee and approved by the Integration Joint Board on an annual basis.

7. Committee Administration

- 7.1 The Committee shall meet a minimum of four times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.
- 7.2 The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Committee Secretary and executive lead, reflecting an Integration cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than five working days before the date of the meeting.
- 7.5 Committee papers shall include an outline of their purpose and key points in line with the IJB's Committee protocol, and make clear what actions are expected of the Committee.
- 7.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.
- 7.7 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within ten days of the meeting.
- 7.8 The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the Integration Joint Board.

Procedural control statement:
Date approved: February 2020
Approved by: Integration Joint Board
Review date: March 2023

Appendix 1 – Membership

Chair	Richard Williams
Voting	Martin Hill Councillor Robert Aldridge Councillor George Gordon
Non-voting	Jackie Irvine, Chief Social Work Officer Helen Fitzgerald, EHSCP Lead Partnership Representative Jacqui MacRae, Interim Chief Nurse Ian McKay, Medical Director Colin Beck, Co-Chair, Professional Advisory Group (PAG) Allister McKillop, Citizen Representative
Executive Lead	Mike Massaro-Mallinson, Service Director - Operations
Attendees	As required
Committee Secretary	Helen Elder, Office of the Chief Officer Matthew Brass, Committee Services

REPORT

Review of Audit and Assurance Terms of Reference

Audit and Assurance Committee

18 February 2022

Executive Summary	The purpose of this report is to provide an update to Audit and Assurance Committee on the process to review (and update where appropriate) the terms of reference, which is undertaken annually.
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Recommendations	<p>It is recommended that the Audit and Assurance Committee:</p> <ol style="list-style-type: none"> 1. Endorse the terms of reference for the Audit and Assurance Committee and; 2. Refer the revised terms of reference for Audit and Assurance Committee to the Edinburgh Integration Joint Board for approval.
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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

1. This report has not been circulated to any governance committee prior to submission to Audit and Assurance Committee.

Main Report

2. The terms of reference for all committees were agreed at the Edinburgh Integration Joint Board (EIJB) on 21 July 2020 with all committees expected to review their terms of reference on an annual basis therefore, the annual review for 2022 is now due.

3. This report proposes the following changes to the Audit and Assurance Committee (AAC) terms of reference and is included at appendix 1, which is mainly presentational/using consistent terminology:
 - a. Integration Joint Board has been amended to Edinburgh Integration Joint Board / EIJB throughout the terms of reference;
 - b. Paragraph 1.1 - changed “suitability and efficacy of Partnership...” to suitability and efficacy of the EIJB;
 - c. Paragraph 2.1(d), 5.1.2(a) and 5.1.5(g) - changed “integration” to “integrated”;
 - d. Paragraph 4.5 - changed “Office of the Chief Officer to “Executive Team”;
 - e. Paragraph 4.7 - inclusion of” Due to COVID19, the committee is meeting virtually throughout 2022 and will be reviewed in line with government guidelines” recognising the current meeting arrangements;
 - f. Paragraph 5.1.2(d) - included a reference to the annual assurance statement;
 - g. Paragraph 5.1.2(e) - included a reference to the Records Management Plan acknowledging that the remit for records management has been delegated to the AAC;
 - h. Paragraph 5.1.3 - change from “Executive Directors” to “Chief Officer, Service Director or equivalent”;
 - i. Paragraph 5.1.5(b) - removal of “within the organisation and its subsidiaries” recognising the role of EIJB and lack of subsidiaries
 - j. Paragraph 5.1.5(e) - amended “review registers relating...” to “review registers relating to the registers of interest and code of conduct”;
 - k. Paragraph 6.2 - removed the June meeting acknowledging that all committees agreed their terms of reference at different times;
 - l. Paragraph 6.3 - amend annual report to Committee Assurance Statement;
 - m. Paragraph 6.3(e) - changed “Annual General Meeting” to “be presented to the EIJB and any other forums as appropriate” giving us the flexibility to present at the EIJB or Annual General Meeting when in place;
 - n. Paragraph 7.2 - change “chairman” to “Chair”;

2. The Edinburgh Integration Joint Board (EIJB) has several legislative and regulatory requirements that have been delegated to the Audit and Assurance Committee namely:
 - a. A requirement to have an annual financial statement/annual accounts;
 - b. A requirement to adhere to the audit and accounts regulations and legislation. EIJB Joint Board will produce audited accounts and that the

- external audit will be undertaken by auditors appointed by the Accounts Commission;
- c. A requirement to have an EIJB records management plan;
 - d. A requirement to have an EIJB complaints procedure;
 - e. Ensure arrangements are in place to cover it and its members against any liability claims that arise;
 - f. Ensure adequate resilience arrangements are in place to manage an emergency response as the EIJB is a Category 1 responder; and
 - g. Ensure adequate arrangements are in place to manage data protection and freedom of information requests relating to the EIJB.
3. Most of the requirements were included in the terms of reference, with the exception of the records management plan, the requirement to ensure adequate resilience arrangements, adequate management of data protection and freedom of information requests and they have now been specifically referenced in the revised terms of reference presented to AAC for endorsement. Appendix 2 provides a full list of the regulatory and legislative requirements.

Implications for Edinburgh Integration Joint Board

Financial

4. There are no financial implications arising from this report.

Legal / risk implications

5. This report is requesting approval for a revised set of terms of reference for the Audit and Assurance Committee. The revised terms of reference include a reference to the legislative and regulatory requirements that are in the remit of AAC. This ensures that the EIJB governance arrangements are robust and mitigates any risks arising from non-compliance with legislation or regulatory breaches.

Equality and integrated impact assessment

6. As this is a review of the terms of reference, an equality and integrated impact assessment is not required.

Environment and sustainability impacts

7. Due to COVID-19, it is proposed that Committees continue to be held virtually in line with current government guidelines which will reduce the environmental impact of staff travelling to attend AAC.

Quality of care

8. The review of Committee terms of reference continues to ensure a robust EIJB governance structure.

Consultation

9. The initial terms of reference for the AAC were developed in consultation with EIJB members and the AAC. This annual review is proposing minor changes, mainly relating to ensuring consistency in language.

Report Author

Moira Pringle

Chief Finance Officer

Contact for further information:

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Background Reports

1. None

Appendices

Appendix 1 - Audit and Assurance Terms of Reference

Appendix 2 – List of Legislative and Regulatory Requirements

Edinburgh Integration Joint Board

Audit and Assurance Committee

Terms of Reference

1. Constitution of the Committee

1.1 The Audit and Assurance Committee is a statutory Committee established by the Edinburgh Integration Joint Board (EIJB) to monitor, review and report to the Board on the suitability and efficacy of the EIJB's provisions for governance, risk management and internal control.

2. Purpose and function

2.1 The purpose and function of the Committee is to:

- a) provide assurance to the EIJB that it is fulfilling all its statutory requirements and all systems are performing as required, with appropriate and consistent escalation of notice and action;
- b) review and continually re-assess their system of governance, risk management, and control, to ensure that it remains effective and fit for purpose;
- c) approve and oversee the annual audit programme in respect of the EIJB services;
- d) develop integrated public reporting of the EIJB as an independent, objective process; and
- e) ensure that its arrangements for delegation within the EIJB structures promote independent judgement and assist with the balance of power and the effective discharge of duties.

3. Authority

3.1 The Committee is:

- a) a statutory Committee of the EIJB reporting directly to the EIJB and has no executive powers, other than those specifically delegated in these Terms of Reference;
- b) authorised by the Board to investigate any activity within its Terms of Reference, to seek any information it requires from any employee of an organisation within the Partnership, and to invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required, taking due cognisance of their employing organisation's policies and procedures in doing so; and
- c) authorised by the EIJB to require the attendance of individuals and authorities from outside the Partnership with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Committee Executive Lead and / or office of the Chief Officer).

4. Membership and quorum

Membership

- 4.1 Members of the Committee shall be appointed by the EIJB and shall be made up of 4 voting members of the EIJB, drawn equally from NHS Lothian and the City of Edinburgh Council. 2 non-voting members of the EIJB will also be appointed by the EIJB as non-voting members of the Committee.
- 4.2 One of the voting members will be appointed by the EIJB as the Chair of the Committee. The Chair will be rotated between voting members on a basis agreed by the EIJB to ensure a suitable balance between partner organisations is maintained across the five committees of the EIJB.
- 4.3 A further voting member of the Committee can assume the role of Chair in the formal absence of the appointed Chair, with the agreement of the Committee members.
- 4.4 The Executive Lead (the Chief Finance Officer) or a designated alternative from the Executive Team will be in attendance at all meetings of the committee.
- 4.5 The Chair of the EIJB and the Chief Officer shall not be members of the Committee, but they may be in attendance.
- 4.6 Other than as specified above, only members of the Committee have the right to attend Committee meetings. Other non-Committee members may be invited

to attend and assist the Committee from time to time, according to particular items being considered and discussed.

- 4.7 Members and attendees are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum. Due to COVID-19, the Committee will continue to meet virtually throughout 2022 in line with current government guidance.
- 4.8 Secretariat support will be provided by a combination of the Office of the Chief Officer and the City of Edinburgh Council Committee Services' team.
- 4.9 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the EIJB.
- 4.10 An attendance record shall be held for each meeting and an annual register of attendance will be included in the Committee Annual Assurance Schedule presented to the EIJB
- 4.11 The Chief Officer and other members of the Executive Team should be invited to attend as appropriate with an expectation that if invited they should attend in person. In addition, the Chief Officer should be required to attend, at least annually, to discuss the process for assurance that supports the Annual Governance Statement.
- 4.12 External Audit and Internal Audit representatives will meet at least annually and be invited to meet Committee members prior to the formal conduct of the business of the meeting without members of the Executive present.

Quorum

- 4.13 The quorum necessary for the transaction of business shall be 4 members, as defined in 4.1 above.
- 4.14 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.
- 4.15 If inquorate, the committee may meet informally to discuss reports but is not permitted to make any decisions. Decisions including those based on recommendations in a report must be agreed under quorum.

5. Duties

- 5.1 The Committee will undertake the duties detailed in the NHS Audit Committee Handbook (HFMA latest edition). The Committee will carry out the duties below for the Partnership and major subsidiary undertakings as a whole, as

appropriate. The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, and report to the Board on its progress. The duties of the Committee will include:

5.1.1 Financial reporting

The Committee will:

- a) ensure that the systems for financial reporting to the EIJB, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided;
- b) ensure the integrity of the Annual Accounts and Financial Statements of the EIJB before submission to the EIJB and any other formal announcements relating to its financial performance, reviewing significant reporting issues and judgements that they contain, and including the meaning and significance of the figures, notes and significant changes; accounting policies and practices followed, and significant changes; explanation of estimates or provisions having material effect; the schedule of losses and special payments and any reservations and disagreements between internal and external auditors, and the Chief Officer / Executive Team, which are not resolved;
- c) review summary financial statements, significant financial returns to regulators and any financial information contained in other official documents, including the Annual Governance Statement;
- d) review the consistency of, and changes to, accounting policies across the EIJB and its subsidiary undertakings including the operation of, and proposed changes to, the Corporate Governance Manual, Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation of Powers, Matters Reserved to the Board and Standards of Business Conduct, including maintenance of registers and the Fraud Response Plan;
- e) review the methods used to account for significant or unusual transactions where different approaches are possible (including unadjusted misstatements in the financial statements);
- f) review whether the EIJB has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the External Auditor;
- g) review the clarity of disclosure in the EIJB's financial reports and the context in which statements are made.

5.1.2 Governance, risk management and internal control

The Committee will review:

- a) the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the EIJB's activities (both clinical and non-clinical), that supports the achievement of the EIJB's objectives;
- b) the risk environment of the EIJB to ensure that the governance system is adequately addressing the full range of current, and potential future, risks;
- c) the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, together with the Internal Audit Opinion, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the EIJB;
- d) the Board Assurance Framework and associated annual assurance processes that indicate the degree of the achievement of the Board's priorities, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- e) the policies for ensuring compliance with relevant regulatory (including EIJB records management plan, data protection and freedom of information requests, and resilience arrangements), legal and code of conduct requirements, any related reporting and self-certifications, and work related to counter fraud and security, as required by NHS Scotland Counter Fraud Services;
- f) the policies for managing and investigating complaints and legal claims against the EIJB; and
- g) the Register of Members' Interests; and Register of Gifts and Hospitality on a regular basis, and not less than annually.

5.1.3. Internal audit and counter fraud

The Committee will:

- a) ensure that there is an effective Internal Audit function that meets the *Public Sector Internal Audit Standards* and provides appropriate independent assurance to the Committee, Chief Officer, and EIJB;
- b) consider and approve the Internal Audit Strategy and Annual Plan, and ensure it has adequate resources and access to information, including the Board Assurance Framework, to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee will also ensure the function has adequate standing and is free from management or other restrictions;

- c) review all reports from the Internal and External Auditors which identify “limited assurance” or “no assurance”;
- d) review and monitor the Executive Management’s responsiveness to the findings and recommendations of audit reports, and ensure coordination between Internal and External Auditors to optimise use of audit resource;
- e) meet the Head of Internal Audit on a formal basis, at least once a year, without the Chief Officer/ Chief Finance Officer or management, to consider issues arising from the internal audit programme and its scope and impact. The Head of Internal Audit will be given the right of direct access to the Chair of the Committee, Chief Officer, EIJB and to the Committee;
- f) assure itself that the EIJB has policies and procedures for all work related to fraud and corruption in line with requirements of NHS Scotland Counter Fraud Services;
- g) assess the effectiveness of Counter Fraud services once every five years through a full process of review; and
- h) monitor the implementation of the policy on standards of business conduct for Chief Officer, Service Directors or equivalent and staff (i.e. Codes of Conduct and Accountability) in order to offer assurance to the EIJB on probity in the conduct of the EIJB’s business.

5.1.4 External audit

The Committee will:

- a) approve the External Auditor’s remuneration and terms of engagement, including fees for audit or non-audit services and the appropriateness of fees, to enable an adequate audit to be conducted;
- b) agree and review the policy regarding the supply of non-audit services by the External Auditor and monitor that service, taking into account relevant ethical guidance;
- c) review and monitor the External Auditors’ independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors and consider the implications and management’s responses to their work;
- d) meet the External Auditor at least once a year, without management being present; to discuss their remit and any issues arising from the audit;
- e) establish with the External Auditors, the nature and scope of the audit, as set out in the annual plan before the audit commences; and

- f) review all External Audit reports, including the report to those charged with governance (before its submission to the EIJB) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

5.1.5 Other board assurance functions

The Committee will:

- a) review the findings of other significant assurance functions, both internal and external, and consider the implications for the governance of the EIJB. These will include, but not be limited to, any reviews undertaken by Audit Scotland, Health and Social Care Regulators, and professional bodies with responsibility for the performance of staff or functions;
- b) review the work of other EIJB Committees whose work can provide relevant assurance to the Audit and Assurance Committee's own scope of work and in relation to matters of quality affecting the Board Assurance Framework, including the Clinical and Care Quality Committee, the Performance and Delivery Committee, Strategic Planning Group and Futures Committee;
- c) ensure there is no duplication of effort between the Committees, and that no area of assurance is missed as part of its responsibility for reviewing the Annual Governance Statement prior to submission to the EIJB;
- d) receive details of Single Tender Waivers, as approved by the Chief Officer;
- e) review registers relating to the registers of interest and code of conduct;
- f) review every decision by the EIJB to suspend their respective Standing Orders; and
- g) in fulfilling its responsibilities, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from Chief Officer, Service Directors or equivalent and managers as appropriate, concentrating on the overarching systems of Integrated governance, risk management and internal control, together with indicators of their effectiveness.

6. Reporting and accountability

- 6.1 The Committee Chair will raise any concerns to the next meeting of the EIJB. A committee update report is also presented to every meeting of the EIJB providing an overview of the committee business.

- 6.2 The Terms of Reference shall be reviewed by the Committee and approved by the EIJB on an annual basis.
- 6.3 The Committee will report to the EIJB annually on its work in support of the Annual Governance Statement. The Board Assurance Report Annual Report will:
- a) set out clearly how the committee is discharging its responsibilities;
 - b) include a statement referring to any non-audit services provided by the external auditors, and if so, how auditor objectivity and independence is safeguarded;
 - c) provide explanatory details, where during the year the External Auditor's contract is terminated in disputed circumstances, on the removal process and the underlying reasons for removal;
 - d) be signed by the Chair of the Audit Committee; and
 - e) be presented to the EIJB and any other forums as appropriate, with the Chair of the Audit Committee in attendance to respond to any stakeholder questions on the Committee's activities.

7. Committee administration

- 7.1 The Committee will meet a minimum of four times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, will require allowing the Committee to discharge all its responsibilities.
- 7.2 The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Committee Secretary and Executive Lead, reflecting an integrated cycle of meetings and business, which is agreed each year for the EIJB and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, will be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers will be made available no later than five working days before the date of the meeting.
- 7.5 Committee papers will include an outline of their purpose and key points in line with the EIJB's committee protocol, and make clear what actions are expected of the Committee.

- 7.6 The Chair will establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.
- 7.7 The Committee Secretary will minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings will be made available promptly to all members of the Committee, normally within ten working days of the meeting.
- 7.8 The Committee will, at least once a year, review its own performance, using a process agreed for all Committees by the EIJB.

Procedural control statement:

Date approved: February 2022

Approved by: Audit and Assurance Committee

Review date: February 2023

Appendix 1 – Membership

Chair	Councillor Phil Doggart
Voting members	Vacant Peter Murray Councillor George Gordon
Non-voting members	Kirsten Hey Grant Macrae
Executive Lead	Moira Pringle, Chief Finance Officer
Attendees	Lesley Newdall - Chief Internal Auditor Nick Bennett – Chief External Auditor Angela Ritchie – Operations Manager
Committee Secretary	Helen Elder Matthew Brass

REPORT

Future Programme for the Futures Committee

Futures Committee

31 March 2022

Executive Summary

The purpose of this report is to assess the options for the future programme of the Futures Committee.

Recommendations

It is recommended that the Futures Committee agrees:

1. To move from a formal committee model to a single planning event held annually.
2. To refer this proposal to the EIJB for a decision.

Directions

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

Main Report

1. In December 2018 the Edinburgh Integration Joint Board (EIJB) accepted all 18 recommendations made by the review of EIJB governance conducted by the Good Governance Institute (GGI). As part of proposed governance architecture, the GGI recommended the establishment of a Futures Committee.
2. The purpose and function of the Futures Committee, as set out in the revised Terms of Reference (ToRs), are to:
 - a. Provide strategic focus and stimulus on long-term issues relevant to the vision and purpose of the EIJB.
 - b. Evaluate assurance to the EIJB about the strategic approach to capacity

building, community development, integration, wellbeing, technology, sustainability, consultation and engagement.

- c. Provide protected time and space for consideration of the core narratives for change and transformation on behalf of the EIJB.
3. Since its inception, it has been a challenge to optimise the full potential of the Futures Committee due in the main, to a lack of focused resource available in the Edinburgh Health and Social Care Partnership (EHSCP).
4. Towards the end of 2021, the EIJB took the decision to temporarily suspend committees due to systems pressures related to COVID and winter. Recent discussions with the Chief Officer, Chair of the Futures Committee and the Service Director Strategic Planning deemed there is an opportunity to reassess the operating model for the Futures Committee.
5. Three options are considered:
 - a. No Change. To retain 4 to 5 scheduled committees throughout the financial year and run as a full EIJB committee.
 - Pros:
 - Retains the EIJB governance architecture in line with the agreed GGI recommendations.
 - Cons:
 - A lack of resource to support the Futures Committee has been identified as the key issue in the ability of the Futures committee to function. Changes in the organisational structure of the EHSCP is not expected to address this shortfall in the short term (next 18 months).
 - b. Remove Completely. Remove the Futures Committee completely from the EIJB governance architecture.
 - Pros:
 - Reduces the number of EIJB committees thus freeing up EHSCP and Council Committee Services resource.
 - Cons:
 - Removes the formal and routine EIJB approach to considering longer term strategic trends in accordance with ToRs. Albeit, this responsibility could shift to the Strategic Planning Group (SPG).
 - Requires formal agreement by the EIJB.
 - c. Annual Event. To move to an annual planning event to which all EIJB members are invited. Based on a structured programme running over a working day which does not require support from Council Committee Services.

- Pros:
 - Reduces the number of EIJB committees thus freeing up EHSCP and Council Committee Services resource.
 - Brings in all EIJB members with scope to invite external subject matter experts.
 - A more inclusive approach designed to inform EIJB members of long-term strategic trends and opportunities.
 - Maintains the principle of formal EIJB approach to considering longer term strategic trends.
- Cons:
 - Requires formal agreement by the EIJB.
 - Will require pre-work from EHSCP officers to prepare an agreed programme to ensure maximum benefit from the event.
- Variation. A variation on this option is to hold such an event twice a year. The committee may wish to consider the cost versus benefit of adding an additional session on a six monthly basis.

6. The **recommendation is to move to an annual event** and to refer this to the EIJB for a formal decision.

Implications for EIJB

Financial

3. None.

Legal / risk implications

4. None.

Equality and integrated impact assessment

5. None.

Environment and sustainability impacts

6. None.

Quality of Care

7. None.

Consultation

8. There have been discussions between the Chair of the Futures Committee, the Chief Officer the Service Director Strategic Planning.

Report Author

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Service Director – Strategic Planning

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Edinburgh Integration Joint Board Legislative and Regulation Requirements				
Legislation	Legislative and / or regulation statements	Frequency of Review	Next due date	Reporting Structure
Public Bodies Scotland Act 2014 <ul style="list-style-type: none"> • Section 29 • Section 25 • Section 28 • Section 30 - 29 • Section 50 - 61 	Develop a Strategic Plan for Integrated Functions & budgets The integration authority for the area of a local authority must prepare strategic plans in accordance with this section” (2)A strategic plan is a document - (a)setting out the arrangements for the carrying out of the integration functions for the area of the local authority over the period of the plan; (b)setting out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and;(c)including such other material as the integration authority thinks fit.	N/A		Strategic Planning Group
Public Bodies Scotland Act 2014 <ul style="list-style-type: none"> • Section 37 	Review the Strategic Plan S37 - The Integration authority – (a)must before the expiry of the relevant period review the effectiveness of its strategic plan and; (b)may from time to time carry out such a review. In carrying out a review under subsection (1), the integration authority must - (a) have regard to - (i) the integration delivery principles, and (ii) the national health and wellbeing outcomes	Every three years	March 2023	Strategic Planning Group
Public Bodies Scotland Act 2014 <ul style="list-style-type: none"> • Section 32 	Establishment of strategic planning group S32 - (1) Before preparing its first strategic plan, an integration authority in relation to the area of a local authority is to establish a group (its “strategic planning group”) comprising - (a)where the integration authority is an integration joint board - (i)at least one person nominated by the Health Board which is a constituent authority in relation to the integration joint board; (ii)where one local authority is a constituent authority in relation to the integration joint board, at least one person nominated by the local authority one person in respect of each of the groups mentioned in subsection (2), being a person who the integration authority considers to be representative of that group. The groups referred to in subsection (1)(d) are such groups of persons appearing to the Scottish Ministers to have an interest as may be prescribed.	Annually as part of terms of reference review	April 2022	Edinburgh Integration Joint Board

<p><u>Public Bodies Scotland Act 2014</u></p> <ul style="list-style-type: none"> • Sections 1- 24 • Section 44 -48 	<p>EIJB Integration Scheme See https://www.legislation.gov.uk/asp/2014/9/contents, includes integration schemes, implementation of integration schemes & review of integration scheme</p> <p>NB: The Integration Scheme is the responsibility of NHS Lothian and City of Edinburgh Council.</p>	<p>Every five years (or when there has been a change in legislation)</p>	<p>March 2022</p>	<p>Edinburgh Integration Joint Board</p>
<p><u>Public Bodies Scotland Act 2014</u></p> <ul style="list-style-type: none"> • Section 42 	<p>Annual Performance Report S42 - Each integration authority must prepare a performance report for the reporting year. (2) A performance report is a report setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority</p>	<p>Annually</p>	<p>August 2022</p>	<p>Performance and Delivery Committee</p>
<p><u>Public Bodies Scotland Act 2014</u></p> <ul style="list-style-type: none"> • Section 39 	<p>Annual Financial Statement S39 - Each integration authority must publish an annual financial statement - (a) when it publishes its first strategic plan, and (b) each year after that. (2) An annual financial statement must set out in relation to the strategic plan to which it relates the amount that the integration authority intends to spend in implementation of the plan.”</p>	<p>Annually</p>	<p>Sept 2022</p>	<p>Edinburgh Integration Joint Board</p>
<p><u>Public Bodies Scotland Act 2014</u></p> <ul style="list-style-type: none"> • Section 26 • Section 27 • Section 52 	<p>Directions S26 - Where the integration authority is an integration joint board, it must give a direction to a constituent authority to carry out each function delegated to the integration authority.” “The Scottish Ministers may give directions to an integration joint board in relation to the carrying out of - (a) functions conferred on it by this Act, (b) functions delegated to it in pursuance of an integration scheme.</p> <p>S27 - A direction under section 26 - (a) must, where provision of the type mentioned in section 1(3)(d) is included in the integration scheme in relation to the function to which the direction relates, set out the amount which has been set aside by the Health Board for the use of the person who is to carry out the function; (b) must, in any other case, set out</p>	<p>Annually</p>	<p>April 2022</p>	<p>Edinburgh Integration Joint Board – responsible for setting the directions</p> <p>Performance and Delivery Committee – responsible of monitoring of directions</p>

	<p>S52 - The Scottish Ministers may give directions to an integration joint board in relation to the carrying out of - (a) functions conferred on it by this Act, (b) functions delegated to it in pursuance of an integration scheme.</p>			
<p>Scottish Public Services Ombudsman Act 2002</p> <ul style="list-style-type: none"> • Section 16b • Section 16ba <p>Public Bodies Scotland Act 2014</p> <ul style="list-style-type: none"> • Section 53 <p>Page 133</p>	<p>Complaints Procedure S16b & 16ba- The Ombudsman may publish model complaints handling procedures for listed authorities. (2)A model complaints handling procedure (referred to in this Act as a “model CHP”) must comply with the statement of principles. (3)The Ombudsman may publish different model CHPs for different purposes. (4) Before publishing a model CHP the Ombudsman must consult such listed authorities or groups of listed authorities as the Ombudsman thinks fit. (5)The Ombudsman may from time to time revise and re-publish any model CHP; and in doing so subsection (4) applies.(6)Where a model CHP is revised and re-published by virtue of subsection (5), section 16C has effect with the following modifications - (a)any specification under subsection (1) of that section in relation to the model CHP continues in effect as a specification in relation to the revised and re-published model CHP, (b)any other reference to a model CHP is to the model CHP as revised and re-published,(c)subsection (3) of that section is omitted.(7)The Ombudsman may withdraw any model CHP at any time; and any specification under section 16C(1) in relation the model CHP ceases to have effect. S53 - A person mentioned in subsection (2) must have regard to any guidance issued by the Scottish Ministers about its functions under or in relation to this Act. (2) Those persons are; (a)a local authority; (b)a Health Board; (c)an integration joint board; (d)an integration joint monitoring committee. S53 - A person mentioned in subsection (2) must have regard to any guidance issued by the Scottish Ministers about its functions under or in relation to this Act. (2)Those persons are - (a)a local authority, (b)a Health Board, (c)an integration joint board,(d)an integration joint monitoring committee.</p>	<p>Annually as part of a summary governance report (or where there has been an update to the CHP)</p>	<p>June 2022</p>	<p>Audit & Assurance Committee</p>
<p>Public Bodies Scotland Act 2014</p> <ul style="list-style-type: none"> • Section 12 	<p>Membership of the Board</p>	<p>As required.</p>		<p>Edinburgh Integration Joint Board</p>

<p>Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014</p> <ul style="list-style-type: none"> • Section 3 • Section 1 - 19 	<p>S12 - The Scottish Ministers may by order make provision - (a) about the membership of integration joint boards, (b) about the proceedings of integration joint boards</p> <p>S3 - When an integration joint board is established it must include the following members - (a)the number of councillors determined in accordance with paragraph (3) nominated by the local authority; (b)the number of persons determined in accordance with paragraph (3) nominated by the Health Board; (c)the chief social work officer of the local authority;(d)the chief officer of the integration joint board;</p> <p>S1-19 - Management of EIJB Board Membership, including appointments to the EIJB, term of office, resignation disqualification and resignation.</p>			
<p>The Local Government (Scotland) Act 1973</p> <ul style="list-style-type: none"> • Section 106 	<p>External Audit</p> <p>S106 - The foregoing provisions of this Part of this Act and any regulations made by the Secretary of State under section 105 of this Act shall, subject to any necessary modifications, apply with respect to the following bodies, that is to say - (a)any committee, joint committee or joint board all the members of which, other than any ex officio members, are appointed by one or more local authorities</p> <p>S106 - Where an officer of a body whose accounts are required to be audited in accordance with this Part of this Act receives any money or other property on behalf of that body, or receives any money or other property for which he ought to account to that body, the accounts of that officer shall be audited by the auditor of the accounts of the body, and sections 96 to 105 of this Act and any regulations made by the Secretary of State under section 105 of this Act shall, subject to any necessary modifications, apply accordingly to those accounts and that audit.</p>	Annually	Sept 2022	Audit and Assurance Committee
<p>The Local Government (Scotland) Act 1973</p> <ul style="list-style-type: none"> • Section 106 <p>Local Authority Accounts (Scotland) Regulations 2014</p>	<p>Internal Audit</p> <p>S106 - The foregoing provisions of this Part of this Act and any regulations made by the Secretary of State under section 105 of this Act shall, subject to any necessary modifications, apply with respect to the following bodies, that is to say - (a)any</p>	Quarterly	April 2022 June 2022 Sept 2022 Nov 2022	Audit and Assurance Committee

<ul style="list-style-type: none"> • Section 7 <p>Public Bodies Scotland Act 2014 –</p> <ul style="list-style-type: none"> • Section 13 <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 135</p>	<p>committee, joint committee or joint board all the members of which, other than any ex officio members, are appointed by one or more local authorities</p> <p>S106 - Where an officer of a body whose accounts are required to be audited in accordance with this Part of this Act receives any money or other property on behalf of that body, or receives any money or other property for which he ought to account to that body, the accounts of that officer shall be audited by the auditor of the accounts of the body, and sections 96 to 105 of this Act and any regulations made by the Secretary of State under section 105 of this Act shall, subject to any necessary modifications, apply accordingly to those accounts and that audit.</p> <p>S7 - A local authority must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.” The Integrated Joint Board is required to comply with section 7.</p> <p>S13 - In section 106 of the Local Government (Scotland) Act 1973 (application of Part 7 of Act to bodies other than local authorities etc.) - (a) in subsection (1), after paragraph (ba) insert - “(bb) an integration joint board established by order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014 (but subject to subsection (1A)),”, and</p>			
<p>Public Records (Scotland) Act 2011</p> <ul style="list-style-type: none"> • Section 1(a) 	<p>Records Management Plan</p> <p>S1(a) - Every authority to which this Part applies must - (a)prepare a plan (a “records management plan”) setting out proper arrangements for the management of the authority’s public records;(b)submit the plan to the Keeper for agreement, and; (c)ensure that its public records are managed in accordance with the plan as agreed with the Keeper. An authority’s records management plan must - (a)identify - (i)the individual who is responsible for management of the authority’s public records, and (ii)(if different) the individual who is responsible for ensuring compliance with the plan, and (b)include, in particular, provision about - (i)the procedures to be followed in managing the authority’s public records, (ii)maintaining the security of information contained in the authority’s public records, and (iii)the archiving and destruction or other disposal of the authority’s public records.</p>	Every six months	April 2022 Sept 2022	Audit and Assurance Committee

<p>Freedom of Information (Scotland) Act 2002</p> <ul style="list-style-type: none"> • Section 1 • Section 23 & 24 • Section 15 & S44 <p>Environmental Information (Scotland) Regulations 2004</p> <ul style="list-style-type: none"> • Section 2 <p>Page 136</p>	<p>Freedom of Information and Environment Information Regulations</p> <p>S1 - A person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority.</p> <p>S15 - Integration Joint Boards are also required to respond to information requests appropriately.</p> <p>Publication Scheme</p> <p>S23 & 24 - Requires the Integration Joint Board, as a public authority, to adopt, develop, publish, review and maintain a publication scheme which sets out the classes of information the IJB routinely makes available, their manner of publication, and whether they are intended to be provided to the public free of charge or on payment.</p> <p>S15 & S44 - IJBs are also responsible of abiding under the Code of Practice (issued under section 60 or 61) in regard to its recommended guidance on how to handle information requests. - The Integration Joint Board is responsible for answering any data access requests that relate to data for which it is responsible.</p> <p>S2 - “environmental information” has the same meaning as in Article 2(1) of the Directive, namely any information in written, visual, aural, electronic or any other material form on - (the state of the elements of the environment, such as air and atmosphere, water, soil, land, landscape and natural sites including wetlands, coastal and marine areas, biological diversity and its components, including genetically modified organisms, and the interaction among these elements;(b)factors, such as substances, energy, noise, radiation or waste, including radioactive waste, emissions, discharges and other releases into the environment, affecting or likely to affect the elements of the environment referred to in paragraph (a);(c)measures (including administrative measures), such as policies, legislation, plans, programmes, environmental agreements, and activities affecting or likely to affect the elements and factors referred to in paragraphs (a) and (b) as well as measures or activities designed to protect those elements;(d)reports on the implementation of environmental legislation;(e) costs benefit and other economic</p>	<p>Annually as part of a summary governance report.</p>	<p>June 2022</p>	<p>Audit & Assurance Committee</p>
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	analyses and assumptions used within the framework of the measures and activities referred to in paragraph (c); and (f) the state of human health and safety, including the contamination of the food chain, where relevant, conditions of human life, cultural sites and built structures inasmuch as they are or may be affected by the state of the elements of the environment referred to in paragraph (a) or, through those elements, by any of the matters referred to in paragraphs (b) and (c).			
Data Protection Act 2018 (DPA), / Public Bodies Scotland Act 2014 <ul style="list-style-type: none"> • Section 49 <p>Page 137</p>	<p>Data Protection Act 2018 This Act makes provision about the processing of personal data.(2)Most processing of personal data is subject to the GDPR.(3)Part 2 supplements the GDPR (see Chapter 2) and applies a broadly equivalent regime to certain types of processing to which the GDPR does not apply (see Chapter 3).(4)Part 3 makes provision about the processing of personal data by competent authorities for law enforcement purposes and implements the Law Enforcement Directive. (5)Part 4 makes provision about the processing of personal data by the intelligence services. (6) Part 5 makes provision about the Information Commissioner. (7) Part 6 makes provision about the enforcement of the data protection legislation. (8)Part 7 makes supplementary provision, including provision about the application of this Act to the Crown and to Parliament.</p> <p>S49 - Information Sharing There a local authority and a Health Board are jointly preparing an integration scheme, each of them may disclose information to the other for or in relation to the purpose of preparing the scheme: person mentioned in subsection (4) may disclose information to any other person mentioned in that subsection for or in relation to either of the purposes mentioned in subsection (5).(4)The persons are - (a)a local authority, (b)a Health Board, (c)an integration joint board. (5)The purposes are - (a)the carrying out of integration functions, (b)the preparation of a strategic plan.</p>	Annually as part of a summary governance report.	June 2022	Audit & Assurance Committee
Ethical Standards in Public Life (Scotland) Act 2000 <ul style="list-style-type: none"> • Section 3 • Section 4 	<p>Code of Conduct S3 - Each devolved public body shall, within the stipulated time limit, submit to Ministers a draft of a code of conduct for its members (a “draft members’ code”).</p>	As required.		Edinburgh Integration Joint Board

	S4 - A devolved public body - (a)may; and (b)on being so required by Ministers and within such time as they direct, shall, submit to them a draft revisal or re-issue of the members' code.			
Equality Act 2010	<p>An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.</p> <p>S149 - Public Sector Equality Duty - A public authority must, in the exercise of its functions, have due regard to the need to - (a)eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; (b)advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c)foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p>	As required.		Performance and Delivery Committee
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2000	<p>Liability Insurance <i>Integration Joint Boards are eligible to join the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) which covers the following areas of liability: Clinical Negligence, Employers Liability Public Liability, Personal Injury, Loss, Damage to Property or other Wrongful Act, Dishonest, Fraudulent, Criminal or Malicious Activities, Defamation, Directors and Officers Liability Consequential or Ancillary Expense, Financial Loss Suffered by Member as a result Fraud/Dishonesty/Theft. The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2000 makes provision for Integration Joint Boards to apply to become a member of CNORIS.</i></p>	Annually as part of a summary governance report.	June 2022	Audit and Assurance Committee
Climate Change (Scotland) Act 2009 <ul style="list-style-type: none"> Section 44 	S44 - A public body must, in exercising its functions, act - (a)in the way best calculated to contribute to the delivery of the targets set in or under Part 1 of this Act; (b)in the way best calculated to help deliver any programme laid before the Scottish Parliament under section 53; (c)in a way that it considers is most sustainable.	Annually.	Sept 2022	Edinburgh Integration Joint Board

<p>Civil Contingencies Act 2004</p> <p>Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005</p> <p>Page 139</p>	<p>A person or body listed in [F1Part 1, 2 or 2A of Schedule 1] shall - (a)from time to time assess the risk of an emergency occurring, (b)from time to time assess the risk of an emergency making it necessary or expedient for the person or body to perform any of his or its functions,(c)maintain plans for the purpose of ensuring, so far as is reasonably practicable, that if an emergency occurs the person or body is able to continue to perform his or its functions, (d)maintain plans for the purpose of ensuring that if an emergency occurs or is likely to occur the person or body is able to perform his or its functions so far as necessary or desirable for the purpose of - (i)preventing the emergency, (ii)reducing, controlling or mitigating its effects, or (iii)taking other action in connection with it, (e)consider whether an assessment carried out under paragraph (a) or (b) makes it necessary or expedient for the person or body to add to or modify plans maintained under paragraph (c) or (d), (f)arrange for the publication of all or part of assessments made and plans maintained under paragraphs (a) to (d) in so far as publication is necessary or desirable for the purpose of - (i)preventing an emergency,(ii)reducing, controlling or mitigating the effects of an emergency, or (iii)enabling other action to be taken in connection with an emergency, and (g)maintain arrangements to warn the public, and to provide information and advice to the public, if an emergency is likely to occur or has occurred.</p> <p>CCA Regulations - These Regulations relate to the extent of the duties imposed on certain bodies (referred to as “Scottish Category 1 responders”) listed in Part 2 of Schedule 1 to the Civil Contingencies Act 2004 (“the Act”) under sections 2 and 4 of that Act (duties to assess, and plan for emergencies and duties to provide advice and assistance to business) and the manner in which those duties are to be performed.</p>	<p>Annually as part of a summary governance report.</p>	<p>June 2022</p>	<p>Audit & Assurance Committee</p>
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REPORT

Review of the Edinburgh Integration Joint Board Standing Orders

Edinburgh Integration Joint Board

19 April 2022

Executive Summary	<p>The purpose of this report is to review the Edinburgh Integration Joint Board (EIJB) Standing Orders (SOs) following the approval of the new EIJB Code of Conduct at the previous Board meeting.</p> <p>The report also updates board members on the outcome of discussions with the Standards Commission regarding concerns with the declaration of interests' provisions within the new Code of Conduct.</p>
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Approves the revised Standing Orders 2. Notes the outcome of the discussions with the Standards Commission and the amendments made to the Model Code of Conduct Guidance.
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Directions

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

Report Circulation

This report has not been considered elsewhere.

Main Report

1. Standing orders are required by the Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (no 285).
2. The Standing Orders encourage transparent and accountable decision making with sufficient provisions in place to ensure the smooth running of the Joint Board, including arrangements for such matters as the chairing of the meetings, the notice for the meetings and how voting will be carried out.
3. At the Edinburgh Integration Joint Board meeting on 8 February 2022, the Board agreed to approve the revised Code of Conduct for Members of the Edinburgh Integration Joint Board (the Code) for submission to the Scottish Government.
4. As a result of the approval of the revised Code of Conduct, minor changes are required to the Standing Orders to ensure alignment between the documents.
5. The changes are presented at appendix 1 of the report and centre around Section 13 – *Integration Joint Board Members – Ethical Conduct* following the substantial rewrite of the Declaration of Interests section in the revised Code. Section 13 now requires members to leave and not participate in any way if declaring an interest, or consider making a transparency statement if there is a connection that does not amount to an interest.
6. If approved, the revised Standing Orders would be adopted with immediate effect.

Model Code of Conduct Guidance

7. Following recent Code of Conduct training, the Standards Officer agreed to raise concerns about the declaration of interests' provisions within the Model Code of Conduct with the Standards Commission (SCS). SCS confirmed it was not the intention of the Code to exclude any members from participation due to their lived experience or representative role, and have agreed to amend the Model Code of Conduct Guidance accordingly. It was specifically agreed to reference third sector representative and carers sitting on an integration board as an example. The updated guidance is available [here](#).

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

9. Standing Orders are essential to the efficient running of the Board's meetings and are a key component of ensuring good governance controls are in place.

Equality and integrated impact assessment

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

Environment and sustainability impacts

11. There are no environment or sustainability implications arising from this report.

Quality of care

12. Not applicable.

Consultation

13. None.

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Background Reports

14. [The Revised Code of Conduct for Members of the Edinburgh Integration Joint Board – Report by the Edinburgh Integration Joint Board Standards Officer.](#)
15. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014.](#)
16. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)

17. [Integration Scheme](#)

Appendices

Appendix 1 Standing Orders for the EIJB

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

1 General

- 1.1 These Standing Orders regulate the conduct and proceedings of the Edinburgh Integration Joint Board and its committees and sub-committees. The Integration Joint Board is the governing body for what is commonly referred to as the Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) (“the Order”). The Integration Joint Board approved these Standing Orders on 24 May 2019 to take effect from 25 May 2019.

Membership of the Integration Joint Board

- 1.2 The Integration Joint Board shall have two categories of members:
- (i) Voting Members; and
 - (ii) Non-Voting Members
- 1.3 The City of Edinburgh Council and Lothian NHS Board have elected to nominate 5 members each to the Integration Joint Board, who shall be the voting members.
- 1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.
- 1.5 The City of Edinburgh Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order. If and when a voting member ceases to be a councillor or a member of the NHS Board for any reason, either on a permanent or temporary basis, then that individual ceases to be a member of the Integration Joint Board.
- 1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting.
- 1.7 Failure of a member to attend three consecutive meetings of the Integration Joint Board will result in the Chair writing to that member to establish the reasons for

their absence. A report may then be prepared for the Integration Joint Board to consider whether that member should be replaced.

2 Varying, Revoking or Suspending Standing Orders

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

3 Chair

- 3.1 The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.
- 3.2 If both the Chair and Vice-Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

4 Vice-Chair

- 4.1 The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.
- 4.2 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

5 Calling and Notice of Integration Joint Board Meetings

- 5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.
- 5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.
- 5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. If the

Standing Orders for the IJB March 2022

Chair refuses to call a meeting, or does not do so within 7 days of receiving the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.

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

Delivery of the Notice	<p>Days excluded from the calculation of clear days:</p> <ul style="list-style-type: none"> ✓ The day the notice is sent ✓ The day of the meeting ✓ Weekends ✓ Public holidays <p>Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.</p>
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- 5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 5.7 Integration Joint Board meetings shall be held in public. The Clerk shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held.
- 5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.
- 5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:
- 5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

Standing Orders for the IJB March 2022

- 5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- 5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- 5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.
- 5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.
- 5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

6 Quorum

- 6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.
- 6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

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

- 7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a proposal (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.

- 7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.
- 7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

8 Deputations

- 8.1 Deputation requests must be submitted to the clerk by 5pm two days before the meeting takes place.
- 8.2 Deputations should only be accepted from an office bearer or spokesperson of an organisation or group.
- 8.3 The Chair has the discretion to waive the requirements in paragraphs 8.1 and 8.2 if they feel it is appropriate.
- 8.4 Deputations must relate to an agenda item being considered at that meeting.
- 8.5 The Integration Joint Board or committee will be asked whether they wish to hear the deputation but must not discuss the merits of the case itself. If necessary a vote will be taken without discussion on whether to hear the deputation or not.
- 8.6 Deputations should be allowed 10 minutes to present their case, although this can be reduced by the chair, if there is more than one deputation on the same subject. Following their deputation, questions are permitted from members.
- 8.7 Following questions the deputation will be asked to retire to the public seating area to watch the debate and decision on the matter. The deputation should not take any part in the debate or the discussion of the relevant item.

9 Adjournment

- 9.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. Any voting member may propose the adjournment of a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board. This proposal shall be moved and seconded and put to the meeting without discussion. If the proposal is supported by a majority of voting members, the meeting shall be adjourned to such day, time and place as may be specified in the proposal.

10 Voting and Debate

- 10.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 10.2-10.10 would not need to be used.
- 10.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.
- 10.3 Any voting member may submit a proposal for the agreement of the Integration Joint Board, provided that it relates to a subject on the agenda. This should be submitted in writing to the Clerk by 2pm on the day before the meeting and will require to be moved and seconded.
- 10.4 Any voting member may second the proposal and may reserve his/her speech for a later period of the debate.
- 10.5 Once a proposal has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board.
- 10.6 Where a vote is being taken, except for the mover of the original proposal, no other speaker may speak more than once in the same discussion.
- 10.7 After debate, the mover of any original proposal shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.
- 10.8 A proposal to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the proposal, an adjournment of any debate shall be to the next meeting.
- 10.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion, will bring consideration of the matter to a close for that meeting, and give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 10.
- 10.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration

scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

11 Minutes

- 11.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.
- 11.2 The Clerk (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following meeting.

12 Matters Reserved for the Integration Joint Board

Standing Orders

- 12.1 The Integration Joint Board shall approve its Standing Orders.

Committees

- 12.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.
- 12.3 The Integration Joint Board shall appoint all committee members, as well as the chair of any committees.

Values

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

Strategic Planning

- 12.5 The Integration Joint Board shall establish a Strategic Planning Group ([Section 32](#) of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).
- 12.6 The Integration Joint Board shall approve its Strategic Plan ([Section 33](#)) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan ([Section 37](#)).

Standing Orders for the IJB March 2022

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

Risk Management

- 12.8 The Integration Joint Board shall approve its Risk Management Policy.
- 12.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

Health & Safety

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

Finance

- 12.11 The Integration Joint Board shall approve its annual financial statement ([Section 39](#)).
- 12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.
- 12.13 The Integration Joint Board shall approve its annual accounts.
- 12.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

Performance Management

- 12.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.
- 12.16 The Integration Joint Board shall approve its performance report ([Section 43](#)) for the reporting year.

13 Integration Joint Board Members – Ethical Conduct

- 13.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the [Ethical Standards in Public Life etc \(Scotland\) Act 2000](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have

breached their Code of Conduct. The Clerk shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Clerk of the need to change the entry within one month after the date the matter required to be registered.

- 13.2 Substitutes, of both voting and non-voting members, should be aware of the Integration Joint Board's Code of Conduct and should ensure that they comply with its requirements and the duties it places on members.
- 13.3 The Clerk shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.
- 13.4 Members and substitutes must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees and disclose any direct or indirect pecuniary and non-pecuniary interests in relation to such business, If declaring an interest of any nature, members will not remain in the meeting nor participate in any way in those parts of meetings where that interest has been declared.
- 13.5 Members may wish to state publicly where they have a connection which they do not consider amounts to an interest for transparency reasons.

14 Committees and Working Groups

- 14.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required.
- 14.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.
- 14.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required.
- 14.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.
- 14.5 The Integration Joint Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.
- 14.6 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a

Standing Orders for the IJB March 2022

member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

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

15 Urgent Decisions

- 15.1 If a decision, which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair and Vice-Chair, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board or committee.

REPORT

Membership Proposal for the Strategic Planning Group

Edinburgh Integration Joint Board

19 April 2022

Executive Summary	<ol style="list-style-type: none"> 1. The purpose of this report is to provide further detail to the Edinburgh Integration Joint Board (EIJB) around the proposal to invite the Chair of the Edinburgh Association of Community Councils (EACC) to nominate an EACC representative to join the Strategic Planning Group (SPG). 2. The SPG approved the proposal in August 2021 and referred it to the EIJB. 3. The EIJB considered the proposal in September, October and then again in December 2021 when a decision was not reached. 4. A range of questions were raised by the EIJB and were addressed within the December. There are no changes to the content. 5. The EIJB directed through the Rolling Action Log (RAL) that the matter be brought back to the April EIJB.
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Approves the proposal to invite an EACC representative to join the SPG as a member with immediate effect. 2. If approved, to amend the SPG Terms of Reference accordingly.
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Directions

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

Report Circulation

1. SPG 18 Aug 21. EIJB on 14 Sep 21, 26 Oct 21 and 7 Dec 21.

Main Report

2. The Chair and Vice Chair of the EIJB and Service Director Strategic Planning have met with senior members of the EACC on three formal occasions over the past 18 months as part of EIJB communications and engagement strategy. These outreach engagements have proved successful and further engagements are planned on a 6-monthly basis.
3. After recent discussions about ways to further improve this important relationship, the proposal to invite the current Chair of EACC, Mr Steve Kerr or his nominated representative to join the SPG as an additional advisor was highlighted.
4. The EACC play an important role in the development of communities across the City. The addition of an EACC representative is seen as a progressive step to broaden our representation on the SPG in support of EIJB strategic aspirations.
5. In August 2021, the SPG accepted a proposal to invite the Chair of the EACC to nominate a representative to join the SPG and referred the proposal to the EIJB. The proposal was considered by the EIJB in September 2021, October 2021 and then again in December 2021 when a decision was not reached. A range of EIJB questions have emerged in relation to the proposal each of which are addressed below:

a. How many community councils does EACC represent?

Response. The EACC represents all of Edinburgh's constituted Community Councils which equates to 44.

b. What is the current governance around this?

Response. The EACC Chair has established a Steering Group of Community Councils to ensure geographic representation across the City and to facilitate engagement with City Council/Edinburgh Partnership colleagues. Of note, the EACC Chair is a member of the Local Outcome Improvement Plan Delivery Group which reports directly to the Edinburgh Community Partnership.

c. How does the EACC communicate to the 44 Community Councils?

Response. The EACC distributes information through its Office Bearers, maintains a website, and holds monthly meetings.

d. Are there plans to increase Community Councils?

Response. Yes. In addition to the 44 constituted Community Councils, Edinburgh at present has two further defined Community Council areas. Representatives from one of these areas, Wester Hailes, have asked for assistance in re-establishing their Community Council. EACC are negotiating with City of Edinburgh Council officers to conduct a boundary review before the next Community Council elections. This review would recognise the significant house building that is planned in the City which is likely to increase the number of Community Council areas in future.

6. As there is currently no vacancy on the SPG for an EACC member to join, an appointment report is required to be approved by the EIJB to update the Terms of Reference to allow the new member to join.

Implications for EIJB

Financial

7. None.

Legal / risk implications

8. the SPG Terms of Reference will require to be updated to reflect the addition of an EACC member.

Equality and integrated impact assessment

9. None.

Environment and sustainability impacts

10. None.

Quality of care

11. NA.

Consultation

12. There has been routine consultation between EIJB and EACC over the past 18 months with aspirations to deepen the relationship.



Report Author

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DRAFT

REPORT

Committee Update Report

Edinburgh Integration Joint Board

22 April 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 March 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 March 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.

Performance and Delivery Committee 2 March 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. **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.

5. **Performance Report** – the committee were presented with a performance report with an overview of the activity and performance of the Edinburgh Health and Social Care Partnership.
6. **Annual Performance Report** – the committee were presented with an update on the timeline and proposed content framework for the EIJB Annual Performance Report for 2021/22.
7. **Carers Strategy, Performance and Evaluation Year 1 Report** – the committee were presented with a report which provided detail on performance against the key performance indicators and a summary of the spend plan for the EIJB Carers Strategy 2019-22.
8. **Savings and Recovery Programme Update** – the committee were provided with an update on the Savings and Recovery Programme.

Strategic Planning Group 23 March 2022

9. **Annual Cycle of Business** – the committee were presented with the updated Annual Cycle of Business.
10. **Outstanding Actions** – the committee considered the outstanding actions from previous meetings.
11. **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.
12. **Strategic Plan Update** – the committee were presented with an update on the next EIJB Strategic Plan.
13. **Lothian Strategic Development Framework (LSDF)** – the committee were presented with an update on the progress of developing the Lothian Strategic Development Framework.
14. **Transition of our Transformation Programme** – the committee received a presentation on the transition of the Transformation Programme.

Futures Committee 31 March 2022

15. The Futures committee were due to meet on 31st March 2022, due to the quorum not being met the meeting was cancelled.

Performance and Delivery Committee 4 April 2022

16. The Performance and Delivery committee is due to meet on 4th April 2022, an update on items the committee considered will be provided for the EIJB meeting on 22 April 2022.

Forward Planning – March and April 2022

17. Performance and Delivery Committee – 8 June 2022
18. Clinical and Care Governance Committee – 9 June 2022

Report Author

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Chief Officer, Edinburgh Integration Joint Board

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Minute

IJB Strategic Planning Group

10.00am, Wednesday 23 March 2022

Virtual Meeting – Via Microsoft Teams

Present: Angus McCann (Chair), Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Stephanie-Anne Harris, Michele Mulvaney, Rene Rigby and Hazel Young.

In attendance: Matthew Brass, Colin Briggs, Jessica Brown, Tony Duncan, Linda IrvineFitzpatrick, Mark Grierson, Rebecca Miller, Katie McWilliam, Moira Pringle and David White

Apologies: Philip Brown, Grant Macrae and Peter McCormick

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Board Strategic Planning Group of 15 December 2021 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for December 2021 was presented to Committee.

Decision

- 1) Action 3 – to note the amended expected completion date of July 2022.
- 2) To note the remaining outstanding actions.
(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To agree the annual cycle of business attached as an appendix.

(Reference – Annual Cycle of Business, submitted.)

4. Terms of Reference

The Committee's Terms of Reference (ToRs) were submitted for review. The ToRs included minor amendments made in order to align with other IJB committees.

Members raised concerns on the membership categories laid out in Appendix 1 of the report, with the categories not aligned to their roles. As a result of the SPG membership being a statutory requirement, it was agreed to include the titles of members under their names, alongside the membership category they represent.

Decision

- 1) To review and agree the Terms of Reference subject to including the titles of members' in Appendix 1.
- 2) To refer the Terms of Reference to the EIJB for formal ratification following discussion and agreement.

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

5. Strategic Plan Update

A revised timeline for the production of the next strategic plan was presented to the Committee for their information. The report re-stated that the final publication date would be no later than March 2023.

Members acknowledged the revised timeline and associated actions. In addition to engagement on the plan with City of Edinburgh Council and NHSL Lothian, there was a request for engagement with the Edinburgh Partnership.

Decision

To acknowledge the revised timeline and actions for development, engagement and production of the next EIJB strategic plan.

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

6. Lothian Strategic Development Framework

The progress of the development of the Lothian Strategic Development Framework (LSDF) was presented to the Committee. The plan intended to identify the approach that the Lothian Health and Care System (LHCS) will take over the next five-years to deliver improved outcomes, and the report intended to reflect genuine integration between the four Lothian IJBs and NHS Lothian.

Members expressed concern regarding planned engagement of the LDSF, particularly in the run-up to Local Government Elections, with the possibility in a breakdown of engagement and communication as a result of elected member turnover. It was also noted that elected members would need to be aware of manifesto promises leading up to elections to ensure alignment with the Framework. By way of reassurance, the concern was noted and clarification on the difference between engagement and consultation was provided by NHS Lothian.

Moving forward, engagement was again a key factor in the development of the Framework to allow a better understanding of city-wide needs.

Decision

- 1) To note progress to date in developing the LDSF.
- 2) To consider the content of the LDSF summary, appended to the report and support the proposed approach the Lothian Health & Social Care System will take over the next five years to deliver improved outcomes.
- 3) To support the consideration of the LSDF summary by the Integration Joint Board.

(Reference – Report by the Head of Strategy Development, NHS Lothian, submitted)

7. Community Mobilisation

An update was provided on the progress of the Community Mobilisation Plan. The update included information on community mobilisation and the Accelerate Programme, as well as potential development areas to consider moving forward.

Given the range of organisations and services involved in the Community Mobilisation Plan, members expressed concerns on the governance of the plan, and requested unity in the direction across organisations as well as long-term financial management.

Further, members were encouraged by the proposal to extend the Grants Programme to 2025 and requested a further look at how to include organisations who missed out on funding over the last cycle.

Members agreed that constant reporting on the positive outcomes of the Plan was key to the success moving forward, allowing it to gain more publicity and coverage in the community.

Decision

- 1) To note the update.
- 2) To request a paper is submitted to the Edinburgh Integration Joint Board with a recommendation to extend the Health Inequalities Grants Programme to 31 March 2025.

8. Transition of our Transformation Programme

An update on the transformation programme was presented to the Committee for information. The update included information on the current transformation programme and its achievements, and an update on the next steps in the transition to a core strategic innovation and sustainability programme approach.

Members were encouraged by the plans for longer term sustainability and highlighted the potential of parallel workstreams elsewhere in the city that could aid the core strategic programme's development, including digital advances in the community, community wealth-building and the work of the Edinburgh Partnership.

Members were also supportive of the action to recruit project and programme management resource to support technology, digital and data innovation.

Decision

To note the update on the Transformation Programme.

9. Date of Next Meeting

To note that the next Strategic Planning Group meeting is currently scheduled to be held on 15 June 2022.

Minute

IJB Performance and Delivery Committee

10.00am, Wednesday 2 March 2022

Microsoft Teams

Voting Members:

Councillor Melanie Main (Chair) and Richard Williams

Non-Voting Members:

Colin Beck

In Attendance:

Matthew Brass (Clerk)

Ian Brooke (EVOG)

Philip Brown (Data Performance & Business Planning, CEC)

Tony Duncan (Head of Strategic Planning, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Sebastian Fischer (VOCAL)

Deborah Mackle (EHSCP Locality Manager, South West)

Ruth MacLennan (Care for Carers)

Madeline Martin (Edinburgh Carer Support Team Manager)

Susan McMillan (Performance and Evaluation Manager)

Katie McWilliam (Strategic Planning and Quality Manager, EHSCP)

Kyle Oram (PCO – Carers – EHSCP)

Moira Pringle (Chief Finance Officer, IJB)

Kellie Smith (Programme Manager, EHSCP)

Apologies: Siddharthan Chandran, Councillor Phil Doggart, Helen Fitzgerald and Ruth Hendery.

The decision was made to continue with the meeting despite being inquorate and present the decisions made on reports within the minute at the next meeting for approval.

1. Carers Strategy Performance and Evaluation Year One Report

Detail on the performance and delivery of the Carers Strategy was presented to the Committee. The report plotted the performance against the Key Performance Indicators associated with delivering the six priority areas of the Strategy.

Initial concerns were raised on the reporting timeline and what period was covered in the report. It was clarified that – although contributions have been made since 2019 – the Strategy started in August 2021 after being fully ratified. The report covered January to December 2021, when most evaluative exercises had been undertaken. Moving forward, the current Strategy would be complete in 2022, with a revised version being developed to cover 2022-2025 that would be presented to P&D in due course. Within this new Strategy, intentions were made to include the financial impacts known at the time of drafting, as well as reflecting on the previous strategy and including lessons learnt. Members noted that the date for the next Carers Strategy report would be included within the Annual Cycle of Business.

The successes of the Strategy over the past year were highlighted and members were encouraged by the processes and procedures that had been implemented through the pandemic, however, it was noted that now was the time to move forward and begin to focus on operation and outcome measures.

Moving forward, members were assured that further underspend would be reallocated within other areas of the Strategy as had occurred previously, and efforts were being made to broaden the performance framework to include wider organisations out with the current contracted providers to further-develop the Strategy.

Decision

To consider the Carers Strategy report covering January 2021 – December 2021 and the first part of the current financial year.

To present a revised version of the report to the next Performance and Delivery Committee meeting for Committee approval prior to referring to the Edinburgh Integration Joint Board.

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

2. Minute

The minute of the Performance and Delivery Committee from 24 November 2021 was presented for approval as a correct record, and any matters arising.

Decision

To approve the minute as a correct record.

3. Annual Cycle of Business

The Annual Cycle of Business updated to March 2022 was presented to Committee. The Programme was presented with a covering report which highlighted the changes made since the last Committee meeting, as per an Internal Audit recommendation.

Decision

To agree the updated annual cycle of business attached as an appendix.

(Reference – Annual Cycle of Business, submitted).

4. Rolling Actions Log

The Rolling Actions Log updated for this meeting were submitted.

Decision

1) To agree to close the following actions:

- Action 1 – NHS Lothian Financial Overview – Acute Delegated Services.
- Action 4.1 & 4.2 – Performance Update

To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

4. Terms of Reference

The Terms of Reference (ToRs) were presented to the Committee for review. The ToRs are required to be reviewed annually, with any revisions referred to the EIJB for formal approval.

Decision

- 1) To review and agree the Terms of Reference subject to amending the number of voting members to four from two as stated in paragraph 4.1.
- 2) To agree to circulate the revised ToRs round all committee members for comments prior to its referral to the EIJB.

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

5. Performance Report

An overview of the activity and performance of the Edinburgh Health and Social Care Partnership (EHSCP) was presented to the Committee. Alongside the data, the paper presented proposed additional resources to help support the existing performance and evaluation priorities moving forward.

Members were encouraged of the plans to expand the resource to help develop a performance framework to support the new strategic plan. This would also allow further work to be done to understand the background to some of the data presented through regular performance reporting, which members noted was difficult to

comprehend when just presented with graphs and tables and no explanatory information.

Concerns were raised on the data surrounding Self-Directed Support (SDS) with a graph showing a reduction of around 25% of people using Direct Payments (DP) or Individual Service Funds (ISF). It was agreed that a deep dive into the data and performance around SDS would be presented at a future Committee meeting to further explore this issue.

Decision

- 1) To consider the performance of the Partnership as detailed in the report and appendices.
- 2) To agree to present a report on the performance and delivery of Self-Directed Support at a future Committee meeting, with the date to be confirmed and in-line with a similar report going to the Clinical and Care Governance Committee in June.

Note - The date would be added to the 'expected completion date' in the RAL once confirmed.

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

6. EIJB Annual Performance Report 2021-2022

The timeline and proposed content framework for the EIJB Annual Performance Report (APR) for 2021-22 was presented to Committee. The proposed content of the APR reflected that of the 2020-21 Report, which allowed for pandemic response, progress against the strategic plan and the performance against national indicators to be included.

Decision

- 1) To note the timeline for production of the APR 2021-22.
- 2) To confirm the proposed content framework for the APR 2021-22.

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

7. Set-Aside

An update was provided on the approach taken on the Set-Aside report to be presented at the next Committee meeting. The presentation gave an overview of the acute budget structure, the financial position and the financial forward planning for the service area. It was agreed to circulate the slideshow to all members in advance of the next committee meeting.

Decision

To note the update.

8. Savings and Recovery Programme (SRP) Update

An update on the Savings and Recovery programme was provided for noting. The report had been deferred from the January Committee meeting as a result of that meeting being suspended.

Decision

To note the current position of the 2021/22 Savings and Recovery Programme.

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

9. Date of Next Meeting

Wednesday, 6 April 2022.

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